

# Teaching Tommy

## *A Second-Grader with Attention Deficit Hyperactivity Disorder*

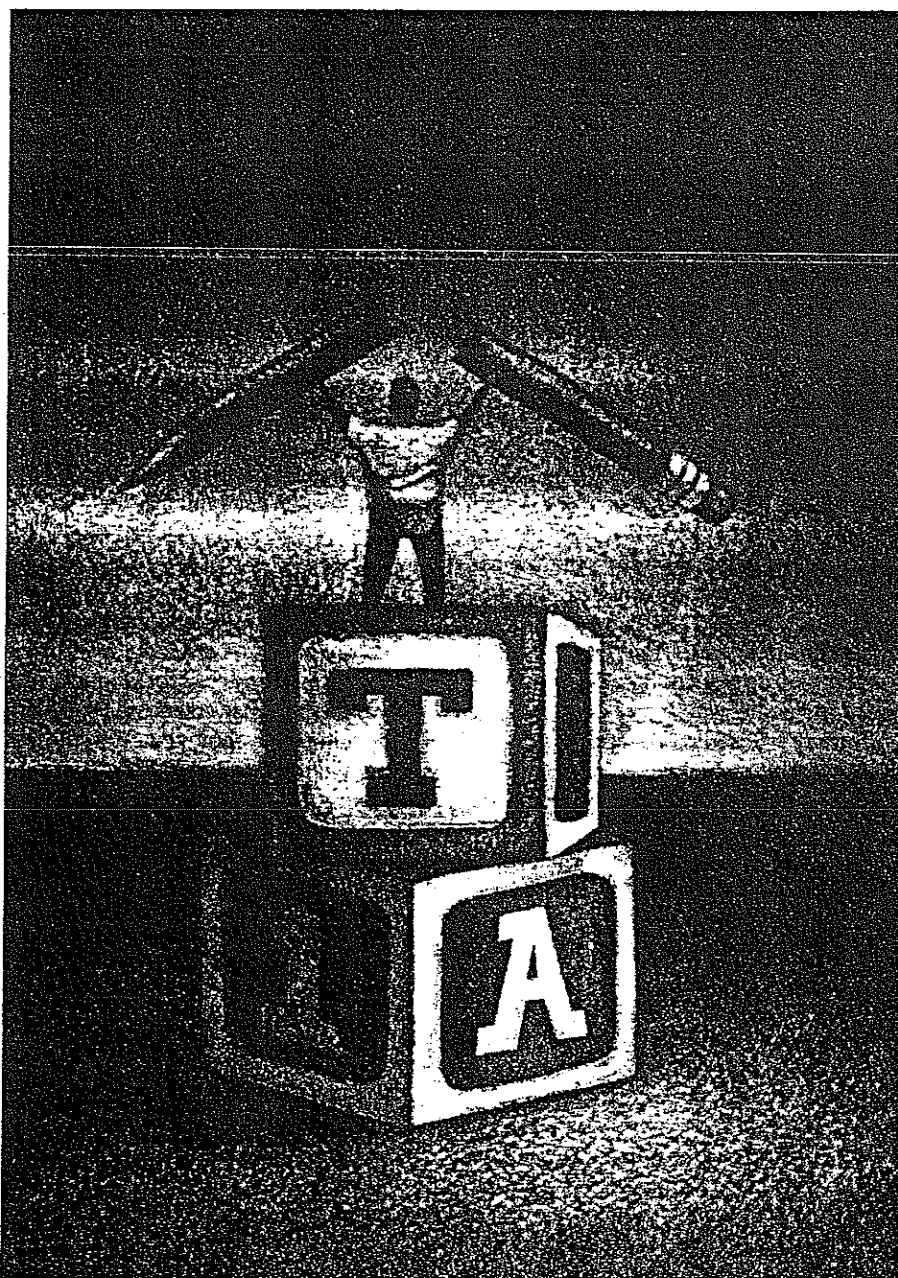
BY KATHARINA FACHIN

*Ms. Fachin sees medication as a last resort and believed that Tommy's difficulties could be managed with a comprehensive behavioral and academic program. But, despite her arsenal of classroom interventions, Tommy needed something more.*

**W**HEN TOMMY walked into my second-grade classroom on the first day of school, I was happy to see a familiar face. I looked at him with sympathy and hope, wanting to make the year one of learning and of building self-esteem.

