

## HELPING ADOLESCENTS WITH ADHD SURVIVE HIGH SCHOOL

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*ABSTRACT: This article seeks to define attention deficit hyperactivity disorder (ADHD) and describe some of the key developmental changes that occur in ADHD youth as they reach adolescence. The article addresses the increased demands of high school, the concept of executive function and its impact on academic ability, and the proactive planning necessary to support the ADHD adolescent in high school. The article concludes by outlining some of the key considerations for promoting academic and social success for these adolescents.*

*Key words: adolescent development, ADHD and high school, proactive planning, academic/social success, considerations for case managers*

### ADHD AND ADOLESCENCE

#### *ADHD Defined*

Attention deficit hyperactivity disorder (ADHD) is a neurobiological disorder or inefficiency in the area of the brain that controls impulses, helps screen sensory input, and focuses attention. The medical and scientific community views ADHD as a biological imbalance or deficiency in attention and activity. The disorder typically begins in early childhood and continues throughout the lifespan. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), there are four categories of ADHD: ADHD predominantly inattentive type; ADHD predominantly hyperactive-impulsive type; ADHD combined type; and ADHD not otherwise specified (American Psychiatric Association, 1994).

ADHD is a pervasive disorder in that it causes significant social, behavioural, and academic problems. Inattention, impulsivity, and hyperactivity result in marked difficulty in establishing and maintaining effective interpersonal relationships and in following rules and instructions both at home and at school.

#### *Adolescent Development and ADHD*

For most ADHD youth, adolescence presents a new and often daunting set of challenges. At this stage, the noticeable symptoms of hyperactivity may lessen, leading one to believe that the ADHD has been outgrown. Zeigler Dendy (1995) states that:

...the attention problems often persist, however, and manifest themselves in a different way in teenagers. The hyperactivity appears to be replaced by restlessness, inattentiveness, or sleeping

in class. The ADHD teenager who feels "hyper" knows it isn't acceptable to get up and walk around in class, so instead he may tune out mentally or sleep. (p. 10)

Teens with ADHD, moreover, typically suffer from developmental delays which seriously hamper their adaptive functioning both socially and academically. They are less mature, less autonomous, and less responsible than their peers as well as being interpersonally awkward and often inept. Zeigler Dendy (2000) writes:

...ADD/ADHD can cause a two to four year developmental delay--these students' maturity and readiness to accept responsibility lag behind their peers. In addition, their disorganization and forgetfulness contribute to difficulty with seemingly simple classroom demands--for example, writing down and remembering to do their homework. (p. 269)

At the same time, these teens are undergoing the same physical changes as other teenagers. Adolescence is usually marked by growth spurts and many hormonal changes, which coincide with an increased emphasis on physical appearance. Clearly, for teens with ADHD, the discrepancy between their physical maturity and emotional maturity is problematic. Their delayed social maturity adversely affects their relations and thus their self-concept. Their difficulty with peer relations often leads them to become overly preoccupied with their physical appearance to boost what is frequently an already fragile self-concept and to improve their chances of acceptance by their non-ADHD peers (Litner, 2003). Teeter and Goldstein (2002) write, "Impaired social relations persist even when ADHD symptoms diminish in adolescence, possibly due to a long history of tenuous peer relationships" (p. 20). For adolescents, fitting in, belonging, and being accepted by others are strongly felt desires. For adolescents with ADHD, the need to be seen as a "normal" teen and the drive to find "sameness" are powerful forces that make these teens more susceptible to peer pressure, possibly as a way to make friends and to feel included in the social peer group. This makes the task of parenting ADHD teenagers difficult and stressful, as these youth tend to reject parental values and time spent with the family, preferring to adopt those of the peer group and to spend their leisure time away from the family circle. The peer group can be quite influential, and its importance in the life of an adolescent with ADHD can eclipse that of parents and family members. Since many youth with ADHD arrive at adolescence having already experienced a great deal of turmoil, conflict, and tension in their relationship with their parents, it is not surprising that these teens are far more likely to gravitate toward the norms and values of the peer group and to be easily seduced by it. Unfortunately, their poor judgment, immaturity, impulsivity, and inability to delay gratification can easily lead them

to gravitate toward an undesirable peer group, often composed of other defiant, problem-prone youth, who, themselves, are marginalized, and certainly not the friendship circle that parents would consider desirable. Adolescence is also synonymous with a push for independence. Teenagers with ADHD, however, are typically ill-equipped to cope with such independence and are far less autonomous than their normal peers.

