

AD/HD is a *neurobiological* disorder-

- ADHD affects 9% of school-age children.
- It nearly always persists from childhood through adolescence.
- Many symptoms continue into adulthood.
- ADHD may have serious consequences including:
 - School failure
 - Family stress
 - Depression
 - Problems with relationships
 - Substance abuse
 - Delinquency
 - Job failure

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9% is a new statistic just out - researchers at the Mayo Clinic and Centers for Disease Control and Prevention (CDC) featured a prevalence rate of 8.7% prevalence rate for children 8-15 years of age. If a teacher has a class of 20 children, will have one or two students with ADHD.

AD/HD predominantly hyperactive-impulsive type: (AD/HD-HI)

- Fidgets with hands or feet or squirms in chair.
- Has difficulty remaining seated.
- Runs about or climbs excessively.
- Difficulty engaging in activities quietly.
- Acts as if driven by a motor.
- Talks excessively.
- Blurts out answers before questions have been completed.
- Difficulty waiting for turn.
- Interrupts or intrudes upon others.

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Sometimes hyperactivity goes away in adolescence-typically not the inattentive piece

Some people feel that students with hyperactivity don't have as many learning difficulties as AD/HD-I

AD/HD predominantly inattentive type: (AD/HD-I)

- Fails to pay close attention to details or makes careless mistakes.
- Has difficulty sustaining attention.
- Does not appear to listen.
- Struggles to follow through on instructions.
- Has difficulty with organization.
- Avoids or dislikes tasks requiring sustained mental effort.
- Loses things.
- Is forgetful in daily activities.

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Young children go unnoticed in the early years-inform preschool teachers to watch for children who are off on their own not causing any trouble, but losing out on information. Some researchers believe that by Kindergarten, children with undiagnosed and untreated AD/HD demonstrate a 30% lower IQ score due to loss of information.

AD/HD combined type: (AD/HD-C)

- Individual meets both sets of inattention and hyperactivity/impulsive criteria.

Critical Questions to Ask

- Are these behaviors excessive, long-term, and pervasive?
- Do they occur more often than in other children the same age?
- Are they a continuous problem, not just a response to a temporary situation?
- Do the behaviors occur in several settings or only in one specific place like the playground or in the schoolroom?
- Did these symptoms occur before the age of 7?

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Diagnosis

- There is no single test to diagnose AD/HD. Therefore, a comprehensive evaluation is necessary to establish a diagnosis, rule out other causes and determine the presence or absence of co-existing conditions.

An evaluation requires time and effort and should include:

- A careful history from parents and teachers, as well as the child, when appropriate.
- Clinical assessment of the individual's academic, social, and emotional functioning and developmental level.
- Checklists for rating AD/HD symptoms and ruling out other disabilities.

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Value of the historical interview; other family members with depression, underachievement, substance abuse

Professionals who can diagnose AD/HD are:

- Clinical psychologists
- Clinical social workers
- Nurse practitioners
- Neurologists
- Psychiatrists
- Pediatricians

AD/HD is a *medical diagnosis*-

- NOT an *educational diagnosis*.

Teachers can be very helpful by providing information for the family to share with the diagnosing professional - checklists, anecdotal information, medication monitoring, etc.

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States differ in their protocols for determining who qualifies for assistance.
Students qualifying for extended time on SAT's

Students should receive a thorough physical exam *first* to rule out other possible causes such as:

- ✓ Assessment of hearing and vision
- ✓ Thyroid dysfunction, other disorders
- ✓ Head injury
- ✓ Sleep Apnea

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A doctor asks about head injuries-then broken arms-"When I fell out of that tree!"

Possible causes of AD/HD-like behavior:

- A sudden change in the child's life-the death of a parent or grandparent; parent's job loss.
- Undetected seizures, such as in petit mal or temporal lobe seizures
- A middle ear infection that cause intermittent hearing problems
- Medical disorders that may affect brain functioning
- Underachievement caused by learning disability
- Anxiety or depression

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MULTIMODAL TREATMENT

- Parent and child education about diagnosis and treatment.
- Behavior management techniques.
- Medication.
- School programming and supports.
- Tailored to the unique needs of each child and family.

