

A NEW DAY PEDIATRIC PSYCHOLOGY

Healing the hurt. Educating the mind. Inspiring the soul.

Attention Deficit Hyperactivity Disorder (ADHD) is diagnosed in three types: hyperactive, inattentive (formerly known as Attention Deficit Disorder), and combined. ADHD exists in children and adults, with symptoms being most prominent during the school aged years. With the inattentive type, they appear to be daydreaming, make careless mistakes, and are often disorganized. They find it hard to focus but are not overly active. With the hyperactive type, they are talkative, fidget often, easily distracted, or impatient which makes it difficult for them to stay on task. With the combined type, they are both hyperactive and inattentive, with neither being predominant. Impulsivity in children looks like cutting in line or interrupting when someone is talking. Symptoms in toddlers and preschoolers usually initially appear as restlessness or squirming. For example, it may be difficult for them to stay seated in a chair, but this is hard to distinguish from any other toddler. A diagnosis typically isn't made before age 6 for this reason. In school aged children, they talk a lot, can't complete activities quietly, and do not complete or turn in school work.

ADHD symptoms pose challenges for teachers because it is hard to distinguish who is misbehaving and who is showing symptoms of ADHD. Oftentimes, children with ADHD get misdiagnosed with Oppositional Defiant Disorder (ODD) because of the disruption and misbehavior they create, but it is not uncommon to have a student diagnosed with both ADHD and ODD as well. The student with ADHD needs more structure, patience, appropriate boundaries, more positive consequences, consistency, and reasonable accommodations as needed.

Children with ADHD tend to make lower grades than their peers, not due to a lack of intelligence, but due to an inability to maintain self-control. The teacher's knowledge of ADHD is critical to children's academic successes. Additionally, children misbehave when they are unable to succeed in the

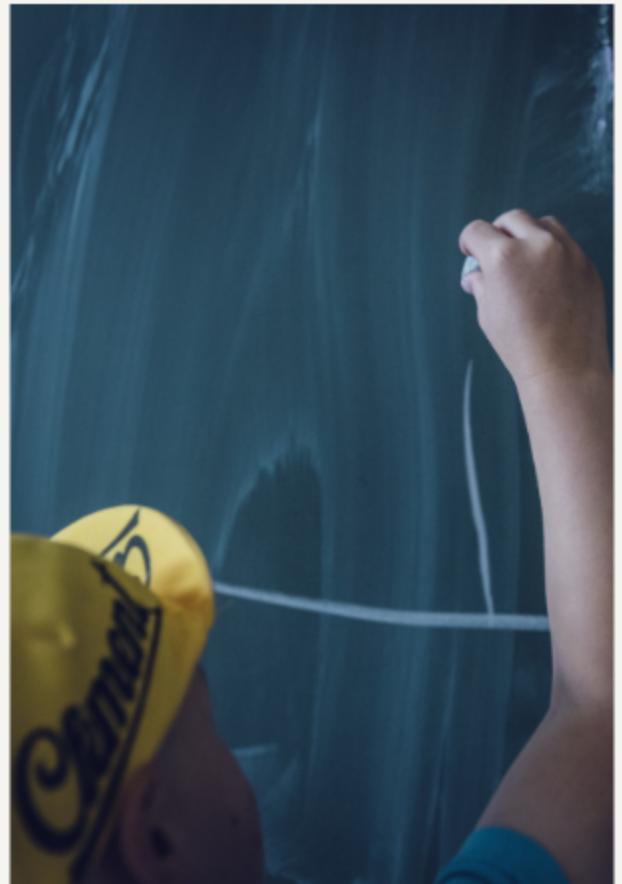
A New Day Pediatric Psychology, PLLC falls under the vision of Dr. Ann-Louise T. Lockhart, Pediatric Psychologist and Board Certified in Child and Adolescent Psychology.

A New Day specializes in evidence-based behavioral health treatment, interventions, and psychological evaluations for children, adolescents, and adults with known or suspected behavioral health and/or medical conditions affecting all aspects of development and functioning.

ADHD IN THE CLASSROOM



BY **ALEXIS MCCRAY**
COUNSELING INTERN



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environment. Special education and/or classroom accommodations may be ideal for some students. This allows more one-on-one attention and to ensure the educational environment is tailored to their specific needs.

These accommodations are typically documented on a 504 plan or IEP (Individualized Education Program). Some examples of what some accommodations are: preferential seating, extended time on tests and assignments; reduced homework or classwork; and verbal, visual, or technology aids. Teachers should use preventative measures to proactively prevent a challenging behavior and then have appropriate consequences following a challenging behavior. Some classroom recommendations for students with ADHD are: (1) have students at least arms reach away from any other desks, (2) ensure the student's feet touch the ground while seated to help them maintain balance and to feel less distracted by their feet dangling, (3) ask them to repeat teacher instructions out loud to ensure comprehension and adequate time for processing. These students make great helpers when possible, such as passing out papers to the class or helping younger children when appropriate. Students can be placed in separate locations in the room to do different activities, such as reading on the carpet or be placed in a quiet space when they feel overwhelmed or overstimulated.

QUICK CLASSROOM STRATEGIES

1. Consider classroom set-up: lighting, walls, seats, smells, desk arrangement, and overall organization of the room. Is there anything distracting or overwhelming about the classroom environment?
2. Rules should be established for the class if alternative seats or desks are being used.
3. The school occupational therapist may have additional strategies that can be used.
4. Written positive and negative consequences: doodle dollars for example – each subject student stays on task they earn a DD and can spend it on such things as extra time on computer/library/leadership/etc. and consequences could be to have to wait to use DD if a certain number of negative behaviors have been used.
6. Allow students to bring healthy snacks: offer snack time around 10am and again around 1pm. High protein snacks support increased attention.
7. Is there any way to increase hands on learning in the classroom? Use all learning styles, including kinesthetic learning by doing assignments and projects where students get up and move around. Movement will not only help children with ADHD, but all children can benefit.
8. Be willing to have controlled stretch times and breaks throughout the day, especially if recess is limited. Avoid taking away recess as "punishment" for a child with ADHD. That will only exacerbate impulsive and inattentive behavior.

**Have you tried everything and nothing works?
You are not alone!**



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STAY TUNED

This newsletter is issued every first and third week of each month.

The purpose of this newsletter is to educate, inspire, and bring healing and awareness by discussing a variety of behavioral health and medical conditions.

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