



2009

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Recommended Citation

Gibson, Tammy (2009) "A Case Study on Teaching an AD/HD Child with Special Reference to Southwest Laurens Elementary," *The Corinthian*: Vol. 10 , Article 10.

Available at: <https://kb.gcsu.edu/thecorinthian/vol10/iss1/10>

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A Case Study on Teaching an AD/HD Child with Special Reference to Southwest Laurens Elementary

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ABSTRACT

When I became an educator eight years ago, I found Attention Deficit/Hyperactivity Disorder (AD/HD) to be a very intriguing subject. Parents and teachers often have very strong opinions about how to handle students who show symptoms. These opinions are often very different and, if not approached in a professional manner, can damage a parent/teacher relationship. When my oldest son was in the third grade, his teacher and I discussed the fact that he had a very hard time focusing on his class work. For example, he was easily distracted by colorful maps, etc. while looking for a specific page number. As the year progressed, she began to notice other signs that pointed to AD/HD. The teacher and I kept in close contact throughout the year, but it was not until the beginning of his fourth grade year that he began to take medication to help him control his attention deficit disorder. My interest in AD/HD was truly piqued as a result of this experience and I began to collect information and teaching tips on AD/HD in hopes of helping other parents and teachers understand more about the signs and symptoms of AD/HD and how to teach these students. Rather than focusing my research on my personal child, I chose to direct the case study on a female student in my classroom at Southwest Laurens Elementary. I examined the opinion and knowledge of the general public regarding AD/HD, as well as interviewed fellow teachers to gain an understanding of how equipped they feel to teach students with AD/HD. I also interviewed my student's mother and first grade teacher.

CONTEXT

Southwest Laurens Elementary is located at 1799 Highway 117 in Rentz, GA, on approximately 49 acres of land. The facility was completed in the summer of 2000. The school serves the communities of Rentz, Cadwell, Cedar Grove, St. Johns, and Dexter, as well as the entire southwest rural areas of Laurens County. The school houses students pre-kindergarten through fifth grades and has a current enrollment of 1,079 students. Southwest Laurens

is a Title I school, with 66% of the population considered economically disadvantaged. Most of the students come from a working class poor type of family as compared to a welfare poor family. Southwest Laurens was SACS accredited in 2000 and 2005. Sara (pseudonym used to protect her real name), the subject of my case study, is a member of my second grade Early Intervention Program (EIP) classroom. She lives with her single mother and two brothers—one older and one younger than herself—in a nearby community.

THE RESEARCH PROBLEM

The purpose of this study is to examine the impact that attention deficit/hyperactivity disorder has on various facets of a child's life such as parents, siblings, school, and society. Attention deficit/hyperactivity disorder (AD/HD) is a condition that affects children and adults and is characterized by problems with attention, impulsivity, and over activity. Statistics show that between 3-7 percent of school age children and between 2-4 percent of adults are affected (National Resource Center on AD/HD, 2007). Before I became an educator, the term attention deficit /hyperactivity disorder had very little significance to me. I knew that medical doctors and researchers were constantly seeking ways to treat people with the disorder. I knew that parents and teachers were always trying different strategies and "tricks" to get children to pay attention in class and do better in school. Parents struggled with the decision to use medication or not. What was the big deal? Don't we all have trouble paying attention every once in a while?

As I completed my teaching degree and was placed in my very own classroom, I began to see firsthand the struggles students with AD/HD faced, as well as the challenges to the teachers who must teach these students. I became one of the many teachers who searched for ways to keep students on task. My information file folder labeled "ADD" grew thicker with each passing year as I collected articles, checklists, and other materials related to AD/HD. Although I sometimes felt a certain child exhibited the AD/HD characteristics I had read about, I was often too timid to speak out. I did not feel that I had the experience or knowledge to bring up such a hot topic. During my oldest son's second grade and third grade years, I began to notice little things that he would do. Funny little events like leaving the kitchen with his cereal bowl in hand instead of putting it in the dishwasher or going to the refrigerator to get some milk but leaving his toy behind in the refrigerator. My husband just laughed and passed them off as "a boy thing" while I began to think back to my ever-thickening information file folder. The impact of these little idiosyncrasies really hit home academically in third grade. My son's grades began to fluctuate.

