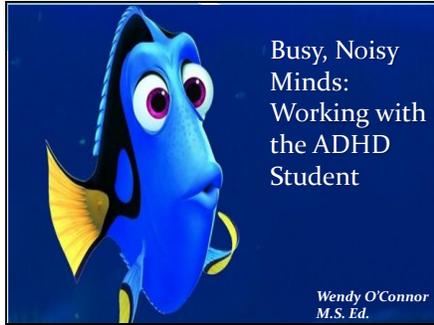
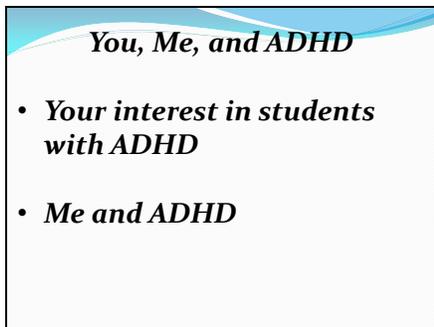


Slide 1



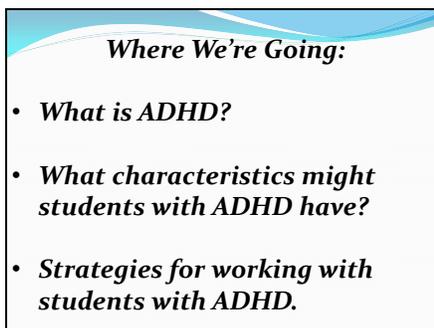
Slide 2



ME:

Chief Academic Advisor for School
Biological Sciences 11 years
M.S. Ed. in Counseling
Psychology-background in
diagnostics and worked
professionally with ADHD
individuals in counseling setting
I HAVE ADHD-diagnosed in my
30's.

Slide 3



Slide 4

What is Attention Deficit Hyperactive Disorder (ADHD)?

ADHD is a neurodevelopmental disability that affects both children and adults.

ADHD IS:

- **REAL**-research has shown structural and neurochemical differences in brain function of individuals with ADHD vs. non-ADHD individuals
- **Pervasive**- research has also shown that people don't "grow out of" ADHD. The symptoms remain and cause lifelong impairment for individuals with ADHD

Slide 5

ADHD is NOT:

- Laziness
- A choice or character defect
- A result of eating too much sugar
- A result of bad parenting
- Something everyone has "a little bit of"
- A matter of needing to "just try harder"

Something everyone has a little bit of-being forgetful or spacey occasionally is not the same! **That's like saying everyone has a little bit of cerebral palsy when they have morning stiffness.**

JUST TRY HARDER- MS example. We would never say to someone who has MS

"Why can't you balance better? You're not trying hard enough. Just try harder."

You can't imagine how defeating it can be for an adhd student to be told thing that start with *Just*:

Just get organized
Just get a planner
Just work harder
Just spend more time on it
Just try harder
AND....if it was truly
important to you, you would
have remembered it!

These imply the opposite-I'm
not trying hard enough,
working hard enough, trying
hard enough. None of these
help and none are the issue!!

Slide 6

Why should we care?

Nearly 25 years of special education law (The Americans with Disabilities Act of 1990, the Individuals with Disabilities Education Act of 1975, and Section 504 of the Rehabilitation Act of 1973) have enabled many qualified students with disabilities to graduate high school and, correspondingly, attend college.

A parallel nationwide rise is being reported in the numbers of students with disabilities on college campuses. *The greatest increase is seen in students with so-called hidden disabilities such as learning disabilities, ADHD, and psychiatric disabilities.* These students face a number of obstacles once they are admitted to college.

Many factors, some intrinsic to the student and others extrinsic to the campus, moderate success in higher education."

Wolf, L. E. (2001). College Students with ADHD and Other Hidden Disabilities. *Annals of the New York Academy of Sciences*, 931: 385-395.

Slide 8

Students at UNL reflect national trends.

