

Attention Deficit Hyperactivity Disorder (ADHD) in Schools:

Strategies for Teachers and School Counselors

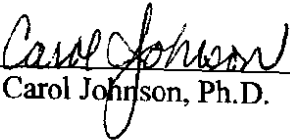
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Rebecca Achterberg

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Carol Johnson, Ph.D.

The Graduate School

University of Wisconsin-Stout

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**The Graduate School
University of Wisconsin-Stout
Menomonie, WI**

Author: **Achterberg, Rebecca S.**
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ABSTRACT

Students who have Attention Deficit Hyperactivity Disorder often struggle in the classroom with issues pertaining to organization, distractibility, impatience, and restlessness. Classroom teachers who offer accommodations to assist the student overcome barriers to learning often wonder what techniques are most effective. As more information about ADHD accommodations becomes available, school professionals can support students with ADHD even more effectively in the classroom than previously thought. Students diagnosed with ADHD may face challenges with social situations, personal skill development, and academic achievement. Teens with the diagnosis commonly engage in risky behavior, have difficulties with peer relationships, and may experience poor performance in the classroom. Students need coping skills and the ability to self-advocate, to overcome barriers to learning. School counselors who advocate for all

students are an important part of the support team as they work with parents, administrators, and experts to develop a plan that meets the needs of the individual student. Strategies that school counselors may use to support students with ADHD include group-work, adjusting the students' schedules, establishing routines, and organization planning. Specialized training and up-to-date workshops will further enhance the skills that a school counselor can use in working with students with ADHD.

The Graduate School
University of Wisconsin Stout
Menomonie, WI

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Chapter 1: Introduction

Imagine being a teacher working in a school setting and having a student who has difficulty concentrating in class, is very hyperactive, or is often disorganized. Where does the teacher begin to help this student? What accommodations can be made to help this student to succeed in school? These are questions asked by many educators everyday and the answer is never the same because the student is never the same. The most important thing is to consider the individual first and then the disorder.

In a classroom of diversity and multiple levels of student ability how does one best accommodate students with Attention Deficit Hyperactivity Disorder? Educators have a responsibility to help all students reach their potential. The purpose of this literature review is to help educators and school counseling professionals explore the latest techniques and strategies to help students overcome barriers to academic success. It is critical that parents and educators work together because consistency with every student is important. The following pages will include ways to assist a child at school with diagnosed Attention Deficit Hyperactivity Disorder (ADHD) so the child may be able to function with the help and support from knowledgeable and helpful staff.

As it is the educator's duty to provide reasonable strategies, accommodations and resources to enable the student to get a proper education, educators in violation may find legal ramifications. The Rehabilitation Act of 1973 supports educational access for all with Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE). The U.S. Department of Education set up the Rehabilitation Act of 1973 so that it protects the rights of individuals who have disabilities in school districts that receive federal funds from the government. This law applies to any schools that receive funds

from the U.S. Department of Education which includes public school districts, institutions of higher learning, and other state and local education agencies (U.S. Department of Education, 2007). The student must be enrolled in a public school or federally funded program in order to qualify. The U.S. Department of Education (2007) defines a person with a disability as “A physical or mental impairment which substantially limits one or more major life activities or has a record of such impairment, or is regarded as having such an impairment” (n.p.).

FAPE guidelines help the student with a disability with educational services that meet the student’s individual needs equally effective as a student without disabilities. The guidelines require evaluations and referral procedures performed by a qualified professional, ensuring the student is placed in the proper classes, and receiving appropriate accommodations that will promote academic success. Reevaluations should be done periodically to ensure the student with the disability is receiving the proper services and to offer new services if necessary to further assist the student.

Students with a disability need to be included in the classroom of their peers that also has students who do not have a disability. This means that students with disabilities must be offered both academic and non-academic services including accommodations for eating meals, recreation at recess, and physical education (U.S. Department of Education, 2007).

Waller (2006) explains that students with diagnosed Attention Deficit Hyperactivity Disorder (ADHD) may qualify for the accommodations and service with a 504 Plan, under the category of Other Health Impaired. A student with ADHD diagnosis qualifies for Other Health Impairments with “limited strength, vitality, or alertness,

including a heightened sense of alertness with respect to the educational environment that may adversely impacts a child's educational performance" (Waller, 2006, p. 102). The 504 Plan is offered to qualifying students with ADHD to receive accommodations and services under this category. Schools have to make reasonable and appropriate accommodations to students with ADHD if the disability impairs their education.

