

**Manchester-Essex Regional School District  
Department of Student Services**

**Attention Deficit Disorder: Questions, Answers, and Parent/Teacher Resources**

Attention deficit disorder (ADHD) impacts many children and adolescents in our schools, including but not limited to children on IEPs and Section 504 Accommodation Plans. **The acronym ADHD denotes both attention deficit disorder with inattentive symptoms as well as attention deficit hyperactivity disorder.**

**What is attention deficit disorder (ADHD)?**

ADHD is defined in the DSM-IV-TR (American Psychiatric Association, 2000) with two distinct but correlated dimensions of symptoms: those involving inattention (e.g., making careless mistakes and not paying close attention to details; forgetfulness; difficulty in organizing tasks and activities; and failure to begin or complete tasks that require sustained mental effort) and those involving hyperactivity-impulsivity (e.g., excessive fidgeting, locomotion, or talking; interrupting or intruding in conversations, games, and other situations). Given these two dimensions, there are three possible subtypes of ADHD; inattentive, hyperactive-impulsive, and combined. A conservative estimate is that 3-5% of children have been diagnosed with ADHD.

Additional requirements for the diagnosis are that the symptoms (1) cause a clinically significant impairment in adaptive functioning; (2) are inconsistent with developmental level (e.g., not secondary to another problem); (3) have been present for at least 6 months, with an onset of some symptoms before age 7; (4) are present in two or more settings; and (5) are not better accounted for by another problem affecting attention and behavior (Pennington, 2009).

It is normal for all children to be inattentive, hyperactive, or impulsive sometimes, but for children with ADHD these behaviors are more severe and occur more often.

Symptoms of *inattention* can include the following:

- Being easily distracted, missing details, forgetting things, and frequently switching from one activity to another.
- Having difficulty focusing on more than one thing.
- Becoming bored with a task after only a few minutes, unless they are doing something enjoyable.
- Having difficulty focusing attention on organizing and completing a task and learning something new.
- Having trouble completing or turning in homework assignments, often losing things (e.g., pencils, toys, assignments) needed to complete tasks or activities.
- Not seeming to listen when spoken to.
- Daydreaming, becoming easily confused and moving slowly.
- Having difficulty processing information as quickly and accurately as others.
- Struggling to follow instructions.

Children who have symptoms of *hyperactivity* may:

- Fidget and squirm in their seats.
- Talk nonstop.
- Dash around, touching or playing with anything and everything in sight.
- Have trouble sitting still during dinner, school, and story time.

- Be constantly in motion.
- Have difficulty doing quiet tasks or activities.

Children who have symptoms of *impulsivity* may:

- Be very impatient.
- Blur out inappropriate comments, show their emotions without restraint, and act without regard for consequences.
- Have difficulty waiting for things they want or waiting their turns in games.
- Often interrupt conversations or others' activities.

ADHD is highly heritable, meaning that children who have a close relative with ADHD are more likely to be diagnosed with ADHD. ADHD has been found across all socioeconomic levels and cultures. ADHD usually emerges in early childhood with an onset between 3 to 4 years of age. ADHD is a chronic disorder across the lifespan, however, ongoing research on ADHD suggests that symptoms may vary in severity and impact functioning variably with age and setting.

### **Can ADHD can be mistaken for other problems?**

Parents and teachers can miss the fact that children with symptoms of inattention have the disorder because they are often quiet and less likely to act out. They may sit quietly, seeming to work, but they are often not paying attention to what they are doing. They may get along well with other children compared with those children with other subtypes of ADHD who tend to be vulnerable to social problems due to impulsivity. Children with inattentive ADHD are not just the only ones, however, who can be missed. For example, children with hyperactive and impulsive subtypes of ADHD may be mistakenly seen as having only emotional or disciplinary problems.

### **How is ADHD diagnosed?**

If ADHD is suspected, the diagnosis should be made by a professional with training in diagnosing ADHD. This includes child psychiatrists, psychologists, developmental/behavioral pediatricians, behavioral neurologists, and clinical social workers. After ruling out other possible reasons for the child's behavior, the specialist checks the child's school and medical records and talks to teachers and parents who have filled out a behavior rating scale that ranks whether the child displays the symptoms or behaviors listed on the checklist and, if so, how frequently. Further evaluation using neuropsychological testing is often helpful to clarify whether ADHD is a primary problem and how it impacts a child's learning. Additionally, testing can also often ascertain whether other disorders that often co-occur with ADHD are present (anxiety, reading difficulties). A diagnosis is made only after all this information has been considered.

