

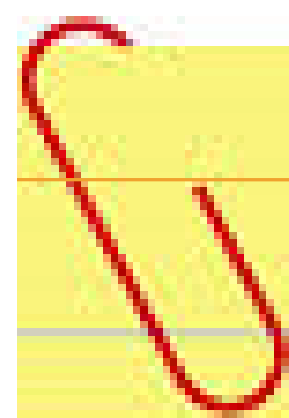
# ADHD – IT'S A REASON, NOT AN EXCUSE

Lisa Joyner,  
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Friendship Christian School  
Raleigh, NC

# DENNIS THE MENACE



"BY THE TIME I THINK ABOUT WHAT I'M GONNA DO... I ALREADY DID IT!"



# WHAT DO WE NEED TO KNOW ABOUT ADHD?



- ✗ ADHD is a neurological disorder
- ✗ According to the American Psychiatric Association, there are different types of ADHD:
  - + ADHD, Predominantly Inattentive Type
    - ✗ Daydreaming
    - ✗ Forgetful
    - ✗ Loses items frequently
  - + ADHD, Predominantly Hyperactive Type
    - ✗ “Driven by a Motor”
    - ✗ Interrupting
    - ✗ Excessive talking
  - + ADHD, Combined Type
    - ✗ Meets at least 6/9 symptoms in both categories

# WHAT DO WE NEED TO KNOW ABOUT ADHD?



- ✘ Diagnostic Criteria
  - + School
  - + Family
  - + Peers
  - + Community Involvement
  - + Onset before age 12 (Boys have more external symptoms)
- ✘ Symptoms don't go away with time – just change
- ✘ Children with ADHD often lag behind their peers by as much as 30% in motor skills, personal responsibility, independence, peer relationships, etc...
- ✘ Two-thirds their chronological age

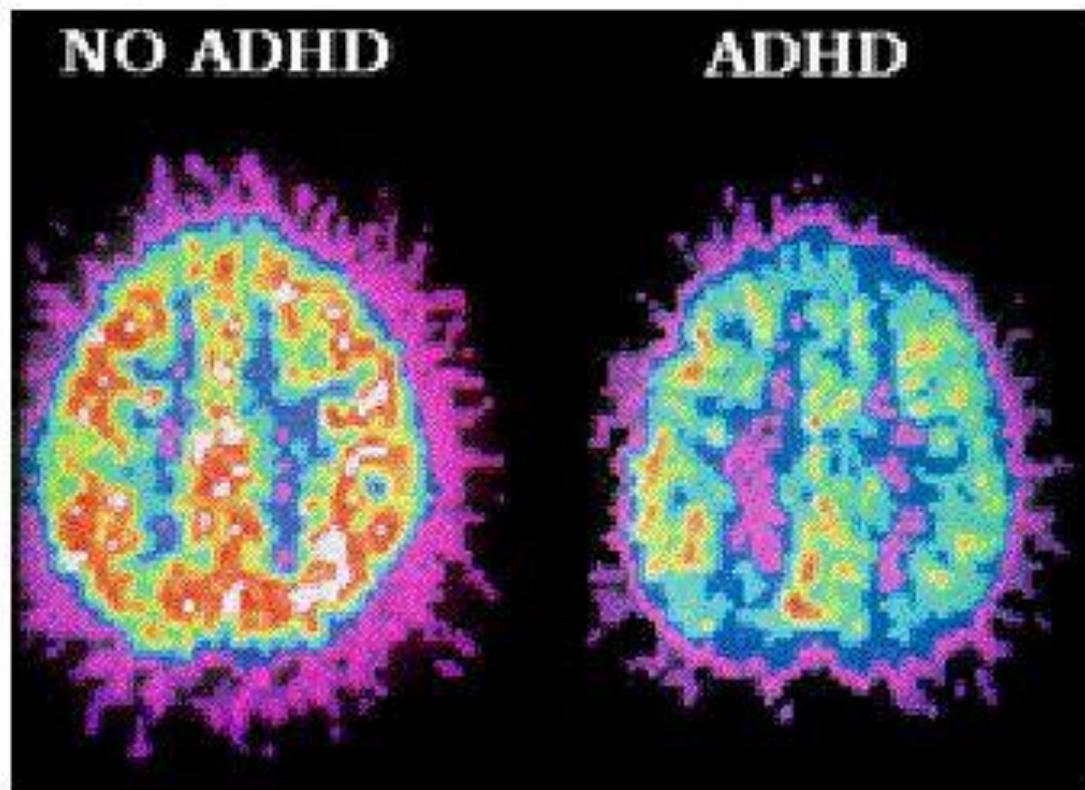
# WHAT DO WE NEED TO KNOW ABOUT ADHD?

