

Running Header: ADD and ADHD

Attention Deficit Disorder
and
Attention Deficit Hyperactive Disorder
Understanding Students: What, Why, and How

Jessica Edgington
Sarah Boone
English 313
Brigham Young University Idaho

Attention Deficit Disorder
and
Attention Deficit Hyperactive Disorder
Understanding Students: What, Why, and How

Attention Deficit Disorder or Attention Deficit Hyperactive Disorder are becoming more frequently diagnosed. For this reason, we as teachers will come across the disorder in our classrooms on a more regular basis. As teachers, we must be ready to help the students in our classrooms and provide support for all students. We must understand the similarities and differences between the two, the complexities of these disorders, the symptoms, and the diagnosis that students are given. We also need to understand the different treatments available and know how to help these students. ADD/ADHD does not have to be a negative aspect in our classrooms, and we can learn how to make the classroom experience a positive one for both the students and the teacher.

First, we need to understand that ADD and ADHD are similar disorders in many aspects.

Comparison

Strock, M., (2006) defines ADD/ADHD in one category, She says they are common developmental and behavioral disorder. It is characterized by poor concentration, distractibility, hyperactivity, and impulsiveness that are inappropriate for the child's age. Children and adults with ADHD and ADD are easily distracted by sites and sounds in their environment, cannot concentrate for long periods of time, are restless and impulsive, or have a tendency to daydream and be slow to complete tasks (p. 1).

Although they are commonly put into one category, as in Strock's definition above, there are differences between ADD and ADHD.

Contrast

Strock, M., (2006) also suggests that due to the increase of ADHD, many teachers may forgot that ADD is a separate disorder with its own characteristics. When we think of ADHD, many times we think of the “Dennis the Menace” type, a young boy who knocks things off the counter, jumps everywhere, and can’t seem to sit still. While this description may describe someone who has ADHD, it doesn’t describe everyone with this disorder. It definitely doesn’t describe someone with ADD. We may also imagine the disorganized student who seems to lack motivation. This student is shy, timid, and doesn’t participate in classroom discussions or activities. This description would fit a student showing symptoms of ADD. A student with ADD can participate in activities, but must be highly stimulated by what is occurring. Someone with ADD can focus on something if it holds their attention. Such things can be sports, TV shows, video games, or even a certain topic in school like dinosaurs. (p. 1-2).

ADD/ADHD: Complexity, Symptoms, and Diagnosis

There are many misconceptions about attention deficit disorders. One such misconception is that ADD/ ADHD are simple disorders. Another mistaken belief is that people who are diagnosed with these disorders are really just individuals who are too lazy to concentrate and will not apply themselves to work. Other common mistakes include the idea that any individual who exhibits any one of these symptoms must be either ADD or ADHD. In truth, ADD and ADHD are complex disorders that require professional testing and observation before an accurate diagnosis can be made.

Complexity

ADD and ADHD are very complex disorders and hard to diagnosis. In fact, they have been categorized by Dr. Thomas Brown (2007), associated director of the Yale Clinic Attention and Related Disorders, as being “recognized by specialist as a complex syndrome of impairment in development of the brain’s cognitive system, or executive functions” (p. 22). This cognitive area of the brain is responsible for processing thoughts and acquiring knowledge. This cognition affects the ability to master and coordinate all of the skills needed to stay focused, on task, and control impulsive behavior. The brain is like a symphony orchestra with many different talented musicians or parts. “Regardless of their expertise, the musicians need a competent conductor who will select the piece to play, make sure they start at the same time, and stay on tempo” (p. 23). So it is with the brain, all parts working together are vital for normal function.

While the brain plays a major role determining if the child has ADD or ADHD, so do a person’s genes. The dopamine transporter gene is suspected in these disorders because “dopaminergic drugs (methylphenidate) are clinically efficacious in addressing the core problems associated with ADD and ADHD” (Daley, 2006, p 194). The brain cannot regulate itself, therefore, it results in a behavioral disorder. ADHD is a disruptive behavior disorder that is characterized by levels of inattention (e.g., difficulty in concentrating on schoolwork), impulsivity (e.g., frequently interrupting conversations or activities), and/or over activity (e.g., difficulty remaining seated when required to do so) that are well beyond what is expected and appropriate for a given child’s gender and age” (DuPaul & White, 2006, p. 57-58). Every child is different in the symptoms they exhibit and the levels at which they are effected by the disorder.

