

**STUDENTS WITH DISABILITIES**  
ADHD, Asperger's and Concussions

---

---

---

---

---


---

---

---

**PRESENTATION OUTLINE**

- ADHD
  - Signs/Symptoms
  - Management strategies
- Asperger's
  - Signs/Symptoms
  - Management strategies
- Concussions
  - Signs/Symptoms
  - Management strategies



---

---

---

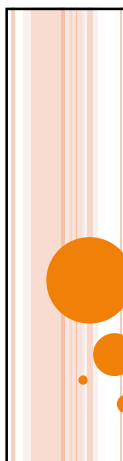
---

---

---

---

---



**ATTENTION DEFICIT  
HYPERACTIVITY DISORDER  
(ADHD)**

---

---

---

---

---

---

---

---

## ADHD

- Three types:
  - Predominantly Inattentive
  - Predominantly Hyperactive-Impulsive
  - Combined
- Characteristics
  - More common in males
  - Developmental-must be present in early childhood
  - Some symptoms dissipate and some worsen with time
  - Counseling Services can diagnose, but formal testing is typically required for medication and specific accommodations



---

---

---

---

---

---

---

---

## INATTENTIVE SYMPTOMS

- Fails to give close attention and difficulty sustaining attention
- Makes careless mistakes
- Difficulty listening
- Poor organization
- Avoids task that take prolonged attention/focus
- Fails to complete activities
- Loses things required for tasks
- Easily distracted
- Forgetful



---

---

---

---

---

---

---

---

## HYPERACTIVE IMPULSIVE SYMPTOMS

- Fidgety or restless
- Difficulty staying seated
- Always on the go
- Difficulty engaging in leisure activity quietly
- Excessive talking
- Blurts answers, doesn't think before speaking
- Difficulty taking turns
- Interrupts others



---

---

---

---

---

---

---

---

### ADHD IN THE CLASSROOM

- Encourage sitting in front of class
- Help students set course schedules that match their needs
- Importance of structure (for some)
- Stick to syllabus and prepare students for changes
- Importance of interaction and active engagement with material
- Vary teaching style/format
- Providing accountability



---

---

---

---

---

---

---

---

### ADHD AND STUDYING

- Background music or noise may actually cut down on distraction
- Students will do better with a more active approach to studying
- Plan for more breaks
- Accept that things will take longer than peers
- Break assignments up into small, manageable tasks
- Help students create a plan



---

---

---

---

---

---

---

---

### ADHD ACCOMMODATIONS

- Help connect students to more assistance:
  - Extended test-taking
  - Distraction-free test-taking
  - Note-taking
  - Tutoring
  - Recordings of readings



---

---

---

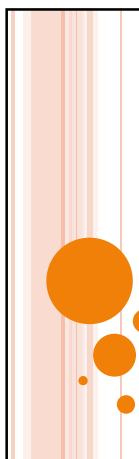
---

---

---

---

---



### ASPERGER'S SYNDROME

---

---

---

---

---


---

---

---

### ASPERGER'S SYNDROME

- New classification system for autism and Asperger syndrome (2013, *Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Ed*): Autism Spectrum Disorder, ASD
- Not enough evidence to suggest that the conditions of autism and Asperger syndrome are distinct conditions
- Individuals who have been diagnosed with Asperger's in the past identify with this diagnosis



---

---

---

---

---


---

---

---

### ASD AND COLLEGE POPULATION

- Estimated college enrollment of students with ASD: 0.7 % - 1.9 % of the college population
- 80% incompleteness rate (VanBergeijk, Klin, & Volkmar, 2008)
- Adequate cognitive ability for academic success
- Undisclosed disability
- Unnoticed by their professors until their sensory, social, learning styles and organizational challenges combined with fatigue, cause them to fail (US Autism and Asperger Association, 2013)



---

---

---

---

---

---

---

---

### CHARACTERISTICS OF ASPERGER'S SYNDROME

- More males than females
- Average or above-average intelligence
- Clumsiness in articulation and gross motor behavior
- Impairment in social interactions
- Specialized fields of interest or hobbies: cars, trains, insects, meteorology, astronomy or history
- Poor Concentration
- Poor Organizational Skills
- Academic Difficulties



---

---

---

---

---

---

---

---

### AT SIMPSON

- At least 2 new students every year
- Prefer Math, Science, Computer Science majors/courses



---

---

---

---

---

---

---

---

### 1. IMPAIRMENT IN SOCIAL INTERACTION

- Difficulty understanding the rules of social interaction/routines: conversations and 'small talk,' lack of awareness of personal space and social distance, stating exactly what's on one's mind
- Peculiar speech patterns: abnormalities of inflection, repetitive pattern
- Difficulties in empathizing/reading emotions: rude, lack of tact, eccentric behavior
- Difficulty understanding another person's point of view
- Problems with controlling feelings: anger, depression, anxiety
- Preference for routines and schedules: result in stress or anxiety if a routine is disrupted
- Difficulty understanding "unwritten rules" and once learned, rules may be applied rigidly
- Individual interprets literally what is said: naive



