

TEACHER AND COUNSELOR COLLABORATION TO SUPPORT  
THE DEVELOPMENT OF ADD/ADHD STUDENTS: AN  
ANALYSIS OF VARIANCE BETWEEN ELEMENTARY,  
MIDDLE, AND HIGH SCHOOL LEVELS

by

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ABSTRACT

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Teacher and Counselor Collaboration to Support the Development of ADD/ADHD Students:  
(Title)

An Analysis of Variance Between Elementary, Middle and High School Levels

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The purpose of this causal comparative study was to determine if differences exist between elementary, middle and high school teachers in their collaboration with counselors to assist ADD/ADHD students in their learning in the Mosinee School District. A secondary aspect identified and compared classroom strategies for adapting to the needs of ADD/ADHD students at the elementary, middle and high school levels. Methods of collaboration used currently and ideally are compared and discussed.

A self-created survey called the ADD/ADHD Needs Survey was used to gather information about the number of identified and potential ADD/ADHD students, types of strategies used to adapt classroom learning for ADD/ADHD students, and collaboration both current and idealistic between teachers and counselors at the elementary, middle and high school levels. Results indicate a great demographic difference between the three groups. Elementary

teachers were found to be the oldest and have the most experience, while high school teachers were youngest and least experienced. The 6 to 9 percent students taught at Mosinee are identified with ADD/ADHD, exceeding the national average of 3 to 5 percent. Teachers identified another 6 to 8 percent of students as having potential for ADD/ADHD diagnosis.

Both IDEA and Section 504 require adaptations be made for ADD/ADHD students both in academics and behavior. Many techniques have been identified that help enhance the learning and social skills of ADD/ADHD students. Elementary, middle, and high school teachers were asked to check strategies that they used in the classroom during the 1998/99 school year. Identification of the five most used strategies by each group and the district as a whole is included in this study.

Many ADD/ADHD students do not fit into special education classes and modifications are left to the general education teacher with little or no support. Counselors, through collaboration, can work with the general education teacher in a joint effort. Many forms of collaboration exist from inservicing and information interchange to one-on-one tutoring and conferencing. Eight types of collaboration were listed for the teachers to check those currently in use and rank them in order of most ideal to least ideal. Information gathered shows that conferencing with a variety of people involved in the ADD/ADHD students progress is most ideal.

Overall, suggestions are made for greater education of both teachers and counselors as to the laws and strategies dealing with ADD/ADHD students. A district policy for identification and implementation of procedures for ADD/ADHD students including teachers, counselors, and other staff could develop a collaborative team to serve more of the needs of ADD/ADHD students.

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## **Chapter I**

### **Introduction**

Everyday millions of students pass through the doors of local schools trying to get an education that is their right by law in the United States. They come in all shapes, sizes, creeds, nationalities, and abilities. It is the job of the school system to develop these young minds by instilling the knowledge and skills they will need to survive, prosper, and contribute to society upon graduation. The school system must understand their varying starting points and guide them through the channels of learning. However, each of them is different. Some differences require attention in the educational arena: learning disabilities, emotional disabilities, cognitive disabilities, and students whose difference creates a road block in their ability to learn (Silver, 1990). The school system must address these special needs and by law develop programs staffed with special education teachers to assist, modify, and account for the disabilities of these students (Erk, 1995b). These programs fall under the term of special education and include classes for the learning disabled (LD), emotionally disabled (ED), cognitively disabled (CD), and severe cognitively disabled (CDS).

Unfortunately, these programs do not cover all disabilities students may have and the situation has not gone unnoticed. Little documentation exists about the type of services students with attention deficit are receiving in the schools, the extent to which these students are identified under existing handicapping categories, and the type of placement or educational treatments they receive (Reid, Maag, Vasa & Wright, 1994). Yet, under Public Law 94-142, Part B of the Individuals with Disabilities Education Act or IDEA, and Section 504 of the Rehabilitation Act of 1973, the school system is required to provide free and appropriate public education and services to any child with a qualifying disability when the disability impairs the child's educational performance (Legal Rights and Services, 1995). This includes students with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). National parent organizations, such as Children with

Attention Deficit Disorders (CHADD), are now actively advocating for improved educational services for children with ADHD (Reid & Katsiyannis, 1995). Students' with ADD/ADHD who attend public schools must be evaluated by a multidisciplinary team for special services (Montague & Warger, 1997). The evaluation may find that the disability does not impact school performance, or that the use of medication will counter the disability enough to provide control, but for those whose education is affected by ADD/ADHD, assistance must be provided. Some ADD/ADHD students fit into the pre-existing service categories of LD or ED (Silver, 1990), but many do not. These students fall into Section 504, which requires each student to have an Individualized Education Plan (IEP) that is followed by teachers and the school system (Reid & Katsiyannis, 1995). However, no special program exists to assist students who have 504's, so many are left with only the support they may receive from regular education teachers or counselors. In most school districts, no one person or designated group is responsible for monitoring the progress of these ADD/ADHD individuals (Erk, 1999).

Teachers are being asked to teach students equally and to adapt to the IEP's of ADD/ADHD students with no form of support, guidance or intercession. The situation leads to high stress and burnout resulting in the issue not being addressed, but passed along to the next level. "Teachers of children with ADHD need special training or close consultation with qualified experts-and preferably both-to address the special needs of these difficult children" (McBurnett & Pfiffner, 1991, p. 259). Likewise, students with ADD/ADHD in classrooms also face a multitude of problems. They are unable to process information, lack attention, seek acknowledgment - be it positive or negative, do not know how to ask for or get help, and find themselves falling behind or being totally lost in the academic setting. The nature of the ADD/ADHD disability is such that behavior problems play a large part in interrupting the learning process. These students also experience discipline issues, such as inappropriate talking, uncontrollable behavior, an inability to participate in groups or work with others, and defensiveness (Montague & Warger, 1997). As a result of disruptive behaviors, ADD/ADHD

children are at-risk for academically underachieving, dropping out of school, peer rejection and the developing antisocial behaviors (DuPaul, Eckert, & McGoey, 1997). Both teachers and students need assistance to deal with the disability of ADD/ADHD. Answers, support, communication, and cooperation are lacking when addressing the education of the ADD/ADHD student.

In these situations, an intermediary source is needed. School counselors are a logical choice and in a position to relieve some of the stress of dealing with ADD/ADHD students. They are an invaluable resource in this situation since most school systems have no program in place to provide support for teachers and students of ADD/ADHD. Counselors are able to meet the students' individual needs, serving as an outlet, helping address peer relationships, developing social skills, and providing information to the student and parents (Erk, 1999). They could aid teachers by providing information on ADD/ADHD students, assisting in behavior modification programs, consulting on ways to meet IEP needs, and providing support and feedback on individual students (Rice & Smith, 1993).

Providing information to help foster communication between teachers and guidance counselors in aiding with ADD/ADHD students would be beneficial to all: the student, the teacher, the counselor, and overall, the school system at large. This study focuses on the many methods teachers and counselors are currently using to help ADD/ADHD students at the elementary, middle and high school levels. It also looks at the contact made at each school level between the teacher and counselor to serve the ADD/ADHD student. Knowing techniques and strategies that are working for teachers and counselors can provide ways to more effectively help ADD/ADHD students. Many ADD/ADHD student needs are not being met by special education programs and, though identified with a 504, are not receiving adequate support in the school setting. School guidance counselors are in a position to be a consultant, support agent and mediator between the ADD/ADHD student and teachers at all three levels. Therefore, the research hypothesis for this study is that school guidance counselors can provide the needed link between ADD/ADHD students and teachers to

promote the success of ADD/ADHD students in school settings. In addition it is believed that the connection between counselor and teacher to serve students will be stronger at the elementary school level than at the middle or high school level.

### **Statement of the Problem**

Most ADD/ADHD students do not fit in a specific special education program. A support system for these students must be developed. Teachers and counselors could help fulfill this need if given more time, information, and release from relational constraints. The purpose of this study is to describe how the needs of ADD/ADHD students are being met by a collaboration of teachers and guidance counselors at the elementary, middle and high school level as measured by an ADD/ADHD Issues Survey. A secondary focus is to examine the percentage of ADD/ADHD students taught in the general classroom and the techniques used to help them succeed. This study focuses on the following six objectives to identify areas of weakness, to look at methods currently in use, and counselor/teacher collaboration as it compares the differences between the elementary, middle and high school levels.

### **Research Objectives**

1. Compare the percentage of ADD/ADHD students teachers teach in a school year at the elementary, middle and high school level.
2. Compare the five most commonly used strategies used by teachers with ADD/ADHD students at each level.
3. Compare the differences between the elementary, middle and high school teachers interaction with the school guidance counselor.
4. Identify the number of initiated contacts the teacher and counselor made with each other concerning ADD/ADHD students in a school year.

5. Determine the relationship between teacher/counselor contact with ADD/ADHD students and academic and behavioral improvement in the classroom.
6. Identify five strategies that would allow teachers and guidance counselors more time to collaborate on the needs of ADD/ADHD students.

### **Definition of Terms**

#### **Attention Deficit Disorder (ADD)/Attention Deficit Disorder Hyperactivity (ADHD)**

**Students:** Students who are identified through testing to be labeled and those students who currently are not labeled but exhibit the behaviors of the ADD/ADHD student for a period of six months or longer.

**Contact:** This term represents any type of communication made - verbal or written.

**Individuals With Disabilities Education Act, Part B (IDEA):** the child or adolescent must be evaluated as having one or more specified physical or mental impairments and must be found to require special education and related services by reason of these impairments. Specific categories of ADHD eligibility are (1) other health impaired, (2) specific learning disability, and (3) seriously emotionally disturbed.

**Section 504:** Children or adolescents may qualify for services to the disabled if: (a) there is a physical or mental impairment that substantially limits one or more major life activities (e.g., mainstream education or learning), (b) has a record or history of such an impairment, or (c) is regarded as having such an impairment.

**Americans With Disabilities Act of 1990 (ADA):** prohibits discrimination against individuals with disabilities at work, school and in public accommodations.

