

## STUDENT BEHAVIOR MANAGEMENT AND SUPPORT

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When we hear the word School, the picture that comes to our mind is a class filled with students eagerly looking at the teacher. But do we ever try to see the other side of the picture where the teacher finds it difficult to grasp the attention of his pupil. Trust this article will act as a catalyst to take initiative. It is for better understanding of student's learning styles and difficulties. The findings and suggestions to tackle the problem will give you deeper insight and you will be able to implement the ideas put forth in this article to enhance your teaching in more than one way. Start visualizing your teaching with more enjoyable and pleasant experiences with students. This would be a series of articles on

- Inhibitors of Learning
- MultiModel classroom intervention

### Education Management

**Attention Deficit Hyperactivity Disorder is a labeled neurologically based disorder.**

Children, teens, and even adults with ADD or ADHD often have **problems with paying attention** to boring work, such as most school work, although they may do well with exciting or stimulating tasks. Many with ADD ADHD are **also impulsive**, doing or saying things without first considering the consequences. People with Attention Deficit Disorder are typically **easily bored**.

About **half** of those with ADD ADHD are also **"hyperactive,"** meaning that they have high levels of motor activity. They like to move around a lot. They often move around from one activity to another, without ever finishing things that they start.

ADD ADHD Attention Deficit Hyperactivity Disorder is a brain thing. Yes, it is a matter of poor self-control, but in the **neurological** sense rather than the "moral" sense.

**Self-control is a neurological issue.** Individuals with ADD ADHD tend to have **slower brainwave activity** in the front regions of the brain, which is the part of the brain that helps us to decide what to pay attention to in the world around us. Of course, it is not just this simple. There are often several regions in the brain that are impacted, and several **neurotransmitters** are also involved. But the important thing here for parents and teachers to remember is that a child who truly has Attention Deficit Disorder was **born with the problem**. It is not just a matter of the child being lazy, bored, or lacking self-control on purpose.

- First, problems with Attention.
- Second, problems with a lack of Impulse Control.
- Third, problems with Over-activity or motor restlessness.
- Fourth, a problem which is not yet an "official" problem found in the diagnostic manuals, but ought to be: being easily bored.

### Academic Skills Disorders

The diagnosis within this category of Learning Disabilities include:

- Developmental reading disorder
- Developmental writing disorder
- Developmental arithmetic disorder

*Developmental Reading Disorder* is more commonly known as dyslexia. Many people with dyslexia have trouble distinguishing or separating sounds in the spoken word. However, problems with any of the processes involved in reading are included in dyslexia.

*Developmental Writing Disorder:* In order to write, several areas of the brain must function properly and together. The brain must perform functions relating to vocabulary, hand movement and memory. If any of these functions are not performing properly it can result in a writing disorder.

*Developmental Arithmetic Disorder*, also called dyscalculia, this disorder includes problems with basic math facts, alignment of math problems, and recognition of numbers and memorization of facts.

Many times people will be diagnosed with a Learning Disability in more than one area.

## Myths and facts

'If you've heard the stories about ADHD....'

**Myth:** 'ADHD is just a diagnosis used by American doctors for difficult children.'

**Fact:** ADHD has been a recognized disorder for over 50 years. However, because physicians now more easily identify and understand the disorder, ADHD diagnoses are more prevalent than in the past. In the United States, ADHD is diagnosed in 3-5% of the population.

**Myth:** 'My shy, daydreaming daughter can't have ADHD! I thought it only involved hyperactive little boys.'

**Fact:** ADHD affects both males and females. Boys are diagnosed with the disorder 2-3 times more than girls. Girls may have less impulsive or hyperactive behaviors.

**Myth:** 'It's probably all that junk food my child eats or some other environmental problem that causes ADHD.'

**Fact:** Special diets and limiting food additives will not prevent ADHD. However, paying attention to overall general health, including exercise, rest, and nutrition, can help your child manage their ADHD symptoms.