Barkley (1995) writes, "The ADHD teen may be less ready to assume the responsibilities of independence, but he or she desires independence as much as any other teenager" (p. 190).

### *The ADHD Adolescent and High School*

*High School.* For adolescents with ADHD, the transition to high school and the implicit and explicit expectations placed on high school students can be overwhelming. If these expectations are not adjusted by high school personnel to be in line with students' particular profiles and needs, the results are more often than not disastrous. Developmental delays make it particularly difficult for teenagers with ADHD to successfully navigate the demands of high school, whether related to time-management, self-advocacy, multi-tasking, study skills, work organization, or assignment completion. Barkley (1995) explains:

The sense of hindsight, forethought, planning, and goal-oriented behavior of non-ADHD children is ever increasing and coming to play a greater role in their lives, but these abilities will be less mature and slower to emerge ...it is deficiencies in these newly developing skills that will be [of] greatest concern during adolescence. (p. 190)

The very nature of high school represents major changes from elementary school. For instance, the number of teachers and classrooms increases significantly, as does the workload. Individualized attention and support decreases while the demand for autonomous work increases. Home-school communication is rare and far more complex. Teaching styles as well as rules and expectations vary greatly from teacher to teacher, making adjustments and flexibility a necessity on the part of high school students. The weak adaptive skills for making such adjustments, however, put ADHD adolescents at a marked disadvantage from their peers. Zeigler Dendy (2000) points out that "students with an attention deficit disorder are more likely than their peers to fail a subject, be retained, be suspended, drop out of high school, or never graduate from college" (p. 29). Research studies report the terrible outcomes of the poor fit between the requirements of students with ADHD and the traditional school environment, putting these youth at considerable risk for school difficulties and failure (Barkley, Fisher, Edelbrock, & Smallish, 1990; Weiss & Hechtman, 1986). From this research, the statistics are telling:

- 90% of youth with ADHD underachieve at school
- 50% repeat at least one year
- 30% drop out prior to the completion of high school
- Only 5% complete a four-year college program

*Executive Function.* Barkley (1998) defines executive function as "actions we perform to ourselves and direct ourselves so as to accomplish self-control, goal-directed behaviour, and the maximization of future outcomes" (p. 119). This function is described as the brain's ability to manage learning activities and behaviour. Individuals with ADHD are at a pronounced disadvantage with regard to the executive functions that the brain performs and the behaviours it controls. These include working memory and recall; activation, arousal, and effort; impulsivity; emotion control; language internalization; complex problem solving; the ability to remember, to organize, and to effectively gauge and manage time. Denckla (2000) explains:

Executive dysfunction refers to a neuropsychological weakness, hypothesized to originate from dysfunction of the frontal lobes or of its interconnected regions, which results in impairments in a variety of abilities that can have both academic and interpersonal consequences. These problems involve the cognitive competencies of selective and sustained attention, inhibition of verbal and nonverbal responses, strategic memorization, organization, self-monitoring, planning and sequencing of complex behaviors, and management of time and space. (p. 307)

*Impact of executive function on academic ability.* As children reach adolescence, the demands placed on their executive functions increase dramatically. For adolescents with ADHD who suffer from chronic impaired executive functioning, these demands present serious challenges which are typically marked and manifested in severe academic problems. Brown (1997) writes:

"Along with difficulty in staying tuned, inattention encompasses chronic problems with getting organized, problems with getting started on work tasks, problems with attending to details, problems with filtering distractions, problems with getting tasks finished, problems with keeping track of things, problems with short-term memory and problems with getting and staying "motivated to work." (p. 184)

The impact of impaired executive functions in the following areas is summarized below:

1. Working memory and recall:
  - affects the here and now
  - affects the sense of past events
  - affects the sense of time
  - affects the sense of self-awareness
  - affects the sense of the future
2. Activation, arousal, and effort (i.e. getting organized and getting started on daily routines and tasks)
  - affects the ability to start and complete a task
  - affects the level of alertness and the ability to pay attention
3. Impulsivity
  - affects the ability to inhibit speech and behaviour
4. Controlling emotions (i.e. difficulties with mood and hypersensitivity to feedback, excessive irritability)
  - affects the ability to control emotions
  - affects the ability to direct behaviour towards goals
5. Internalizing language
  - affects the internalization of speech or self-talk (i.e. the ability to self-monitor)
6. Complex problem solving
  - affects the ability to take an issue apart, analyze its components and its causes
  - affects the ability to correct problems or develop action plans
  - affects spoken and written communication

