




**2024**



# **ADHD Conference**

**Dr. Shook, MD**  
**Dr. Satcher, EdD**



# How Can Educators Partner with Families and Health Providers to Identify and Optimally Care for Students with ADHD?



## Disclosures

- We have no relevant financial relationships with manufacturers of any commercial products and/or providers of commercial services discussed in this CME activity.

# Agenda



**Welcome**

**Agenda**

**Objectives**

**Medical side**

**Education side**

**Questions**

# Objectives



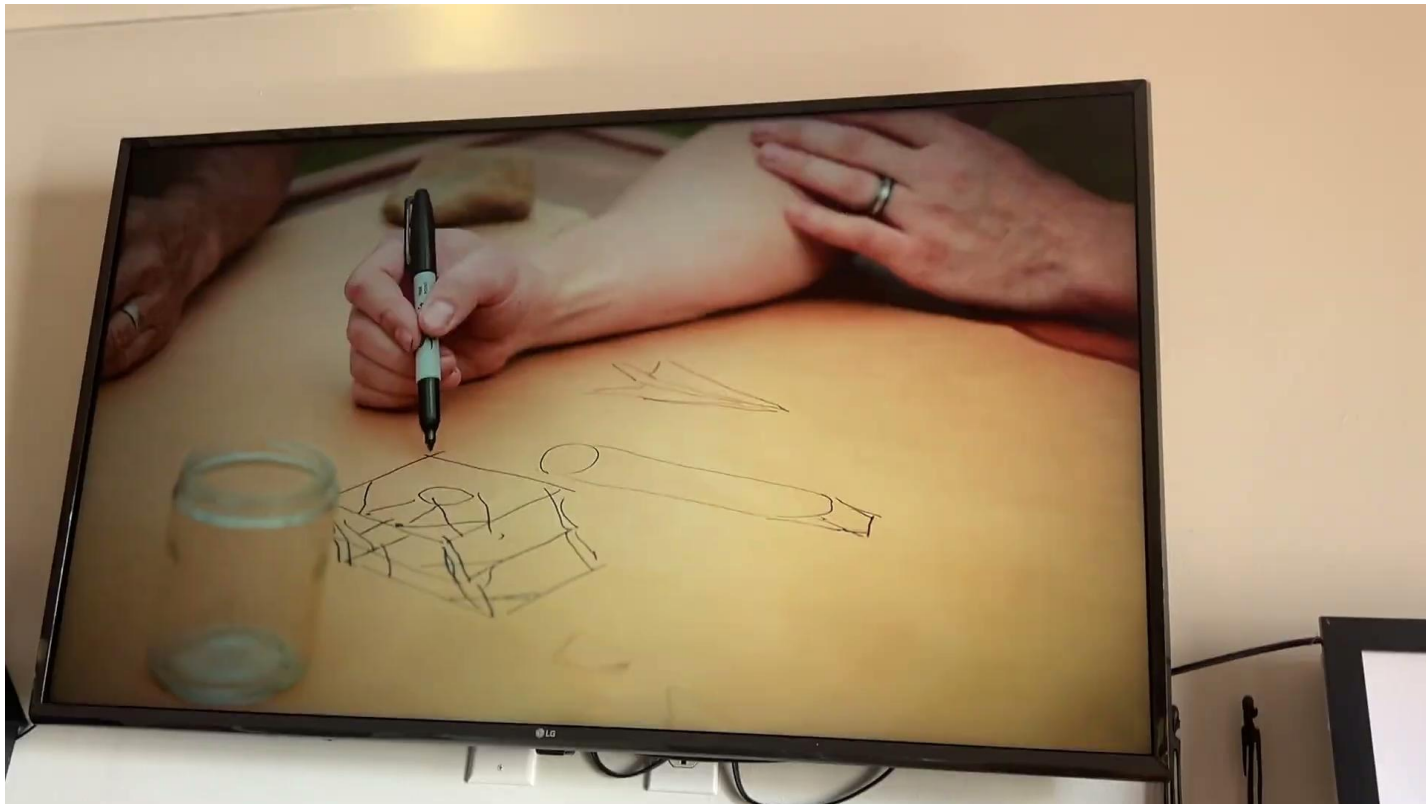
1. Increase understanding of ADHD and the challenges faced by students to better identify at risk students at an early stage to provide timely support and intervention.

2. Increase confidence in discussing signs and challenges of ADHD with parents or caregivers of students displaying symptoms suggestive of ADHD.