- ✗ ADHD is genetic – 75% heritability rate
  - + 20 genes identified that carry ADHD gene
  - + Brain imaging evidence of ADHD
  - + The ADHD brain has a thinner cerebral cortex compared to the non-ADHD brain – more prone to brain damage

# WHAT DO WE NEED TO KNOW ABOUT ADHD?

- × Behaviors linked to deficits in neurotransmitters:
  - + Executive functioning difficulties often accompany ADHD:
    - × Working memory and recall
    - × Time management
    - × Planning
    - × Forethought
    - × Learning from consequences and rewards
    - × Organization
    - × Activation, arousal, and effort
    - × Impulsivity
    - × Control of emotions
    - × Internalizing language
    - × Complex problem solving

## PET SCAN DIFFERENCES CONTROLS VERSUS ADHD



**NOREPINEPHRINE**

ATTENTION  
MOTIVATION  
PLEASURE  
REWARD

**DOPAMINE**

ALERTNESS  
ENERGY

**MOOD**

**ANXIETY**

OBSESSIONS AND  
COMPULSIONS

**SEROTONIN**





# DEBILITATING NATURE OF ADHD



- + Forgetfulness and disorganization
- + Inconsistent performance
- + Not learning from punishment and rewards
- + Impaired sense of time
- + Sleep disturbances
- + Levels of alertness
- + Difficulties with transitions and changes in routine
- + Higher incidence of attempted suicide
- + Higher drop-out rate for high school and college

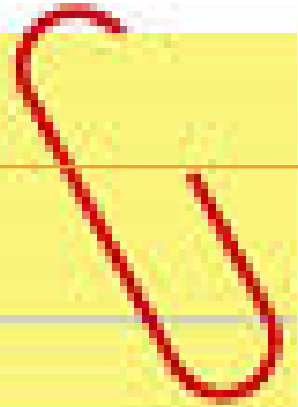
# DEBILITATING NATURE OF ADHD



- + Significantly lower socioeconomic status
- + Five times higher rate of alcoholism
- + Higher medical costs than non-ADHD peers
- + More motor vehicle accidents and speeding tickets
- + Ten times higher incidence of unplanned pregnancies
- + Six times higher incidence of substance abuse
- + Higher rate of unemployment
- + Increased rate of sexually transmitted disease
- + Higher rate of Traumatic Brain Injury
- + Higher rate of bankruptcy

# TESTS AND DIAGNOSIS BY MAYO CLINIC STAFF

- ✘ In general, a child shouldn't receive a diagnosis of ADHD unless the core symptoms of ADHD start early in life and create significant problems at home and at school on an ongoing basis.



# THERE'S NO SPECIFIC TEST FOR ADHD, BUT MAKING A DIAGNOSIS WILL LIKELY INCLUDE:

- ✘ Medical exam, to help rule out other possible causes of symptoms
- ✘ Information gathering, such as any current medical issues
- ✘ Personal and family medical history and school records
- ✘ Interviews or questionnaires for family members, your child's teachers or other people who know your child well, such as baby sitters and coaches
- ✘ ADHD rating scales to help collect and evaluate information about your child

## Vanderbilt ADHD Diagnostic Teacher Rating Scale

### INSTRUCTIONS AND SCORING

Behaviors are counted if they are scored 2 (often) or 3 (very often).