**Myth:** 'If parents would discipline their kids like in the old days, kids wouldn't have these behaviors.'

**Fact:** Research has shown that parenting and discipline styles do not cause ADHD. However, just like diabetes and other disorders, parental involvement in treatment (behavioral management strategies and/or medications) can help manage ADHD symptoms.

**Myth:** 'She can't have ADHD! After all, she has no trouble focusing on things she wants to do, like playing computer games.'

**Fact:** People who can concentrate some of the time may still have ADHD. People with ADHD have

difficulty attending to most tasks for periods of time, but they (like many people) can concentrate on things that interest them and are stimulating, such as computer games.

**Myth:** 'Since people with ADHD aren't as smart as their peers, they usually get put in special classes.'

**Fact:** ADHD does not affect intellectual ability. Individuals with ADHD are just as smart as others; however, many children with ADHD may not function as well academically as those without ADHD. Many of those with ADHD also have learning disabilities, which are addressed with specific targeted techniques. Most children with ADHD can succeed in regular classrooms with the help of parents and teachers who use techniques, such as positive reinforcement, organizational and study skills, and stimulating instructional aides.

**Myth:** 'It's simple; once you start taking the medications, you'll be fine.'

**Fact:** While no treatment today cures ADHD, treatment programs which include medication and/or behavioral modification techniques help manage symptoms. Stimulant medications do not 'slow the brain down'; rather they stimulate parts of the brain that help increase focus and one's ability to control their own behavior. Other effective treatments that may be combined with medication, or used independently, include behavioral management techniques and classroom interventions.

**Myth:** 'It's just a phase, he'll grow out of this.'

**Fact:** Children with ADHD may or may not 'grow out of it.' About 70 percent of children with the disorder will continue to have ADHD symptoms into adolescence, and some will experience symptoms that affect functioning into adulthood. For youth growing up, hyperactive symptoms appear to decrease. However, attention problems often persist into adulthood. Adults with ADHD typically find that their symptoms diminish gradually as they get older or are less bothersome as they learn successful coping strategies.

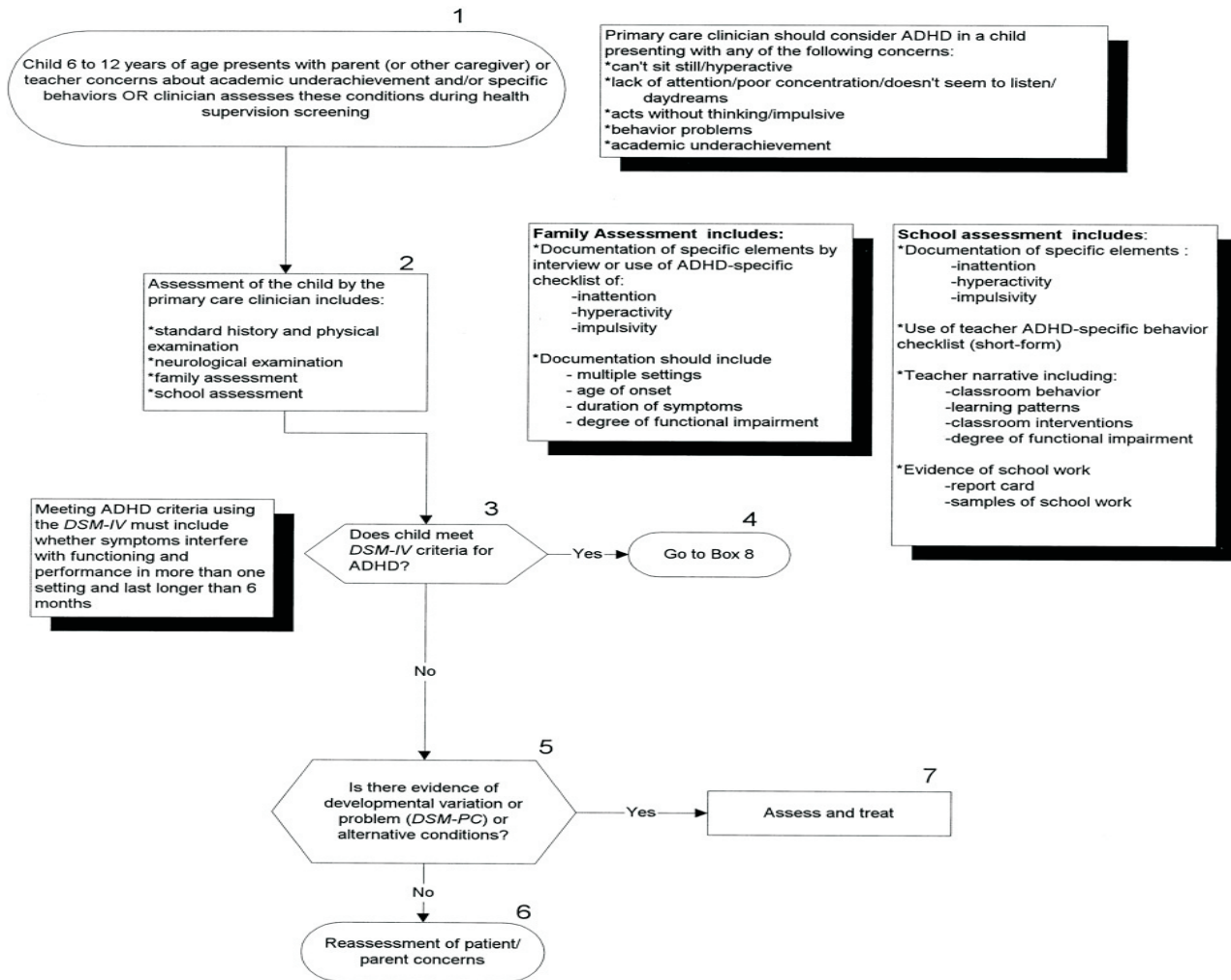
**Myth:** 'I can't have ADHD; I'm not hyperactive.'

