Attention Deficit/ Hyperactive Disorder

The 2000 Diagnostic & Statistical Manual for Mental Disorders (DSM-IV-TR) provides criteria for diagnosing ADHD. The criteria are presented here in modified form in order to make them more accessible and readable. They are listed here for information purposes ONLY and should ONLY be used by trained health care providers to diagnose or treat ADHD.

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DSM-IV Criteria for ADHD

I. Either A or B:

A. Six or more of the following symptoms of inattention have been present for at least 6 months to a point that is disruptive and inappropriate for developmental level:

Inattention

- Often does not give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- Often has trouble keeping attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- Often has trouble organizing activities.
- Often avoids, dislikes, or doesn't want to do things that take a lot of mental effort for a long period of time (such as schoolwork or homework).
- Often loses things needed for tasks and activities (e.g. toys, school assignments, pencils, books, or tools).
- Is often easily distracted.
- Is often forgetful in daily activities.

I. Either A or B, continued

B. Six or more of the following symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for developmental level:

Hyperactivity

- **Often fidgets with hands or feet or squirms in seat.**
- **Often gets up from seat when remaining in seat is expected.**
- **Often runs about or climbs when and where it is not appropriate (adolescents or adults may feel very restless).**
- **Often has trouble playing or enjoying leisure activities quietly.**
- **Is often "on the go" or often acts as if "driven by a motor".**
- **Often talks excessively.**

Impulsivity

- **Often blurts out answers before questions have been finished.**
- **Often has trouble waiting one's turn.**
- **Often interrupts or intrudes on others (e.g., butts into conversations or games).**

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In addition to I, either A or B, AD/HD Criteria II-V apply

II. Some symptoms that cause impairment were present before age 7 years.

III. Some impairment from the symptoms is present in two or more settings (e.g. at school/work and at home).

IV. There must be clear evidence of significant impairment in social, school, or work functioning.

V. The symptoms do not happen only during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder. The symptoms are not better accounted for by another mental disorder (e.g. Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

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BASED ON THESE CRITERIA, THREE TYPES OF ADHD ARE IDENTIFIED:

1. ***ADHD, Combined Type***:
if both criteria 1A and 1B are met for the past six months

2. ADHD, ***Predominantly Inattentive Type***:
if criterion 1A is met but criterion 1B is not met for the past six months

3. ***ADHD, Predominantly Hyperactive-Impulsive Type***:
if Criterion 1B is met but Criterion 1A is not met for the past six months

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AD/HD … Suggested Strategies …

Remember,

- each child is an individual – not all strategies will work for every child or every teacher.
- don't be afraid to try something and, then, admit it doesn't work … Then, analyze what did not work with the other strategy – was there some component that did work, or was it just not appropriate …
- make your "informed decision", then, try another strategy, being mindful of what you learned from your last effort.
- educators, need a wide and deep repertoire of "tools" that have a wide-range of effectiveness.
- try different approaches until you find what works for both you and the child

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AD/HD … Case Studies

Case # 1

- **The Evaluation Team has been assembled: speech and language pathologist, assistant principal, school psychologist, the learning resource teacher, parents, and her second-grade teacher, Ms. Case, have joined an ET meeting.**
- **Mrs. Case gives some background information on Taylor to the group. Taylor's learning disabilities are in the areas of reading. She does well in math and any hands-on activities. She quits easily if an assignment involves reading and spelling. There are two other students in the classroom with learning disabilities with a total of 20 students in the class. Taylor has several good friends that she plays with at recess.**
- **Mrs. Case defined the behavior problems that Taylor was having in the classroom. Recent observed behaviors:**

Throwing objects: Taylor threw her pencil across the room – fortunately, no one was hurt

Verbal Outbursts: Taylor makes loud verbal sounds or shouts words that disturb the classroom

Physical aggression: Taylor reached out and hit another child when that child passed her desk

Underlying questions … What information is needed … supports that can be put in place now … follow-up … when reconvene?

AD/HD … Case Studies, continued

Case # 2:

The dimples in Gordon's cheeks have served him well; he has used his charm and good looks to win power struggles for the past 13 years. This year is no different for Gordon. He definitely has charm on his side. Gordon is a sixth grader with mild learning disabilities in a classroom of 23 students. During class, Gordon constantly asks other students, "How you doin'?" "What number are you on?" and "Did you have trouble with the first one?" All the while, he still works away on his own paper.

His teacher, Mrs. Yeager, starts out by saying things like: "Gordon, do your work. Gordon, quit talking." She finally ends the ranting with a rave, "Gordon, cut it out right now, and I mean it." It appears that Gordon is very familiar with this instructional style. He smiles at her while she is chanting the familiar chastisements. He is almost able to complete her next words for her. She finally ends by saying something like, "I don't know why I even bother."

Underlying questions … What information is needed … supports that can be put in place now … follow-up … when reconvene?

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