This is important information for school professionals to know so teachers and school counselors can make recommendations for reasonable accommodations for students who qualify. Students benefit from the support services under a 504 plan because if they do not qualify for special education under the Individual with Disability Education Act (IDEA) they still may qualify for services under Section 504 that would help them improve chances for success in school (Waller, 2006).

Under state and federal law, students with disabilities must be educated in the Least Restrictive Environment. This means that

To the maximum extent appropriate for each child, children with disabilities must be educated with children who do not have disabilities and must be educated in regular classrooms unless the nature or severity of the disability prevents them from receiving an appropriate education in the setting, even with the use of supplementary aids and services (New York State Education Department, 1998).

This law was implemented to help ensure that students with disabilities are getting the most appropriate education possible. If the students qualify under the disability act to be in the classroom when the teacher is teaching curriculum, the students need to be present in the regular classroom with peers. This law helps not only the student with

disabilities, but it also allows peers opportunity to interact with students with different disabilities, thus enriching the classroom experience. Socialization is another important key to student success. When students with disabilities are included in the classroom this may improve the social skills of all involved (New York State Education Department, 1998).

ADHD is a diagnosis given to those students who are easily distracted, have trouble staying focused in class and have a need to move around in the classroom. Teachers may be quick to label a student with ADHD who misbehaves in the classroom or is overly active; however, there is much more to labeling a student with ADHD than just hyperactivity. ADHD includes a triad of inattention, and/or, hyperactivity, and/or impulsivity (Kutscher, 2005). Inattentive students may have problems paying attention and are sometimes easily distracted. The diagnosis of ADHD should come from a medical professional and not from a classroom teacher.

Kutscher (2005) noted that the two factors of inattentiveness and being easily distracted may create limited ability to stay focused on the task at hand. For example, if the students are given time to do their homework in the classroom and the room is quiet with the exception of two students whispering, the student with ADHD may be less likely to concentrate on the homework because the whispering may distract the student from doing the homework. The limiting factor of this symptom is that the student is easily distracted thus making it a challenge for the student to get back on task.

Another symptom of ADHD is having difficulty with organizational skills. For the student with ADHD, this could include forgetting things, misplacing items, or partially completing an assignment due to lack of focus. If the student does not remember to bring

a pencil to class or if they forget their homework in their locker, or if they misplace their materials on a daily basis, the ADHD disability may limit their success in the classroom (Kutscher, 2005).

Symptoms of hyperactivity include talking excessively talking or fidgeting, nervousness and constantly moving around. In the classroom this symptom could be noticeable when the student is asked to engage in quiet play and can not seem to be quiet or still. The student might seem on-the-go all the time and may have excess energy that never seems to burn off. The student might have difficulties staying seated and must consistently be reminded to sit down and stop roaming the room (Waltz, 2000).

Symptoms of ADHD impulsivity may include randomly bursting out with answers in the classroom, interrupting, have difficulties waiting for their turn, or intruding. An example of impulsivity may include blurting out an answer before the teacher has finished asking the questions. Another example is when the teacher is talking to another student and the student with ADHD runs up to interrupt the conversation. Waiting their turn and being patient is a difficulty of children diagnosed with impulsivity (Waltz, 2000).

The specific laws that require school professionals to ensure a student with disabilities is getting the appropriate education possible were put into place to help all students have equal opportunity for success at school. It is the school's responsibility to know, understand, and provide the reasonable accommodations to be in compliance with the various laws to help the disabled. It is important to understand the characteristics of children diagnosed with ADHD to understand the disorder itself.

Scientists, doctors, mental health professionals and school officials are becoming more aware of the needs of the students diagnosed with ADHD, and are working together to provide optimum learning conditions for success at school. As medical specialists move closer to finding causes and improved treatment plans, they will be able to assist those with the diagnosis of ADHD as they maintain a normal life at home and at school. School counselors play an important role in assisting these students. Knowing the best accommodations, supporting students with ADHD diagnosis, and working with teachers to develop a plan for the students may create the best learning environment for all.

