



# Attention-Deficit/ Hyperactivity Disorder (AD/HD)

Symptoms or Behaviors	About the Disorder	Educational Implications	Instructional Strategies & Classroom Accommodations
<p><b>3 forms of AD/HD</b></p> <ul style="list-style-type: none"> <li>• <b>Inattentive disorder</b></li> <li>• Short attention span</li> <li>• Problems with organization</li> <li>• Failure to pay attention</li> <li>• Easily distracted</li> <li>• Trouble listening even when spoken to directly</li> <li>• Failure to finish work</li> <li>• Makes lots of mistakes</li> <li>• Forgetful</li> <li>• <b>Hyperactive-impulsive disorder</b></li> <li>• Fidget and squirm</li> <li>• Difficulty staying seated</li> <li>• Runs around and climbs on things excessively</li> <li>• Trouble with playing quietly</li> <li>• Be “on the go” as if “driven by a motor”</li> <li>• Talk too much</li> <li>• Blurt out answers before question is completed</li> <li>• Has trouble “taking turns” in activities</li> <li>• Interrupts or intrudes on others</li> </ul> <p>Children with combined <b>attention-deficit/hyperactivity disorder</b> show symptoms of both.</p>	<p>Youth with AD/HD may be overactive. And be able to pay attention on task. They tend to be impulsive and accident-prone. They may answer questions before raising their hand, forget things, fidget, squirm or talk too loudly. On the other hand, some students with this disorder may be quiet and “spacey” or inattentive, forgetful and easily distracted.</p> <p><b>Symptoms may be situation-specific.</b> For example, students with AD/HD may not exhibit some behaviors at home if that environment is less stressful, less stimulating or is more structured than school. Or students may stay on task when doing a project they enjoy, such as art.</p> <p>An estimated 5% of children have a form of AD/HD. More boys are diagnosed than girls; it is the leading cause of referrals to mental health professionals, SPED, and juvenile justice programs. Students with ADD only, tend to be overlooked or dismissed as “quiet and unmotivated” because they can’t organize their work on time.</p> <p>Students with AD/HD are at higher risk for learning disorders, anxiety disorder, conduct disorder, and mood disorders such as depression. Without proper treatment children are at high risk for school failure. They may also have difficulty maintaining friendships, and their self-esteem will suffer from experiencing frequent failure because of their disability.</p> <p>If you suspect AD/HD refer the student for mental health assessment. Many will benefit from medication. This must be managed by an experienced mental health professional (psychiatrist, pediatrician, neurologist) in treating AD/HD. Multi-disciplinary approaches that include family, school and mental health can prove successful.</p> <p>Children identified at an early age should be monitored because changing symptoms may indicate related disorders such as bipolar depression, Tourette’s disorder, or underlying conditions such as FASD (Fetal Alcohol).</p> <p>Remember that AD/HD is a neurobiological disorder. Students can’t get organized or learn social skills on their own, but you can find interventions that greatly increase their capacity to succeed.</p>	<p>Students may experience fluctuations in mood, energy, and motivation. These fluctuations may occur hourly, daily, in specific cycles, or seasonally. As a result, a student with bipolar disorder may have difficulty concentrating and remembering assignments, understanding assignments with complex directions, or reading and comprehending long, written passages of text. Students may experience episodes of over-whelming emotion such as sadness, embarrassment or rage. They may also have poor social skills and have difficulty getting along with their peers.</p>	<ul style="list-style-type: none"> <li>• Provide the student with recorded books as an alternative to self-reading when the student’s concentration is low.</li> <li>• Break assigned reading into manageable segments and monitor the student’s progress, checking comprehension periodically.</li> <li>• Devise a flexible curriculum that accommodates the sometimes rapid changes in the student’s ability to perform consistently in school.</li> <li>• When energy is low, reduce academic demands; when energy is high, increase opportunities for achievement.</li> <li>• Identify a place where the student can go for privacy until he/she regains self-control.</li> </ul> <p>- <i>These suggestions are from the Child and Adolescent Bipolar Foundation. For more suggestions, consult the Foundation web site at <a href="http://www.bpkids.org">www.bpkids.org</a>. This site is a rich resource for teachers.</i></p>

<sup>1</sup> Minnesota Association for Children’s Mental Health, St. Paul Minnesota, [www.macmh.org](http://www.macmh.org).