**Fact:** Hyperactivity is a symptom that only some ADHD sufferers experience. There are three types of ADHD.

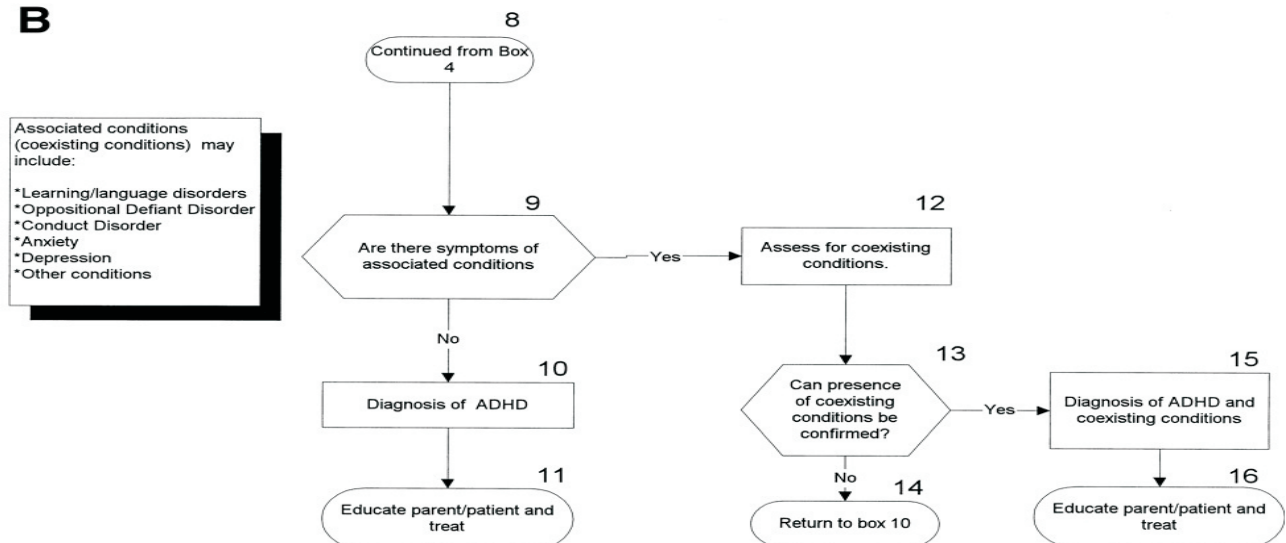
## A

### Diagnosis and Evaluation of the Child with Attention-Deficit/Hyperactivity Disorder

#### Clinical Algorithm



## B



## Presenting Your Lesson to ADHD Students

Provide an outline with the key concepts or vocabulary prior to lesson presentation. The students can follow along and see the main concepts and terms as you present the lesson.

ADHD teens are easily bored, even by you. Try to increase the pace of lesson presentation. Resist the temptation to get sidetracked. Get excited about your lesson! And communicate your excitement to your students!

Include a variety of learning activities during each lesson. Use multi-sensory presentations, but screen audio-visual aids to be sure that distractions are kept to a minimum. For example, be sure interesting pictures and or sounds relate directly to the material to be learned. Many teachers are now using PowerPoint presentations or Astound presentations for their students with great effect. Provide self-correcting materials for immediate feedback to the ADD ADHD student. Use computer assisted instruction, both in terms of the student at a computer, and also in terms of presenting information via PowerPoint presentations. Use cooperative learning activities, particularly those that assign each teen in a group a specific role or piece of information that must be shared with the group.

### Pair students to check work.

Provide peer tutoring to help ADD ADHD student's review concepts. Let ADD ADHD students share recently learned concepts with struggling peers. Use peer tutoring whenever possible. Use older students to help your attention deficit students, and perhaps allowing him to tutor a younger student.

The more exciting a subject is to ADD ADHD students, the better he will perform in your class.

## Using Worksheets and Giving Tests

"Usability" is the design buzzword for the 21st Century. Just as web designers strive to make web sites fast, easy to navigate, and more user-friendly, teachers should strive to make their worksheets easy to understand, easy to navigate and user friendly.

### Use large type.

Make the important points easy for the student to find.