Statement of problem

As more information on diagnosis, treatment, and accommodations for students with ADHD are available, school professionals can offer support even more effectively in the classroom than previously thought. The problem for this literature review becomes, how can school counselors learn more about recent trends and issues pertaining to needs of the student who is diagnosed with ADHD? How can teachers, parents, administrators, and school counselors work together to help the student succeed in the classroom? The literature review will be conducted in the fall of 2008.

Purpose of the study

The purpose of this study is to raise awareness about ADHD while seeking the best practices to meet the academic needs of children diagnosed with ADHD. School counselors are usually in charge of developing a 504 plan and serve as leaders on the educational team that assesses and recommends accommodations for students with ADHD in the school setting. School counselors need to know the related legal issues, the

best accommodations to recommend, and how to follow through in developing a plan that supports the students in the least restrictive environment.

Limitations and Assumptions

It is assumed ADHD is a condition for some children that impacts their ability to learn in the classroom. It is also assumed that there is a need for a review of literature to help school professionals when assisting children diagnosed with ADHD. Research indicates that treatment plans for students diagnosed with ADHD may include medication, counseling, and accommodations in the classroom that would help the child succeed. As ADHD is a medical diagnosis, a physician should be consulted with questions about ADHD, and options for treatment plans.

Limitations to the study include that since every child is different not every student will be able benefit from the information included in the literature review concerning tips and strategies to help individual students in the classroom. The information is to be used as a starting point for further discussion among medical professionals, parents, school personnel, and other trained individuals the field. An important key is to talk to the school officials, licensed doctors, and other trained professionals when dealing with a child with ADHD to develop the best plan of action to create opportunities for success at school.

Definition of Terms

For the purpose of this study there are topic-related terms that need to be defined for clarity of understanding.

Attention Deficit Disorder (ADD): Limited ability to focus on tasks without being easily distracted.

Attention Deficit Hyperactivity Disorder (ADHD): The student may have problems concentrating on the task, the student may be overly active, and the student may have problems completing a task.

Biological: Disorder caused by genetics rather than by the environment around the child/adolescent; genetics means that the condition may be passed down from biological parents. Biological could also indicate a brain malfunction.

Diagnosed: When an individual goes to a professional/trained doctor in that field and gets tested for the disorder. The doctor will look for signs and symptoms of the disorder before declaring the cause of the symptoms.

Environmental: Disorder caused by the physical circumstances around the child/adolescent. Examples could include parents/guardians neglecting the child, parents/guardians having a drug or alcohol problem, or a disorganized, chaotic lifestyle.

Grandiose: Bizarre exaggeration particularly when dealing with emotions ((<http://merriam-webster.com/dictionary>)).

Hindsight: Knowing what went wrong and fixing it for the future so the student doesn't repeat the same unsuccessful actions. If lacking in hindsight, the student may be more likely to keep making the same mistakes over and over again.

Hyperactivity: "Being fidgety or talking excessively. The child may run, climb, seem 'on the go,' or be out of their seat excessively and additionally, may have difficulty playing quietly" (Kutscher, 2005, p.42).

Impulsivity: "Blurting out answers, difficulty waiting their turn, or interrupting" (Kutscher, 2005, p.42).

Inattentive: “Inability to inhibit distractions in order to stay focused on the task at hand. The person does not seem to listen or pay close attention” (Kutscher, 2005, p.42).

Individual Education Plan: Also known as IEP. Mandated by the Individuals with Disabilities Act (IDEA) this requires all public schools develop an IEP for every student with a disability to meet the federal and state requirements for special education (wikipedia.org).

Least Restrictive Environment (LRE): Part of the Individuals with Disability Education Act stating that students with disabilities are to be educated with non-disabled peers as much as possible: including general education, extracurricular activities, or any programs that students who are not disabled have access to (wikipedia.org).

Oppositional: “Hostile or contrary action or condition” (<http://merriam-webster.com/dictionary>).

Organizational skills: Involves planning. Those diagnosed with ADHD without having some sort of organizational problem are rare.

School counselor/Guidance counselor: Skilled and trained professionals in current counseling techniques focusing on students’ academic, career development, emotional, personal/social needs. (schoolcounselor.org).

