

Punching Tickets..The Wrong Way

Children with ADHD in the School

Maggie M. Kyger

James Madison University

Punching Tickets..The Wrong Way

Children with ADHD in the School

Picture yourself sitting in a classroom, surrounded by other students, knowing that the teacher up front is saying things that you need to listen to, knowing that soon he or she will ask you a question, or call on you to respond, or, worse yet, come over to your desk and stand there, towering over you, looking down, ---waiting. Waiting for what? Waiting for you to sit still, for you to stop scribbling, moving, fidgeting. Waiting for you to pay attention; waiting for you to keep your hands quiet, your feet quiet, your brain quiet. And that presents a problem, because your brain is typically un-quiet and un-still and unable to focus on the task at hand. As a matter of fact, if it could or would focus a little better, you'd be more than happy to raise your hand, answer the question, write the correct answers on your page, turn in your work, receive a smile, a nod, a wink, a pat. You'd gladly experience being picked first, being picked middle, being picked next to last - - being picked at all instead of being picked on. You would happily move over to share your seat with a friend, share lunch with a friend, share a book with a friend, rather than be moved over, shoved over, looked over because you are in the way, in trouble, out of sync, an outcast, not wanted here.

And, every morning, Monday through Friday, you wake up, go downstairs, start working on something, looking at something, listening to something, exploring how it moves, shakes, looks, sounds. Then suddenly your mom or your dad or your younger brother bursts into the room and starts yelling about the bus and you not even being dressed and where are your papers that you said you had put in your backpack last night, and did you forget to feed the dog – again. So you run to the bus and scramble into your seat- the one in front, assigned, directly behind the bus driver. As the bus starts lumbering off, gears grinding, driver muttering , you realize that you

didn't eat breakfast, you forgot to brush your teeth, that you have on one blue and one brown sock, your shoes are untied, one or more papers have fallen out of your backpack because you forgot to zip it up after you stuffed the homework papers that your mom or your dad or your older sister shoved in your hand while you were running out the door... and it's only October.

What would it be like to feel exiled from the places that, as a child, you are supposed to be welcome? How would we, as adults, react to a world that is constantly expecting us to do, to behave, to write, read, think, spell. All things that we know we should be able to do-- but can't. Or at least can't do in the way, at the rate, for the length of time that is expected. This is the world of a student with Attention Deficit/Hyperactivity Disorder (ADHD), a student who experiences the world wide-open and at full-throttle. ADHD is a physiologically based disorder that affects an individual's ability to filter and respond to stimuli. Recent research indicates that individuals with ADHD have deficits in the neurotransmitter system that regulates arousal, attention, and self-regulatory functions. These deficits cause individuals with ADHD to experience underarousal of the self-regulatory system. Consequently, individuals with ADHD have difficulty filtering and sorting all the incoming stimuli and to self-regulate subsequent behavioral responses (Weyandt, 2001). For a student with ADHD, this means that the world and all its sensory experiences bombard the brain with images, sounds, smells, and movements. Underaroused self-regulatory systems result in students who are impulsive, overly active, distractible, and inattentive to the presented task. What this does not mean is that students with ADHD are dumb, or slow, or uncaring. What it does mean is that students with ADHD have difficulty responding within the typical norms. "ADHD is not a disorder in knowing what to do, it is a disorder in doing what you know" (Barkley, 1994, p. 9). The result is a disorder that can lead to failure, rejection, and isolation.

The American Academy of Pediatrics (AAP) Clinical Practice Guidelines (2000) recognize ADHD as the most common neurobehavioral disorder of childhood. It is also among the most prevalent chronic health conditions affecting school-aged children (AAP, 2000). The percentage of school-age children in the United States diagnosed with ADHD ranges from 3-5%, with some rates being as high as 15-20%, dependent on the diagnostic criteria and assessment methods. Once thought to be a childhood disorder, ADHD is now recognized as a life-long impairment. Although there are three-fourths more boys than girls diagnosed as ADHD, many experts speculate that this may be less a reflection of a gender-based genetic link, and more a factor of under or misdiagnoses for girls. Little girls are typically socialized to be more passive, less active, more internalizing, less externalizing, more compliant, and less questioning than little boys. This difference in gender socialization may well result in little girls who are more predominantly inattentive and less hyperactive and impulsive, therefore less likely to be identified for the behavioral manifestations of their disorder.

There are many reports that the prevalence of ADHD has increased over the last ten years. This increase has given rise to the speculation that ADHD is not a 'true' disability. It is often touted as a convenient excuse for parents and others who cannot control their children and/or themselves. Although recent research refutes these statements (Goldman, Genel, Bezman, & Slanetz, 1998), they continue to abound. What does this mean to the student with ADHD? It means that not only must he contend with the functional implications of his disorder – disorganization, inattention, distractibility, impulsivity, over activity – but he must also contend with teachers, principals, cafeteria workers, bus drivers, librarians and secretaries who very honestly and earnestly believe that he could do 'it' – pay attention, finish the work, turn it in on time (uncrumpled, with no holes from erasing and erasing), without blurting out, asking

countless questions, getting out of his seat, turning around, talking to the boy, or girl, behind him – if he only wanted to.

And so, where does that leave our young exile? Out of his seat, paying attention – but not to the right information at the right time- asking questions that are unrelated and sometimes unanswerable, falling, failing, and floundering. It can lead him to depression, substance abuse, alcohol use, dropping out of school. Conversely, it can also lead him to see solutions before others see problems, to be two steps and four jumps ahead of everyone else. It can lead him to be innovative and creative, a true risk-taking, multi-tasker. It can lead to being able to handle more stimuli simultaneously than you or I could ever hope to process.

But, the realization of these positive outcomes is dependent on the journey that we provide. Schools that exile, schools that recognize convergent, uni-lateral thinking and doing will as surely consign a student with ADHD to a hell as constricting and confining as Dante's inferno. ADHD is not a characteristic that a child will outgrow, it is not a reaction to a transient event, and it is most certainly not a behavior of choice. It is a physiological reaction to a neurochemical deficiency that results in a difference. It is a difference that can be recognized and treated. Intervention models combining medication management with behavioral treatments are showing significant promise (NIMH, 2000). It is a difference that can be compensated for, though never completely ameliorated. Classroom environments, task presentations, and expected student responses can all be modified to increase the chances of student success. ADHD can be a difference that is acknowledged, accepted, and even celebrated. Difference is not bad; it is not wrong; it is not deviant. It is not a one-way ticket to exile. Difference is just that – difference.

References

American Academy of Pediatrics, (2000). Clinical practice guidelines: Diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder (AC0002). *Pediatrics*, 105, 1158-1170.

Barkley, R. A. (1994). *ADHD in the classroom: Strategies for teachers*. Program Manual. NY: The Guildford Press,

Goldman, L. S., Genel, M., Bezman, R. J., & Slanetz, P. J. (1998). Diagnosis and treatment of attention-deficit/hyperactivity disorder in children and adolescents. *Journal of the American Medical Association*, 279, 1100-1107.

National Institute of Mental Health. (2000). *NIMH research on treatment for attention deficit hyperactivity disorder (ADHD): The multimodal treatment study - questions and answers*. Retrieved September 29, 2002, from <http://www.nimh.nih.gov/events/mtaqa.cfm>

Weyandt, L. L. (2001). *An ADHD Primer*. Needham Heights, MA: Allyn & Bacon