

A Review of ADHD

Part One: ADHD Basics

To minimize any condition to a single symptom does a disservice to the people living with its complexity. Attention Deficit Hyperactivity Disorder (ADHD) is certainly no exception. As researchers continue to learn more about the disorder, its complexity is only further confirmed. The more time we spend looking at both the diversity of the disorder and the diversity among the people it affects, the quicker we will be able to create learning atmospheres capable of promoting the success of all of the students that walk through its doors.

At its surface, ADHD seems like a set of either compulsive actions and responses, or a set of characteristics that prohibit a student from coming out of their shell and speaking up. As the text illustrates, these symptoms are just the metaphoric tip of the ADHD iceberg. Backing these symptoms is a plethora of biologic factors that often discourage educational success. For example, when a teacher sees a student interrupt or lose their temper in class it is easy to forget that the actions are likely fueled by a deficit in the neuro transmitters in the student's brain. The actions, reactions, or lack of actions teachers and youth workers see in children and adolescents diagnosed with ADHD are just the surface of the diagnosis. If we ignore what lies below the surface, we will struggle for decades to find truly sustainable solutions that focus on improving the quality of education of all students.

The text introduced me to many of the complex neurologic factors that lie below the surface of the iceberg. Not only is it common for the neurotransmitters in the brain of a student with an ADHD diagnosis to be weak, there are also portions of the brain the register smaller on an MRI. Furthermore, the text references studies that have found fewer dopamine receptors in the brains of children diagnosed with ADHD. This means that children and adolescents with ADHD have a subpar reaction to punishment and reward. As this method is the most common method of curbing behavior in the classroom, it makes sense that this biologic factor directly acts as a barrier to academic success.

Diving below the surface to better understand these contributing biologic factors is truly just the start of supporting children diagnosed with ADHD. In addition to making an effort to better understand the complete 'iceberg', it is also fundamental that teachers and youth workers take coexisting conditions into account. The text references increased rates of coexisting conditions such as Learning Disabilities, Tourette Syndrome, Anxiety, Depression and more (Dendy 2-3). If we ignore this disproportionality and focus solely on the diagnosis of ADHD, it is likely that we will jeopardize the student's likelihood of academic success.

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The first step to supporting a student with an attention deficit is to find the appropriate diagnosis. When it comes to diagnosing ADHD, the DSM outlines the criteria in two categories. Based on these two categories, a person can be diagnosed with

1. Attention-Deficit/Hyperactivity Disorder, Predominately Inattentive Type
2. Attention-Deficit/Hyperactivity Disorder, Predominately Hyperactive-Impulsive Type
3. Attention-Deficit/Hyperactivity Disorder, Combined Type, or
4. Attention-Deficit/Hyperactivity Disorder, Not Otherwise specified.

By assessing the frequency and relative scale of nine conditions in two categories, a child or adolescent can be diagnosed with any one of the four ADHD diagnoses. To be diagnosed, a student must have six of the nine characteristics in a category. The diagnostic characteristics, ranging from inattention to excessive talking, are often more prominent in children younger than 14. This highlights the first of many diagnostic barriers. The DSM characteristics make it easier to miss a diagnosis in teenagers. This is problematic as we know ADHD does not disappear as a student gets older; it simply presents itself differently.

Many diagnosis barriers exist beyond the age-specific characteristics outlined by the DSM. First, there is a strong cultural bias that makes missing a diagnosis in girls easier. While diagnosis rates currently say that the ratio is 2 to 1, researchers believe the prevalence is similar in boys and girls. Secondly, there is a “kids will be kids” mentality that exists in today’s society. This mindset encourages teachers, parents, and youth workers to overlook many behaviors that would otherwise lead to a diagnosis of ADHD. Thirdly, ADHD diagnoses among students in gifted programs are often ignored as people seem to think that a high IQ and ADHD are mutually exclusive of each other. Not only is this inaccurate, we know that IQ is not likely the largest contributor to a student’s academic success. Memory recall and focus are two characteristics that are highly determinate of academic success and are both significantly prohibited by ADHD. Finally, the media has drawn attention to an increase in the prescriptions of medication for ADHD. Without the historical context, it is easy to assume that we are over diagnosing ADHD. Knowing this may lead parents to resist testing, diagnoses, and treatment. However, it is more likely that the increase in diagnosis of ADHD is due to the increase in research.