School professionals: Include school counselors, teachers, school psychologists, school nurse, principals, special education teachers, and social workers.

Sense of time: Occurs when a student does not know if minutes or hours have gone by if someone has not told them. When they are working on a project, time might seem like seconds when in fact it has been hours.

Transitioning: Switching from one activity to another. This generally happens with some difficulty for a student diagnosed with ADHD.

Chapter 2: Literature Review

Introduction

This chapter will provide school professionals with information about Attention Deficit Hyperactivity Disorder (ADHD). Literature was reviewed to determine how ADHD affects students in the school setting. Also discussed in this chapter is how to recognize symptoms of ADHD and explore options for reasonable accommodations. This chapter concludes with information regarding the needs of students of different age levels in the elementary, middle level, and high school settings.

It is important to know the symptoms of ADHD as it may help school counselors provide proper strategies to assist students. Literature indicates an increase in diagnoses of children with ADHD, and a need to make reasonable accommodations for children in the school setting. As part of the treatment plan, some parents and medical professionals may choose to use medications. As ADHD is a medical diagnosis, consulting with qualified medical professionals who have experience in working with adolescents with ADHD is recommended, following their treatment plan, and monitoring for each individual child.

ADHD and How it Impacts Students

Kutscher (2005) explains that there are three specific types of ADHD: Inattentive, Hyperactive, and Impulsive. A student with Inattentive ADHD may have trouble maintaining interest and focus on a task. For example if the teacher is teaching in front of the class while the window is open and recess for another grade is occurring outside, the student may hear the children playing and may have trouble maintaining attention on the lesson. Due to the distractions, the student might make several mistakes

on the assignment or project on which they were working. In addition, the student with Inattentive ADHD may have inattention to details and have problems with organization, thus their locker may look messy and the student rarely knows where anything is. They may lose items very easily, and may also be absent minded (Kutscher, 2005).

Kutscher (2005) indicated symptoms of hyperactivity and impulsive type of ADHD include being fidgety and talking excessively. The student may not be able to stay seated or keep their hands from moving. The child may appear to have a lot of energy and may seem constantly on-the-go. When asked to do something quietly at their desks, they are not likely to comply due to the need for constant movement. A student with hyperactive ADHD may have limited self-monitoring skills. Hyperactivity may also limit the amount of attention paid to classroom instruction.

Finally Impulsive ADHD includes having problems waiting their turn. If the teacher asks for an answer, instead of raising a hand, the child may just blurt out the answer, often before the teacher has even finished asking the question. The student may also have problems waiting without interrupting people who are talking. If the teacher is talking to a classmate and the student with Impulsive ADHD has a question he may just walk up to the teacher's desk interrupting the conversation to ask the question instead of waiting his turn (Kutscher, 2005).

Causes of ADHD

There is no single cause for ADHD; however, there are identified variables that may result due to a combination of factors according to DuPaul and Stoner (2003). Their research suggests ADHD may be connected to neurobiological factors and genetic influences. Different chemicals compositions in the brain may cause the student to have

attention and hyperactive problems. Genetics might also indicate the student is more likely to get the disorder if their parents have the disorder themselves. Environmental influences are currently under investigation to determine if parental disciplinary practices, family stress, or other influences occurring in home such as poor nutrition, exposure to chemicals or use of recreational drugs may elevate the severity of the problem. However, the most popular environmental theories are linked to nutritional factors, lead poisoning, and prenatal exposure to drugs and alcohol (DuPaul and Stoner, 2003).

Some believe that certain food additives, sugar or food coloring may be linked to childhood hyperactivity. Studies by DuPaul & Stoner (2003) have shown that dietary factors such as too much sugar play a minimal role in causing ADHD; however, they also believe there is a strong correlation between maternal smoking during pregnancy that may increase the chances for a delayed diagnosis in the child.

It is important that doctors use research pertaining to diagnosing and treating ADHD to find the best treatment plan. If environmental problems are contributing to the disorder it is important to focus on how to help the parents with strategies for discipline, good nutritional programs, exercise and medication for the child. Reducing environmental distractions may help child function more smoothly at home and at school (DuPaul & Stoner, 2003).

