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GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Managing ADHD in the Classroom

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Disclosures

No disclosures to report.

I have no ties to pharmaceutical industries or other corporate entities to disclose.



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Objectives



Learners will be able to ...

1. Identify signs and symptoms of ADHD and its various forms and presentations
2. Understand the impact ADHD on youth and the learning environment
3. Learn strategies for success
4. Understand when to refer
5. Understand the importance of creating a supportive school environment
6. Identify helpful resources for teachers, parents, and students



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Attention-Deficit Hyperactivity Disorder



Overview of ADHD

Most common presenting neurobehavioral disorder in childhood

Approximately 9.4% of children and adolescents (*ages 2-17*) in the United States diagnosed with ADHD

Epidemiology: Worldwide 6-9% of children and adolescents; 4-5% of adults

Associated with impairment in multiple domains

Nonpharmacological and pharmacological treatments effective



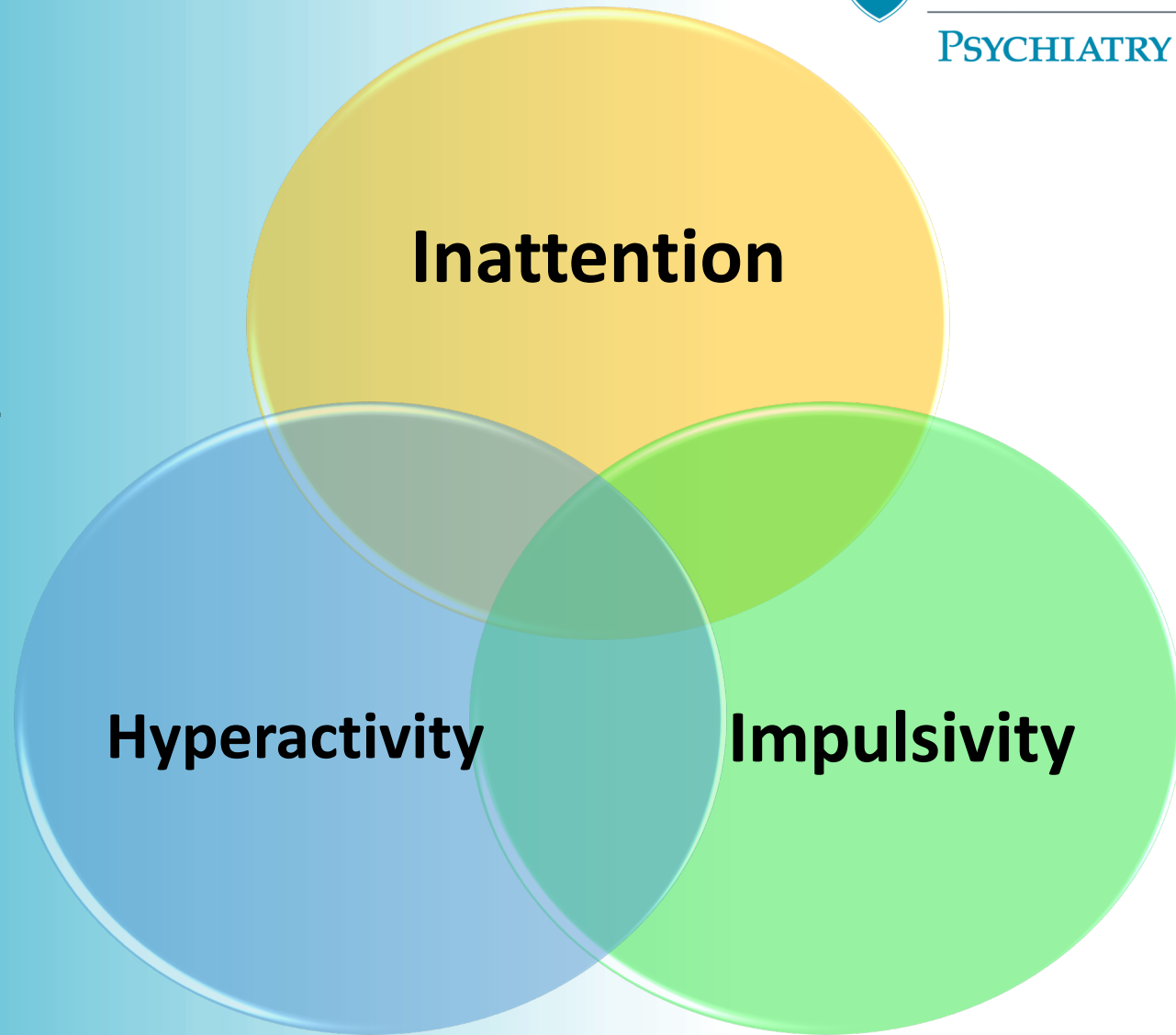
Chronic Course

75% persistence
from childhood
into adolescence

50% persistence
from childhood
into adulthood



ADHD – Areas of Impairment





Attention-Deficit Hyperactivity Disorder Core Symptoms

INATTENTION	HYPERACTIVITY	IMPULSIVITY
Careless mistakes	Unable to stay seated	Blurts answers before questions are completed
Difficulty sustaining attention	Moves excessively (restless)	Difficulty awaiting turn
Seems not to listen	Difficulty engaging in leisure activities quietly	Interrupts/intrudes on others
Difficulty organizing	“On the go”	
Avoids tasks that require sustained attention	Talks excessively	
Loses things		
Easily distracted		
Forgetful		



Attention-Deficit Hyperactivity Disorder DSM V Criteria

Inattention: Six or more symptoms of inattention for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level

Hyperactivity and Impulsivity: Six or more symptoms of hyperactivity-impulsivity for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level

Several inattentive or hyperactive-impulsive symptoms were present **before age 12 years**.

Several symptoms are present in **two or more settings**.

Clear evidence that the symptoms **interfere** with, or reduce the quality of, social, school, or work functioning.

Symptoms are **not better explained** by another mental disorder

****95% of cases are either combined or inattentive subtype*****



Attention-Deficit Hyperactivity Disorder Types/Presentations