3. Enhance communication with students' healthcare providers to improve outcomes for students with ADHD.

4. Strengthen communication skills to address ADHD-related concerns with parents or caregivers effectively.







# Los Angeles Times

95.75 DESIGNATED AREA HIGHER © 2015 WSCE

TUESDAY, AUGUST 20, 2015

## Mentor said he left gang, but he had not

Wilfredo Vides' work to help youth was all a front, prosecutors say. Now he's a suspect in crimes tied to MS-13.

By Matthew Ornberg

He showed up at Bible study every Thursday and volunteered at peacemaking soccer matches for members of MS-13, his tattoos bearing witness to his own history with the notorious gang.

As a "peace ambassador" for a Los Angeles nonprofit funded with public money, it was Wilfredo Vides' job to steer young people clear of gangs. For those who'd joined one, his role was to convince them to leave, at least.

Or so he said he had.

Vides was one of 72 individuals arrested last month in a federal raid on members of MS-13's Fulton clique, a cell of the transnational gang that claims swaths of the San Fernando Valley as its turf and is accused of murdering and dismembering its enemies in the mountains above Los Angeles. Vides was far from the reformed gang member he claimed to be, authorities say.

He acted as the Fulton clique's "facilitator, advisor, supporter, and protector," prosecutors allege, hiding gang members from the police, coordinating drug deals



Photographs by ELIZABETH BARKER FOR THE TIMES  
Sandra Salas and her children leave St. Michael's in Forest, Minn. Salas was freed after the ICE raids, but the majority of those detained were not.

## Church aches with loss after ICE raids

A Mississippi congregation is nearly halved

"All the News That's Fit to Print"

# The New York Times

VOL. CLXX, No. 59,085

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NEW YORK, THURSDAY, JUNE 10, 2015

\$3.00



"There's no wall high enough to keep us safe from this pandemic," President Obama told U.S. troops Wednesday in Norfolk, England.

## PRESIDENT TO SEND 500 MILLION TO NATIONS

U.S. Is Said to Be Planning Vaccine at a 'Not for Profit'

This article is by Thomas H. Adams, a senior editor at the New York Times. He has written extensively about the president's foreign policy and the role of the United States in the world.

## New Yorker? Adams Vows City Is Home.

The article is by David G. H. Adams, a senior editor at the New York Times. He has written extensively about the president's foreign policy and the role of the United States in the world.

## South Lags in Vaccinations, Risking New Surges

South Korea and Mexico have had vaccine outbreaks of measles. There have been outbreaks in other parts of the world, but South Korea and Mexico have had the most recent outbreaks.

## In Ban of Group Tied to Navalny, A Sign to Biden

The article is by David G. H. Adams, a senior editor at the New York Times. He has written extensively about the president's foreign policy and the role of the United States in the world.

# AP

## ASSOCIATED PRESS

## Mississippi Photo of the Year 2015



Eli Baylis  
The Hattiesburg American

Law enforcement officers stand in formation as the body of Hattiesburg Police officer Liquan Tate arrives at West Point Baptist Church for visitation, May 15, 2015, in Hattiesburg, Miss. Tate and officer Benjamin Deen were shot to death during a routine traffic stop turned violent.



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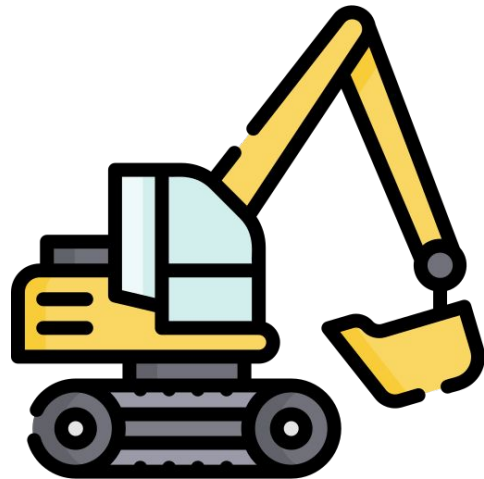
**“Individuals with ADHD  
do not have a deficit  
of attention; they have an  
abundance of attention.  
The challenge is  
controlling it.”**

—Ned Hallowell, M.D., and John Ratey, M.D.

