



Macomb Intermediate School District;
Integrating Mental Health in Schools Federal Grant

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*An Information Booklet for
Macomb Intermediate School District Educators*

Quick Facts: Attention Deficit/ Hyperactivity Disorder (ADHD)



This fact booklet is intended to enhance understanding of school personnel about the mental health issues that may be encountered in students. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health and/or medical diagnoses should be made only by trained professionals after a thorough evaluation.

What is ADHD?

Attention Deficit/Hyperactivity Disorder (ADHD) is a condition of the brain typically marked by an inability to pay attention, hyperactivity, and/or impulsivity. It is normal for children to have trouble focusing, following directions, staying on task, and controlling their behaviors from time to time. For a child with ADHD, however, these challenges tend to be chronic and persistent. The exact cause of ADHD is not yet known, but changes in brain structures, heredity, and prenatal or childhood exposure to certain toxins all may play a role. Though parenting practices can impact the management of ADHD, they are not responsible for the development of this disorder.



Types of ADHD

Predominantly inattentive type – Inattentive type of ADHD may be diagnosed when the student's prevalent symptoms are related to difficulty sustaining attention.

Predominantly hyperactive-impulsive type – Hyperactive-Impulsive type of ADHD may be diagnosed when the student's prevalent symptoms are related to excessive motor activity and/or difficulty controlling impulses and behavior.

Combined type – Students with a combined type of ADHD typically show significant difficulty with attention, impulsivity and hyperactivity. The majority of children diagnosed with ADHD are diagnosed with this subtype.

Getting Linked

Macomb County Community Mental Health

<http://macombcountymi.gov/communitymentalhealth/>
Access Center: 586.948.0222

Macomb County Crisis Center

<http://www.macombcountymi.gov/volunteer/center.htm>
24/7 Crisis Line: 586.307.9100

CARE of Southeastern Michigan

<http://www.careofmacomb.com/>
Main Office: 586.541.CARE (2273)

Child/Adolescent Psychiatric Hospitals

Harbor Oaks Hospital

35031 23 Mile Road
New Baltimore, MI 48047
(586) 725-5777

Henry Ford Kingswood Hospital

10300 West Eight Mile Road
Ferndale, MI 48220
Phone: (248) 398-3200
(must be medically cleared through another hospital's ER prior to admission)

Havenwyck Hospital

1525 University Drive
Auburn Hills, MI 48326
248-373-9200 (Main Line)
1-800-401-2727 (Toll-Free)
248-377-8160 (TTY)
(must be medically cleared through another hospital's ER prior to admission)

Additional Resources

National Institute of Mental Health
<http://www.nimh.nih.gov/>

Children and Adults with ADHD
www.chadd.org

American Academy of Pediatrics
www.aap.org/

American Academy of Child/
Adolescent Psychiatry
www.aacap.org

National Alliance on Mental Illness
www.nami.org

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org



Cultural Considerations

There are gender differences in rate of ADHD diagnosis: boys are diagnosed more frequently than girls, particularly with hyperactive-impulsive type ADHD.

Children living in poverty or who experience abuse or chaos at home are also more likely to be diagnosed with ADHD. It appears, however, that these environmental conditions exacerbate, but do not cause, ADHD.

ADHD occurs at similar rates and with similar symptoms across various ethnic cultures.

However, attitudes about ADHD may vary significantly depending on one's culture and beliefs. These variations have important implications for how the student is perceived by his/her parents, peers, and cultural community. These differences will also impact how a family chooses to parent a child with ADHD and whether or not they seek or are able to access effective treatment.



Prevalent Signs & Symptoms of ADHD

What Inattention May Look Like at School

- Difficulty sustaining focus on tasks that are not immediately interesting or rewarding
- Lack of follow through with and/or avoidance of activities that require sustained mental effort
- Lack of attention to detail, careless mistakes and/or messy work
- Difficulty with listening and/or problems following through on multi-step directions
- Disorganization leading to misplaced or lost materials
- Frequent distraction by noises, visual stimuli, etc.
- Forgetfulness

What Hyperactivity May Look Like at School

- Constant motion, difficulty staying seated, squirming and/or fidgeting
- Running, jumping, climbing at inappropriate times; seeming to be always "on the go"
- Poor regulation and/or inhibition of behavior
- Difficulty working or playing quietly

What Impulsivity May Look Like at School

- Difficulty with delaying responses and/or gratification
- Acting before thinking
- Frequent interruption of others; calling out answers before question is finished
- Emotional reactivity including low frustration tolerance and quickly changing moods

Developmental Considerations

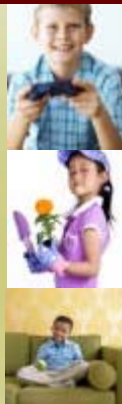
Early Childhood (@ 3-5 years old)

ADHD may be harder to detect in this age group due to age appropriate short attention span and impulsivity.



Middle Childhood (@ 6-12 years old)

ADHD is often first diagnosed in this age group because school based expectations highlight struggles with attention, impulsivity, and hyperactivity.



Adolescence (@13-18 years old)

ADHD may be harder to diagnose in adolescence because teens with ADHD have often learned some compensatory strategies, making them more likely to 'fly under the radar'. Additionally, impulsive, risk-taking behavior is considered more normative in adolescence than it is in middle childhood.



