

The national institute of mental health education essay

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**ASSIGN
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deficit/hyperactivity disorder (commonly referred to as ADD or ADHD – though AD/HD is the technically correct abbreviation) is a neurologically based condition characterized by problems with attention, impulse control, and hyperactivity. ADHD (attention deficit hyperactivity disorder) is the most common behavioral disorder that starts during childhood. According to the National Institute of Mental Health, ADHD affects an estimated 3 to 5 percent of preschool and school age children in the United States. To put these numbers into perspective, in a class of 25 to 30 children, it is likely that at least one student will have ADHD. The majority of these children will continue to experience impairing symptoms into adolescence and adulthood. Boys are diagnosed two to three times as often as girls, though this difference in rate of diagnosis for males and females seems to even out in adulthood with adult males and adult females being diagnosed at a more equal ratio of one to one. Symptoms of ADHD develop in childhood, but can persist into adolescence and adulthood. Without appropriate identification and treatment, ADHD can have serious consequences including chronic under-achievement, school/work failure, problematic and strained relationships, lowered self-esteem and can result in increased risk for depression, anxiety and substance abuse. Symptoms of ADHD can present very differently from person to person and across the lifespan. The ways these symptoms impact an individual can range from mild to severely impairing. Presentation of symptoms can also vary depending on situational factors. There are three primary subtypes of ADHD that are identified depending on the combination of symptoms a person experiences. The

assignment of these subtypes is not permanent. In other words, a person may move from one subtype to another depending on the primary symptoms he or she currently exhibits. ADHD: Predominately Inattentive Type : Fails to give close attention to details, makes careless mistakes in schoolwork, work or other activities, is easily distracted, has difficulty paying attention in tasks, especially on tasks that are long and tedious, does not seem to listen when spoken to directly, may daydream, mind seems to be elsewhere even in the absence of any obvious distraction, struggles to follow through on instructions and to finish schoolwork, chores, or duties in the workplace, has difficulty with organization, avoids or dislikes activities that require sustained mental effort , often loses things and is frequently forgetful ADHD:

Predominately Hyperactive-Impulsive Type: Fidgets with hands or feet or squirms in seat, often leaves seat in classroom or in other situations in which remaining seated is expected, may feel restless during activities or situations in which remaining seated is expected, runs around or climbs excessively in situations in which it is inappropriate (in teens and adults may be limited to feelings of restlessness), has difficulty engaging in activities quietly, is often " on the go" or acts as if " driven by a motor," is uncomfortable being still for an extended time, talks excessively, hyper-talkative, tends to act without thinking, such as starting on tasks without adequate preparation (for example, before listening or reading through directions) or blurting out answers before questions have been completed, hyper-reactive, uncomfortable doing things slowly and systematically, tends to rush through activities, often has difficulty awaiting turn, impatient (this may be displayed through feelings of restlessness), interrupts or intrudes on others, butts into

conversations or games and may make impulsive decisions without thinking through consequences, impaired ability to stop, think, inhibit, plan and then act. ADHD: Combined Type: meets both inattentive and hyperactive-impulsive criteria Attention-deficit/hyperactivity disorder (ADHD) is associated with poor grades, poor reading and math standardized test scores, and increased grade retention. ADHD is also associated with increased use of school based services, increased rates of detention and expulsion, and ultimately with relatively low rates of high school graduation and postsecondary education. Children with ADHD show significant academic underachievement, poor academic performance, and educational problems. In terms of impairment of body functions, children with ADHD show significant decreases in estimated full-scale IQ compared with controls but score on average within the normal range. In terms of activity limitations, children with ADHD score significantly lower on reading and arithmetic achievement tests than controls. In terms of restrictions in social participation, children with ADHD show increases in repeated grades, use of remedial academic services, and placement in special education classes compared with controls. Children with ADHD are more likely to be expelled, suspended, or repeat a grade compared with controls. Children with ADHD are 4 to 5 times more likely to use special educational services than children without ADHD. Additionally, children with ADHD use more ancillary services, including tutoring, remedial pullout classes, after-school programs, and special accommodations." Longitudinal studies show that the academic underachievement and poor educational outcomes associated with ADHD are persistent. Academic difficulties for children with ADHD begin early in