Children suspected of having ADHD or ADD can have trouble with all of these symptoms or just some of them. The symptoms can be exhibited on a number of different levels. Experts say that “[w]e do not see ADD (ADHD) as an all or nothing concept. It is not like pregnancy where one either is or isn’t pregnant with nothing in between” (Brown, 2007, p 25). The disorders cannot easily be determined by one certain test because it affects various parts of the brain in different cases.

Doctor Brown (2007) lists two cases of individuals with ADD in which each exhibited different symptoms. The first was a sixth grade male named James, who was very bright and exhibited interest in science and history, and was able to recall information that he has learned from books and other sources regarding these subjects. Other areas such as completing work, recalling information that he has just learned, and responsibly turning in assignments causes him great difficulty. On the other hand, Julie did not show any signs of ADHD until the ninth grade. Before high school, she had always been a model student on the honor role. After entering high school, she has trouble doing homework and performing well on tests even though she studies for hours (p. 23-24).

These disorders have been known to present themselves at different levels and stages of life for individuals diagnosed with the disorder.

Symptoms

Physical

Montauk and Mayhill (2006) explain that children with attention deficit disorder often demonstrate physical symptoms. One common symptom is the inability to sit still.

These children “[o]ften leave seats in classroom or in other situations in which remaining seated is expected” (“History”, para.2). Due to the hyperactive drive, they have trouble remaining still for any extended amount of time. When they are told to hold still the child will move about restlessly in the seat wiggling hands and feet, causing a distraction. They also “... run around or climb excessively in situations in which this behavior is inappropriate (adolescents or adults may be limited to subjective feelings of restlessness)” (“History,” para.2).

Montauk and Mayhill (2006) suggest another common behavior associated with these disorders is the need to talk. They often talk a lot, blurting out or speaking without thinking first. The behavior of the children is often the same way, very impulsive. They act or say whatever pops into their mind. That is why they often do things that are inappropriate for the situation they are in-- because they do not think before acting. Their behavior and actions are driven by their natural impulsive feelings. They are constantly on the go and “often act as if driven by a motor, they have a hard time sitting still” (“History,” para.2). For example, during play time, their activity consists of running, jumping and moving about. They have a hard time sitting still for any length of time for play, school or any activity that does not completely capture their attention. This is one of the most commonly recognized symptoms of ADHD.

Finally, another physical characteristic associated with ADHD is slow speech and problems with stability. Research shows that “[c]hildren with ADHD often demonstrate poor motor coordination and balance. [Further,] studies show that sixty percent of ADHD children demonstrate problems with motor coordination or deficits in

development co-ordination” (Daley, 2005, p. 197). Children who have this disorder also appear clumsy and do not talk as well as others their age.

Social

Other symptoms of children with these disorders are socially related. Children with ADHD and ADD usually have trouble functioning in social situations. Their behavior is usually disruptive, especially in the classroom setting, with the student impulsively blurting out or moving about and disrupting the class. As a result, the “high level of disruptive behavior demonstrated by ADHD children increases the likelihood of negative reaction from parents, teachers, and also peers” (Daley, 2006, p. 197). The children have trouble controlling their impulses and usually just say whatever they are thinking at the moment whether or not it pertains to what is happening in the classroom.

Additionally, they are often over aggressive and act aggressively towards other children. This behavior can cause other children to avoid interaction with the ADD/ADHD child or react negatively towards them, often resulting in “negative social interactions with peers” which can “ultimately lead to peer-rejection” (Daley, 2006, p. 197). These children are usually mean to other children on the playground, classroom or in the neighborhood play, and often speak rudely to the other children. DuPaul and White (2006), in their research, suggest that “[c]hildren with ADHD typically have difficulty with making and keeping friends, primarily because of their high levels of verbal and physical aggression” (p. 58). These children with ADD/ADHD have a difficult time making friends or having a friend for any length of time.