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The most widely referred to study among professionals is the MTA study which concluded that the one most effective treatment is medication alone; but multimodal treatment is the best

“Co-morbid Disorders”

- Learning disabilities - 20 to 30%
- Tourette Syndrome - tics and repetitive mannerisms
- Oppositional Defiant Disorder - as many as 1/3 to 1/2 (mostly boys) have another condition - often defiant, stubborn, noncompliant, temper, belligerent
- Conduct Disorder - 20 to 40% of AD/HD children may eventually develop CD
- Anxiety and Depression
- Bipolar Disorder

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In pre-k - understanding certain sounds or words

School-age - reading, spelling, *writing*, arithmetic disorders may appear

Very few children have this syndrome, many of the cases of Tourette syndrome have associated AD/HD

What does an AD/HD diagnosis mean for a child?

- **Kids with AD/HD may be delayed as much as 30% of their actual age in their ability to pay attention and remember.**

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This means that a 9 year old may act more like a 6 year old.

Sending an undiagnosed, untreated eighteen-year-old off to college would be like sending a 12-year-old off to college-what structures would need to be in place in order for that student to be successful?!

The treatment of AD/HD: WHAT WORKS BEST!

1. Accurate diagnosis - which should always include identification of talents and strengths.
2. Implementation of a 5-step plan that promotes talents and strengths.
3. Education about ADHD
4. Structure, strategies
5. Counseling, depending on needs
6. Complimentary and/or alternative treatments
sleep, diet, exercise,

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Some doctors have said that as many as 70% of children diagnosed with ADHD are diagnosed in a 15 minute office visit with a pediatrician and a hysterical mother-urge families to get a full evaluation; medication should not be used to determine a diagnosis

MEDICATION

- For most children medication is an integral part of treatment.
- It is **not** used to control behavior.
- Medication is used to help important networks of nerve cells in the brain to communicate more effectively with each other.
- Between 70 and 80% of children with AD/HD respond positively to these medications.
- Medication does not cure AD/HD; when effective, it alleviates AD/HD symptoms during the time it is active (e.g., an antibiotic)
- Eyeglasses or hearing aids example

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Role of the Teacher

- Teacher does **not** make diagnosis. It is a medical diagnosis.
- Teacher is critical in providing observations and follow-up information.
- Know what AD/HD is and what it is not.
- Communicate with families. (80% have 1 parent with AD/HD)
- Identify child's strengths.
- Employ behavior interventions and education strategies and techniques to best meet student's needs.
- Structure and Routine - Brevity and Variety.

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Areas of Concern

- Activating & getting started
- Irritability, depressed mood, sensitive to criticism
- Memory, recall
- Motor activity
- Compliance
- Academic skills
- Sustaining attention & concentration
- Sustaining effort
- Impulsiveness
- Organization & planning
- Socialization

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Every child with AD/HD is very different and needs a personalized plan

ACCOMMODATION BY TEACHER:

- Physical arrangement of room
- Lesson presentation
- Assignments/Worksheets
- Test taking
- Organization
- Behaviors
- Mood

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Seating arrangement-eye contact, next to teacher, next to good role models, study carrels for all

Explanations, color-coding, 3-part directions, math-switch from adding to subtracting- [error analysis](#)

Fewer problems

Extended time-not unlimited time

Using a computer for essays, KIDSPIRATION, note-takers, technology-tape-recorders

Books for home, positive feed-back, ignoring bad behavior, have students keep track of behaviors to make them more aware

Most accommodations are just good teaching strategies-helpful for all kids, critical for kids with AD/HD

Don't miss recess to stay in and complete work-more difficult in the next class

ACADEMIC SKILL:

If reading is weak:

If oral expression is weak:

If written language is weak:

If math is weak:

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Provide extra time; use “previewing” strategies; select text with less on a page; shorten amount of reading required; avoid oral reading

Accept all oral responses, substitute display for oral report, give questions ahead of time, tell student when you are going to call on them-clue

Alternative testing situations, extended time, use of technology

Use of calculator

“FAIR” DOES NOT ALWAYS MEAN EXQUAL - example of student who needed CPR

Parental Involvement

- Initial assignment notebook daily/weekly
- Provide daily rewards for bringing completed assignment notebook/progress note home
- Call teacher every _____ for feedback
- Supply school with medication & necessary medical forms
- Parent support group
- Parent education
- Provide positive reinforcement for points earned in behavior program at school

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For younger kids, coaching parents-giving them strategies to use at home

For older kids, the use of a coach can be helpful-takes pressure off of parent, keep parental relationship intact

Discourage parents from making threats that they won't keep

Kids with AD/HD don't always learn from experience-keep repeating the same mistakes-use preventative strategies-put structures in place