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## What Are The Behavioral Interventions That Work With Attention Deficit Hyperactivity Disorder (Adhd) Students?

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**WHAT ARE THE BEHAVIORAL INTERVENTIONS THAT WORK WITH  
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) STUDENTS?**

by

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A capstone submitted in partial fulfillment of the requirements for the degree of

Master of Arts in Teaching

Hamline University

St. Paul, Minnesota

December 2017

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## Special thank you

To my mother, Anna and my late father, Marvin, who always had faith in me and were always behind me in whatever I wanted to do in life.

To my wife, Kristine, who had more faith in me than I did. She was always giving me words of encouragement and always believed that I could do this.

To my late father-in-law, Roy, who was always interested in how my day went at school, when I was working on my teacher license, or when I was completing my master's degree. As a retired school teacher, principal and superintendent, he always had great words of wisdom and encouragement.

## TABLE OF CONTENTS

CHAPTER ONE: Introduction.....	1
Definition of ADHD.....	1
The project.....	2
How does ADHD move in the classroom?.....	4
ADHD is a disorder.....	5
Tracking Behavior: Focusing on observations of behaviors for interventions.....	7
Chapter One summary.....	8
Chapter Two preview.....	8
CHAPTER TWO: Literature Review.....	9
What is an intervention.....	9
Background of project.....	10
What is ADHD?.....	11
Concerns of caregivers of students with ADHD.....	12
What causes ADHD?.....	12
Background and explanation of ADHD.....	13
Overlooking symptoms of ADHD.....	13
Behaviors exhibited in students with ADHD.....	14
History of ADHD.....	15
Early model of ADHD is formed.....	17
The new term: Attention Deficit Hyperactivity Disorder (ADHD).....	17
Finally: It is ADHD.....	19
To know interventions is to know the impact ADHD has on students.....	19
The system is set to fail.....	23

The impact of ADHD still continues today.....	23
Drugs have big impact on students with ADHD.....	24
Know the child as to how certain interventions will work.....	27
Drugs used to treat ADHD.....	28
CHAPTER THREE: Project Description.....	29
ADHD and Interventions.....	30
The behavior tracking, behavior display, behavior intervention curriculum.....	32
Inappropriate behaviors and behavior interventions to use.....	34
Conclusion of chapter three.....	34
Praise! Praise! Praise!.....	36
CHAPTER FOUR: Conclusion.....	37
Overview/Introduction.....	37
Explanation and description.....	38
What I learned.....	38
Revisiting literature.....	39
Possible implications.....	39
Possible limitations of project.....	40
Future projects.....	41
Using results.....	42
Benefit to the profession.....	42
Summary.....	43
Acronyms.....	45
Bibliography.....	46
Appendix.....	51
Appendix tracking sheet.....	52

## CHAPTER ONE

### Introduction

What are the behavioral interventions that work with Attention Deficit Hyperactivity (ADHD) students?

Understanding how ADHD is diagnosed in a child and the serious behavior consequences of a student with ADHD, can help develop and implement various interventions in the classroom. Very important, in this project, I will explain that there are various behavioral interventions that can be used to help these students be successful. In chapter one I will discuss the consequences and difficulty a child diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) can face when making, not the wrong, but poor choices. In this respect: "How does Attention Deficit Hyperactivity Disorder (ADHD) impact teens in a school setting? How can the interventions be incorporated in the classroom? This is the audience: teens, grades 9-12, who I teach general education Classes to in my school. What are the behavioral interventions? The focus is on behavior interventions in the classroom. There is disconnect between behavior and consequence in ADHD. This manual of interventions can help.

#### **Definition of Attention Deficit Hyperactivity Disorder (ADHD)**

To understand the interventions for students with ADHD, one must first understand what ADHD is and the history of this disorder. According to several sources, Attention Deficit Disorder (ADD) is now basically Attention Deficit Hyperactivity Disorder (ADHD). Most sources agree that ADD and ADHD are, by definition (the same thing): basically paraphrased and in agreement by most sources: It is any of a range of behavioral disorders occurring in persons with symptoms that include inattention, hyperactivity, and impulsivity and poor concentration. If one looks up ADD, that person will get this definition. If one looks up ADHD, this same

definition will come up. Interventions that work are successful in the classroom will be discussed and identified in this capstone project.

### **The Project**

How is ADHD diagnosed in a child? What is the behavior pattern of children with ADHD? What are some of the more serious consequences of ADHD? More importantly, in this project, what are the interventions that can be used to help make these students successful? These are the methods that can be used to deter these consequences in trying to help the student make the right decisions: There is disconnect between behavior and consequence in ADHD. This manual of interventions can help.

Trying to teach an ADHD child struggling with impulse control how to think before he or she acts can be a challenge. This Capstone chapter will focus on how struggling with ADHD can pose negative consequences for that person when making poor choices. The battle is to not focus on the negative outcomes or punishment with that child, but the positive, and, what would happen if you did not make that poor choice. Impulsivity and the inability to slow down and think causes these students to make poor choices. Being clinically diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) can pose many other serious consequences that are not always able to be regulated by that person. Several studies have shown that ADHD can have serious consequences for long-term functioning in teenagers with ADHD from when they were 14 – 16 years old until they reached age 37. Researchers have found that long-term ADHD increased the risks for impaired physical and mental health, poor work performance, and financial stress. These are just some of the consequences of ADHD and why doctors suggest early diagnosis and treatment of adolescent ADHD. Teens with ADHD also perform poorly in school, and even drop out.

I have several family members who should have been or have been diagnosed

with ADHD. These include a brother, several cousins and a step-son. Two of my cousins are severely mentally challenged or mentally retarded as it was labeled and two were, if diagnosed then (the 1950s), would have been diagnosed ADD/ADHD today. My other cousin is diagnosed ADHD as well. My brother is diagnosed ADD/ADHD and has dyslexia. My step-son is diagnosed with ADHD and seems to have some traits of dyslexia as well. I am sure many of us would have been diagnosed with ADD/ADHD. I believe this chronic illness does carry on into adulthood. This is where making choices with such a deficit is even more crucial and can therefore have even more serious consequences.

The challenges for my relatives have been immense. They have struggled with relationships, divorces, chemical abuse, incarceration, holding a job long term and anger issues to mention a few. They struggled through school in their teenage years as well. This started when they were children and has carried on into adulthood. With it, ADHD has serious consequences forever. I have seen so many people destroy themselves around me. For children struggling with ADHD, they do not stop and think about the consequences. They just act in the moment. Impulsivity and the inability to slow down and think causes children, adolescents and teenagers to make poor choices. These persons are not stupid or irresponsible, but their brains are moving so fast that they make choices before they fully weigh out the consequences, or even the benefits. The choice is made.

I teach at a private school that works with 100 students who are living in housing on campus and attending school year-round. These are various EBD students diagnosed with various types of learning disabilities, emotional and behavioral issues. One of the more prevalent diagnosed behavioral disorders is ADHD. Our school uses daily tracking data sheets on each student and the pattern and frequency of behavior and what it is.

What it looks like, what it moves like and when it occurs during the day).

### **How does ADHD move in the Classroom?**

In the daily classroom, the finding is that children with ADHD are often constantly moving or fidgeting, having trouble focusing and struggling to process information rapidly or correctly. This does affect how they interpret making correct choices and therefore leads to serious consequences in their behavior.

Observations and working with these students has developed into interventions I and other teachers use in helping these students be successful in school. I will approach and try to explore and understand why certain individuals with this behavior act and react the way they do and then come up with various interventions to use for success. This helps to be able to deal with each student individually, meeting their needs.