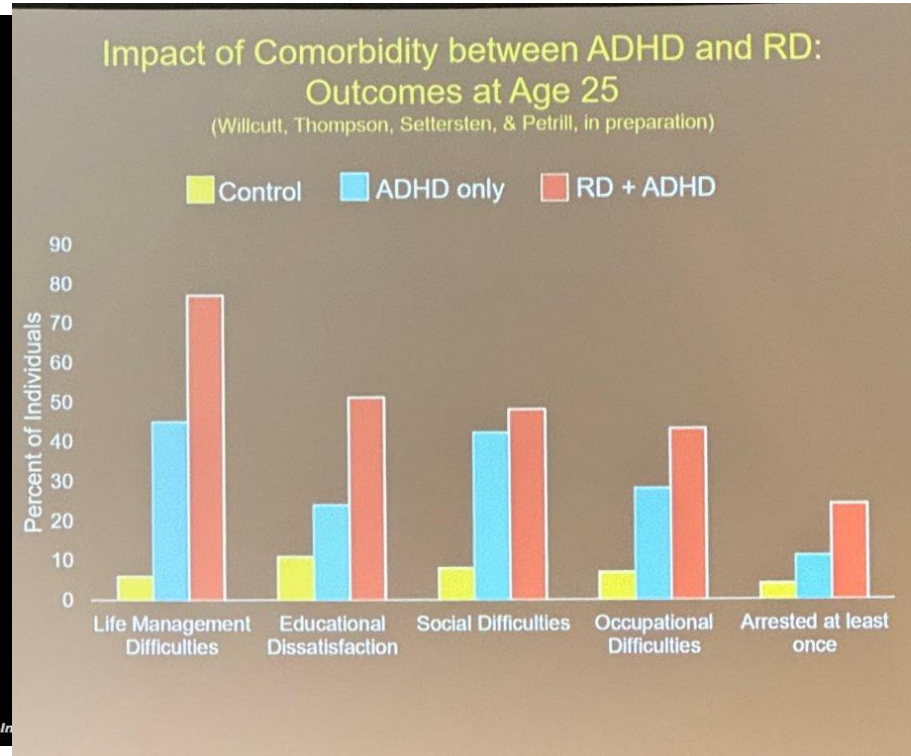
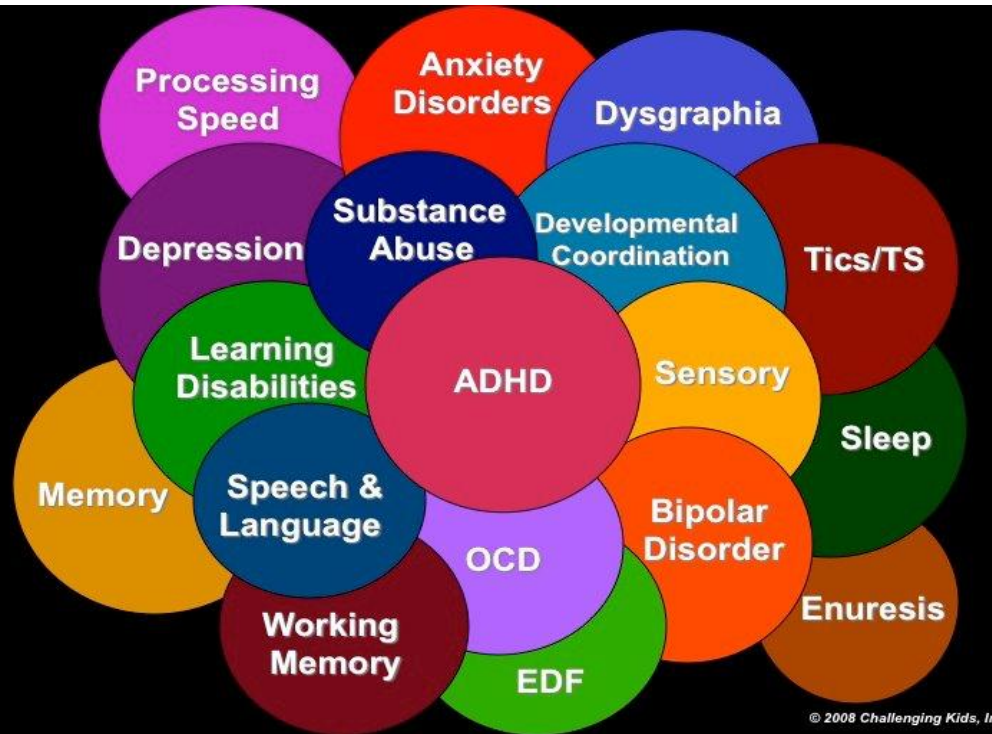




# **REBUILDING BARRIERS**



# Why??



# ADHD: Differences in Brain Structures

- **"The results from our study confirm that people with ADHD have differences in their brain structure and therefore suggest that ADHD is a disorder of the brain. We hope that this will help to reduce stigma that ADHD is 'just a label' for difficult children or caused by poor parenting. This is definitely not the case, and we hope that this work will contribute to a better understanding of the disorder."**
- Lead author Dr. Martine Hoogman, Radboud University Medical Center, Nijmegen, The Netherlands.