Keep page format simple. Include no extraneous pictures or visual destructors that are unrelated to the problems to be solved. Use buff-colored paper rather than white if the room's lighting creates a glare on white paper. Write clear, simple directions. Underline key direction words or vocabulary or have the students underline these words as you read directions with them. Draw borders around parts of the page you want to emphasize.

## Giving Tests to ADHD Students

What is the point of giving a student a test? What is a teacher trying to measure? Are we measuring how well a student can take a test? Or are we measuring how well a student has learned and mastered information and/or skills? Stay focused on the goal!

Frequently give short quizzes and avoid long tests. ADD and ADHD students are well known for doing poorly on long tests or on timed tests, even when they know the material. Also provide practice tests. Provide alternative environments with fewer distractions for test taking if necessary. Students with attention deficit will often perform much better is taking a test in a quiet environment with few distractions. Using a tape recorder, have the student record test answers and assignments or give the student oral examinations. Consider modifying the test environment for ADD ADHD students to accurately assess their ability/achievement on subject area and standardized tests. Individual administration in a quiet area with frequent breaks will give a more accurate assessment than group administration.

## Dealing with Impulsive Behaviors

Give your ADD ADHD students a break once in a while. Know the difference between big things and little things, and don't confront attention deficit students on each little thing. It is hard for ADD ADHD students to control themselves all of the time.

One of the main characteristics of people with Attention Deficit Disorder is the tendency to act impulsively (acting before thinking about the consequences of their behavior). Impulsivity often shows itself in a lack of understanding of cause and effect. Research suggests that ADD ADHD students can often verbalize the rules but have difficulty internalizing them and translating them into thoughtful behavior. Difficulties in waiting for what they want also add to the impulsivity. Some clinicians believe that this lack of "self-control" (poor regulation and inhibition of behavior), rather than their problems with paying attention, is the primary problem with attention deficit disorder.