Combined Type: if enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months

Predominantly Inattentive Type: if enough symptoms of inattention, but not hyperactivity-impulsivity, were present for the past 6 months

Predominantly Hyperactive-Impulsive Type: if enough symptoms of hyperactivity-impulsivity but not inattention were present for the past 6 months

*****Because symptoms can change over time, the presentation may change over time as well*****





ADHD Assessment

- Life history
- Mental status exam
- Rating scales
- Assess for comorbidity (psychiatric, cognitive, psychosocial, medical)
- Medical history review
- If medical history is unremarkable, laboratory or neurological testing is not indicated
- Neuropsychological Evaluation



SNAP-IV 26-Item Teacher and Parent Rating Scale
James M. Swanson, Ph.D., University of California, Irvine, CA 92715

Patient/Client Name: _____

Date of birth: _____ Gender: _____

Grade: _____ Type of class: _____ Class size: _____

Completed by: _____ Date: _____

Physician Name: _____

For each item, check the column which best describes this child/adolescent:

	Not at all	Just a little	Quite a bit	Very much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils or books)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often fidgets with hands or feet or squirms in seat				
11. Often leaves seat in classroom or in other situations in which remaining seated is expected				
12. Often runs about or climbs excessively in situations in which it is inappropriate				
13. Often has difficulty playing or engaging in leisure activities quietly				
14. Often is "on the go" or often acts as if "driven by a motor"				
15. Often talks excessively				
16. Often blurts out answers before questions have been completed				
17. Often has difficulty awaiting turn				
18. Often interrupts or intrudes on others (e.g., butts into conversations/games)				
19. Often loses temper				
20. Often argues with adults				
21. Often actively defies or refuses adult requests or rules				
22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehaviour				
24. Often is touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				

Scoring guide for SNAP-IV 26-Item Teacher and Parent Rating Scale

The SNAP-IV 26-item scale is an abbreviated version of the Swanson, Nolan, and Pelham (SNAP) Questionnaire (Swanson, 1992; Swanson et al., 1983). Items from the *DSM-IV* criteria for attention-deficit/hyperactivity disorder (ADHD) are included for the two subsets of symptoms: Inattention (items 1–9) and Hyperactivity/Impulsivity (items 10–18). Also, items from the *DSM-IV* criteria for oppositional defiant disorder (ODD) are included (items 19–26) because ODD is often present in children with ADHD.

