



Behavior Management & ADHD: He Just Needs a Little Discipline

Est. Time: 1 Hour

Objective

Learn about and discuss some of the issues related to classroom behavior management, ADHD, and communication with parents.

Scenario

Matt was diagnosed with attention deficit hyperactivity disorder in second grade. After he started eighth grade, his teachers became concerned about his frequent outbursts in class and tried numerous types of interventions. Ritalin was prescribed in the past and it helped, but Matt's father believes that his son should learn to cope without medication. Matt recently confided in Jill Gray, one of his teachers, that he thought he could focus better if he could go back on the Ritalin. The situation intensified as his teachers wondered what to do.

Matt Snyder jumped into the middle of the puddle, not caring that his pants and shoes would be soaked for the remainder of the long trek to his father's coffee shop. He dreaded this long walk every afternoon after school and wondered why his father insisted that it was good for him. Things had been different when his mom was alive. She would never have expected Matt to walk miles in the rain.

Matt had just finished hanging up his raincoat and putting his book bag behind the counter when his dad emerged from the kitchen. "Good grief, Matt, can't I ever count on you for anything?" his father demanded with a disgusted look on his face. "Didn't I tell you this morning to get here pronto because we needed to clean out the cooler? And look at your shoes and pants. They're all wet! I bet you were playing around again, weren't you?" Mr. Snyder grabbed Matt by the arm and pointed him toward the back of the shop. He did not understand why his son was so immature and irresponsible and his frustration with Matt was obvious to everyone. "Sooner or later Matt will have to grow up and learn to act like the rest of us!" he was often heard to say.

Matt was diagnosed with attention deficit hyperactivity disorder (ADHD) and a learning disability at the age of eight. When the family doctor suggested putting Matt on Ritalin to help him focus and stay on task, his mom and dad reluctantly agreed.



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Scenario [Cont.]

After Mrs. Snyder's death, Mr. Snyder decided to stop giving Matt the medication, believing that with a little discipline his son could learn to cope without it. "I do not want my son being dependent on a drug to behave and learn in school," he explained to the teachers when they asked why Matt was no longer taking the Ritalin.

Jill had been a teacher for students with learning disabilities in a self-contained classroom for thirteen years; however, this was her first year teaching collaboratively. Jill, along with four general education teachers, was responsible for teaching social studies, science, English, and math to a group of eighty students. Ten of the students, including Matt, had learning disabilities, emotional handicaps, or both. Jill helped the team modify instruction for the students and also co-taught one class with each of the teachers throughout the day. The team approach was working well for all of the students except Matt.

Matt had difficulty with writing assignments, processing auditory information, and focusing and maintaining his attention. Jill developed lecture outline notes for Matt to follow in each class and paired him with a peer for writing assignments. He was also given additional time to complete his assignments. Even with these modifications, Matt became frustrated easily in class and often threw things on the floor, yelled and cursed at his peers, and pounded his fists on his desk. The team's approach to dealing with disruptive students was to provide them a quiet area away from other students where they could complete their assignments. Each class had several study carrels in the back for students who preferred to work alone or who were placed there as a consequence of disruptive behavior. Matt usually found himself in one of those carrels almost every day during English.

Jill knew that Matt hated English, so she started working with him individually for half of each class. She also developed a contract with him to award extra computer and free time if he completed daily assignments without outbursts and disruptions. None of these interventions helped though, and Matt continued to be frustrated and disruptive.

Matt knew that he had a problem staying focused and believed that he could do better in school if he resumed taking the Ritalin. In a daily journal, Matt wrote "I didn't used to get in trouble all the time at school before my dad stopped letting me take my medicine." Jill was frustrated because Mr. Snyder absolutely refused to consider allowing Matt to resume his medication. In addition, the other teachers were running out of patience and ideas for how to help Matt be successful. His disruptive behavior was spreading to other students in the class.

Matt worked very hard to make the boys' eighth-grade basketball squad—something Mr. Snyder had celebrated proudly.



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Scenario [Cont.]

Matt was happy to have finally gained his father's approval, but his explosive temper and lack of control on the court became a real point of contention for his coach. Game after game, Matt was sidelined for his aggressive, on-court behavior.