Upon talking with his teacher, I discovered that he was having trouble focusing on his class work. While the class would be searching for the correct page number, a map or other material would catch his eye and he would forget about finding the page number. He was often in his own little world until the teacher pulled him back to reality. Timed math facts were also a problem. The teacher and I both agreed that it sounded like AD/HD. Every time I approached my husband about the possibility he would turn a deaf ear. We all survived my son's third grade year and his teacher is still a close friend. My gentle nudging continued and my husband began to come around. He even began keeping his own anecdotal notes. Our family physician confirmed that my son indeed suffered from AD/HD. He was placed on medication and we began to look for new ways to help him organize his thoughts, his schoolwork, and even his personal belongings. My experience has given me a better perspective as to the struggles parents face whether or not their child has an "official" medical diagnosis of AD/HD. I am better equipped to talk with parents because I can tell them about my experience.

Although much of my decision of choosing AD/HD as a research topic was based on my experience with my son, I chose to focus my research on a female student in my classroom who exhibited some of the same characteristics I saw in my own son. Also, by choosing a student rather than my son, I felt that the potential bias would be greatly reduced. Since AD/HD affects girls differently than boys, I was able to approach the research with an open mind and without preconceived ideas. Girls with AD/HD often go undiagnosed because they are less likely to exhibit hyperactivity. The research will be limited to my child and to the students in my classroom at Southwest Laurens Elementary. Parents and teachers of students were or were not interviewed. My assumptions are that: Instruction and discipline for AD/HD children is different than for children without AD/HD; teachers feel ill-equipped to teach children with AD/HD; and schools provide support for students with AD/HD.

Definition of Terms

1. Attention Deficit/Hyperactivity Disorder (AD/HD): a condition affecting children and adults that is characterized by problems with attention, impulsivity, and over activity (National Resource Center on AD/HD, 2007).
2. Early Intervention Program (EIP): the purpose of the Early Intervention Program is to provide additional instructional resources to help students who are performing below grade level obtain the necessary academic skills to reach grade level performance in the shortest possible time (Georgia Department

of Education, 2007). Also, their AD/HD is often overlooked. (GenneX Healthcare Technologies, 1999).

Research Questions

As a result of my real-life experience, I developed the following questions that will be used to direct my research:

1. How is parental discipline different for a child with AD/HD?
2. Are parental instructions given differently for a child with AD/HD?
3. How are siblings of an AD/HD child affected?
4. Do teachers receive sufficient training to handle students with AD/HD?
5. Does the school have adequate resources to educate students with AD/HD?
6. What is society's perception of and attitude towards people with AD/HD?

LITERATURE REVIEW

I chose to review professional literature related to three specific areas of my research. The areas included in my research relate to the following: parental and family involvement associated with AD/HD children; AD/HD children in school; and society and AD/HD.

Parental and family involvement associated with AD/HD children

Parenting a child with AD/HD is no easy task. It has been my experience, both personally and in the classroom, that one parent, usually the mother, recognizes signs that point to AD/HD. The other parent, usually the father, does not agree. Often disputes result over how to discipline the child. Dr. Thomas Brown (2005) relates to the parents' roles as "the enforcer" and "the marshmallow." "The enforcer" emphasizes that loving the child means making reasonable but firm demands on the child so that he/she can learn the right the thing to do. "The marshmallow," although equally worried and loving, feels that home is the one place where the child should be accepted and supported just the way he/she is and not be constantly punished. The ADD/ADHD Behavior-Change Resource Kit (Flick, 1998) did not specifically address the need for parents to be unified when parenting a child with AD/HD. However, the book did refer to the fact that parents will often feel guilty or blame

themselves for the child's inability to pay attention or for the misbehavior. My experience leads me to conclude that both parents must work together in agreement in order to help the child overcome or manage AD/HD. It is also important that siblings be educated and involved in dealing with AD/HD and its impact on the family. "The more a sibling understands that the AD/HD behavior of his or her sibling is not done to be purposefully annoying, the more accepting and supportive the sibling can be" (McNeal Pediatrics, 2007).

