Connecticut PARAPROFESSIONALS' Guide to

Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

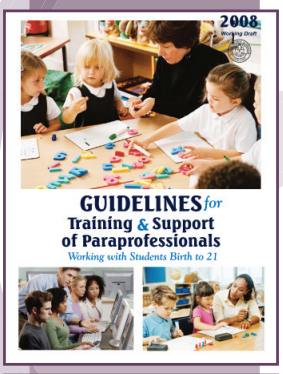
Before making decisions regarding the appropriate role of paraprofessionals in providing support, schools and districts should examine how they are currently training, supervising, and evaluating their paraprofessionals.

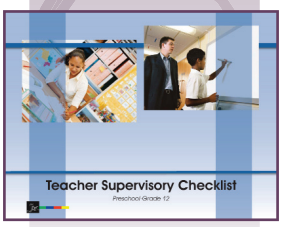
Paraprofessionals play an integral role in student achievement and are an invaluable resource in providing instructional support. Before making decisions regarding the appropriate role of paraprofessionals in providing such support, schools and districts should examine how they are currently training, supervising, and evaluating their paraprofessionals. The Connecticut *Guidelines for Training and Support of Paraprofessionals* was published and endorsed by the Connecticut State Department of Education (CSDE) to inform and guide district personnel in the many important factors to consider in the use of paraprofessionals, specifically their training and effective use of their skills. The CSDE highly recommends that the Guidelines be used as the foundation for identifying and clarifying appropriate paraprofessional roles related to instruction. It is important that once these roles are identified, the paraprofessional continues to work under the direct supervision of a certified teacher and receive ongoing specialized training and professional development.

We welcome your comments and suggestions regarding this publication. Comments should be directed to Iris White, Bureau of Accountability and Improvement, at iris.white@ct.gov.

A Paraprofessionals' Guide to ADD/ADHD

According to the **Diagnostic and Statistical Manual of Mental Disorders-4th edition revised (DSM-IV-TR) (APA, 1994)**, a prominent characteristic of ADHD is "a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and is more severe than is typically observed in individuals at a comparable level of development." Students identified with the ADD/ADHD disability are eligible for special education services under the Individuals with Disabilities Education Act (IDEA). IDEA is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities. In order for a child in a public school to be identified with ADD/ADHD, the child must first meet the overall eligibility requirements for "other health impairment" (OHI), and then meet the more specific requirements for ADD/ADHD. According to IDEA, other health impairment means having limited strength; vitality alertness, including a heightened alertness to environmental stimuli; and limited alertness with respect to the educational environment, due to chronic or acute health problems such as asthma or ADD/ADHD, that adversely affects a child's educational performance. Symptoms of ADHD must be present before age 7 years, and must interfere with developmentally appropriate social, academic, or occupational functioning in at least two settings (for example, at home and at school, or at





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home and at work).

Facts about ADD/ADHD

- Estimates of incidence rates of ADHD vary widely, from less than 1 percent to more than 20 percent of the population. This variation occurs because of the imprecision of terms such as "hyperactivity" and "impulsivity." The best current estimates are that between 3 percent and 5 percent of school-age children have this disorder.
- Although it is most often diagnosed in children, ADD/ADHD is a lifespan disorder that affects individuals at all ages.
- Boys are diagnosed at least 3 times more often than girls, although available evidence indicates that girls are probably underdiagnosed.
- ADHD is often inherited. It is very common to find that relatives of a child with ADHD were, or are, considered to be hyperactive, impulsive, inattentive, or all three, at school, in the community, or at work.

Symptoms

The symptoms of ADHD are divided into inattentiveness, hyperactivity, and impulsivity. Those children with the inattentive type are less disruptive and are more likely to miss being diagnosed with ADHD.

Inattentive ADHD symptoms:

1. Fails to give close attention to details or makes careless mistakes in schoolwork.
2. Has difficulty sustaining attention in tasks or play.
3. Does not seem to listen when spoken to directly.
4. Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace.
5. Has difficulty organizing tasks and activities.
6. Avoids or dislikes tasks that require sustained mental effort (such as schoolwork).
7. Often loses toys, assignments, pencils, books, or tools needed for tasks or activities.
8. Is easily distracted.
9. Is often forgetful in daily activities.

Hyperactivity symptoms:

1. Fidgets with hands or feet or squirms in seat.
2. Leaves seat when remaining seated is expected.
3. Runs about or climbs in inappropriate situations.
4. Has difficulty playing quietly.

Approaches:

Behavioral Approaches: Used in treatment of ADHD to provide structures for the child and to reinforce appropriate behaviors. Best practice research indicates a child may benefit from a positive behavioral intervention plan that clearly outlines expectations and includes positive support.

Pharmacological Approaches: Decision to prescribe any medicine is the responsibility of medical -not educational- professionals, after consultation with the family and agreement on the most appropriate treatment plan.

Children with ADHD are often bright, enthusiastic, creative individuals. With early diagnosis, understanding, treatment, and management, they can be helped to realize their potential and make valuable contributions to society. The successful social and academic education of the child with ADHD, however, cannot be left to chance. It requires long-term cooperation and collaboration among family members, educators, physicians, and other professionals. Behaviors of impulsivity, inattention, and hyperactivity can make functioning in the school setting difficult. The following chart lists some of these behaviors and possible strategies.

