

Introduction

We created *Practical Ideas That Really Work for Students with ADHD* for educators who work with students who have attention, impulsivity, or hyperactivity problems that interfere with their ability to learn. The materials are intended for use with students in preschool through Grade 12 and include two main components:

- **Evaluation form with a rating scale and ideas matrix.** The rating scale portion of the evaluation form is a criterion-referenced measure for evaluating behaviors that affect student learning. The items on the scale are specific descriptors that are correlated to the *Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Text Revision* (DSM–IV–TR) indicators for ADHD. The ideas matrix on the evaluation form provides a systematic way of linking the results of the rating scale to interventions. We hope that educators use the matrix as a tool for selecting effective interventions to meet each student's specific needs.
- **Resource manual.** The practical ideas were written to assist teachers and other professionals in improving students' attending and organization skills and decreasing their behavior problems related to impulsivity and hyperactivity. The book contains a one-page explanation of each idea, along with reproducible worksheets, examples, illustrations, and tips designed for easy implementation.

The materials in this book are intended for use with students in preschool through Grade 4. A second book of practical ideas for older students with ADHD is available in this series and is intended for use with students in Grades 5 through 12. The general approaches and philosophy in the two books are the same; however, the forms that accompany the practical ideas in this version for younger students include many pictures and require little reading ability. The forms in the version for older students are more sophisticated and require some reading. Teachers of students in Grades 4 or 5 may want to examine both volumes and select the book that best fits the maturity and reading level of their students.

The next section of this introduction will describe the development of the rating scale and the ideas, then provide directions for their use.

The Rating Scale

The criterion-referenced rating scale is intended for use by teachers or other professionals to rate students according to the DSM–IV–TR criteria for ADHD. The measure was designed to assist teachers in conducting a careful and thorough assessment of the specific problems to guide the selection of intervention strategies.

The rating scale is divided into the three areas of ADHD defined by the DSM–IV–TR: inattention, hyperactivity, and impulsivity. The measure consists of 54 items—three items for each of the 18 DSM–IV–TR criteria. Educators can use the scale's 4-point Likert scale to complete a rating, with a 0 meaning the student never exhibits the behavior and a 3 meaning the student consistently exhibits the behavior to the point where it almost always interferes with the child's ability to function in the learning environment. For each DSM–IV–TR criterion, the range of possible scores is 0 to 9; the higher the score, the more the behavior interferes with learning.

The criterion-referenced measure was field-tested in three school districts in Texas with 84 students identified as having ADHD. The students ranged in age from 6 to 16, with 17 females and 67 males. An item analysis was conducted using this sample and the resulting reliability coefficients were .97 for inattention, .96 for hyperactivity, and .96 for impulsivity. The magnitude of these coefficients strongly suggests that the rating scale possesses little test error and that users can have confidence in its results.

One way of establishing an assessment instrument's validity is to study the performance of different groups of individuals on the instrument. Each group's results should make sense, given what is known about the relationship of the instrument's content to the group. In the case of our rating scale, one would expect that individuals identified as having ADHD would be rated higher by their teachers or other professionals than individuals not so identified. In fact, an instrument whose results did not differentiate between such groups would have no clinical or diagnostic value; it would have no construct validity.

We would expect to find statistically significant differences between individuals identified as having ADHD and those

individuals identified as not having ADHD. To test for the differences, three *t* tests were conducted (one for each of the three areas of ADHD related to the DSM-IV-TR) with 84 students identified as having ADHD and 22 students with no known disabilities. The Bonferroni procedure was used to control for Type I error and the alpha was set at 0.017. In every case, the group with ADHD was rated higher (i.e., had more difficulty functioning in the learning environment) than the group with no known disabilities. On the inattention total score, the ADHD group had a mean raw score of 58.7 (out of a possible score of 81), with a standard deviation of 17.5. For the no-disability group, the mean was 21.7 and the standard deviation was 15.4. On the hyperactivity total score, the ADHD group had a mean raw score of 31.5 (out of a possible score of 54), with a standard deviation of 15.3. For the no-disability group, the mean was 9.5 and the standard deviation was 10.4. On the inattention total score, the ADHD group had a mean raw score of 16.7 (out of a possible score of 27), with a standard deviation of 8.1. For the no-disability group, the mean was 3.9 and the standard deviation was 16.0. In each comparison, there were statistically significant differences between the mean raw scores of the two groups at the .000 level.