AD/HD children in school

In his book, *Attention Deficit Disorder*, Dr. Thomas Brown (2005) refers to two students who have trouble academically. The students have difficulty with class work, yet both were successfully involved in activities outside the classroom that required their direct attention for prolonged periods of time. I have seen these same characteristics in my son. He can sit for hours playing video games or watching television. It amazes me that he can remember a variety of football plays or the names and jersey numbers of professional athletes yet cannot remember what he was told to get from the pantry seconds earlier. Likewise, Sara does not have difficulty focusing on certain activities if they interest her. The *ADD/ADHD Behavior-Change Resource Kit* (Flick, 1998) says it is not the fact the AD/HD children cannot attend. The trouble is that they try to attend to everything. In *The Journal of Abnormal Child Psychology*, Flake, Lorch, and Milich (2007), report the findings of a study conducted with two sets of children. Younger children (4-6 years) and older children (7-9 years) with and without AD/HD watched two "Rugrats" television programs, once with toys present and once with toys absent. When the toys were present, children with AD/HD retold less coherent stories than the children without AD/HD. These findings confirm Flick's (1998) statement that children with AD/HD try to attend to everything.

It is extremely important for parents and teachers to work together when dealing with an AD/HD child. An article by Diana Reeves (2007) suggests that teachers may not have the ability to focus on one or two children exclusively, although it is in their best interest to do so. I am of the opinion that you can focus your attention on the child or children in a positive way by keeping anecdotal notes and meeting with parents or you will focus on the child in a negative way due to misbehavior or poor classroom performance. Either way they will receive your attention. In my experience, no matter how difficult it is to find the time or nerve to meet with parents, a proactive investment goes a long way in letting the parents and child know that you support them and will make every effort to help the child be successful in the classroom.

Society and AD/HD

Often students with AD/HD are very intelligent and creative. However, an article by Mary Marcus (2007) in USA Today reported the findings of a study by experts from Indiana University, The University of Virginia, and Columbia University. The study conducted interviews of more than 1300 adults and the following results were reported: 85% of those interviewed believed that doctors overmedicate children with AD/HD; more than half believed that medications “turn kids in to zombies”; 31% believed children with AD/HD pose a danger. I feel that society in general is very uninformed when it comes to AD/HD. I was of the same opinion until I became a teacher and later the parent of a child with AD/HD. The students with AD/HD that I have known are indeed very intelligent. They do not pose a danger to anyone. Will Canu (2007) reported for The Journal of College Counseling that AD/HD is associated with increased accidental injury. A study of a group of male college students with a predominantly inattentive type of AD/HD showed that they placed less emphasis on job safety than did their peers when considering their professional direction. Although our society frowns on people with AD/HD, where would we be without the efforts of such AD/HD people as Orville and Wilbur Wright, Henry Ford, and George Patton?(Nutrition Health Center, n.d).

METHODOLOGY

Participants

The participants of the case study included a female student (to be referred to as “Sara”) in my second grade EIP classroom at Southwest Laurens Elementary and her mother. Randomly selected teachers at Southwest Laurens also participated in the research. The average amount of teaching experience among the surveyed teachers was 12 years. A survey was also conducted among the general public (people not associated with the field of education), which included housewives and a welder. The average age among the surveyed general public was 44 years of age.

Instrumentation (See Appendix)

An interview was conducted with Sara’s mother. The researcher generated all questions on the interview. The purpose of the interview was to gain a better understanding of Sara’s AD/HD diagnosis and the events leading her mother to seek medical help. Questions were also asked regarding the relationship between Sara and her siblings. A researcher-generated survey was given to randomly selected teachers at Southwest Laurens to solicit their feelings on such items as whether or not the school provides adequate support

to students with AD/HD and their teachers and parents. Teachers were also asked about how equipped they felt to teach students who are diagnosed with AD/HD. Various people (referred to as the “general public”) were surveyed. These were people who did not work in the field of education. The purpose of the survey was to determine the knowledge of the general public regarding AD/HD. Another method of instrumentation that I used during the research process was observation. I observed Sara involved in a variety of classroom activities and made anecdotal notes as documentation for my research. These notes proved to be very beneficial when examining areas of Sara’s development.

Procedures

Prior to conducting any research activities, I requested and was granted permission by my principal to conduct research in my classroom at Southwest Laurens Elementary. According to Georgia College and State University guidelines, all the necessary forms and paperwork (which included the permission form from my principal) were submitted to the Institutional Review Board (IRB). My research began around the first of October after the IRB granted its approval for me to conduct my research. A participant permission form was sent home with Sara for her mother to sign. Due to scheduling difficulties, the interview with Sara’s mother was conducted over the telephone. The surveys to Southwest Laurens teachers were randomly placed in their school “mailboxes” with instructions to return the permission form and survey separately to the researcher’s mailbox by a given deadline. Surveys to the general public were distributed and collected by a member of the researcher’s family. Upon receiving permission from Sara’s mother for Sara to participate in my research, I began to conduct observations into Sara’s stages of development, how she interacted with peers, homework patterns, etc.