According to UNL's office of Services for Students with Disabilities (SSD):

- Students with ADHD are the largest cohort of disabled students registered with SSD at UNL
- Over the last 5 years the number of students registered with SSD with ADHD has increased **150%**

Why has this risen so sharply? Could be combination of many factors-more sophisticated diagnosis, less stigma, and the disorder itself may be on the rise

Trends at UNL are consistent with Nationwide trends as noted in 2011 study done by Higher Education Research Institution (HERIO and Cooperative Institutional Research Program (CIRP)

Slide 9

How is ADHD Diagnosed?

The current Diagnostic and Statistical Manual (DSM-V) lists two categories of ADHD symptoms:

- Inattentive
- Hyperactive-Impulsive

Each category lists 9 symptoms. We all experience some of these symptoms from time to time, but we all aren't diagnosed with ADHD. Why?

Because the diagnosis of ADHD is based on several specific key factors.

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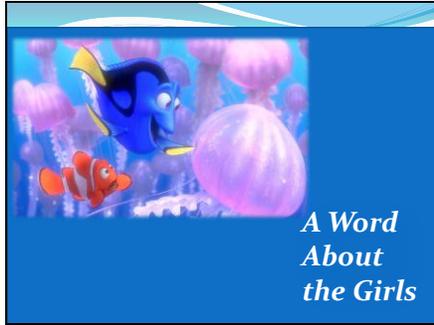
Required Criteria for diagnosis:

- Number of Symptoms
- Duration of Symptoms
- Age of Onset (observable by age 12)
- Multiple Settings
- Rule Out Alternative Explanations for Symptoms
- Clinically Significant Impairment

ALL of these factors are considered in the diagnosis of ADHD.

THE KEY here, is clinically significant impairment. What this means is that symptoms are severe enough to have a negative impact on daily lives at home, work and/or school. See Appendix for APA symptoms for dx of ADHD

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Slide 12

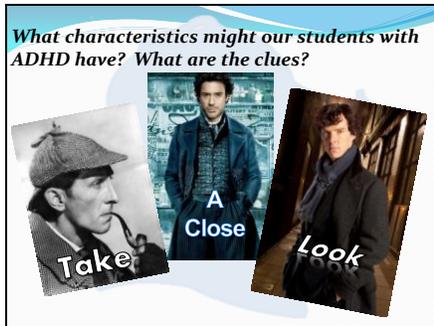
ADHD and Gender Differences

Females with ADHD	Males with ADHD
<ul style="list-style-type: none">• Frequently diagnosed later	<ul style="list-style-type: none">• Frequently diagnosed earlier
<ul style="list-style-type: none">• Exhibit inattentiveness more often (day dream, "spacey", staring out window), hyperactivity expressed differently	<ul style="list-style-type: none">• Exhibit hyperactivity and impulsivity more often (impulsive, loud in leisure activities, pacing)
<ul style="list-style-type: none">• Harder to spot-internalize symptoms, so under-recognized	<ul style="list-style-type: none">• Easier to spot-externalize symptoms, so readily recognized

Research indicates that girls frequently express hyperactive behaviors in less recognizable ways than boys—more social “chatty” as some of the research notes, whereas boys more physical, again see the research—(Nadeau, Quinn, Wigal, APA monitor article by Crawford, Rucklidge, Arcia and Connors)

Slide 13

What characteristics might our students with ADHD have? What are the clues?



Take A Close Look

The image features three overlapping photographs of a man in a trench coat and hat. The word 'Take' is overlaid on the left photo, 'A Close' on the middle photo, and 'Look' on the right photo.

Slide 14



Slide 15

Identifying Students

-  **Forgetfulness**
-  **Time Management**
-  **Organization**
-  **Focus/Concentration**

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**THE Best Strategy For Working
With The ADHD Student:**
THE STUDENT!