This capstone will discuss the meaning of how ADHD negatively affects a student and how they tend to make negative decisions and how positive intervention methods can be best utilized. I used to feel that if there was a question as to what label to put on a student that was struggling in school, categorize them as ADD or ADHD. A large population of the students where I teach have ADHD among other behavior issues and disorders. I know plenty of people who may be categorized as probably having mild ADHD, and Obsessive Compulsive Disorder (OCD). At one time, and even today, especially, anyone can and is diagnosed with ADHD.

However, what are the negative signs a person shows in behavior and what have been the serious consequences these students have had to face? This lends itself as to how

serious the disorder of ADHD is and therefore, if it is a serious concern in school and later in society. These are my concerns in this capstone. So how do we as educators positively intervene, and what methods do we use? I will discuss interventions.

As a teacher, I am aware that students I interact with cannot think multidimensional and therefore cannot weigh out the proper connections and choices. These students end up engaging in drugs, inappropriate sexual behavior, committing suicide, not able to stay in school, not able to keep a job and not able to build and keep stable relationships. These are just some of the consequences of living with ADHD. These are large issues teens in my school deal with. So, I used to think and feel that perhaps ADHD was not a serious or even a warranted disorder. No one agreed on what it was and everyone who was compulsive, disorganized, reacting to the moment, impulsive, inattentive, easily distracted, and hyperactive were "labeled" or categorized ADHD.

### **ADHD is a Disorder**

Today I do believe that ADHD is a solid neurobehavioral disorder that a person does not have complete control over. They cannot think through situations before making impulsive and negative impact decisions and choices (thus negative consequences come with the choice). There is definitely a disconnect. They do not know so-called right and wrong. I believe ADHD is treatable and a disorder that can be worked with and somewhat controlled. However, it can never be completely corrected, nor cured, in a sense. Depending upon the severity of the diagnosed ADHD, that person will always have to battle the disorder, and in a respect, not even really understand what is happening to them. They cannot control it. There will always be a battle with making the right

choices and facing the consequences from not being able to make the connection to reality. This is ADHD.

As mentioned above in this paper, there are many questions that will come up through this Capstone Project. They will include: How is ADHD diagnosed in a child? What are some of the more serious consequences of ADHD, and what methods are used to help these children avoid these serious consequences and make the right choices? This is where intervention comes in for this Capstone manual on working with these students. What are the behavior patterns of these children with ADHD? What are some of the more serious consequences of ADHD? How does Attention Deficit Hyperactivity Disorder (ADHD) impact teens in a school setting? These issues must be dealt with and understood to incorporate the correct methods of intervention.

I have had several family members either diagnosed with, or could have been diagnosed with ADHD through the years. This is a personal and inquisitive topic for me. Students where I teach have a combination of ADHD and other learning, emotional and behavioral disorders. A large percentage of the students are diagnosed with ADHD and this is a large part of their behavior and not being able to learn in school without consequences, such as missing school, behavior issues that take them out of the classroom, inattentiveness, impulsivity to misbehave, hyperactivity, which cause them to lose focus and therefore educational time, etc. ADHD affects many students. Positive intervention methods, which includes coping skills, can reduce this time out of the classroom and increase the hours of education each student can achieve.

## **Tracking Behaviors: Focusing on Observations of Behaviors for Interventions**

This paper will focus on the observations and interactions of the student in the classroom for developing the final product: Positive interactions utilized for making the student with ADHD successful. The impact and behaviors that ADHD has on the ability for students to learn in school will be identified. Interventions will be listed. First, one must understand, what is ADHD? This will be examined in the next chapter.

According to information written in the “The Diagnostic and Statistical Manual of Mental Disorders, fifth edition,” by the American Psychiatric Association (APA, 2013), ADHD is typically diagnosed as: having one or all of these three symptoms, which include: hyperactivity, impulsivity and inattentiveness, which have all been key words in my continued project description for my manual of interventions. ADHD will be discussed in this chapter, as well as interventions. Later, chapter three will discuss and list interventions in more detail. Chapter will answer what ADHD, what the history is, what behaviors students with ADHD display and interventions used to help these students be successful in the classroom.

This project design of students diagnosed with ADHD focuses on observation of students in a particular special education school setting and in working with them in class on a daily basis. This project will present various behavior interventions for students with ADHD and define how to incorporate them and how they can be successful in the classroom. Various successful and unsuccessful results have helped in the development of successful interventions to be discussed in this Capstone. These are interventions that we use in my school and are those that work. They help students be successful.

The handbook will also be discussed in chapter three. However, in chapter two, what is ADHD and how can various interventions help, according to the research by various experts? This will set the tone for the various interventions I and others use in school, and those I will list in my manual, chapter three. Chapter two introduces what ADHD is and how to help students with ADHD be successful.

### **In summary of Chapter One**

I feel that using interventions are based on each individual child and history of behavior that child has displayed, as each student will be worked with differently, and a specific intervention, or interventions will be utilized. Chapter one has introduced the subject of interventions and asked what will work, and how to incorporate them. These are the questions in the introduction that will be answered in chapters to follow.

### **Chapter Two Preview**

In chapter two I will discuss that intervention goals in any school include a team approach. We have a strong intervention team at my school, and teachers and teacher assistance are trained well in various interventions that can be used successfully in the classroom. There are academic interventions and behavior interventions. In this capstone, the project will be a handbook of behavioral interventions suggested by experts and also used in my school.

Chapter two is about what ADHD is, the history of ADHD, behavior interventions used for students with ADHD and how if they work in the classroom. One has to understand what ADHD is, how a child may react, and what intervention to use.

## CHAPTER TWO

### Literature Review

What are the behavioral interventions that work with Attention Deficit Hyperactivity (ADHD) students?

ADHD is any of a range of behavioral disorders occurring in persons with symptoms that include inattention, hyperactivity, and impulsivity and poor concentration.

What are interventions?

What interventions are available for students with ADHD?

These questions will be examined and answered in chapter two of this Capstone project for this handbook on using and reflecting on behavior interventions for students with ADHD.

#### **What is an Intervention?**

According to S. A. Methe and T.C. Riley-Tillman in their publication, “An informed approach to selecting and designing early mathematics interventions,” one definition of intervention in the classroom is termed as, “An academic intervention is a strategy used to teach a new skill, build fluency in a skill, or encourage a child to apply an existing skill to new situations or settings. An intervention can be thought of as ‘a set of actions that, when taken, have demonstrated ability to change a fixed educational trajectory’ (Methe & Riley-Tillman, 2008).

Another definition and method of intervention in schools is that an intervention is verbal and used in a time of crisis for the student who is struggling with negative behavior and these students need to be helped in gaining control of their negative feelings

and reactions at the time. This is just one intervention or strategy to use in the classroom and involves listening to and talking with a student quietly and privately to help them be successful back in the classroom. One of these interventions, especially in time of crisis, which we use in my school are, among various other interventions, includes “Life Space Crisis Intervention (LSCI).” This is just one one strategy of intervention. “Life Space Crisis Intervention is a therapeutic, verbal strategy for intervention crisis,” according to Nicholas J. Long and associates in his book, “Life Space Crisis Intervention: Talking with students in conflict, 2nd edition (Long, 2001). This process uses student’s reactions to stressful events, which can seem monumental to students with ADHD at the time, and tries to change behavior, enhance self-esteem of the student, reduce their anxiety and to expand their understanding and insight into their own and perhaps others’ behavior and feelings.