Tommy was coming to my class with a difficult year behind him. He had spent first grade in a highly structured classroom, and he had not conformed to its behavioral standards. The behavior modification used with him in that class had included the removal of rewards, and Tommy had experienced little success in keeping the rewards

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# I COULDN'T UNDERSTAND WHY A TEACHER WOULD BE SO NEGATIVE ABOUT HANDLING TOMMY IN THE CLASSROOM.

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he earned. He was often in trouble, and everyone in the school knew his name. He was three-fourths of a year behind his peers in reading and writing. These experiences led Tommy to believe that he was stupid and bad. I was determined to replace his negative self-image with a positive one based on academic and social success.

Tommy and I already had a history before that first day of school, for I had tutored him once a week from May through July. Originally, Tommy had qualified for home tutoring because of a myringotomy and an adenoidectomy. In preparation for teaching Tommy at home, I talked to his first-grade teacher to find out about his capabilities and to see if she could recommend any materials. I was disappointed when I talked to her because she seemed so negative about him, yet she lacked any precise descriptions of his learning. I met Tommy with the impression that he had had a tough break — a little child facing a teacher who had no hope in him and who lacked the flexibility to meet his needs. Tommy's mother reaffirmed this impression when she described how the teacher wanted him tested and how she was afraid that they just wanted to drug her child so he would be easier to handle.

Tommy snacked on cupcakes and soda as we worked at the kitchen counter. The phone would ring, and siblings would be preparing to go to after-school activities. Tommy wiggled and slid about on the chair, and he would often take bathroom breaks. By remaining firm, I was able to get Tommy to read and write with me. We talked about his interests, and I got to know him. He had a very limited sight vocabulary and could not predict vowel sounds. He could identify most consonants but could not identify the correct vowels, nor was he familiar with how to spell common endings. Although Tommy did not like to read and write because it was such a struggle, he loved math. Using his fingers, he could calculate all first-grade-level addition and subtraction problems quickly and accurately.

ly. Tommy felt very confident of his mathematical abilities.

I became attached to this rough-and-tumble boy with the blue eyes and the big smile. He told me about his daredevil biking stunts and about jumping out of tree houses. Grass stains on his jeans, scrapes on his knees and elbows, and dirty hands were his hard-won war wounds. Tommy struck me as very inquisitive. He spoke of such experiments as creating a pocket of air under water with a bucket. I wondered how I could tap into his creativity in the classroom. Tommy was a very active boy who had trouble maintaining eye contact and concentration, but I attributed these characteristics to his personality, immaturity, diet, and environment. I couldn't understand why a teacher would be so negative about handling him in the classroom.

Over the course of the next school year, I found out why. But I also discovered the joys of teaching Tommy.

### Second Grade

Because of my experience tutoring Tommy and my hands-on teaching style, Tommy was placed in my class for second grade. By the third day, I had contacted Dr. Mitchell, our school psychologist. Tommy was singing and making loud noises throughout lessons. He crawled on the floor during transitions and sometimes even during class. As he laughed and shoved his way through the class to line up, he injured other children. He was playful and destructive at the same time. Instead of picking up the blocks when it was time to clean up, he would scatter them wildly with flailing arms and a big grin. Just when a bucket was filled with blocks, Tommy would dump it.