RESULTS

The first step of my research involved observing Sara. Sara is a typical seven-year-old girl. She is frequently absent and her work is rarely completed within the three-day time frame allowed for makeup work. Sara is quiet in the classroom, but makes friends easily. When given a choice of working in a group or working alone, she will most often work with other students. I observed a change in Sara when she worked with other children. She became very bossy and wanted things to go her way. In looking at Eric Erikson’s Stages of Social Development, Sara is in the beginning stage of Industry Versus Inferiority (or Competence) Stage. In this stage, Sara has learned to relate to her peers according to social rules. She is progressing

from free play to a more structured type of play. Evidence of this stage is demonstrated in the way she interacts with her classmates and by the fact that they often make up games and play activities with their set of rules. I felt Sara was only in the beginning of this stage because she is not self-disciplined enough to bring in her homework on regular basis and she is struggling to master skills in the areas of reading and math. Examining the area of Sara's cognitive development, I found her to be in the beginning phase of the concrete operational stage as described by Jean Piaget. An example of mastery at this level is understanding that since $4+4=8$, then $8-4$ must equal 4. This is one of the skills we are working on in second grade. Sara still has trouble identifying the correct answer to similar problems. I feel she will master this skill by the end of second grade. She is also progressing in the area of the ability to understand things from another person's point of view. I have observed her while the students are working in small groups and she listens to others better at the end of the research as compared to when the research was begun. Sara's moral development falls under Stage 2—Individualism and Exchange. In this stage of moral development, an individual's point of view and actions are based on how their own personal needs can be met. Children begin to push the limits of rules. This was interesting to me because over a two-week period Sara received two bus discipline forms. When questioned about her actions, her only response was a shrug of the shoulders. It seems she was more concerned with her actions at the time than the future consequences of her actions.

For the next step in my research I wanted to survey teachers at Southwest Laurens to solicit their thoughts and feelings regarding teaching students with AD/HD. 66% of the teachers surveyed felt they were equipped to teach students who are diagnosed with AD/HD. Most teachers are required in a bachelor's program to take a course dealing with teaching exceptional children. However, very little is mentioned in the course about teaching students with AD/HD. In the survey, 100% of the teachers felt that students with AD/HD required special modifications in the regular classroom setting. When questioned about whether or not Southwest Laurens provided adequate support to students with AD/HD, only 30% of teachers felt the students received the support they needed. 100% of surveyed teachers felt that parents did not receive adequate support nor did teachers receive ongoing support and training in the area of teaching students with AD/HD. I was also curious as to how much knowledge people that were not associated with the field of education had about AD/HD. A survey of the general public revealed that most people are familiar with AD/HD. 66% of the people felt that children with AD/HD are often troublemakers; however, 100% of them agreed that the students did not need to be in a special education class and were not a danger to people around them.

The final step of the research project consisted of two interviews—one with Sara’s mother and another with Sara’s first grade teacher. Sara’s mother was very familiar with AD/HD because Sara’s older brother has also been diagnosed with AD/HD. Sara was diagnosed in first grade when her teacher became very concerned with her low grades and inability to focus on her work. She was placed on a low dosage of medication and her grades improved. Still, she “barely passed” the first grade. Her mother stated that she gets along well with her brothers (except for the usual sibling rivalry). When giving Sara directions, her mother gives one-step directions and has Sara look her directly in the face. Since Sara has a younger brother, giving one-step directions is also beneficial to him. One of the biggest struggles between mother and daughter is over homework. Sara is very strong-willed in this area and often refuses to complete her homework. Although she misses recess due to not returning homework, it does not seem to bother her. Sara’s first grade teacher noted that she appeared to have a “don’t care” attitude about her schoolwork and was often lackadaisical. Her teacher also noted that Sara’s grades improved after she was placed on medication, but were still barely passing. Sara’s reading level was below that of the average first grader. Sara was placed at the front of the room where she could be easily redirected.