This is an insight into what interventions are and what they are designed to accomplish. There are many methods and discussions as to what interventions to use, how to use them and when. Each student is different, and each student changes their moods everyday. Each intervention will not work the same every time. However, before using interventions and determining what works, one has to be familiar with what ADHD is and the history behind it. How do these students think, move and react in the classroom and world around them?

### **Background of Project**

I educate students in grades 9-12, and teach a life skills class, as well as a study class for all of the subjects, social studies, math, science, art, language arts, physical

education and health classes. These interventions could be effective with any student, however this is the area I teach right now, and the students that these methods are successful with. This is a private special education school with Emotional Behavior Disorder (EBD) students. These behaviors and methods help students be successful in school. However, ADHD is the primary focus. This chapter will discuss what ADHD is and interventions. What is the history of ADHD? What is the definition of ADHD?

The project design of these interventions in this handbook will focus on students in grades 9-12, who may have other disorders and behavioral issues, and are also diagnosed with ADHD, or ADHD alone. These are interventions that are used everyday in my school. Some interventions work at certain times, some do not work at certain times. These are being used in a special education private school, with a campus that houses the 100 students. School is in session year-round. These interventions are and can be used in any school.

### **What is ADHD?**

The definition of Attention Deficit Hyperactivity Disorder (ADHD) is: (Inattention, Impulsivity, and Hyperactivity): and, according to information written in the “The Diagnostic and Statistical Manual of Mental Disorders, fifth edition,” by the American Psychiatric Association (APA, 2013), ADHD is typically diagnosed as: having one of these three presentations: A combined presentation of inattentiveness, hyperactivity and impulsivity, or inattentiveness only (formerly known as attention deficit disorder, ADD), or hyperactivity/impulsivity. Questions and answers to what ADHD is, along with this definition comes several questions that are studied. These

questions and concerns of ADHD are presented by information gathered by the American Psychiatric Association (APA) presented in “The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5).” According to the APA, the questions and concerns by caregivers of children have included (with a short answer or understanding to the question, paraphrased from DSM).

**Concerns:**

Will my child be able to outgrow ADHD?

ADHD will continue into adulthood in most of the cases. By developing their strengths, structuring their environments and using medication when needed, adults can lead very productive lives.

Why do so many children seem to have ADHD today?

The number of children who are being treated for ADHD has now risen. It is not clear whether more children now have ADHD, or that more children are now being diagnosed with it. However, ADHD is now one of the most common and most studied pediatric conditions. So, due to greater awareness and better ways of diagnosing and treating the disorder, more children are now being helped.

Is there actually a cure for ADHD?

No, there is not. At this time, there is no scientifically proven cure for the disorder ADHD. With a proper treatment plan, including medication, the symptoms of ADHD can be somewhat managed, but this may not alleviate all of them.

**What causes ADHD?**

The most up-to-date research shows that ADHD is a biological condition in which

the symptoms of the disorder are also dependent on a number of factors, including family genetics. (APA, 2013).

In this research, it has been revealed that there are solid deficits and consequences that impact the teen student in school and in their ability to learn.

### **Background and Explanation of ADHD**

ADHD is a developmental disorder of self-control (Barkley, 2013). According to these studies, ADHD is having problems with attention span, activity level and impulse control. This disorder is also an impairment in will and the capacity to control behavior, not being able to keep future goals and consequences in mind. The key word being consequences. ADHD is not just being inattentive and overactive. It is also not caused by parental failure to properly discipline or raise the child, and it is not considered being bad (Barkley, 2013). ADHD is considered to be a real disorder today, a real problem and a real obstacle. ADHD is not usually viewed as a disability like being blind, deaf, having cerebral palsy or other such physical disabilities. Children with ADHD look normal. However, something is physically wrong within their central nervous system or brain and This causes the constant motion, the poor impulse control, the distractibility and other behaviors that people cannot tolerate. (Barkley, 2013).

### **Overlooking Symptoms of ADHD**

In schools, as well as in society in general, teachers and others try to overlook the teen's interruptions, blurted and inappropriate remarks, constant movement, and other social miscues, lack of judgment and violation of rules. With repeated encounters, teachers, parents and others perhaps, try to exert more control over the child. The child

fails to respond and the adults decide that the child is being willfully and intentionally disruptive. So, it is usually determined that the child is being raised improperly. The teachers do not know what they are doing. It is determined that the child needs more structure, discipline, limit setting, and a stricter reign. The entire setting is considered dysfunctional, whether it be in school or at home. Someone is not controlling the child properly, according to Barkley and his research. (Barkley, 2013).

Eventually, without treatment, the child and teen's life is out of control and filled with failure and underachievement. This means consequences, like being left behind in school, having to repeat a grade, social relationships are impaired, there is friction with siblings and parents missed school, and substance abuse.

### **Behaviors Exhibited in Students with ADHD**

According to information published in the Diagnostic Statistical Manual of Mental Disorders, fourth edition, and the American Psychiatric Association, persons with ADHD exhibit such consequential behaviors as one, or combinations of:

Fidgeting with hands or feet or squirming in their seat (adolescents with ADHD may appear restless);

difficulty remaining seated when required to do so;

difficulty sustaining attention and waiting for a turn in tasks, games, or group

Situations;

blurting out answers to questions before the questions have been completed;

difficulty following through on instructions and in organizing tasks;

shifting from one unfinished activity to another;

great difficulty in delaying gratification;  
wide ranges in mood swings;  
difficulty in listening to others without being distracting or interrupting;  
losing things necessary for tasks or activities;  
failing to give close attention to details and avoiding careless mistakes. (APA, 2013). According to Esta Rapoport in her book, “ADHD and Social Skills: A step-by-Step Guide for Teachers and Parents:” “ADHD is an actual disorder or syndrome. Whatever you want to call it, it is real and it exists. Both teachers and parents know these children are bright. It is just that their ability to do academic work is impeded by behavior that is socially inappropriate, whether they have social skills problems or problems with distractibility or both of those difficulties.” (Rapoport, 2009). Yes, there is a real history to ADHD. The story and definition of ADHD have a colorful and inquisitive past.

### **History of ADHD**

Rapoport points out that, Sir George Frederic Still, in 1902, initially described the symptoms of ADHD. In research, it was also noted that Still published his doctoral thesis in 1897 describing a form of childhood febrile arthritis, known as Still’s disease, and later he was known for research and writings on what was termed Still’s murmur on heart disease and Still’s rash. (Rapoport, 2009).

In 1902, Still observed behavioral symptoms in certain children who seemed hyperactive. He focused in on this. These same symptoms are similar to those that teachers and parents see today in children and teens. (Rapoport, 2009). ADHD is born.

Still then went on to explain moral control in children and the control of their behavior. He referred to hyperactivity and impulsive behavior, neither of which the child could control. (Rapoport, 2009). Still surmised that there was a deficit in moral control as he called it. This caused three distinct impairments. They were: “a defect in cognitive relation to the environment; a defect of moral consciousness and a defect in inhibitory volition.” (Rapoport, 2009, pg. 12).

Then, from 1917 to 1918 encephalitis caused brain damage in people and this caused an increased investigation into the causes of ADHD once again. Later, from 1941-1947, Heinz Werner, Alfred Strauss and Laura Lehtinen developed the concept of the brain injured child. This could occur either before or after birth. The behaviors of the brain damaged child were then described at the times as being hyperactive, distractible, impulsive and highly emotional and insistently trying to repeat something. (Rapoport, 2009, pg. 12). Many of these children did not have brain damage, and in time, the distractible, hyperactive and impulsive characteristics they displayed could not be taught traditionally. So, they were placed in non-traditional classrooms and schools with smaller, more organized classrooms, with fewer distractions.

