

### Attention Deficit Disorder (ADD)

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<p>Definition</p> <p><a href="https://childmind.org/ask-an-expert-qa/what-is-the-difference-between-add-and-adhd/">https://childmind.org/ask-an-expert-qa/what-is-the-difference-between-add-and-adhd/</a></p> <p><a href="https://psychcentral.com/lib/what-is-attention-deficit-disorder/">https://psychcentral.com/lib/what-is-attention-deficit-disorder/</a></p> <p><a href="http://www.healthline.com/health/adhd/difference-between-add-and-adhd#overview1">http://www.healthline.com/health/adhd/difference-between-add-and-adhd#overview1</a></p>	<p>Childmind.org, psychcentral.com, and healthline.com all explain that Attention Deficit Disorder (ADD) is an outdated term that is no longer used in the medical field as a medical diagnosis. ADD was the official medical diagnosis for individuals with attention difficulties prior to the 1990s. After approximately 1990, Attention-Deficit/Hyperactivity Disorder (ADHD) became the official medical diagnosis for the condition. ADHD is categorized into 3 different types based on the symptoms that the individual exhibits:</p> <ol style="list-style-type: none"> <li>1. Inattentive type: individuals who only exhibit the inattentive symptoms of ADHD</li> <li>2. Hyperactive/ impulsive type: individuals who only exhibit the impulsivity/hyperactivity symptoms of ADHD</li> <li>3. Combined type: Students who exhibit both the inattentive symptoms and the hyperactivity/impulsivity symptoms of ADHD</li> </ol> <p>As childmind.org explains, sometimes people (and educators) tend to falsely refer to the Inattentive type of ADHD as ADD. This erroneous thinking likely results from the notion that Attention-Deficit/Hyperactivity Disorder minus the Hyperactivity, would just be Attention-Deficit Disorder (ADD). However, this is <u>not true</u>. In actuality, ADD is an outdated term that no longer applies to any medical condition. This is an important distinction that educators need to be aware of. Many educators still use the term ADD, but it is no longer appropriate. Calling the disorder ADD instead of ADHD would be the same as referring to ADHD as “hyperkinesis”, “hyperactivity”, “minimal brain damage” or</p>
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	<p>“minimal brain dysfunction”, all of which have been past terminology used to refer to what is now known as ADHD (psychcentral.com).</p> <p>Given the information above, the remainder of the research presented will be about ADHD as this is the modern and relevant research to the disorder.</p>
<p>IPRC Category and Subcategory -</p> <p><a href="http://www.peelschools.org/parents/special/sep/documents/B7categories.pdf">http://www.peelschools.org/parents/special/sep/documents/B7categories.pdf</a></p>	<p>It would fall under behavioural because ADHD is characterized by specific behaviour problems.</p> <p>Depending on the severity of ADD/ADHD, I think it could fall into either behavioural or learning disability (see: <a href="http://www.edu.gov.on.ca/eng/literacynumeracy/inspire/research/Tannock.pdf">http://www.edu.gov.on.ca/eng/literacynumeracy/inspire/research/Tannock.pdf</a> (paragraph 3), <a href="http://www.caddac.ca/cms/page.php?124">http://www.caddac.ca/cms/page.php?124</a> and <a href="http://www.aboutkidshealth.ca/En/ResourceCentres/ADHD/AtSchool/SpecialEducation/Pages/IdentifyingYourChildAsExceptional.aspx">http://www.aboutkidshealth.ca/En/ResourceCentres/ADHD/AtSchool/SpecialEducation/Pages/IdentifyingYourChildAsExceptional.aspx</a>)</p>
<p>Identify the profession who would make the diagnosis, as well as, when in the child's life this would most likely happen -</p> <p><a href="https://www.helpguide.org/articles/add-adhd/attention-deficit-disorder-adhd-in-children.htm">https://www.helpguide.org/articles/add-adhd/attention-deficit-disorder-adhd-in-children.htm</a></p> <p><a href="https://www.additudemag.com/who-can-diagnose-adhd/">https://www.additudemag.com/who-can-diagnose-adhd/</a></p> <p><a href="http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/Attention-Deficit-Hyperactivity-Disorder-ADHD/Pages/ADHD.aspx">http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/Attention-Deficit-Hyperactivity-Disorder-ADHD/Pages/ADHD.aspx</a></p>	<p>The professions who would make the diagnosis of ADD in a child would be a psychiatrist or a psychologist (addmag). Both of these professionals are trained in the diagnosis of this exceptionality, and have knowledge of what to do to help the child after the initial diagnosis. A combination of these professions will be most beneficial, as psychiatrists are able to prescribe medication and treat the child, whereas a psychologist's contributions would mostly lie in counselling, in addition to the initial diagnosis. With a combination of these professionals, the child can ensure that they are getting the best diagnosis, but also the best treatment once the diagnosis is official. With a combination of the medical and psychological experience with these professionals, the child will have very well-rounded treatment.</p> <p>In a child's life, a diagnosis would most likely occur once the child reaches school age (helpguide). Because, in young children, inattentiveness and hyperactivity is often expected, so when children get to school and these symptoms persist, this is when a diagnosis is often sought after. When children struggle to</p>

