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Special Issue: Attention Deficit Disorders

It is estimated that 3-7% of school-aged children have an attention disorder. They want to perform well in school, but often face challenges completing work and complying with rules. Learning about the nature of the disorder is helpful in working with and understanding children with Attention Deficit/Hyperactivity Disorder (ADHD). This article provides a brief overview of ADHD.

The term Attention Deficit/Hyperactivity Disorder refers to three types of attention disorders:

- ◆ ADHD Predominantly Inattentive Type: inattention and concentration are the primary difficulties (e.g., easily distracted, forgetful, etc.)
- ◆ ADHD Predominantly Hyperactive-Impulsive Type: hyperactivity and impulsivity are the primary difficulties (e.g., restlessness, fidgeting, excessive talking, etc.).
- ◆ ADHD Combined Type: symptoms include a combination of inattention and hyperactivity/impulsivity difficulties.

Typically, symptoms of the disorder are first displayed during early childhood and continue throughout the child's life. Children are most frequently diagnosed with ADHD in elementary school, when their symptoms begin to interfere with school



success. However, children who demonstrate primarily inattentive symptoms are often not diagnosed until late childhood.

Research indicates that ADHD symptoms are relatively stable through early adolescence. It is common, however, for children's symptoms to become less severe (especially motor hyperactivity) during late adolescence and adult-

hood. A large percentage of adults continue to exhibit related symptoms throughout their lifetime.

A diagnosis of ADHD requires the presence of numerous symptoms of inattention and/or hyperactivity/impulsivity for at least six months. These symptoms must be more severe than for other children the same age, be present before the age of 7 years, and be present in more than one setting (e.g., school, home, after-school activities, etc.).

The most successful treatment of ADHD involves the use of a variety of approaches. These often include individual or group counseling, behavior modification techniques, and/or medication.

Adapted from ADHD: A Primer for Parents and Educators by George J. DuPaul, Helping Children at Home and School II: Handouts from Your School Psychologist, National Association of School Psychologists (NASP) and Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (Text Revision), American Psychiatric Association.

Challenges Faced by Children with ADHD

- ◆ Early Childhood
 - Retelling a story
 - Understanding the main idea and key details of a story
 - Accepting appropriate basic rules (right vs. wrong)
 - Taking turns while playing and learning to accept losing
- ◆ Middle Childhood
 - Understanding cause and effect and sequencing of events in a story
 - Summarizing and paraphrasing school material
 - Writing a story with facts, examples, and explanations
 - Managing time to meet deadlines
- ◆ Adolescence
 - Developing more complex problem-solving skills
 - Managing weekly schedules and academic projects
 - Taking notes during lectures
 - Expressing thoughts
 - Asking for help when needed

Adapted from ADHD Progress Guide: Keeping Up with Change, Shire Pharmaceuticals.

Online Resource

www.scottpsychology.com/resources.html



Visit my Web site for a list of Internet resources and books on attention disorders and a variety of other topics.

Just a Thought...

"Learn from yesterday, live for today, hope for tomorrow."

—Anon

"The mind is everything; what you think, you become."

—Buddha

Intervention Central

Classroom Interventions for Struggling Students

Interventions for Students with ADHD

Most children with attention disorders require more frequent and specific feedback than their typically developing peers to optimize their performance. As a result, interventions targeting ADHD-related problems should involve contingencies that are delivered in a reasonably continuous manner. This article discusses important considerations when designing an intervention program.

- ◆ Reinforcement of target behaviors should occur immediately. Opportunities to earn rewards should be given every few minutes in preschool, several times a day in early elementary school, and at least daily in adolescence.

- ◆ Rather than focusing on specific task-related behaviors (e.g., attention to task or staying in one's seat), select behaviors related to academic products and performance (e.g., work completion and accuracy). This type of focus:
 - Encourages students to attend to the organizational and academic skills required for independent learning and for generating the academic products (e.g., using appropriate materials for an assignment, soliciting formative feedback on initial task performance, etc.) .



- Highlights behavior that is incompatible with inattentive and disruptive behavior. As a result, it may lead to multiple desired outcomes.

- ◆ Develop reward “menus” for the student. In order to select reinforcers that will be motivating for the student, discuss options with the student or observe his or her preferred activities.

- ◆ In an effort to prevent disinterest with the reinforcement program (i.e., reinforcer satiation), specific reinforcers should be varied or rotated frequently.

- ◆ Regardless of the type of intervention program that is selected, its fidelity must be monitored. Doing so allows the teacher or other professional implementing the program to:
 - Ensure it is being implemented consistently.
 - Serve as the basis for making program changes.
 - Justify additional resource needs.
 - Identify areas in which those involved in the program may need assistance.

Adapted from ADHD in the Schools by George J. DuPaul & Gary Stoner, Guilford Press.

Intervention Strategy: Behavior Contracts

A behavior contract is a written agreement between a teacher and student that specifies expected behaviors, consequences (positive and negative), and a time frame with review dates. It is a practical and creative way to help a student improve classroom and social behavior. This article details the steps involved in developing a behavior contract.

- ◆ Make Preparations
 - Define the specific target behavior in measurable terms.
 - Select reinforcers.
 - Define what the child must do to earn a reward.
 - Select a bonus (used to encourage student to fulfill a criterion in the least amount of time).
 - If necessary, include a penalty clause (mild consequences [e.g., removal of a privilege]).

- ◆ Negotiate with the Student
 - Explain the purpose of the contract to the student.
 - Discuss the target behavior, criteria, and rewards. The need for the contract is non-negotiable.
- ◆ Write the Contract
 - Put all of the relevant information into a written contract (i.e., behaviors, consequences, time, and any special conditions of the contract). The contract should be as specific as possible to avoid misunderstandings and disagreements.
- ◆ Sign the Contract
 - Depending on the child's age, it may be necessary to read the contract to the student. The teacher and the student should sign the contract. Anyone involved in the contract (e.g., parent, guidance counselor, etc.) should also sign it.

Adapted from Behavioral Contracts, Utah Students at Risk: Online Staff Development Academy (www.usu.edu/teachall).

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Alicia M. Scott, Ph.D.
Licensed School Psychologist
2622 NW 43rd Street, Suite B3
Gainesville, FL 32606
(352) 373-3304
drscott@scottpsychology.com
www.scottpsychology.com

Dr. Scott (FL SS840) works with pre-k through college-aged students to diagnose learning disabilities, attention disorders, developmental delays, autism/Asperger's, and other learning and behavior challenges. She also does gifted evaluations and consults with parents, teachers, and other professionals to enhance children's educational outcomes.

If you have comments or would like to receive *Scott Psychology Times* electronically, please e-mail Dr Scott (drscott@scottpsychology.com).

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