In the 1950s the term brain-injured child was changed to minimal brain damage. Later, after suggestions by the National Institutes of Health (NIH), the term was changed to minimal brain dysfunction. In 1957, the term was changed to hyperkinetic impulse disorder. (Rapoport, 2009). In 1960, S. Chess, replaced the term with hyperactive child syndrome. He said the hyperactive child was one who carries out activities at a higher rate of speed than the average child. (Rapoport, 2009). In 1966, the National Institute of

Neurological Diseases and Blindness came up with more than 90 symptoms of this disorder.

### **Early Model of ADHD is Formed**

Then, by the 1970s, the basic characteristics of the hyperkinetic or hyperactive child syndrome were expanded to include impulsivity, short attention span, low frustration tolerance, distractibility, and aggressiveness. (Rapoport, 2009).

Continuing with research, P. Wender and V. I. Douglas, from 1971-1972, described an early model of ADHD (although term not yet used). This included brain dysfunctions including the symptoms of: Motor behavior; Attention-perceptual cognitive function; learning difficulties; impulse control; interpersonal relations and emotion (Rapoport, 2009). Douglas also found that impulse control and attention deficits were a problem for children as much as was hyperactivity. In 1980, Douglas also expanded on his research and original model, describing several deficits of ADHD. These were investment, organization, maintenance of attention and effort, inhibition of impulsive responding, modulation of arousal levels to meet situational demands and an unusually strong inclination to seek immediate reinforcement. (Rapoport,2009).

### **The New Term: Attention Deficit Hyperactivity Disorder (ADHD)**

In 1980, Attention Deficit Disorder (ADD) became the new term, due to Douglas's work. The American Psychiatric Association (APA), in the "Diagnostic and Statistical Manual of Mental Disorders," (DSM-III), placed a greater importance on inattention and impulsivity, than hyperactivity, so the new disorder became ADD. In 1987, the DSM-III became DSM-IV and changed the attention deficit disorder (ADD) to

Attention-Deficit/Hyperactivity Disorder (ADHD). (Rapoport, 2009).

In the 1990s, neuroimaging research proved that there was activity in children with ADHD, especially in the frontal regions. Researchers found that the posterior sections of the brain in children with ADHD are significantly smaller than in those without ADHD. (Rapoport, 2009).

The DSM-IV then introduced the term Attention-Deficit/Hyperactivity Disorder once again. This was termed predominantly inattentive disorder, or ADHD-I. Evidence of symptom pervasiveness across settings and demonstration of impairment in a major domain of life functioning, such as at home, school and work were found. It was found that social and environmental factors influenced whether or not a child had ADHD which was comprised of mostly inattention without impulsive-hyperactive behavior. Researchers found that there may be possibly a qualitatively distinct disorder in children who show hyperactive-impulsive behavior. (Rapoport 2009). Brown, 2007, described the inner workings of children with ADHD in a model, which was:

Activation: which consisted of organizing, prioritizing, and activating for work;

Focus: that of focusing, sustaining and shifting attention to various tasks;

Effort: and then regulating alertness and sustaining effort and one's processing speed;

and Emotion: which was managing frustration and modulating the emotions.

(Rapoport, 2009).

**Finally: It is ADHD**

This was finally known as, and presented as what we know today as ADHD: Attention-Deficit Hyperactivity Disorder. ADHD has no specific diagnostic category, or unique behavioral characteristics. Rapoport writes in her book that through her many years of teaching children with ADHD, as well as her field research, that those children with ADHD do not fit into a specific diagnostic category. She states that teachers must be aware of the specific and unique behavioral characteristics of each child with ADHD. She says most are distractible, but that not all are impulsive. Not all have social skills problems, although some children may exhibit organizational difficulties, she states.

“The areas of the brain that reflect difficulties for children with ADHD are those that control self-regulation in their thinking, attention and planning. Therefore, the maturation of the brain is quite normal, but merely delayed, which should assure teachers and parents alike that these children’s symptoms should diminish as they mature because at some point, the child will have normal brain maturation,” Rapoport says. However, the symptoms of ADHD have not changed. There are still socially inappropriate symptoms exhibited. There is a lack of social skills. (Rapoport, 2009).

**To Know Interventions is to Know the Impact ADHD has on Students**

ADHD can have a huge impact on children’s lives at home, with peers and certainly at school. According to Russell Barkley, PhD., author of “Taking Charge of ADHD: The Complete Authoritative Guide for Parents,” (3rd edition), 2013, peer Relationship problems can be the most upsetting of all problems faced by children with ADHD. The child is rejected by other peers, which cause emotional devastation. The

child's self-esteem is damaged. It becomes difficult at home, creating problems at school and making it difficult to control the child in the social environment. The child's overactivity and impulsivity are often considered irritating or aversive to other children, especially if the other children are trying to do work in a school setting or are playing a structured game. Other children do not like the bluntness and frankness of the child with ADHD. Other children are also threatened by how easily the child with ADHD becomes upset, aggressive and frustrated. The child or teen with ADHD gets a bad reputation among neighborhood and school peers and struggles to fit in. (Barkley, 2013).

The one major social problem in the ADHD teen's (or child's) life is an underdeveloped sense of time and future. These teens live in the moment, so what they get right now is what's the most important to them, period. This means that regular social skills have no meaning to them. Social skills which generally do not have no immediate payoff, like sharing, cooperating, taking turns, keeping promises and expressing an interest in another person, generally do not seem very valuable to a person with ADHD. They want payoff and gratification now. This is a huge deficit and has many consequences with it. (Barkley, 2013).

Because children with ADHD fail to consider future consequences, they do not see that their selfishness and self-centeredness in the moment will result in their losing friends in the long run . They do not understand the concept of building close relationships based on mutual exchanges of favors and interests. In my project and in reading Barkley's book, in the school or elsewhere, a teen or child student with ADHD is, in a sense, no different than any other child without a Learning Disability (LD).

According to Barkley, the parent and teacher will work with the child on good social skills; help child deal with teasing (or bullying); have positive peer contacts at home and school; positive peer contacts in the community and for parents to recruit help with peer problems at school. This seems to be the universal feeling, or should be, for how we want all our children to grow up and be helped. (Barkley, 2013).

### **The system is Set to Fail**

“But, for millions of children with ADHD, the system has been set up for them to fail. It’s the curriculum and classroom setting that is the problem, not the child.” (Archer, 2015, pg. 85). Furthermore, in studies of teens and those older, to determine if the ADHD brain matures slower, or if the disorder normalizes as one gets older, Enrico Gnaulati, Phd. includes in his book, "Back To Normal: Why Ordinary Childhood Behavior Is Mistaken for ADHD, Bipolar Disorder, and Autism Spectrum Disorder" (2013), information on those shedding this disorder label by the time they are older in life. He cites work done over a fifteen-year period of time by Dr. Philip Shaw and his staff at the National Institute of Mental Health. According to Shaw in his study, they Scanned the brains of 223 children and teens at three-year intervals using magnetic resonance imaging equipment. The brains of an identical number of children and teens without ADHD were also scanned at the same intervals. It was discovered by Shaw that the brains of the ADHD children and teens were normal, but had matured much more slowly. The study showed that ADHD children and teens brain developed about three years behind that of the non-ADHD persons studied. (Gnaulati, 2013, as cited by Shaw, 2007).