ASK

- *What things are not going well? Why?*
- *What things are going well? Why?*
- *How have things gone in the past? What worked?*
- *Are you late a lot?*
- *Do you misplace your keys, books, etc.?*
- *Do you forget about due dates for assignments?*
- *Do you get distracted easily?*
- *How's your focus during class?*
- *Do you feel restless or always on the go?*

THEN LISTEN

Our Retention-questions re: trouble concentrating, etc. Their answers determine what more to ask, especially answers to the first question.

Veva Cheney, Director of UNL SSD Office indicated sometimes they will say “I feel like I have ADHD”.

Can also say “Your issues sound really similar to students I’ve worked with that struggle with ADHD. If you think this might be you can fill out Symptom Checklist, and if you’ve checked a lot of them it would be wise to follow up with your doctor, health center, or

counselor.” CLARIFY—You are NOT diagnosing them (because you’re not) but that these issues are really similar to issues that ADHD students deal with.

Slide 17

A Word About Referral

- *If you suspect ADHD, vital to refer student to your institution's counseling services/health center or encourage them to check with their doctor or a mental health professional*
- *Vital to refer self-identified students to your institution's services for students with disabilities office*
- *Assessment appointments and accommodations vary by institution*

Slide 18

Strategies for working with students who have ADHD (they're not what you'd think)...

Students with ADHD think and learn differently so:

- *Traditional academic methods/strategies such as such as "Get a Planner", use outlines, etc. may not work*
- *Academic and ADHD issues are often intertwined/interrelated*
- *Gaps in focus = Gaps in encoding information=Gaps in memory/learning content*
- *Standard "Tools and Tips" hand-outs may not always be helpful, and **may** actually backfire (i.e. "Why don't these ever work for me? They work for everyone else. I must just be stupid.")*

Once you suspect ADHD type issues (or ADHD!) OR if they have self-identified...

Academic and ADHD issues intertwined. Refer to video-wrong notebook (organization issue) so took notes that may not be able to find. Consistent with research

Slide 19

Nuts and Bolts: Issues and Strategies

TIME

"Time is the thing that keeps everything from happening all at once. Time parcels moments out into separate bits so that we can do one thing at a time. In ADHD, this does not happen. In ADHD, time collapses. Time becomes a black hole. To the person with ADHD it feels as if everything is happening all at once. This creates a sense of inner turmoil or even panic. The individual loses perspective and the ability to prioritize. He or she is always on the go, trying to keep the world from caving in on top."

-Ed Hallowell

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Nuts and Bolts: Issues and Strategies

Issue:

TIME

- *2 Time Zones: "Now" and "Not Now" (and if it's "Not Now" it doesn't exist)*
- *Hyper-focus (Video games, projects of interest including school, etc.) time freezes*
- *Overestimate how much can do in a day/afternoon/hour*
- *Underestimate how much time it takes to complete tasks or get to locations*
- *Difficulties starting, stopping and shifting*

Refer to Hallowell's research, ADHD Procrastination learning sheet with the "time zone-Now or Not Now information" developed by CHAD

Not Now doesn't exist-what does this mean for due dates, appointments, etc.?

Starting an activity (even sometimes a rewarding one), stopping that activity (even if not as rewarding-i.e. wrapping up work, assignments, study time, etc.), moving from one activity to the next.

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Nuts and Bolts: Issues and Strategies

Strategies: TIME

- Never underestimate the power of **ROUTINE**
- Use a timer/timer app to track time on tasks/avoid the black hole of hyper-focus and help with shifting, stopping and starting
- Teach specifics: How to get somewhere on time (this was a new concept for me!)
- Instead of "Get a Planner", work with student to develop system that works for them

Routine-as one student said-when you get used to it, you come to expect it, so if you don't do it, it feels weird.

Student designs (trial and error)
-helps exert control over time (proactive rather than reactive)
-go to bed/get up same time daily perhaps the HARDEST thing to do!
Specifics-eg. If you have to be somewhere at 8:00, figure out how long it takes to get there, etc.