Subcortical brain volume differences in participants with attention deficit hyperactivity disorder in children and adults: a cross-sectional mega-analysis. The Lancet Psychiatry, Feb. 2017; DOI: 10.1016/S2215-0366(17)30049-4





DSM-III-R (1987)  
Revised version

ADHD

- ADD changed to ADHD
- Hyperactivity, an essential manifestation of ADHD

Divided into three types of presentations

ADD is now a subtype of ADHD known as Inattentive Type ADHD



## TYPES OF ADHD

1

### Predominantly hyperactive ADHD



Fidgeting



Shouting



Trouble staying seated



Impatient

2

### Predominantly inattentive type ADHD

Formerly referred to as ADD



Low energy levels



Forgetful



Shy



Hard time focusing

3

### Combined type ADHD



Hyperactivity-impulsivity



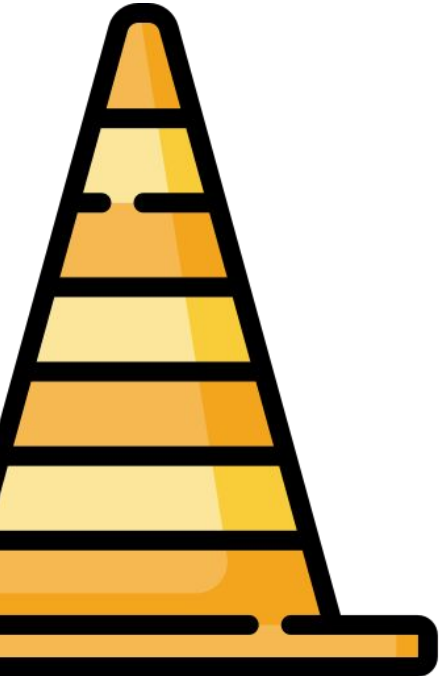
Inattention

## ADHD TREATMENT





# ADHD Prevalence in Children

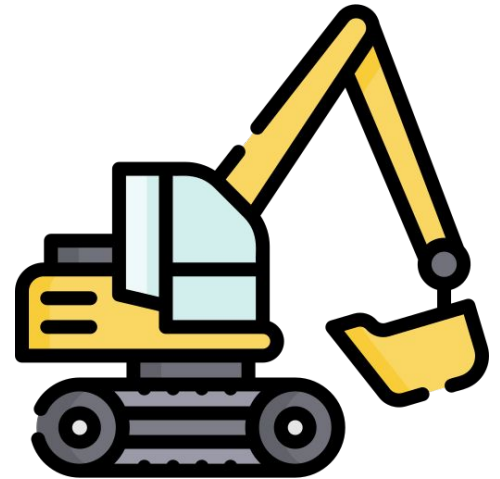


- 7.1 million US children aged 3-17
- 78% with ADHD have at least 1 co-occurring condition
  - Behavior problems (44.1%)
  - Anxiety (39.1%)
- 1 in 9 in the classroom



**My child/student has  
ADHD...**

**What now?**

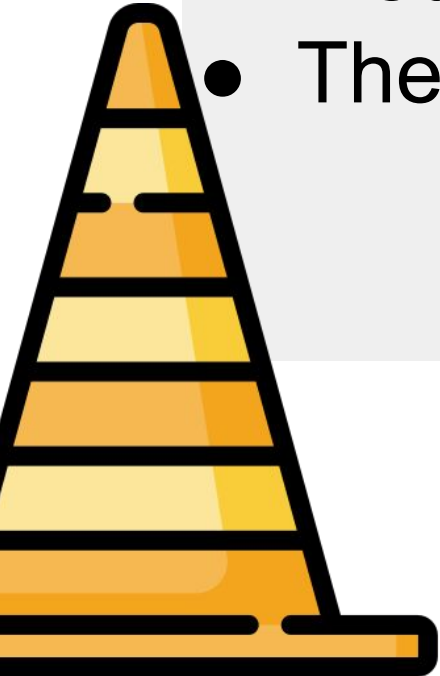


# MEDICAL

- Evaluation
- Medication
- Therapy

# EDUCATION

- MTSS
- Tier
- IEP
- 504
- Accommodations





## ADHD DSM-5 Definition

- A persistent pattern of **inattention** and/or **hyperactivity-impulsivity** that interferes with functioning or development
- Symptoms present >6 months and not developmentally appropriate
- Symptoms present prior to age 12 years
- Symptoms present in 2 or more settings
- Interferes with functioning
- Not better explained by another mental disorder

# ADHD: DSM-5 Inattention Symptoms

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- Often has trouble holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- Often has trouble organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted.
- Is often forgetful in daily activities.





