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UNDERSTANDING ATTENTION DEFICIT HYPERACTIVITY DISORDER AND LEARNING DISABILITIES: CONSIDERATIONS FOR CHILD AND YOUTH CARE WORKERS

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ABSTRACT: This article stresses the fact that many youth who are described and categorized as "problems" suffer from no-fault brain disorders, specifically attention deficit hyperactivity disorder often accompanied by learning disabilities. It reviews the defining characteristics of the disorder, highlighting how kids who suffer from ADHD/LD can be diagnosed but misunderstood, misdiagnosed, or not diagnosed at all. This results in inappropriate and damaging labels and interventions that can trigger or exacerbate a downward, negative cycle of failure and poor self-esteem. Some of the key social and academic impacts of the disorder are also presented. Furthermore, it notes the emphasis that North American government policy has placed on the integration of these youth into regular classrooms throughout the public school system. The article emphasizes the central role that child and youth care workers play in promoting effective integration for these youth and describes some of the areas where innovative strategies and approaches can be used to enhance their chances of learning and functioning successfully.

This article is addressed primarily to child and youth care workers who are employed in educational settings. While there is a growing trend towards child and youth care workers being employed right in the school, all workers who deal with young people need to be aware of the school experiences of the youth in their care. At the same time, knowledge of the impact of learning disabilities is also relevant for those who work with youth in social service settings doing outreach with families or working in residential placement facilities. This article describes the characteristics of youth affected by attention deficit hyperactivity disorder (ADHD) and learning disabilities (LD), discusses the social and academic impact of such a disorder and disabilities on these youth in schools, and suggests strategies for consideration to promote these youths' learning.

Definition of the Problem

An LD (e.g., fine or gross motor skill deficit, dyslexia, dyspraxia, receptive language difficulty, sequencing difficulty, etc.) can be defined as a brain disorder which interferes with one's ability to store, process, or produce information. ADHD is a neurobiological disorder or inefficiency

in the area of the brain which controls impulses, aids in screening sensory input, and focuses attention. It is a chronic inherited disorder, which typically begins in early childhood and continues throughout adulthood. ADHD comprises three subtypes: the first is predominantly inactive, the second is predominantly hyperactive/impulsive, and the third is the first two subtypes combined (American Psychiatric Association [APA], 1994). LD and ADHD are related disorders, but they are not the same. Although LD can often be present without ADHD, between 35% and 50% of ADHD youth also suffer from LD (Cantwell & Baker, 1991; Dubé, 1992; Brown, 1996). In 1995, it was reported that at least 600,000 Quebecers suffered from an LD, which at the time was the second most important health problem reported by young adults (Bisaillon, 1995).

Being born with one or several learning disabilities places children in the position of "other" in both academic and social settings. If, in addition to the child's LD, he/she is also born with ADHD, the experience of otherness becomes magnified and pervasive and constitutes the overwhelming defining characteristic of the child.

The experience of otherness as in "there's something different about me" (where difference equals bad or wrong) becomes internalized by the child through social comparison and reinforced externally by family members, teachers, and other authority figures as well as peers. Consider a child, for instance, who has difficulty tying shoelaces, is unable to manipulate scissors, or cannot remain seated for fifteen minutes in "circle time," or hang on to the class rope during group outings or visits to the park. Consider yet further a student who has a processing problem and ADHD, who cannot respond to "2 times 6" on demand, and is either fidgeting or doodling when paying attention is what is being required. It is not hard to see why, in addition to the developmental demands of growing up, these children face unique problems. Having an LD in and of itself makes life very difficult for a child. When ADHD is also present, the difficulties become daunting.

Prevalence

Dr. Lillian Hechtman, a leading psychiatrist, estimates that between 6% and 9% of Quebec school-age children have ADHD (Hechtman, 1995). On the basis of this conservative estimate, the figure translates into two or three children per class of thirty. According to a 1994 survey conducted by Dr. Jean-Francois Lemay among Quebec public school teachers, however, the figure rises to 4.5 children per class of thirty, which represents 15% of children (Lemay, 1995). These statistics are not particular to Quebec but are consistent with figures from other provinces as well as the USA (Barkley, 1995; Parker, 1998). It is most likely that the percentage is much higher since many cases go undetected or unreported. Others are too often overlooked when another more obvious LD is also present.

