

How Can Community-partnered Research Help Schools & Teachers Support Students with ADHD?

[Behavioral Health](#)

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Childhood attention-deficit/hyperactivity disorder (ADHD) is highly prevalent. In fact, an estimated [9.4%](#) of children in the U.S. aged 2-17 have received an ADHD diagnosis. Given these numbers, ADHD Awareness Month offers an opportunity to highlight why it is more important than ever for children with ADHD to receive evidence-based supports at school.

Although we often picture treatment for ADHD occurring primarily in the clinic or home, school may be particularly important, given that children with ADHD can experience specific challenges in the school setting, such as more [difficult relationships with their teacher](#) or increased [chances of being retained in a grade](#). As many children recently returned to in-person school for the first time in over a year, it is critical that they receive strong supports for emotional and behavioral health needs, including effective intervention for ADHD.

As a former teacher, I have two clear memories from my time in the classroom. First, I cared deeply about my students and very much wanted to use effective approaches to support my students with ADHD or other behavioral or mental health challenges. Second, I was juggling many competing demands and knew very little about how to do this most effectively.

Both of those experiences shaped my desire to become a clinical psychologist and researcher, as well as my ultimate decision to specialize in evidence-based mental health interventions in schools. Now, I hope my research, including a new project described below, can support teachers in using evidence-based mental health interventions, so that students with ADHD and related conditions can have the support they need to succeed at school, at home and in the community.

Evidence-based Interventions for ADHD in the Classroom

Several types of psychosocial treatments for ADHD meet criteria to be considered “[well-established](#)” for elementary school-aged children, meaning the treatments are backed by the strongest level of evidence, requiring evidence of efficacy from at least two independent research studies conducted by independent investigatory teams. These treatments include behavioral parent training, behavioral peer intervention, organization training and behavioral classroom management.

Just like behavioral parent training, behavioral classroom management interventions involve teaching an adult (in this case, the teacher) to strategically modify the antecedents (i.e., the inputs that “set up” a child for behavioral success) and/or consequences (i.e., what a child experiences after any given behavior, which may make that behavior more or less likely to happen in the future). These interventions can fit well into frameworks like [Multi-Tiered Systems of Support](#) (MTSS), and Positive Behavior Interventions and Supports, which provide a continuum of supports to match student need.

For example, at MTSS Tier 1—which includes universal interventions for all students in the classroom—teachers can teach clear, positively stated classroom norms and review them consistently, particularly at times when it might be challenging for students to follow the norms. For instance, a teacher might review norms about respecting peers during collaborative work before splitting the class into groups to begin a project.

At Tier 2—which incorporates targeted interventions for students who need support beyond Tier 1, such as those with ADHD—teachers can use a daily report card to give students feedback on individualized target behaviors and communicate with an adult at home who can recognize and reinforce the child for meeting their goals. Adults can use this to support student behaviors like initiating independent work, completing routines, following instructions or respecting peers.

Importantly, students with ADHD tend to do best when they receive effective Tier 2 interventions at school, and also when Tier 1 interventions are implemented well for the class as a whole.

Helping Teachers by Providing Implementation Supports

Any intervention can be challenging to implement in the real world, and behavioral classroom management interventions like the ones described above are no exception. There are many understandable reasons why teachers may not use these approaches, from inconsistencies with their training to having difficulty remembering to use them when faced with many competing demands (an experience I can certainly relate to from my time as a teacher!).

With the goal of better supporting teachers, I am currently leading a [study](#) to develop and test a toolkit of resources to help make it easier for teachers to use behavioral classroom management interventions for children with ADHD symptoms. Working closely with partners in the School District of Philadelphia, we have collected data from surveys and interviews about teachers' perceived barriers and facilitators to using these types of interventions. Results from this first phase of the project highlight the critical importance of the student-teacher relationship and the need to support teachers in building habits and using reminders.

We are now developing and iteratively improving a toolkit to support teachers—getting feedback from teachers and an amazing team of school district stakeholders at every step of the way. As a final step, we will pilot test the toolkit to see whether it is a feasible and promising approach to support teachers and help students with ADHD symptoms thrive at school.

Ultimately, I hope this work will provide something I wished for as a teacher—tools to empower and support teachers to even more effectively serve their students with ADHD.



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