

Tuned in:

Beyond the Obvious: A Teacher's Primer on Recognizing Children with ADHD

As an experienced teacher, you may think it's obvious which of your students have attention deficit hyperactivity disorder (ADHD) and which don't. The child with ADHD is the one who's a "problem" in a number of classic ways. He (usually this is a he):

- can't sit still
- can't wait his turn
- interrupts others, blurts things out
- is disruptive and can be aggressive
- generally lacks self-control

If you suspect that this type of child has ADHD, you're probably right. But he's not the only one.

Take Crystal, for example. Crystal is bright but, you think, lazy. She's frequently late for school in the morning and often forgets to bring something she needs that day. In class, Crystal appears bored, as though her mind is somewhere far, far away from your social studies lesson.

Crystal's careless too: she doesn't follow directions, so she makes needless mistakes.

While Crystal does well enough in school, you know that she's capable of great work if she would only apply herself; but for some reason, she's unmotivated. She always waits until the last minute to start homework or projects and frequently turns in work that's late or incomplete.

Crystal's only problem, you believe, is her unwillingness to exert much effort when it comes to her schoolwork; but she's no "trouble" in the classroom.

Poor Crystal. Her ADHD – yes, Crystal has ADHD – will probably go undiagnosed; or it will be identified only when Crystal finally "crashes" – when she's unable to handle the challenges of higher-level work because of it. On the other hand, the stereotypical "hyper" child, in this case luckier than Crystal, will be diagnosed and treated early.

"Inattentive-type ADHD is difficult to identify, and these kids frequently go undiagnosed for years, because they do not exhibit the disruptive behaviors that get the attention of teachers," says Sandra Rief, a well-known

Tuned in:

Beyond the Obvious: A Teacher's Primer on Recognizing the ADHD Child

speaker and educational consultant who's also the author of a number of resources for both teachers and parents. These include:

- *How to Reach and Teach Children with ADD/ADHD: Practical Techniques, Strategies, and Interventions*
- *The ADHD Book of Lists: A Practical Guide for Helping Children and Teens with Attention Deficit Disorders*
- *ADHD & LD: Powerful Teaching Strategies and Accommodations*, a video designed to accompany Rief's *Book of Lists*

“(Inattentive-type ADHD) children are often written off as ‘space cadets’ – particularly the girls, who most commonly have the inattentive type of ADHD,” Rief explains. “Their academic underachievement, difficulty with organization and time management, and other difficulties are not recognized as resulting from a neurobiological disorder.

“At the elementary level, many undiagnosed students with this type of ADHD manage to do pretty well academically, but their executive functioning weaknesses overwhelm their ability to cope with school demands as they move up in the grades,” Rief says.

Diagnostic Criteria for ADHD

Many educators don't realize that it isn't necessary for a child to be either hyperactive or impulsive in order to be diagnosed with ADHD. To help you recognize behaviors that may actually be symptoms of ADHD, the

current criteria for the diagnosis of ADHD are presented below.

These criteria were developed by the American Psychiatric Association (APA) and are detailed in the APA's 2000 Diagnostic & Statistical Manual for Mental Disorders (DSM-IV-TR). The version that follows is from the website of the U.S. Centers for Disease Control (CDC), which presents the criteria in modified form “in order to make them more accessible for the general public.”

DSM-IV Criteria for ADHD

I. Either A or B:

A. Six or more of the following symptoms of inattention have been present for at least 6 months to a point that is disruptive and inappropriate for developmental level:

Inattention

1. Often does not give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
2. Often has trouble keeping attention on tasks or play activities.
3. Often does not seem to listen when spoken to directly.
4. Often does not follow instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
5. Often has trouble organizing activities.
6. Often avoids, dislikes, or doesn't

Tuned in:

Beyond the Obvious: A Teacher's Primer on Recognizing the ADHD Child

want to do things that take a lot of mental effort for a long period of time (such as schoolwork or homework).

7. Often loses things needed for tasks and activities (e.g. toys, school assignments, pencils, books, or tools).

8. Is often easily distracted.

9. Is often forgetful in daily activities.

B. Six or more of the following symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for developmental level:

Hyperactivity

1. Often fidgets with hands or feet or squirms in seat.

2. Often gets up from seat when remaining in seat is expected.

3. Often runs about or climbs when and where it is not appropriate (adolescents or adults may feel very restless).

4. Often has trouble playing or enjoying leisure activities quietly.

5. Is often "on the go" or often acts as if "driven by a motor."

6. Often talks excessively.

Impulsivity

1. Often blurts out answers before questions have been finished.

2. Often has trouble waiting one's turn.

3. Often interrupts or intrudes on others (e.g., butts into conversations or games).

II. Some symptoms that cause impairment were present before age 7 years.

III. Some impairment from the symptoms is present in two or more settings (e.g., at school/work and at home).

IV. There must be clear evidence of significant impairment in social, school or work functioning.

V. The symptoms do not happen only during the course of a Pervasive Developmental Disorder, Schizophrenia or other Psychotic Disorder. The symptoms are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder or a Personality Disorder).