### **Are there other disorders that often occur in combination with ADHD?**

Other disorders that have been found to occur alongside ADHD include conduct disorders, oppositional-defiant disorder, depression, anxiety, Tourette syndrome, dyslexia, and bipolar disorder. Children with diagnoses of Autism, Asperger's Syndrome, Schizophrenia, and Intellectual Disability may frequently exhibit the symptoms of ADHD; however, DSM-IV-TR stipulates that these primary diagnoses exclude an ADHD diagnosis. More research is needed to understand the reasons why that a substantial number of children with a diagnosis of ADHD also have these co-occurring disorders.

### **What are common treatments for ADHD?**

For many children, ADHD medications reduce hyperactivity and impulsivity and improve the ability to focus, work and learn. Social skills groups may also be effective in helping students with impulsive and hyperactive behaviors to become more aware of the impact on others and develop and use self-monitoring skills to improve their interactions with peers. Research is currently being done on multimodal treatments for ADHD (medication and cognitive and/or cognitive-behavioral therapies).

The class of medications most commonly prescribed for treating ADHD are stimulants; however, there are non-stimulant medications available, which work differently than stimulants. Some parents worry that if they give their child medication this will increase the risk of substance abuse in adolescence. There is no evidence to suggest that medications prescribed to treat ADHD lead to increased risk of substance abuse, and in fact, some studies show that children who are treated for ADHD are at less risk for self-medicating with illegal drugs and alcohol during adolescence. There is a list of medications approved by the FDA for children, which can be found on their website as well as warnings about potential risks and side effects of medications ([www.fda.gov](http://www.fda.gov)).

### **How Does ADHD Impact Learning?**

ADHD can impact learning in several ways. Inattention can result in missing parts of lessons or instructions. Distractibility will cause a student's attention to be easily diverted during class and homework times. Students who experience hyperactive symptoms find it difficult to do seatwork and there is excess motor activity which can also be distracting to other students. Students who are impulsive will often blurt out things in class before thinking about what they want to say, will make more careless mistakes than other students and start projects before they have a plan or the necessary materials. Students with ADHD are at increased risk for experiencing difficulties in reading and math due to the impact of inattentive symptoms and, in some students, a slower rate of processing information. For example, a student who has difficulty sustaining attention on reading material that is not intrinsically interesting to them may find that it takes more time to read a passage due to the fact that their attention wanders during reading time. Therefore it not only takes longer to read material but it is also read in choppy sections with the result that the information may not be readily sustained in working memory. In short, the student may feel that it takes more time and effort than other students to complete reading assignments, and other projects that require sustained attention and focus.

Many children with a diagnosis of ADHD continue to have symptoms as they enter adolescence. Some children, however, are not diagnosed with ADHD until they are well into adolescence. This is more common in students with predominately inattentive symptoms since they are less likely to have behavioral symptoms that come to the attention of teachers and parents. As academic demands (volume and complexity of work) increase in middle school, inattentive symptoms often come to light since the student struggles with organization, sustained attention and steadily increased demand for working memory, multitasking and independent work. Teens with ADHD are particularly challenged by the transitions to middle and high school due to these increased demands on skills that are often areas of weakness for them, no matter how bright they are. If a child or adolescent begins to display increased difficulty with managing schoolwork following transitions to middle and high school, it is important that parents consider the possibility of an previously undiagnosed problem with attention and/or executive functioning; meanwhile ruling out other possibilities for co-occurring problems that may be impacting their academic functioning.

### **What strategies can parents use to help children with ADHD at home?**

Each child or adolescent with a diagnosis of ADHD will benefit from strategies employed at home that are tailored to his/her unique strengths and vulnerabilities. Strategies for students with primarily inattentive symptoms should include ensuring minimal distractions in area(s) in which homework and studying is completed. Time management is essential, since children and adolescents with ADHD often have difficulty with time; including assessing how long a task will take, getting up and ready for school in the morning, managing homework time efficiently, losing track of time, and becoming distracted by activities more interesting to them. Use of a kitchen or similar visual timer is recommended for students who have difficulty staying with homework tasks. Frequent breaks are needed with physical outlets since students with ADHD expend more mental energy trying to stay focused and benefit from short, frequent breaks. Chewing gum, squeezing objects (such as balls filled with rice, beans, etc) and use of elastic bands on chairs or foam egg-crate cushions can help students with hyperactive and fidgety behaviors maintain attention during seatwork.