## ADHD: DSM-5 Hyperactive/Impulsive Symptoms

- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often “on the go” acting as if “driven by a motor”.
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting his/her turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games).

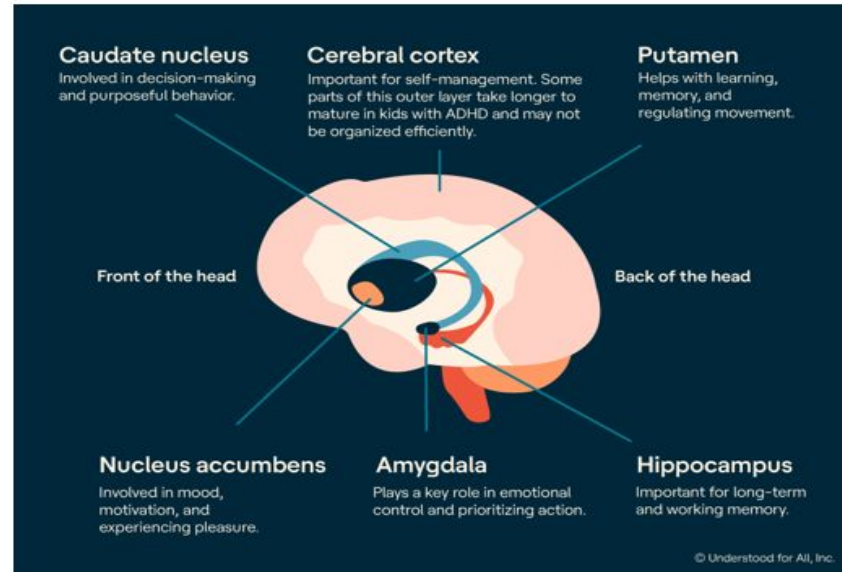


## Delayed Diagnosis and Treatment in Females

- *Females with ADHD receive diagnosis and treatment for ADHD approximately 4 years later than males. They have a higher burden of comorbid psychiatric conditions and health care utilization, compared to males with ADHD and female controls, both prior to and after ADHD-index.*
- Swedish population based, cross-sectional cohort study- 85,330 individuals with ADHD matched with 426,626 population controls for age, sex, and SES.
  - Skoglund C, et al. Time after time: failure to identify and support females with ADHD - a Swedish population register study. *J Child Psychol Psychiatry*. 2023 Nov 28. doi: 10.1111/jcpp.13920. PMID: 38016697.

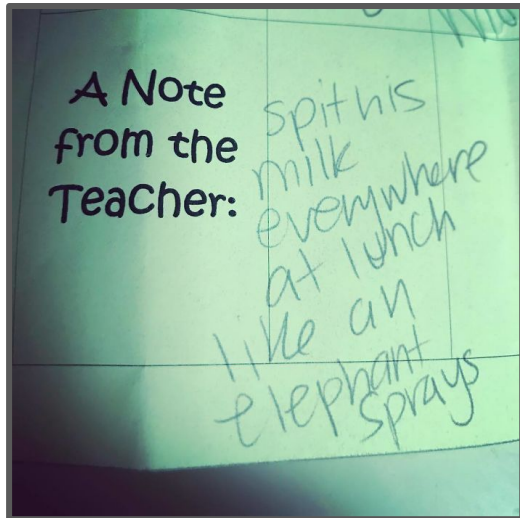
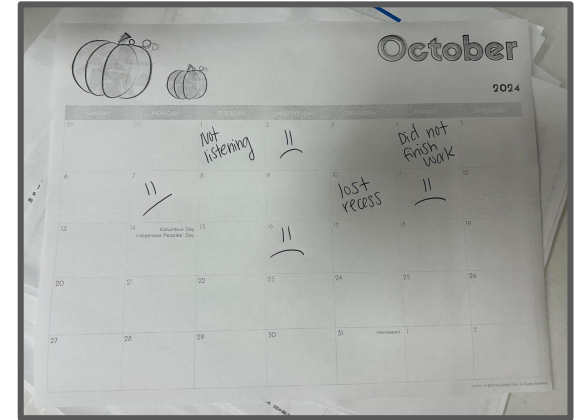
# ADHD: Brain Differences

- **Brain Structures**
  - (Regions)
- **Brain Functions**
  - (Connections/Networks)
- **Brain Chemicals**
  - (Neurotransmitters)



