

ED313868 1989-00-00 Teaching Children with Attention Deficit Disorder. ERIC Digest #462.

ERIC Development Team

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Teaching Children with Attention Deficit Disorder. ERIC Digest #462.

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DEFINING ATTENTION DEFICIT DISORDERS (ADD)

Attention deficit disorder is a syndrome characterized by serious and persistent difficulties in the following three specific areas:

1. Attention span.
2. Impulse control.
3. Hyperactivity (sometimes).

ADD is a chronic disorder that can begin in infancy and extend through adulthood, having negative effects on a child's life at home, school, and within the community. It is conservatively estimated that 3 to 5% of our school-age population is affected by

ADD.

The condition previously fell under the headings, "learning disabled," "brain damaged," "hyperkinetic," or "hyperactive." The term attention deficit disorder was introduced to describe the characteristics of these children more clearly.

There are two types of attention deficit disorder, both of which are described below.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

According to the criteria in the Diagnostic and Statistical Manual of Mental Disorders (3rd ed., rev.) (American Psychiatric Association, 1987), to be diagnosed as having ADHD a child must display, for 6 months or more, at least eight of the following characteristics prior to the age of 7:

1. Fidgets, squirms or seems restless.
2. Has difficulty remaining seated.
3. Is easily distracted.
4. Has difficulty awaiting turn.
5. Blurts out answers.
6. Has difficulty following instructions.

7. Has difficulty sustaining attention.
8. Shifts from one uncompleted task to another.
9. Has difficulty playing quietly.
10. Talks excessively.
11. Interrupts or intrudes on others.
12. Does not seem to listen.
13. Often loses things necessary for tasks.
14. Frequently engages in dangerous actions.

UNDIFFERENTIATED ATTENTION DEFICIT DISORDER

In this form of ADD the primary and most significant characteristic is inattentiveness; hyperactivity is not present. Nevertheless, these children still manifest problems with organization and distractibility, and they may be seen as quiet or passive in nature. It is speculated that undifferentiated ADD is currently underdiagnosed, since these children tend to be overlooked more easily in the classroom. Thus, children with undifferentiated ADD may be at a higher risk for academic failure than those with attention deficit hyperactivity disorder.

ESTABLISHING THE PROPER LEARNING ENVIRONMENT

Seat students with ADD near the teacher's desk, but include them as part of the regular class seating.

Place these students up front with their backs to the rest of the class to keep other students out of view.

Surround students with ADD with good role models, preferably students whom they view as significant others. Encourage peer tutoring and cooperative/collaborative learning.

Avoid distracting stimuli. Try not to place students with ADD near air conditioners, high traffic areas, heaters, or doors or windows.

Children with ADD do not handle change well, so avoid transitions, physical relocation (monitor them closely on field trips), changes in schedule, and disruptions.

Be creative! Produce a stimuli-reduced study area. Let all students have access to this area so the student with ADD will not feel different.

Encourage parents to set up appropriate study space at home, with set times and routines established for study, parental review of completed homework, and periodic notebook and/or book bag organization.

GIVING INSTRUCTIONS TO STUDENTS WITH ADD

Maintain eye contact during verbal instruction.

Make directions clear and concise. Be consistent with daily instructions.

Simplify complex directions. Avoid multiple commands.

Make sure students comprehend the instructions before beginning the task.

Repeat instructions in a calm, positive manner, if needed.

Help the students feel comfortable with seeking assistance (most children with ADD will not ask for help).

Gradually reduce the amount of assistance, but keep in mind that these children will need more help for a longer period of time than the average child.

Require a daily assignment notebook if necessary:

(1) Make sure each student correctly writes down all assignments each day. If a student is not capable of this, the teacher should help him or her.

(2) Sign the notebook daily to signify completion of homework assignments. (Parents should also sign.)

(3) Use the notebook for daily communication with parents.

GIVING ASSIGNMENTS

Give out only one task at a time.

Monitor frequently. Maintain a supportive attitude.

Modify assignments as needed. Consult with special education personnel to determine specific strengths and weaknesses of each student. Develop an individualized education program.

Make sure you are testing knowledge and not attention span.

Give extra time for certain tasks. Students with ADD may work slowly. Do not penalize them for needed extra time.

Keep in mind that children with ADD are easily frustrated. Stress, pressure, and fatigue can break down their self-control and lead to poor behavior.

MODIFYING BEHAVIOR AND ENHANCING SELF-ESTEEM

Providing Supervision and Discipline:

Remain calm, state the infraction of the rule, and avoid debating or arguing with the student.

Have preestablished consequences for misbehavior.

Administer consequences immediately, and monitor proper behavior frequently.

Enforce classroom rules consistently.

Make sure the discipline fits the "crime," without harshness.

Avoid ridicule and criticism. Remember, children with ADD have difficulty staying in control.

Avoid publicly reminding students on medication to "take their medicine."

Providing Encouragement:

Reward more than you punish, in order to build self-esteem.

Praise immediately any and all good behavior and performance.

Change rewards if they are not effective in motivating behavioral change.

Find ways to encourage the child.

Teach the child to reward himself or herself. Encourage positive self-talk (e.g., "You did very well remaining in your seat today. How do you feel about that?"). This encourages the child to think positively about himself or herself.

OTHER EDUCATIONAL RECOMMENDATIONS

Educational, psychological, and/or neurological testing to determine learning style and cognitive ability and to rule out any learning disabilities (common in about 30% of students with ADD).

A private tutor and/or peer tutoring at school.

A class that has a low student-teacher ratio.

Social skills training and organizational skills training.

Training in cognitive restructuring (positive "self-talk," e.g., "I did that well.").

Use of a word processor or computer for schoolwork.

Individualized activities that are mildly competitive or noncompetitive such as bowling, walking, swimming, jogging, biking, karate. (Note: Children with ADD may do less well than their peers in team sports.)

Involvement in social activities such as scouting, church groups, or other youth organizations that help develop social skills and self-esteem.

Allowing children with ADD to play with younger children if that is where they fit in. Many children with ADD have more in common with younger children than with their age-peers. They can still develop valuable social skills from interaction with younger children.

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For more information on ADD, write to:

CHADD

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Contact your local school psychologist, examiner, or personnel in charge of assessment and diagnosis in your school district for specific information and local programs.

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