## **Chapter II**

### **Literature Review**

This literature review will provide a description of the ADD/ADHD student, a history of the label, and finally a look at how ADD/ADHD is dealt with in the school setting. The acknowledgment of ADD/ADHD in the school setting is not documented by a very long history and testing and interpretation of ADD/ADHD by doctors, psychologists, and schools is still developing. Laws calling for the equal education for all students defend and protect ADD/ADHD students. Accordingly, it is essential that schools develop educational plans at elementary, middle, and high school levels to meet the needs of these students. The school guidance counselor can be a beneficial and integral part of the educational, behavioral, and social structure of an ADD/ADHD plan. Because information about ADD/ADHD and how best to serve those with ADD/ADHD is constantly being expanded, it has been difficult to stay current on ADD/ADHD issues, especially in the school setting.

### **Description of ADD/ADHD**

In this study, ADD and ADHD students are being looked at as a collective group, but in order to thoroughly understand this disability, it is important to discuss the difference between the classifications. Both ADD and ADHD students will have difficulty in the areas of distractibility, inattention, free flight of ideas impulsiveness, moodiness, insatiability, and bursts of hot temper (What is Attention Deficiency Disorder, 1995), with inattention and a combination of hyperactive and impulsive behavior as the two primary symptoms (Barkley, 1996). However, the key difference between ADD and ADHD is the amount of hyperactivity. An ADHD student will be extremely hyper adding the dimension of uncontrollable body movement, which imposed upon the rest of the symptoms adds additional stress. On the other hand, ADD is often undetected because it lacks extreme hyperactivity and instead has a withdrawn daydream appearance in some students. The American Psychological Association

(1994) points to the persistent pattern of inattention and/or hyperactivity-impulsivity as being the key feature in ADD/ADHD cases. Although many children have brief glimpses of these behaviors, it is more frequent and severe than the typical individual at that developmental level.

ADD/ADHD students make up an average of 3 to 5 percent of all school-age children. According to Russel Barkley (1996), between 2 and 9.5 percent of all school-age children worldwide have ADD/ADHD. Problems at school are usually the catalyst for diagnosing ADD/ADHD because the student is asked to maintain attention for longer periods of time than at home or daycare (Attention Deficit Disorder in the Classroom, 1995). No physical manifestations single out the ADD/ADHD student from the rest of the class. They look like every other child. They have no specialized speech disorder, nor do they collectively have a lower IQ or intelligence level. Behavior is what singles out the ADD/ADHD student.

Boys are more likely than girls to have ADD/ADHD. Barkley (1996) indicates that boys with ADD/ADHD outnumber girls nine to one, possibly because boys are genetically more prone to disorders of the nervous system. It is presumed that girls are simply under-diagnosed because they tend not to cause regular disruptions in the classroom or at home (Erk, 1995b). Overall, it is stated that ADD/ADHD represents one of the most frequently diagnosed disorders in childhood. Shaywitz and Shaywitz (1992) report that perhaps close to 20% of children are diagnosed, at least initially, with ADD/ADHD.

Identification of ADD/ADHD students has long relied on the observation of children by parents and teachers. Noticing inattentiveness, moodiness, outbursts, and excessive hyperactivity, parents and teachers have turned to counselors, psychiatrists, and physicians for help and diagnosis. The diagnostic tool used most today to determine ADD/ADHD is the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) written by the American Psychological Association in 1994. The instrument consists of a list of diagnostic criteria that are used to evaluate people for ADD/ADHD. Identification of ADD/ADHD requires the

child to have at least six of the criteria and that they have persisted for at least six months to a critical degree.

### **Diagnostic Criteria for Attention-Deficit/Hyperactivity Disorder**

A. Either (1) or (2):

- (1) six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

#### **Inattention**

- (a) often fails to give close attention to details or makes careless mistakes in school work, work, or other activities
  - (b) often has difficulty sustaining attention in tasks or play activities
  - (c) often does not seem to listen when spoken to directly
  - (d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
  - (e) often has difficulty organizing tasks and activities
  - (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
  - (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, and tools)
  - (h) is often easily distracted by extraneous stimuli
  - (i) is often forgetful in daily activities
- (2) six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

#### **Hyperactivity**

- (a) often fidgets with hands or feet or squirms in seat
- (b) often leaves seat in classroom or in other situations in which remaining seated is expected



- (c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feeling of restlessness)
- (d) often has difficulty playing or engaging in leisure activities quietly
- (e) is often “on the go” or often acts as if “driven by a motor”
- (f) often talks excessively

#### Impulsivity

- (g) often blurts out answers before questions have been completed
- (h) often has difficulty awaiting turn
- (i) often interrupts or intrudes on other (e.g., butts into conversations or games)

- B. Some hyperactivity-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and home).
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder.

#### *Code based on type:*

- 314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type: if both Criteria A1 and A2 are met for the past 6 months.
- 314.0 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type: if Criteria A1 is met but Criterion A2 is not met for the past 6 months.
- 314.01 Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type: if Criterion A2 is met but Criterion A1 is not met for the past 6 months.

(American Psychological Association, 1994, pp. 83-5)

The DSM-IV can be applied by a school psychologist, doctor or other medical professional. However, identification of these activities needs to be noted by teachers, parents and others closely associated with the child. Robert Erk (1995a) states that checklists of observations are only a starting point. More in-depth specific identification needs to be implemented. Intelligence tests have been used in the majority of ADD/ADHD assessment cases to classify the individual, especially for special education. Although ADD/ADHD students do not tend to have low intelligence, they may have gaps in areas where concentration has suffered or potential was not reached (Erk, 1995a).

Students with ADD/ADHD receive attention for behaviors that are a result of their disability. Unfortunately, the attention received tends to be negative. In our society it is bad behavior which receives the attention because culture dictates that punishment is more acceptable than rewards (Maag, 1994). Instead of punishment, seeking behavioral assistance could result in the eventual treatment of an ADD/ADHD student.

### **History of ADD/ADHD**

No one knows the direct and immediate causes of difficulties experienced by children with ADD/ADHD. Prior to the 1940's, children with learning difficulty were considered emotionally disturbed, mentally retarded or socially and culturally disadvantaged (Silver, 1990). Since the 1940's, a neurological base has been discussed and various labels have been applied to children who were hyperactive, inordinately inattentive and impulsive. Initially these children were considered to have minimal brain damage (Barkley, 1996). In 1963, a committee was formed funded by the National Society for Crippled Children and Adults and the Neurological and Sensory Diseases Service Program to study children with minimal brain dysfunction. The committee summarized the 10 characteristics most often cited by various authors when describing minimal brain dysfunction. Listed in order of frequency:

1. Hyperactivity
2. Perceptual-motor impairments

3. Emotional liability
4. General coordination deficits
5. Disorders of attention (short attention span and distractibility)
6. Impulsivity
7. Disorders of memory and thinking
8. Specific learning disabilities: Reading, Arithmetic, Writing, and Spelling
9. Disorders of speech and hearing
10. Equivocal neurological signs and electroencephalographic irregularities.

(Silver, 1990, p. 395)

Included in this list are the key characteristics now identified under DSM-IV as symptoms of ADD/ADHD.

It is important to note that ADD/ADHD is not a “disease or illness;” it is a malfunctioning of the nervous system that effects a person’s ability to rationalize the consequences or results of his/her behavior (Erk, 1995a). The physiology of ADD/ADHD is attached to genetic inheritance. Current research definitely links ADD/ADHD to heredity. A growing body of research indicates that there is a genetic risk factor for any family having had a case of ADD/ADHD (Erk, 1995a). Mueller (1993) states that “environmental factors can suppress or accentuate [genetic predisposition]. Environments that provide an extremely good fit can keep ADHD qualities under the clinical threshold. Environments characterized by poor child rearing, family discord, and social adversity can exacerbate the disorder” (p. 105). Physically, the biochemistry or balance of chemicals in the brain can also contribute to the appearance of ADD/ADHD characteristics. Chemical imbalances can be treated with medication.

The medical diagnosis of ADD/ADHD has been the target of intense scrutiny as a “valid diagnostic entity” (Reid & Katsiyannis, 1995). ADD/ADHD is currently conceptualized as a medical/psychiatric condition and is listed in the DSM-IV (American Psychiatric Association, 1994). However, the focus for ADD/ADHD children has begun to

shift from medical to educational. The educational agenda has been supported by legislation for the disadvantaged and strong organizations such as Children with Attention Deficit Disorder (CH.A.D.D.). School-related issues of ADD/ADHD have many consequences that will be more specifically discussed in the next section.

### **ADD/ADHD in the School Setting**

Montague and Warger (1997) point out that all youngsters show some of the behaviors associated with ADD/ADHD making diagnosis a multi-faceted process. Because ADD/ADHD is considered a disability that can affect learning, the ADD/ADHD student is usually at a disadvantage in school. Most children with ADD/ADHD are first identified as having the disability after they enter the school system because school requires children to adapt to specific procedures and guidelines in order for education to take place (What is Attention Deficit Disorder, 1995). An ADD/ADHD child often stands out in this environment because they have difficulty with concentration, limited freedom of movement, need for controlled speech, and other activities. Therefore, most identification occurs at the elementary level by elementary teachers and parents. A comprehensive assessment is needed for educational purposes to establish ADD/ADHD. Montague and Warger (1997) state that a multimodal process to gather data and information about a child's educational problems and needs for special program and services provides the best scope for making informed decisions and plans for ADD/ADHD students. This approach calls for inclusion of teachers, parents, administrators, school psychologists and counselors.