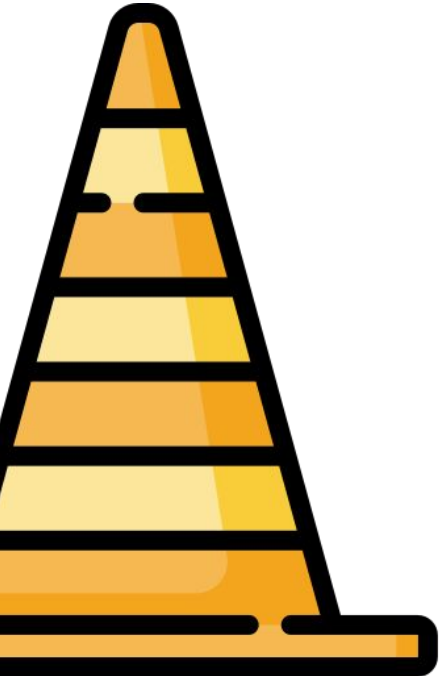
<https://www.understood.org/en/learning-thinking-differences/child-learning-disabilities/add-adhd/adhd-and-the-brain>

**Although a teacher cannot diagnose ADHD, their training and classroom experience may lead them to recommend the parents have their child tested.**



# Ways to Help in the Classroom:

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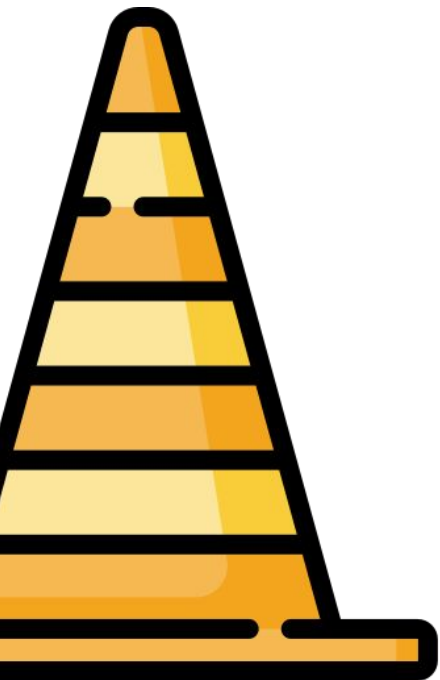


- Flexible Seating
- Offer choices
- Visual Reminders
- Hands On Learning
- Rules and Procedures
- Routines



# **The Attention Deficit Disorder Association (ADDA)**

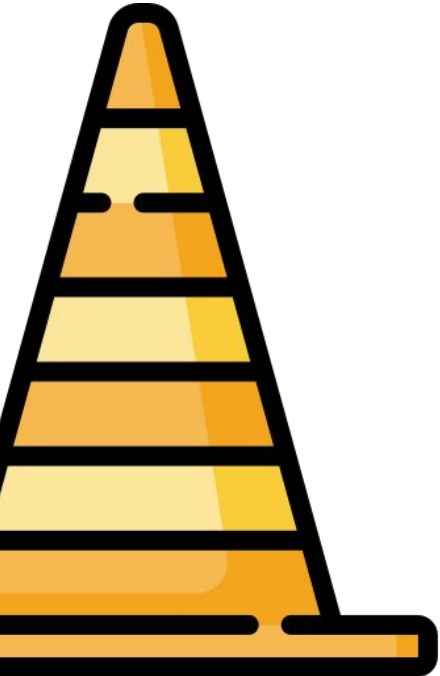
## **makes the following recommendations for accommodations:**



- Extended time on tests
- Instructions on note-taking
- Segmented Assignments
- Chunking
- Positive Peer Models
- Allow for movement

# Partner with Parents:

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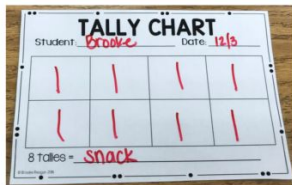
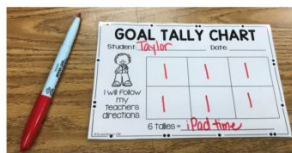
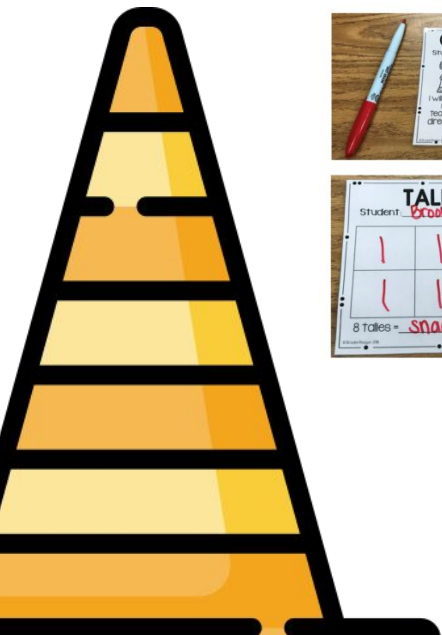


