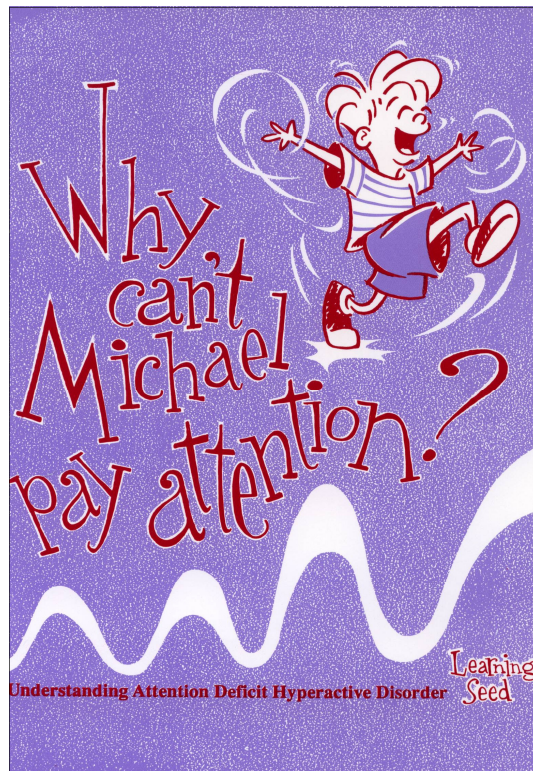


# Why Can't Michael Pay Attention?



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# Why Can't Michael Pay Attention?

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# The Program

## Summary

Michael's parents find their six-year old son is easily distracted by movements or sounds and seems to be constantly on the move. He is highly impulsive, has difficulty waiting for his turn or sharing, and often interrupts others.

When Michael starts first grade, his teacher joins the chorus pleading for him to sit still, and stop his erratic behavior. Is Michael's problem a disorder to be treated with drugs or a behavior problem demanding extra love and patience?

Join Michael's parents as they learn the three main symptoms of Attention Deficit Hyperactive Disorder (ADHD, for short): inattention, hyperactivity, and impulsivity.

Watch an assessment interview with a psychologist and see Michael take achievement and intelligence tests. Michael's pediatrician gives him a thorough exam to rule out physical illnesses that mimic or contribute to learning disabilities.

Michael's parents learn techniques such as consistent schedules, docking systems, star charts, and self-monitoring to help organize their home life. Michael's teacher helps him participate fully in activities in the classroom.

Michael's parents are reluctant to resort to medication and learn the limits and benefits of medication for a child with Attention Deficit Hyperactive Disorder.

# **Objectives**

After viewing this tape students will understand:

- Characteristics of a child with ADHD-- inattention, distractibility, hyperactivity, and impulsiveness.
- The relationship of self control and internalized language to success in school.
- Components of a thorough assessment for ADHD.
- Myths and truths about the causes of ADHD.
- That ADHD appears early in life and may persist.
- How behavior training at home can help a child learn self-control.
- That schools under law must accommodate students with ADHD.
- How a classroom teacher can help a child with ADHD.
- Pros and cons of medication for ADHD.

## **Before showing this tape**

Explain that throughout the videotape the terms ADD and ADHD are used interchangeably. The child in the tape is diagnosed with Attention Deficit Hyperactivity Disorder, or ADHD. At this time, ADHD is the most widely used term.

