



## ADD & ADHD

### Attention Deficit Disorder & Attention Deficit Hyperactivity Disorder

#### General Description of Population

The essential features of Attention-Deficit/Hyperactivity Disorder are a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development. Some hyperactive-impulsive or inattentive symptoms that cause impairment must have been present before age seven, although many individuals are diagnosed after the symptoms have been present for a number of years. Some impairment for the symptoms must be present in at least two settings (e.g. at home and at school or work). There must be clear evidence of interference with developmentally appropriate social, academic, or occupational functioning. The disturbance does not occur exclusively during the course of a Pervasive Development Disorder, Schizophrenia, or other Psychotic Disorder and is not better accounted for by another mental disorder (e.g. a Mood Disorder, Anxiety Disorder, Dissociative Disorder, or Personality Disorder).

#### Common Characteristics

##### Diagnostic Criteria for Attention Deficit/Hyperactivity Disorder

###### *Inattention*

- Often fails to give close attention to details or makes careless mistakes in school work, work, or other activities
- Has difficulty sustaining attention in tasks or play activities
- Often does not seem to listen when spoken to directly
- Often does not follow through on instruction and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- Often has difficulty organizing tasks and activities
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- Often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books, or tools)
- Is often easily distracted by extraneous stimuli
- Is often forgetful in daily activities

###### *Hyperactivity*

- Often fidgets with hands or feet or squirms in seat
- Often leaves seat in classroom or in other situations in which remaining seated is expected
- Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, maybe limited to subjective feelings of restlessness)
- Often has difficulty playing or engaging in leisure activities quietly
- Is often “on the go” or often acts as if “driven by a motor”
- Often talks excessively

###### *Impulsivity*

- Often blurts out answers before questions have been completed
- Often has difficulty awaiting turn
- Often interrupts or intrudes on others (e.g., butts into conversations or games)

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1. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age seven.
2. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).
3. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
4. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

#### Subtypes

Although most individuals have symptoms of both inattention and hyperactivity-impulsivity, there are some individuals in whom one or the other pattern is predominant. The appropriate subtype (for a current diagnosis) should be indicated based on the predominate symptom pattern for the past six months.

**314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type.** This subtype should be used if six (or more) symptoms of hyperactivity-impulsivity have persisted for at least 6 months. Most children and adolescents with the disorder have the Combined Type. It is not known whether the same is true of adults with the disorder.

**314.00 Attention-Deficit/Hyperactivity Disorder, Predominately Inattentive Type.** This subtype should be used if six (or more) symptoms of inattention (but fewer than six symptoms of hyperactivity-impulsivity) have persisted for at least six months.

**314.01 Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type.** This subtype should be used if six (or more) symptoms of hyperactivity-impulsivity (but fewer than six symptoms of inattention) have persisted for at least 6 months. Inattention may often still be a significant clinical feature in such cases.

## Instructional Strategies

- Make directions clear and concise
- Simplify complex directions
- Sit student close to the front of the room and teacher
- Assist student in starting their seatwork
- Make frequent contacts with the child
- Use a multi-sensory approach to instruction
- Adapt worksheets so that less material is on each page
- Provide student options to sitting long periods of time
- Use technology (e.g., computer aided instruction)
- Praise immediately
- Generally emphasize quality of work not quantity
- Surround student with good role models
- Avoid distracting stimuli
- Communicate with parents often
- Avoid changes in schedule
- Maintain consistency
- Maintain eye contact
- Communicate with student to ensure that they comprehend what is being taught
- Provide positive reinforcement
- Test knowledge
- Provide extra time for certain tasks
- Assist the student in dealing with frustration
- Allow for peer tutoring



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#### Behavioral Strategies

- Design a motivating classroom environment with diverse approaches that encourage attention and participation (e.g., hands on activities, cooperative learning, direct instruction methods)
- Assist student in developing personal strategies to maintain attention
- Establish rewards for student
- Make sure the classroom rules are clearly defined and consistency enforced
- Clearly describe expected behaviors with various examples
- Define consequences with student when misbehaving
- Be prepared to recycle behavioral interventions as ADHD students tend to “burn out” quickly on individual behavioral strategies
- Be proactive-prepare student in advance for shifting behavioral demands across various school contexts.
- Administer consequences immediately
- Enforce rules in the classroom consistently
- Ensure that discipline is appropriate for the infraction
- Continuously monitor behavior for patterns
- Avoid ridicule and criticism
- Reward good behavior
- Structure classroom as much as possible
- Be sensitive to student’s feelings
- Be realistic with behavioral expectations
- Routinely ask student to evaluate whether he/she are paying attention
- Ask student to verbalize feelings
- Provide time out
- Utilize motivational charts
- Break desired behaviors into sequential steps

- Maintain voice at moderate level
- Continually evaluate frustration and stress level of student
- Provide a quiet work area
- Promote peer relationships



Information taken from the Diagnostic and Statistical Manual of Mental Disorders

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