Beyond diagnosis, treatments of ADHD can also be complex. Medications like Ritalin, Concerta, Adderall, and Strattera continue to prove effective. However, a treatment plan that includes physical activity and classroom support in addition to medication will produce more successful results.

We know, after just one section, that ADHD is a complex condition that is accompanied by a complex diagnosis process. While media and basic conversations often reduce it to just a set of compulsive actions and reactions, it is much deeper than that and is backed by a complex set of biological factors. Many of these factors are rooted in the brain’s ability to function at its maximum capacity. Being able to scan for and test many of these contributing factors adds a

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level of authenticity to a condition often questioned by media. As complex as it is, ADHD is often accompanied by any number of coexisting conditions. These conditions can range from Anxiety to Tourette Syndrome and can be as prohibitive as, if not more than, ADHD. All coexisting conditions must be addressed for success. Diagnosing ADHD is a multifaceted process filled with barriers to success. In the end, ADHD is a complex and diverse neurologic condition that affects the brain's ability to remain attentive over time. With a holistic approach and a reduction in diagnosis disparities, I firmly believe we can drastically reduce the impact of ADHD on a student's academic success.

Part Two: Curriculum Modification

In the world of education, we continue to make efforts towards a standardized American classroom. Moving this route can be significantly consequential for students with learning or attention deficits. We know with some certainty that students with ADHD are at increased risk of exhibiting deficits in executive function. As a result, they are less likely to find success from a traditional standardized American classroom. Instead, we as educators, youth workers, school administrators and parents need to work towards introducing specific modifications in the classroom to ensure all students achieve their highest level of education.

Modifications that can be implemented in a classroom are as diverse as the kids they are designed to support. When we look at making modifications to classrooms to better accommodate the learning needs of students with attention deficits, we can generalize to a certain degree. We know, for example, that students with ADHD often have difficulties staying focused for extended periods of time. In response, a teacher may find ways to break up a class lecture into smaller more succinct lessons. In addition, we know the students with ADHD may have a hard time responding in a regular and contributory manner during classroom conversations. A potential solution to this deficit would be exploring varying ways of group response. Group response encourages each student in the class to explore a solution and then present back to the classroom. The more we learn about attention deficit disorders, the more we are able to implement modifications in classrooms to better accommodate each student's learning needs.

Visually stimulating modifications continue to prove helpful across disciplines. Using reminder targets directly in student's line of site provide a continuous reminder of the task at hand. Leaving key lecture points physically displayed in a classroom throughout the duration of the lesson is a visual classroom modification that encourages students to keep big picture concepts in mind.

In addition to steps a teacher can take to modify a classroom, students can take steps to improve their learning atmosphere. Biology tells us that sitting still for long periods of time can

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interfere with blood flow through the body. In response, students can stand for short periods of time during class to ensure their brain is receiving proper blood flow throughout a lesson. To keep the classroom visually stimulating, students can make supportive learning documents such as Desktop Helpers or reference cards. These student facilitated modifications are powerful and can work as a supplement to modifications teachers may implement themselves.

One of the most powerful modifications an educator can make in the classroom is to alter the delivery method of the knowledge to ensure retention. For example, encouraging a student to teach the information to a classmate or family member is likely to yield to best results with regard to knowledge retention. These modifications are likely to increase the retention rates of all students in the class. The more a teacher can avoid direct lecture as a method to delivering knowledge, the better the chances are that a student with an attention deficit will retain the knowledge.

Classroom modifications can help a student with an attention deficit obtain knowledge in each of their classes. For example, if we see that a student is struggling to retain knowledge in their science class, there are nearly infinite sets of modifications we can make to improve the student's likelihood of learning. By taking a holistic approach to classroom modifications the student, teacher, and support systems can work together to develop the appropriate set of science focused classroom modifications.