Teachers or parents usually refer a student because they interact with the child for extended periods and can identify behaviors that are beyond the norm for that age (Montague & Warger, 1997). Once a student has been identified as having potential for ADD/ADHD, they go through a series of observations and tests. Teachers and the students' parents are required to complete rating scales and provide behavioral information (Montague & Warger, 1997). School counselors, school psychologists, and community psychologists or physicians

give tests or inventories to the student (Erk, 1995a). The results are used to determine the placement of the student into special education programs. Placement in a learning disabilities (LD) classroom requires a student to be behind by two or more grade levels in at least one academic area. Placement in an emotional disability (ED) classroom requires a student to have difficulty controlling emotions and behavior in two of three areas: school, home, or the community. The requirements for these programs are such that many ADD/ADHD students do not receive services from them. The ADD/ADHD student may still have significant learning needs that must be addressed.

Between 85% and 90% of children identified as having ADD/ADHD will be served in general education classrooms for part or all of the school day (Montague and Warger, 1997). Montague and Warger (1997) also suggest that teachers with ADD/ADHD students must begin with a general understanding about how school might be matched to students' characteristics. Situations will arise in the general education classroom about what modification is necessary. When educating children with special learning and behavioral needs in inclusionary classrooms, the dilemma arises of when to choose whole-group methods and when to rely on individualized ones. Montague and Warger (1997) suggest looking at the purpose and goals of instruction, the resources and constraints of implementing it, and the context in which the desired behaviors are to be performed. Schools need to be aware that modifications to curriculum, behavioral, and social expectations will need to be made to follow the state and federal laws.

Erk (1999) suggests that schools need to inservice teachers and counselors who work with ADD/ADHD students to help alleviate or circumvent difficulties for ADD/ADHD children and their families. Some key areas he suggests are:

- What the federal laws or statutes on ADHD can mean or may require for their school or in their classrooms
- What an accommodation plan for the child with ADHD should include or address

- Which school personnel are responsible for developing, implementing, monitoring, and readjusting the treatment plan or accommodations for the child with ADHD
  - What active roles teachers and counselors can play with the parents or family
- (Erk, 1999, p. 323).

Knowledge of ADD/ADHD is the first step in providing a better education for individuals who have the disability. McBurnett and Pfiffner (1991) encourage the continued investigation to find the best methods for meeting the special educational needs of children with ADHD.

### **Legal Issues**

Federal law requires that students with ADD/ADHD receive free and appropriate public education. “Both Public Law 94-142, Part B of the Individuals with Disabilities Education Act or IDEA, and Section 504 of the Rehabilitation Act of 1973 require that school systems make a free and appropriate public education available to eligible and qualified children with disabilities. Special education and related services must be made available to any child with a qualifying disability when the disability impairs the child’s educational performance (Legal Rights and Services, 1995). These laws are the foundation for the development of special education programs, which created LD, ED and CD services. Students who are identified by these laws receive an IEP or Individual Education Plan. The IEP identifies the learning areas that are affected by the disability and counteracts them by requiring different instructional designs and aids. Each program is responsible for ensuring that the IEP is fulfilled for each student.

In the case of ADD/ADHD students, the Department of Public Instruction (DPI) found many children with ADD/ADHD were not receiving free and appropriate public education, and some who were receiving assistance were not receiving assistance for their specific ADD/ADHD needs (Legal Rights and Services, 1995). Therefore, in 1991, the U.S. Department of Education issued a Policy Clarification Memorandum expressly recognizing children with ADD/ADHD as eligible for special education and related services under Part B

of the IDEA and Section 504 (Reid & Katsiyannis, 1995). The key difference between these two pieces of legislation is that Part B of IDEA requires children to be identified into special education categories, while Section 504 extends protection beyond the boundaries of special education to all students who have a physical or mental impairment which substantially limits a major life activity (Erk, 1999)

Because the law makes no mention of specific categories of disability or conditions considered as handicapping, evaluation for Section 504 eligibility does not require the school to ascertain whether ADD/ADHD is present, make a diagnosis of ADHD, or to attach that label to a child; neither does it require that a child previously be medically diagnosed. Section 504 only requires the presence of a disability that substantially limits major life activities to a substantial degree. (Reid & Katsiyannis, 1995, p. 46)

The flexibility allowed for in Section 504 enables students outside of special education to have an educational plan developed specifically to fit their disability. Consideration for Section 504 can come from parent, teacher, or review of behavior and academic reports. A substantial limitation on the ability to receive an education must be shown in order for a student to be classified in Section 504 (Montague & Warger, 1999). “However, ADHD does not have to be diagnosed only suspected in order for a child or adolescent to be assessed for eligibility for Section 504 accommodations” (Erk, 1999, p. 320). Unfortunately, most school districts do not have personnel available specifically for 504 students. Responsibility for carrying out 504’s is primarily given to the classroom teacher with varied support (Zentall, 1993).

### **ADD/ADHD Student Issues**

Students with ADD/ADHD will exhibit difficulties in the areas of attention, impulsivity and hyperactivity for a period of at least 6 months that will have a negative impact on learning or development. The extent of these symptoms varies from individual to individual as well as developmental years. Students with ADD/ADHD are affected in the

areas of academics, behavior and socialization. Schwiebert and Sealander (1995) state that children with ADD/ADHD move frequently from one uncompleted task to another greatly affecting their grades and knowledge acquirement. Instead of paying attention to the teacher and lesson, the child may be looking out the window, playing with a pen, or fidgeting. When he/she tries to pay attention, he/she cannot maintain concentration for a sustained period of time and is easily distracted. Organizational skills may also be lacking. Communication between teacher and parent on homework reinforcement may become ineffective if the student loses, misplaces, or forgets materials (American Psychiatric Association, 1994).

Throughout their school years, ADD/ADHD students are at risk for academic failure. Mueller (1993) shows findings that up to 30 percent fail one or more grades by adolescence. 80 percent of these students are at least two years behind in reading, writing, spelling, and math (Zentall, 1993). Failure has two basic outcomes: the student is farther behind in learning required material, and he/she also experiences a lower sense of self-worth or esteem which impacts on social and emotional issues.

ADD/ADHD students also experience difficulty using appropriate behavior in the school setting. Children who are bored because the work is too easy and children who lack the ability to meet educational expectations are likely to become distracted and to act out (Lavin, 1991). Many variables influence children's behavior. "Attention span can be affected by (a) interest due to gender preference, (b) task difficulty, and (c) task duration – children pay more attention to subjects that interest them, their attention wanders if they don't understand the material, and their attention wanes over time" (Appalachia Educational Laboratory, 1996, p. 3). Mueller (1993) found that 40 percent of children with ADHD developed aggressive behaviors and antisocial habits that led to lowered acceptance by self and others. Oppositional behaviors including temper tantrums, arguments, and passive/aggressive behaviors are the first to be noticed. Later, more severe conduct problems may emerge, such as persistent stealing, truancy, fighting, cruelty to animals, and lying (Mueller, 1993). These behaviors manifest themselves in the classroom resulting in censure,



punishment, or removal from the class. Punishment can promote continued behavior problems, lower self-esteem and disinterest or disassociation with the subject. A vicious circle develops between problems with behavior and academic achievement.

Finally, socialization of the ADD/ADHD student is wrought with pitfalls. Lack of attention, impulsiveness and hyperactivity are usually not favorable traits in cultivating friendships. Developing social skills can be an overwhelming challenge for the ADD/ADHD student. Landau & Milich (1998) state that the difficulties experienced by ADD/ADHD students with peer relations could serve as a defining characteristic of the disorder. The two largest issues these kids take to adulthood are aggression and social relations. Hartup (1983) suggests that poor peer relations can deprive the ADD/ADHD children of important learning experiences, which teach them how to cooperate, turn from a fight, and when to back away from a situation. With proper intervention and treatment, children with ADD/ADHD can learn how to cope with daily demands in the classroom, social situations, family situations, and life in general (Schweibert, Sealander & Bradshaw, 1998).

### **Teacher Issues Related to ADD/ADHD**

ADD/ADHD students are part of every teacher's class. Some of these students cause no disruptions, ask for no additional support, and only occasionally have a bad day. Other students are totally lost concerning what is happening in the classroom, how to get organized, what behavior is appropriate, or how to stop their constant motion in the classroom. Both types of students could be labeled ADD/ADHD. The first has a built in support system to help him/her to deal with the disorder, such as medication, good study skills, a supportive environment, and attention coping skills (Bender & Mathes, 1995). The second needs some extra help. In an inclusionary classroom with 30 students, time constraints limit the number of individual student contacts a teacher can make on a daily basis.

According to Bender & Mathes (1995), teacher responsibilities to ADD/ADHD students lie in three areas: assessing students' behaviors for identification purposes, seeking

interventions to alleviate the attention problem after identification, and monitoring medical interventions. Teachers with ADD/ADHD students have many responsibilities, so they need to have a clear understanding of ADD/ADHD and the strategies available to them to help these students.

The first step for teachers is identification of the ADD/ADHD students in their classroom. Teachers of ADD/ADHD students need to be informed of the student's disability. Ideally, parents, special education teachers, counselors or administrators will share that information with the teacher. Unfortunately, this is not always the case. Teachers need to check the student's file, ask the student in question, or call parents. Once they understand the student's needs, they must seek solutions to better adapt their subject and classroom environment for the ADD/ADHD student. Classroom modifications for ADD/ADHD students use techniques in behavior management, environmental set-up or clues, and consultation with others. Medication alone is not the answer. Barkley (1996) indicated that while medication was effective with approximately 70% of the students identified as ADD/ADHD; the 30% remaining required other forms of intervention. General education teachers are often concerned that they cannot restructure their entire classroom to observe one particular student. Bender and Mathes (1995) state that behavioral frequency counts are possible and the easiest way to observe and collect data while continuing the class procedure. Teachers can use written checks, movement of simple objects like paper clips, or verbal cues to document observations.

Researchers have identified classroom strategies that have predictability, structure, shorter work periods, smaller teacher to pupil ratios, and more structured work promotes successful learning situations for many children who have ADD/ADHD (Attention Deficit Disorder, 1995). Teaching strategies that help with ADD/ADHD students include:

- positive academic expectations
- frequent monitoring and checking of work
- clarity in giving directions

- warmth, patience and humor
- consistency and firmness
- knowledge of different behavioral interventions
- willingness to work with other educators. (Attention Deficit Disorder, 1995).