Looking at this project paper and manual, those teenage students in school

everyday, when entering the classroom, function with normal brains in a sense, but at a slower level of development, which cause deficits and consequences in their daily lives. The student may be 13 for example, but he or she is functioning at a brain level of 10. They cannot act their chronological age. Therefore, they are behind others at their age in that particular grade level or classroom setting. This is why those diagnosed with ADHD seek out younger peers to interact with. This may also be why such students irritate other students of their age in the classroom, in the neighborhood and other settings. They simply are not acting their age, but are expected to. Their brain level function is expected to be higher than it is, and it is not, so they cannot keep up in school, for example, and they become frustrated, irritated, agitated and unable to learn. This is where the proper intervention, at the proper time, in the proper setting is needed. These will be listed in chapter three of this Capstone.

In his study, Shaw found that the basic brain biology is intact in those persons with ADHD. The timing of the brain is different. In his studies, he found that if ADHD was a complete deviation away from normal brain development, you would expect the sequence to be completely disrupted. It was not. ADHD is a delay in brain development, it is suspected. So Shaw equated that what many ADHD children and teens may need are cognitive and emotional enrichment experiences, and time. (Gnaulti, 2013, as cited by Shaw, 2007). However, these studies have not been conclusive and accepted by Everyone. It is not conclusive that those with ADHD grow out of it and catch up as they get older. There have been many studies on what ADHD is and what causes it, as mentioned earlier in this paper.

### **The Impact of ADHD Still Continues Today**

The impact on ADHD teens in school is still observable and able to be tracked and documented. These students with ADHD in the classroom display symptoms of inattention, impulsivity, and hyperactivity. This in turn causes a negative impact on that student's learning and education, among other consequences. These can be, but are not limited to also, an inability to cooperate, wait one's turn, stay focused on task, follow directions and stop moving or talking in the classroom. These are added challenges that ADHD students face in the classroom, on top of just what is considered normal expectations and developmental challenges of those students without ADHD. In the classroom setting, several publications include the same checklist of symptoms as set by the DSM-V. Others not listed earlier also included further setbacks that ADHD students struggle with. These included engaging in dangerous situations, shifting to several activities and not being able to focus on one, not following through on tasks, and constantly moving about or fidgeting. In several cases, students will walk back and forth in a classroom (for most of the period, get into cupboards and other peers' desks, or just walk out of the room.

In the book, "The Drama of the Gifted Child," by Alice Miller (1997) she expressed another view: that all mental illnesses are the result of traumas experienced in childhood. She stated that childhood traumas fell along a spectrum, from sexual exploitation of a child by parents to parents denying the child's needs for respect, mirroring, understanding and sympathy. This specter of psychoanalytic "blame," she analyzed, continued to later haunt parents. (Miller, 1997).

In her book, “A Disease Called Childhood: Why ADHD Became an American Epidemic” by Marilyn Wedge, PhD, she writes that trauma is not always the result of abuse or neglect. Outside the medical community trauma means something dramatic and exceptional, such as abuse, a serious accident or death of someone close in the family, for example. The psychiatric definition of such an experience of trauma is a situation that violates one’s basic understanding of the world and one’s expectations of how people treat one another. (Wedge, 2015).

### **Drugs Have Big Impact on Students With ADHD**

Another deficit to teen and all students with ADHD is drugs. This can impact the student’s behavior in the classroom, causing more concern for proper and safe Intervention. Wedge points out that more than half of the doctors who authored the DSM-IV had financial connections to the pharmaceutical industry. She said this helped to fuel the big ADHD epidemic. She calls it, the marriage of “Big Pharma and Big Psychiatry.” (Wedge, 2015). Wedge explains that two critical issues need to be explored in answering how ADHD and stimulant drugs came to gain such an unprecedented hold on society, and how we came to believe that amphetamines are “safer than aspirin” for kids. These two issues include, as she puts it: “How the unholy alliance between Big Pharma and influential academic child psychiatrists came to be so powerful; and, how Big Pharma and Big Psychiatry managed to seduce the hearts and minds of the American public so that ADHD and stimulant drugs have become part of our national character.” (Wedge, 2015, pg. 67).

Many psychiatrists express the view of the DSM, that ADHD is a biological

condition that requires a lifelong treatment with medication. According to Wedge, psychiatry had always argued that children's hyperactive behavior could result from physical causes such as brain injury, a disease such as encephalitis, structural neurological defects and various poisons. These were termed "mild" or "minimal" brain damage. It was later changed to "minimal brain dysfunction."

In 1931, George Bradley started the first hospital in the country devoted to children with neurological and behavior disorders. The hospital also provided schooling for the children. This is where it all started with the administering of medications. In 1933, Bradley continued to do all he could to care for these children who were dealing with a wide variety of behavioral and neurological problems, from educational disabilities to neurological conditions, including epilepsy. There were children with intellectual deficiencies and specific reading disabilities. Some of the students were aggressive and assaultive, while others were shy and withdrawn. To control these situations, Bradley turned to something new--drugs. (Wedge, 2015).

That same year then, 1933, a Philadelphia pharmaceutical company called, "Smith, Kline and French," launched a new drug. It was called, Benzedrine, packaged as an inhaler. This was a nervous system stimulant used for decongestion of nasal passages. The drug had a euphoric effect on patients when they used the inhaler. They marketed it for patients who suffered from mild depression. They also discovered it worked as a performance enhancer that improved mental alertness and concentration. This amphetamine drug became a golden opportunity to develop a wider market for Benzedrine. (Wedge, 2015). Later, as Wedge explores the history of drugs, she makes

note that Benzedrine is used to improve mental alertness to soldiers in the military in World War II. The Germans used an amphetamine called Pervitin (similar to Adderall) to keep their pilots alert during the blitzkriegs in 1939. The British and Americans soon started experimenting more with amphetamines and found that pilots could stay awake with these drugs, especially help them to concentrate. They began including packages of Benzedrine pills (“bennies”) in the kits of pilots. (Wedge, 2015).

In the 1930s then, Smith, Kline and French began supplying a free supply of Benzedrine to interested doctors, hoping to find new markets. This is how Bradley started using Benzedrine for his children at his facility. He was hoping that the drug would relieve the severe headaches children suffered after a medical procedure to discover brain lesions. He thought the headaches were caused by the loss of spinal fluid during the procedure and felt Benzedrine would stimulate the brain to produce spinal fluid. It did not have much effect.

However, he discovered that the drug had a huge impact on their school performances and on their behaviors. (Wedge, 2015). The children tested were less noisy, less irritable, and less aggressive. Their mood swings diminished. Some children noticed their improvement, Wedge writes about Bradley’s research, and called the Benzedrine pills, “Arithmetic Pills.” However, he also believed that drugs could not replace psychotherapy as a way to permanent health. He used drugs only when he felt they were needed. Through further research it was also found that amphetamines sometimes produced unpleasant side effects in children, including insomnia, appetite loss, nausea, dizziness and fearfulness.

Today, some parents feel various drugs help their children deal with ADHD and some do not. It all depends upon the situation and if there is a positive reaction in helping a child's academic performance and social behavior. It is also therefore disputed that if children have undisputed brain damage from disease or head injury, prescribing stimulant medications to help them learn in school is reasonable and acceptable. For those without actual brain damage from such causes as encephalitis, meningitis, cerebral palsy, brain tumor, epilepsy or head injury, it has been argued that these drugs not be used. However, all of this has to be considered when using positive interventions with the student in the classroom.