By having attention deficit students think "out loud" when they are problem-solving, the teacher will gain insights into their reasoning style, and the process will slow them down before they respond impulsively. Quite often, ADD ADHD students will make the same mistakes over and over again, both socially and with school work. Students with attention deficit disorder often have problems with taking turns, over-interpreting others' remarks as hostile, personalizing others' actions excessively, and misreading social cues. With the help of your ADD ADHD student and his trusted peers, common problematic themes can be identified. Role-play scenes involving these behaviors, preferably with his friends, identifying and practicing better ways to solve problems.

To teach your ADD ADHD students to slow down before they say things that they'll regret later, encourage them to practice "stopping and thinking" before talking. Let them practice by encouraging them to wait about five seconds before responding to your questions. This one technique can help ADD ADHD students a great deal. It is important for attention deficit students to identify a "support network" of peers and adults that can help give him hints when he needs to "slow down". This group can also practice the "slow down" techniques with their ADD ADHD friend.

Students with attention deficit disorder can benefit greatly from behavioral interventions that are sensitive to their processing style. Rewards, or punishments, should be as

immediate as possible. Changing the reward periodically is usually necessary.

A major consideration in forming an effective behavioral plan is assessing what is workable for the classroom teacher on a regular basis. Some plans that require extensive charting do not succeed because the teacher can not follow through effectively within the context of the daily classroom demands. Keeping the plan simple and flexible is the key to success.

Have someone actively monitoring your ADD ADHD student during tests, especially multiple-choice, fill in the "bubble" tests. He can get off track and fill in the wrong places or become so frustrated that he might answer at random to simply complete the test. Emphasize that part of the work routine is to "check your work". Students with ADD ADHD tend to complete work and turn it in without checking it over. Give the attention deficit student some instruction in how to check his work and practice it with him. In assignments that require research reports and creative writing, have the ADD ADHD student dictate the words to someone rather than writing it down. The attention deficit student can then copy the words using the word processor. This technique will yield greater output on tasks requiring expressive written language skills by removing the written component.

## Organizing Your Attention Deficit Disorder ADD or ADHD Students

Few ADD or ADHD kids are naturally well organized. Most are space-cadets. Students with Attention Deficit Hyperactivity Disorder, ADD or ADHD, are often well known for taking two hours to do a twenty minute assignment, and then forgetting to turn it in the next day (Hint: it really IS in their backpack). Please take the extra six seconds required to make sure that your ADD ADHD students have actually turned in their work. Write schedule and timelines on the board each day. Provide due dates for assignments each day.

Divide longer assignments into smaller sections and provide due dates or times for the completion of each section.

Your ADD ADHD students will function better when able to anticipate times requiring increased concentration. A visual representation of the day's schedule will provide another opportunity to internalize classroom routine.

Interact with your ADD ADHD student's parents as much as possible to keep them informed on assignments.

### **Increasing Your ADHD Students' Performance**

One of main characteristics of students with ADD ADHD is the difficulty with sustaining attention on tasks over time. In other words, they get bored very easily, even by you.

Promote time on task, never time off task. Take time to catch the student being on task and working hard. Reward him with a simple smile or pat on the back. If you do this consistently, you will see his attention span, or time on task, increase throughout the school year, making your life easier in the long run. Your ADD ADHD student will respond better to situations that he finds stimulating and engaging. Varying the instructional medium and pace will help sustain the attention deficit student's interest. Your ADD ADHD student would probably find lessons that emphasize "hands-on" activities highly engaging. Keeping the time required for sustained attention to a task balanced with more active learning will improve your attention deficit student's performance. Changes in instructor's voice level and variation in word-pacing will also increase his attention during instruction. Break long tasks into a series of shorter "sprints."

### **Improving Social Skills in Attention Deficit Disorder ADDADHD Students**

Students with attention deficit disorder experience many difficulties in the social area, especially with peer relationships.