Quinn (1997) recommends that a child with ADD/ADHD could receive services or accommodations in regular classrooms that include: a) a more structured learning environment, b) implementing appropriate behavioral management strategies, c) adjusting student's class schedule, d) one-to-one tutoring sessions, e) accommodations and variations in the teacher's presentation of material, f) using technology devices, g) selecting modified textbooks or workbooks, and h) modifying tests. It is important that teachers make a commitment to modifications that work with each individual child.

### **Counselor Issues Related to ADD/ADHD**

School counselors often work with students who have ADD/ADHD. The number of children and adolescents diagnosed with ADD/ADHD who are referred for counseling by parents, teachers, or others has significantly increased since the 1970s (Erk, 1999). Counselors typically deal with students on an individual or small group basis. They are the school personnel most likely to be involved with problematic or dysfunctional children (Erk, 1999). When working with ADD/ADHD students, counselors need to evaluate three areas of the student's life: academic, behavioral, and social. Counselors can serve as a mediator source for a student's academic struggle, especially when a 504 has been written. Meeting with the student to discuss difficult subjects and types of learning strategies and then passing that information on to the teachers is invaluable. Counselors can also arrange meetings with all parties to discuss the students' academic needs. A 504 meeting can be the catalyst for open conversation between the student, teacher, counselor and parents.

It is also important that counselors stay abreast of the legal right of children with ADD/ADHD. According to Erk (1999), the following roles fall under the job description of school counselor:

- Use authoritative material or resources to acquire a knowledge base on the ADHD symptoms and problematic behaviors, for example, the DSM-IV.
- Consult with licensed professionals – physicians, psychologists, school and mental health counselors – who have established their professional expertise for reliably diagnosing and treating children with ADHD.
- Possess a knowledge base on ADHD that can enable the counselor to devise or implement a treatment plan or interventions for children or adolescents with the disorder, for example, multidimensional treatment.
- Ascertain if a prior diagnosis of ADHD may exist from a previous school system or a licensed professional.
- Promote or provide education and training to teachers and parents on the ADHD symptoms and problematic behaviors of children diagnosed with the disorder.

Erk (1999) points out the value of having counselors work together with educators to service ADD/ADHD students to prevent liability.

The counselor can also address behavioral aspects of ADD/ADHD, either individually or in a group setting. Group environments, especially those of mixed students ADD/ADHD and non-ADD/ADHD students, enhance learning about behavior through open discussion with peers. Peers can offer brutally honest assessments and can encourage positive behaviors. Improvement of social interaction skills can be a long term positive for ADD/ADHD students.

Counselors have the abilities to provide a needed service to teachers of ADD/ADHD students. Rice and Smith (1993) support the counselor's ability to concretely aid the teacher by sharing value exercises, teaching reflective listening and other communication skills, and providing effective resources for the teacher to use in the classroom and share with the children. They can assist teachers with strategies to expand their repertoire of teaching skills

(Rice & Smith, 1993). Counselors can also be effective communicators on the home front; educating parents about the availability of programs for ADD/ADHD students and the implications of the disability. Opening the communication channels available for teachers, students, and the school can bring about positive change for all.

### **Collaboration of Teachers and Counselors with ADD/ADHD Students**

The current trend in education is toward collaboration. To meet the needs of students with ADHD, teams composed of a variety of individuals must interact and communicate effectively about the student and the student's educational program. The team members can include school administrators, counselors, psychologists, and social workers...in addition to the classroom teacher (Montague & Warger, 1997). Thus, the interaction and collaboration of teachers and counselors in addressing the academic and behavioral needs of ADD/ADHD students enhances productivity. Given the recent emphasis on inclusion of students with special needs in general education classes, teachers need to work cooperatively with other professionals and parents in designing and delivering educational programs that provide optimal learning experiences for students (Montague & Warger, 1997). Teachers serve as the initial contact with the ADD/ADHD student. By identifying students who are ADD/ADHD in their class, they initiate interaction to improve learning and behavior. Teachers can seek support from counselors when they become overwhelmed.

Counselors are in the unique position of serving as an intermediary between teachers, students, administration and parents. Counselors increasingly are assuming a consultative role to teachers (Maag, 1994). Consultation allows counselors to reach a larger number of students. Teachers and counselors can identify ADD/ADHD problem areas, develop improvement strategies, and build them into the regular classroom curriculum. One such area could be social skills training. Most ADD/ADHD students lack of social skills, which results in low acceptance from peers. Incorporating social skills in group work, teaming, and appropriate communication exercises, could become an integral part of the class.

Lavin (1991) recognizes the need to provide better services for ADD/ADHD children and states that school counselors can play an important role. Counselors have been specifically trained as both coordinators and consultants who work with parents, teachers, and other educational professionals. They also have expertise in human development and learning that can be of significant value in devising programs beneficial to the ADD/ADHD child (Lavin, 1991). Counselors can help take some of the mystery out of ADD/ADHD by educating teachers (Lucker & Molloy, 1995). Rice and Smith (1993) believe that counselors have a duty to assess their school's specific needs and interests to search for answers to help the system. They also have a duty to initiate training that could allow teachers and students to communicate more effectively and remain task oriented so that learning can be more efficient and effective. Therefore, joint efforts by counselors and teachers are needed.

Reciprocal education between counselors and teachers can take place in a number of ways. In-service training is perhaps the easiest way to reach a large number of teachers in one forum. Lucker & Molloy (1995) suggest an open discussion format, interspersed with information from videos and workbooks. Practice using different management strategies is helpful for the teachers and other professionals, as well as attending ADD/ADHD conferences and sharing that information at staff meetings, team meetings, or designated work times. Exchanging methods used in the classroom, within teacher groups, from one teacher to another or through the counselor can be beneficial, especially with reluctant individuals. Integration of ideas into the classroom curriculum based on solutions worked on together promotes a team approach. Developing social skills training, behavior management, environment set-up, and individual modifications for students can be a collaborative effort. Working together toward a common goal can help alleviate some of the pressure placed on teachers to "do it all."

## **Summary**

ADD/ADHD is a disabling condition that effects many school-aged children. It calls for additional or alternative curriculum in the school setting. Federal and state law protects the rights of ADD/ADHD students to have access to special resources to adapt. Teachers need to have a better understanding of ADD/ADHD, which can be facilitated by interaction with school counselors. At each level of education, elementary, middle and high school, more study must be done to help this interworking between teachers and counselors to better meet the needs of ADD/ADHD students. The purpose of the present study is to examine the interaction between teachers and counselors at elementary, middle and high school levels. It identifies the amount of connection each level has with ADD/ADHD students and the methods used to facilitate learning at each level. Finally, it looks at possible strategies for counselors and teachers to find more time and ways to connect on ADD/ADHD issues and students.

## **Chapter III**

### **Methodology**

This section will cover the implementation of the research instrument, the subjects and their selection, the instrumentation of the survey, the procedure followed, and the types of statistical analyses that will be done with the data obtained from the instrument. A section on the limitations of this study is also included.

### **Subjects**

Elementary, middle, and high school teachers who work in the Mosinee School District were asked to complete the ADD/ADHD Needs Survey. Mosinee School District is a medium size district in the center of Wisconsin with approximately 2200 students K-12. The number of teachers employed by the district is approximately 125. The number of teachers at each level are as follows: 36 teachers at the elementary school, 41 teachers at the middle school, and 48 teachers at the high school. Teachers were asked to designate their position as a regular or special education teacher. The group used was an intact group, pre-formed based up their teaching position.

### **Instrumentation**

In an effort to assess where ADD/ADHD students needs are being met and at what educational level the teachers and counselors are most closely working together the ADD/ADHD Needs Survey was created. Divided into three sections (background, students, and connections with school counselor), the survey was designed to assess the ADD/ADHD situation from the teacher's perspective. The ADD/ADHD Needs Survey is a self made evaluation tool original to this experiment. It was written after consulting data found in the



review of literature with regard to the number of ADD/ADHD students to teacher/counselor contacts, national percentages of ADD/ADHD students, instructional techniques used with ADD/ADHD students, and counseling techniques used with ADD/ADHD students. The survey was constructed in three sections: background information, students and ADD/ADHD, and connections with school counselor. Questions are a combination of four types: yes or no, number of years or students, check lists, and rank order lists. The intended population for the survey is elementary, middle, and high school teachers. Once the survey was written, Dr. Gary Rockwood (UW-Stout) and Director Chris Ness of the University of Wisconsin-Stout computer processing lab reviewed it for clarity and design. No reliability or validity may be found relating to this survey because it is original to this study.

### **Procedure**

The survey was placed in the mailboxes of all teachers in the Mosinee School District. The survey included a confidentiality and consent disclosure. Each teacher was asked to complete the survey and return it to the researcher by inter-school mail. Two additional contacts asking them to please complete the survey were made with the teachers via the school's electronic mail system. A final effort was made to recover surveys by a note placed into teachers' mailboxes. The surveying process took approximately three weeks from the day it was distributed until the final surveys were collected.

### **Data Analysis**

The statistics describe numbers of ADD/ADHD students per teacher, methods of teaching used with these students, and the collaboration of teachers and guidance counselors currently done and needed by the three groups in my survey: elementary, middle, and high school teachers. Data from the survey was examined using descriptive statistics to classify

and summarize the results. Several questions call for the use of Chi-Square on nominal data that results in percentages. Ranked lists were analyzed using the Kruskal-Wallis H-Test. An ANOVA was used to analyze any difference between groups in their responses to multiple factors of techniques used in the classroom. Another ANOVA was used to analyze the general acceptance of interaction between teachers and counselors at the elementary, middle, and high school level. The Newman-Keuls Multiple Range Test was used to clarify sources of significance found between groups.

