ADHD: Attention Deficit Hyperactivity Disorder

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Misconceptions About Learners with Attention Deficit Hyperactivity Disorder

1. All children with ADHD are hyperactive.
2. The primary symptom of ADHD is inattention.
3. ADHD is a fad, a trendy diagnosis of recent times in the United States with little research to support its existence.
4. ADHD is primarily the result of minimal brain injury.
5. The social problems of students with ADHD are due to their not knowing how to interact socially.
6. Using psychostimulants, such as Ritalin, can easily turn children into abusers of other substances, such as cocaine and marijuana.
7. Psychostimulants have a "paradoxical effect" in that they subdue children rather than activate them. Plus, they have this effect only children with ADHD.
8. Because students with ADHD react strongly to stimulation, their learning environments should be highly unstructured in order to take advantage of their natural learning styles.
History of ADHD

- Dr. George F. Still described conditions of ADHD (defective moral control) in children in 1902 --> ADHD is not a recent fad of diagnosis!

- deficit involving behavioral inhibition

- some of his research still holds true today
Still's cases still similar today

1. Many of the children had mild brain pathology (neurological dysfunction not brain damage!)
2. Many had normal intelligence.
3. Condition more common in males.
4. Evidence that condition had hereditary basis.
5. Many of them and their relatives had other physical or psychological problems.
ADHD today

-1/3 to 1/2 of cases referred to guidance clinics are for ADHD (1995)

-estimate of 3-7% of school age population have ADHD (2006)

-more common in boys (3:1), (explain more on later slide!)
ADHD Identification

2 types: Inattention & Hyperactivity/Impulsivity

- Need 6 or more of the following symptoms that have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level

- 4 components to assess:
  1. medical examination
  2. clinical interview
  3. teacher & parent rating scales
  4. behavioral observations
Inattention

-fails to give close attention to details, careless mistakes
-difficulty sustaining attention in tasks
-doesn't follow instruction (not oppositional, just doesn't understand)
-avoids/dislikes tasks that require sustained mental effort
-easily distracted and forgetful
-loses things easily
Hyperactivity/Impulsivity
-fidgets with hands or feet, squirmish
-often leaves seat in class when sitting is expected
-runs or climbs in inappropriate situations
-difficulty playing or engaging in quiet activities
-"on the go"
-talks excessively
-blurts out answers
difficulty awaiting turn
-interrupts others
ADHD, Findings, Trends, Etc.

- A difference between the sexes:
  - Boys are more prone to hyperactivity and impulsivity.
  - Whereas girls tend to be inattentive—A reason why many girls go undiagnosed, as their reaction to the disorder is more "well-behaved," less disruptive—Though the inability to focus is there nonetheless.
ADHD, Findings, Trends, Etc.

- Nearly 4% of Americans under the age of 19 are prescribed medication for ADHD, compared to less than 1% in 1987 (National Institute of Health, 2012).

- Concern about overdiagnosis and overmedication — However, undermedication should be a concern as well — The increased prescribing of ADHD medications has not demonstrated a "gateway drug" effect.
ADHD, Findings, Trends, Etc.

- Nearly 1 in 10 school-age children diagnosed (Centers for Disease Control and Prevention)

- May 2012 study in the journal Pediatrics suggests that *sleep-related problems* among children (like sleep apnea) may account for a significant number of ADHD diagnosis, as symptoms are similar (e.g., drowsiness, moody and obstinate behavior)
ADHD, Findings, Trends, Etc.

- ADHD can also easily be misdiagnosed in children who come from unstable, chaotic or abusive home environments, and/or in children who have experienced trauma—The message here being that in these situations the student needs additional, specialized support; *and not simply a pill.*

- Occurs along a broad spectrum, from mild to severe.
ADHD, Findings, Trends, Etc.

State-based Prevalence Data of ADHD Diagnosis (age 4-17)

Centers for Disease Control and Prevention (2007)
ADHD, Findings, Trends, Etc.

State-based Prevalence Data of ADHD Medication Treatment (age 4-17)

Centers for Disease Control and Prevention (2007)
ADHD, Teaching Strategies

- Evaluate the child’s individual needs and strengths.
- Select appropriate instructional practices.
- For children receiving special education services, integrate appropriate practices within an IEP.
Meeting their Needs

Stage 1: Divide instruction into meaningful chunks
Stage 2: introduction to help students get the details of lesson/goals
Stage 3: Instruction & Modeling
Stage 4: Guided practice (students practice and teacher provides feedback)
Stage 5: Independent practice
Stage 6: Closure and review to recap learning!
Successful programs integrate the following three components:

1. Academic Instruction
2. Behavioral Interventions
3. Classroom Accommodations
While Conducting a Lesson

- Be predictable
- Support the student’s participation in the classroom
- Use audiovisual materials
- Check student performance
- Ask probing questions
- Use assistive technology
- Perform ongoing student evaluation
- Help students correct their own mistakes
- Help students focus
- Follow-up directions
- Lower noise level
- Divide work into smaller units
- Highlight key points
For More Information Visit:

http://www2.ed.gov/rschstat/research/pubs/adhd/adhd-teaching.html


http://www.helpguide.org/mental/adhd_add_teaching_strategies.htm

http://www.cdc.gov/ncbddd/adhd/