<b>Inattention</b>	Requires six or more counted behaviors from questions 1–9 for indication of the predominantly inattentive subtype.
<b>Hyperactivity/impulsivity</b>	Requires six or more counted behaviors from questions 10–18 for indication of the predominantly hyperactive/impulsive subtype.
<b>Combined subtype</b>	Requires six or more counted behaviors each on both the inattention and hyperactivity/impulsivity dimensions.
<b>Oppositional defiant and conduct disorders</b>	Requires three or more counted behaviors from questions 19–28.
<b>Anxiety or depression symptoms</b>	Requires three or more counted behaviors from questions 29–35.

The performance section is scored as indicating some impairment if a child scores 1 or 2 on at least one item.

### FOR MORE INFORMATION CONTACT

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The scale is available at [http://peds.mc.vanderbilt.edu/VCHWEB\\_1/rating~1.html](http://peds.mc.vanderbilt.edu/VCHWEB_1/rating~1.html).

### REFERENCE FOR THE SCALE'S PSYCHOMETRIC PROPERTIES

Wolraich ML, Feurer ID, Hannah JN, et al. 1998.  
Obtaining systematic teacher reports of disruptive  
behavior disorders utilizing DSM-IV. *Journal of  
Abnormal Child Psychology* 26(2):141–152.

## Vanderbilt ADHD Diagnostic Teacher Rating Scale

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Each rating should be considered in the context of what is appropriate for the age of the children you are rating.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instruction and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustaining mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (e.g., butts into conversations or games)	0	1	2	3
19. Loses temper	0	1	2	3

(continued on next page)

Vanderbilt ADHD Diagnostic Teacher Rating Scale (continued)

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

20. Actively defies or refuses to comply with adults' requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (i.e., "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems, feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him/her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

**PERFORMANCE**

	Problematic		Average		Above Average
<b>Academic Performance</b>					
1. Reading	1	2	3	4	5
2. Mathematics	1	2	3	4	5
3. Written expression	1	2	3	4	5
<b>Classroom Behavioral Performance</b>					
1. Relationships with peers	1	2	3	4	5
2. Following directions/rules	1	2	3	4	5
3. Disrupting class	1	2	3	4	5
4. Assignment completion	1	2	3	4	5
5. Organizational skills	1	2	3	4	5

### Parent Rating Scales

Never	Very Rarely	Rarely	Occasionally	Frequently	Always
1	2	3	4	5	6

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date Completed \_\_\_\_\_  
Teacher \_\_\_\_\_ Parent Name \_\_\_\_\_  
Phone number where parent can be reached during the day: \_\_\_\_\_

As you consider your child, **place a score of 1-6 by each description.** (see score rating above) Each descriptor you scored a 5 or 6 must include **a specific example of this behavior.** Failure to complete this description will result in an incomplete score. You can include additional comments on the next page. Thank you!

- | <b>This child demonstrates:</b>   | <b>Score</b> |
|---|--------------|
| 1. the ability to concentrate intently on a topic for a long period of time.                | _____        |
| 2. highly sensitive to the world around.  | _____        |
| 3. sustained interest in certain topics or problems.  | _____        |
| 4. little need for outside motivation to follow through in work that is initially exciting. | _____        |
| 5. a sense of humor.  | _____        |
| 6. the ability to come up with unusual, unique, or clever responses.                        | _____        |
| 7. a tendency to see humor in situations that may not appear to be humorous to others.      | _____        |
| 8. intellectual playfulness, willingness to fantasize and manipulate ideas.                 | _____        |
| 9. a non-conforming attitude, does not fear being different.                                | _____        |
| 10. advanced vocabulary for his or her age or grade level.                                  | _____        |
| 11. a large storehouse of information about a specific topic.                               | _____        |
| 12. the ability to deal with abstractions.  | _____        |
| 13. the ability to transfer learnings from one situation to another.                        | _____        |
| 14. keen and insightful observations.   | _____        |
| 15. responsible behavior, can be counted on to follow through on activities/projects.       | _____        |
| 16. a tendency to be respected by classmates.   | _____        |
| 17. the ability to articulate ideas and communicate well with others.                       | _____        |