### **Limitations**

Several limitations need to be addressed. To begin, only teachers in the Mosinee School District were given this survey. Therefore, any application of the information to teachers, counselors or ADD/ADHD students cannot be generalized. Data collected is specific only to Mosinee School District. Second, the survey itself is a self-constructed instrument that does not have any prior testing to compare with it. This eliminates the ability to assess the reliability and validity of the scores received. Third, respondents completed the form on a voluntary basis, and only 68 of the 125 teachers who received the survey, returned it, a 55% response rate. Fourth, the survey is limited to the 1998/99 school year. Many of the questions might have been answered differently if based upon a different school year, or a teacher's entire teaching experience with ADD/ADHD students. The school year was limited to 1998/99 to ensure greater accuracy in assessing the number of ADD/ADHD students taught in the classroom. Also, a one-year span of teaching is an easier time period to remember contacts made with counselors. And finally, the survey addressed the collaboration of teachers and counselors when working with ADD/ADHD students; yet, only teachers completed it. No formal counselor input was given when collecting the data for this study.

## **Chapter IV**

### **Results**

#### **Purpose of the Study**

The purpose of this study was to examine the interaction between the elementary, middle and high school counselors and teachers at Mosinee School District when working with ADD/ADHD students. A secondary purpose was to look at the techniques employed by counselors and teachers to better support the education of these students.

#### **Findings**

All 125 teachers in the Mosinee School District received a survey to voluntarily complete. Sixty-eight of the 125 teachers returned the survey, which calculated out is a 55% response rate. Teachers were categorized based upon their teaching level: 21 elementary teachers, 20 middle school teachers, 25 high school teachers, and two teachers that work at two or more levels. Individuals completed a self-made survey entitled The ADD/ADHD Needs Survey. The survey was created in three sections: general background demographics, information on students with ADD/ADHD in the classroom, and connections with the school counselor. The general background section used analysis of variance (ANOVA) to determine differences in the three groups. ADD/ADHD student information was obtained using both a Chi-Square and ANOVA. Connections with the school counselor used three statistical instruments: Chi-Square, ANOVA, and the Kruskal-Wallis H-test for ordinal numbers.

#### **Demographics**

The purpose of the general background information collected in section one was to obtain demographic information. Information was collected regarding gender, teaching level, age, and number of years teaching. Demographic results are given in Tables 1a-d.

### **Gender**

Each respondent was asked to indicate gender. Out of 68 subjects, 19 (27.9%) were male and 49 (72.1%) were female. Results show a 1:3 ratio of men to women teachers in the Mosinee School District (see Table 1a).

**Table 1a**

#### **Gender of Respondents**

Gender	n	%
Male	19	27.9
Female	49	72.1
Total	68	100

### **Teaching Level**

The categories for comparison in this study are based on teaching level. Twenty-one respondents were elementary school teachers; 20 respondents were middle school teachers; 25 respondents were high school teachers, and 2 respondents taught at two or more levels (see Table 1b).

**Table 1b**

#### **Teaching Level**

Teaching Level	n	%
Elementary School	21	30.9
Middle School	20	29.4
High School	25	36.8
Multi-level	2	2.9
Total	68	100

### Age

The ages of respondents varied from 23 to 63 years old. Examining the ages according to teaching level, a significant difference was found between the three levels ( $F = 3.32, p < .05$ ).

The high school has a mean age of 40.25, which is the lowest of the three groups. The elementary school has a mean age of 48.00, which is the highest. The Newman-Keuls Multiple Range Test shows that the elementary differs significantly from the middle and the high school groups (see Table 1c).

**Table 1c**

#### Age of Teachers by Level

Teaching Level	n	Mean	Standard Deviation	F	p
Elementary	21	48.00	9.46	3.32	.04
Middle	18	42.89	11.60		
High	24	40.25	9.57		

### Experience

Each subject was asked how many years they had been teaching. Responses ranged from one to 32 years. Seven subjects choose not to respond. A significant difference was notable between the teaching level and the amount of experience ( $F = 7.66, p < .01$ ). The Newman-Keuls Test denoted that the elementary and middle school groups were significantly different at the .05 level from the high school group. The mean number of years difference is noted in Table 1d.

**Table 1d****Years of Teaching Experience**

Teaching Level	n	Mean	Standard Deviation	F	p
Elementary	18	22.444	8.4729	7.66	.0011
Middle	19	18.3684	10.3022		
High	22	11.4091	8.3419		

**Students with ADD/ADHD**

The second section of the survey is entitled “Students with ADD/ADHD” and addresses the population focused on in this study which is students with ADD/ADHD or ADD/ADHD potential being taught by the Mosinee School District. Also included is a checklist of classroom techniques used by teachers with ADD/ADHD. Information given in the survey pertains specifically to the 1998-1999 school year. Numbers may be different based upon specific years.

**Number of Students Taught in 1998/99 School Year**

The number of students taught by each level is progressive; the elementary level has the least number of students (25.52), and the high school level has the most (133.16). A significant difference is found between the number of students taught ( $F = 12.58, p < .01$ ). Numbers of students are based on class sizes and semester switches. A significant difference was found between each level as noted in the Newman-Keuls Test at a .01 level (see Table 2a).

**Table 2a****Number of Students Taught in 1998/99**

Teaching Level	Mean No. of Students	Standard Deviation	F	p
Elementary	25.52	9.97	12.58	.0000
Middle	81.25	92.53		
High	133.16	83.32		

**Identified ADD/ADHD Students Taught in 1998/99 School Year**

Teachers were asked to state the number of students that they taught in the 1998/99 school year that they knew to be identified as ADD/ADHD. Elementary had approximately a 1:3 ratio to middle and a 1:6 ratio to high school ADD/ADHD students. High school teachers had the most identified ADD/ADHD students with an 11.3043 mean ( $F = 8.61, p < .01$ ). Significant differences were found between the elementary level and the middle and high school level and between the middle level and the elementary and high school level according to the Newman-Keuls Multiple Range Test (see Table 2b).

**Table 2b****Number of Students Labeled ADD/ADHD**

Teaching Level	Mean # of Students	Standard Deviation	F	p
Elementary	1.95	1.24	8.61	.0005
Middle	6.45	7.14		
High	11.30	10.46		

### **Potential ADD/ADHD Students Taught in 1998/99 School Year**

Respondents were asked to estimate the number of students that they had taught during the 1998/99 school year that either had not yet been identified as ADD/ADHD or may be identified but not to their knowledge based upon the student's actions. Elementary teachers identified 1.68 of their students as potential ADD/ADHD students, middle school teachers 7.65 and high school teachers 11.78 for a significant difference between groups ( $F = 5.89$ ,  $p < .01$ ). The Newman-Keuls Multiple Range Test showed significant differences at the .05 level between the elementary and the middle and high school levels (see Table 2c).

**Table 2c**

#### **Potential ADD/ADHD Students**

Teaching Level	Mean # of Students	Standard Deviation	F	p
Elementary	1.68	1.42	5.89	.0046
Middle	7.65	11.23		
High	11.78	11.47		

#### **Combined Student Population**

The total number of students which qualify for ADD/ADHD attention is found by adding those that are currently labeled to those who exhibit characteristics to be potential ADD/ADHD students. The statistics for this are shown in a percentage at each level. Table 3 shows the mean number of students taught at each level compared to the mean number of identified and non-identified ADD/ADHD students. Relationally, the percentage of identified and non-identified ADD/ADHD students is also shown in Table 3.



**Table 3****Student Population by Level**

School Level	Students*	ADD/ADHD* Students	Potential ADD/ADHD* Students	Total Qualified** Students
Elementary	25.5238	1.95 (7.65%)	1.68 (6.6%)	3.63 (14.3%)
Middle	81.2500	6.45 (7.9%)	7.65 (9.4%)	14.1 (17.1%)
High	133.1600	11.30 (8.5%)	11.78 (8.85%)	23.09 (17.3%)
Total	239.9338	19.71 (8.2%)	21.13 (8.8%)	40.82 (17.0%)

\*Mean of each category.

\*\*Mean of ADD/ADHD Labeled and Potential Added.

**Classroom Strategies Used with ADD/ADHD Students**

The third objective addresses the identification and comparison of the most commonly used classroom strategies with ADD/ADHD students. When looking at classroom strategies, respondents were asked to check strategies they used in the classroom with ADD/ADHD students during the 1998/99 school year from a list of twelve strategies. A thirteenth spot was added for “Other” strategies that were not included in the listing, but used by the teacher. A Chi-Square analysis was completed comparing the percentages of use for each strategy between the groups. Each strategy is listed; however, only five of the 12 strategies were found to have statistically significant differences. The five strategies that showed significant differences will appear first with comments in Tables 4a-4e. The remaining seven strategies will follow in Tables 5a-5g.

### **Hand or Nonverbal Signals to Warn Student of Unacceptable Behavior**

A statistically significant difference was found between the three groups (Chi-Square = 9.99,  $r < .01$ ). Elementary (85.7%) shows a greater usage of this technique than do either middle (60.0%) or high (40.0%). The Newman-Keuls Multiple Range Test showed significant differences between the elementary teachers and the other two groups. It also noted a difference between the middle and high school teachers that was significant (see Table 4a).

**Table 4a**

#### **Hand or Nonverbal Signals**

Hand or Nonverbal Signals	Yes (%)	No (%)	Total (%)	Chi-Square	p
Elementary	18 (85.7%)	3 (14.3%)	21 (100%)	9.99	.007
Middle	12 (60.0%)	8 (40.0%)	20 (100%)		
High	10 (40.0%)	15 (60.0%)	25 (100%)		
Total	40 (60.6%)	26(39.4%)	66 (100%)		

### **Separate Quiet Space During Work Time**

A statistically significant difference was found between the elementary and the other two groups (Chi-Square = 8.42,  $p < .05$ ). Elementary teachers show usage of this 71.4%, while inversely middle (35.0%) and high (32.0%) school teachers use this less than half as often with ADD/ADHD students. Elementary level teachers were significantly different from the middle and high school teachers according to the Newman-Keuls Multiple Range Test (see Table 4b).