Throughout that first month I used "time out" with Tommy and had him write about his behavior — to no avail. Positive reinforcement, coupled with ignoring Tommy as a negative consequence, also did not increase Tommy's on-task behavior. In-

deed, the research shows that these methods are commonly insufficient for children with Attention Deficit Hyperactivity Disorder (ADHD).<sup>1</sup> I think that ignoring Tommy not only didn't work to improve his behavior but was actually harmful to him. When I made it clear that I was ignoring him, he would feel unloved and bad about himself. On one occasion Tommy curled up in fetal position behind the computer. I had to be careful to let him know that I loved him and believed that he was a good and smart boy. When he needed to be reprimanded, I used a firm monotone voice to correct him succinctly. Still, I felt I had to find a way to help Tommy achieve more success in school.

### Token Economy

At the suggestion of Dr. Mitchell, I instituted a token economy system of rewards for Tommy. Tangible rewards coupled with positive verbal reinforcement have been shown to be much more effectual than praise alone.<sup>2</sup> From the very beginning, though, Dr. Mitchell made it clear that I needed to document Tommy's behavior. In late September I explained the program to Tommy and then later to his mother over the telephone. He could earn play money in \$5 bills for raising his hand, keeping his hands to himself, and being a model student. I would not take away any money that he earned. We would count it up at the end of the day and chart it. At the end of the week, Tommy could use the money to purchase time on the computer, time to play with the math manipulatives, or time for drawing in his journal.

As soon as the system was in effect, Dr. Mitchell observed Tommy in the classroom and charted his behavior at one-minute intervals for 30 minutes. Tommy was out of his seat 76.6% of the observed time, he rolled on the rug 16.6% of the time, and he spoke out of turn 63.3% of the time. Moreover, he exhibited aggressive behavior toward property or individuals 26.6%

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of the time. For example, he crushed some science material on a shelf, and he also tried to throw an object. Only 3.3% of the time were Tommy's eyes on the teacher while he listened and followed directions. For 86.6% of the time Tommy exhibited excessive or incidental movement, and he was off-task 93.3% of the observed time.

Dr. Mitchell called a meeting that included Tommy's father, Dr. Mitchell, the acting principal, and me. I offered specific examples of Tommy's impulsivity, distractibility, and motoric overflow. His father was upset when he heard about Tommy's behavior and acknowledged that he had wanted Tommy tested last year. He even supported the idea of the token economy and said he would have Tommy use his classroom money to purchase television time, dessert, and video-game time at home. In the coming months Tommy's father very consistently reinforced the token economy at home and signed the papers for Tommy to be tested.

When we began the token economy in September, Tommy averaged \$18 a day for the remainder of that month. During October, he averaged \$27 a day, with \$10 as the lowest amount and \$65 as the highest. For November Tommy averaged \$31 a day, with a range from \$5 to \$110. During December Tommy averaged \$51 a day, with a range from \$15 to \$105. With his parents' support for the system at home and Tommy's own interest in the token economy, I was pleased with the improvement.

Although Tommy was somewhat less disruptive, he would still step on other children as we sat on the rug, make intermittent loud noises, call out to other children, fall out of his chair on purpose, and get up from his desk during lessons. When we used blocks for mathematics, he would play with them and knock them off his desk unless I remained right beside him. If he raised his hand and I didn't call on him immediately, he would get angry and within a minute would be off task. His pencil and notebook could be found anywhere in the room but inside his desk. The situation was most difficult during whole-class times and transitions.

On the other hand, Tommy wanted very much to please me, and he would write me apologies and notes about how he loved me. After the fact, he felt bad about hurting other children and disrupting the class, so I tried to show him affection at every good opportunity.

Despite these difficult times, Tommy also showed his potential to succeed in school. Three days a week for 45 minutes, my instructional support teacher, Mrs. DeVito, worked with Tommy in a small reading group while I worked with two other groups. The fit between Mrs. DeVito's teaching style and Tommy's needs was perfect. Mrs. DeVito enthusiastically and dramatically offered her students positive reinforcement, and Tommy would glow from her praise. She also used a fast-paced, question-and-answer format for lessons that would not allow Tommy to lose focus. He looked forward to his time with Mrs. DeVito and showed great progress in reading. His sight vocabulary and word-attack skills were improving steadily.