Finally, Coach Levy felt he had no choice but to remove Matt from the team. Mr. Snyder was furious and grounded Matt for a month. But even worse, Matt knew he had let his dad down again. His self-esteem hit an all time low.

The teachers decided to meet as a team with the principal, Mr. George, to discuss what action to take to address Matt's disruptive behavior. Mr. George was very supportive of the teachers' concerns and suggested sending Matt to the office if his disruptions persisted. This meant Matt would have to call home to notify his parent of his office referral and the consequences.

The first time this intervention was tried, Matt expressed his anxiety about calling his father. Jill offered to make the call with him in hopes of buffering the situation at home.

"Hello, is this Mr. Snyder?" she inquired. "This is Mrs. Gray, one of Matt's teachers."

"Yes, Mrs. Gray. What's Matt done now?" he grumbled, anticipating the worst.

"Well, Mr. Snyder, I'm afraid Matt is in the principal's office with a behavior referral. He continues to have problems controlling himself in the classroom and from now on when that happens, he will have to report to Mr. George. We feel you need to be informed of these actions when they occur," Jill explained.

"Is my son there with you?" responded Mr. Snyder in a controlled but angry voice. "Please put him on the phone."

Jill handed the phone to Matt. "Your father wants to talk to you, Matt. Are you okay?" Matt nodded his head yes.

Matt didn't say a word for several minutes as he held the phone to his ear. Jill could hear Mr. Snyder yelling over the phone. As perspiration began to appear on Matt's face, Jill motioned him to hand the phone back to her. "Matt, I need to speak with your father in private. Please go to the lobby and wait for me there," she instructed.



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Scenario [Cont.]

“Mr. Snyder, our concern is that Matt’s behavior will eventually lead to suspension. Sometimes he doesn’t even realize when he is getting out of control. Your son really needs some help!” continued Jill.

“This is really a matter between me and my son, Mrs. Gray, and I assure you that he will control his behavior in the future.”

Jill hung up the phone. When she returned to the lobby, she found Matt slumped in a chair with an anxious look on his face. She regretted that her team had handled this situation as they had, and feared for Matt as she considered what would happen when he reached home that afternoon. As she left the office to return to class, she wondered what more she could do to help Matt.

Questions/Discussion Topics

1. Do you think that medications such as Ritalin are an effective solution for children with ADHD? What other strategies might you use to address Matt’s behavior?
2. What is the best way to work with parents who deny the existence of a disability and/or the need for medication?
3. Do you think that the team’s approach of sending Matt to the office when he became disruptive was effective? Can you suggest other ways they could handle Matt’s disruptive behavior?
4. Given Mr. Snyder’s reaction to Jill’s attempt to convince him that Matt needs more help controlling his behavior, how should she proceed?



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★ What a STAR Sheet Is

A STAR (STrategies And Resources) Sheet provides you with a description of a well-researched strategy that can help you solve the case studies in this unit.

Discussion Points

- Strategies for addressing ADHD related problem behaviors
- Classroom techniques for handling disruptive behaviors
- Possible writing interventions
- Parents and acceptance of disabilities
- Promoting positive parent/school personnel relationships

What the Research and Resources Say

- Three effective strategies used to address ADHD problem related behaviors include behavioral, pharmacological, and multimodal methods of treatment.
 1. The goal of behavioral approaches is to modify the physical and social environment in order to bring about behavioral changes. The effectiveness of using only behavioral approaches for behavior management is mixed. Behavioral approaches need to be implemented in a systematic manner and be accompanied by modifications in academic instruction and the classroom environment.
 2. The pharmacological approach for treating ADHD most often relies on prescribing a stimulant medication such as Ritalin. Such stimulants have been found to be effective with 75-90% of children with ADHD. Stimulants increase a child's capacity for impulse control, increase attention span, and reduce hyperactivity. Some of the medications prescribed for ADHD have side effects such as insomnia, headaches, nervousness, and weight loss.
 3. The multimodal treatment method relies on a combination of behavior intervention and medication. Research has shown this approach is the most effective for most students. In addition, the multimodal approach has been shown to improve child anxiety, academic performance, parent-child interaction, and oppositional behavior. (U.S. Department of Education, 2008)
- The three main components of any successful program for students with ADHD are academic instruction, behavioral interventions, and classroom accommodations.