**Table 4b****Separate, Quiet Space**

Teaching Level	Yes (%)	No (%)	Total (%)	Chi-Square	p
Elementary	15 (71.4%)	6 (28.6%)	21 (100%)	8.42	.015
Middle	7 (35.0%)	13 (65.0%)	20 (100%)		
High	8 (32.0%)	17 (68.0%)	25 (100%)		
Total	30 (45.5%)	36 (54.5%)	66 (100%)		

**Token Reward for Maintaining Good Behavior**

A statistically significant difference was found between the groups (Chi-Square = 8.83,  $p < .05$ ). Elementary (57.1%) and middle (45.0%) school teachers show the use of this technique almost three times more than high (16.0%) school teachers do. The Newman-Keuls Multiple Range Test identified a significant difference between the high school level and the elementary and middle school levels (see Table 4c).

**Table 4c****Token Reward**

Teaching Level	Yes (%)	No (%)	Total (%)	Chi-Square	p
Elementary	12 (57.1%)	9 (42.9%)	21 (100%)	8.83	.012
Middle	9 (45.0%)	11 (55.0%)	20 (100%)		
High	4 (16.0%)	21 (84.0%)	25 (100%)		
Total	25 (37.9%)	41 (62.1%)	66 (100%)		

**One-on-One Tutor: With a Student or the Teacher**

A statistically significant difference was found between the three (Chi-Square = 9.03,  $p < .05$ ). The elementary (71.4%) teachers used one-on-one tutors almost twice as much as the

middle (40.0%) school teachers and almost three times as often as the high (28.0%) school teachers (see Table 4d).

**Table 4d**

**One-on-One Tutor**

Teaching Level	Yes (%)	No (%)	Total (%)	Chi-Square	p
Elementary	15 (71.4%)	6 (28.6%)	21 (100%)	9.03	.011
Middle	8 (40.0%)	12 (60.0%)	20 (100%)		
High	7 (28.0%)	18 (72.0%)	25 (100%)		
<b>Total</b>	<b>30 (45.5%)</b>	<b>36 (54.5%)</b>	<b>66 (100%)</b>		

**Use of Technology: Computer, Videos, Tapes, etc.**

A statistically significant difference was found between the three (Chi-Square = 8.49,  $p < .05$ ). Elementary (85.7%) teachers used technology to supplement learning more often than middle (60.0%) or high (44.0%) school teachers. The Newman-Keuls Multiple Range Test found significant differences exist between elementary and the middle and high school teachers and between the middle and high school as well (see Table 4e).

**Table 4e**

**Use of Technology**

Teaching Level	Yes (%)	No (%)	Total (%)	Chi-Square	p
Elementary	18 (85.7%)	3 (14.3%)	21 (100%)	8.49	.014
Middle	12 (60.0%)	8 (40.0%)	20 (100%)		
High	11 (44.0%)	14 (56.0%)	25 (100%)		
<b>Total</b>	<b>41 (62.1%)</b>	<b>25 (37.9%)</b>	<b>66 (100%)</b>		

The following seven strategies are included even though they did not show a statistically significant difference in the Mosinee School District between the elementary, middle and high school teachers (see Tables 5a-g). The seven strategies are check records for identification, IEP or 504; seating up front, close to the teacher, proximity to student-return their attention to task, alternative, modified, or shorter assignments; modify test delivery, daily or weekly assignment sheets, and use of variety of teaching styles (especially interactive).

**Table 5a**

**Check Records for Identification, IEP or 504**

Teaching Level	Yes (%)	No (%)	Total (%)	Chi-Square	p
Elementary	16 (76.2%)	5 (23.8%)	21 (100%)	2.22	.33
Middle	11 (55.0%)	10 (45.0%)	20 (100%)		
High	15 (60.0%)	10 (40.0%)	25 (100%)		
Total	42 (63.6%)	24 (36.4%)	66 (100%)		

**Table 5b**

**Seating Up in Front, Close to Teacher**

Teaching Level	Yes (%)	No (%)	Total (%)	Chi-Square	p
Elementary	16 (76.2%)	5 (23.8%)	21 (100%)	.01	.995
Middle	15 (75.0%)	5 (25.0%)	20 (100%)		
High	19 (76.0%)	6 (24.0%)	25 (100%)		
Total	50 (75.8%)	16 (24.2%)	66 (100%)		

**Table 5c****Proximity to Student – Return Their Attention to Task**

Teaching Level	Yes (%)	No (%)	Total (%)	Chi-Square	p
Elementary	19 (90.5%)	2 (9.5%)	21 (100%)	1.05	.59
Middle	16 (80.0%)	4 (20.0%)	20 (100%)		
High	22 (88.0%)	3 (12.0%)	25 (100%)		
<b>Total</b>	<b>57 (86.4%)</b>	<b>9 (13.6%)</b>	<b>66 (100%)</b>		

**Table 5d****Alternative, Modified or Shorter Assignments**

Teaching Level	Yes (%)	No (%)	Total (%)	Chi-Square	p
Elementary	12 (57.1%)	9 (42.9%)	21 (100%)	2.53	.28
Middle	11 (55.0%)	9 (45.0%)	20 (100%)		
High	9 (36.0%)	16 (64.0%)	25 (100%)		
<b>Total</b>	<b>32 (48.5%)</b>	<b>34 (51.5%)</b>	<b>66 (100%)</b>		

**Table 5e****Modify Test Delivery**

Teaching Level	Yes (%)	No (%)	Total (%)	Chi-Square	p
Elementary	9 (42.9 %)	12 (57.1%)	21 (100%)	4.36	.11
Middle	10 (50.0%)	10 (50.0%)	20 (100%)		
High	18 (72.0%)	7 (28.0%)	25 (100%)		
<b>Total</b>	<b>37 (56.1%)</b>	<b>29 (43.9%)</b>	<b>66 (100%)</b>		

**Table 5f****Daily or Weekly Assignment Sheets**

Teaching Level	Yes (%)	No (%)	Total (%)	Chi-Square	p
Elementary	9 (42.9%)	12 (57.1%)	21 (100%)	.25	.88
Middle	10 (50.0%)	10 (50.0%)	20 (100%)		
High	11 (44.0%)	14 (56.0%)	25 (100%)		
<b>Total</b>	<b>30 (45.5%)</b>	<b>36 (54.5%)</b>	<b>66 (100%)</b>		

**Table 5g****Use of Variety of Teaching Styles (Especially Interactive)**

Teaching Level	Yes (%)	No (%)	Total (%)	Chi-Square	p
Elementary	18 (85.7%)	3 (14.3%)	21 (100%)	1.31	.52
Middle	15 (75.0%)	5 (25.0%)	20 (100%)		
High	18 (72.0%)	7 (28.0%)	25 (100%)		
<b>Total</b>	<b>51 (77.3%)</b>	<b>15 (22.7%)</b>	<b>66 (100%)</b>		

**Classroom Strategy Comparison**

The second research objective asks for a comparison of the five most commonly used classroom techniques used with ADD/ADHD students by elementary, middle, and high school teachers. Table 6 lists out the twelve strategies and shows the percentage at which the groups chose each strategy individually and as a total district. The top five strategies are also marked accordingly (see Table 6).

**Table 6****Most Commonly Used Strategies**

Strategies	Elementary	Middle	High	Total Group
Check Records	76.2% *	55.0%	60.0% *	63.6% *
Seating Next to Teacher	76.2% *	75.0% *	76.0% *	75.8% *
Proximity to Student	90.5% *	80.0% *	88.0% *	86.4% *
Hand or Nonverbal Signals	85.7% *	60.0% *	40.0%	60.6%
Separate, Quiet Space	71.4%	35.0%	32.0%	45.5%
Token Reward	57.1%	45.0%	16.0%	37.9%
Altered Assignments	57.1%	55.0%	36.0%	48.5%
Modify Test Delivery	42.9%	50.0%	72.0% *	56.1%
Assignment Sheets	42.9%	50.0%	44.0%	45.5%
One-on-One Tutor	71.4%	40.0%	28.0%	45.5%
Variety of Teaching Styles	85.7% *	75.0% *	72.0% *	77.3% *
Use of Technology	85.7% *	60.0% *	44.0%	62.1% *

\*Designates the five most selected strategies in that group.

**Connections with School Counselor**

The third section of the survey asked teachers to examine the interactions they had with the school counselor, specifically those dealing with ADD/ADHD students. To establish some basis for the teacher/counselor relationship, two questions were asked about attitudes toward consultation with counselors possessed by the teachers. These questions were set in a Likert Scale from less likely (1) to more likely (5). No significant difference was found between the groups on either question. When asked “Do you feel that teachers at your school are likely to consult with the counselor regarding a problem students?”; the overall group response had a mean of 3.66. When asked “Do you use the counselor as a referral agent when the student’s problem is beyond your training or scope?” ; the overall group response had a mean of 3.89.



### **Teacher/Counselor Contacts**

Specific questions were then asked about contacts made between the teacher and the counselor about ADD/ADHD students. No differences were found between the groups.

However, the number of contacts made is noted in Table 7.

**Table 7**

### **Teacher/Counselor Contacts**

Teaching Level	No. of Teachers*	Teacher Initiated	No. of Teachers*	Counselor Initiated
Elementary	11	22	3	7
Middle	11	22	7	18
High	9	22	10	22
<b>Total</b>	<b>31</b>	<b>66</b>	<b>20</b>	<b>47</b>

\*Accounts for those who said yes and filled in the number of contacts.

### **Changes in ADD/ADHD Students Based on Teacher/Counselor Contact**

Teachers were asked to identify if any changes in academic performance or behavior occurred after a connection had been made between the guidance counselor and the teacher regarding an ADD/ADHD student. If a connection was made concerning an ADD/ADHD student, the teacher could check any of the following that applied to the student: met more homework deadlines, remained in seat, grade percentage improved, less body movement in seat, increased ability to stay on task, raised hand more often, increased concentration period, decreased verbal interruptions, none, and other. Fewer than 21% of the teachers noticed changes in the students they had consulted about with the guidance counselor. Most teachers (79%) had not consulted with the guidance counselor about any students and left this question blank.