### ADHD as a Motivational Disorder

This disparity between Tommy's highly distractible and impulsive behavior during whole-class activities and his focused and appropriate behavior in the small reading group was very disconcerting for me. Throughout the year I analyzed and reanalyzed my teaching. I too am a lively and interactive teacher who uses a variety of visual and tactile methods. I made modifications for Tommy so that he could take breaks, vary his tasks more frequently, and stand up while working. I reorganized the classroom so that he was surrounded by calmer children and was seated directly in front of me as I taught. Why couldn't I achieve the same attending behavior as Mrs. DeVito could?

Russell Barkley explains this discrepancy in behavior by characterizing ADHD as a motivational disorder.<sup>3</sup> A child with ADHD can attend well in a highly motivating situation, such as while watching a favorite television program or playing a video game. When the situation is less intrinsically motivating or when there is delayed rather than immediate feedback, the child will display the characteristics of ADHD. This is why the token economy was somewhat successful during whole-class times when Tommy would not be called on as frequently as in a small group.

After seven months, Tommy continued to exhibit frequently every one of the 14 characteristics that the American Psychiatric Association lists as diagnostic criteria for ADHD. (For a list of these characteristics and a brief description of how they can be used in diagnosis, see Anna

M. Thompson, "Attention Deficit Hyperactivity Disorder: A Parent's Perspective," page 433, this *Kappan*.)

### Interventions

At the classification meeting in December, I found out that Tommy was classified as perceptually impaired because of the discrepancy between his general cognitive ability and his specific achievement in reading and language arts. Although the neurologist had diagnosed Tommy as exhibiting ADHD, this condition was not included in his individualized education program (IEP) in January because the psychologist explained that there was no separate classification in education for ADHD. In January 1995 an IEP was written that allowed Tommy three half-hour sessions in the resource room for language arts and provided an in-class aide each day from 1:30 p.m. to 2:30 p.m.

*Resource room.* The resource room teacher, Miss Steven, focused on Tommy's spelling. She created an individualized list for him using words from the Dolch list as well as words that exhibited a regular spelling pattern. She scrambled the letters in the words for him to correct, asked him to write his homework sentences in the resource room, and let him write words with colored glue on cards. Using the glue was very motivating for Tommy. When it dried, Miss Steven instructed him to trace over it with his finger. The success of this use of colored glue is consistent with research that suggests that ADHD students "selectively attend to novelty such as color, changes in size, and movement."<sup>4</sup> Tommy went from getting at least 50% wrong on every spelling test to getting all but one word correct. His journal writing also reflected this change.

*In-class aide.* Tommy was assigned an aide, Mrs. Hellwell, in the last week of February. I gave Mrs. Hellwell a list of appropriate behaviors, inappropriate behaviors, and interventions. She reinforced Tommy's appropriate behavior and provided one-on-one tutoring in the classroom. When he was highly disruptive, she also provided alternative activities. At the end of the day, Mrs. Hellwell monitored Tommy as he counted and charted his earned money. This was a tremendous help to me because it was simply exhausting to manage Tommy and the token economy all day while trying to teach and pay attention to the needs of the

rest of the class.

To help with transitions, particularly the transition from lunch recess to afternoon classroom activities, I employed relaxation techniques.<sup>1</sup> I walked the children in from the school yard and asked them to sit at their desks. One row at a time, I called them to lie or sit on the rug. (This usually helped keep Tommy from stepping on anyone.) Then I turned out the lights and talked the children through a breathing exercise; cued them to tense, hold, and relax their muscles; and used guided imagery of peaceful places and activities. Sometimes I encouraged them to think of themselves doing something challenging and achieving success.

