

Attention Deficit/Hyperactive Disorder (AD/HD)

DESCRIPTION AND FACTS:

According to the American Psychiatric Association, "Attention Deficit/Hyperactive Disorder (AD/HD) is a display of inappropriate attention, impulsivity and sometimes hyperactivity based on mental and chronological age." Studies show that people with AD/HD have lower metabolism in the parts of the brain that control attention and movement. As a result, they have trouble inhibiting their actions or keeping their minds on one train of thought. People with AD/HD usually are of average intelligence and many are above average.

Although abrupt shifts in activity are normal in young children, this level of distractibility usually diminishes with age in people without AD/HD. Understandably, this inability to concentrate and complete tasks frequently results in difficulty in the classroom and with peer and family. This inattention also results in poor organizational skills, poor listening skills and general learning problems. Only when motivated by the activity can they sustain interest for an extended period of time.

Some students with AD/HD can be disruptive and may not consider the consequences of their actions. This behavior may cause frequent problems with their peers, instructors and family members. Instructors and family members may describe students with AD/HD as restless and disruptive, exhibiting low frustration tolerance which may manifest itself in inappropriate actions.

Although hyperactivity is present in some students with AD/HD, studies show that not all people with AD/HD are hyperactive. People identified as hyperactive are easily stimulated and physically overactive, fidget excessively and are unable to sit still. They may have a diagnosis of Attention Deficit Hyperactive Disorder, Combined Type, Predominately Inattentive Type, or Predominately Hyperactive-Impulsive Type.

As a result of their inattention, impulsivity, and sometimes hyperactivity, students with AD/HD may also experience limited social skills and general learning problems. The inability of some people with AD/HD to establish meaningful relationships with their peers is frequently attributed to their poor self-concept and their inability to read social cues. Of course, not all people with AD/HD experience social problems.

There are often specific learning disabilities that accompany AD/HD symptoms. Some experts estimate that the 70-80% of people with AD/HD also have learning disabilities. Students with AD/HD may appear to be underachievers who typically have less difficulty with academic tasks when given individual attention in the classroom. Problems may arise when independent work is required.

Symptoms of AD/HD are often treated with pharmaceuticals. Physicians or psychiatrists frequently prescribe medication for people with AD/HD. Depression is often present along with the AD/HD. Physicians will often pair antidepressants with stimulants for effective treatment. Drug therapy alone is not always effective. Other treatments include counseling, behavior management procedures and special classroom accommodations to help students with AD/HD bypass their academic weakness. A combination of drug therapy, counseling and behavior modification typically leads to the greatest success in AD/HD treatment. DS #3 9/25/07

POSSIBLE BARRIERS:

- Inattention
- Impulsivity
- Hyperactivity
- Easily distracted
- Have more difficulty than the average student in concentrating on the task at hand. The simple tapping of pencil, or the rattle of a radiator, or the buzzing of light, which would not be noticed by other people, can become overwhelming to a person with AD/HD.

INTERACTION WITH AN INDIVIDUAL WITH ATTENTION DEFICIT/HYPERACTIVE DISORDER (AD/HD)

1. Be motivating and engaging, but calm when communicating.
2. Be aware of possible environmental stimulants which could be distracting.

TEACHING A STUDENT WITH ATTENTION DEFICIT/HYPERACTIVE DISORDER (AD/HD)

Students with AD/HD are often discouraged by their performance in relation to their peers. A positive attitude together with some special techniques on the part of the instructor can contribute to a strong self-concept in these students. Other classroom techniques may include:

1. A **clear classroom structure** of rules and consequences
2. **Allowing students to assume responsibility**
3. **Reasonable (sometimes flexible) time demands**
4. **The use of peer tutors**
5. **Small group work**
6. Making **clear, simple, and logically sequenced instructions** in both written and oral form