### **Strategies to Promote Collaboration**

Respondents were asked to check strategies they currently were using to promote communication between the school counselor and the teachers when working with ADD/ADHD students. No significant differences in strategies currently used were found between the elementary, middle and high school groups (see Table 8a).

**Table 8a**

#### **Currently Used Strategies**

Currently Used Strategies	Elementary		Middle		High		Group%	
	Yes	No	Yes	No	Yes	No	Yes	No
Teacher/Counselor Conf.	11	10	8	12	8	17	40.9%	59.1%
Counselor Sent Memos to Teacher	6	15	8	12	13	12	40.9%	59.1%
Teacher/Counselor/Parent Conf.	6	15	8	12	10	15	36.4%	63.6%
Teacher Sent Memos to Counselor	9	12	9	11	6	19	36.4%	63.6%
Counselor Fed ADD/ADHD Info	2	19	8	12	5	20	22.7%	77.3%
Teacher/Counselor/Student Conf.	2	19	5	15	4	21	16.7%	83.3%
Inservice Time for ADD/ADHD	0	21	1	19	2	23	4.5%	95.5%
Time Built into Schedule for Teacher/Counselor Contact	1	20	1	19	1	24	4.5%	95.5%

Respondents were then asked to rank the strategies of teacher/counselor collaboration for ADD/ADHD students in an ideal situation. Using the Kruskal-Wallis test, the elementary, middle, and high school answers were ranked as well as the complete group. The ranking shows that all three groups chose “Teacher/Counselor/Parent Conference” as their first choice. Overall,

the total group chooses “Teacher/Counselor/Student Conference” second although the elementary teachers had it ranked as their fourth choice. Ranking third was “Time Built into the Schedule for Teacher/Counselor Contact” (see Table 8b).

**Table 8b**

**Ideal Strategies**

Ideal Strategies	Elementary	Middle	High	Total Group
Teacher/Counselor/Parent Conf.	1	1	1	1
Teacher/Counselor/Student Conf.	4	2	2	2
Time Built into Schedule for Teacher/Counselor Contact	3	3	3	3
Teacher/Counselor Conf.	2	4	4	4
Counselor Fed ADD/ADHD Info	5	6	8	5
Inservice Time for ADD/ADHD	7	5	5	6
Counselor Sent Memos to Teacher	8	7	5	7
Teacher Sent Memos to Counselor	6	8	7	8

**Summary**

The elementary, middle and high school teachers from Mosinee School District showed more significant similarities than differences in their responses to the ADD/ADHD Needs Survey. Major differences were found mostly in the demographics of the three groups. Even though the three groups were almost equally matched (elementary 21, middle 20 and high 25), a variance was found between the ages and teaching experience at each level. This significance would seem to lead to greater variance throughout the survey, which was not proven true.

Consultation with school counselors seems consistent throughout each group. However, one inconsistency in the responses is the attitude toward contacting counselors. In the Likert Scale questions about attitude towards contact with counselors, the teachers responded favorably

(3.6 and 3.8 on a scale of 1 to 5) on their willingness to utilize the resources of a counselor. Yet, when later questions asked for whether the teacher had made a connection with the counselor about an ADD/ADHD student, the response was less than half affirmative. This obvious difference needs to be noted.

The ranking of ways to enhance collaboration on ADD/ADHD students between teachers and counselors was very similar between the three groups. No significant difference could be found between group responses in this area.

## Chapter V

### Summary, Conclusions, and Recommendations

#### Summary

This causal comparative study examined the level of teacher and counselor collaboration when working with ADD/ADHD students at the elementary, middle and high school levels in the Mosinee School District, Mosinee, Wisconsin, during the 1998/99 school year. In addition, it examined the number of ADD/ADHD students taught at each level and the strategies used to adapt for ADD/ADHD students in the elementary, middle and high school classrooms. Overall, the groups were found to be more similar than different in the collaboration they had with counselors and their ideal counselor/teacher collaboration situations. Contacts by the teacher made about ADD/ADHD students remained at the same rate for each level: 22 teacher initiated contacts with counselor at the elementary, middle and high school level. Contacts by the counselor about ADD/ADHD students differed dramatically by level: 7 at the elementary school, 18 at the middle school, and 21 at the high school. Erk (1999) states the importance of counselors making the initiative to inform teachers and other school professionals about ADD/ADHD students and issues. In this case variance could be a result of teachers surveyed or building/district policy. Teachers at the elementary level noted a significant lack of counselor contact on ADD/ADHD students compared to the other groups.

Between group differences were especially apparent in demographics. Of the three groups, high school teachers represented the youngest group in age and experience. High school teachers showed a mean age of 40.25 with an experience in teaching mean of 11.4

years, while elementary had a mean age of 48.0 with a mean in experience at 22.44. The middle school teachers had a mean age of 42.89 and experience of 18.37. These differences are interesting when compared to the age of the students that are taught. The oldest and most experienced teachers appear to be teaching the youngest students.

Some significant differences were found between class sizes. In the Mosinee School District, elementary teachers have self-contained classrooms, middle school teachers have five classes per teacher, and high school teachers have six classes per teacher each semester. The mean number of students taught at each level was elementary (25.5), middle (81.25), and high (133.2). Comparatively, then the number of ADD/ADHD identified and potential students should be higher at the middle and high school level: elementary (3.6), middle (14.1), and high (23.1). The percentage of identified ADD/ADHD students taught at each level is above the national average of 3 to 5% (Erk, 1995a). In the Mosinee School District, elementary teachers have 7.65%, middle school teachers have 7.9%, and high school teachers have 8.5% identified ADD/ADHD students in their classes. Teachers were also asked to identify additional students who may not yet be labeled ADD/ADHD but based upon the DSM-IV criteria (American Psychological Association, 1994) have potential to be identified. These students matched and sometimes exceeded the numbers the teachers had already stated were ADD/ADHD students. Elementary teachers identified 6.6%, middle school teachers 9.4%, and high school teachers 8.85% of their students that were not identified ADD/ADHD exhibited ADD/ADHD characteristics.

When looking at the strategies the teachers at Mosinee School District use in the classroom, elementary teachers tend to use more strategies than the other two groups. A list of twelve strategies for helping ADD/ADHD students in the classroom was given to the

teachers to select the ones they used during the 1998/99 school year. No statistically significant differences were found between elementary, middle and high school teachers when using the following strategies: check records for identification, IEP or 504; seating up in front, close to teacher; proximity to student – return their attention to task; alternative, modified or shorter assignments; modify test delivery; daily or weekly assignment sheets; and use of variety of teaching styles (especially interactive). However, high school teachers (72.0%) used the use of modifying test delivery more often than middle (50.0%) or elementary (42.9%). Differences were found in the other five strategies with the elementary teachers using the strategies two to three times more often than either middle or high school teachers. The greatest difference was found in the use of hand or nonverbal signals. The following were all notably stronger techniques for elementary teachers: separate quiet space during work time; token reward for maintaining good behavior; one-on-one tutor, with a student or the teacher; and use of technology: computer, videos, and tapes.

Eight methods of collaboration were listed that teachers were asked to first mark for current usage and then secondly rank the eight for their most ideal situation. No statistically significant differences were noted in the Kruskal-Wallis test between the groups on either the currently used list or the ranked ideal situation. Teacher/counselor/parent conference was ranked first by all three groups and was ranked first overall. Teacher/counselor/student conference was ranked second overall, but ranked fourth by elementary, second by middle and second by high school teachers. Time built into the schedule for teacher/counselor contact was selected third by elementary, middle and high and third by the whole group. The remainder of the total group rankings are as follows: teacher/counselor conference (4),

counselor fed ADD/ADHD information (5), inservice time for ADD/ADHD (6), counselor sent memos to teacher (7), and teacher sent memos to counselor (8).

## **Conclusions**

The identified number of ADD/ADHD students at each level in the Mosinee School District, elementary 7.65%, middle 7.9% and high 8.5%, far exceed the national average of 3 to 5% (Erk, 1995; Barkley, 1996; Zentall, 1984). Krantz (1994), however, stated that perhaps as many as 10% of America's children have been diagnosed with ADD/ADHD. In addition, teachers at Mosinee were asked to identify potential ADD/ADHD students and found an additional 6.6% elementary, 9.4% middle and 8.85% high school level students in the classroom that exhibit ADD/ADHD symptoms. Bauermeister et al. (1995) believe the discrepancy in result could come from the variation of settings, caregivers, assignments, organization, and tasks that are given to students. The high school teachers high identification of non-labeled ADD/ADHD students is surprising. Barkley (1996) finds that most ADD/ADHD students are identified during elementary years. The large percentage of unidentified middle school students could be accounted for by adolescent behavior. Many of the symptoms of ADD/ADHD are a natural part of adolescence (DuPaul, Eckert & McGoey, 1997), so it becomes important to not immediately label a student or prescribe one method of correction.

With the increased number of ADD/ADHD students in the inclusionary classroom (Bender & Mathes, 1995), it is important to develop strategies to help deal with students' attention problems. Teachers identified on the ADD/ADHD Needs Survey which strategies they use to adapt learning for ADD/ADHD students in their classroom. Based upon the



results, five strategies were shown to have significantly different usage at the elementary, middle and high school levels. The elementary teachers used the following strategies more often than did the middle or high school teachers: verbal or nonverbal signals, separate, quiet space during work time, token reward for maintaining good behavior, one-on-one tutor, with a student or teacher, and use of technology. Middle or high school teachers used some of these strategies as well, but the predominant usage was at the elementary level. A possible reason for stronger usage is the age appropriateness of these techniques. A high school student may ignore or not tolerate verbal and nonverbal warnings. A token reward may seem very juvenile to a middle school student who is trying to appear grown-up. However, the other strategies of one-on-one tutor, separate quiet workspace, and using technology seem to have more emphasis on the time limits or teacher availability, setting, and available resources.

