



NATIONAL
ASSOCIATION OF
SCHOOL
PSYCHOLOGISTS

Position Statement

STUDENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

Some students with academic and adjustment problems exhibit a constellation of behaviors commonly associated with attention deficit hyperactivity disorder (ADHD). NASP recognizes that the core symptoms of ADHD, including both inattention and hyperactivity, are neurobiological in nature, and have the potential to adversely affect a child's educational performance as well as social-emotional development (Barkley, 2006). NASP also recognizes that attention problems may also be due to a variety of factors such as academic difficulties, anxiety, depression, and/or environmental factors (e.g., teaching practices, ineffective discipline, or stress; DuPaul & Stoner, 2003). The behaviors associated with ADHD exist along a continuum from mild to severe and appropriate supports and interventions will vary depending on the nature, chronicity, and severity of the behaviors of concern (Piffner, 2011).

Longitudinal data suggest that the behaviors associated with ADHD typically present at an early age, may change over time, and may persist into adulthood (Weyandt, 2007). Therefore, supports and interventions must be designed within a developmental framework in an individualized manner. Furthermore, recognizing that students with ADHD are at particular risk for developing social-emotional and learning difficulties, problems should be addressed as early as possible to reduce the need for long-term special education or placement in more restrictive educational settings (DuPaul, Stoner, & O'Reilly, 2008; Zentall, 2006). Students with ADHD may need and be eligible for appropriate special education services under current disability categories of the Individuals with Disabilities Education Act of 2004 (IDEA). Alternatively, students with ADHD may function well with accommodations in general education through Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (2009), or may not need specific supports and can be successful with typically occurring general education instruction (DuPaul & Stoner, 2010).

Assessment of children presenting with attention problems, and evaluations conducted to rule in or rule out ADHD as a diagnosis, should be carried out with care and with the understanding that attention problems may reflect normal development, environmental conditions (i.e., instructional match, home stress, social factors), other psychological or medical conditions, or some combination of these factors (Wolraich & DuPaul, 2010). Because attention problems can coexist with other disorders or be symptomatic of a variety of problems, a multitier system of support should be part of assessment and intervention. When a student does not respond to initial supports, then a multimethod, multisetting, multi-informant evaluation can be conducted as part of diagnosis and treatment planning (DuPaul & Stoner, 2010). This assessment should include direct input from both school and home settings (Power, Karustis, & Habboushe, 2001). Also, the evaluation should consider the function(s) of the problem behavior(s) in the design of interventions. Assessment of ADHD-related concerns should be linked to interventions, and it is recommended that intervention assistance to students, teachers, and parents be provided early and for as long as such support is necessary to ensure optimal student behavior and school performance (Tobin, Schneider, Reck, Landau, 2008).

Effective interventions should be tailored to the unique strengths and needs of every student. For

children with ADHD, such interventions will often include the following:

- instructional strategies to improve self-management as described in the NASP position statement titled *Appropriate Behavioral, Social, Emotional Supports to Meet the Needs of All Students*;
- classroom modifications to enhance work quality and productivity, engagement, and social adjustment;
- collaboration and consultation with families to ensure that parental support for each child is fully utilized, to facilitate parental behavior support at home, and to promote the use of consistent approaches across home, school, and community settings;
- monitoring by a school-based intervention team to ensure effective implementation of interventions, to provide adequate support for those interventions, and to evaluate the effectiveness of programs in meeting behavioral and academic goals;
- education of school staff in characteristics and management of ADHD and attention problems to enhance appropriate instructional accommodations, modifications, and behavior support;
- access to special education services as appropriate;
- collaboration with community agencies and professionals providing medical and related services to students and their families;
- appropriate supports and intervention to help students with ADHD to appreciate their unique abilities and to develop their feelings of self-worth and confidence;
- class-wide and individualized behavior support systems to promote and support appropriate social and academic behavior, as well as achievement.

Research indicates that certain medications, particularly stimulant medications, may be a part of a highly effective treatment modality for many students with ADHD and can enhance the efficacy of other interventions (Wolraich & DuPaul, 2010). Importantly, other types of intervention also have been shown to be effective (e.g., behavioral interventions) and medication should not be the only intervention considered. The decision to use medication rests with the parents and child, in consultation with medical professionals (American Academy of Pediatrics, 2001). Therefore, it is inappropriate to make school placements and services contingent on seeking or obtaining medication treatment.