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Nuts and Bolts: Issues and Strategies

Issue: Organization/Forgetfulness

- The "Now" time-zone can cause external disorganization and forgetfulness at home (i.e. forgetting where put things- keys, purse, notebooks, etc.) and in leaving home (forgetting to bring items along such as shopping lists, notebooks/lab reports, homework/items due, etc)
- The "Now" time-zone also causes internal disorganization (noisy, busy minds) random thoughts, prioritization issues, and memory issues. External clutter can contribute to internal "mind clutter"
- **It is always the "Now" time-zone**

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Nuts and Bolts: Issues and Strategies

Strategies: Organization and Forgetfulness

Organization	Forgetfulness
<ul style="list-style-type: none">• Find a place to keep specific items, and always keep them in the same place (keys on hook, books always in book bag, book bag always in same place, etc.)• Choose what to wear the night before and lay out clothes in bathroom- including shoes• Do household chores on same day each week	<ul style="list-style-type: none">• Place due dates, Reminders, etc. on bathroom mirror• Consider using voice memo app as things come up• Consider using notes app or notebook to note things remembered• Set things by the door the night before so they are ready to go• Post reminders on the door (bring camera, meet Dave)

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Nuts and Bolts: Issues and Strategies
Issue: Focus

“My thoughts are like lively dinner guests at a party I’m hosting in my home, and I MUST pay attention to every single guest; ... they never stop talking ... and they never leave.”

-Wendy O'Connor

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Nuts and Bolts: Issues and Strategies
Issue: Focus

- *Tricky to deal with -waxes and wanes between unfocused and hyper-focus; some weeks/days good others not*
- *Medication can help--sometimes tremendously*
- *Periods of hyper-focus frequently followed by “crash”*
- *Related to sleep issues (dinner guests)*
- *Internal stimuli (thoughts) and external stimuli frequently disrupt focus-as in throughout the day, every day-which then affects memory encoding*

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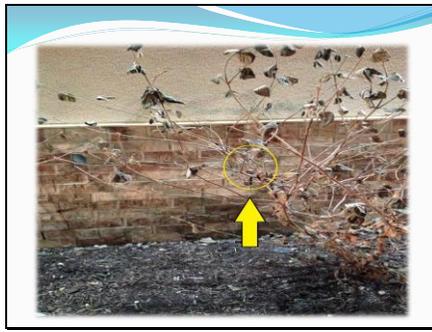


What You See

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Nuts and Bolts: Issues and Strategies
Strategies: Focus (Outside of Class)

- **Never Underestimate the Power of ROUTINE**
-develop a schedule that includes classes, when and where to study, exercise, sleep/wake. For ADHD students, studying in the same place at the same time works well. "21 day rule" stick with the routine
- Determine what works best environmentally (where to study, background noise, what time etc.)
- Remove distractions (phone/electronic distractions, TV, environment)
- Consider jotting down interruptive thoughts in class or in conversations ("mind dump" book)
- Give the "guests" permission to go to sleep.

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Nuts and Bolts: Issues and Strategies
Strategies: Focus (During Class)

- Arrive early, sit same place
- Format notebook for “mind dump”
- Establish a class routine for each class-what time to arrive, where to sit, etc.-and **stick to routine**
- Eat before classes if need be

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Why didn't you give us specific **learning and **study** strategies for working with ADHD students?!**

- Need to be student driven
- And I did! (See the Appendix)
- Strongly recommend “Learning Outside the Lines” by Mooney and Cole” (see Resources)

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In Summary ...

- Best strategy is **THE STUDENT**
- Observe, ASK, and especially--LISTEN
- “Mind the Gaps” (i.e. focus/memory/time, etc.) & be patient as you work with your students that have ADHD
- Dive Deeper --books, articles, etc. (see the resources page included in your packet)



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Slide 34

