

# ED423633 1998-09-00 Teaching Children with Attention Deficit/Hyperactivity Disorder: Update 1998. ERIC Digest E569.

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## Teaching Children with Attention Deficit/Hyperactivity Disorder: Update 1998. ERIC Digest E569.

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DEFINING ATTENTION DEFICIT DISORDER/ATTENTION DEFICIT

## HYPERACTIVITY DISORDER (ADD/ADHD)

Attention deficit disorder is a syndrome characterized by serious and persistent difficulties in the following three specific areas:

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- 1. Attention span.
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- 2. Impulse control.
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- 3. Hyperactivity (sometimes).

ADD is a chronic disorder that can begin in infancy and extend through adulthood, having negative effects on a child's life at home, school, and within the community. It is conservatively estimated that 3 to 5 percent of our school-age population is affected by ADD.

The condition previously fell under the headings, "learning disabled," "brain damaged," "hyperkinetic," or "hyperactive." The term attention deficit disorder was introduced to describe the characteristics of these children more clearly.

## DIAGNOSIS OF ATTENTION DEFICIT DISORDER/HYPERACTIVITY

DISORDER (ADHD) According to the criteria in the Diagnostic and Statistical Manual of Mental Disorders (4th ed., rev.) (American Psychiatric Association, 1994), to be diagnosed as having ADD/ADHD, the clinician must note the presence of at least 6 of the 9 following criteria for either Attention Span or Hyperactivity/Impulsivity.

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- Attention Span Criteria \* Pays little attention to details; makes careless mistakes \* Has short attention span \* Does not listen when spoken to directly \* Does not follow instructions; fails to finish tasks \* Has difficulty organizing tasks \* Avoids tasks that require sustained mental effort \* Loses things \* Is easily distracted \* Is forgetful in daily activities

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Hyperactivity Criteria \* Fidgets; squirms in seat \* Leaves seat in classroom when remaining seated is expected \* Often runs about or climbs excessively at inappropriate times \* Has difficulty playing quietly \* Talks excessively



Impulsivity Criteria \* Blurts out answers before questions are completed \* Has difficulty awaiting turn \* Often interrupts or intrudes on others

## ESTABLISHING THE PROPER LEARNING ENVIRONMENT

\* Seat students with ADD near the teacher's desk, but include them as part of the regular class seating. \* Place these students up front with their backs to the rest of the class to keep other students out of view. \* Surround students with ADD with good role models.



Encourage peer tutoring and cooperative/collaborative learning. \* Avoid distracting stimuli. Try not to place students with ADD near air conditioners, high traffic areas, heaters, or doors or windows. \* Children with ADD do not handle change well, so avoid transitions, physical relocation (monitor them closely on field trips), changes in schedule, and disruptions. \* Be creative! Produce a stimuli-reduced study area. Let all students have access to this area so the student with ADD will not feel different. \* Encourage parents to set up appropriate study space at home, with set times and routines established for study, parental review of completed homework, and periodic notebook and/or book assignments each day. If a student is not capable of this, the teacher should help him or her.

2. Sign the notebook daily to signify completion of homework assignments. (Parents should also sign.)

3. Use the notebook for daily communication with parents.

## GIVING ASSIGNMENTS

\* Give out only one task at a time. \* Monitor frequently. Maintain a supportive attitude. \* Modify assignments as needed. Consult with special education personnel to determine specific strengths and weaknesses of each student. \* Develop an individualized education program. \* Make sure you are testing knowledge and not attention span. \* Give extra time for certain tasks. Students with ADD may work slowly. Do not penalize them for needing extra time. \* Keep in mind that children with ADD are easily frustrated. Stress, pressure, and fatigue can break down their self-control and lead to poor behavior.

## MODIFYING BEHAVIOR AND ENHANCING SELF-ESTEEM



Providing Supervision and Discipline: \* Remain calm, state the infraction of the rule, and avoid debating or arguing with the student. \* Have preestablished consequences for misbehavior. \* Administer consequences immediately, and monitor proper behavior frequently. \* Enforce classroom rules consistently. \* Make sure the and Statistical Manual of Mental Disorders (4th ed., rev.) (DSM-IV-R). Washington, DC: APA.

### SUGGESTED READING

Bender, W. (1997). *Understanding ADHD: A Practical Guide for Teachers and Parents*. Upper Saddle River, NJ: Merrill/Prentice Hall.

Fiore, T. (1993). Educational Interventions for Students with Attention Deficit Disorder. *Exceptional Children*, 60(2), 163-73.

Gardill, M. (1996). Classroom Strategies for Managing Students with Attention Deficit/Hyperactivity Disorder. *Intervention in School and Clinic*, 32(2), 89-94.

Hallowell, E. (1994). *Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood through Adulthood*. Tappan, NJ: Simon & Schuster.

Hartmann, T. (1993). *Attention Deficit Disorder: A Different Perception*. Novato, CA: Underwood-Miller.

Reeve, R. (1996). *A Continuing Education Program on Attention Deficit/Hyperactivity Disorder*. Reston, VA: Council for Exceptional Children.

Rief, S. (1997). *The ADD/ADHD Checklist. An Easy Reference for Parents & Teachers*. Reston, VA: Council for Exceptional Children.

Robelia, B. (1997). Tips for Working with ADHD Students of All Ages. *Journal of Experiential Education*, 20(1), 51-53.

Schiller, E. (1996). Educating Children with Attention Deficit Disorder. *Our Children*, 22(2), 32-33.

For more information on ADD, write to: CHADD, Children with Attention Deficit Disorder, 1859 North Pine Island Road, Suite 185, Plantation, FL 33322; (305) 587-3700. Contact your local school psychologist, examiner, or personnel in charge of assessment and diagnosis in your school district for specific information and local programs.

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