NASP supports the recommendation from the American Academy of Pediatrics that “The assessment of ADHD requires evidence directly obtained from parents or caregivers regarding the core symptoms of ADHD in various settings, the age of onset, duration of symptoms, and degree of functional impairment” (American Academy of Pediatrics, 2000). When medication is considered, NASP recommends that:

- Medication should be considered only as part of a comprehensive treatment program that may also include academic, social, behavioral, and/or parent and family focused intervention.
- Behavioral and academic data should be collected before and during controlled medication trials to assess baseline conditions and the efficacy of medication.
- Communication among school, home, and medical personnel should emphasize mutual problem solving and collaborative teamwork.
- Throughout the course of medication treatment, the student’s health, behavior, and academic progress should be carefully monitored and communicated to appropriate medical providers.

School psychologists play a vital role in identifying, developing, implementing, and monitoring effective supports and interventions for students with ADHD. As an association, NASP is committed to publishing current research on ADHD and to providing continuing professional development opportunities to enhance the skills of school psychologists to meet the diverse needs of these students.

REFERENCES

- American Academy of Pediatrics, Committee on Quality Improvement and Subcommittee on Attention-Deficit/Hyperactivity Disorder. (2000). Diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder. *Pediatrics*, *105*, 1158–1170.
- American Academy of Pediatrics. (2001). Clinical practice guideline: Treatment of the school-aged child with attention-deficit/hyperactivity disorder. *Pediatrics*, *108*, 1033–1044.
- Barkley, R. A. (2006). *Attention-deficit/hyperactivity disorder: A handbook for diagnosis and treatment* (3rd ed.). New York, NY: Guilford.
- DuPaul, G. J. & Stoner, G. (2003). *ADHD in the schools: Assessment and intervention strategies* (2nd ed.). New York, NY: Guilford.
- DuPaul, G. J., & Stoner, G. (2010). Interventions for attention-deficit hyperactivity disorder. In H. M. Walker & M. R. Shinn (Eds.), *Interventions for achievement and behavior in a three-tier model including RTI* (3rd ed., pp. 825–848). Bethesda, MD: National Association of School Psychologists.
- DuPaul, G. J., Stoner, G., & O'Reilly, M. J. (2008). Best practices in classroom interventions for attention problems. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology V* (pp. 1421–1438). Bethesda, MD: National Association of School Psychologists.
- Pfiffner, L. J. (2011). *All about ADHD: The complete practical guide for classroom teachers* (2nd ed.). New York, NY: Scholastic.
- Power, T. J., Karustis, J. L., & Habboushe, D. F. (2001). *Homework success for children with ADHD: A family-school intervention program*. New York, NY: Guilford.
- Tobin, R. M., Schneider, W. J., Reck, S. G., & Landau, S. (2008). Best practices in the assessment of children with attention deficit hyperactivity disorder: Linking assessment to response to intervention. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology V* (pp. 617–632). Bethesda, MD: National Association of School Psychologists.
- Weyandt, L. L. (2007). *An ADHD primer* (2nd ed.) Mahwah, NJ: Erlbaum.
- Wolraich, M. L. & DuPaul, G. J. (2010). *ADHD diagnosis & management: A practical guide for the clinic & the classroom*. Baltimore, MD: Paul H. Brookes Publishing.
- Zentall, S. S. (2006). *ADHD and education: Foundations, characteristics, methods, and collaboration*. Upper Saddle River, NJ: Pearson Education.

Adopted by the NASP Delegate Assembly on July 16, 2011.

Please cite this document as:

National Association of School Psychologists. (2011). *Students With Attention Deficit Hyperactivity Disorder* (Position Statement). Bethesda, MD: Author.

© 2011 National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814



NATIONAL
ASSOCIATION OF SCHOOL
PSYCHOLOGISTS

4340 East West Highway, Suite 402
Bethesda, MD 20814
(301) 657-0270
(301) 657-0275, fax
(301) 657-4155, TTY
www.nasponline.org