Medication to Manage ADHD

Before getting any medications one must first go see a certified physician, one that preferably has expertise with childhood ADHD. Educators can give feedback to the parents on how effective the medication is helping the child at school. This insight can

help physicians monitor the dosage so the student is not over medicated. Not all children with ADHD benefit from medication, however, many find that medication helps provide the basic help the student needs to filter out the distractions. Students tend to appear calmer because they are able to focus more (Kutscher, 2005).

Stimulants tend to have a longer and more proven track record in treating ADHD. Stimulants “increase levels of the brain transmitters dopamine and norepinephrine” (Kutscher, 2005, p. 193). This helps wake up the frontal part of the brain making distractions more manageable and students are less impulsive. Some people argue that stimulants create a lethargic student but in fact stimulants help the student perform at a higher level while still having energy (Kutscher, 2005).

Parents may wish to talk to a doctor about what medications are best for their child since some children have a combination of ADHD and another disorder (Kutscher, 2005). Not all children need medication. Some parents may prefer natural or non-prescription options due to their beliefs or preferences. Consulting with the physician may alleviate concerns. There is no single method in deciding what path one should take in order to help any particular child.

ADHD in the Elementary Classroom

ADHD may affect elementary students differently than it does high school students. The Suicide and Mental Health Association International (2006) indicated that in elementary school, the student might not be able to stand still, sit for long periods of time, and is often found out of his seat. The student might easily be distracted by excessive clutter around the room or the outside noise. Teachers may wish to look around the classroom and see what they have hanging from their ceilings, have stuffed in the

corners, or check for clutter on the display boards. All these items can be overwhelming for a student with ADHD and can distract the student from learning. While some decorations around the room are attractive, it may be challenging to concentrate for the student with ADHD (Waller, 2006).

Elementary school students with ADHD might offend or turn-away their classmates and teacher with inappropriate social behaviors. This may lead to difficulty making and keeping friends. Along with inappropriate behaviors students may also have trouble waiting their turn when playing a game at recess, have trouble working cooperatively with others students, and be perceived by others as bossy. The Suicide and Mental Health Association International (2006) also indicated that lying and stealing are much more common in children who are diagnosed with ADHD.

Middle School Students

In middle school the disorder can affect students differently because they are being exposed to a new and different environment than previously experienced in the elementary school; an environment that requires the student to be more organized, and focused because they are consistently changing classes and subjects. In elementary school the student likely had one teacher who knew what the child was doing every day. This often meant the teacher knew what homework the child completed or needed to take home.

It is different for the middle school student because they are now being introduced to schedules full of changes though out the day, multiple teachers and subjects, and access to a locker to keep it clean and organized. Since a locker can hold many different

items it can be easier for a student with ADHD to lose homework, sports equipment or projects.

Middle school generally comes with more academic demands and personal responsibility. This transition period is often a time to update and make changes in accommodations to the child's Individual Education Plan (IEP). Counselors need to look at what strategies or interventions need to be in place when working with a student who is transitioning into middle school (<http://newideas.net/adhd/teenagers>).

The Suicide and Mental Health Association International (2006) further explains that angry outburst and mood changes above and beyond those experienced by the average adolescent may occur during in middle school. The student may display a lack of motivation or may have trouble following through on responsibilities given in or outside of the classroom.

ADHD and the High School Student

High school can also indicate a transition with opportunity for further changes as now the student is entering another new school environment with older teens while dealing with more social interaction with peers. Robin (1999) explains that teenagers often continue to have the symptoms of ADHD that appeared in elementary or middle school, but they are expressed differently as the student ages. For some, inattention continues to be a problem whereas for others, they appear to outgrow the symptoms or learn to self-manage and improve the ability to concentrate.

High School students with impulsive ADHD are more likely to engage in risky behaviors such as reckless driving, having unprotected sex, or using alcohol or drugs (Robin, 1999). The ADHD Information Library (2008) indicated that students with

ADHD might be more likely to get into car accidents or get speeding tickets, and students diagnosed with ADHD are at greater risk of running away from home than other students and impulsive students might also be involved in arson.

