

Managing adhd in elementary children



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The combination of an increasing awareness of the problem of Attention Deficit Hyperactivity Disorder (ADHD), and a better understanding of treatments has emerged in recent years. Research about treatments of ADHD is discussed, followed by an overview of some of the typical problems that are encountered in the classroom with ADHD elementary children. An assessment of effective classroom management techniques that have been identified for children with ADHD is followed. Working with ADHD children in the classroom, and then researching the subject has several advantages. New information that has been learned will be applied very soon in the classroom, and the students will benefit from this information. An article was written about a study that was conducted to figure out what the best strategy is when managing ADHD in the classroom setting, and what combination of medication and behavior management is needed to get the best outcome (Fabiano, Pelham, Gnagy, 2007). The focus of this research was to use the least amount as possible of behavior modification and medication to decrease the intensity of the situation. It was found that the lower the intensity of the situation was, the lower the possibility of severe negative outcomes. High intensity therapy uses a lot of staff resources, and the lower doses of medication decreases side effects. Side effects of ADHD medicine can sometimes increase problems in the classroom (2007). Three groups of children had three different types of behavior modifications: no behavior modification, low intensity behavior medication, and high intensity behavior modification. The high intensity behavior modification was only used on extreme negative behavior. The medication treatment (placebo and 0.60 mg of methylphenidate) was changed with each child and varied during nine weeks of a summer treatment program (2007). Another article talks

about evidence of what a long-term support plan from parents and a forward thinking pediatrician can do for a student with ADHD (Van Cleave & Leslie, 2008). Stacy was a seven-year-old girl who visited her pediatrician for some "attention problems". Fortunately, for Stacy and her mother, their pediatrician had just restructured the practice to offer more support and help for students with ADHD and their parents. Stacy's mother and teachers received a packet they filled out prior to Stacy's visit. The pack of papers was submitted in Stacy's electronic medical record prior to their visit (2008). The physician was able to bring up the record during the visit, and asked the prompted questions needed to diagnose Stacy with ADHD. The ADHD template from the electronic medical record is able to prescribe the necessary medication, and e-mailed a standardized letter to Stacy's teacher (2008). An organized, chronic condition approach with evidence-based care produced a positive impact on Stacy's life. Stacy's school was able to receive information quickly from Stacy's doctor, and then to start changing Stacy's education to what Stacy needed. ADHD is more manageable when the child's teacher, parents, and physician all work together and communicate effectively. Research has also been done on the effects of ADHD, and trying to figure out how these children can learn more effectively. The primary symptoms have been found to be excessive impulsiveness, inattention, inconsistency, and inappropriate physical activity (Mahone & Silverman, 2008). Baltimore's Kennedy Krieger Institute has been investigating brain development and behavior in children with this complex disorder for nearly two decades. Researchers have concluded with eleven lessons learned from this research, along with some implications for parents and teachers of children who are affected (2008). The first lesson learned is that children

with ADHD have an " executive dysfunction" (Mahone & Silverman, 2008). In general, executive function refers to a group of self-regulatory processes that allow individuals to pick the best strategy needed to " get the job done," based upon all the knowledge and skills a person has acquired, and to actually implement that strategy effectively (2008). Researchers have been studying brain waves on an MRI to figure brain structures to test for ADHD. The example used is making a cake. A normal child would be able to draw from past experiences, and realize they have to organize materials in order to start. ADHD children cannot draw from past experiences because their attention spans do not go that far. They may remember the experience, but learning is slow to take place. This is why ADHD children have a hard time with math and reading comprehension. All concepts follow each other in precession. The first concept has to be learned before the second can take place. The second lesson learned is that ADHD can be displayed in many different ways (Mahone & Silverman, 2008). Very rarely does a child only have ADHD; most of the time the disorders comes in three's. Hyperactivity, inattention, and impulsiveness are the most common disorders. Girls tend to have less hyperactivity because of the natural calmness (2008). The hyperactivity and the impulsiveness in boys tend to subside after elementary school, and the inattentiveness remains the dominant disorder. This is important to remember when working with ADHD children because of gender and time differences. The hyperactivity will be more prominent in younger children. The third lesson researchers have learned is that children with ADHD have three to eight percent reduced brain volume compared with children without ADHD of the same age (Mahone & Silverman, 2008). They also reach maturation two to five years later in prefrontal brain areas but