To start, a teacher can construct a portfolio of classroom modifications based on the student's struggles. It is important that the modifications to the classroom are not to extravagant for the specific case. An over extended modification set can act against the student and negate the purpose of the modifications. The science teacher can start by assessing the delivery style of the lessons. Ensuring that the delivery method is rich with hands-on experience is a great step towards successful modification. Then, the teacher can ensure that they know the big picture learning objectives. In a lesson about biology, the teacher could list the primary properties of life on the board and then have small hands-on conversations about each property in detail. Finally, the teacher can use a detailed assignment and report system to keep the student on track. With the biology lesson, the teacher could construct an assignment tracker that is constructed around the primary properties of life listed on the board through the lesson. This will ensure that the student does not get confused with multiple lesson and classroom modifications. Further, the teacher and the student can agree to meet one on one to discuss progress and the support methods they have agreed on. These conversations are a great place to discuss what modifications the student would like to implement as well.

Student engagement and process buy-in is fundamental to the success of classroom modifications. A classroom can make a hundred modifications but if the student is not engaged in the process, the modifications are useless. For this science class, a student can start by over-viewing the topics to be studied and discovering any topics of interest. From there, the student can supplement the learning process by utilizing technology to study the properties of

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life. If art is a medium the student enjoys, they can draw pictures of scientific processes such as photosynthesis and keep these drawings for reference. To enhance memory retention of large picture concepts, the student can make use of acrostics and acronyms. These student lead modifications have the opportunity to make a big difference in the student's future academic success.

Student success can be achieved an endless number of ways. It is pertinent to analyze the learning atmosphere and the ways the student is engaged and make modifications to improve. When considering modifications to improve the learning atmosphere for a student with an attention deficit, we have a base understanding of the struggles they experience and it is up to the educator, the student and the student's support system to construct a set of modifications that addresses the precise needs of the student.

Part Three: Executive Functioning and ADHD

When we look at practical implications of ADHD in the classroom, it is often easiest to see its impact on the executive function of students. This is most like due to the fact that many of the symptoms of Executive function deficits are visible barriers between a student and their academic success. These barriers, build by deficits in executive function, are also often the most prominent and intimidating barriers in the way of student success.

ADHD, as discussed in previous chapters, is often overlooked as the symptoms can be associated with a 'normal' development path as children traverse through adolescence. Executive function deficits are no different. It is easy to attribute forgetfulness and struggles with initiating to the laziness of a student. If the student has ADHD, we know that biologically the structures in their brain are creating barriers between them and their success. For example, when we see that a student is failing tests, a first instinct may be to attribute that to lazy study habits. Instead, in students with ADHD, this is likely attributed to the less effective punishment and rewards cycles in their brain. In response, educators can modify study support or modify the way the test is administered or scored. These modification methods will help support the executive function of the student.

In American public schools, classwork does not stop at the classroom door. It is fundamental, when addressing any behavior deficit that we take a holistic approach. Students with ADHD face many barriers to homework completion. At a base level, executive function deficits may allow children to forget important procedural steps like turning in homework or bringing text books home. In addition, we see parents are unable to provide their children with appropriate homework support. In response, we must work with the student and the student's family to create educational modifications that will increase the student's chances at success. As students with ADHD work through homework, it is important that they are able to receive

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engaging and sufficient support from parents. To support this structure, a teacher may consider sending homework helpers to parents.

Promoting healthy homework habits will lead to the development of more life skills later on. Because this is the case, it is important that, especially for student with ADHD, they are introduced to specific structure and expectations. Again, child process buy-in is important. Without it, the student will disregard any types of modifications offered to them.

When structuring homework, the structure needs to start at the beginning. Addressing forgetfulness at school is the first step to success. Working with the student to create and implement structure that will encourage the student to bring their homework and necessary supplies home is a great way to start off. If a student responds to visual graphic cues, it may make sense to work with the student in drawing reminders on helper cards. If they respond more to peer support, an alternate solution may be to assign a friend to remind them what supplies they need to take home that day.

During the actual process of homework, setting clear boundaries, structures and expectations is important. Many of the classroom modifications discussed in the last chapter are also applicable in a home setting. Physical modifications such as helper cards and reminders in the students view will continue to enhance their executive function ability. We know that short time windows will work best to keep the student focused. To support them best, work in small time blocks on specific objectives set with the child. Using praise and support is a positive way to encourage further dedication. Homework periods are often periods when ADHD medications start to wear off. If we see this is the case, changing the child's medication may be a great academic support. These styles of support can continue through the end of the process when the homework is brought to school and handed in on-time.

The structure for homework focuses on basic organizational support. If we see that a student with ADHD is struggling specifically with disorganization we can offer specific supports to best help them. Examples of organization support include having extra supplies, putting names on belongings, using organizational tools like folders, implementing a "home base" for the student where they can reorganize, and using tracking based tools to ensure students are aware of and working on the grades that they are receiving.

