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# Overview of ADHD

## Key Points

- ❖ About this book
- ❖ Age range
- ❖ Options for teachers
- ❖ Sequence of steps

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Jordan was a nine-year-old fourth grader who was diagnosed with mild attention deficit hyperactivity disorder (ADHD) (primarily inattentive) and a learning disability (LD). He was not taking any medication. Jordan failed to complete his work, was disruptive (teasing and taunting his peers), and sometimes stole things off the desks of his classmates. He also acted like the “class clown.” He often got others to laugh at him and to giggle.

How would you address these problems?

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## ABOUT THIS BOOK

This book primarily targets general education teachers and special education teachers. It provides a behavioral approach to the treatment of children in school who present behavioral problems associated with ADHD. Treatment typically begins with an appropriate diagnosis using the most accurate instruments and rating scales. After a diagnosis is made, a decision is usually rendered about whether medication should be used. This decision is typically based on the degree of functional impairment of the problem behavior along with the number of symptoms, and it is generally made by the physician involved (e.g., pediatrician, neurologist, general practitioner).

The practice advocated in this book will be to employ behavioral interventions with targeted symptoms, without concern for diagnosis. If these interventions are not sufficient, a consult may be considered for medication. If this is still not effective, a referral may then be made for a Functional Behavioral Assessment (FBA) and a formal Behavioral Intervention Plan (BIP).

A symptomatic approach (Flick, 1998) is used in this book. This means that treatment is based on the problem behaviors that are most troublesome, not on diagnoses. Consequently, the approach to be discussed in this book will be about those symptoms or problem behaviors that are most difficult to deal with in the classroom and how teachers may be involved in a child's behavioral interventions. This behavioral approach has been demonstrated to be effective in dealing with these most troublesome behaviors in critical school situations. One of the major problems in managing children with ADHD and associated problems has always been the lack of appropriate transfer of skills learned in the clinician's office to situations in school, where their application is more critical. In this case, skills and appropriate behaviors are learned within the same context where they will be used (i.e., the classroom or school in general).

Should the initial accommodations, specific suggestions, or behavioral interventions fail, then the child may be referred for an FBA and a formal BIP. The procedures outlined in this book are therefore to be used *prior* to any formal intervention. However, background is provided should a teacher wish to explore the use of other behavioral interventions.

## **AGE RANGE**

This behavioral approach targets children with ADHD, as symptoms are manifested in children 6–14 years of age; basically, children in kindergarten through eighth grade (K–8). This approach does not address two age ranges that have appeared in the literature, specifically (a) preschool children with ADHD and (b) adults with ADHD. The former group will be the focus of a separate publication covering diagnosis, assessment, and treatment; the latter age range, covering both older adolescents as well as adults, will also be addressed in a future publication.

## **OPTIONS FOR TEACHERS**

Teachers of children with ADHD may have varied experiences with behavioral techniques. Therefore, this book will not only review these basic behavioral techniques but also cover specific applications of behavioral principles that are used with some of the most troublesome behaviors associated with ADHD.

This book will not present comprehensive coverage of diagnostic and assessment procedures. However, some of the major instruments, rating scales, and checklists will be listed. These procedures may often be used in the diagnostic/assessment phase and the

monitoring phase concurrently with behavioral interventions and/or medications as each procedure is implemented.

Those teachers who are most familiar with the diagnostic/assessment instruments as well as the behavioral principles used in interventions may wish to use this material as a review. Each chapter will include a list of key points along with a case history presentation on ADHD. These presentations are designed to stimulate the teacher's thinking regarding the behavioral treatment of ADHD. Case vignettes are also presented to illustrate some of the behaviors characteristic of ADHD. Possible solutions for each case history may be found in Appendix A. It is important for the teacher to remember that these solutions are just *possible* solutions; a teacher may elect to use an alternate intervention that would work just as well.

## CLINICAL MANUAL

This book is a clinical manual for all teachers. It is not a scientifically based treatise on ADHD; neither are all of the behavioral interventions developed with regard to evidence-based treatments. Basically, two treatments for ADHD symptoms have a rock-solid base of effectiveness: (1) behavioral interventions and (2) medication. Behavioral interventions include (a) parent training, (b) school interventions, and (c) child-focused treatments. While parent training and child-focused treatments are clearly important, the topic of this book is behavioral interventions in the school (or classroom) (Barkley, 2005; DuPaul, Stoner, & O'Reilly, 2002; DuPaul & White, 2004).

## SEQUENCE OF STEPS

When behavioral problems occur, and especially those associated with ADHD, teachers need some guidelines regarding how to deal with them.

**Step 1:** Implement the procedures that are easiest to use—the accommodations (with an Individual Education Plan, or IEP, in place) or a 504 Plan.

**Step 2:** Employ the general and specific suggestions provided.

**Step 3:** Use a procedure or a combination of procedures that address the problem behavior (i.e., the behavioral interventions).

**Step 4:** Refer the child for a Functional Behavioral Assessment (FBA) and a formal Behavioral Intervention Plan (BIP).

These four steps are outlined in the flowchart in Figure 1.1.

Remember, the goal for teachers is to deal with the problem behavior(s) *before* reaching the step where the student must be referred for an FBA and BIP. This clinical manual provides a list of accommodations, general and specific suggestions, and the behavioral techniques needed to implement behavioral interventions for children with ADHD.

**Figure 1.1** Procedural Flowchart: Dealing With Behavior Problems