- Communicate regularly
- Discuss medications
- Help with organization
- Monitor
- Set up a planner system that works



ClassDojo

# Communication with Parents:



**ADDITUDE**  
Strategies and Support for ADHD & LD



## CLINICIAN TOOLS



## Vanderbilt Assessment Scale: ADHD Toolkit Teacher-Informant Form

Child's name: \_\_\_\_\_ Teacher's name: \_\_\_\_\_

Today's date: \_\_\_\_\_ School: \_\_\_\_\_ Gr: \_\_\_\_\_ Teacher's fax number: \_\_\_\_\_

Time of day you work with child: \_\_\_\_\_

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behaviors of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_

This evaluation is based on a time when the child: ☐ Was on medication ☐ Was not on medication ☐ Not sure

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
1. Does not give attention to details or makes mistakes that seem careless in schoolwork				
2. Has difficulty sustaining attention on tasks or activities				
3. Does not seem to listen when spoken to directly				
4. Does not follow through on instructions and does not finish schoolwork (not because of refusal or lack of comprehension)				
5. Has difficulty organizing tasks and activities				
6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort				
7. Loses things necessary for tasks or activities (eg, school assignments, pencils, books)				
8. Is easily distracted by extraneous stimuli				
9. Is forgetful in daily activities				

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Use Only  
2a & 3a \_\_\_\_\_/10

10. Fidgets with hands or feet or squirms in seat				
11. Leaves seat when remaining seated is expected				
12. Runs about or climbs too much when remaining seated is expected				
13. Has difficulty playing or beginning quiet games				
14. Is on the go or often acts as if "driven by a motor"				
15. Talks excessively				
16. Blurts out answers before questions have been completed				
17. Has difficulty waiting his or her turn				
18. Interrupts or intrudes on others' conversations or activities				

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2b & 3b \_\_\_\_\_/10

## Vanderbilt Assessment Scale: ADHD Toolkit Teacher-Informant Form



Child's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
19. Loses temper				
20. Actively defies or refuses to adhere to adult's requests or rules				
21. Is angry or resentful				
22. Is spiteful or vindictive				
23. Bullies, threatens, or intimidates others				
24. Initiates physical fights				
25. Lies to get out of trouble or to avoid obligations (ie, cons others)				
26. Is physically cruel to people				
27. Has stolen things of nontrivial value				
28. Deliberately destroys others' property				
29. Is fearful, anxious, or worried				
30. Is self-conscious or easily embarrassed				
31. Is afraid to try new things for fear of making mistakes				
32. Feels worthless or inferior				
33. Blames self for problems or feels guilty				
34. Feels lonely, unwanted, or unloved; often says that no one loves him or her				
35. Is sad, unhappy, or depressed				

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2a & 3a \_\_\_\_\_/10For Office  
Use Only  
2b & 3b \_\_\_\_\_/10

Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)
36. Reading					
37. Writing					
38. Mathematics					
39. Relationship with peers					
40. Following directions					
41. Disrupting class					
42. Assignment completion					
43. Organizational skills					

For Office  
Use Only  
2a & 3a \_\_\_\_\_/8For Office  
Use Only  
2b & 3b \_\_\_\_\_/8

Comments:

## CLINICIAN TOOLS



# ADHD



### Vanderbilt Assessment Scale: *ADHD Toolkit* Teacher-Informant Form

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
1. Does not give attention to details or makes mistakes that seem careless in schoolwork				
2. Has difficulty sustaining attention on tasks or activities				
3. Does not seem to listen when spoken to directly				
4. Does not follow through on instructions and does not finish schoolwork (not because of refusal or lack of comprehension)				
5. Has difficulty organizing tasks and activities				
6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort				
7. Loses things necessary for tasks or activities (eg, school assignments, pencils, books)				
8. Is easily distracted by extraneous stimuli				
9. Is forgetful in daily activities				



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## CLINICIAN TOOLS



# ADHD



### Vanderbilt Assessment Scale: *ADHD Toolkit* Teacher-Informant Form

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
10. Fidgets with hands or feet or squirms in seat				
11. Leaves seat when remaining seated is expected				
12. Runs about or climbs too much when remaining seated is expected				
13. Has difficulty playing or beginning quiet games				
14. Is on the go or often acts as if "driven by a motor"				
15. Talks excessively				
16. Blurts out answers before questions have been completed				
17. Has difficulty waiting his or her turn				
18. Inattention: Does not seem to listen when spoken to directly				