A serious problem for youth and child care workers is that they may find themselves dealing with children who are either undiagnosed with regard to an LD and/or ADHD, only partially diagnosed, or altogether

misdiagnosed. Youth are sometimes labeled as behavior problems, for example, as aggressive, uncooperative, lazy, or simply acting out. These judgments very often come from the individuals' schools or from the parents themselves. Additionally, young people with ADHD have typically inherited the disorder and the LD from a parent or family member who him- or herself has never been formally diagnosed or may be in denial. In fact, many parents only learn of their ADHD when their child undergoes a multi-modal series of tests leading to a formal, documented diagnosis.

Academic and Social Impact of ADHD

Most ADHD youth demonstrate poor academic performance because of weak academic skills. They either fail or underachieve, since, apart from any LD which, as noted above, may also be present (in at least half the cases), they typically exhibit impulsivity, restlessness, short attention span, and find staying on task and completing work very difficult. They also have poor organizational and study skills, are slow to process and store information, and display a low tolerance threshold. As a result, they are frustrated and impatient. The majority of individuals with ADHD have poor fine motor skills, making their written output a problem since more than half of them have serious handwriting difficulties. Many of them also have weak visual motor integration skills and difficulties with sequencing (e.g., problem solving). Their performance is inconsistent, and the quality of what they are able to produce constantly varies. Behaviorally, they suffer from socialization difficulties because they can often be oppositional, resistant to instruction, and uncooperative.

ADHD children who are primarily inattentive are often seen as "spacey" or "in a fog" (Reeve, 1994, p. 9). They think and move slowly, are slow to process information, and are not self-starters. Academically, they have difficulty working autonomously, keeping track of things, and motivating themselves to work. These young people have trouble retrieving relevant information from long-term memory. They can be described as good sprinters, but not good long distance runners. Their poor concentration and memory impede their ability to understand and to do so on demand or in a timely fashion. Thus, their recall of instructions is poor, and memorization is a huge struggle as it demands focused, intense concentration. Generally, they also have problems with the low speed of their work production (e.g., homework assignments) and computation (e.g., multiple digit multiplication and long division). These inattentive-type ADHD youth are the ones who are also more likely to have learning problems. Behaviorally, ADHD youth who are primarily inattentive often display anxiety and avoidance. They have difficulty adapting to change and tend to withdraw socially and be ignored. They also suffer from mood volatility. Consequently, they are loners who dislike team sports or group activities where they are called upon to perform (e.g., drama or music).

ADHD youth who are primarily hyperactive-impulsive have been aptly described as having only two speeds: full speed ahead or asleep! Academically, they are often inefficient readers because of their distractability. They tend to make careless errors because of limited sustained attention capacity. As their impulse control is weak, they display deficits in rule-governed behavior and task execution.

Socially, they are more likely to have behavioral problems. As they are unable to delay gratification, are excessively impatient, and have an impaired ability to inhibit behavior, they have tremendous difficulty getting along with others. Their poor self-control impedes their ability to understand interpersonal dynamics (e.g., they lack the ability to read social cues and to respond to them appropriately) which, coupled with their trouble understanding nonverbal signals, results in their intrusiveness and general insensitivity to feedback in social situations (e.g., waiting their turn, not interrupting conversations in progress, etc.). Consequently, they tend to be singled out for inciting problems and displaying aggression and are often rejected by their peers.

Since schooling traditionally assumes capability in all of these areas, it is not surprising that ADHD youth experience school as a constant struggle marked by repeated academic problems and failures. Approximately 50% of ADHD youth repeat at least one school year, a large number drop out prior to completion of high school, and only 5% complete a four-year college degree. In socio-emotional areas, the picture is at least as bleak: more than 50% experience serious social problems, including marked difficulties in making and keeping friends, delinquency, and substance abuse (Reeve, 1994, p. 8). This is probably because ADHD makes young people vulnerable to failure in the two most important arenas of developmental mastery: school and peer relations.

This bleak picture should not be confused with lack of intelligence; ADHD youth are typically of average or above-average intelligence. For ADHD/LD students, however, school demands abilities for which they are at a pronounced neurological disadvantage.

> "The point is this: without some modification, the typical school is not a "good fit" for youth with ADD. Unless the school environment is altered to make it match the unique constellation of needs presented by youth with ADD, negative outcomes will continue"(Reeve, 1990).