	<p>listen to and act upon instructions in the classroom, when they move from task to task and have trouble focusing, or when they have trouble respecting other students' personal space and with asking relevant questions, a test may be recommended. Because the students' symptoms begin to stand out more in a classroom environment, it is often at this time in a child's life that a diagnosis would occur.</p>
<p>Medical/Professional Recommendations (i.e. medication; physical therapy)</p>	<p>Ritalin (methylphenidate) or Adderall (an amphetamine) — are commonly prescribed, well-tolerated, act quickly (usually soon after a person takes them), and in most people, have few side effects. Stimulant drugs are often beneficial in curbing hyperactivity and impulsivity, and helping the individual to focus, work, and learn.</p> <ul style="list-style-type: none"> <li>• Adderall is approved for ages 3 and up.</li> <li>• Ritalin is approved for ages 6 and up.</li> </ul> <p>The side effects of medication may include:</p> <ul style="list-style-type: none"> <li>• Decreased appetite</li> <li>• Insomnia</li> <li>• Increased anxiety and or/irritability</li> <li>• Mild stomach aches or headaches</li> </ul> <p>Recommendations for treatment of children and youth with ADHD vary depending on the patient's age:</p> <p>For preschool-aged children (4–5 years of age), the primary care clinician should:</p> <ul style="list-style-type: none"> <li>• Prescribe evidence-based parent- and/or teacher-administered behaviour therapy as the first line of treatment.</li> <li>• May prescribe medication to treat ADHD, if the behaviour therapy does not provide significant improvement and the child continues to have moderate to severe symptoms.</li> <li>• If behavioural therapy is not available, the clinician must decide whether or not the child should begin medical treatment at an early age. The risk and benefits must be weighed.</li> </ul>

	<p>For elementary school-aged children (6–11 years of age) and adolescents (12–18 years of age), the primary care clinician should:</p> <ul style="list-style-type: none"> <li>• Prescribe ADHD medication that has been approved.</li> <li>• It is recommended that the child uses both medication and behavioural therapy to reduce the symptoms related to ADHD.</li> <li>• While medication may help with some immediate relief from some of the symptoms, the person with ADHD still often needs to learn the skills needed to be successful while living with the disorder.</li> <li>• Cognitive-behavioural therapy (CBT) can help build self-esteem, reduce negative thoughts and improve problem-solving skills. CBT can also help people learn self-control and improve their social skills.</li> <li>• The child's school environment, program or placement is part of any treatment plan.</li> <li>• Monitoring is crucial, to determine if the dose of the medication needs to be altered. This will ensure that the child is gaining the maximum benefit while minimizing any problems when taking the medication.</li> </ul>
<p>Educational Implications</p> <p><a href="http://www.edu.gov.on.ca/eng/literacy/numeracy/inspire/research/Tannock.pdf">http://www.edu.gov.on.ca/eng/literacy/numeracy/inspire/research/Tannock.pdf</a></p>	<p>ADD/ADHD affects between 5 and 12 percent of children worldwide with impairing levels of inattentive or hyperactive/impulsive behaviour. Despite having average or above average intellectual abilities, these students may be at risk of underachievement. Longitudinal studies in Canada and United States found students with ADD/ADHD 8 to 10 percent lower scores in reading and mathematics. Further, the studies also found that these students were at an increased risk for grade repetition and high school incompleteness, as well as, underemployment and poor workplace performance in adulthood.</p> <p>Some implications for education include:</p> <ul style="list-style-type: none"> <li>• An inclusive educational model, based on the universal design for learning and differentiated/modified instruction</li> <li>• Working with parents to devise a plan to</li> </ul>

	<p>address behavioural issues</p> <ul style="list-style-type: none"> <li>• Teaching students basic social skills and multimodal approaches to self-regulation</li> <li>• Students being provided with opportunities to use technology to improve working memory</li> <li>• Teachers having to modify their instructional practices and effective use of behavioural management techniques*</li> </ul> <p>* School-based interventions, where teachers have modified their instructional practices and used behavioural management techniques, have been found to improve both behavioural and literacy outcomes in students with ADD/ADHD.</p>
Possible Accommodations/Modifications to Assist with Accessing the Curriculum	<p>Students with ADD/ADHD may benefit from the following accommodations/modifications to assist in accessing the curriculum:</p> <ul style="list-style-type: none"> <li>• Use of preferential seating (sitting near the teacher, facing the teacher)</li> <li>• Seating student next to independent learners/peer tutoring</li> <li>• Prompts and/or strategies to help refocus student</li> <li>• Alternative quiet activities with opportunities to move</li> <li>• Pauses between steps and repetition of instruction</li> <li>• Use of graphic organizers and visuals</li> <li>• Check-ins with the student to ensure they are on task</li> <li>• Use of technology and inquiry learning</li> <li>• Chunking of assignments into smaller components</li> <li>• Tackling more difficult concepts earlier in the day</li> <li>• The use of multi-sensory activities</li> <li>• Establish a plan to address needs to escape and calm down (self-regulation centre)</li> <li>• Allow for use of quiet manipulatives, headphones with white noise</li> <li>• Provide a quiet study space, such as a carrel</li> <li>• Additional time as required for assignments, assessments, and tests</li> </ul>

**Sources:**

<https://www.bced.gov.bc.ca/specialed/adhd/>

[http://www.camh.ca/en/hospital/health\\_information/a\\_z\\_mental\\_health\\_and\\_addiction\\_information/Attention-Deficit-Hyperactivity-Disorder-ADHD/Pages/ADHD.aspx](http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/Attention-Deficit-Hyperactivity-Disorder-ADHD/Pages/ADHD.aspx)

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[http://www.camh.ca/en/hospital/health\\_information/a\\_z\\_mental\\_health\\_and\\_addiction\\_information/Attention-Deficit-Hyperactivity-Disorder-ADHD/Pages/ADHD.aspx](http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/Attention-Deficit-Hyperactivity-Disorder-ADHD/Pages/ADHD.aspx)