### **Know the Child as to How Certain Interventions Will Work**

Wedge suggests that doctors consult with social workers and child therapists using a possible checklist before relying on any specific symptoms and prescribing drugs. This includes: looking for: "adverse childhood experiences such as physical, sexual abuse or neglect (various traumas in life); inappropriate discipline or absence of discipline; chaotic and disorganized home; a parent's illness, injury, loss of employment or even chronic happiness; unhealthy diet; excessive screen time; divorce or chronic marital problems; conflict with a teacher or boredom in the classroom; insufficient sleep on an ongoing basis; insufficient physical exercise; misinterpretation of a child's normal behavior during a developmental phase."

Therefore, in conclusion, Wedge goes on to state that if the child is having problems after the cause or causes are clear, interviews with the pediatrician or child psychiatrist should take place, and then family therapy, individual therapy and training classes can

happen. If none of these solves the problems, after checking the above list, the doctor should consult with colleagues before prescribing psychiatric medications for the child.

Wedge writes, “I am confident that if the actions I propose become standard practice, only a tiny fraction of children would be medicated for behavioral and learning problems and the ADHD epidemic would disappear.” (Wedge, 2015, pg. 90).

### **Drugs Used to Treat ADHD**

Primary drugs used to treat ADHD include:

Psychostimulants – stimulate central nervous system, and have a calming effect on people with ADHD.

Most commonly used psychostimulants for treating ADHD in children and adults:

Dexmethylphenidate: Focalin; Amphetamine-Dextroamphetamine: Adderall.

Dextroamphetamine: Dexedrine, Dextrostat; Lisdexamfetamine: Vyvanse.

Methylphenidate: (Brand names) Ritalin, Concerta, Metadate, Daytrana.

### **Chapter Three Introduction**

Chapter three will discuss the project description of what interventions are needed in the classroom, what interventions are available and what are successful and what interventions are not successful. Going into chapter three, the teacher should know who your students are, know what your role is in the classroom, understand and implement the proper skills needed in the classroom, have documentation and tracking students for each student to track progress and identify any barriers to be addressed.

## **CHAPTER THREE**

### **Project Description**

What are the behavioral interventions that work with Attention Deficit Hyperactivity (ADHD) students?

The project is a manual of interventions for students with Attention Deficit Hyperactivity Disorder (ADHD). Interventions used for behaviors of these students will be tracked by a system. This information that is observed and tracked can be documented and then educators in the classroom will use the handbook for utilizing various interventions with various behaviors of students with ADHD. The project, or curriculum for behavior intervention, would be used in the classroom with students challenged with ADHD and similar disorders on a daily basis, every class, throughout the day, all year. The tracking system would help accumulate data for each student's behavior, and the intervention handbook will help to direct various methods to use with each behavior.

What works? What does not work?

This particular project study was utilized and continues to be utilized in my special education school classroom setting. The students are tracked and data collected. Behaviors are known for each student, as well as what interventions may work. There were 60 students tracked, grades 9-12, in all of the classrooms, on a daily basis, for one term. This can continue all year as a regular project. The students started school at 8:50 a.m., had a half hour off for lunch and continued through the day until 3 p.m. Each student in each class is observed for disrupting behaviors and it is documented. The sheets follow to the next class. There are six classes, including social studies, math, science, art, language arts, skills/study and physical education and science. At the end of the day, this tracking data is recorded. This helps to help the student be aware of behavior that is negative, and therefore helps the student be successful. It helps the teacher be

aware of negative behavior, so that the teacher can be more successful. Proper behavior interventions help in a better education.

What are the interventions that work with Attention Deficit Hyperactivity Disorder (ADHD) students? In this manual, various intervention methods can be utilized. The students that I am working with currently are at a private academy at a private school in rural Minnesota. They are in grades nine through 12. There are about 100 students on a campus setting, living in dorms, ages five to 19, in grades from one to 12. They come to school every day of the year, except the weekends. The school special education teachers, general education teachers, teacher assistants and intervention staff utilize various intervention methods every day to help the students be successful. I am a general education teacher, teaching life skills right now.

### **ADHD and Interventions**

ADHD is any of a range of behavioral disorders occurring in persons with symptoms that include inattention, hyperactivity, and impulsivity and poor concentration. The previous explanation of ADHD in chapter two and how these students function will help in using interventions. Each student is different, and must be treated differently. Each student has a different modified routine. What are the interventions? Various interventions are being done in my current school on a daily basis, a special education school for EBD students. Chapter three is the listing and explanation and implementation of the final product, the interventions and what they are and how to use them. This is the project--the interventions and using them, and what works and what does not work.

With all of the previous information, the educator is knowledgeable of how the

student is thinking and functioning. The previous chapter helped with this. This will help in making the student be successful, and know what intervention methods must be used. These are interventions that help students in the classroom. These are interventions that work. Each student is different and has their own IEP or Individualized Education Program, and so each student has a different or modified routine and intervention from each other. The same intervention may not work on the same student every time, but these methods are needed. Now that information has been presented on what ADHD is, and is not, interventions can be determined to help make the student successful. Attention Deficit Hyperactivity Disorder (ADHD): ADHD is a pattern of: behavior, present in multiple settings, such as school and home, that can result in various performance issues in social, educational or work settings. The symptoms are divided into inattention, hyperactivity and impulsivity, that includes behaviors such as failure to pay close attention to details, difficulty organizing tasks and activities, excessive talking, fidgeting and an inability to remain seated in appropriate situations. (DSM-5).

This chapter focuses on classroom intervention strategies to enhance the learning environment for students with Attention Deficit Hyperactivity Disorder (ADHD). An overview of ADHD has previously been presented along with a brief description of the challenges students with ADHD typically demonstrate in the classroom. Strategies for academic interventions and behavior management are included. Interventions are needed in these types listed here. The Diagnostic and Statistical Manual (DSMV, APA, 2013) criteria for diagnosing ADHD lists three types of ADHD and the characteristics.

## **The Behavior Tracking, Behavior Display, Behavior Intervention Curriculum**

The project ahead now is to determine what interventions to use, use them, see what works and what does not. To determine interventions, data on behavior must be collected through a tracking system process, or tracking sheet. A newly-developed sheet has been designed for this project from a design used at my school, developed by the school Principal Theis. (Theis, 2017). (See Appendix A for behavior tracking sheet).

There are three types of criteria used for diagnosing ADHD (DSMV, APA, 2013):

Predominantly inattentive type: the student may: submit inaccurate or incomplete work; have difficulty attending to conversations, activities, or tasks; be easily distracted; have difficulty following directions; frequently lose materials, and/or; have difficulty organizing tasks and materials.

Predominantly hyperactive/impulsive type: the student may: appear to be in constant motion; frequently fidget or move in his or her seat; become restless during quiet activities; leave his or her seat when expected to remain seated; interrupt others and classroom activity; talk excessively, and/or; fail to follow classroom procedures (e.g., blurt out answers without raising hand).

Combined type: the student may exhibit symptoms that include behaviors from both categories above. For a student to be diagnosed with ADHD, symptoms must appear before age 12 and be prevalent across at least two of the types. As discussed in chapter two, there must also be adverse effects on a student's academic performance, on job success and social and emotional development. (APA, 2013). Children with ADHD are also likely to have coexisting emotional, behavioral, developmental, learning or physical

conditions. (Wolraich and DuPaul), 2010). The project of recognizing negative or inappropriate behaviors and what interventions to use are included here.