# MEDICATIONS FOR ADHD

## × Central Nervous System Stimulants

### + Impact on behavior

- × Increase attention and concentration
- × Decrease hyperactivity
- × Decrease impulsivity
- × Improve school work and behavior

### + Increases dopamine

### + Length of effectiveness

- × Three to six hours for regular and sustained release medications

### + Stimulant medications

- × Ritalin
- × Dexedrine
- × Adderall
- × Cylert
- × Metadate
- × Concerta
- × Strattera

### Side effects:

- *Dry mouth*
- *Difficulty sleeping*
- *Reduced appetite*



# MEDICATIONS FOR ADHD

## × Anti-depressants

### + Impact on behavior

- × Reduce moodiness
- × Level off emotional highs and lows
- × Improve frustration tolerance
- × Reduce irritability, aggression, and impulsivity
- × Treat depression

### + Common medications

- × Tofranil
- × Norpramin
- × Pamelor or Vivactyl
- × Zoloft
- × Paxil
- × Prozac
- × Webutrin
- × Iffexor
- × Anafranil
- × Busbar

### Side effects:

- *Headache*
- *GI discomfort*
- *Lightheadness*
- *Low blood pressure*
- *Drowsiness*



# MEDICATIONS FOR ADHD

## ✘ Benefits:

- + Better quality of life
- + More likely to finish school and college
- + No affect on height/weight
- + Same personality, but can function more efficiently
- + Medicated individuals do NOT have a higher increase in alcohol, drug, or nicotine use.
- + On brain scans, more lighting up in the right places
- + Improves pre-frontal cortex functioning
- + Improves performance on delayed attention tasks
- + Improves driving performance
- + Helps hold thoughts until a break in conversation
- + Helps inhibit behavior
- + Helps self-regulation behavior



# NON-MEDICATION TREATMENTS FOR ADHD

- ✗ Cognitive-Behavioral Psychotherapy
- ✗ Social Skills Training
- ✗ Coaching for ADHD
- ✗ Exercise
- ✗ Karate and Tai Chi
- ✗ Working Memory Training
  - + Computer programs
  - + Play SIMON
  - + Memory games
  - + Recall games
  - + Luminosity



# NON-MEDICATION TREATMENTS FOR ADHD



- ✘ Vestibular and Cerebellar Exercises
- ✘ Dyslexia Dyspraxia Attention Treatment (DDAT) – Dore Program
- ✘ Sensory Integration Therapy – ALERT Program
- ✘ Massage – significant improvement
- ✘ Chiropractic Treatment – not enough data to prove

# LEARNING PROBLEMS THAT ACCOMPANY ADHD



- × Language deficits
  - + Spoken language
  - + Written language
  - + Processing speed
  - + Math computation
  - + Listening comprehension
  - + Reading comprehension