A Group of Youth at Risk

Whether or not an informed, accurate diagnosis exists, youth with ADHD and LD are by definition *at risk*. Their families, who have either sought help on their own or who have been referred by their child's school, come for the most part physically, psychologically, and emotionally overwhelmed, exhausted and depleted just trying to cope and survive. Teachers, often at their wits' end, are unable to deal with the child's behavior and the jarring disruption such behavior causes. This results in

the individual feeling taunted, excluded and isolated, and labeled as deficient and undesirable. The fact is that ADHD is not outgrown, and while it is not an emotional disorder, ADHD children, youth and adults tend to repeatedly exhibit emotional, behavioral, and interpersonal problems at home, at school, and at work.

School as a Context

ADHD youth, by definition, are situated outside the naturalized assumption of what constitutes a "normal" child in a "normal," regular classroom. Yet, in the past few years, both across Canada and the United States, government policy has shifted away from segregating ADHD and other LD children in separate special education classes and toward integrating them in mainstream classes, where feasible. This integration is supported by free-flow teachers and child and youth care workers who act as integration aids and help these kids with socialization problems and behavioral issues. For example, in a 1992 document "Educational Success for All," the Quebec government affirmed its belief in providing a quality education to LD/ADHD children in the most normal school context possible: "So called "special education" cannot promote the full development of the personality of the student with difficulties if it endangers his or her social integration" (p. 4).

Despite this rhetoric, the situation in Canadian public schools is not improving but deteriorating. Budgets continue to be slashed, and the financial burden placed on educational boards and social service agencies to cut costs has rendered the situation even more precarious for youth already at risk. In most cases, additional help is very difficult to access. In those schools that have been able to secure child and youth care workers, their numbers are too few and from the start are overworked, overextended, and undervalued in a multitude of ways. They often feel pulled in too many directions and, as a result, are not able to work with a student and teacher as effectively as they would like or believe is necessary. There are just too many youth with multiple needs who need to be seen, too many teachers who need help, and only a very limited amount of time or funds to support the ongoing work that needs to be done. Much of many teachers' time is taken up with youth who have already been identified as unmanageable or even worse. Thus, child and youth care workers are not able to provide the prevention, coaching, and training of teachers that is necessary. Additionally, most parents and youth experience a sense of hopelessness and extreme frustration. They often have to jump through bureaucratic hoops, and the educational system moves at a snail's pace. It is not hard to imagine why so many child and youth care workers believe they hear only empty rhetoric when governments make motherhood and apple pie statements about the right to equitable schooling and mainstreaming.

A major problem, however, is that most regular class teachers do not have the knowledge, training, or experience to work effectively with LD/ADHD youth. Even teachers willing and able to try new approaches

and techniques in their classes find themselves severely hampered by their lack of preparation, training, and knowledge. Furthermore, teachers often feel exhausted and overworked just dealing with the range and diversity of the youth they teach. The assumption that children live in nuclear families is no longer a given, and "dysfunctional family" has become the all too frequent scapegoat label that teachers invoke to describe the lack of parental supervision, effort, or cooperation offered in regard to the youths' learning. The latch-key phenomenon is becoming far more prevalent, and the need for school security in many schools is on the rise. Some teachers, already coping with a much more heterogeneous and sometimes difficult student population, feel a sense of despair and even panic vis-à-vis the added "burden" of ADHD/LD youth in their regular classrooms, who have been placed there in ever increasing numbers as part of the integration policy mentioned above.

> "Teachers stress more and more often the increasing load ... of their youths' psycho-social realities, and the clientele is becoming more burdensome. The reductions in complementary services together with integration or maintenance of LD/ADHD kids in regular classrooms without increase in extra support services for youth who are handicapped or with learning or socialization difficulties [lead to] ... generalized feelings of powerlessness, overload, and a cry for help" (Bisaillon, 1995, p. 10) [translated].

These are only a few of the issues that have changed the nature of the classroom and the role of the teacher. Furthermore, as if this were not sufficiently taxing, school principals, themselves often unfamiliar with LD/ADHD and forever struggling with financial constraints, are unable to offer the training, additional qualified resource people, and infrastructure support desperately required by teachers.

It is not surprising that much of the resistance to integration policy stems from the conviction that this measure is one of economy to conserve scarce resources on the part of governments rather than one of pedagogy to improve the quality of learning for ADHD/LD youth, undoubtedly because the necessary infrastructure of additional teacher training and qualified personnel has not adequately been provided. The American Federation of Teachers called for a moratorium on inclusion in December 1993, noting that, "many teachers are neither trained nor provided the help to meet special needs of children with disabilities...the inclusion movement is calling for the abandonment of a full continuum of services and placement settings" (p.1).