It is also important to note that modifications, accommodations and interventions in the classroom can be closely related. However, they are different. This paper discusses behavioral interventions. Accommodations and modifications are discussed a lot in developing an IEP or Individualized Education Program, based on a federal model to be followed, or 504 Plan, based on the local school district model to follow.

Accommodations change how a student learns the material in school. A modification changes what a student is taught or is expected to learn. In classroom instruction, an accommodation might be if a student has reading issues, that student might be able to listen to an audio recording of the text instead. In classroom instruction, a modification to the curriculum could be that the student be assigned shorter or easier reading assignments, but still be expected to learn the same material as their classmates. Interventions are implemented in the classroom to try and change behavior, while enhancing self-esteem of a student, reducing their anxiety in the situation and trying to expand that student's insight into their own and perhaps others' behaviors and feelings.(Long, 2001).

The project continues in the special education private school where I teach. There are approximately 60 ninth through twelfth grade students in my six periods of classes per day total. The students are housed on campus and come over to the school daily, year-round. The setting is one with EBD students. The interventions take place daily in my classroom, skills/study class. The project presents, explains and defines interventions

that work, and what does not at certain times. These interventions may work one time with a student, but not another time. All are proven to work, but it has to be determined by the teacher when and where to use them, learn if they worked or not, and try another if not. This is the continuing project of interventions for students with ADHD. The project is to learn and know which interventions to use, and when, as each student is different, and has to be intervened with differently as well.

### **Inappropriate Behaviors and Behavior Interventions to Use**

The project is a handbook of Behavioral Interventions to use in the classroom with students with ADHD. Included in the project curriculum is a behavioral tracking system to support the teacher in being aware of each student's behavior in each class environment. This helps the teacher to utilize what intervention works with what behavior from the handbook.

Areas of behavior where most students diagnosed with ADHD seem to struggle, as noted in the handbook, include: Tone and volume; inappropriate physical boundaries; inappropriate interactions with others, not completing assignments; not being in one's assigned area; not following directions and expectations in the classroom; the student is not participating appropriately in class; student is not able to self-regulate one's emotions and negative behaviors; and not following personal goals set for them.

The interventions to these behaviors are discussed and available in the handbook, the project portion.

### **Conclusion of Chapter Three**

In interventions, staff members should develop a regular set of supports in the

classroom, including certain eye contact when needed, indicating attention from the student and what that student should be doing, proximity to the student, hand gestures you use, perhaps various rewards, certain times things are done, various visual, audio and environmental prompts. The classroom should run and operate a certain way every time, so that students know what to expect, and there are no surprises. A major goal in classroom interventions is to make sure the student is productive, safe and that aggressive or physical altercations do not arise, involving property damage or physical harm. This is one project design that can be followed in the classroom on a daily basis, and should be successful. There are many methods available and used. These are just some. (Doerries, 2015).

One should be aware that time out of the classroom is a detriment to the student's ability to learn. However, with students of ADHD, sometimes it can be helpful, and they can be ready to return to the class and be productive, without disrupting the rest of the class.

These are negative behaviors students with ADHD display on a daily basis. I use these methods on a daily basis with teen students, grades nine through 12. They can be utilized in any classroom grade and environment, grades one through 12. Because a student with ADHD displays symptoms of impulsivity, hyperactivity and inattention, this student struggles in any classroom setting with staying on task, not remaining in their seats, poor interactions and tone and volume in the classroom, among other areas listed earlier. The major goal is to work with these students in seeing what is happening and to guide them in working with these setbacks to improve learning and their lives. This guide

on interventions is to show this impact of ADHD and help educators to improve on how to help these students through individual needs and programs. The interventions will not work every time, and will even vary from day-to-day with each student, depending on their mood. However, variations can be used and adapted, and that is the extent of what can be done.

Keeping a student in the classroom does not always work, as they may escalate quickly, and then have to be coaxed to leave, or escorted out by intervention staff. An excited or attacking tone will escalate the situation. Sometimes proximity to a student will not work, and the student will become defensive or anxious. Sometimes, as long as an assignment is turned in showing effort, but late, can be accepted anyway. At times, allowing students to move will also allow them to negatively interact with their peers. And, remember, student with ADHD will usually struggle with accepting and following directions. So, sometimes, no participation is good participation, maybe allowing the student to self-regulate without engaging for a bit, and then getting back on Track.

**Praise! Praise! Praise!**

Students with ADHD need “Praise, Praise, Praise:” When teachers use this among the interventions, students with ADHD respond positively. Verbal feedback should be both praise and corrective statements. Simple, but specific phrases should be used that clearly identify the desired behaviors. Be polite and use, thank you, please and other such phrases. Be to the point in directives and move on. Frequent prompts will be needed. Any corrective language directed toward the student with ADHD should be directed at the student’s behavior, not at the student. Do not shout, or raise voice, remain calm and flat.

## **CHAPTER 4: Conclusion**

### **Overview/Introduction**

What are the behavioral interventions that work with Attention Deficit Hyperactivity Disorder (ADHD) students?

There is plenty of information about ADHD, what it is and how it surfaces in students. However, information seemed limited and vague when it came to students with ADHD in the classroom and various interventions to use. The behaviors were well-documented in literature and information I researched, but interventions were not as accessible. This is a reflection of my project of ADHD behaviors and interventions.

I am hoping this project piece will be material that educators will have something to read through or browse time-to-time to get other perspectives and ideas of working with students in their classroom with Attention Deficit Hyperactivity Disorder (ADHD). All schools follow a type of procedure in their classrooms. This can be another type of behavioral interaction process they could adapt and use in their everyday curriculums.

In this chapter, I will provide what I have learned throughout this project. I will discuss the most important points of the literature and new connections and understandings I now have from the literature review. The implications of my project will be provided in chapter four, as well as possible limitations. Future projects from this project will also be examined in this chapter. The results and interpretations of this project will be communicated in the conclusion. Finally, in this chapter, what is the benefit of this project to the profession? This is important because it is another tool to help teachers, which will be discussed further in this chapter.

## **Explanation and Description**

### **What I learned**

In writing and completing this Capstone project, there are several aspects that I have learned and concluded: what may have worked and what may not have worked, and areas that could be improved and continued. One important point is to know each one of your students, as to how they learn and behaviors they display.

The purpose of this project is to provide another alternative to behavioral interventions that can be used in the classroom. Classroom management has always been a concern. The educator will work with the student in the so-called mainstream school classroom, or that student will go to a special education setting. In any case, these are possible behaviors educators will see and interventions that may be incorporated in the classroom. This project design makes a contribution to any classroom curriculum, setting behaviors seen by students with ADHD and possible interventions that would be used in instruction. Therefore, I also learned that no one student always presents the same behavior, and no one possible intervention will always work.

Some of my learnings were unexpected. This included so much material on ADHD and what it was. This was overwhelming and hard to sift through. However, there were many opinions on behavior and how students with ADHD act and various intervention ideas of how to interact with these behaviors. It was difficult, however, to find many solid interventions that were not more opinions than actually implemented ones.