Teenagers who have ADHD are at a higher risk of getting pregnant or fathering a child (Robin, 1999). Students with ADHD may also be at a greater risk of experimenting with alcohol and drugs as a form of self-medication. Robin (1999) concluded some students are likely to try to commit suicide due to combined aspects of ADHD, prescribed medications and recreational substance abuse. The risk of suicide may also increase due to a higher risk of depression or emotional stress often experienced in students with ADHD. These same students may develop low self-esteem which can lead to difficulties in developing peer relationships, and resulting in poor performance in school (Robin, 1999).

Related Behavior Issues and ADHD

Students with ADHD may also experience Oppositional Defiant Disorder (ODD). If a student is diagnosed with ODD it may lead to conduct disorder during the teen years, especially if it is untreated (Robin, 1999). ODD is defined as a “Recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures,” (Waller, 2006, p. 116). ODD behavior may occur in the classroom when the student argues, opposes or behaves in a defiant manner with the teacher, authority figures, or other students. The student with ODD may lose his temper often, purposely annoy students, or blame others for incidents that happen.

Conduct disorder is referred to as “An enduring, habitual pattern of behavior involving violating the rights of other people or violating serious societal norms” (Waller,

2006, p. 164). Characteristics associated with conduct disorder are stealing, bullying, threatening, fighting, and vandalism. In the legal world conduct disorder can also be referred to as juvenile delinquency. The ADHD Library (2008) indicated that as many as 50% of all teenagers in juvenile facilities have ADHD and were untreated for the disorder.

In many cases students with ADHD are diagnosed with Oppositional Defiant Disorder and then diagnosed with conduct disorder. Because a student is diagnosed with ADHD does not mean the student will be diagnosed with ODD or conduct disorder; however, if interventions are not started early, then the student may be at risk of ODD and conduct disorder. It is important that the school leaders partner with the parents of the student to work together to help when the characteristics of ADHD start appearing in the home and classroom (Waller, 2006).

Qualifying for Accommodations

Kutscher (2005) explains that to qualify for accommodations at school, the symptoms for ADHD must be interfering with the student's ability to learn or function daily. The symptoms must be present in at least two settings. This could include school, home, present in after school activities (Girl or Boy Scouts), or may be present in the child's sporting activity.

Kutscher (2005) states children with ADHD can pay attention to an activity, program or subject for a long period of time if the activity is captivating. This might include video games, TV programs, or computer use where their attention span could last for hours because it is very intriguing to them. The problem occurs when the activity such as math or history is not intriguing to them.

When the student does not have the ability to push aside other distractions occurring at the same time it becomes even more challenging to focus at school. The ability to block out these distractions, stop impulsive behaviors, and stop hyperactive activity is controlled in the brain's frontal and prefrontal lobes located right behind the forehead. This part of the brain allows control over sensory information including the ability to wait before reacting. This is why ADHD is often perceived as a biological disorder according to Kutscher (2005).

Attention Deficit Hyperactive Disorder also includes executive functions, which is the part of the brain that "considers where we came from, figures out where we want to go, and plans how to control ourselves in order to get there. "In short, executive functions are the skills required to make a plan and actually execute it," (Kutscher, 2005, p. 43). Executive functions can include such things as working memory, foresight, hindsight, organizational skills, self-talk, sense of time, transitioning from one task to another, understanding consequences for actions, and separating fantasy from reality. A student with limited executive skills may face many challenges in the classroom (Kutscher, 2005).

Helpful Accommodations at School

It is important that educators know when a student is diagnosed with ADHD so they can make appropriate accommodations. DuPaul & Stoner (2003) emphasize the importance of an Individual Education Plan (IEP) or 504 Plan so the student, teachers, parents and counselors can work together as a team to support the student's academic achievement. When the student has a plan it helps all interested parties get on the same page and allows for a document tracking system to hold the parties accountable.

Accommodations for some may include taking a test with the option of going to the resource room or other designated quiet area where the student can work independently with minimal distractions. Other accommodation plans seat the student in the front of the classroom so they are not easily distracted (DuPaul & Stoner, 2003). An agenda book to record assignments and track important dates and deadlines may be a helpful accommodation to some. Providing copies of notes, study guides, and homework calendars are additional suggestions for accommodations.

As every child is unique, so will be the treatment plan and recommended accommodations. It is important for medical professionals, parents, students, and school staff to work together as a team to support the needs of the child with ADHD to support academic success.

