

Responding
to the
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Responding To the Needs of Inattentive Elementary Children

The Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition, (a resource for mental health professionals) describes Attention Deficit/Hyperactivity Disorder as "...a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development. Some hyperactive-impulsive or inattentive symptoms that cause impairment must have been present before age 7 years, although many individuals are diagnosed after the symptoms have been present for a number of years. Some impairment from the symptoms must be present in at least two settings (e.g., at home and at school or work). There must be clear evidence of interference with developmentally appropriate social, academic or occupational functioning." Inattention may also be associated with learning problems or dyslexia. Refer to the Dyslexia Program section of this handbook.

Attention Deficit Hyperactivity Disorder (ADHD), formerly known as Attention Deficit Disorder (ADD), is one of the most prevalent childhood disorders reported by schools and mental health clinics. It is also one of the most researched childhood disorders in the United States, but many questions remain. ADHD can have a significant impact on a child's development, family, classroom, and community.

Children with ADHD can be disruptive in the classroom to the point of detracting from their own and other's learning. Those who are not hyperactive but who have severe difficulties with attention and organization are often underachieving and may be accused of laziness or lack of motivation by frustrated teachers and parents unaware of ADHD symptoms and the child's difficulty in controlling them. With time, such adverse experiences can seriously affect the child's self-esteem and competency.

The following behaviors are characteristic of ADHD:

- Often fidgets with hands or feet or squirms in seat
- Has difficulty remaining seated when required to do so
- Is easily distracted by extraneous stimuli
- Has difficulty waiting turn in games or group situations
- Often blurts out answers to questions before they have been completed
- Has difficulty following through on instructions from others (not due to oppositional behavior or failure to comprehend), e.g., fails to finish chores
- Has difficulty sustaining attention in tasks or play activities
- Often shifts from one uncompleted activity to another
- Has difficulty playing quietly
- Often talks excessively
- Often interrupts or intrudes on others, e.g. butts into other children's games
- Often does not seem to listen to what is being said to him or her
- Often engages in physically dangerous activities without considering possible consequences (not for the purpose of thrill-seeking) e.g., runs into street without looking.

A less structured environment may intensify the presence of problem behaviors. The behavior of a child with ADHD is not consistent across environment or task. Diagnosis requires the presence of symptoms for an extended period of time in order to exclude children who may be reacting to stressful events such as parental divorce, death in the family, abuse, or other factors. For example, a child with ADHD may act differently from other children in a large group situation as compared to a small group or one-on-one situation. These considerations highlight the importance of a diagnosis based on multiple sources of information from multiple contexts. Research shows that children do not outgrow ADHD but appropriate intervention strategies can help them compensate as they mature.

Suggested Classroom Interventions

School is where children with attentional problems usually experience their most serious difficulties. Below is a list of classroom interventions which can be adapted for use by the teacher. Interventions will vary according to individual student need.

Instructional Strategies

- teach the child at his appropriate instructional level, not at his frustration level
- teach the child by using his preferred learning style
- teach concepts in smaller units, reviewing frequently
- give the child instructions one at a time
- aid the child in focusing: frequent unobtrusive contact such as lightly touching the child, calling his name, "windowing" smaller portions of the printed material, etc.
- utilize interactive computer programs
- help foster better communication/social skills by experimenting with cooperative learning techniques
- provide the child with direct intervention and/or modeling for improved organization/focus
- present materials in a novel, imaginative, and relevant way. ADHD students do not learn as well by rote as through a conceptual approach

Assignment Adaptations

- check for work completion at frequent intervals during the day
- encourage accuracy and completion; discourage impulsive and hasty work habits
- give the child additional time for assignments as needed
- give alternate types of assignments to help maintain attention
- provide the child with an assignment notebook for homework assignments, quiz/test dates, etc.
- reduce the length of assignments when appropriate (avoid "busy" work)
- provide individual methods of demonstrating skills through the use of computers, typewriter, audio tapes, oral expression, etc.

Evaluation and Testing

- adapt classroom testing to determine the child's mastery of content; allow the child to demonstrate knowledge in ways other than by written tests such as discussion, presentations, and/or special projects
- give the child immediate, regular, and specific feedback about his work; focus on success, concept learning, and application

Environmental Structuring

- place the child in the least distracting location in the classroom
- furnish the child with a work station (not a time-out area) with reduced distractions when independent work is required
- provide structure, predictability, and follow through
- set strong, consistent limits with regards to classroom academics and behavioral expectations

- allow opportunities for movement at appropriate times (help take up papers, clean board, sharpen pencil, etc.)
- provide the opportunity for appropriate peer modeling

School/Home Behavior Management Approaches

Academic achievement and appropriate behavior can only occur successfully with the consistent involvement and support of the parent. Below is a list of suggested strategies for implementation both in the classroom and at home.

- Concentrate on the child's strengths and encourage related activities. Look for strengths in sports, the arts, social areas, etc. that positively affect self-esteem. Remember, academic success is not everything.
- Use positive reinforcement and logical and natural consequences together; make sure the child fully understands the consequences and upon what behavior they depend.
CONCENTRATE ON THE POSITIVE.
- Provide prompt and frequent positive reinforcement for desired behavior.
- For inappropriate behavior, use mild reprimands and logical consequences such as time-out from the group.
- Teach and encourage the child to self-monitor assignments. Help the child to "stop, look, and think" by having him define a task, specify the steps, and evaluate possible outcomes
- Extend social skills training at home and in the classroom by reinforcing what the child may have learned in counseling sessions. Social skills deficits can be as debilitating to the child's progress as academic deficiencies.
- Observe the child's behavior when medication is used. Keep open lines of communication between home, school, and physician concerning behavior changes. Periodic use of rating scales is recommended in order to monitor behavioral changes. DO NOT GIVE TOO MUCH CREDIT OR BLAME TO THE MEDICATION FOR THE CHILD'S' BEHAVIOR.
- Many children with attention problems respond well to a "daily goal-card" system. The parent, teacher, and the child cooperatively develop behavioral goals for home and school.

Tips For Parents And Teachers Elementary

1. Know all you can about your child's problem. Be confident that your child will make progress. For more information, contact your school counselor,
2. Set clear and concise rules of behavior. Use eye contact and begin sentences with her name. Reinforce the child for trying hard and making correct responses and choices. Be consistent with rewards or consequences.
3. Give instructions simply and clearly. Do not give more than one or two instructions at one time. The child may need to repeat these to confirm understanding.
4. Set up a specific daily time schedule. Explain any changes ahead of time, so that the child can be prepared.
5. When teaching or engaging in academic tasks, try to keep the child's stimulation level low. Have her play with one child at a time, remove background noises, and put unused games, toys, etc. out of sight.
6. Provide the child with a quiet place of her own with no distractions where academic or quiet work can be done. Encourage your child to use an assignment sheet/notebook or calendar.
7. Regular communication with your child's teacher is encouraged. At the beginning of each school year, talk with your child's teacher about your concerns.
8. Provide supervision when needed by being physically near the child.
9. Teach appropriate verbal communication skills, so she can express wants and needs in an acceptable, useful manner.
10. Use a timer when appropriate to give a sense of passing time.
11. Strive to keep your voice quiet and slow when her behavior becomes irritating.
12. Make it clear that you like the child but do not like inappropriate behavior which may not be intentional.
13. Be satisfied with small changes which will lead to larger ones.
14. Cooperate and work together as a family team!