

Classroom Strategies for those who are assisting students who have Attention Deficit
Hyperactivity Disorder
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What is Attention Deficit Hyperactivity Disorder (ADHD)? According to American Academy of Child Adolescent Psychiatry (AACAP), there are certain criteria, which must be present in the child to diagnose them with ADHD like: behaviors must appear before the age of seven, continue for at least six months, and the behaviors must be limiting success in at least two environments in the child's life: in the classroom, on the playground, at home, in the community, or in social settings (Attention Deficit Hyperactivity Disorder 2009) (Montague 1997). According to Kelly et. al, ADHD affects three to five percent of children in the United States (Kelly 1998).

Deafness is defined as a hearing loss ranging from mild to profound; sensory neutral or conductive. There are many causes of deafness ranging from genetics, diseases that affect a fetus, to sickness during infancy, or syndromes, to environmental causes and age-related deafness. More than half of the children diagnosed with deafness have an additional disability (GRI, 2008). Of the 36,710 children surveyed in 2008, the Gallaudet Research Institute determined that 5.6% of these children have Attention Deficit Disorder.

Deaf students with ADD are similar to their hearing counterparts with ADD, in that every child is different with varying degrees of challenges posed by the disorder. However, we do know that there are common characteristics like inattentiveness, distractibility, impulsivity, and hyperactivity (Kelly 1998). Students who are deaf and hard of hearing rely on communication attained visually. If a deaf student is inattentive they may miss valuable facts, data, and social cues (Kelly 1998). Deaf and hard of hearing students cannot drift off and still understand some information gained auditory the same as hearing students can (Kelly 1998).

Evaluation is an important part of deciding on the correct strategies to use to assist students. Since the child has ADHD and also deafness, these two combined could lead to error in diagnosing ADHD (Kelly Evaluating 1998). The child might not have the language capability to express what they are feeling or comprehend and answer a series of questions, which would effect the students' evaluation (Kelly Evaluating 1998). The evaluation process starts with interviews and observations by the students' teachers, parents, and doctors providing proof that these behaviors occur in a variety of settings (Kelly Evaluating 1998). The next step is a "psychoeducational evaluation, which consists of a comprehensive assessment of abilities and achievement" (Kelly Evaluating 1998). Most of the psychoeducational evaluation is based on a baseline from teacher observations, curriculum-based assessments, and history from the student's comprehensive case file (Kelly Evaluating 1998). There are assessments used on hearing students with ADHD but they don't seem to be helpful when assessing deaf students due to the assessments being standardized to young hearing children (Kelly Evaluating 1998). The third step is a medical evaluation that consists of a general physical and a neurological examination (Kelly Evaluating 1998). The last step is specific measure of attention that is based on observations and questionnaires filled out by the parents and teachers (Kelly Evaluating 1998). The evaluation process is extensive and attempts to remove all the underlying problems before actually diagnosing a child with ADHD. This is especially helpful when diagnosing a deaf student as there could be simple explanations like amplification malfunction or vision loss that is in fact causing the child to show signs and symptoms like ADHD (Kelly Evaluating 1998).

While students have a limited protection for receiving special services based on Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act of 1973, there needs to be more modifications and specific strategies for these students developed by general education teachers and special education teachers (Kelly Challenges 1998). While there has not been too many published peer reviewed articles for students who are diagnosed with both deafness and ADD/ADHD there have been many published to cover just ADD/ADHD. The strategies exist on a continuum starting with teacher guided/lead to students self-monitoring.

Some of the teacher guided/lead strategies could be things that are simple yet effective ways to handle students with both deafness and ADHD. Classroom management is vital for teachers to have in place when assisting students with ADHD (Reid 1999). The teachers should “maintain stable, predictable, structured instructional regimen, and effectively communicate expectations” (Reid 1999). Students with ADHD need frequent prompts and positive feedback (Reid 1999). Reid also states that students with ADHD often misbehave when the task is either too difficult or too long (Reid 1999). Therefore, if teachers could break up assignments and directions this would assist the students. There are numerous suggestions to assist students with ADD/ADHD. Many of them have to do with auditory cues that would support the student to get back onto track and continue doing their work. These methods or cues are not helpful when working with deaf students since they cannot hear the auditory clues. More appropriate methods could be using visual clues like tapping on the desk, scratching your ear, or putting your hand on the student’s shoulder. These are tangible or visual aides that will assist the student to get back focused on their work. Another thing that could possibly help is a prompt card on the student’s desk with reminders of what is expected (Reid 1999). These are just a few of the suggestions that could be put into effect to help the student stay focused. Some other suggestions will be explored further in the following paragraphs like: response cost, teacher monitoring, and self-monitoring.

According to Reid, “response cost is the loss of a specific amount of reinforcer contingent upon the performance of an inappropriate behavior” (Reid 1999). This response cost is only effective if there is a positive reinforcer that works to assist the student. This could be as simple as removing a coin for getting out of his/her seat (which was a prearranged agreement that both the student and teacher agreed upon) if four coins are removed throughout the day then ten minutes off from fun activity at the end of the day. This method works well for students that have a favorite activity or another positive reinforcer that they will work to keep.

Teacher monitoring can mean various things. It could be a simple reminder as stated previously or it could be more of an active role. The teachers could use notes home and incorporate the parents into assisting with on task behavior. Teachers can act as a bridge to aid in assisting the student to begin the journey between doing various inappropriate behaviors and finding a way to focus, stay on task, and behave appropriately in school. They can also have various cueing systems in place that will quickly redirect the student (Reis 2002). These cueing systems could be visual reminders like an eye glance or even visual organizers or graphic organizers (Reis 2002).

Eventually, students should be able to arrive into this last phase and be able to self-monitoring. This will be the phase where most of the teacher’s reminders and feedback is withdrawn because the student is able to remember and concentrate on the

task at hand. The students could have a quick checklist that they use as a reflection on their behavior or on task time (Reis 2002). According to Reis, when students are at the self-monitoring stage, it makes them more aware of what things trigger inappropriate behaviors or off task time (Reis 2002). This will assist them in possibly eliminating that distraction or trigger in the future.

All of these various strategies will help students who struggle with ADD/ADHD as well as students who are deaf and have ADD/ADHD. These phases are obtainable for students who are deaf as well because it eliminates the auditory cues and replaces them with visual or tactile means of staying on task.

References:

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