ADHD (Attention Deficit Hyperactivity Disorder)

Attention deficit hyperactivity disorder (ADHD) is one of the most common childhood disorders and can continue through adolescence and adulthood. Symptoms include difficulty staying focused and paying attention, difficulty controlling behavior, and hyperactivity (over-activity). There are three sub-types: predominantly inattentive presentation, predominantly hyperactive-impulsive presentation, and combined hyperactive-impulsive and inattentive. In 2013, the CDC (Centers for Disease Control and Prevention) found that 11% percent of children aged 4-17 have been diagnosed with ADHD at some point in their lives. It is more prevalent in boys than girls.

Symptoms

**Impulsive**

Kids with poor impulse control can be impatient and insistent. They often interrupt people and have trouble censoring their words and emotions. They might engage in risky behavior because they don’t plan ahead or consider the consequences of their actions. If your child has this symptom, her brain might not be effectively using the neurotransmitter chemical dopamine, which stimulates the portion of the brain responsible for maintaining focus and controlling motor function.

**Over-activity**

This symptom is often referred to as hyperactivity, but that’s not all it is. Kids often seem “hyper” because they can’t help moving from place to place quickly. They’re overactive in smaller ways as well. They may touch and fiddle with items, squirm in their seat or wander off when they’re expected to remain seated. It’s not deliberate. ADHD can cause trouble with the “braking signal” in the area of the brain responsible for controlling motor and emotional behavior.

**Inattention**

Inattention is a hallmark sign of ADHD. Kids with this issue often can’t focus their attention on something, even when they’re trying. They might have trouble following directions because they miss key pieces of information. They might also get tired easily from trying so hard to pay attention, lose their train of thought and make mistakes. They may seem “spacey,” forgetful or scattered. Sometimes kids who show this symptom are mistaken for just being bored.

**Distractibility**

Distractibility is sometimes confused with inattention. But there’s a difference between not being focused on a task (inattention) and getting distracted by information your brain struggles to filter out (distractibility). With ADHD, anything kids see, hear or feel—such as an itch—could distract them. This can make them lose focus on the conversation they’re having or the task they’re supposed to be completing.
Testing & Diagnosing

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

Although signs of ADHD can sometimes appear in preschoolers or children even younger, diagnosing the disorder in very young children is difficult. That’s because developmental problems such as language delays can be mistaken for ADHD. For that reason, children preschool age or younger suspected of having ADHD are more likely to need evaluation by a specialist, such as a psychologist or psychiatrist, speech pathologist, or developmental pediatrician.

Teaching Strategies

**Task Duration**

To accommodate to the student’s short attention span, academic assignments should be brief and feedback regarding accuracy immediate. Longer projects should be broken up into manageable parts. Short time limits for task completion should be specified and can be enforced with timers.

**Physical Movement**

Plan physical movement such as stretch breaks or a trip to the office. Alternating seat work activities with other activities that allow for movement is essential. It is also important to keep in mind that on some days it will be more difficult for the student to sit still than on others. Thus, teachers need to be flexible and modify instructional demands accordingly.

**Visual & Audio Cues**

When delivering information use charts, props, pictures, and color coding. Place students at the front of the classroom to eliminate distractions. Teachers use auditory cues such as using the students name in a math problem. Teachers may also stand closer to students or walk by their desk often.

Resources:
- [http://www.cdc.gov](http://www.cdc.gov)
- [http://www.ldonline.org](http://www.ldonline.org)
- [http://www.mayoclinic.org](http://www.mayoclinic.org)