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## Vanderbilt Assessment Scale: *ADHD Toolkit* Teacher-Informant Form



Child's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
19. Loses temper				
20. Actively defies or refuses to adhere to adult's requests or rules				
21. Is angry or resentful				
22. Is spiteful and vindictive				
23. Bullies, threatens, or intimidates others				
24. Initiates physical fights				
25. Lies to get out of trouble or to avoid obligations (ie, cons others)				
26. Is physically cruel to people				
27. Has stolen things of nontrivial value				

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## Vanderbilt Assessment Scale: *ADHD Toolkit* Teacher-Informant Form



Child's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
29. Is fearful, anxious, or worried				
30. Is self-conscious or easily embarrassed				
31. Is afraid to try new things for fear of making mistakes				
32. Feels worthless or inferior				
33. Blames self for problems or feels guilty				
34. Feels lonely, unwanted, or unloved; often says that no one loves him or her				
35. Is sad, unhappy, or depressed				

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Use Only

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## Vanderbilt Assessment Scale: *ADHD Toolkit* Teacher-Informant Form



Child's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)
36. Reading					
37. Writing					
38. Mathematics					
39. Relationship with peers					
40. Following directions					
41. Disrupting class					
42. Assignment completion					
43. Organizational skills					

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Use Only

5s \_\_\_\_/8

Comments:

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## CLINICIAN TOOLS



# ADHD



### **Vanderbilt Assessment Scale, Follow-up: *ADHD Toolkit* Teacher-Informant Form**

Child's name: \_\_\_\_\_ Teacher's name: \_\_\_\_\_

Today's date: \_\_\_\_\_ School: \_\_\_\_\_ Gr: \_\_\_\_\_ Teacher's fax number: \_\_\_\_\_

Time of day you work with child: \_\_\_\_\_



Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the last assessment scale was filled out. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Reading	1	2	3	4	5
20. Mathematics	1	2	3	4	5
21. Written expression	1	2	3	4	5
22. Relationship with peers	1	2	3	4	5
23. Following direction	1	2	3	4	5
24. Disrupting class	1	2	3	4	5
25. Assignment completion	1	2	3	4	5
26. Organizational skills	1	2	3	4	5

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Adapted from the Vanderbilt Rating Scale developed by Mark L. Wolanuk, MD  
Revised - 10/03



Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Side Effects: Has the child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite—explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—explain below				
Socially withdrawn—decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking—explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there				

Explain/Comments:

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Total Symptom Score for questions 1–18: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

Please return this form to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Fax number: \_\_\_\_\_

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.



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## Vanderbilt Assessment Scale, Follow-up: *ADHD Toolkit* Teacher-Informant Form



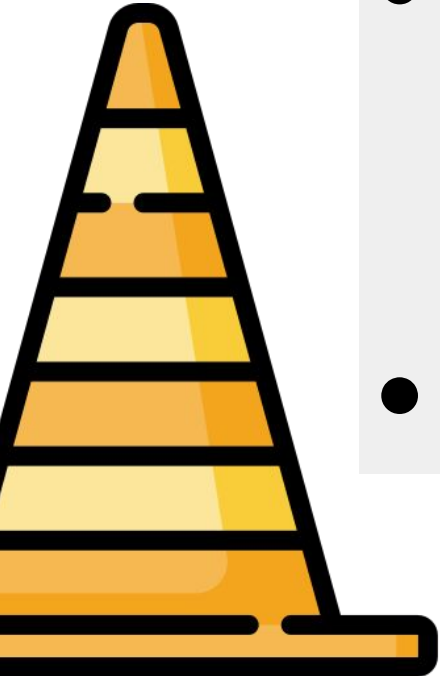
Child's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Side effects: Has the child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	Never	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite—Explain below.				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—Explain below.				
Socially withdrawn—that is, decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors or feeling shaky or both				
Repetitive movements, tics, jerking, twitching, or eye blinking—Explain below.				
Picking at skin or fingers, nail-biting, or lip or cheek chewing—Explain below.				
Sees or hears things that aren't there				

Side effects questions adapted from the Pittsburgh Side-Effects Rating Scale developed by William E. Pelham Jr, PhD.

Explanations and other comments:

# Misconceptions



- A diagnosis in ADHD does not automatically equal an IEP/504/accommodations in the classroom
- Adverse Educational Impact

# Resources:



Mind in the Making



Vroom:

# Questions?