# Discussion Questions And Activities

1. The tape opens with Michael's parents talking to him. What do they say about his behavior?  
*(Talks too much; interrupts, has tantrums, acts before he thinks, gets into dangerous situations, lazy, forgetful, daydreams).*
2. How does Michael's teacher describe Michael?  
*(Squirms in seat, forgets his homework, not ready for first grade, blurts out the answer before the question is asked, inattentive, overly active, very low standardized test scores in reading and math).*
3. What are the main characteristics of ADHD?  
*(Inattention, distractibility, hyperactivity, impulsiveness).*
4. Explain why the test showing a child being asked to wait for a cookie is important.  
*(In long term studies Dr. Walter Mischel found a relationship between the ability to wait for rewards, language skills, and success as a teenager and young adult. Dr. Mischel discovered that children able to wait for a snack talked to themselves and convinced themselves that waiting was worthwhile. The children who could not wait could not use these verbal strategies. He followed both groups of children as they grew up. As teenagers, the group that delayed eating did significantly better in academic achievement, college entrance exams, and general behavior compared with the group that could not wait. The test shows the relationship between language, the ability to wait for rewards, and future success).*
5. Do children outgrow ADHD?  
*(Not always; more than half will have ADHD as adults).*
6. How does ADHD affect a child's relationships with friends?  
*(Children may not enjoy playing with a child with ADHD because of his disruptive behavior).*
7. Describe the evaluation Michael received.  
*(A pediatrician examined Michael; a psychologist specializing in ADHD interviewed him and his parents; He took a battery of intelligence and achievement tests; a Continuous Performance Test assessed his hyperactivity; an observer sat in on Michael's class several times).*
8. A pediatrician examined Michael to rule out physical causes for his behavior. What are some illnesses which mimic or contribute to learning disabilities?  
*(Epilepsy, thyroid problems, sleep disorders, or anemia).*  
  
Students might research and make presentations on how these diseases affect a child's learning and behavior.
9. In the videotape Michael received a thorough evaluation. Many children aren't as fortunate. A student might research the kind of evaluation many children receive.
10. Why might a child with ADHD concentrate for long periods on video games?  
*(The sound, color and constant action of video games seem to free these kids of distraction. Nintendo7, for example gives kids constant feedback and consequences. They like that.)*

11. A student in an advanced level class could research and make a presentation on brain activity in children with ADHD.

12. Michael's parents used behavior training at home to help him learn to control his impulses. What examples did the video show?

*(Consistent schedule, docking system with nickels, self-monitoring with the timer, stars, time out).*

13. Have a student prepare a report on other examples of behavior training at home.

14. What did Michael's teacher do to help him concentrate? Have students prepare a report on teaching strategies that work with a student with ADHD.

*(He moved his seat away from students who distract him; he got Michael involved in class discussions; he established a special signal to remind Michael to focus).*

15. Research why stimulant medication is effective for a child who is over-stimulated.

*(Stimulant medication appears to work by allowing more efficient transmission of nerve impulses in the brain and therefore greater self control by the child).*

16. Will stimulant medications help a child's test scores improve?

*(Students taking medication do increased numbers of math problems accurately, but their general mastery of math does not increase. Medication helps students in the short term, but they do not show significant gains on long term academic achievement tests.)*

17. Depending on the level of students, you might discuss this Position Paper, American Academy of Pediatrics, Committee on Children with Disabilities and Committee on Drugs:

*"Medication for children with Attention Deficit Disorder should never be used as an isolated treatment. Proper classroom placement, physical education programs, behavior modification, counseling, and provision of structure should be used before a trial of pharmacotherapy is attempted."*

18. A student might research the prevalence of children taking stimulant medication such as Ritalin.

*According to the December 1996 issue of Pediatrics, a journal of the American Academy of Pediatrics, about 1.5 million young people 5 through 18 years old or 2.8 percent of U.S. school-age children take the drug for relief from attention and hyperactivity disorders.*

19. *The Myth of the A.D.D. Child* by Thomas Armstrong Ph.D. challenges the mislabeling of millions of children as A.D.D. and questions the overuse of psychoactive drugs in treating hyperactivity. Have a student prepare a report on the book.