Instructional Strategies to support students with ADD/ADHD

Behaviors	Instructional Strategies/Tools
Difficulty Getting Started - slow/ unable to begin a new task, activity, assignment	• provide written AND oral directions; • check that directions are clear; • begin work with mentor; • segment the work into small initial steps; and • fold student's paper in halves, quarters, accordion patterns and ask him or her to work on just the first space.
Disorganized - poor time management skills; inability to plan ahead; difficulty with sequencing; messy desk/locker; failure to turn in work although it is complete; misplaces books/materials; written work appears messy and lacks coherence	• external organizers (calendars, watch with alarm); • instructional chart with sequence of steps articulated; • instruction chart posted on index cards or stickies; • daily schedule, routines, rituals; • study buddy; • assistive listening devices; and • keyboarding instruction and computer.
Distractible - not responding when called upon; poor task completion; difficulty distinguishing important information/main idea from less important; skipping from one activity to the next	• preferential seating; • instruction on appropriate academic level; • assignments that are highly engaging; • hands-on learning, based on interests and strength; • reducing the number of items per assignment; • alternating response modes; • permitting students to work problems in an unusual order (bottom to top); • using external nonverbal cues to prompt student to return to task; • increasing the amount of immediate feedback (e.g., circulate during independent work and correct some of each student's work to provide immediate feedback); and • using cooperative learning after the strategies have been taught to whole class.
Hyperactive - difficulty staying in chair; high level of gross-motor activity (younger children); restlessness (adolescents); seeks sensory stimulation (chewing, tapping, leg swinging)	• provide acceptable opportunities for movement rather than attempting to restrict activity; • providing a specific number of walking passes (e.g., sharpening pencil, drinks of water, access to books, wall charts); • providing small manipulatives to channel activity from gross to fine motor (e.g., clay, stress balls); • establishing work centers as opportunity to move to choice activity; • standing-random drills; • restating rules before the opportunity for rule infraction; • increasing proprioceptive feedback (consult with OT or PT); and • use of tactile materials.
Impulsive - shouts out answers without being called upon; exhibits risk-taking behaviors; does not think about consequences of behavior; difficulty following rules; difficulty taking turns	• teaching self-monitoring skills; • teaching self-regulating skills; • teaching the behavior you want to see; • giving positive feedback 5 to 8 times more frequently than negative ones; and • teaching student verbal or motor response to use while waiting (e.g., holding up a "HELP" card, writing note to self so he will remember).
Memory - inconsistent and/or poor recall of previously learned information; reduced reading comprehension with long and/ or complex sentences; forgetting assignments, social commitments	• segment study time into smaller units; • structured breaks, alternating subject matter; • multisensory instruction; • establish lesson context and links to prior knowledge; • highlight most important features (color coding, shapes, size emphasis); and • provide opportunity for novel repetitions until student achieves automaticity of basic skills/facts.
Self-Monitoring and Evaluation - lacks "internal voice," the internal dialogue to self-coach and/or guide thinking and behavior; unaware that his/her behavior is inappropriate, annoying to others; difficulty checking work once completed	• role model by thinking out loud; • provide nonjudgmental feedback to establish sequence and causality of events; and • provide rubric on desktop for correcting work and provide structured practice in using it.
Transition - difficulty transitioning between activities, subjects, classes; repeats same idea/question after receiving a response; repeats same error even when told it is incorrect	• provide three-part transition cues (stopping, moving to, and starting); • develop transition rituals; and • create transition songs, games, activities (primary grades).

Adapted from Report on Attention Deficit Hyperactivity Disorder (ADHD), Connecticut ADHD Task Force, 3rd Edition, Spring 2005

Professional Development Resources for PARAPROFESSIONALS

The **CSDE** professional development for paraprofessionals is coordinated by Iris White, Education Consultant, Bureau of Accountability and Improvement. Iris White can be contacted at **iris.white@ct.gov** or at 860-713-6794.

The **State Education Resource Center (SERC)** provides many professional development opportunities through its *Paraprofessionals as Partners* Initiative. Through a variety of diverse professional development opportunities, paraprofessionals working in collaborative partnerships with general and special Education teachers and support services professionals can enhance and acquire skills to improve their ability to effectively provide instruction and other direct services to meet the needs of all students. SERC also coordinates the annual *Paraprofessional as Partners* conference in the fall of each year.

For more information, contact Anthony Brisson, Consultant with SERC's Paraprofessionals as Partners Initiative, at **brisson@ctserc.org** or at 860-632-1485, ext. 315. More information can also be found on SERC's Web site: **www.ctserc.org**.

The **Capitol Region Education Council (CREC)** also offers a variety of professional development and job opportunities for paraprofessionals and aspiring paraprofessionals, including a comprehensive, job-embedded professional development curriculum called *The Compass*. This series of training modules, aligned with the *National Paraprofessional Standards*, has been designed to enhance paraprofessionals' skills in working with students in educational settings. More information can be found on the paraprofessional page of the CREC Web site, **www.crec.org/paraprofessional**, or by contacting your local regional educational service center (RESC):

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References

Connecticut ADHD Task Force, Report on ADHD, 3rd Edition, Spring 2005. http://www.ctserc.org/initiatives/teachandlearn/ADHD_report_5-2-05.pdf.

National Resource Center on ADD/ADHD, www.help4adhd.org

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