The real concern is that children and youth will no longer get the added help that they need, class sizes will increase, and youth who are the most at risk will fall through "the cracks" and will be even further academically jeopardized and ultimately irretrievably marginalized. Some parents of regular class youth fear that their children's progress will be slowed by the presence of ADHD/LD children in the class, while some parents of ADHD/LD children fear that mainstream integration will

deprive their children of the supportive environment of special education classes. At the same time, these children are often inadvertently blamed for the problems their disabilities bring with them, which in turn engenders further problems.

Unlike many physical disabilities, LD can often go undetected until a student experiences academic difficulties, and even then, other explanations are commonly invoked such as: "the student is a slow learner, is inept, has a bad attitude, or is not working hard enough." If ADHD (the inattentive/inactive subtype) is also present, in addition to the descriptors just mentioned, daydreaming, poor concentration, laziness, moodiness, and inability to work autonomously are often added. Those youth who have ADHD of the hyperactive/impulsive subtype are the youth who do get noticed earlier because their behavior is often inappropriate, disruptive, and problematic, both at school and at home. Here again, an untrained teacher will often report that the student is unruly and troubled, and the student ends up with labels that are damaging, without further inquiry, testing, and relevant diagnostic work.

Performance variability is a particular problem for ADHD youth. It is difficult for teachers to understand why a child can remember homework assignments on Monday and Tuesday but forget them on Wednesday. The tendency is to conclude that the child is lazy, unmotivated, and not trying hard enough. Repeated occurrences of this kind lead teachers to view the student as a disciplinary and behavioral problem. These messages are eventually internalized by the student, and this reinforces the low self-esteem produced by persistent academic and social failures, often culminating in emotional problems, conduct disorders, oppositional defiant disorders and even psychiatric disorders (Goldstein, 1994). Dr. Jerry Weiner, President of the American Academy of Child and Adolescent Psychiatry, referring to ADHD, has ascertained that "without treatment, [it] often results in school failure, rejection by peers and family turmoil, all of which can lead to developmental delays and psychiatric complications stemming from low self-esteem and frustration" (1990, p. 5).

The Role of Child and Youth Care Workers

The current literature on ADHD/LD suggests that the majority of such children can function in mainstream classrooms provided that the school and the teaching staff and resources are knowledgeable and attuned to helpful management strategies, and that the appropriate adjustments are made to the classroom setting. Since a positive educational experience is vital for such youth, there is a critical need for effective educational programs that will train and sensitize school personnel to the special challenges of working with ADHD/LD young people.

Given the amount of time kids spend in school or in an academic setting–"anything else is a drop in the bucket when you compare it with time spent in school" (Cantwell, 1988)–the role of child and youth care workers is critical to helping ADHD/LD youth survive and succeed. For

it is these workers who really can make a difference and, in some cases, *the* difference between hopefulness and despair.

We need to be aware that these youth start out *a priori* with the burden of "otherness" (i.e., as being irregular) because they have been placed outside the assumed definition of what constitutes a mainstream student in a "normal" regular classroom. The purpose of this article is not to question the premises on which the concept of mainstream or regular is based and upon which segregated classrooms are predicated because this alone could fill several volumes. For our purposes, what is important to keep in mind is that most interventions directed at these children at risk are based on the reality that they have already been singled out as somehow "nonfits" against a standard benchmark which assumes that most of the other children *do* "fit." Implicitly, "integration" is understood as admission into the educational and social world of the *normal*, and the target of intervention is thus the child to make him/her fit in. If "fit" is the benchmark, then anyone who does not, needs fixing and needs to be brought up to average (read: these children are thus by default assumed to be below average). Here, the very real need for interventions aimed at remediation, tutoring, and giving extra, focused, targeted help is not being questioned. What is being questioned, however, is the assumed reality that it is the student who needs fixing because he/she is somehow damaged, substandard, or even deviant. This is not a proactive approach unless one defines proaction as ensuring that the irregular youth's problems are contained, that these don't go any further or worsen and that they can be "managed" by integrating these youth into the regular classroom setting while doing ongoing "repair" work on them until they reach the age where they are no longer the responsibility of the public school.