At first Tommy wouldn't hold still for these techniques, so I began to sit knee to knee in front of him on the floor as I led the class. After some experience with relaxation, he gradually became able to participate without my sitting with him. As I led the class from a chair, I could see him following my cues for breathing in and out and witnessed his body growing still. Tommy also displayed some enthusiasm for the practices. One day, after I asked

the children to try thinking of their own images of succeeding, Tommy told us about how he imagined himself winning a karate match he was nervous about that evening. My long-range goal was to be able to suggest to Tommy that he use the techniques on his own during the day to relax himself. As we walked down the hall, I would say to him, "Tommy, do you notice how you are making loud noises or knocking into the walls? Try breathing like we do after lunch. Can you breathe in a color?" Sometimes he used my suggestions independently, and sometimes I had to take the time to help him use the techniques before we continued walking.

*Peer tutoring.* At the beginning of the year, the other children in the class thought Tommy was funny and enjoyed his daring and his flouting of classroom rules. Then they became jealous of the extra attention he got from me and tried to imitate his behavior or to win my attention in other ways. Eventually, though, they began to grow angry with him for hurting them or for not waiting his turn or for disrupting class. I felt I had to find a role for the other children in the class.



All through the year I had talked to the whole class about how I was responding to Tommy and had discussed how everyone should act and why. One day, Tommy pulled a chair out from another child, causing her to hit her head hard as she fell. He stared in horror as she cried. A couple of days later, I talked about how we sometimes think of our conscience as a devil on one shoulder and an angel on the other. Tommy called out, "I think my devil killed my angel," and "I'm evil." I asked, "How did you feel when Susan hit her head? A bad person would not feel sad. You have an angel. It just talks to you too late. We need to teach your angel to give you advice before you do something." I had never seen such a look of relief and peace on Tommy's face. I could have cried. Then I was able to enlist the help of the other students. Each day, a different student, alternating boys and girls, would be a peer tutor and help Tommy's angel "talk." I got an empty desk to put next to Tommy's for his peer tutor. I coached the peer tutor to remind him of proper classroom behavior in a nice way, to set a good example, and to accompany him when he used his money for rewards. Attitudes toward Tommy improved as the other students saw themselves as his helpers and saw Tommy as not a bad kid. Of course, not every match worked, and the boys especially found it difficult not to incite Tommy's off-task behavior and then to goof off with him.

*Modifying the behavior modification.* After using the token economy for five months, I felt as if Tommy was hitting a plateau. His behavior in whole-class situations was still unacceptable. I decided to buy a digital timer to help him set goals. I would set the timer for five minutes, and he could earn \$5 only if he raised his hand before speaking and generally acted appropriately for the full five minutes. I discovered that he tried very hard but could make five minutes only about 60% of the time. He never made it to six minutes.

It was February, and Tommy was getting into a lot of trouble on the bus and during recess. He often found himself in the principal's office. His mother was being called every day. I had tried so hard, and yet his year in my class was turning out just like the previous year. The art and physical education teachers came to me out of frustration about his behavior, and we talked about assertive discipline and

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about ways to manage Tommy. In a letter to Dr. Mitchell, they expressed their concerns about how Tommy was detracting from the learning experiences of the other students in the class.

*Changing placement.* What else could we try? Dr. Mitchell said that our last resort would be to explore different placement options for Tommy next year. A regular classroom might be inappropriate. Since our district did not have a special education classroom, that would mean an out-of-district placement. Based on my feelings of loyalty to Tommy and his parents, I asked that I be the one to discuss this with his parents.

I called Tommy's father at the beginning of March and described the situation. I told him that we needed to explore other school placement options if Tommy's behavior did not change. During our telephone conversation I also mentioned that perhaps he and his wife might reconsider taking Tommy to his pediatrician and trying medication. We met two weeks later at parent/teacher conferences to discuss the situation in more depth. I came to the meeting with a prepared presentation detailing Tommy's behavior, the interventions that had been tried, an analysis of his progress, and the options for the future. Tommy's father informed me at that time that they would be taking Tommy to the pediatrician to try medication. They had already reached a decision before our meeting.