Mental

In addition to physical and social symptoms, children also experience mental symptoms. Some of the mental symptoms that Montauk and Mayhill (2006) suggest that a child might exhibit if they have ADD/ADHD are that they have trouble organizing and finishing a project or some other activity. It is not because they do not understand or are incapable of the task, it is just that they easily get distracted and move on to other things. They often do “not follow through with instructions and do not finish schoolwork, chores, or duties in the workplace (not because of oppositional behavior or failure to understand instructions)” (“History,” para.2).

Montauk and Mayhill (2006) confirm children’s home work frequently is left undone. However, this is not because they are not smart enough. Usually, it is because the child “often dislikes or is reluctant to engage in homework that requires sustained mental effort” (“History,” para.2). ADHD is suspected when children have a hard time paying attention in class or focusing on a task, such as homework, because they easily become distracted by their surroundings, they are constantly losing track of their supplies, or when something is supposed to be turn in. All of these factors play a part in the identifying and diagnosing the complex disorders of ADD or ADHD.

Diagnosis

Formal/Professional

In a professional diagnosis a child must exhibit a number of these symptoms for a sustained amount of time in order to be considered as ADD/ADHD. Just because a child has problems holding still in class or for a long period of time does not automatically classify them as such. As Brown (2007) indicates, a “diagnosis of ADD/ADHD is appropriate only when the individual’s impairment is significantly greater than that of

most other children of the same age and development level” (p. 24). A trained specialist or doctor should only consider ADHD if the child is quite a bit behind in the natural development of where a child of that age should be. Specialists may consider ADD/ADHD if the child shows significant impairment in an at least a number of requirements.

A child must be impaired in at least six functions in each of the categories listed by the Diagnostic and Statistic Manuel. Daley (2006) states that the DSM is the [c]urrent classification for combined type ADHD (DSM IV; APA 1994) requires a minimum of six out of nine symptoms of inattention and a minimum of six out of nine symptoms of hyperactivity/impulsivity. In addition there must be some impairment from symptoms in two or more settings (e.g. home and school) and clear evidence of significant impairment in social, school or work functioning (,p. 193). These are the guidelines that professionals use to help diagnosis ADD/ ADHD in children. This is in hopes that these guidelines will lead to more complete and thorough identification of the disorders and better treatment for those who have ADD/ADHD. Brown (2007) affirmed that the “new model of ADD- as a developmental impairment of executive functions- requires a different kind of evaluation, an approach that can pick up more subtle cognitive impairments. These may or may not be accompanied by hyperactivity or other readily observable symptoms” (p. 26). The new evaluation requires testing to establish to what extent the child is effected.

Informal/Self- Diagnosis

In addition to a professional diagnosis, the second form is self or assumed diagnosis. This form of diagnosis is the patient or someone without training or

qualifications classifies them as having ADD/ADHD because they may have exhibited some of the symptoms associated with the disorders. Often, individuals are diagnosed by themselves or by a close friend. Daley (2006) acknowledges that “[w]hile self-directed interventions will never achieve the same results as therapist lead interventions they may provide services with useful tools for dealing with clients on the waiting list, or as an adjunct to conventional therapist-led intervention” (p.200). However, many problems occur with assumed or self diagnosis. Of course the first and most obvious is a misdiagnosis. A child may not actually have ADD or ADHD but be labeled and treated as if they did. The unwarranted treatment can cause great harm to the child all because of a wrongful diagnosis. On the other hand, the ADD/ADHD diagnosis may be correct, and the child can then seek the much needed help and treatment.

Treatments

While there is no cure, there are many different kinds of treatments for ADD/ADHD. To successfully treat ADHD, it is critical to correctly diagnose the details of the person’s ADHD. Some treatments work wonderfully for some, while they don’t work for others.