What Child and Youth Care Workers Can Do: Some Considerations

We are faced with the reality of mainstreaming ADHD/LD youth into regular classrooms. Many educators, social service workers, and parents of ADHD/LD children endorse the value and principle of integration. We are also aware that for it to work, infrastructure support for the critically needed child and youth care workers and other important resources need to be in place and, in almost all cases, increased. We know that their presence in schools is vital for integration to work successfully. Despite government assurances to the contrary, we know that the financial support to make this a reality is unlikely to be forthcoming. We also know, that, along with teachers, child and youth care workers may be mandated to make it work, to make these children fit. As such, workers often bear the frontline responsibility for these youths' integration and adaptation or, as is unfortunately too often the case, the brunt of their maladaptation, while at the same time they are dealing with the various stakeholders in any given situation where the needs and interests of the various parties are frequently conflicting or, in the worst case, mutually exclusive. The question that needs to be at the center of child and youth

care workers' thinking is: how can we bring the academic environment up to scratch?

Traditionally, most school interventions are deficit-based, that is, as mentioned above, they are aimed at fixing the child or changing the child. But is it realistic or fair to change a child's style?

When we set out to fix, we are tacitly starting with the premise that there is something amiss about them, something damaged about who they are. When we tell youth often enough that they are wrong, that they shouldn't or can't or don't, we are breeding blame, and blame is shame. Shame and low self-esteem start the downward spiral to finding oneself cut off from oneself as a worthwhile individual. This results in a cutting off from people and the outside world.

Since ADHD/LD youth are able to learn—ADHD/LD has to do with the ability to use one's intelligence, not with intelligence per se—but have a great deal of difficulty performing, the challenge for educators and child and youth care workers becomes one of structuring the school setting in ways that are conducive to learning and of preparing ADHD/LD youth to learn.

> "I believe that the classroom teacher's role is to be an "environmental engineer," one who arranges the learning environment for the child's success, and who encourages learning through that environment" (Jones, 1994, p. 19).

Though Jones' remarks are specifically addressed to teachers, they are equally pertinent to child and youth care workers. Workers serve as resources to teachers, act as intermediaries between school personnel and parents and design and facilitate programs that target social skills (e.g., interpersonal communication) and life skill abilities (e.g., problem solving, conflict management, organizational skills, etc.). What follows is a brief (but by no means exhaustive) overview of some helpful strategies that can promote learning and a successful education.

Creating a Positive School Environment

This means providing a lot of encouragement, motivation, and incentives which will improve the students' performance. Dr. Russell Barkley (1992) suggests that there is an underlying deficit in the motivation of ADHD children, which affects attention span. These children are more difficult to motivate, and their interest in activities grows satiated more quickly. Since stimuli such as Nintendo and TV can temporarily override ADHD/LD, attracting these children's attention by creating as enriching and exciting a learning environment as possible is likely to increase their motivation to attend.

1. Increasing motivation to learn

Some of the ways that this can be done include making tasks meaningful and relevant to youths' interests, providing frequent opportunities to interact with peers, and showcasing ADHD/LD youths' strengths. Using

humor and adding novelty at the end of tasks, listing questions before presenting concepts or materials, and then asking a lot of questions build enthusiasm and energy which help youth stay focused. Additionally, it is important to review materials and instructions before beginning a task and critical to demonstrate how new materials relate to known materials. This helps ADHD/LD children organize their thoughts and make conceptual connections, while providing pre-work support to counteract their difficulty with getting started. Lastly, establishing a concrete experiential base for learning before introducing abstract concepts facilitates the connection between theory and application. An experiential approach to learning, that is, learning by doing, promotes active involvement, more understanding, and integration of content and ideas.

2. Building self-esteem

The strategies that follow center around fostering a sense of identity in the ADHD/LD student. In the school setting, this means encouraging independence and acceptance by setting and reinforcing realistic academic and behavioral limits while promoting trust, self-respect, and responsibility. It also entails ways to create a sense of belonging by helping the student explore the responsibilities of group membership and by helping the class explore the meaning of acceptance and inclusion of all class members. This acceptance and inclusion should be demonstrated in concrete examples in and outside of the classroom. All youth benefit from feedback on their strengths as well as on the areas that need development, but ADHD/LD young people *must* have frequent and timely feedback (i.e., in the "here and now" rather than in the "there and then") so that they can track their improvement and successes and build staying power and resiliency for the many difficult challenges that face them daily. Strategies that create a sense of purpose for ADHD/LD youth go a long way toward building self-esteem. On the one hand, we need to set clear expectations and communicate our goals to them while, on the other, we need to aid them in setting individual long- and short-term goals in specific terms. For instance, we can work with them to establish a written self-improvement plan and contract to participate in their self-evaluation at an agreed upon time. Within this framework, we can introduce and coach these youth to use problem-solving strategies when they encounter difficulties and frustrations. This supports their sense of personal mastery. This is especially significant for teenagers from whom more responsibility is expected regarding schoolwork, relationships, and chores at home. This increase in expectation of responsibility is particularly difficult for them in light of their delays in developing judgment, persistence, self-awareness, and goal-directed behavior (Barkley, 1990). During this phase, the child and youth care worker can serve as a mentor, the person in these youths' lives who relates to them with unconditional acceptance. In this role, the worker can encourage them to express, vent, and clarify their feelings.