Problems with executive functioning are exacerbated when teens reach high school and are expected to perform, independently, a greater quantity and variety of tasks that call upon the executive functions of the brain. Additionally, many youth reach adolescence and enter high school with ADHD and a co-existing condition such as one or more learning disabilities and/or an emotional and behavioural disturbance. Brown reports that "over 50% of persons diagnosed with an attention-deficit disorder also meet the diagnostic criteria for one or more additional psychiatric disorders – for example, mood disorder, anxiety disorder, substance abuse disorder, learning disorder, or behavior disorder" (p. xviii). These co-occurring conditions, commonly referred to as *comorbidities* in the ADHD literature, coupled with continual academic and social struggles, can lead to a downward spiral, causing severe problems in the life of a high school student with ADHD.

## PRACTICE AND RECOMMENDATIONS

### *Proactive Planning*

To support the adolescent with ADHD in high school, a multi-modal team approach is recommended. Such an approach requires:

1. An understanding of ADHD and acceptance of how the disorder impacts on home, school, and peers;
2. The active participation of the teen with ADHD in his/her evaluation and treatment management decisions;
3. School accommodations and strategies that facilitate learning and performing;
4. Home management
  - support for parents
  - training and coaching of parents in behaviour-management techniques;
5. Psychological interventions when needed;
6. Medical/pharmacological interventions when required.

A multi-modal approach entails a collaborative effort and regular communication between educators, professional staff, the teen, and his/her parents.

### *Promoting Academic and Social Success*

At the start of each school year, it is imperative that, at the very least, a school-based resource person be enlisted as the adolescent's case manager who serves as liaison with the school, home, and any professionals who may be involved.

Parents and ADHD teens often experience anxiety, confusion, and frustration as they are shunted from office to office and from person to person in their attempts to seek help and obtain answers. The feeling of déjà vu and having to start all over again from scratch with each new person attached to, but unfamiliar with, a given case file only adds to the sense of despair that is felt by adolescents and their families. It is, therefore, critical that the case manager/youth care worker who is selected be a constant in the student's life and provide consistent support throughout the teen's academic program. Though this presents a huge challenge for the frequently overloaded and overworked case manager, it is the best preventive approach. Involving as many concerned people as possible from the outset helps to minimize possible breakdowns later on (Litner, 2003, p.148).

The following are some key considerations.

- The case manager coordinates school-based programming and interventions and facilitates coordination and communication among team members.
- The school-based case manager helps school personnel and parents adjust their expectations of ADHD teens with regard to standards of behaviour and performance based on an informed appraisal of the individual student's needs.
- The case manager, along with other members of the multi-modal team, works with the teen with ADHD to identify strengths. These strengths are used to address weaknesses and to develop alternate strategies to deal with them.
- The case manager helps the teen advocate for himself/herself and facilitates access to appropriate services.
- The case manager coaches the teen with ADHD in the acquisition of problem-solving skills.
- The case manager provides vocational/educational assessment and support on an ongoing basis.
- The case manager meets with the ADHD teen regularly to assist in the development of study, organizational, and note-taking skills and the acquisition of test-taking strategies.
- The case manager provides the ADHD teen with options and the opportunity for input in choosing them.
- The case manager schedules a meeting at the end of each academic year with the teen, the parents, and as many of the other school-based and professional members of the multi-modal team as possible to determine which strategies were successful and to plan accordingly.

### CONCLUSION

It is evident that the role of the case manager is vital to the success of the ADHD adolescent in high school. The case manager works with the ADHD teen to formulate long-term goals, develop realistic action plans, and take practical steps toward attaining these goals. The case manager also provides the teen with continuity and facilitation for the duration of his/her high school program. The ultimate objective is to enable ADHD adolescents to learn how to make reasonable decisions and exercise an increased level of control over their future. It means helping them to develop greater self-awareness, to become more autonomous, and to take on a larger share of responsibility for their choices.

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