As children grow through adolescence and into their teenage years, memory becomes one of the most impairing characteristics of students with ADHD. Specifically, working memory in children with ADHD can lag behind their peers by years. In a nutshell, the physical structure of a student's brain is affected by ADHD in a way that makes both storing information long term and recalling information from memory difficult. To support teens with ADHD we can use tools like recorders or checklists. In a school system where traditionally expected to act independently, an inadequate working memory can be a significant barrier to success. But, with the right supports, can often be reduced alongside the other executive function barriers presented.

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Another significant executive function impairment often present in students with ADHD is time management. Because time management is a skill learned in school and carried through life, it is important to support children through the development of this skill. Barkley discusses a Window on Time that outlines a person's foreplanning capabilities. While this skill is likely to take decades to develop in the general public, it develops even more slowly in students with ADHD. This symptom is often labeled as lazy and is overlooked as a result. To support students with time management, it is important they know how to plan, schedule, prioritize, and follow a plan. With visual students, we can draw picture heavy timelines to structure a plan and discuss a way to follow through with the plan. A holistic set of supports to a student's time management skills will help them successfully complete long term projects that they might otherwise struggle with.

Executive function deficits are prevalent among children with ADHD and are one of the most significant barriers standing between a student and their academic success. With close monitoring and holistic support modifications, a student can create a series of tools that will help them complete tasks in an organized and on time fashion. In addition, assuming child buy-in, these supports will help the child in future long-term tasks and projects. Like any modifications designed to help a student with ADHD, it is pertinent that these modifications are precisely the right level of intervention and are designed and implemented by all people involved.

Part Four: Laws Governing Education of Students with ADHD

In the world of ADHD, students do not have to navigate their world alone. In their education, it is likely that they will have the support of a caring teacher and at home, it is possible that they have had the opportunity to work with their family to develop modifications to homework and their life that improve likelihood of success. On a bigger scale, students are supported legally by the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act). Each of these provisions is intended to ensure that students of all abilities have access to a fair education and are not discriminated against in a variety of settings.

Students with ADHD are most likely to be supported by IDEA. One of the accomplishments of this act is a mandate that all students have access to a "free appropriate public education (FAPE)". This ensures that schools will implement classroom modifications as deemed necessary to better support students of all abilities. For students with ADHD, it can be difficult to decide on specific modifications to provide for the classroom as the disorder is less visible than a physical disability. In addition to FAPE, IDEA introduces the concept of an Individualized Education Plan (IEP). The goal of an IEP is to create a holistic support for the

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student so they are empowered to receive their best education. The plan is collaboratively developed by the student, teachers, parents, and community members and can include anything from class breaks to homework modifications. IEP's are likely to lead to further research into possible accommodations, the development of measurable annual goals, identifying possible assistive technology, identifying testing alternatives, creating an appropriate reporting mechanism, and much more. It is fundamental to the success of the IEP that both the student and the student's parents are involved in the planning and implementation. As with education modifications, the IEP will succeed only if the student has buy-in.

Federal supports and mandates exist not only to help a student diagnosed with ADHD, but also to help identify students and evaluate their future success. In the event that an educator suspects a student may have a learning disability, they are obliged to enquire about a formal evaluation. After parents have signed their consent, the school must perform a formal evaluation within 60 days. This will lead to a diagnosis. Once diagnosed, we will likely see an RtI approach to the student's education. A focus on early intervention is fundamental. Once intervention begins, the RtI model will recommend either an appropriate level of intervention. Because early intervention is so important, IDEA ensures that failing grades are not a pre-requisite for intervention and support.

In addition to classroom support and modifications, federal laws exist to defend the civil rights of people with disabilities. Specifically, these laws are known as section 504 and ADA. Section 504 applies to students that qualify for IDEA but also applies to students who do not qualify for IDEA. In addition, unlike IDEA, Section 504 extends beyond high school and through technical school or college. Section 504 specifically applies to institutions receiving federal funding. The process to attain a Section 504 plan is similar to that of an IEP. It starts with evaluation but eligibility is much broader than IDEA. Specifically, section 504 protects students whose learning is impaired by a current or past disability. When it comes to a Section 504 plan, there is no federal law that mandates a written plan. There are many benefits to a written plan though. For example, if a student were to move or a support staff were to be fired, the plan would exist in a hard copy so as to not jeopardize the modifications that are in place.