ADD ADHD students tend to experience great difficulty picking up other's social cues, and often act impulsively. Attention deficit students are often unaware of their effect on others. They are likely to over-personalize other's actions as being criticism. They tend not to recognize or respond well to positive feedback. In fact, ADHD may be directly related to a deficit in recognizing rewards. Students with Attention Deficit Disorder tend to get along better with younger or older students when their roles are

clearly defined.

ADD ADHD students tend to repeat self-defeating social behavior patterns and rarely learn from experience. In conversations ADD ADHD students often ramble and say embarrassing things to peers. Students with ADD ADHD tend to get into the most trouble during times with little structure or little supervision. Enlisting the support of peers in the classroom can greatly enhance the ADD ADHD student's self-esteem. Students with good social awareness and who like to be helpful can be paired with the attention deficit student. This pairing can take the form of being a "study buddy" while doing activities/projects.

Cross-age tutoring with older or younger students can also have social benefits. Most successful pairing is done with adequate preparation of the paired student, planning meetings with the pair to set expectations, and with parental permission. Pairing expectations and time-commitments should be fairly limited in scope to increase the opportunity for success and lessen the constraints on the paired students.

Students with ADD ADHD tend to do well in the cooperative group instructional format. A small student grouping of three to five members, in which the students "sink or swim" together to complete assignments/projects, encourage students to share organizational ideas and responsibilities, and gives an ideal setting for processing interpersonal skills on a regular basis.

### **Diagnostic Criteria for Attention Deficit/ Hyperactivity Disorder**

The following is the diagnostic criteria contained in the publication of the American Psychiatric Association known as the

#### **Diagnostic and Statistical Manual of Mental Disorders Fourth Edition**

A. Either (1) or (2)

- (1) six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

## Inattention

- (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
  - (b) Often has difficulty sustaining attention in tasks or play activities.
  - (c) Often does not seem to listen when spoken to directly.
  - (d) Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
  - (e) often has difficulty organizing tasks and activities.
  - (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
  - (g) often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books, or tools).
  - (h) is often easily distracted by extraneous stimuli.
- (2) six (or more) of the following symptoms of hyperactivity-Impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level.

## Hyperactivity

- (a) often fidgets with hands or feet or squirms in seat.
- (b) often leaves seat in classroom or in other

situations in which remaining seated is expected.

- (c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
- (d) often has difficulty playing or engaging in leisure activities quietly.
- (e) is often "on the go" or often acts as if "driven by a motor".
- (f) often talks excessively.

## Impulsivity

- (a) often blurts out answers before questions have been completed.
  - (b) often has difficulty awaiting turn.
  - (c) often interrupts or intrudes on others (e.g. butts into conversations or games).
- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- C. Some impairment from the symptoms is present in two or more settings (e.g. at school or work and at home).
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g. Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

Explore the possibilities and start developing your own innovative methods using this catalyst.

### ABOUT THE AUTHOR

Bobby Leonard is Master Certified personnel from NFNLP USA in Neurolinguistic programming (NLP), is also a Hypnotherapist from NGH- USA, and has been working in similar field in Dubai, Oman, Abu Dhabi, and Sharjah, and INDIA. He has attended workshops and seminars of Paul McKenna the world's best Hypnotist, Teresa D Hale on Regeneration, Deepak Chopra on mind body, Madan Khataria on laughter therapy, Beryl Comar the best in Middle East for NLP, Annie Jirschitzka on Future Life progression, with Louis on Avatar He has worked with hypnotherapist in the Middle East region and life coaches in Dubai. He has close associations with Dina Faidi, the one Arab trainer for Edward Debono and Tony Buzans Creativity trainings. Also Associated with Vasanth of mind transformation of Singapore for their trainings in Dubai. And associated with Dave the only Stage Hypnotist in the Middle East. Michelle charlotte the kinestheology trainer in Dubai. He is the lead trainer for i-manager's TDSOL (Faculty enrichment) programme. He can be reached at bobby@imanagerindia.com.