Symptom severity is rated on a 4-point scale. Responses are scored as follows:

- Not at all = 0
- Just a little = 1
- Quite a bit = 2
- Very much = 3

The scores in each of the three subsets (inattention, hyperactivity/impulsivity, and opposition/defiance) are totalled. A suggested scoring guideline is below:

Questions 1 – 9: Inattention Subset

- < 13/27 = Symptoms not clinically significant
- 13 – 17 = Mild symptoms
- 18 – 22 = Moderate symptoms
- 23 – 27 = Severe symptoms

Questions 10 – 18: Hyperactivity/Impulsivity Subset

- < 13/27 = Symptoms not clinically significant
- 13 – 17 = Mild symptoms
- 18 – 22 = Moderate symptoms
- 23 – 27 = Severe symptoms

Questions 19 – 26: Opposition/Defiance Subset

- < 8/24 = Symptoms not clinically significant
- 8 – 13 = Mild symptoms
- 14 – 18 = Moderate symptoms
- 19 – 24 = Severe symptoms



Differential Diagnostic Considerations

- Learning Disorders
- Anxiety Disorder
- Depression
- Obsessive-Compulsive Disorder
- Bipolar Disorder
- Psychosis
- Autism Spectrum Disorder
- Tics/Tourette's
- Sleep Apnea and other sleep disorders
- Speech and Language Disorder
- Attachment Issues
- Hearing Issues
- Vision Issues
- Pain
- Substance use (intoxication/withdrawal)



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Impact on Learning and the School Environment



Impact in School Setting

Academics

Social/Emotional

Co-Occurring
Conditions



Charlotte

Charlotte is a 12y/o girl currently in the 7th grade.

She struggles with completing school work, inattention, and distractibility. She is disorganized, often forgets items she needs for school and to submit assignments. Additionally, she can be impulsive and hasty, often making careless mistakes, unintentionally skipping questions and handing in assignments incomplete.

Homework is also very difficult for her as she gets easily distracted, unable to sustain attention, and is unable to remain on task.

Despite working very hard, she consistently underperforms and is struggling academically. This year, it has gotten harder and harder for her to get to school consistently and describes hating school. She has missed many days this year. She describes hating school and



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Challenges in the Classroom



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Incentivize and Motivate

- Using physical activity
- Rewards (small/swift/consistent)
- Pupil passport
- Engaging individual interests (chores/task)
- Academic work that is appropriately challenging but can be completed (opportunities to succeed)

Consequence-Based Interventions

Daily report
cards

Token
economies

Labelled
praise

Effective
commands
and requests

Planned
ignoring



Common Classroom Accommodations

*****Accommodations need to be specific to the student and environment.***

There is no 'one size fits all'**

- Minimize distractions
- Preferential seating
- Increase distance between desks
- Extended time
- Breaks (movement/brain)
- Separate location
- Assistive technology
- Designated note-taker
- Break long assignments into smaller chunks
- Benchmarks



Common Classroom Supports

- Preview upcoming information (visual and auditory channels)
- Provide assignments/expectations and other information (syllabus, charts for organization) in writing
- Given ample notice for project/assignment deadlines
- Post a written schedule for daily routines and rules
- Keep instructions simple, clear, and concrete
- Demonstration of understanding



Academic Skills Interventions

Organization skills
training/executive
functioning
coaching

Homework
support

Training adaptive
skills (e.g. note
taking, social
skills)



Helping them Organize

- Minimize distractions in working environment
- Encourage organizational system
 - Recommend binders / dividers
 - Color-coded folders/tabs
- Provide planners and supervise writing down of assignments
- Allow student to keep sets of books / resources at home
- Private signal/cue to help student stay on task/redirect
- Wrap-up/Check-in





Communication is Key

Get their attention

Eye contact

Non-verbal cues

Give advanced notice to transitions

Give two choices

An indirect approach

Frequent praise

Facial Expression



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Facial Expression...

