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Informational ADHD Essay

ADHD diagnoses are drastically rising in the modern era, and schools will need to adjust their educational instruction to understand their students' mental disorders and accommodate them. Attention-deficit/hyperactivity disorder (ADHD) is most commonly identified through hyperactivity and impulsivity, though those are not the only ways in which ADHD can present itself. The diversity of symptom presentation is why it is necessary to inform the general public and future educators about the history and the current state of ADHD to help accommodate students in the classroom. Without the extensive instruction given to educators about ADHD and learning disorders, there will be a lack of accommodation for these students, which will be catastrophic for their education. Accommodations and identification of ADHD are vital to the academic maturity of students with ADHD.

ADHD has a detailed history of observation in patients yet was not been properly labeled and underwent differing observations before settling as a psychological condition. For instance, the first occurrence of the behavioral disorder was observed by Sir Alexander Crichton, a Scottish physician born in 1763, who noted symptoms as having been "concerned with an abnormal defect of moral control in children" (Lange). Despite the scientific observations of

hyperactivity, now a notable symptom used for diagnosing ADHD, Crichton regarded the behavioral disorder with a morality clause. Though a crass observation by today's ethical standards, Crichton accurately observed the symptoms of ADHD that would lay the foundation for its later title. Moreover, the 1968 edition of the Diagnostic and Statistical Manual of Mental Disorders finally "included hyperkinetic impulse disorder for the first time" (Holland). Though ADHD may have been recognized under a different name, the earlier symptoms of the mental disorder and resulting behaviors are the foundation for the current definition for ADHD. After prolonged association between behavioral and mental disorders with morality and virtue of the mind, science finally recognized ADHD as a mental disorder. Though there has been a struggle between accepting ADHD and preceding learning disorders as a psychological issue or as a moral one, the disorder eventually came to be understood through a scientific foundation that has certified its legitimacy. Fortunately, the learning disorders that succeeded hyperkinetic impulse disorder have since been used as a guide to diagnosing children with this learning disorder. Historically, ADHD has been observed not as a psychological condition and has faced scrutiny for lacking clinical foundations, often taking moral deviance instead of science.

Environmental and genetic conditions observed within a child are both significant precursors in determining the likelihood of developing ADHD. To elaborate, to determine environmental factors that influenced the development of learning disorders, the Quebec Longitudinal Study of Child Development found that prenatal tobacco exposure increases the likelihood that a child later developed symptoms of ADHD (Galéra). Environmental factors during pregnancy jeopardize a child's attention and activity limits after birth, making those most exposed to tobacco smoke more vulnerable to developing ADHD. Most notably, those who are socioeconomically disadvantaged cannot afford the luxury of clean air or limited tobacco

exposure, increasing their risk of developing ADHD. As these environmental factors are out of a child's control, the responsibility is left to the parents to limit the teratogen. Additionally, some have a higher genetic predisposition to develop learning disorders, including ADHD, determined by their genetic makeup (Causes: Attention Deficit Hyperactivity Disorder). The condition is often observed in siblings and families, and thus, the development of ADHD is supported by genetic components and has inheritable characteristics. However, it should be noted that research also reveals that ADHD is not a condition determined solely by a distinct gene and instead is facilitated through a variety of genetic structures and environmental conditions. The natural conditions to which a child is born into and the genetic makeup of the child are both significant in discovering if the child is at risk for developing ADHD.

The manifestation of ADHD is often characterized by distinct instances of at-school and at-home behavior. For instance, the Journal of Pediatric Psychology at Oxford found that in students with ADHD and those without ADHD, the former would score "significantly lower on reading and arithmetic achievement tests than" the latter (Loe). Though the poor application of reading and mathematical concepts and ability to perform is not unique to ADHD, poor results on these examinations indicate that students that have ADHD fall behind their neurotypical cohort. Their inability to apply these principles often stems from their failure to concentrate and may even be a sign of another behavioral disorder that is often paired with ADHD during the time of diagnosis. In addition to these at-school behaviors, according to the American Academy of Family Physicians, a psychologist will often attempt to diagnose children with ADHD by assessing their personality in accordance to "inattention, hyperactivity, impulsivity, [and] oppositionality" (Felt). The behaviors seen in children with ADHD are often neglected as the mentioned traits are often observed in any child, yet the severity of their inattentiveness and

other mentioned symptoms are often obvious to a psychologist. Due to the contradictory nature of hyperactivity and inattention, those who demonstrate inattention in their ADHD manifestation are often neglected; thus, the prevalence of ADHD is much higher than previously thought. ADHD often manifests in the lagging of attention level, activity range, and academic ability of children in their age group.