Although not statistically significant, the high school had one strategy in their top five choices that differed considerably from the elementary and middle school groups. High school teachers selected modifying test delivery as the third most important strategy. Middle school teachers selected it 50%, while the elementary teacher checked that strategy the least. A key component with ADD/ADHD students is their lower self-esteem, based in part on lack of academic success (Landau & Milich, 1990). High school students come upon extreme pressure to graduate, and in order to pass many classes, they must successfully complete tests (Schweibert, Sealander, & Bradshaw, 1998). It seems a connection can be made between the need for this strategy at the high school and the high level of usage by high school teachers.

The top five most used strategies with ADD/ADHD students by the teachers were checking records, seating student next to the teacher, proximity to student, variety of teaching styles, and use of technology. Each of these strategies were found to be used by others with

ADD/ADHD students according to Barkley (1996), Reid, Maag, Vasa, & Wright, (1994), and Lucker & Molloy (1995). One used extensively by elementary teachers, but not by middle or high school teachers that has proven extremely successful, is one-on-one tutoring, especially peer tutoring. DuPaul and Henningson (1993) found that achievement gains associated with peer tutoring are superior to lecturing or learning by re-doing. ADD/ADHD students who either are tutored or tutor others seem to get a greater gain both academically and socially.

Each level had similar attitudes towards contacting the counselor with problem students. In the hypothetical question about consulting the counselor, most teachers selected a four on a five-point scale. However, when asked to identify how many times they consulted during the 1998/99 school year with the counselor concerning ADD/ADHD students, only 31 of the 68 teachers had made any connection. A missing link might be that teachers do not see the counselor as knowledgeable about ADD/ADHD students and issues. Erk (1999) discusses the importance of counselors being educated in ADD/ADHD issues and disseminating information to teachers and other school personnel. With the implementation of 504's, it is to both the teachers' and counselors' benefit to inform each other and use each other as resources and sounding boards.

Key to this study is the communication between teachers and counselors about ADD/ADHD students. No significant differences were found between the elementary, middle and high school levels of teachers in regards to their collaboration with counselors. However, a strong case can be made for increased time and effort in this area when only 10 to 20 percent of the whole group was able to check current usage of any one of the strategies to promote communication. The survey suggests that teachers wish most often for more contact with counselors and parents to discuss the needs of the ADD/ADHD student. Additional

conferencing with the student or counselor alone also ranked high. Although only ranking sixth, inservice time for teacher and counselor issues such as ADD/ADHD has shown to be an effective way to disseminate information, increase awareness, and show additional strategies that work (Shapiro, DuPaul, Bradley & Bailey, 1996).

### **Recommendations**

ADD/ADHD issues are in the forefront of American education. It is essential that as professional educators, we learn and share information about ADD/ADHD in an attempt to provide better educational resources to students' inflicted with it. Based upon the information received from this study, Mosinee School District has a large ADD/ADHD population, both identified and unidentified, which needs to be served according to IDEA and Section 504. It appears that teachers are currently using some effective techniques with their ADD/ADHD students, but only the elementary teachers are showing expansive application throughout. In addition, both teachers and counselors at all levels show a need to further their collaboration about ADD/ADHD students and ADD/ADHD issues.

In addition, many legal issues exist around the education of ADD/ADHD students. In order to protect the rights of students, the federal government's implementation of Section 504 has led to the additional protection of ADD/ADHD students beyond the realm of education. Teachers and counselors need to be aware of the ramifications of a 504 plan. It is their responsibility to help in the establishment and carry-through of ADD/ADHD students' 504 plans. Lack of information and training can lead to liability against the school district, teacher or counselor. School districts themselves must look at developing a set procedure to

be followed when distinguishing potential ADD/ADHD students (Burnley, 1993; Shapiro, DuPaul, Bradley & Bailey, 1996).

Development of interdisciplinary teams for ADD/ADHD students with counselors as an integral part would be advantageous. ADD/ADHD students have needs beyond just academic that must be addressed by the school system. Behavioral problems are also covered in 504 plans which make it imperative that schools set up behavior management programs to for ADD/ADHD students. Counselors can assist in the program's development and even help to prevent possible situations.

Teachers also need feedback on strategies that do and do not work with ADD/ADHD students. Counselors are in a unique position of being able to know students over a longer span of years. Consulting the counselor on techniques can help eliminate some of the frustrations experienced in the general classroom. Counselors who spend time in the classroom may also be able to suggest changes in environment, seating, and teaching strategies.

### **Recommendations for Further Study**

1. This study was limited to one school district. It could be expanded to incorporate other school districts for greater generalizability.
2. Only teacher perspectives of collaboration on ADD/ADHD students were addressed. A follow-up study on counselor-based perceptions could substantiate this survey.
3. Because the ADD/ADHD Needs Survey was original to this survey; no reliability or validity tests can be drawn. Additional application of the survey, either longitudinal or latitudinal, would provide better substantiation.

4. This study could be divided into two sections: Classroom techniques used with ADD/ADHD and collaboration strategies between teachers and counselors. This would provide a more narrow focus for investigation.
5. Additionally, adding input from the parents of ADD/ADHD students or the students themselves about collaboration between counselors and teachers would add a consumer aspect to the information evaluated.

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## Appendix

### ADD/ADHD Needs Survey

**\*\*For the purpose of this survey, the term ADD/ADHD students will mean both those students who you know to be identified and those who continually show multiple behaviors of ADD/ADHD students and may not yet be identified formally or to you.**

#### **Part One: Background Information**

Sex: Male      Female

Age: \_\_\_\_\_

Level of teaching: elementary    middle    high                  Number of years teaching: \_\_\_\_\_

Type of teacher:    regular education                  special education

#### **Part Two: Students and ADD/ADHD**

1. Estimate the number of students taught in 1998-99 school year: \_\_\_\_\_
2. Estimate the number of students you taught in 1998-99 school year identified as ADD/ADHD: \_\_\_\_\_
3. Estimate the number of students you taught in 1998-99 school year that fit ADD/ADHD definitions but are not yet identified by label: \_\_\_\_\_
4. Which of the following strategies do you currently use with ADD/ADHD students in your class: (Check all that apply)
  - \_\_\_\_\_ Check records for identification, IEP or 504
  - \_\_\_\_\_ Seating upfront, close to teacher
  - \_\_\_\_\_ Proximity to student to return attention to task
  - \_\_\_\_\_ Hand or nonverbal signals to warn student of unacceptable behavior
  - \_\_\_\_\_ Quiet space during work time
  - \_\_\_\_\_ Token economy for maintaining good behavior
  - \_\_\_\_\_ Alternative, modified or shorter assignments
  - \_\_\_\_\_ Modify test delivery
  - \_\_\_\_\_ Daily or Weekly assignment sheets
  - \_\_\_\_\_ One on one tutor: with a student or the teacher
  - \_\_\_\_\_ Use of variety of teaching styles (especially interactive)
  - \_\_\_\_\_ Use of technology: computer, videos, tapes, etc.

### Part Three: Connections with School Counselor

1. Do you feel that teachers in your school are likely to consult with the counselor regarding a problem student?  

Less Likely	1	2	3	4	5	More Likely
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2. Do you use the counselor as a referral agent when the student's problem is beyond your training or scope?  

Less Likely	1	2	3	4	5	More Likely
-------------	---	---	---	---	---	-------------
  
3. Are you informed as to the ADD/ADHD students in your class by the school counselor?  

Less Likely	1	2	3	4	5	More Likely
-------------	---	---	---	---	---	-------------
  
4. Are you informed as to the ADD/ADHD students in you class by other school sources?  

Less Likely	1	2	3	4	5	More Likely
-------------	---	---	---	---	---	-------------
  
5. Do you know who the ADD/ADHD students are in you class?  

Less Likely	1	2	3	4	5	More Likely
-------------	---	---	---	---	---	-------------
  
6. Have you ever initiated contact about an ADD/ADHD student with the school counselor?  
 Yes  
 No
  
7. During the 1998-99 school year, did you seek help/information from the counselor for any ADD/ADHD students?  
 Yes                      If Yes, how many students? \_\_\_\_\_  
 No
  
8. Has the school counselor ever initiated contact with you about an ADD/ADHD student?  
 Yes  
 No
  
9. During the 1998-99 school year, did the counselor make contact with you about an ADD/ADHD student?  
 Yes                                      If Yes, how many students? \_\_\_\_\_  
 No

**If you answered NO on Questions #7 and #9 then skip to question #11.**

10. If a connection was made between you and the school counselor about an ADD/ADHD student, which if any of the following changes were visible in your classroom regarding that student? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> met more homework deadlines       | <input type="checkbox"/> raised hand more often         |
| <input type="checkbox"/> remained in seat                  | <input type="checkbox"/> increased concentration period |
| <input type="checkbox"/> grade percentage improved         | <input type="checkbox"/> decreased verbal interruptions |
| <input type="checkbox"/> less body movement in seat        | <input type="checkbox"/> none                           |
| <input type="checkbox"/> increased ability to stay on task | <input type="checkbox"/> other: _____                   |

11. Which of these strategies are currently being used to promote communication between the school counselor and the teachers when working with ADD/ADHD students?  
(Check all that apply)

- Teacher/Counselor conference
- Teacher/Counselor/Parent conference
- Teacher/Counselor/Student conference
- Teacher sent memos to counselor
- Counselor sent memos to teacher
- Counselor fed information to teacher on ADD/ADHD
- Time built into schedule for counselor/teacher contact
- Inservice time for teacher/counselor issues
- Other: \_\_\_\_\_

12. Which of these strategies would best enhance the collaboration of teachers and guidance counselors when working with ADD/ADHD students?

Rank the following 1-8. Enter 1 for the best strategy, 2 for the second best, 3 for the third best, 4 for fourth best, 5 for fifth best, 6 for sixth best, 7 for seventh best and 8 for least enhancing strategy.

- Teacher/Counselor conference
- Teacher/Counselor/Parent conference
- Teacher/Counselor/Student conference
- Teacher sent memos to counselor
- Counselor sent memos to teacher
- Counselor fed information to teacher on ADD/ADHD
- Time built into schedule for counselor/teacher contact
- Inservice time for teacher/counselor issues