In addition to Section 504, the Americans with Disabilities Act (ADA) is a way of protecting the rights of people with disabilities in all public entities. Essentially, ADA expands Section 504 to include colleges, libraries, and all public buildings that are open to the general public.

The combined efforts of IDEA, Section 504 and ADA are useless if specific supports are not in place. First, a classroom teacher must make modifications to improve the likelihood that

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the supports will lead to success. Second, the students must be engaged in the process from beginning to end. This means that they must participate in the planning, implementation, and evaluation of each of the supports that they experience. Third, and possibly most importantly, it is fundamental that resources be directed to developing a transition plan for the student to transition into work, a technical school, or college. Without this transition plan, the student will likely receive drastically less support and will experience a reduced likelihood of success. This transition plan can include visiting colleges and other education venues, exploring job fairs, and developing work skills such as filling out applications or practicing for an interview. The transition plan must be as comprehensive as the modifications implemented through the child's early years or the work may be wasted.

The federal government and education systems in our country have designed supports in a holistic manor. They know that it is important the students with diagnosed disabilities receive the support they deserve, regardless of the grades they are receiving. Section 504, IDEA, and ADA are all federally implemented to increase the likelihood that every student of every ability in our school system reaches their highest possible level of academic success. With the support of the federal government, teachers and administrators are able to make classroom and educational modifications that will improve the quality of education of each student diagnosed with ADHD.

Part Five: Medication

Medicating for ADHD is often the first solution discussed when a young person is first diagnosed. Medication for a behavioral disorder is treated differently than a medication for a pain or illness might be treated. This remains especially true when we look at medicating for ADHD. Not only is ADHD often considered an invisible disorder, it is also often considered to be an excuse for unruly children. As a result, using medication to treat students diagnosed with ADHD can become a particularly tricky predicament.

It is often the case that students are first observed and pre-diagnosed with ADHD at school. As a result, more often than not, the process of finding a support mechanism is often initiated by an administrator, teacher, or other school personnel. If this is the case, there are a few fundamental procedural steps the school faculty should take in discussing solutions, especially medications, to the family. The first step the educator must take is to assure the parents that they are passionate about founding solutions to increasing the student's academic, and often social, success. This will comfort the parents and eliminate the thought that the teacher is judging or shaming the family. Second, it is absolutely crucial that the teacher explain the multitude of support options for the child. Too often, teachers get tunnel vision and want to see medication or

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nothing. It is important that medication is just one tool in a whole tool belt offered to the parents. The parents should also be educated about IEPs, Cognitive Behavioral Therapy, and much more. This leads to the next most important role a teacher plays in discussing supports for the student's learning. The teacher must next bring up in detail what is involved with each support method. For example, it is ineffective for a teacher to simply offer the solution of medication without explaining in detail successful ways to take medication as well as ways to navigate medication as a family. If a teacher successfully reminds the parents they care about their child, explains the complete array of options, and details the commitment of each option the parents, and eventually the child, are more likely to have buy in.

Any time a school offers medication as a solution to a child's academic shortcomings, the situation has the opportunity to become negative. The best option is to avoid any judgement or negative thoughts or statements. If, however, the parents continue to feel pressured and decide they do not want medication the school has a few choices. First, we know that medication is not the only support we can offer to a student with ADHD. In fact, medication alone is not the strongest intervention available. If a family expresses opposition to the idea of medication, it is likely that the child will begin modeling their same opposition. We know from previous sections that if a child opposes a method of support, the support will fail. In this case, the school needs to develop the strongest support plan they can that excludes medication.