20. Behavior training at home and school as well as medication helped Michael. How?

*He sits still and does his homework.*

*His grades improved in three of five subjects. (This is true for many children.)*

*He moved from the lowest reading group to the middle group.*

*He acts more like the other children in his class; his classmates enjoy playing with him.*

*Tell students that behavior training allows some students to discontinue medication.*

# **Behavior Of Children With Attention Deficit Hyperactive Disorder (ADHD)**

- High activity level
  - Apparent in constantly motion
  - Restless fidgeting
  - Problems remaining seated
  - Finds objects to play with, put in mouth
- Impulsivity and lack of self-control
  - Impulsive responses
  - Problems taking turns
  - Interrupts frequently
  - Talks excessively
  - Takes high risks
- Difficulty with transitions/changing activities
- Aggressive behavior, easily over-stimulated
- Socially immature
- Low self-esteem and high frustration
- Must have begun before age seven
- Not the result of an autistic disorder
- Lasted longer than six months

These behaviors are normal in childhood to a certain degree.

Every child does not engage in all these behaviors.

When children show a significantly high number of these behaviors and when they are not developmentally appropriate (compared to other children their age) the child needs help.

# **Behavior Of Children With Attention Deficit Disorder Without Hyperactivity (ADD)**

- Easily distracted by extraneous stimuli
- Difficulty listening and following directions
- Difficulty focusing and sustaining attention
- Difficulty concentrating and attending to task
- Inconsistent performance in school work
- Tunes out-- may appear "spacey"
- Disorganized-- loses or can't find belongings; bedrooms may be very messy
- Poor study skills
- Difficulty working independently

ADD stands for Attention Deficit Disorder.

A child with ADD often is not hyperactive. These children are usually not disruptive in the classroom and teachers do not always find their behaviors annoying.

But children with ADD significantly underachieve in the classroom and experience low self esteem.

Girls more commonly have ADD without hyperactivity.

# **Positive Discipline For Children With ADHD**

- In-Charge Parenting Style
- Consistent and clear rules, routines, and transitions
- Frequent praise for appropriate behavior
- Loss of privileges and rewards for inappropriate behavior
- Permission to disagree within limits
- Active listening-- model strong communication skills
- Acknowledge feelings without judgment
- Loving and supportive
- Anticipate problem situations

# Unproven Treatments for ADHD

Well-founded research shows that these approaches either do not work or have no sound scientific research supporting them.

- **Controlling additives, preservatives and dyes** A theory in the late 1970s and early 1980s held that 60 to 80% of all ADHD was due to additives, preservatives, and dyes in food. No study ever demonstrated that normal children develop ADHD or that ADHD children become normal when these substances were removed from their diets.
- **Reducing Sugar** Studies at the National Institute of Mental Health, the University of Iowa, and the University of Kentucky do not demonstrate that sugar produces significant effects on children's behavior or learning. Other studies suggest that some children who eat excessive amounts of sugar actually became lethargic rather than hyperactive.
- **Megavitamin Therapy** Some professionals recommend that parents give large doses of vitamins to their children with ADHD. Scientific studies find no benefit and some slight risk for young children.
- **Chiropractic Treatment** Known as neurological organization training, scalp massage, or skull plate manipulation, the treatments have no scientific basis, may be uncomfortable or painful and may in fact cause harm.

# **Building on Children's Strengths**

There is great concern too many children in the U.S. are being diagnosed with ADHD. Here are some suggestions to help keep pace with the high-energy children.

- **Acknowledge the importance of the body** Most youngsters learn by moving, touching, and building things-- by engaging their growing bodies with the environment. Having to sit still for long periods can stifle their most natural ways of learning. It cannot stifle their need to move; in fact, long periods of seat work lead to much of the fidgeting, restlessness and other behaviors symptomatic of so-called attention disorders.
- **Hold a positive image of a child instead of thinking of a child as:**

**Think of him/ her as**

hyperactive, impulsive	energetic
distractable	spontaneous
imaginative, creative	day dreamer
unpredictable	flexible
argumentative	independent
stubborn	committed
irritable	sensitive
aggressive	assertive

- **Discover and treat four types of misbehavior:**  
Children misbehave to gain attention.  
Children misbehave to achieve power.  
Children misbehave to seek revenge.  
Children misbehave to assume an attitude of inadequacy.

*Adapted from Thomas Armstrong*