ADHD and LDs: A Snapshot

About Attention Deficit Hyperactive Disorder

Attention deficit hyperactivity disorder (ADHD) is a common neurobiological disorder that becomes apparent in the preschool or early grades of school. ADHD affects between 5-12% of the population or about 1 or 2 students in every classroom. It is more commonly diagnosed in boys than in girls (3:1), although that does not necessarily mean more boys *have* ADHD.

The main symptoms of ADHD include:

- **Hyperactivity:** difficulty regulating one's activity level – for example, constant movement in chair, getting up and down from chair, climbing, or running around when others are seated; also may manifest as talking so much that others cannot get a turn in.

- **Impulsivity:** difficulty inhibiting behaviour – for example, acting quickly without thinking.

- **Inattention:** difficulty attending to the task at hand – for example, frequent daydreaming, being "lost in another world" or easily sidetracked and distractible. Students displaying this symptom tend to be less quickly identified, as inattention is less disruptive.

ADHD is a life-long condition that changes and evolves as a person ages. Adults frequently experience a decrease in the hyperactivity and impulsivity elements, but the inattention persists.

Academic Issues Related to ADHD

For most of its history, ADHD has been seen primarily as a behavioural disorder with secondary impact on learning. However, current neuroscientific evidence suggests that learning problems are an integral feature of ADHD.

Specifically, ADHD is associated with weaknesses in executive functioning, working memory, and processing speed – all cognitive abilities important to self-regulation, organization and academic success. These findings suggest the need for re-evaluation of ADHD as a possible learning disability.

Diagnosis of ADHD

Qualified members of the College of Physicians and Surgeons or the College of Psychologists can diagnose ADHD. A detailed developmental history and behaviour checklists may be part of the process, which should also include a psychological assessment to look for the weaknesses in the cognitive abilities described above.

What Helps?

As with all LDs, early identification helps to determine appropriate and useful interventions, which are most helpful if started early. While these interventions can include pharmaceutical treatments (medications), they must also include the teaching of academic and social skills, with an eye to the inattention symptoms and their impact on learning.

Understanding on the part of teachers and parents also plays a major role in helping: students with ADHD can attract a lot of negative attention from authority figures, and this can spiral into negative attitudes towards school in the long run (students with ADHD drop out of school three times more often than students without ADHD).

Finally, remember to keep inconsistency in mind: variability and inconsistency in performance are typical of people with ADHD, and this inconsistency is not laziness or defiance.

Interventions That Work:

Active Engagement is Crucial. Silent seatwork does not work well for individuals with ADHD. Increase opportunities for active responses to learning or work situations, and the allowance for more frequent feedback and interaction will provide more opportunity for success.

Be Explicit. People with ADHD can have trouble with the amount of information they can deal with at one time, and with organizing that information. It is important for instructions and explanations to be provided in a clear, orderly manner, in manageable chunks.

Meta-Cognitive Strategies. Strategies that help individuals to be aware of and to self-regulate their thinking processes are very important. Strategies can include the use of mnemonic devices, self-questioning, goal-setting and planning.

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