# LEARNING PROBLEMS THAT ACCOMPANY ADHD

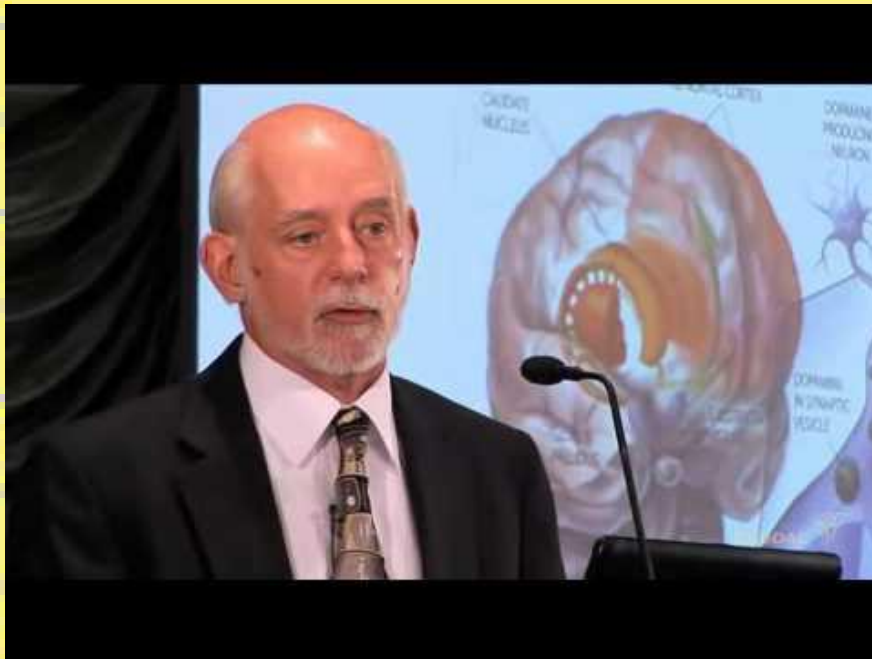


## ✘ Poor Memory

- + Short-term memory problems
- + Working memory problems
- + Long-term memory problems
- + Forgetfulness related to short and long term memory problems

## ✘ Poor Fine-Motor Coordination

# LEARNING PROBLEMS THAT ACCOMPANY ADHD



- ✘ An 18 year old is more like a 12 year old; if this college student is to be successful, you must put the supports in place that you would for a 12 year old.

Dr. Russell Barkley



# TEACHING STRATEGIES THAT AFFECT BEHAVIOR



- ✗ Let students move
  - + Help the teacher
  - + Deliver messages
  - + Take a brief exercise break
- ✗ Make expectations clear
  - + Get student's attention before giving directions
  - + Keep directions short, clear, and simple
  - + Be specific about expectations
  - + Don't give multi-step directions all at once
  - + Give directions three times
  - + Check for understanding

# TEACHING STRATEGIES THAT AFFECT BEHAVIOR



- ✗ Avoid academic frustration
  - + Tasks that are too long
  - + Tasks that are too difficult
  - + Difficult homework
  - + Multi-step tasks
  - + Getting stuck
  - + Needing feedback

# TEACHING STRATEGIES THAT AFFECT BEHAVIOR



- ✘ Teacher-Student communication
  - + Be positive
  - + Give choices, but not more than two or three
  - + Use depersonalization
  - + Give “I” messages
  - + Ask, “Is that a good choice or a bad choice?”
  - + Be as consistent as possible
  - + Anticipate problem situations and plan for them
  - + Practice forgiveness
  - + Use praise carefully

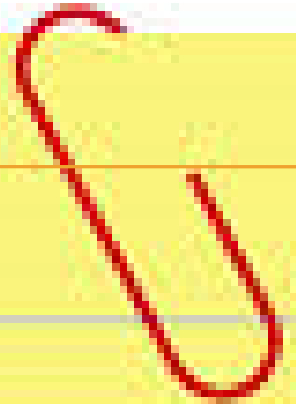
# CLASSROOM STRUCTURE



- ✗ Post a written schedule
- ✗ Prompt with specific cues
- ✗ Cue when changes or transitions are about to happen
- ✗ Develop a homework routine
  - + Designate row captains to make sure that homework assignments are written down correctly
  - + Ask students to copy their assignments from the board at the same time the teacher writes them on the board
  - + Place completed work in a designated spot
  - + Place completed work in one folder
  - + Maintain daily structure and routine

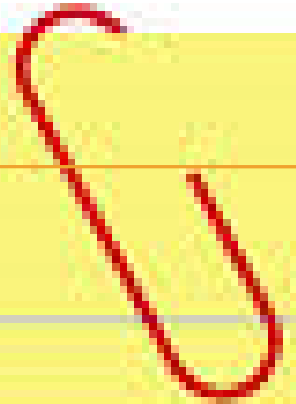
# CLASSROOM RULES

- ✗ Have a few good rules
- ✗ Keep rules short and simple
- ✗ State rules in positive terms
- ✗ Post rules prominently
- ✗ Teach the rules
- ✗ Reinforce compliance