3. Structuring the school environment

As one ADHD student commented: "You wouldn't want to be inside my head, you'd be trampled" (Brooks, 1997). For these youth, structure is one of the most critical elements of success. Structure does not, however, mean rigidity and inflexibility. Recognizing that these youth require consistency in their environment and schedule, it does mean providing them with routines which serve as organizational aids and allow them to function with a sense of independence. Structure also encompasses communication (for example, giving clear and concise instructions and simplifying these when they are complex and multiple). Additionally, it includes establishing rules that are necessary to the creation of an environment that fosters academic and social growth. Rules help set up expectations and provide routine. They assist in maintaining standards for what is acceptable socially, behaviorally, and academically. Whenever possible, ADHD/LD youth should be involved in formulating these rules and doing so using positive terms. We typically give young people "don't" rules when most often what they need is "do" rules. Specifically, the "dead person" rule is counter-productive for ADHD youth. If a dead person can do it, it is not a good target behavior for intervention (e.g., sit still, don't call out, don't fight, etc.). It is far more difficult for ADHD youth to learn when they have to sit still and are told not to fidget, since fidgeting often helps them structure themselves and attend.

Structuring tasks is a particularly effective strategy. For example, breaking assignments into manageable parts that are monitored frequently and ensuring that youth are being tested for knowledge and not attention span convey our support for the youth's learning in favorable conditions. Lastly, structuring the classroom setting by providing a variety of seating arrangements and work station options makes it possible for ADHD/LD youth to get up and move when they feel restless. Varying the classroom configuration (e.g., u-shaped seating, "office" centers, and informal areas for comfort such as reading corners with rugs on the floor) encourages co-operative learning amongst youth of different styles, abilities, and weaknesses. Different classroom configurations also serve both as incentives and rewards for ADHD/LD youth.

Conclusion

If ADHD/LD youth are allowed to fall through the cracks of the school system, adding to the already very high number of dropouts in Canada and the U.S., they will more than likely become psychologically and financially dependent upon support from government resources and institutions. The enormous waste of human potential is nothing less than tragic, and we will pay a tremendous social and financial price. Provinces such as Quebec have declared school and social integration a priority along with the need to respond better to adaptation needs. The government of Quebec acknowledges, however, that integration is not synonymous with academic success. "It appears ... that the social integration of these children has been more positive than their academic

results. Schools are poorly equipped" (Ministry of Health and Welfare of Quebec, 1994, p. 113).

The current literature on ADHD suggests that most youth with ADHD/LD can learn in regular classrooms provided that the school and the teacher are knowledgeable and attuned to helpful management strategies and that appropriate adjustments are made to the classroom setting. The challenge for child and youth care workers is to guide school personnel in the redesigning of the learning environment to promote a readiness to learn. These interventions will benefit not only ADHD/LD youth but also "normal" mainstream youth because, for the most part, the basis of these interventions is the recognition, acceptance, and respect for differences and the encouragement of youth to take responsibility for one another. These interventions promote teamwork and build a sense of belonging, trust, and emotional safety among fellow learners *with* their differences and not in spite of them. For many ADHD/LD youth, the child and youth care worker is the significant other in whom they can find enough of a sense of connectedness and positive identity, that they make it through school, experience some degree of success, and beat the odds. Child and youth care workers are able to improve their social and academic experiences through the use of alternative approaches to learning. Building on these youths' strengths to compensate for their weaknesses and helping them develop resiliency will greatly increase the chances of these youth successfully completing their high school education feeling confident and enabled, thereby being better positioned to continue further academic study or vocational training. The real challenge is to preserve these youth rather than damage them, while providing them with a quality education. "Integration and inclusion is having kids with learning disabilities in regular classrooms who do succeed" (Lavoie, 1994).

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