Many people who have this disorder will try medication for treatment. There are both stimulant medication and non-stimulant medication. Some examples of stimulant medication are Adderall, or Ritalin. It seems paradoxical that stimulants can actually decrease hyperactivity, but they do work. Atomoxetine is a non-stimulant drug that would be prescribed if stimulant drugs did not work or if the side effects were too much with the stimulant drugs. Stock, M. (2006) suggests that both types of medications will help increase focus and attention as well as reduce hyperactivity and impulsiveness. Of

course there are side effects to medications for ADD/ADHD as there are for all medications. It is a decision that parents and children should make together to see if the benefits outweigh the costs.

Another type of treatment would be the arrangement of the classroom. Purdie, Jo Hattie, and Carroll (2002-2004) say, "Structuring classrooms formally as opposed to informally, seating ADHD children in front seats, and providing frequent breaks between learning tasks" (p. 68) can help students function better in a normal classrooms setting. We all set up our classrooms in different ways and for different reasons. As teachers, the way we set up our classrooms will definitely impact our students and their learning. Another way we can provide treatment is the seating arrangements we provide for our students. One possibility would be to seat a child who can't concentrate closer to us, or possibly near students who seem to be able to concentrate easily.

Beside the arrangement of the seating, we can call on parents to assist us with their students in the classroom if we feel it necessary. The sad fact of the matter is that we as teachers may not be able to do it all. We may have to pool our resources and ask for help.

Then there is the option of doing nothing. Although not the best option some teachers just feel like they can't do anything about the situation so they may ask themselves, "Why try?" In the classrooms of such teacher, many times these students are left to figure things out on their own. It may not be fair and, it may not in accordance with the law or policies, but sometimes it seems easier. The old approach was, "simply to pass the students along or wish more could be done for them" (Ericson, 1998, p. 97.) As teaches we may feel that at times we have too much to do, or not enough time to fix the

problem, but as teachers it is our responsibility to do whatever we can to help these students.

How to Help ADD/ADHD Students

There are many opportunities that we have as teachers to help these students, it's just a matter of working hard enough to find them. It is not easy to know how to help, and every student can be helped differently and may need different things. Although, there are many answers and many options, we must determine what the correct answer is for a particular student.

As teachers it is very important to praise the positive. Every single student will bring a positive attribute to our classrooms. As teachers we must find those qualities, even if it is difficult, and praise them for it. Having additional activities is one way to help students who have ADHD. Our students will all complete assignments, projects, or activities at different times, and having something for them to turn to after that is a wonderful way to keep these students busy. The key is to keep these students busy so they will not have as strong of a desire to distract other students. It is also important to remember to be patient. It is not these students fault for their energy, lack of concentration, and the distractions. As teachers it will help the teamwork of the classroom if we can have patience and show respect, and love for each of our students.

Sue Watson (2006) set up a checklist to help us assess our support for students with ADHD or other learning disabilities. This checklist can provide a great guideline for us as teachers to see if we are providing support and showing patience with our students.

Do you:

- ___ Have very clear expectations for all tasks?
- ___ Do you find time to have fun with your students and use humor when it's appropriate?
- ___ Keep transitions flowing smoothly and provide assistance at transitional times?
- ___ Do you enable your student(s) to make choices from time to time?
- ___ Do your student(s) know how to get your attention appropriately?
- ___ Do you provide motivating learning opportunities to help the student to remain engaged?
- ___ Do you provide help with organization and review?
- ___ Are you providing appropriate cues and prompts that help focus your student(s)?
- ___ Are your classroom routines and expectations predictable? The child should be able to know 'what's next'.
- ___ Do you have a study carrel or time alone space?
- ___ Are you providing adequate modifications to the curriculum to make sure the child is not struggling with the written process?
- ___ Do you have appropriate assistive technologies available to you?
- ___ Have you made sure you're addressing the specific students learning styles within your program?
- ___ Do you allow extra time for processing and comprehending information?