life. Symptoms are commonly reported in children aged 3 to 6 years, and preschool children with ADHD or symptoms of ADHD are more likely to be behind in basic academic readiness skills. 19, 20 Several longitudinal studies follow school-age children with ADHD into adolescence and young adulthood. Initial symptoms of hyperactivity, distractibility, impulsivity, and aggression tend to decrease in severity over time but remain present and increased in comparison to controls. In terms of activity limitations, subjects followed into adolescence fail more grades, achieve lower ratings on all school subjects on their report cards, have lower class rankings, and perform more poorly on standardized academic achievement tests than matched normal controls. 22-26 School histories indicate persistent problems in social participation, including more years to complete high school, lower rates of college attendance, and lower rates of college graduation for subjects than controls" (Feldman, MD, PhD & Loe, MD, 2007) It is not a promising educational future for children with ADHD, since they begin kindergarten and already lacking on the basic skills to get further along successfully. Also their behavior according to the study is a major key on their lack of success."

Psychopharmacological treatments, particularly with stimulant medications, reduce the core symptoms of ADHD³⁷ at the level of body functions. In addition, psychopharmacological treatments have been shown to improve children's abilities to handle general tasks and demands; for example, medication has been shown to improve academic productivity as indicated by improvements in the quality of note-taking, scores on quizzes and worksheets, the amount of written-language output, and homework completion. 38 However, stimulants are not associated with normalization of

skills in the domain of learning and applying knowledge." (Feldman, MD, PhD & Loe, MD, 2007) prescribed medicine have been known to help students maintain focus and concentration so they are able to organize their ideas and produce work. The medication is not to cure the disorder but to reduce the disorders symptoms that are affecting the child's performance. No single treatment works for every individual. Treatment options should be explored with a health care provider who will consider the patient's needs, and family, medical, and personal history. Some people respond well to medications, some to behavioral interventions, many respond to a combination of the two. Counseling, education, and support services are often helpful. Typically, a multimodal approach to treatment works best. Behavior is a huge area where children diagnosed with ADHD struggle with. " Behavioral interventions for ADHD, including behavioral parent training, behavioral classroom interventions, positive reinforcement and response cost contingencies, are effective in reducing core ADHD symptoms. 17, 30, 46 However, in head-to-head comparisons behavior management techniques are less effective than psychostimulant medications³⁷ in reducing core symptoms. It has been shown that behavior management is equivalent or better than medication in improving aspects of functioning, such as parent-child interactions and reduction in oppositional-defiant behavior." (Feldman, MD, PhD & Loe, MD, 2007) Behavioral interventions are effective and help the child to success at home and in the classroom, but in comparison to the prescribed medication outcome is not as effective, but the behavior strategies do improve the child's interaction with the parents. ADHD, while not caused by environmental factors, can certainly be influenced by them. A

chaotic, unstructured, unorganized setting can exacerbate symptoms. On the flip side, a setting that is structured, predictable, and motivating can greatly help. Many people with ADHD also respond well to a reward system with clear consequences for behaviors. Positive behaviors are rewarded with the goal of increasing the occurrence of them. Negative behaviors may receive consequences with the goal of decreasing them. This type of system is called behavior modification and it has been found to work well with children and many adults. ADHD can be exhausting. Parents dealing with children with ADHD may benefit from education and training. Training can give parents tools and techniques for managing behavior problems at home. Parents may also benefit from support and acknowledgement that they are on the right track. Social skills is an area where ADHD children can benefit from, training can focus on helping an individual with ADHD learn new, more appropriate behaviors and ways of interacting with others. The goal is to improve the basic ways an individual relates and interacts with others on a daily basis. Children with ADHD would benefit from a team of support, a team who is working for the same goal and works together to achieve the presented goal. Also a good team at home who cooperates and supports the school team and objectives can benefit the child tremendously.

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