



ADHD is a disorder that affects approximately eight percent of school-age children. ADHD makes it difficult for children to pay attention or sit still. Until recently, it was believed that children outgrew ADHD in adolescence as hyperactivity often lessens during the teen years. However, it is now known that ADHD nearly always persists from childhood through adolescence and that many symptoms continue into adulthood. In fact, current research reflects rates of roughly two to four percent among adults. It is more common in males than females in childhood, but equally prevalent in males and females in adulthood.

ADHD is characterized by developmentally inappropriate levels of:

- Inattention - trouble focusing, getting distracted, trouble keeping attention, making careless mistakes, losing things, trouble following through on things, poor organization, doesn't seem to be listening
- Impulsivity - acting without thinking, interrupting, intruding, talking excessively, difficulty waiting for turns
- Hyperactivity - trouble sitting still, fidgeting, feeling restless, difficulty engaging in quiet activities

3 Types of ADHD

- ADHD Combined Type (Classic ADHD) – trouble with inattention, hyperactivity and impulsivity
- ADHD Predominantly Inattentive Type – trouble with attention, sluggish; difficult to identify
- ADHD Predominantly Hyperactive Impulsive Type – trouble with impulsivity and hyperactivity; occurs more often in younger children

Given the high prevalence of ADHD, most classrooms will have at least one child or adolescent with ADHD. Although individuals with this disorder can be very successful in life, without proper identification and treatment, ADHD may have serious consequences, including school failure, family stress and disruption, depression, problems with relationships, substance use, delinquency, risk for accidental injuries and job failure. Additionally, at least two thirds of individuals with ADHD have another co-existing condition, such as learning problems, anxiety or behavior

problems. Early identification and treatment are extremely important. Teachers are often the first to notice the symptoms of ADHD.

What can educators do about it?

What can educators do about it? When a teacher suspects ADHD, it is important to first speak with the child's parents or caregivers. It is important to work in partnership with parents and mental health experts to develop an intervention plan as quickly as possible when these warning signs occur, because a quick response has been found to increase the probability of successful outcomes. Effective ways to engage parents include:

- Encouraging them to share their view about their child
- Asking them to express their concerns about their child's academic and behavioral performance
- Asking questions to determine that you have full information
- Discussing with parents the best ways (e.g. phone calls, notes) to communicate with them on a regular basis

How is ADHD diagnosed?

A good assessment consists of:

- Parent and teacher ratings of behavior
- Behavioral observations in the classroom
- Clinical interview with parents
- IQ/achievement testing to assess for learning disabilities
- Discussing with parents the best ways (e.g. phone calls, notes) to communicate with them on a regular basis

There are several types of professionals who can diagnose ADHD including school psychologists, clinical psychologists, clinical social workers, nurse practitioners, neurologists, psychiatrists and pediatricians. Once diagnosed, ADHD in children often requires a “multi modal” comprehensive approach to treatment which includes:

- Parent and child education about diagnosis and treatment
- Behavior management techniques
- Medication
- School programming and supports

What can educators do about it?

- Setting up a school-home note system
- Being consistent
- Using praise and rewards frequently
- Using at least five times as many praises as negative comments
- Ignoring mild inappropriate behaviors that are not reinforced by peer attention

- Using commands/reprimands to cue positive comments for children who are behaving appropriately that is, find children who can be praised each time a reprimand or command is given to a child who is misbehaving
- Allowing frequent movement breaks
- Using multi modal teaching tools
- Using active tasks for learning
- Using appropriate commands and reprimands
 - Use clear, specific commands
 - Give private reprimands at the child’s desk as much as possible
 - Reprimands should be brief, clear, neutral in tone, and as immediate as possible
- Identifying a peer buddy to help with organizational tasks
- Giving the student a separate, quiet place to take tests
- Allowing inattentive students extra time on tests
- Breaking large tasks down into smaller tasks
- Mixing high-interest and low-interest task/topics

Resource Links

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)

National Resource Center on ADHD
A Program of CHADD, funded through a cooperative agreement with the Centers for Disease Control and Prevention.
<https://chadd.org/for-educators/overview/>

Identifying and Treating Attention Deficit Hyperactivity Disorder: A Resource for School and Home 2008

U.S. Department of Education
<https://www2.ed.gov/rschstat/research/pubs/adhd/adhd-identifying-2008.pdf>

Maryland State Department of Education

<http://marylandpublicschools.org/about/Pages/DSFSS/SSSP/ADHD/index.aspx>

Teaching Children with Attention Deficit Hyperactivity Disorder: Instructional Strategies and Practices 2008

U.S. Department of Education
<https://www2.ed.gov/rschstat/research/pubs/adhd/adhd-teaching-2008.pdf>

Teaching Children with Attention Deficit Hyperactivity Disorder: Instructional Strategies and Practices

A guide developed by the U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs, for educators working with students with ADHD.
https://www2.ed.gov/rschstat/research/pubs/adhd/adhd-teaching_pg2.html

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