Based on these criteria, three types of ADHD are identified:

1. ADHD, Combined Type: if both criteria 1A and 1B are met for the past 6 months

2. ADHD, Predominantly Inattentive Type: if criterion 1A is met but criterion 1B is not met for the past six months

3. ADHD, Predominantly Hyperactive-Impulsive Type: if Criterion 1B is met but Criterion 1A is not met for the past six months.

Why It's Critical to Diagnose ADHD as Early as Possible

As a result of their ongoing challenges at school, at home and with their peers, kids with undiagnosed and untreated ADHD begin to perceive themselves negatively. They imagine that their problems are their own fault; that if they were just smarter or tried harder, then things would be better.

Tuned in:

Beyond the Obvious: A Teacher's Primer on Recognizing the ADHD Child

But things don't get better for the undiagnosed ADHD child. His or her poor self-image only worsens when academics and peer interactions increase in difficulty as he or she progresses in school, hampered by inadequate work and social skills.

Making things even harder for these kids, Rief notes, is the fact that they are often regarded negatively by adults. "Parents, teachers and coaches in the lives of children and teens with undiagnosed ADHD misinterpret their behavior as being caused by laziness, apathy, willfulness, or deliberate noncompliance. They treat the child accordingly, with little empathy or understanding," Rief observes.

For all these reasons, the earlier ADHD is diagnosed and treated, the better. "Reducing the impairments caused by ADHD can prevent the development of secondary issues, such as poor self-esteem, as well as any number of negative outcomes, including school failure," Rief says. "Once we have a diagnosis of ADHD, we can start to effectively address the problems the child is experiencing."

ADHD and Coexisting Conditions

Teachers should also be aware that between 40% and 60% of children with ADHD have at least one coexisting condition, according to the U.S. Department of Education's 2003 publication, "Identifying and Treating Attention Deficit Hyperactivity Disorder: A Resource for School and Home." Although

ADHD may or may not be a contributing factor to the development of these conditions in individual children, disorders that frequently coexist with ADHD include:

- Disruptive behavior disorders (conduct disorder, oppositional defiant disorder)
- Mood disorders (e.g., depression)
- Anxiety disorders
- Tics and Tourette's syndrome
- Learning disabilities

Kids Health, The Nemours Foundation's website for children's health information, attaches some startling percentages to these coexisting conditions. Of all children with ADHD, Kids Health indicates that:

- 50% have a specific learning disability (most commonly dyslexia or dysgraphia – problems with reading and handwriting)
- 35% have oppositional defiant disorder or conduct disorder
- 25% suffer from anxiety disorders
- 18% experience depression (especially those with the inattentive subtype)

A Word about ADHD in the Gifted Child

Unfortunately, ADHD in a gifted child is

Tuned in:

Beyond the Obvious: A Teacher's Primer on Recognizing the ADHD Child

even more likely to be missed in the classroom. That's because gifted children can often mask their difficulties precisely because of their superior abilities. They may possess the resources to compensate for their problem areas and as a result, those areas may go unnoticed.

This does not mean, however, that their problems aren't real. The things that others think are "easy" for most gifted children are, in fact, a constant struggle for gifted children with "hidden" ADHD. Sadly, these exceptionally talented children, if undiagnosed, risk losing confidence in their abilities – and in themselves.

Teachers: Be Observant

"When it's recognized early what's causing a child's symptoms and driving his or her behaviors," Sandra Rief says, "adults can stop blaming the child.

"Instead," she suggests, "these key adults in the child's life can employ the strategies and interventions that will improve those symptoms and behaviors. At school, the appropriate supports and accommodations can be employed. This increases the child's chances of success – socially, behaviorally, emotionally and academically."

By Fran Hopkins for ADDvantaged.com, a source of news, information, media, free downloadable tools, and dynamic community-based support for people with ADHD.

Teachers! Please feel free print this document or distribute it in electronic form, but do credit its original author and source, ADDvantaged.com, at <http://www.add-vantaged.com>