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slightly earlier than their peers in primary motor areas, suggesting that atypical brain development in affected children drives excessive motor activity on the one hand and fails to inhibit inappropriate impulses on the other (2008). This explains why they are too active physically, but the brain is not as active as it should be. Girl's symptoms are also less prominent because a girl's brain matures one to two years faster than boys (Mahone & Silverman, 2008). It's actually been found that a girl's brain is ahead at about three weeks at birth than a boy's brain. Girls are found to be diagnosed three to four times less than boys (2008). Classrooms of ADHD children are prominently boys. A fifth lesson researchers have found is that at some point in a ADHD child's life, the child will develop a second (or even third) psychiatric disorder (Mahone & Silverman, 2008). Should this occur, treating physicians need to deal with the ADHD and all other conditions to maximize chances for improving the child's functioning and quality of life. Other psychiatric orders are oppositional defiant disorder, conduct disorder, specific learning disabilities, language disorders, developmental motor coordination disorder, anxiety disorders, depression, and tic disorders (2008). In the last ten years, a common " triad" of disorders have been apparent-ADHD, Tourette syndrome, and obsessive-compulsive disorder (2008). Although this triad represents a small amount of all the children with ADHD, when these three disorders coexist, the child's executive dysfunction is often more severe. This would explain why so many ADHD children also have weird behavior problems. ADHD is also often associated with motor dysfunction (Mahone & Silverman, 2008). Many teachers report that children with ADHD, particularly boys, can be clumsy or have poor handwriting. While these could be by-products of hyperactivity, more research has shown that

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many of these children have trouble coordinating motor skills of all types (2008). This dysfunction can be determined with timed motor examinations (i. e., asking them to perform rapid movements) and, when present, can lead to slow, inconsistent, and messy movement. As children with ADHD progress through school, increasing demands that include more and more writing can contribute to fatigue, difficulty with sustained performance and completion of assignments, less than optimal classroom alertness, and frustration (2008). These all can contribute to impressions of increased " distractibility." As such, it can be helpful for teachers to adjust their demands for written work from children with ADHD, especially with respect to timed " pressure write" composition tasks (2008). The seventh lesson researchers have learned is that ADHD effects motor function of the eyes (Mahone & Silverman, 2008). The brain controls eye movements in much the same way as it controls arms and legs. Not surprisingly, the areas of the brain responsible for voluntary motor control of eye movements are located right " next door" to the areas responsible for movement of other parts of the body, and nearly all of these are found in or connected to the frontal lobes (2008). Just as children with ADHD have difficulty with arm, finger, and leg movements, they are also slower and less precise when making eye movements. For example, when asked to keep looking right at a dot on a video screen that simply moves back and forth, children with ADHD are markedly slower in moving their eyes than other children (2008). In this case, it is girls with ADHD who are most impaired. These findings suggest, not only that children with ADHD can need more time to complete tasks, but that they are likely working much harder than their peers whenever they manage to keep pace with the rest of the class. That means that they are far

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more likely to experience fatigue that could adversely affect their learning. Research on preschool development with ADHD over the last 10 years has also produced two clear findings: (1) school-age children with ADHD usually had symptoms present as preschoolers, and (2) most children with significant hyperactivity and impulsivity in preschool continue to have symptoms of ADHD throughout elementary and middle school (Mahone & Silverman, 2008). Physicians have frequently been cautious about treating young children for ADHD, but findings suggest that early intervention works the best. Researchers have also come to realize that parents know their children (Mahone & Silverman, 2008). Physicians have begun to use rating scales filled out by parents and teachers to determine low functioning executive functions. Questions on the rating scales, along with discussions about concerns and overall behavior of the child with the parents, determine working memory skills (2008). When parents realize their opinion matters, they are less likely to become frustrated with the situation. Less frustration, or the more of, also carries over into the child's education. Parents have been observed to handle situations better with their child in a school setting when they are less frustrated. ADHD has also been found to affect retention and learning (Mahone & Silverman, 2008). A major shift occurs around third or fourth grade to "reading to learn" from "learning to read" (para. 10). Curriculum at this time changes to emphasize fluency and comprehension rather than the basic word recognition skills. It is around fourth grade that many children with ADHD start to have serious academic problems (2008). Lack of fluency results in difficulty with all those other cognitive tasks that must be acquired in order to master new skills and expand knowledge. Unfortunately, the child's increasing frustration can sometimes lead to more