- Facial expressions and gestures
 - Emphasize what you are communicating
 - Offers clues to what you mean/clarification
 - Increases understanding of non - verbal communication; connecting by linking words with gestures with faces
 - Engagement - captures attention



Communication Cont'd

- Avoid asking too many questions at once
- Give time to respond
- Use simple repetitive language
- Use the young person's own words
- Model the right way to communicate



*Catch Them
Being Good*



All Hands-On Deck



Collaborative Process

Classroom interventions

School interventions

Home interventions

Parent support/involvement

Student involvement/engagement

Professional support



Checking Our Misconceptions



Inattention

- Willful ignoring
- Daydreaming and disinterested

Impulsive behavior

- Purposeful 'acting out'
- Attention-seeking
- Bad/Trouble-maker



The Other Side of ADHD



Energetic

Daring

Talkative

Funny (sense of humor)

Caring

Spontaneous

Observant (uniquely)

Helpful

Happy/enthusiastic

Sensitive

Friendly and eager to make friends

Charming

Life of the party

Warm and caring

Desired Outcome

- Improvements in relationships
- Decreased disruptive behaviors
- Improved academic performance
- Increased independence
- Enhanced safety



A photograph of a turtle walking on a wooden floor next to a wooden wall. The turtle is facing forward, and its shell has a distinct pattern of dark spots on a lighter background. The floor is made of light-colored wood planks, and the wall is made of dark wood. The background is blurred, showing a doorway or window with bright light coming through.

Hyperactivity & Impulsivity



Helping them Pump the Breaks

Understanding the student

Clear communication

Selective ignoring

Encourage and facilitate outlets to release energy

Minimize distractions/temptations

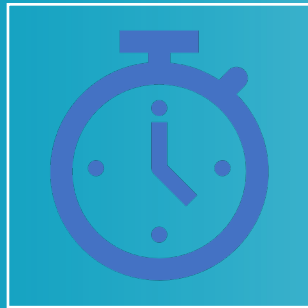
Reminders of desired behavior



Inattention



Bringing Them Into Focus



**Attention
Breaks**



**Transition
Quickly**



**Organizing
tactics**



Managing Behavior/Avoiding Power Struggles

- Proactive/Prevention (escalation curve)
- Remain calm
- Timeout (for you)
- Follow pre-planned intervention strategies
- Consistency
- Give space (cooldown)
- Open-ended questions
- Collaborative behavioral plan
- Mind your reaction (calm, brief, unemotional)
- Active listening
- Create opportunities for success (face-saving)

