

ADHD in the Classroom

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## Abstract

Attention Deficit Hyperactivity Disorder (ADHD) is a disorder symptomized by hyperactivity, impulsivity, and inattentiveness. This disorder can lead to problems in the classroom. Research has been done to look at children with ADHD closer, and to determine ways for these children to adapt in the classroom. A study on the role of parental ADHD and the effects of family-school interventions was conducted with 139 children and their parents. The study compared a family-school intervention with a supportive active control group and concluded that children with ADHD and their parents who display symptoms, do not do well in family-school intervention due to the difficulty in maintaining treatment. Another study on the observed classroom behavior of children with ADHD in relationship to gender and comorbidity was conducted with 403 boys and 99 girls in comparison to other children of the same sex who displayed “norms.” This study concluded that boys with ADHD engage in more extrinsic behaviors and girls with ADHD engage in higher verbal aggression, but both sexes are equal on other neutral behaviors. Children with comorbidity also displayed higher rates of behaviors than children with ADHD. A last study was conducted that tested if play intervention could improve the social play skills of children with ADHD. This study examined children with ADHD ages 5 to 11 in six clinical play sessions with a typically developing peer. After the sessions, children were compared to a control that hadn’t received intervention. The study concluded that children with ADHD improved after intervention.

Attention Deficit Hyperactivity Disorder (ADHD) is a disorder characterized by a combination of impulsivity, hyperactivity, and inattentiveness (Parritz, 2014). In children, these characteristics can lead to difficulties in school, family disturbances, and difficulties making and maintaining peer relationships. Even though children with ADHD do have problems in many areas, especially school related, recent research has opened up doors to helping children with ADHD succeed in the classroom. This research has provided insight as to how parental ADHD, gender and comorbidity, and play-based interventions are helping educators as well as parents get a better understanding of ADHD.

When looking at ADHD in children, it is important to look at how parental ADHD effects family-school intervention. In 2014 a study was done that investigated parental ADHD and how the parent's symptoms impacted both the child and the parental outcomes in a family-school intervention. The study conducted consisted of 139 children with ADHD and their primary caretaker. The study itself was a randomized clinical trial comparing a Family School Success (FSS) program and an active-control condition (CARE) in order to evaluate the efficacy of FSS.

To begin the study, associations were examined between parent-reported ADHD symptoms and intervention outcomes reported by both parents and educators after treatment, and also at a 3-month follow-up (Dawson, 2014). These symptoms and outcomes included child homework, classroom impairments, parenting behaviors, parent-teacher relationships, and child ADHD. This initial observation found that across both treatment conditions, parental ADHD was not associated with either child or parent outcomes after assessment. However, when a follow-up for parents with ADHD was conducted, differences emerged between the two treatment groups (FSS and CARE). It was found that in FSS, but not in CARE, parental ADHD was associated with treatment gain declines in the quality of the child's homework performances and in the

quality of parent-teacher relationships. The study also found that parents at risk for ADHD that were in FSS intervention had difficulty maintaining treatment for themselves and their child. This problem was not reported in CARE. The study concluded that the supportive and educational components of the CARE intervention may be helpful in promoting sustainable psychosocial interventions for children and parents who have ADHD or ADHD symptoms.

The results of the study are accurate because the CARE intervention that had both supportive and educational components for parents and children with ADHD helped the parents and children to maintain quality relationships and performances. The FSS program did not have these same results due to the fact that it requires the same effort of intervention from both schools and families. When children had a parent with ADHD it was harder for the parent to maintain treatment for themselves and their child which lead to the decline in the child's performance. Although numerous other studies have shown that FSS programs do work when there is no evidence of parental ADHD symptoms. The CARE program's supportive and educational components helped both parents and child in this study since it didn't place intervention efforts on the parents directly and allowed for gains in both parent and child.

This article on the role of parental ADHD in interventions for children helped shape my understanding of child and adolescent psychology by giving me new insight into interventions. I learned in the case of parental ADHD, that interventions other than a Family School System will allow for both the parent and child to succeed. In my future career as an educator I need to make sure that if the parent does have ADHD, other interventions are made to compensate for the parental ADHD and to help both the parent and the child get the proper support and education they need. It is also important that I maintain a quality relationship with the parent and that I ensure the child is getting the proper interventions and help that they need. After reading this

study, I would not change it since it was about ADHD in a school intervention, it was perfectly applicable to my future career.

In the classroom, it is important to look at the behavior of children with ADHD in relationship to their gender and disorder comorbidity. In 2002, a study was published that examined hypothesized gender and comorbidity differences in the classroom behavior of children with ADHD. The study wanted to see if there was a connection between behaviors exhibited in the classroom in relation to gender and comorbidity of children with ADHD.