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behavior problems. The teacher can prepare for this and use accommodations to decrease frustration. The eleventh and final lesson learned is that reading comprehension success is due to the ability to recognize single words, and children with ADHD typically develop this skill to a high level (Mahone & Silverman, 2008). But, regardless of that fact, it's been found that approximately one-third of ADHD children have below level reading skills. In many cases, children who read fluently still do not fully understand what they read. This may suggest that areas of cognition are not necessarily tied directly to reading, but rather to working memory (2008). The teacher can work on specific lessons that are to improve working memory and reading comprehension. Other factors to consider when managing ADHD in students at school are ways of intervention and classroom management. Researchers at the National Association of School Psychologists have completed a study about the connections between teachers' knowledge of ADHD, knowledge of common treatments for ADHD, and acceptability of different approaches to treatment for ADHD (medication and behavior management) (Vereb & DiPerna, 2004). The researchers soon realized that the actual implementation of an intervention depended on the teacher's acceptance of that intervention. If a teacher knows how and why an intervention is to be played out, the more possibility that intervention will be implemented. Often times the rejection of a new idea is because there is a lack of knowledge (2004). Classroom management has been proven to work the most positive results. According to the article by Evans, Schultz, and Sadler stimulant therapy is among the most used treatment of ADHD, but it is the least effective (2008). Children with ADHD appear to respond best to clear and consistent behavioral expectations monitored by the adults

at home and school. In contrast, psychosocial strategies that emphasize insight-driven change (for example, individual counseling) are generally less effective (2008). Behavioral techniques rely on the use of rewards and consequences to shape target behaviors. The severity of the behavior needs to match the severity of the consequence. Some of the most techniques used include: daily behavior report cards, and token or money economies (Evans, Schultz, & Sadler, 2008). Daily behavior report cards are a school and home effort. The daily report card lets the parents know what kind of behavior was displayed during that school day. The parents need to be a part of this in order for it to affect the student. The token or money economies seem the most effective because it does not need the support from the parents (2008). Every student can have their own account or container of money or tokens. For every behavioral infraction or displays of positive behavior, money is either taken or given. The money can then be spent for an item later in the classroom. Insights were gained through this research for current situations in the classroom. ADHD is hard for the child to handle in a classroom setting. ADHD children cannot be expected to sit still for a lengthy amount of time. The more this is forced upon, the more severe the frustration becomes. A lot of accommodations can be made to decrease frustration for the child. Years and years of research have proven that ADHD children are not going to learn if they do not have these accommodations (Mahone & Silverman, 2008). Expecting certain factors in a student was also learned. For example, the triad of disorders often manifests after elementary school due to growing frustrations with a harder curriculum (2008). Gender differences also have expected student factors. Girls tend to be inattentive and compulsive more than boys because boys prominent factor is

hyperactivity (2008). Insights were also gained through this research for personal growth. The first thing learned is to not overact to situations. Sometimes severe situations with behavior pop up one after the other, and teachers tend to expect the next situation to be just as bad (Fabiano, Pelham, Gnagy, 2007). The teacher overreacts to the next situation, expecting to need that reaction. But if the teacher stops and takes a moment to calm down, everybody else and the situation might stay calmer. Another thing learned is that parents need to be heard in order to keep their frustration level at it's lowest. Research has proven that a child's success depends greatly on a parent's support (Evans, Schultz, & Sadler, 2008). Some parents have given up on their child's education. If a parent can vent and let out some frustration, maybe they won't give up so easily. Annotated Bibliography Gregory A. Fabiano, William E. Pelham Jr, Elizabeth M. Gnagy, Lisa Burrows-MacLean, et al. (2007). The Single and Combined Effects of Multiple Intensities of Behavior Modification and Methylphenidate for Children With Attention Deficit Hyperactivity Disorder in a Classroom Setting. *School Psychology Review*, 36(2), 195-216. Retrieved November 9, 2008, from ProQuest Education Journals database. (Document ID: 1295049151). Research has been done to see what the effects of stimulant medication, behavior modification, and the combined treatments are on children with ADHD. The study was conducted with 48 ADHD children (ages 6-12) in a classroom setting. The teacher's ratings of functioning, classroom behavior, and productivity showed substantial positive effects when using both modes of treatment (behavior modification and medication). This article shows that ADHD is manageable with hard work, consistency, and with intensive data processing. The data was evaluated every week to see how the students