(ADHD and LD Support Checklist, p. 1)

If we as teacher can answer yes to most of these questions, we'll know we are well on our way to meeting the needs of ADD and Learning Disabled students. We need to keep up the great work! (ADHD and LD Support Checklist, p. 1) However, we must continue to show patience and support with all of our students. It will help provide a positive classroom environment where students feel safe and ready to learn.

Students with ADHD notice the attitudes of their teachers and it will affect their attitudes towards the classroom and learning. CJ Edgington has ADHD. When I asked him what things his teachers have done to help him concentrate in class or what things he would have liked if his teachers had done. He explained who his favorite teachers were, and he said it was because, “they were nice and funny.” He said he liked another one of his teachers because, “she worked so hard, that I wanted to respect her.” (Edgington, 2007, personal communication). These students try hard, but sometimes it is simply difficult. They notice when we as teachers try hard to help them learn, and they want to do likewise.

How to Utilize These Students in the Classroom

Students with ADHD don't have to be a problem in the classroom. They can bring strength and enjoyment to our classroom, especially if we help use the wonderful attributes that come with this disorder.

Students with ADHD have so much creativity. Because their mind is constantly going and they have so much running through their minds, they have a wonderful creativity. In *The Gift of ADHD?*, Underwood (year) describes these talents and focuses on David Neeleman who is a great example of using his creativity and abilities associated with ADD/ADHD to affect all of our lives:

Chief among the potential assets is creativity. A mind that flits easily from one thought to the next may not be good at mastering the material for a biology test, but that nonlinear mind can excel at combining ideas in new ways. "While the A students are learning the details of photosynthesis, the ADHD kids are staring out the window and wondering if it still works on a cloudy day," says Honos-Webb, a

psychologist at Santa Clara University. This sort of thinking can translate in adulthood into the ideas that drive new businesses, launch innovative ad campaigns and crack scientific problems. Take David Neeleman, the founder of JetBlue Airways, who calls ADHD one of his greatest assets. He pioneered several discount airlines and invented the e-ticket. "We make great entrepreneurs," says Grossman, "because we think out of the box. We can't help it." And instead of dithering over a decision, they're willing to take risks. As he puts it, "Impulsivity isn't always bad." (p. 1)

Thus, we can see that Neeleman and others like him use their uniqueness and abilities to come up with remarkable ideas and change the world. Our students can do the same.

ADHD students have creativity, but must be allowed to express it through movement. It is also important as teachers to allow time for movement and to allow students to be active. Linda Hecker, an English teacher at Landmark used walking, talking, legos and tinkertoys to help her students write a paper. No, this is not used in a preschool or an elementary school, but in a college for students with learning disabilities. Hecker believes that these strategies could be used with junior high or high school students as well. The teachers at Landmark College began this way of teaching because they were sick of watching intelligent students struggle so much with writing. Students loved this way of learning and began succeeding. Yes, it's a different approach to learning and writing, but it's an effective one. Allowing our students to be active and use their energy can be a positive and helpful thing for other students, as well as the ADHD students, and ourselves.

We should enjoy their excitement. While teaching is very important and at times stressful, we should allow time to have fun, relax, and enjoy the moments we have with these amazing students. They are wonderful children and it is important for each of our students to feel safe in our classrooms and to feel comfortable. There is a lot of pressure on us as teachers and we have a significant responsibility. We do need to accomplish many academic achievements, but we can also achieve emotional, mental, and social goals. A goal we could share is for each student to succeed in at least one area. This will provide confidence, and a higher self esteem which can later be a part of many important and exiting events in this student's life.

All students have something to offer to their classmates, the classroom environment, and us as teachers. We can and should be able to learn many things from all of our students, even those that have a difficult time focusing. We can have a very comfortable, safe, and effective classroom if we will focus on our students' needs and how to help them achieve their goals.