CONCLUSION

Based on analysis of the observations, surveys, and interviews, Attention Deficit/Hyperactivity Disorder is a diagnosis that is not easily understood. Each child is affected differently. Teachers and parents must work together to insure the success of every child. This research has caused me to examine classroom modifications, ways of giving directions, and offering positive feedback more frequently to Sara and other students who exhibit signs of AD/HD. Students with AD/HD respond better to one-step directions and often benefit from looking directly at the speaker. Often, modifications made for AD/HD students are advantageous for other students in the classroom as well. This is also true for siblings of AD/HD children. Steps taken to help organize the belongings and thoughts of an AD/HD child can be used as teaching tools to help siblings organize their personal belongings and thoughts. According to the teacher surveys, most teachers feel equipped to teach students with AD/HD, but they also see a need for ongoing training and support. It was also evident from the survey that Southwest Laurens needs to implement a support system for teachers, as well as parents, of children with AD/HD. The general public was surprisingly well informed on the subject of AD/HD. The most perplexing statistic was that students with AD/HD are often seen as

troublemakers. I feel this decision was based on the fact that hyperactivity is the most outstanding and well-known characteristic of AD/HD.

RECOMMENDATIONS

After conducting this study, I recommend the following plan of action: 1) Teachers at Southwest Laurens work together to create a list of modifications that have proven to be effective in the classroom for students with AD/HD. Such a list would be valuable to veteran teachers and new teachers; 2) Teachers receive ongoing professional staff development training in the area of AD/HD and how to successfully teach AD/HD students; 3) A support system for parents of students with AD/HD be established at Southwest Laurens to enable parents to feel empowered to help their child be successful in his/her school career; 4) A support system be established for students with AD/HD where they receive pointers and advice on how to manage their AD/HD and its effects on class work, homework, relationships, etc.

APPENDIX AND FIGURES

Appendix A: Parent Interview Questions

*Note: According to research, the term AD/HD is used to refer to students with Attention Deficit Disorder who may or may not exhibit hyperactivity.

1. How old was your child when he/she was diagnosed with AD/HD?
2. What led you to seek a medical diagnosis?
3. How do instructions to your child with AD/HD differ from instructions to your other child/children?
4. Tell me about the child's interactions with siblings? Are the siblings aware of the differences in the way you discipline or provide instruction to the AD/HD child?

5. Tell me about how AD/HD affects your child in relation to his/her academic performance and/or interaction with teachers.

Appendix B: Survey Questions for Teachers

In an effort to fulfill the requirements for my Applied Research II course at Georgia College and State University, I am doing a case study on Attention Deficit/Hyperactivity Disorder. As a fellow educator, your input is very valuable to my research and all information is strictly confidential.

Before beginning, please indicate the grade you currently teach and the number of years of teaching experience. Read each of the following statements and use a check mark to select Strongly Agree, Agree, Disagree, or Strongly Disagree based on your experience.

Teaching experience _____ (# of years) Currently teaching
_____ grade

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I feel equipped to teach students who are diagnosed with <u>AD/HD.</u>				
2. Students with <u>AD/HD do not</u> require any special modifications in the regular classroom setting.				
3. Our school provides adequate support to <u>students</u> with <u>AD/HD.</u>				
4. Our school provides adequate support to <u>parents of students</u> with <u>AD/HD.</u>				
5. Teachers are provided ongoing training and support regarding <u>AD/HD.</u>				

Appendix C: Survey Questions for General Public

Hello. My name is Tammy Gibson. I am a teacher at Southwest Laurens Elementary and also a Graduate student at Georgia College and State University. In an effort to fulfill the requirements for my Applied Research II course at Georgia College and State University, I am doing a case study on Attention Deficit/Hyperactivity Disorder (AD/HD). Your input is very valuable to my research and all information is strictly confidential.

Before beginning, please indicate your age category. Then read each of the statements and use a check mark to select Strongly Agree, Agree, Disagree, or Strongly Disagree based on your experience.

Please indicate your age group: 18-25____; 26-35____; 36-45____; 46-55____; 56-65____; 66+_____

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I am familiar with the diagnosis Attention Deficit/Hyperactivity Disorder.				
2. Children with Attention Deficit/Hyperactivity Disorder are often troublemakers.				
3. Children with Attention Deficit/Hyperactivity Disorder are a danger to the people around them.				
4. Children with Attention Deficit/Hyperactivity Disorder are not very intelligent.				
5. Children with Attention Deficit/Hyperactivity Disorder need to be in a special education class.				

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