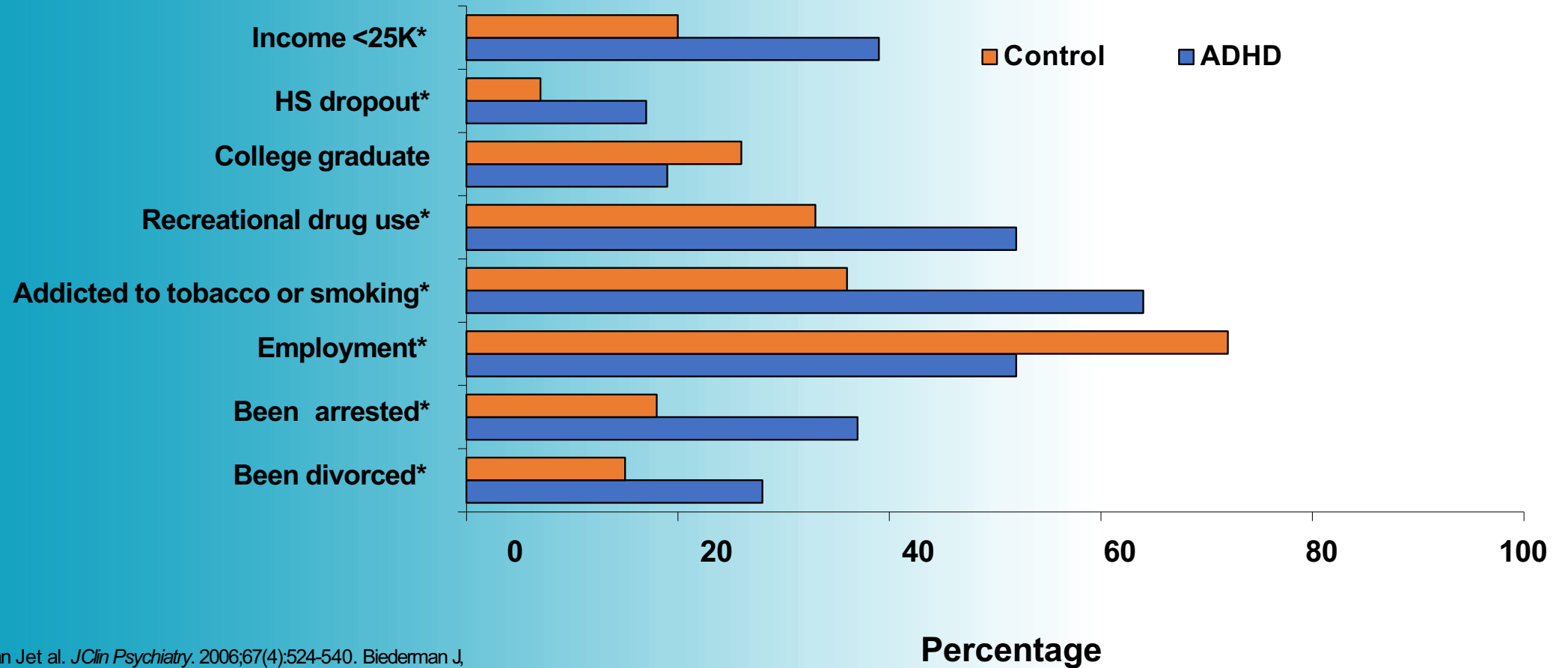


Risk of Untreated ADHD

- Frustration
- Low self-esteem
- Relationships challenges
- Poor academic performance
- Substance abuse and misuse
- Accidents and injuries
- Depression/demoralization
- Anxiety
- School refusal/dropout
- School disciplinary actions
- Legal issues



Long-Term Consequences of Untreated ADHD



Biederman J et al. *J Clin Psychiatry*. 2006;67(4):524-540. Biederman J, Faraone SV. *Med Gen Med*. 2006;8(3):12.



**Untreated
ADHD**



**School Failure
Suspension
Expulsion
School refusal
Dropout**



**Unemployment/Underemployment
Legal Issues
Incarceration
Poorer Mental Health
Poorer Physical Health
Substance abuse and addiction**



Resources

American Academy of Child and Adolescent Psychiatry - ADHD Resource Center -

https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/ADHD_Resource_Center/Home.aspx

Attention Deficit Disorder Association (ADDA) - <https://add.org>

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) - <https://chadd.org>

ADDitude Magazine
<https://www.additudemag.com>

The ADHD Medication Guide (Cohen's Children's Medical Center) - <http://www.adhdmedicationguide.com>

National Resource Center on ADHD - <https://chadd.org/about/about-nrc/>

Clay Center for Young Healthy Minds - <https://www.mghclaycenter.org>



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Resources Cont'd

Driven to Distraction

Edward M. Hallowell M.D

Smart but Scattered Teens

Richard Guare, Peg Dawson, Colin Guare

Study Smarter, Not Harder

Kevin Paul

What Your ADHD Child Wishes You Knew

Dr. Sharon Saline

The Organized Student

Donna Goldberg



Together We Can Manage This



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THANK
YOU



Q & A