## **Revisiting Literature**

I felt that one of the most important parts of the literature review was various writings from experts on how a student with ADHD acts and reacts in any general setting, plus while in the classroom. There needs to be an understanding of ADHD; which I tried to provide in chapter two, before one can implement any interventions they hope will work. One of the helpful sources was the American Psychiatric Association (APA) and “The Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This provided much history of how ADHD came about and how the child acts. Another important source was from the William and Mary Training and Technical Assistance Center, in their publication “Classroom Interventions for Attention deficit Hyperactivity Disorder Considerations Packet.” (Doerries, 2015). Unlike many publications, this one centered on behavioral interventions and not so much academic ones. This was another area that made research difficult. So much information presented in my research dealt with academic interventions, and not behavioral ones. Students with ADHD display behavioral concerns that need to be worked with. This is one of their major deficits in learning, or academics, inappropriate behavior in society. These are some new connections I have made.

## **Possible Implications**

One of the possible implications of this project would be, of course, having this project available to educators as a further tool to read through or study to find maybe new and different ideas in behavioral interventions they may not be using. Another would be to combine academic and behavioral interventions more so than they are today. In my research, it seemed the academic curriculum and academic interventions were somewhat distanced from behavioral interventions. The management of behavior, or behavior interventions in a classroom is its own curriculum, or certainly a major part of the regular classroom curriculum. It is even more important in a classroom with students with ADHD. As discussed in the literature review, more and more students are being diagnosed with ADHD. It therefore, academically, becomes crucial that the classroom environment is properly managed and safe for young adults and children to learn.

### **Possible Limitations of Project**

One limitation of my project would be that there are so many variables in behaviors shown by students with ADHD. Not one behavior is ever the same, and not one student will ever show up to class day in and day out showing the same pattern of behavior. The behaviors change, and the interventions must change. This is a practicing project which is developed as a quick guide to possible behaviors and interventions. There can be many more behaviors that are not always so prevalent, and therefore not listed here. Therefore not all possible interventions are listed in the project manual or handbook. In the final project, handbook, this is where the constant tracking of students' behaviors is important.

The template in the project handbook will help the teacher get to know each student with ADHD better and track their specific needs and any changes they may show.

Therefore, one limitation would be that the teacher does not know the student well enough, and is not familiar with behavioral interventions. This final project handbook of the ADHD behavioral intervention curriculum will help.

### **Future Projects**

One of the related future research projects could include expanding the study and tracking of students in the regular or special education school setting. I would study what the overall behavior is in these students (not just specific student), but general behavior displayed by these students overall, striving to narrow down, at least, what type of action and reaction these students generally display, making it easier to develop another intervention paper with even more interventions and ideas. There is so much to be learned about what ADHD really is, and how it develops, and, at times, if the student really is clinically determined to have ADHD, or if it is just a label placed on them to get them out of the mainstream class (stop causing trouble) and into the special education system. So projects for ideas like I have presented in interventions and further tracking studies of behavior would be what I am concerned with, and passionate about. I have relatives who struggle with ADHD, know several persons who have ADHD and work with students with ADHD everyday. I am intrigued by studying further into what ADHD

is, and, in many cases, is it just a label. I would study further: Are interventions for students with ADHD something special we should be developing and following in special education classrooms, or are they just interventions that really should just be normal ones that are followed in any classroom anyway?

### **Using Results**

The results in the accumulation of possible behaviors in the classroom, interventions for these behaviors and a student tracking system can be used by having this paper and final project available through the university system.

This is also an ongoing type collection of behaviors and interventions that can be studied and followed, and also copied and used by teachers in the classroom. However, it is not a study that is set in stone. The teacher can definitely gain ideas from this project design. Also, these interventions do not always work, and variations must be tried, and behaviors change daily. This information can only be made available to teachers who are willing and able to search it out, and look it over for at least ideas.

### **Benefit to the profession**

The design is a solid one and does work. I use it everyday. I use these interventions in the classroom everyday, after witnessing these behaviors. The teacher can develop and utilize this information. It would be possible to implement such material into a school setting. It

will work in a regular school setting as well as in a special education setting. This project is a benefit to the profession in that it provides more ideas and possibilities, and proven interventions for students with ADHD. I see results in the classroom, and sometimes I do not, but there are always interventions to try.

### **Summary**

I just want to explore how students with ADHD perceive things, how they learn, how they move in the classroom, how they think and go to the fight and anger stage right away. In doing so, I want to explore what interventions for correcting poor behavior can be used to help work with these students, so they can be successful.

The project is a curriculum guide to behaviors and interventions for ADHD. The ongoing tracking sheets are a system to help identify students' needs.

After understanding how students with Attention Deficit Hyperactivity Disorder (ADHD) move and react in the classroom, this project presents various behavioral interventions that can be used to help these students be successful. This project was able to put together a curriculum of behavioral interventions that can be followed in every classroom environment for students with ADHD. The interventions are to be followed and utilized for any class curriculum. ADHD is any of a range of behavioral disorders occurring in persons with symptoms that include inattention, hyperactivity, and

impulsivity and poor concentration. This manual deals specifically with those issues and movements. I believe the results from this project, the intervention guide created here for teachers, can serve as another source for providing more ideas and perhaps, some new possibilities when intervening with students with ADHD in the classroom, so that students can be successful in a social setting, which will then benefit their success academically. I believe any type of project like this will always have some kind of positive message and impact on educators, where they can find maybe at least one piece of it beneficial. ADHD is not going away, and we all have ideas to share about it. This is at least one good medium to be able to share those ideas in.

**Acronyms used in text**

ADD: Attention Deficit Disorder

ADHD: Attention Deficit Hyperactivity Disorder

APA: American Psychiatric Association

CDC: Center For Disease Control

EBD: Emotionally Behaviorally Disturbed

DSMMD (DSM-V, or 5, for 5th edition: Diagnostic and Statistical Manual of  
Mental Disorders

IEP: Individualized Education Program

LD: Learning Disability

LSCI: Life Space Crisis Intervention

NIH: National Institutes of Health

OCD: Obsessive Compulsive Disorder

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## **APPENDIX A**

### **Behavioral Intervention Tracking Sheet**

The tracking system used for this project was adapted and restructured and redesigned from an existing system, the Theis Performance Tracking System handout, updated each year as needed. The system was created by D. Theis, principal at the school I work for. This sheet is similar to one used every day in a special education (EBD) school setting. The Intervention Tracking system sheets can be filled out in each class period, if students transition, or each hour of each different class. The sheets would go from room to room, class to class, each day. This would track what classes and subjects students struggle in, and what the behavior barriers are, and what interventions work, and do not work. The subjects, hours, breaks, interventions and behavior barriers are listed for quick comment and notations. This system was adapted and created using ideas from the tracking system handout being utilized in the school where I teach from. Refer to Sheet A1 for more details about the tracking sheet system.

## Sheet A1

## Behavioral Intervention Tracking Sheet

Name: \_\_\_\_\_ Class, Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Subject	Hour	Breaks (Record Time)	Bath Room Time	Comments:
				T PB Int. AC AOD AD P SR PG
				T PB Int. AC AOD AD P SR PG
				T PB Int. AC AOD AD P SR PG
				T PB Int. AC AOD AD P SR PG

				T PB Int. AC AOD AD P SR PG
				T PB Int. AC AOD AD P SR PG
				T PB Int. AC AOD AD P SR PG
<b>Further Comments:</b>				<b>Additional Behaviors:</b>
<p><b>Mark how many times a period a behavior occurs under the corresponding letters (Record Times)</b></p> <p><b>T=Tone and Volume; PB=Physical Boundaries; Int.=Interactions with others; AC=Assignment Completion; AoD=Area of Designation; AD=Accepting Directions; P=Participation in class; SR=Self-regulation; PG=Personal Goals set for that student</b></p>				<b>Total of Various Behaviors:</b>