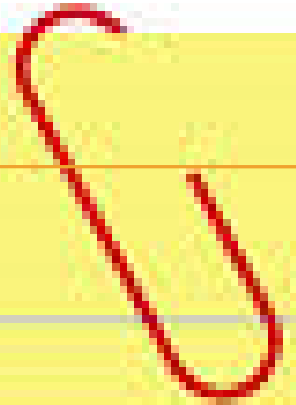
# GIVING REPRIMANDS

- ✗ Point to the rule
- ✗ Reprimand privately
- ✗ State the reprimand firmly
- ✗ Be brief and to the point
- ✗ Reprimand immediately
- ✗ Stand near the student



# TRANSITIONS

- ✗ Allow time for transitions
- ✗ Transition into work
- ✗ Model moving quickly
- ✗ Reinforce compliance
- ✗ Group rewards



# SCHEDULING

- ✘ Schedule challenging work before enjoyable activities
- ✘ Develop an individualized class schedule
- ✘ Schedule difficult classes during peak medication times
- ✘ Schedule half or partial school days



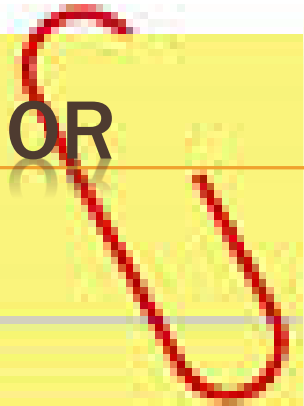
# TEACHER ACTIONS THAT ESCALATE BEHAVIOR PROBLEMS



- ✗ Nagging
- ✗ Lecturing
- ✗ Arguing
- ✗ Putting a student down
- ✗ Attacking character
- ✗ Sarcasm
- ✗ Yelling
- ✗ Punishing harshly
- ✗ Getting in the student's face
- ✗ Power struggles
- ✗ Punishing ADHD behaviors

# TEACHER ACTIONS THAT DE-ESCALATE OR AVOID POTENTIAL CRISIS SITUATIONS

- ✗ Avoid public embarrassment
- ✗ Acknowledge the student's feelings
- ✗ Offer sympathy and understanding
- ✗ Lower your voice, stay calm
- ✗ Make statements matter-of-factly
- ✗ Redirect interests
- ✗ Be non-threatening
- ✗ Ask the student to step out of the room
- ✗ Teach anger management
- ✗ Develop a prearranged crisis plan
- ✗ Prevent reoccurrence







# TEACHING TEENS

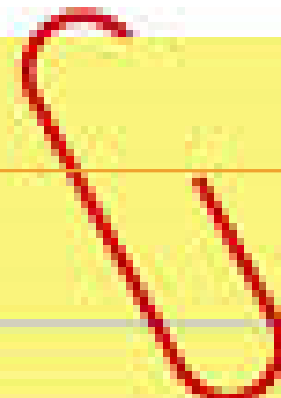
with ADD and ADHD



A  
Quick  
Reference  
Guide  
for  
Teachers  
and  
Parents



*Chris A. Zeigler Dendy, M.S.*



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# RESOURCES

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- ✘ *Oops!: The Manners Guide for Girls (American Girl Library).* [Nancy Holyoke](#) and [Debbie Tilley](#)
- ✘ [ADDconsults.com](http://ADDconsults.com)
- ✘ *What Does Everybody Else Know That I Don't?: Social Skills Help for Adults with Attention Deficit/Hyperactivity Disorder.* [Michele Novotni PhD](#) and [Randy Petersen](#)
- ✘ *ADHD in Adults: What the Science Says.* [Russell A. Barkley PhD](#)



# RESOURCES

- ✘ CHADD.org
- ✘ Addforums.org
- ✘ Adblock.com
- ✘ *The Family ADHD Solution: A Scientific Approach to Maximizing Your Child's Attention and Minimizing Parental Stress.* Mark Bertin
- ✘ Scholar.google.com
- ✘ *Teaching Teens With ADD, ADHD & Executive Function Deficits: A Quick Reference Guide for Teachers and Parents.* Chris A. Zeigler Dendy
- ✘ *Organizing the Disorganized Child: Simple Strategies to Succeed in School.* Martin L., M.D. Kutscher and Marcella Moran