Attention deficits affect a vastly diverse population of people. While medication often supports young people in a way that helps them focus, calm down, or act with thought, it is still working towards an end goal of conformity. I accept that medication is a solution, but I firmly challenge the notion that it is the strongest solution in our tool-belt. Most children struggle the most with their symptoms of ADHD when they are in a traditional school setting. These settings are designed to support children in learning. Unfortunately, as a system they are failing a lot of children. In response, our education system needs to be redesigned to accommodate the children of today as opposed to the children of a century ago. With technology and research, we can better design classrooms to accommodate a busy mind. We can redesign the ways our teachers teach so that students of all abilities are able to obtain knowledge that will strengthen them. Secondly, we need to design IEPs with the whole student in mind. While an IEP is focused on a student's learning, Maslow's Hierarchy of Needs shows us that without a stable home, balanced diet and safe environment, a student cannot succeed academically to their fullest potential. A support plan needs to first work with the student so they can advocate for themselves and second needs to extend beyond the doors of their classroom. If we take a holistic approach to the way we support children with ADHD and design our education system in a way that supports the way children of today learn, medication will become the exceptional form of support.

My primary area of learning for section five was the expansive diversity in medications and their applications. While I do not think medication is a strong enough solution to stand alone, it is good to see that there are multiple options for children. One area I would have liked the

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section to expand more on is the child's role in medication. How does a child advocate for themselves? If they do not like the way they feel on medication, how do they ask for change? The child's voice should be the loudest voice in the decision making process. It is easier to accept their opinions as they grow older, but I would like to see more of a proactive role from an early age. This will ensure that the child has bought into medication as a solution and will assure in them that they have the power to stop taking the medication or try a new medication.

In addition to the diversity in medication available, I found it enlightening to see a focus on measuring the effectiveness of medication on a student's performance. Without a successful way to measure the impact the medication has on the student, there is no way to make an informed decision to continue the medication or make an adjustment.

In my eyes, when considering medication as a solution for ADHD, it is important to consider it as a last resort. Today, it may be the easiest option. However, it is often not the most effect option when it comes to improving a student's academic and social success. As with each section previously, medication is just one piece of a much larger puzzle. We, as future youth workers, have to consider it when evaluating different support methods for a student but it should never be weighted more heavily than others. Introducing a prescription into a child's life should never be done lightly, especially when there is an abundance of alternate solutions. The most important piece of this puzzle is that no piece can work alone. Medication alone is no more successful than an IEP alone. The pieces must come together to form a support plan and the support plan must be influenced by the desires of the child diagnosed with ADHD.

Section Six: Through the eyes of the student

Living with any disability in an academic setting is difficult. Living with ADHD would be no exception. We know that there are many supports available in today's schools that help students succeed. However, there are still opportunities for students to have less than desirable outcomes in their education. If I were to be diagnosed with ADHD and were still attending public school the social, academic, and personal aspects of my life would all be affected.

First, a diagnosis of ADHD would affect my social life. There is a lot of stigma that surrounds behavioral disabilities such as ADHD. The disorder is a relatively young disorder and discoveries are still being made. The young age of the disorder opens the door for people to instantly discredit any struggles associated with ADHD. Even in academia, we see professors teach that the symptoms of ADHD are more likely attributed to a failing education system and less likely attributed to a biological disorder. I am confident that the stigma that surrounds an ADHD diagnosis would impact my social life more than the symptoms of the behavioral disorder.

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Second, having ADHD would directly and indirectly impact my academic success and my attitude towards my education. It is nearly common knowledge that the public schools in the American education system are not well suited to handle the unique academic needs of students with ADHD. I would certainly not be an exception. The behaviors associated with ADHD would likely act as direct barriers to my academic success. For example, my parents divorced at a very young age. This unique component of my life would add an extra barrier in the process of planning supports. I have always been an involved student and the extracurricular activities would likely make it easier for me to forget homework and procedures after school.

In a possibly more prohibitive way, ADHD would have a negative impact on my attitude towards my education. It would be easy for me to lack self-efficacy with regard to my education. There are systems in place that would help me succeed, but it would still be difficult to continue to believe that I will be able to succeed in school and beyond.

Thirdly, living with ADHD would impact my personal life and the relationships I have with people close to me. As we progress through adolescence, we have an ever evolving understanding of what relationships are important. In the beginning, our parents are the most important relationship we have. As we progress into and through adolescence, it is standard that parents become less of a primary relationship and peers fill the role. If I were a student with ADHD in today's schools, I would have experienced difficulty adapting and creating new relationships. In addition, I would struggle with developing a sense of self. The more supports I would need, the harder it would be to develop a strong understanding of whom lives under the supports. Without this strong sense of self I would likely have a difficult time developing primary personality traits in my early years.