Practical Ideas That Really Work

Teachers and other educators are busy people with many responsibilities. In our discussions with teachers, supervisors, and counselors about the development of this product, they consistently emphasized the need for materials that are practical, easy to implement in the classroom, and not overly time consuming. We appreciated their input and worked hard to meet their criteria as we developed the ideas in this book. In addition, we conducted an extensive review of the literature, so that we stayed focused on ideas supported by data documenting their effectiveness. The result is a book with 37 ideas, most with reproducible masters, and all grounded in our research and collective experiences, as well as the many educators who advised us and shared information with us.

Assessment often provides much useful information about the strengths and deficits of students. However, unless the information gathered during the assessment process impacts instruction, its usefulness for campus-based educators is limited. We designed the ideas matrix so that educators can make the direct link between the information provided by the rating scale and instruction in the classroom. We believe that this format stays true to our purpose of presenting information that is practical and useful.

Directions for Using the Materials

The professional (a general education teacher, special education teacher, counselor, or other educator with knowledge of the student) should begin by completing the ADHD Evaluation Form for the child who has been identified as having ADHD or a child who exhibits problems with inattention, hyperactivity, or impulsivity. As an example, a completed Evaluation Form for a student, Kelly, is provided at the end of this section (see Figure 1). Space is provided on the front of the form for pertinent information about the student being rated, including name, birth date, age, school, grade, rater, and subject area. In addition, the dates the student is observed and the amount of time the rater spends with the student can be recorded here. Also included on the front of the form are the DSM-IV-TR criteria for attention-deficit/hyperactivity disorder.

Pages 2 and 3 of the ADHD Evaluation Form contain the rating scale. The items are divided into the three sections defined by the DSM-IV-TR criteria: inattention, hyperactivity, and impulsivity. This section provides the instructions for administering and scoring the items. Space is also provided to total the items for each DSM-IV-TR criterion, to check the three problems to target for immediate intervention, and to record the intervention idea and its starting date.

The last page of the Evaluation Form contains the ideas matrix. After choosing the three priority problems to target for immediate intervention, the professional should turn to the ideas matrix and select an intervention that corresponds to that problem. The professional should write the idea number and the starting date on the space provided on the rating scale.

For example, Kelly received the highest ratings in two areas of Hyperactivity (out of seat [8] and talks excessively [7]) and one area of Impulsivity (speaks without permission [6]). Her teacher has targeted these three areas and has chosen Ideas 2, 5, 7, and 17 from the ideas matrix. Because the area of major concern is out of seat, the teacher will begin with Idea 2 on October 4.

After selecting an idea from the matrix, the teacher can read the one-page explanation, then begin implementing the idea. To aid in implementation, most of the 37 ideas have at least one reproducible form on the page(s) immediately following the explanation. Some ideas did not lend themselves to a reproducible form, but instead are supported with explanations, suggestions for use, illustrations, tips, resource lists, and boxes of further information.

Ideally, the teacher or other professional should evaluate the effectiveness of each intervention. In our example with Kelly, this could be accomplished by recording the number of completed assignments during a 3- to 4-week period. If the intervention is successful, the teacher can move on to the second problem and choose a new idea to implement.

Research Supporting the Practical Ideas

The next section provides references that support the practical ideas in the book. These references will provide interested professionals with relevant information should they wish to learn more about the interventions described. The references are grouped by general category.

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