It is important for students with ADHD to learn and adhere to routines and structures, and maintain consistency. Aids to structure and memory include organizers, planners, visual or auditory reminders

(depending on which works best with a student's learning profile), check-ins with parents around maintaining organization and keeping track of materials needed for tasks. Some students benefit from having a second set of books at home to reduce the working memory demand on remembering which books to bring home that day. Organizing the home environment is essential (e.g., place for backpack, homework, etc). Teach children to make lists, use notes to self, and other similar methods for supporting working memory.

Strategies to improve deficits in executive skills can include increasing controls (restricting access to situations or settings in which a child or adolescent is more likely to have difficulty); increased supervision; and finding ways to cue a child or adolescent to control impulses. This may include reminding them of what behaviors they are working on improving and cues to exert more self-control. Having a set of personal goals that are discussed and agreed on between parent and child written down in an easily accessible spot can be helpful. Additionally, shaping behaviors by rewards (that can be developed by discussion) rather than punishments is recommended. Remember to teach and model the skill you would like your child to learn prior to expecting it from them. Prioritizing is essential and again, can be modeled by parents with modeling and discussion of this skill using real-life examples.

Additionally, sleep, adequate diet, and opportunities for physical activity are all very important to maintaining focus and energy. Students who tend to sleep late during weekends and holidays will need time to readjust their clocks before returning to school schedules.

### **What strategies can be used to support students with ADHD at school?**

Self-regulation strategies can be taught and, with practice, the student can learn to implement these effectively and independently. These strategies are fourfold and include self-monitoring, self-instruction, goal setting, and self-reinforcement. (Reid & Lienemann, 2006).

Building metacognitive skills (self-awareness about one's learning and performance style) is essential and there are many resources available that provide steps and plans to help a student build metacognitive skills (Dawson & Guare, 2004 and 2009; Harwell & Jackson, 2008; Reid and Lienemann, 2006).

To engage a student's attention, offer seating in an area of the class that is central to discussions and near the teacher. Visual and auditory prompts (depending on which works best for a student) may be interwoven throughout a longer lesson that challenges a student's ability to sustain attention.

Students who are fidgety and restless may benefit from motor breaks such as being given a chance to walk around the building to deliver a note to another area of the building. They can also benefit from in-class breaks to help them regain focus.

Time management in the classroom may be aided by keeping the day's plan and times for activities visible to students, and having a student learn to gauge the time it takes for tasks more effectively. Adhering to routines and schedules is very helpful to solidifying time management skills.

Consistent use of planners, organizers and keeping workspaces clutter-free are also recommended.

Use of study buddies is also helpful to students who experience difficulty sustaining attention when studying for tests.

Have the student become a good editor of their own work. Switching to a different colored pencil for editing work places the student in that role and helps sustain focus on the editing task.

Positive reinforcement using a behavior chart can help students reduce impulsivity. Additionally, some students benefit from sensory aides to help reduce motor restlessness during seatwork. Consultation with the school's Occupational Therapist about which tools may be useful for a particular student is recommended.

## **Resources for Parents and Teachers:**

### **Websites:**

A.D.D. Warehouse ([www.addwarehouse.com](http://www.addwarehouse.com)) Website with many resources on the subject of ADHD.

American Psychological Association ([www.apa.org](http://www.apa.org)) links to information and books published through APA on ADHD.

National Institute of Mental Health/National Institute of Health ([www.nimh.gov](http://www.nimh.gov)).

Food and Drug Administration ([www.fda.gov](http://www.fda.gov))

### **Books:**

Dawson and Guare (2004) *Executive Skills in Children and Adolescents: A Practical Guide to Assessment and Intervention*. (Guilford Press ([www.guilford.com](http://www.guilford.com)))

Dawson and Guare (2009) Smart but Scattered: The Revolutionary “Executive Skills” Approach to Helping Kids Reach Their Potential. Guilford Press.

Dehn, M. (2008). Working Memory and Academic Learning (Wiley Press: [www.wiley.com](http://www.wiley.com))

Fablevision ([www.fablevision.com](http://www.fablevision.com)) Source of assistive technology programs for use by students and teachers.

Harwell, R. & Jackson, R (2008). *The Complete Learning Disabilities Handbook, Third Edition* (Jossey-Bass: [www.josseybass.com](http://www.josseybass.com))

Meltzer, L. (2008). Executive Function in Education. Guilford Press. ([www.guilford.com](http://www.guilford.com)).

Quinn, Patricia MD. (2009). Attention Girls! Magination Press. ([www.maginationpress.com](http://www.maginationpress.com))