



WHAT EVERY TEACHER SHOULD KNOW ABOUT ADD

(Note: Viewers interested in this topic should also view the two videos WHAT EVERY PARENTS SHOULD KNOW ABOUT ADD, Part 1 and Part 2)

PROGRAM SUMMARY

This program presents several simple but effective strategies that help teachers work with ADD/ADHD children in a classroom setting. The strategies that are reviewed can also help children who aren't really "ADD/ADHD," but who, none the less, have a few behaviors that block their school success in certain ways.

Facts about ADD/ADHD are reviewed, the history of its recognition as a clear-cut "learning disability" is offered, and useful medications or therapies are discussed.

Numerous examples of school problems and helpful remediation are shown in various classroom settings.

MAJOR MESSAGE

ADD/ADHD are very real learning disabilities. If a child has more than eight symptoms that make up the ADD/ADHD "syndrome" and if these symptoms have been clearly present since a very young age, a diagnosis of ADD/ADHD is probable. Teachers can help by employing certain methods in the classroom, but parents and the child's whole family should also employ similar methods or approaches at home, for best results. The school and the home should form a partnership to accomplish this.

BEFORE VIEWING

In this program, viewers see examples of many children who exhibit different symptoms ("behaviors") associated with "Attention Deficit Disorder." Focus on the symptom you think is most interesting. Jot down that symptom and describe how the child's action illustrates it.

KEY POINTS

In the '90's brain mapping through "cat scans" has shown that individuals with ADD/ADHD have lower rates of metabolism and less blood circulation in the brain cortex (the front part of the brain). This part of the brain is usually rich in a chemical produced by the body called dopamine. If dopamine is limited, medicines such as Ritalin seem to help. Ritalin is sometimes referred to as "speed," and some people question the use of such a medication with children.

Parents must decide on whether or not to use medication. Using a set of "intervention strategies" with a youngster who has ADD/ADHD symptoms can help a lot, both at home and at school.

Teachers who notice that a child has many of the following behaviors should begin to suspect that the child has ADD/ADHD:

- (1) Squirms a lot.
- (2) Taps hands, feet frequently.
- (3) Is easily distracted.
- (4) Has difficulty being patient.
- (5) Has difficulty listening to instructions/lectures.
- (6) Is unable to sustain attention
- (7) Shifts from activity to activity.
- (8) Has difficulty playing quietly.
- (9) Often talks excessively.
- (10) Often interrupts.
- (11) Often loses things.
- (12) Often picks at/pinches/pokes others.



Once a teacher suspects ADD/ADHD, the second step is to document several instances over a few days. The third step is to engage in a meeting with other key school staff such as counselors, Special Ed personnel, and appropriate administrators to plan some intervention strategies that could be used by the faculty.

TURN OVER →

REFLECTIONS

Imagine what it must be like to have even **one** certain characteristic (or symptom) of ADD and be in a classroom for most of a day. Do you think such a child would feel frustrated? Explain how the child might feel, and why. What "intervention strategy" might help this child? Discuss with a friend or a group.

At this point, it may be a good time to look at the child's behavior at home (which **may** or **may not be identical to behavior at school**: a feature of ADD/ADHD is that it may differ in different situations).

The intervention plan should address changing the child's classroom environment insofar as **management** of this child in the classroom is concerned.

Steps in a classroom intervention:

- (1) Try to make lessons interesting and stimulating.
- (2) Try to break the lesson in small parts.
- (3) Check for class understanding frequently (step over to the ADD child and double check).
- (4) Privately, talk to the ADD child and work out some "reward strategies" for specific behaviors (a sticker for not poking "Joe" in line today? A note to Mom with a "smiley face" for writing **all** of an assigned report in class? After all, ADD kids usually get **kicks** instead of **kudos** so try to set up a **balance!**)
- (5) Match the successful behavior to a **quick** reward.
- (6) Adjust the **amount** of work for the ADD child.
- (7) Adjust the **time** to be spent on "whatever" to the ability of the ADD child.
- (8) Adjust your "**reward plan**" as needed. Involve the ADD child in discussing his success. Work on just a few things at a time.
- (9) Work up a **plan** with the child that challenges negative behaviors (in other words, work up what will happen in specific situations where expectations are not met).
- (10) Form a **partnership** with the parents to gain their support of your intervention plan, **if feasible**.

If it's necessary to reprimand an ADD child, note the following cautions;

- (1) Pick issues carefully.
- (2) Address the child in private.
- (3) Avoid ridicule or shame
- (4) Use non-verbal language when appropriate.
- (5) Repeat commands, using short statements and good eye contact.

Overall, as a teacher, try to make the ADD child realize you're an ally; remember, you may be **the best bridge** to the future. Provide this child, step by step, with structure, clarity, routine, consistency, and reliability.