*Medication.* Tommy was on Ritalin for the last month of school. For five days he would take a dose of five milligrams before school, and it would wear off around noon. The first day he was on the medication, he earned the most money he had ever earned in a day, \$110. He behaved appropriately for 15-minute intervals. He never lost his sense of humor or energy or bubblyness.

The difference was remarkable. I would see him begin to call out and then stop himself to raise his hand. He would set the timer and look at it to monitor himself. All his behaviors seemed to indicate that

he was more receptive to reinforcers. The entire class responded to Tommy with spontaneous encouragement and praise, though they didn't know he was taking medication. On the first day, one beaming student told me, "This is such a good day!" Tommy was riding so high from the morning that his general sense of feeling good about himself helped him make it through the afternoon. Although he would lose his pencil constantly in the afternoon and rush from one thing to another, he tried successfully to follow classroom rules.

Even on the medication, though, the daily variation in Tommy's behavior remained. Some days he was simply more active than others. For example, on the third morning after he began taking medication, Tommy was still shaking his leg and foot the whole time he was leading the pledge.

Every day I talked to his father after school on the phone to inform him of Tommy's reaction to the medication. His father was so relieved to hear of Tommy's success. He said that he would contact the pediatrician about an afternoon dose.

Tommy continued until the end of the school year with both a morning and an afternoon dose of Ritalin. There were days when I questioned whether or not he was given the dose before he came to school, but I didn't voice these concerns. We also had some difficulty establishing exactly when the second dose should be administered, and I had difficulty remembering to send him to the nurse's office before he exhibited severe off-task behavior.

I do not mean to argue for the use of medication to address the needs of all ADHD students. I see medication as a last resort and one that should be used in combination with a comprehensive behavioral and academic program. I offered Tommy an activities-based curriculum to tap into his energy and creativity. I taught abstract ideas concretely and contextually. I consistently used and adapted behavior modification

techniques and tried other techniques like relaxation exercises. I let Tommy know that I thought he was a great kid and a talented person, too. I had the class support Tommy as peer tutors and as members of project teams, literature study groups, and cooperative learning groups. The district provided instructional and noninstructional support. But Tommy needed something more to enable him to benefit from these interventions. Tommy's ADHD was severe, and the medication helped him achieve success in the classroom.

From my experience with Tommy and his family, I have come to believe even more strongly that it is vital to gain the trust of parents. Their faith in our efforts and concern for their child must be the basis for communication and teamwork between home and school. I also realize how painful it can be for parents to accept that their child might need extra help and even medication. By fielding my colleagues' complaints about Tommy's behavior, I got a small taste of what parents must feel when they are told by friends, family members, and doctors that they don't know how to discipline their children. More painful than the frustration of trying to deal with the condition of ADHD itself is enduring the criticism and condemnation that come from others. I think that this holds true for the student, the parents, and the teacher.

1. Lee A. Rosen et al., "The Importance of Prudent Negative Consequences for Maintaining the Appropriate Behavior of Hyperactive Students," *Journal of Abnormal Child Psychology*, vol. 12, 1984, pp. 581-604.
2. Linda J. Piffner, Lee A. Rosen, and Susan G. O'Leary, "The Efficacy of an All-Positive Approach to Classroom Management," *Journal of Applied Behavior Analysis*, vol. 18, 1985, pp. 257-61.
3. Russell A. Barkley, *Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment* (New York: Guilford Press, 1990).
4. Sydney S. Zentall, "Research on the Educational Implications of Attention Deficit Hyperactivity Disorder," *Exceptional Children*, vol. 60, 1993, p. 143.
5. Sandra F. Rief, *How to Reach and Teach ADD/ADHD Children* (New York: Center for Applied Research in Education, 1993).