Chapter 3: Discussion

Summary

Literature pertaining to Attention Deficit Hyperactivity Disorder (ADHD) and the impact on children in the classroom will be summarized. Recommendations for school counselors to help students diagnosed with ADHD will be presented. Finally, the chapter will conclude with recommendations for further research on the topic.

There are varied perspectives as to the causes of ADHD. Some believe the mother's health during pregnancy may impact the future diagnosis of ADHD in the child. Others believe environmental influences such as home-life, discipline, influence of media, and childhood nutrition may lead to ADHD.

The disorder has certain criteria one must first meet before being diagnosed with the disorder. These criteria determine that ADHD is affecting the student in at least two different settings including school life, home life, or after school activities.

ADHD can affect students in many different ways. There are three specific different types of ADHD: Inattentive type, Hyperactive type, and Impulsive type. A student with Inattentive ADHD may have trouble maintaining interest and focus on a task. The student may have inattention to details and have problems with organization and time management. Some symptoms of Hyperactivity and Impulsive ADHD include being fidgety, moving constantly, or talking excessively. The student may not be able to stay seated or keep their hands from moving. The child may appear to have a lot of energy and may seem constantly on-the-go.

ADHD also includes issues about executive skill functioning, which is managed by the part of the brain that helps students organizing what they need to do, start planning for the project, sequencing events in the plan, and then completing the project.

School professionals and parents should know what ADHD is and how it can affect the student. This is a very important key when working with students with ADHD. The teacher also needs to understand how the disorder affects the student in the classroom. If the disorder affects the student's ability to stay focused on a task then the teacher should know some modifications that will be needed to work with that student. If the disorder affects the student being able to sit in his or her seat then the teacher may have the student move often and work on more hands-on activities.

There is currently no cure for ADHD disorder, and when diagnosed the student might live with ADHD for the rest of his or her life. ADHD may require some sort of intervention whether medication, accommodations in school, or counseling. Many studies have suggested first trying interventions in the home and school before turning to medication. Medications are an option parents may have to consider in consultation with the family doctor. Parents can talk with teachers, school counselors, or a school psychologist about interventions and how school professionals can customize the intervention to fit the student's needs.

Recommendations for school counselors

Recommendations for school counselors include becoming more familiar with ADHD and how the disorder affects the student at school. Teachers, parents, counselors and school administrators should all be part of a team to accommodate and support the student. With proper diagnosis and treatment plan, the teacher will be more likely to

make appropriate accommodations so the student can succeed and grow academically. The school counselor can help the student understand the disorder by showing the student how this affects the student's everyday life. Also the student may wish to express his or her feelings/frustrations about the disorder and discuss how his or her life has changed as a result of the diagnosis with a well-informed and caring school counselor. The school professionals should work together as a team to eliminate bias through education and information.

Pierangelo and Giuliani (2008) offer the following suggestions for helping students with ADHD in the school setting:

1. Providing an advance organizer each day for the student may help the student stay organized. Before the day begins the child can review the plan for the day. This should be very brief and include the necessary materials needed throughout the day.
2. Review previous lessons. Students who have ADHD often have problems organizing their thoughts. Going over what happened yesterday in class will be very helpful for the student as the goal is to help the student see how all these lessons are related and why it is important to know these facts (Pierangelo & Giuliani, 2008).
3. Behavioral expectations should be clear. Setting behavioral expectations is very important when working with students who have ADHD because they need consistent structure and expectations throughout the day.
4. Instructions need to be simplified, broken into parts and clearly stated. The goal should be to give the student one instruction at a time. Shorter and

concise instructions may allow the student to comprehend and complete the task in a timely manner.

5. Maintain a routine that is predictable. Routine and consistency are very important for ADHD students since many do not deal well with change. The noise level in the classroom should also be monitored as students are easily distracted and they can get off task quite easily in a noisy room.
6. The school may wish to designate the school counselor or case worker as the student's main advisor or helper. This individual will want to monitor the student's progress and act as a liaison between school and home. The advisor or counselor may keep the student with ADHD organized by having the student clean out the desk, book bag, and locker often (Pierangelo & Giuliani, 2008). If the student is having trouble with social problems, academic problems, or emotional problems the school counselor should assist her or him in improving them; however, first the school counselor needs to discover what the student needs to succeed in school (Waller, 2006).
7. School counselors may also wish to provide counseling to offer praise and provide outlets for the student to give feedback on the IEP or 504 Plan to determine how well it is working. Case workers monitor, take recommendations from the support team, and update the behavioral plan (Waller, 2006).
8. School counselors may create study skills and social skills groups for students with ADHD dealing with how to communicate with teachers and peers, how to ask for help, how to disagree with someone, what is personal space, how to

greet someone, and other related scenarios that would improve their social skills in school (DePaul & Stoner, 2003).