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were progressing. Jeanne Van Cleave, Laurel K Leslie. (2008). Approaching ADHD as a Chronic Condition: Implications for Long-term Adherence. *Pediatric Annals*, 37(1), 19-26. Retrieved November 9, 2008, from Research Library database. (Document ID: 1409548321). A 7-year-old girl was taken to her primary care physician for "attention problems". Lucky for Stacy and her mother, the physician practice had just re-sorted their practice to better serve parents and children with ADHD. Shortly after Stacy's mother made the appointment for her attention problems, a staff member of the practice, who acts as a contact person for ADHD management, called Stacy's mother for initial information and mailed evaluation scales provided by the American Academy of Pediatrics (AAP)/National Initiative for Children's Health Care Quality (NICHQ) ADHD Toolkit for her parents and teacher to complete. Pediatricians are now encouraged to look at ADHD as a chronic condition that needs evidence based care. The positive effects of extensive evidence based care are followed through. Efforts to improve quality of care for youth with ADHD in the context of improving overall care of chronic conditions will likely have similar positive effects. Classroom management along with support from parents and healthcare can help to reduce the problems and stress on a student that has ADHD. Mark E. Mahone, Wayne Silverman (August 2008). ADHD and executive functions: lessons learned from research. (Research Frontiers: Understanding Science, Unlocking Potential) (attention deficit hyperactivity disorder)(Disease/Disorder overview)(Clinical report). *The Exceptional Parent*, 38, 8. p. 48(4). Retrieved November 26, 2008, from Academic OneFile via Gale: <http://find.galegroup.com/ips/start.do?prodId=IPS> Research has been conducted at Baltimore's Kennedy Krieger Institute during the past twenty years to help clarify the <https://assignbuster.com/managing-adhd-in-elementary-children/>

neurobiological basis of executive processes in children, especially in those with ADHD. For children with ADHD, it is important to keep in mind that executive dysfunction is a skill that is sometimes extremely difficult. To varying degrees, these children can be helped to improve their performance substantially by providing appropriate and effective accommodations at home and in school and by creating an environment that reduces unnecessary or high demands. Executive functions, like most other skills, can be explicitly taught, and with the right training and support, the severity of ADHD symptoms can be reduced substantially. Out of all found articles, this article was the most helpful when determining how to better manage ADHD in the classroom. Rebecca L. Vereb, James C. DiPerna (Summer 2004).

Teachers' knowledge of ADHD, treatments for ADHD, and treatment acceptability: an initial investigation. *School Psychology Review*, 33, 3. p. 421(8). Retrieved November 23, 2008, from General OneFile via Gale: <http://find.galegroup.com/ips/start.do?prodId=IPS> The purpose of this article is to explore the relationship among teachers' knowledge of Attention Deficit Hyperactivity Disorder (ADHD), knowledge of common treatments for ADHD, and acceptability of different approaches to treatment for ADHD (medication and behavior management). Variables and teachers' training and experience in working with children with ADHD are also discussed. Results showed that teachers' knowledge of ADHD, years of teaching experience with students with ADHD, and training has a positive impact on medication acceptability. In addition, statistics show reason for questions about these relationships when planning intervention for students with ADHD. Steven W Evans, Brandon K Schultz, Joanna M Sadler. (2008). Safety and Efficacy of Psychosocial: Interventions Used to Treat Children with <https://assignbuster.com/managing-adhd-in-elementary-children/>

Attention-deficit/hyperactivity Disorder. *Pediatric Annals*, 37(1), 52-9. Retrieved November 9, 2008, from Research Library database. (Document ID: 1409548241). Children with ADHD) have problems with long-term academic achievement and with relationships with peers and family members. The most used treatment for ADHD is medicine, but medicine does not relieve some ADHD problems. Medicine seems ineffective in reducing behavioral symptoms in up to 30% of cases. Most children, including families, do not like taking the medication, and they do not take it on a consistent basis. As a result, research on psychosocial interventions has increased. This article provides an explanation of psychosocial interventions for childhood ADHD, with an emphasis on basic behavior management principles.