We, as teachers, have a responsibility to support our students in the learning process. Having a clear understanding of ADD/ADHD and the complexity of these disorders will help us provide this support. We need to recognize that this is a disorder that will likely be prevalent in our classrooms. Being aware of the symptoms that students with these disabilities have can help us guide our students. There are different types of diagnosis, as teachers we must be conscious of the students needs. There are also different forms of treatments. We can try different options in our classrooms and must also understand that different options may be used at home with our students. All students respond differently, and we can use different methods to help provide support for

them. Students who have ADD/ADHD will bring many positive attributes to our classrooms. We can focus on their positive characteristics and help our students use their uniqueness to enhance the learning atmosphere of our classroom. Every student deserves an opportunity to learn and we should do all we can to provide the best atmosphere for their learning and growth.

References

- Brown, T. E. (2007, February). A new approach to attention deficit disorder. *Educational Leadership*, 64 (5) 22-27. Retrieved May 9, 2007, from Ebscohost database.
- Daley, D. (2006, August). Attention deficit hyperactivity disorder: a review of the essential facts. *Child: Care Health and Development*, 32(2) 193-204. Retrieved May 9, 2007, from Blackwell-synergy database.
- DuPaul, G. J. & White, G. P. (2006, March). ADHD: Behavioral, educational and medication interventions. *Education Digest*, 71(7) 57-60. Retrieved May 11, 2007, from Ebscohost database.
- Ericson, B. (1998) Inclusion for LD and ADHD students. *The English Journal*. 87 (1) 96-97. Retrieved on June 6, 2007 from JSTOR Database.
- Hecker, L. (1997) Walking, Tinkertoys, and Legos: Using movement and manipulatives to help students write. *The English Journal*. 86 (6) 46-47. Retrieved on June 7, 2007 from JSTOR Database.
- Montauk, S. L. & Mayhall, C. (2006). Attention Deficit Hyperactivity Disorder. Retrieved May 20, 2007, from WebMD Web site: <http://www.emedicine.com>
- Purdie N., Hattie J., and Carroll A. (2002-2004)_A review of the research on interventions for attention deficit hyperactivity disorder: what works best? *Review of Educational Research*. 72 (1) 61-99. Retrieved on June 6, 2007 from JSTOR Database.
- The Cleveland Clinic Children's Hospital, Dennison, C. (2005) Attention Deficit Hyperactivity Disorder: Treatment Overview. Retrieved May 17, 2007, from

webmd.com Web site: <http://www.webmd.com/add-adhd/guide/Attention-Deficit-Hyperactivity-Disorder-ADHD-Treatment-Overview>

Watson, S. ADHD and LD support checklist. Retrieved May 15, 2007.

<http://specialed.about.com/od/teacherchecklist/a/.addchecklisht.htm>

Underwood, A. (2005) The gift of ADHD? *Newsweek*. 145 (11) 48 (0) Retrieved on June 7, 2007 from Master FILE Premier Database.

Strock, M. (2006) Attention Deficit Hyperactivity Disorder. Retrieved May, 17, 2007, from The National Institute of Mental Health Web site:

<http://add.about.com/cs/addthebasics/a/add.htm>

Attention deficit hyperactivity disorder (ADHD) is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development and which interferes with functioning and/or development. 2018 Guidelines from the National Institute for Health and Care Excellence (NICE) state that for a diagnosis of ADHD, symptoms of hyperactivity/impulsivity and/or inattention should[1] Attention deficit hyperactivity disorder predominantly inattentive (ADHD-PI or ADHD-I), is one of the three presentations of attention deficit hyperactivity disorder (ADHD). In 1987â€“1994, there were no subtypes and thus it was not distinguished from hyperactive ADHD in the Diagnostic and Statistical Manual (DSM-III-R). The 'predominantly inattentive subtype' is similar to the other presentations of ADHD except that it is characterized primarily by problems with inattention or a deficit of sustained Attention-Deficit/Hyperactivity Disorder (ADHD): The Basics. Download PDF. Download ePub.Â

ADHD is a disorder that makes it difficult for a person to pay attention and control impulsive behaviors. He or she may also be restless and almost constantly active. ADHD is not just a childhood disorder. Although the symptoms of ADHD begin in childhood, ADHD can continue through adolescence and adulthood.