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# Attention Deficit Hyperactive Disorder...

## *a guide for teachers and parents*

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*This Intervention Tip Sheet has been developed to assist teachers and parents in providing the best possible educational opportunities to students with emotional and behavioral disorders. This Tip Sheet was published by the Institute on Community Integration, College of Education, University of Minnesota, Minneapolis and was authored by Kareen Smith of the Institute.*

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### ***Introduction***

Attention Deficit Hyperactive Disorder (ADHD - also referred to as ADDH and Attention Deficit Disorder, ADD) "describes a disorder in which a child displays significant difficulties with poor attention, impulsivity and overactive behavior" (Braswell, Bloomquist & Pederson, 1991, p.5).

While most children display these behaviors at some time in their lives, children diagnosable as having ADHD display them in a way (frequency, duration, severity, etc.) which is significantly inappropriate for their mental age and at a significantly different rate than peers. Additionally, ADHD is a developmental disorder which persists through life (Kauffman, p. 291). Correlate behaviors of ADHD children can be observed as early as infancy. ADHD infants can be described temperamentally as being irritable, difficult to soothe and as having irregular sleeping and eating patterns.

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### ***Prevalence***

ADHD is thought to affect 35% of elementary school age children. Because of how schools are run, with children being expected to be still and comply, ADHD students commonly have problems in school. Teachers commonly describe children with ADHD as often being off-task, fidgeting, playing with objects (i.e., tapping pencils, playing with coins), impulsively vocalizing their feelings or reactions and often being out of their seat.

### ***Implications***

Problems associated with ADHD can lead to poor motivation and difficulty in developing problem-solving abilities. In order to help ADHD children succeed scholastically and socially, it is very important that there is intervention which is tailored to the child's specific needs (Braswell, et al.) Educational interventions are important to ensure that a child's educational needs are met; this can mean special services for children who have learning disabilities in addition to ADHD, time spent in a resource room or, possibly, self-contained settings. The trend today is to provide more supports to the mainstream classroom rather than separating students. It is important that parents, teachers, and school faculty involved in designing a individual education plan do not assume that ADHD students are less intellectually competent than their classmates. In fact, research has shown little cognitive differences between ADHD and other children, nor do children with ADHD tend to have IQs outside of the normal range (Forness, Youpa, Hanna, Cantwell, & Swanson, 1992).

### ***Interventions***

Research and experience of individuals shows more and more that positive, proactive interventions used with students with ADHD (and other emotional or behavioral disorder) are just as, if not more, effective than aversive, reactive interventions. It is also true that few teacher training programs provide training in proactive interventions and teachers (as well as parents) may find themselves with little information and few resources when attempting to implement proactive intervention.

While not every intervention will be effective for every child, with modification and consistent delivery, these interventions are very effective. ICI hopes that you will use these and other proactive interventions in helping each child reach (and go beyond) his or her potential.

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

Diagnostic and Statistical Manual for Mental Disorders, fourth edition (DSM-IV), American Psychiatric Association, 1993.

1. Either (1) or (2)
  - a. 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*
    - i. often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
    - ii. often has difficulty sustaining attention in tasks or play activities
    - iii. often does not seem to listen when spoken to directly
    - iv. 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)
    - v. often has difficulty organizing tasks and activities
    - vi. often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
    - vii. often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
    - viii. is often easily distracted by extraneous stimuli
    - ix. is often forgetful in daily activities
  - b. 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*
    - i. often fidgets with hands or feet or squirms in seat
    - ii. often leaves seat in classroom or in other situations in which remaining seated is expected
    - iii. often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
    - iv. often has difficulty playing or engaging in leisure activities quietly
    - v. is often "on the go" or often acts as if "driven by a motor"
    - vi. often talks excessively  
*Impulsivity*
    - vii. often blurts out answers before questions have been completed
    - viii. often has difficulty awaiting turn
    - ix. often interrupts or intrudes on other (e.g., butts into conversations or games)
2. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
3. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).
4. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
5. 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 (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

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#### References

Braswell, L., Bloomquist, M.L., & Pederson (1991). *Cognitive-behavioral therapy with ADHD children: Child, family, and school interventions*. New York: The Guilford Press.

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