These three difficulties convene in the classroom. Because of this, it is crucial that a student has a teacher that supports them on their mission. For me, an ideal teacher would be first and foremost educated on the most recent research in ADHD and other behavioral disabilities. In addition, the ideal teacher would have a desire to continue recommending new supports in the classroom. Medication is not the only support that can fail after the first attempt. It is important that a classroom teacher has the desire and knowledge to move forward with new interventions and supports when they acknowledge the current support is not working. An ideal teacher also knows their boundaries. A middle school teacher may see 150 students a day. If each of these students had comprehensive support plans, the teacher would be failing themselves and their students to assume that they can meet the needs of all of these students. It is important that the teacher know their limit. Finally, it is important that the educator remain connected to the needs and wants of the student. If the student requests a new support method in the classroom but the teacher believes the current support method is the best, the student will become frustrated and will likely lose motivation in the support planning process.

For me, attending public education would likely have been narrowed if I had ADHD. My social life would have been impacted, my academic results and efficacy would be reduced, and

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my personal relationships and self development would have been hampered. This all is much less likely to happen if proper supports are in place. With a proper teacher I could have easily achieved the same academic success as my non-ADHD peers.

Section Seven: Behavior Intervention Plan

For students with ADHD, a Behavioral Intervention Plan (BIP) can make or break a student with regard to their academic success. To develop a BIP, the educator must work with the student, family, and school faculty to first come to an understanding of the circumstances and second come to an agreement on the best way to move forward. This process allows each student to receive custom supports in their academic setting.

John is a middle schooler taking multiple classes for the first time. He has recently been diagnosed with ADHD and consistently has sidebar conversations during his classes. After seeing the trend, his teacher called a meeting with John, his parents and the school counselor. By asking a series of instigation questions, the teacher discovers that John has a difficult time staying focused because he is uninterested in the topics in his classes. This is likely the result of limited working memory. In addition, he has a lack of self-efficacy as a result of his recent diagnosis. John's parents stated during the meeting that this behavior continues after John gets home. He has difficulties staying focused when doing homework.

In a conversation about supports, the teacher recommends a few methods with the intent of reengaging John in his education. First, the teacher suggests that John design a support page for each of his classes. The page will allow John to reference earlier concepts learned in each class and will be a great way for him to visually engage with the material. Second, John's teacher encourages him and his parents to find ways to apply the topics he is learning to the world around him. With math for example, his teacher recommended applying the skills he learns in geometry to measure items in his house. Finally, his teacher recommends that the team come up with a formal Individualized Education Plan to support John as he is changing teachers and classes seven times a day.

For John, his BIP will have a rigid outline of teacher and student response to unruly behavior. Because his triggers are focused around his level of motivation and interest, each of his teachers will respond when they see him start to lose interest. John and his teachers will agree on methods to ensure John stays interested and informed about the topic at hand. John mentioned he has the hardest time staying focused during his Biology class. In response, the team recommends he create a set of visual flash cards to help him follow along in a class with traditionally vocab heavy content. With respect to the coursework he is in, the team agrees that it would be beneficial to review the courses that John is in and the teaching styles of the teacher that are

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teaching each one of those courses. If a more understanding teacher teaches a different subject it would be beneficial to move John to that teacher's classroom for the respective subject.

Finally, to support John beyond the classroom, the team recommended that the parents remain engaged with John's coursework and content. It is important that John understand that the work that he is doing is important. In addition, it is important that he uses the supports designed for him in the classroom when he is at home. Furthermore, John's parents agree to reschedule evenings at home to better support John's academic success. They agree to schedule rewarding behaviors after challenging behaviors. For example, John will get to draw in his sketchbook after working with his science vocab flashcards for 30-minutes.

Finally, the counselor agrees to have conversations with each of John's teachers. This is fundamental to the success of the BIP. The counselor informs each teacher of the decisions made by the support team and the ways that that teacher can best support John. In addition, before finalizing the BIP, the team supports John in deciding a way to modify the BIP in the future. If John feels that these supports are no longer supporting him, he can come to the counselor and request a support team meeting to modify the BIP so that it will better support John and his academic success.

A BIP can be the difference between a student pushed to dropping out and a student excited to succeed in school. If a Behavioral Intervention Plan is inspired by the young person and successfully addresses the triggers, supports positive behavior, and offers room for adjustment the student is much more likely to succeed.