Educational Implications

ADHD can have a significant impact on a student's ability to function in school. Students with ADHD may struggle with skills that facilitate learning and school success such as planning, organizing, sustaining attention, keeping track of and completing assignments and listening to and/or processing information necessary to learn. They may become frustrated by these chronic challenges.

Not only might academic achievement suffer in students with ADHD, but academic related self-esteem as well. This may result in decreased motivation to take on school-related tasks and challenges, and ultimately may lead to school avoidant behavior such as tardiness, truancy, and incomplete work. Untreated ADHD may also contribute to the development of other related mental health issues such as anxiety and depression.





School and Classroom Strategies: ADHD

This Quick Fact Sheet contains strategies designed to address potential symptoms of ADHD in students and should be used in consultation and collaboration with your school's mental health personnel or as part of a larger intervention approach. These pages contain only a portion of many possible strategies available to address symptoms of ADHD in the classroom. Strategies should always be individualized and implemented with careful consideration of the differences of each child and the context of their individual circumstances. Additionally, this information should never be used to formulate a diagnosis. Mental health and/or medical diagnoses should be made only by trained professionals after a thorough evaluation.

If you notice a significant change in mood in any child that lasts for more than a week, share your observations with the child's parent and/or guardian and with your school's mental health support team

General Comments About ADHD Intervention

Effective education of students with ADHD requires a multi-disciplinary, multi-pronged approach. One key to success for students with ADHD is partnership between families, physicians, and schools. Schools are essential partners in the success of students with ADHD. Through providing safe and supportive school environments, effective and responsive academic instruction, behavioral intervention, and classroom accommodations, schools can increase the opportunity for students with ADHD to achieve academic success and overall, life-long well-being. Within the context of a supportive comprehensive plan, schools should maintain high expectations for students with ADHD and must also be patient, creative, flexible, and willing to try new or alternative approaches. Below are some possible strategies to support students with ADHD at school.

School and/or Classroom Strategies for Inattention

- Seat the student in a location in the room with the least extraneous stimuli (often the front of the room with back to the rest of the class)
- Seat the student near positive role models with a high capacity for attention and concentration
- Increase distance between students' desks
- Limit noise distraction by placing tennis balls or pads under chair and desk feet
- Use a variety of auditory signals (e.g. bell, musical instrument) to cue student to transitions or need to focus attention
- Use a combination of audio, visual, and tactile approaches to academic instruction
- Allow the student to work on computer when feasible
- When giving instruction, highlight key points, both verbally and visually
- Be sure to have the student's attention before giving oral directions; give only one direction at a time, speak in short, simple sentences; provide a visual support for oral directions (i.e. written instructions, samples)
- Develop a discreet, non-shaming way for the student to ask for or get clarification on missed directions or to cue the student when they are off task
- Check in frequently with the student; provide lots of genuine praise and/or acknowledgment
- Provide accommodations for testing if necessary (i.e. alternative location, extended time)



School and/or Classroom Strategies for Disorganization

- Set clear classroom routines and rules and practice them over and over and over
- Start each day with a detailed review of the schedule; keep it posted in an easy to see place; refer to the schedule if the student appears disoriented; when activities are completed, cross them off the schedule
- Use a variety of auditory signals to cue the student to transitions (i.e. bell, lights)
- Teach students to use an assignment book to organize their work
- Use multi-colored folders—different colors to represent different subjects
- Write all assignments on the board; provide the student with time to copy the assignment into assignment book
- Have the student explain how he/she plans to organize an assignment before getting started
- Have clearly marked, consistently used homework collection bins
- Allow time during the day for locker and backpack organization; provide “check in” time at the end of the day to make sure the student has what they need
- Chunk assignments into smaller achievable parts
- Allow the student to keep one set of materials at home and one at school

School and/or Classroom Strategies for Impulsivity

- State and restate clear behavioral expectations for the classroom in general, and for each new task
- Post behavioral expectations throughout classroom and school for easy reference
- Establish clear social rules pertaining to social space (i.e. arms length)
- Establish clear classroom routines early in the year and stick to them
- Avoid excessive unstructured time
- Monitor the student’s level of stimulation; avoid activities that are over-stimulating and those that are under-stimulating
- Maintain supervision of the student at all times
- Keep close proximity to the student to intervene if student acts impulsively
- Assist the student in beginning new tasks to decrease impulsivity in their approach
- Provide extra support through transitions; provide a separate transition time for the student if necessary (i.e. 5 minutes before bell rings)
- Teach the student strategies for waiting their turn (i.e. counting, doodling)
- Reinforce close approximations of desired behavior; recognize effort and improvement in behavioral control
- Teach the student decision making steps and reinforce the student when he or she makes reasoned decisions
- Teach the student to think before acting
- Help the student develop increased self-awareness about their behavior

School and/or Classroom Strategies for Hyperactivity

- Surround the student with peers who tend to stay on task
- Design highly motivating curriculum with ample opportunity for hands-on work
- Design lessons so that students have to actively respond to an assignment—get up, move around, write on board, etc.
- Allow the student opportunities to stand while working
- Provide regularly scheduled breaks and/or opportunities for the student to move around in between quiet work periods
- Give the student an in-class outlet for physical restlessness, such as a squeeze ball or soothing stone
- Offer more positive reinforcements than negative consequences
- Communicate frequently with parents, send positive notes home
- Provide small group social skills training
- Make use of additional adults who may be available to sit near the student and/or accompany the student during motor breaktimes
- Integrate physical activity (i.e. shooting hoops) throughout the school day that is not contingent on good behavior