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What the Research and Resources Say [Cont.]

1. Academic instruction should be well-structured and students need to be explicitly told what will be expected of them - both behaviorally and academically. A helpful strategy is to break assignments into smaller, less complex chunks.
 2. Possible behavioral interventions include verbal reinforcement (praise) instead of focusing only on punishment, allowing for “escape valve” outlets such as leaving the room on an errand, activity reinforcements, peer mediation, and parent conferences. Functional Behavior Assessments (FBA) in which specific behaviors are analyzed in order to help determine the purpose of the behavior can often be used to develop other behavioral interventions.
 3. Classroom accommodations most often include making changes in the classroom that eliminate some of the elements that distract students with ADHD. For example, the seating arrangement might be changed so students are closer to the teacher or beside a good role model. (U.S. Department of Education, 2008)
- Positive Behavioral Interventions and Supports (PBIS) plans are tools that can be used along with Functional Behavior Assessments to address problem behaviors. Instead of focusing on punishment to try and change problem behaviors, a PBS plan focuses on teaching more desirable behaviors and emphasizes changes in the environment that help facilitate such a change. For example, short breaks during academic tasks may help improve behavior. (Zuna & McDougall, 2004)
 - Possible writing interventions that help students with ADHD include making sure students understand the format and style of writing they are being asked to use, providing instruction on how to describe the different parts of a story (plot, main idea, characters, etc.), teaching students to first visualize the story before beginning to write, and allowing students to dictate their story into a tape recorder or to other students. (U.S. Department of Education, 2008)
 - Although research on the interaction between fathers and children with disabilities is limited, there are some helpful findings. Research indicates that fathers tend to not follow activities suggested by educators. Thus, educators need to find out what a father’s present activities and preferences are and build on those when developing an inclusive program. Fathers like problem solving, so include problem-solving activities into activities involving fathers and their children. (University of Kansas, Lawrence, The Beach Center on Families and Disability, n.d.)



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What the Research and Resources Say [Cont.]

- Effective communication between school and home is imperative. On the contrary, ineffective communication strategies often lead to conflicts between schools and parents. You should consider the following when establishing written communication with families:
 - Asking parents how they would like to communicate (communicating in writing may not work for some parents)
 - Asking parents what they would like to communicate about
 - Using good judgment about what to include in brief notes (some issues are too complex to solve through written communication)
 - Including positive information about the student in communication with parents
 - Striving for clarity in written notes
 - Rereading any notes for possible misinterpretations (i.e. does the note sound critical of the parent) (Davern, 2004)

Keep in Mind

- Each student is an individual, and what works for one student may not work for another student.
- The teacher should ask the student to be involved in addressing his or her own behavior problems.
- Parents may be having difficulty coming to terms with their child having a disability.
- Positive communication should be maintained between school and home.



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Resources

Davern, L. (2004). School-to-home notebooks: What parents have to say. *TEACHING Exceptional Children*, 36(5), 22–27.

U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs. (2008). *Identifying and treating attention deficit hyperactivity disorder: A resource for school and home*. Retrieved February 11, 2013, from <http://www2.ed.gov/teachers/needs/speced/adhd/adhd-resource-pt1.pdf>

U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs. (2008). *Teaching children with attention deficit hyperactivity disorder: Instructional strategies and practices*. Retrieved on February 11, 2013, from <http://www2.ed.gov/rschstat/research/pubs/adhd/adhd-identifying-2008.pdf>

University of Kansas, Lawrence, the Beach Center on Families and Disability. (1997). *How to maximize fathers' involvement with their children who have disabilities*. Retrieved December 7, 2004, from <http://www.ldonline.org/article.php?max=20&id=989&loc=103>

Zuna, N., & McDougall, D. (2004). Using positive behavioral support to manage avoidance of academic tasks. *TEACHING Exceptional Children*, 37(1), 18–24.