9. School counselors need to monitor the academic progress of students. If the student with ADHD is having trouble in the academic field then the school counselor should look at the student's schedule to determine appropriate help if needed, including some schedule changes and consulting with teachers. School counselors may also have another student assist the student with ADHD (DePaul & Stone, 2003).
10. It is important to school counselors to consult with the teacher to find out how things are going and if the accommodations have to be changed or if they are working (Waller, 2006).

These strategies are offered for school counselors working with students diagnosed with ADHD, and are just some examples of what school professionals can do. It is also recommended that school counselors seek training and updates pertaining to working with students with ADHD to keep current on the latest trends and issues pertaining to accommodations and legal issues.

Recommendations for further research

Recommendations to continue research regarding ADHD to determine the impact of biological or environmental influences could be very worthwhile. If ADHD is preventable, further research may indicate what preventative actions could be implemented. More longitudinal studies need to be done to find the impact of ADHD on adults in the workforce. As the children grow up and graduate from school, how is ADHD being managed in the workforce?

References

- ADHD information library. (2008). Adhd in teenagers. Retrieved October 13, 2008, from: <http://newideas.net/adhd/teenagers>
- American Psychological Association. (2001). *Publication Manual*. Washington D.C: American Psychological Association.
- American School Counseling Association. (2003). *Position statement: Credentialing and licensure*. Retrieved September 30, 2007, from: www.schoolcounselor.org/content.asp?contentid=201
- DuPaul, G. J. & Stoner, G. (2003). *ADHD in the schools: Assessment and intervention strategies*. New York, NY: The Guilford Press.
- Kutscher, M. L. (2005). *Kids in the syndrome mix of adhd, ld, Asperger's, Tourettes, bipolar, and more!* London, UK: Athenaeum Press, Gateshead, Tyne, and Wear.
- McConnell, K., Ryser, G., & Higgins, J. (2000). *Practical ideas that really work for students with adhd*. Austin, TX: PRO-ED An International Publisher.
- Merriam-Webster. (2007). *Biological, diagnosed, and environmental*. Retrieved November 22, 2007, from: www.m-w.com/
- Merriam-Webster (2008). *Grandiose and oppositional*. Retrieved October 19, 2008 from: www.meriam-webster.com/dictionary
- Newton, C. J. (1997). *Adhd in children and adolescents*. Mental Health Journal. Retrieved October 8, 2008, from: www.findcounseling.com
- New York Education Department. *Rules and regulations for schools*. (1998). Retrieved October 15, 2008, from: www.lawhelp.org

Pierangelo, R. & Giuliani, G. (2008). *Classroom management techniques for students with adhd*. Thousand Oaks, CA: Corwin Press.

Robin, A. L. (1999). Attention-deficit/hyperactivity disorder in adolescents: Common pediatric concerns. *Pediatric Clinics of North America*, 46 (5), 1027-1038.

Suicide and Mental Health Association International. (2006). *Adhd and suicide*.

Retrieved October 19, 2008, from:

suicideandmentalhealthassociationinternational.org/adhdsui.html

U.S. Department of Education. (2007). *Free and appropriate public education for students with disabilities: Requirements under section 504 of the rehabilitation act of 1973*. Retrieved October 15, 2008, from: www.ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html

Waller, R. J. (2006). *Fostering child & adolescent mental health in the classroom*. Thousand Oaks, CA: Sage Publications, Inc.

Waltz, M. (2000). *Bipolar disorder: A guide to helping children & adolescents*. Sebastopol, CA: O'Reilly & Associates, Inc.

Wikipedia Foundation. (2008). *Individual education plan and least restrictive environment*. Retrieved October 19, 2008, from: <http://en.wikipedia.org/wiki>