As current scientific research has found, women often face a significant disadvantage in diagnosing and treating ADHD due to a gender bias. In particular, the American Psychological Association has found that when comparing the symptoms of ADHD in girls, "their ADHD symptoms bear little resemblance to those of boys" (Crawford). Women thus face an disadvantage in that they are less likely to receive a diagnosis from doctors at a young age, if at all, because of a biologically different response regarding ADHD. The time lost is at the fault of a gender bias where ADHD is depicted in men as hyperactivity and must thus be seen in women as the same, yet ADHD does not, depriving women and many young girls of a proper diagnosis and any medical treatment which oftentimes influences their ability to feel they can move past challenges in life. Furthermore, current clinical psychological research from the Mental Health and Nutrition Research Group at the University of Canterbury, has found that, when comparing not just the diagnosis of girls compared to boys with ADHD, "adolescent girls with ADHD have lower self-efficacy and poorer coping strategies than adolescent boys with ADHD" (Rucklidge). The time not accessed with an early diagnosis of girls than their male counterparts proved catastrophic in their life outcomes such that they were unable to develop proper strategies to manage ADHD. The poor self-efficacy demonstrates an inability to find the confidence to perform life tasks, thus leading to learned helplessness and a feeling of inferiority in an academic

setting. ADHD is seen differently in women than it is in men, which disadvantages women in diagnosis due to gender-bias.

Current services for ADHD that schools implement employ time and operant conditioning to accommodate their behavior. To illustrate, the Centers for Disease Control and Prevention alerts teachers and administrators that allowing breaks for children with ADHD is beneficial as "paying attention takes extra effort and can be very tiring" (ADHD in the Classroom). A child who demonstrates hyperactive behavior often has to distribute more energy and effort into committing to and executing a task that would otherwise be facile to a child without. By the inability to release excessive energy when completing tasks, a child is thus disadvantaged in the classroom and should require frequent breaks and a surplus of time to recover from their constant constraint, as often seen in their 504 Plans and IEPs to take appropriate breaks during instructional time to relieve a child of stressful engagement. Additionally, a student may receive behavioral classroom management, which "encourages a student's positive behaviors in the classroom, through a reward [system] or a daily report card, and discourages their negative behaviors" (Evans). The behavioral management training approach has proved beneficial to students across all ages as it prioritizes a relationship between students and their teacher or administrator delivering them their instruction. The accommodation to encourage personal connection and a personalized curriculum has been incredibly successful in increasing students' academic engagement, as seen in its ability to be delivered across all ages and its scientific foundation. Appropriate time breaks and operant conditioning are current accommodations given to students in the classroom with ADHD to alleviate their symptoms and stress.

Schools' accommodations now greatly differ in the level of emotional, physical, and mental concerns for a child with ADHD. To elaborate, many academic institutions before the late 1970s would employ "forms of violent discipline... against students with disabilities" (Impairing Education). Students with ADHD, who demonstrated symptoms against their academic potential were often physically penalized for their failure to meet expectations. They were often beaten into submission to punish poor behavior in a weak form of operant conditioning that jeopardized the student's academic success, emotional health, and physical well-being. Schools in the twenty-first century are now required to "be part of effective treatment plans for children with ADHD" (School Changes - Helping Children with ADHD). Academic institutions now recognize the severity of behavioral disorders due to the media coverage and public outcry of corporal punishment that displaced a student's education. Such outcry has led to schools' intense involvement in academic plans for students with disabilities, whether through their 504s or IEPs. Greater attention and care differentiate schools' accommodations from the past that utilized abusive behavior.

ADHD has a cruel history in educational establishments that would often abuse their power to treat the mental illness but has now been widely accepted in schools where accommodations are crucial to facilitate each student's academic achievements. Though there are heritable and environmental components to the manifestation of ADHD within a student, how ADHD may present itself may heavily rely upon the sex of a child, as current research shows. However, through specific coordination and accommodation made with time management and a personal connection between an educator and a student, the student will grow academically. ADHD diagnosis accommodations are crucial to educational expansion and comfort in the classroom.

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