To start out, the behavior of 403 boys and 99 girls with ADHD ages 7-10 was compared to (1) sex-specific classroom behavior norms, (2) by sex, and (3) by comorbid subgroups (Abikoff, 2002). The study found that boys and girls with ADHD significantly deviated from classroom norms. Girls with ADHD were found to have relatively high rates of verbal aggression to other children compared to girls who were the “norm.” Boys with ADHD, on the other hand, exhibited more externalizing behaviors and engaged in more rule breaking than girls did. The study also found that both boys and girls with ADHD did not differ on more neutral unobtrusive behaviors. In the area of comorbidity, the presence of comorbid internalizing disorders such as anxiety were not associated with lessened behaviors so the hypothesis was incorrect in this manner. The hypothesis was correct though because children with comorbid disruptive behaviors had higher rates of behaviors such as impulsivity, aggression, and rule-breaking than children with ADHD alone.

The results of this study on classroom behaviors of children with ADHD in relationship to gender and comorbidity have given more insight as to the reasons behind boys being diagnosed more often, and if disorder comorbidity affects classroom behavior. It is the sex differences and behaviors such as rule breaking that are exhibited by boys as to why they are

diagnosed with ADHD earlier than girls. Boys display more externalizing behaviors than girls, who display more internal behaviors such as verbal aggression that is less easy to identify than rule breaking. The results of the comorbidity study concluded that any comorbid disorder with ADHD leads to either the same behavior such as with anxiety disorder, or higher rates of behaviors such as with disruptive behaviors. So, comorbidity does lead to heightened behaviors, and gender behaviors can lead to earlier (boys) or later (girls) diagnoses of ADHD.

This study enhanced my understanding of child and adolescent psychology by providing some insight as to how important it is for educators to pay attention to all children. Even though each gender has its own characteristics and behaviors, educators need to pay attention to both boys and girls and watch for symptoms of ADHD. Just because girls do not display behaviors as much as boys, does not mean that girls do not have ADHD. The study also showed me that comorbidity can really affect behaviors in children. With the combination of two disorders in a child, the child has to cope with both of those disorders and their symptoms which can lead to increased behaviors in the classroom. As a future educator, I can use this knowledge to keep a closer eye on girls in particular with ADHD, and to help children that have increased behaviors from comorbid disorders to deal with their behaviors in a productive way. The only part of this study that I would change is to add more girls to the study because 403 boys and only 99 girls doesn't seem very accurate. By adding more girls to the study, the study could get a better idea of ADHD in girls, what it looks like, and how comorbidity affects them.

Lastly, in young children play is important. It supports many areas of learning from fine motor skills, cognitive skills, and social skills. In 2016 there was a study published that examined if play-based interventions could improve the social play skills of children with ADHD. This

study used a randomized controlled trial in which play was used as an intervention to improve play skills of children with ADHD in peer settings.

The study begun with children ages 5-11 that were diagnosed with ADHD. They were randomized into either intervention first or control first groups. The intervention first group was examined first. Children with ADHD would invite a typically developing playmate to play and while they played, they would be observed. The intervention consisted of six of this type of clinical play sessions, weekly home modules, and a one month home follow up. During the course of the study, parent reported treatment adherence was used to assess treatment fidelity (Wilkes, 2016). A Test of Playfulness was also scored by a blind rater. After the intervention first group was done, between groups statistics were used to compare the first group to the control group, then the same interventions were repeated with the control first group. While the study concluded that the intervention first group's change was much greater than the change in the control group before they received intervention, after both groups received intervention, children with ADHD from both groups improved significantly.

Since the study proved that play based interventions improve social play skills of children with ADHD these results can best be summed up by the importance of play. Children in both groups showed improvement because (a) children naturally respond to play, (b) play teaches important skills, and (c) play is very beneficial especially in an interest area. So by having a child with ADHD play with a "normal" child, the child had to learn social skills such as sharing and problem solving in order to play efficiently with the other child. By learning these skills, the child with ADHD was able to improve their social skills.

This study enhanced my understanding of child and adolescent psychology by showing that play is a powerful thing. No matter if a child has a disorder or not, play can help a child

learn social skills that can help them to overcome social obstacles. As a future educator of young children this is important for me to know because children with ADHD do have a hard time making and maintaining friendships. So, if I have a child with this social problem, I can arrange for them to play with other children to help them overcome that social barrier and make some friends. If I were to change this study at all, I would add play with other children that have ADHD and see how that affects the social skills of these children

In closing, children with ADHD have many difficulties in school. If educators develop an understanding of ADHD, its behaviors, and purposeful interventions for children, they can provide a child with the materials and tools they need to succeed in the classroom environment. By doing this, not only do educators make their classroom friendlier to children with ADHD and their families, but they also make it easier for children with ADHD to learn and succeed in other aspects of life as well.



## References

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