---

---

---

---

---

---

---

---

### PROGRAMMING SUGGESTIONS

- Individuals with AS must learn social skills intellectually: They lack social instinct and intuition
  - Correct and teach appropriate behaviors: no interruptions, raise hand, etc...
  - Explain why the behaviors are inappropriate and what response would have been correct
  - Employ a "buddy system:" designate a sensitive classmate as "social mentor"
- Avoid use of humor, sarcasm, idioms



---

---

---

---

---

---

---

---

### 2. SPECIALIZED RANGE OF INTERESTS

- Eccentric preoccupations or odd, intense fixations (sometimes obsessively collecting unusual things)
- Relentlessly "lecture" on areas of interest; ask repetitive questions about interests; have trouble letting go of ideas
- Follow their own inclinations regardless of external demands
- Refuse to learn about anything outside field of interest



---

---

---

---

---

---

---

---

### PROGRAMMING SUGGESTIONS

- Explain "unwritten" classroom rules
- Explain rules for appropriate class participation
- Agree with student on pre-arranged nonverbal cues for redirection
- Ignore unusual demeanors/behaviors that are not distracting
- Do not allow the student to persevere in discussing or asking questions about isolated interests
- Encourage students to see you during conference hours
- Privately acknowledge and praise appropriate behavior
- Devise structured participation system (each student must contribute 1-3 times; use "talking cards," popsicle sticks, domino pieces...)
- Provide opportunities for the student to pursue his/her own interests by creating flexible assignments



---

---

---

---

---

---

---

---

### 3. POOR CONCENTRATION

- Distracted by external stimuli: fluorescent lighting, movement, constant background noises, pencil tapping
- Distracted by internal stimuli: withdraw into complex inner worlds
- Difficulty sustaining focus on classroom activities: struggle to figure out what is relevant [Happe, 1991], so attention is focused on irrelevant



---

---

---

---

---

---

---

---

### PROGRAMMING SUGGESTIONS

- Allow preferred seating, and maintain regular seating
- Provide a personal “calming space”
- Check for understanding regularly during lecture



---

---

---

---

---

---

---

---

### 4. POOR ORGANIZATIONAL SKILLS

- Disorganized on a macro scale; yet, meticulous on a micro scale:
  - Crumpled papers, no binder or notebook
  - Particular in size of individual characters in writing
- Difficulty organizing large amounts of abstract information
- Difficulty managing time and completing requirements (multiple assignments, multiple courses)
- Difficulty prioritizing



---

---

---

---

---

---

---

---

### PROGRAMMING SUGGESTIONS

- Suggest use of personal schedules and calendars
- Meet with student regularly to monitor progress on long term assignments
- Provide written lists of assignments with due dates
- Require use of binders, notebooks, or other organizational tool for class materials
- Provide all changes to schedule in writing AND orally



---

---

---

---

---

---

---

---

### 5. ACADEMICS

- Average to above-average intelligence
- Good recall of factual information
- Good with logic, cause/effect
- Difficulties with problem-solving: get “stuck” thinking about a problem
- Difficulty making inferences and predictions: not factual
- Difficulty with abstract concepts and “gray areas”
- Difficulty learning in a group situation
- Overstimulated by lengthy/long-term project
- Perfectionism: hard on self and others when mistakes are made
- Difficulty with written expression



---

---

---

---

---

---

---

---

### PROGRAMMING SUGGESTIONS

- Break complex tasks into smaller steps
- Provide examples for problem solving
- Select group partners
- Allow different modes for assessment (individual interview instead of paper, oral examination instead of written exam, etc...)
- Set office hours and meetings to monitor progress on long term projects



---

---

---

---

---

---

---

---



## CONCUSSIONS AND THE COLLEGE STUDENT



---

---

---

---

---

---

---

---

### WHY SHOULD CONCUSSIONS MATTER TO ME?

- Would you know how to proceed if one of your students suffered a concussion and needed academic accommodations?
- Would you know how to change the student's coursework not only to help him/her continue participating in class, but also to help recover?



---

---

---

---

---

---

---

---

### WHY SHOULD CONCUSSIONS MATTER TO ME?

- Concussions are serious brain injuries that have a significant influence on the brain's ability to function at its normal capacity.
- The key to recovery from a concussion is both physical and mental rest, followed by a gradual progression back to activity, both in athletics and in the classroom.



---

---

---

---

---

---

---

---

CONCUSSION SYMPTOMS MAY INCLUDE:

- Headaches
- Dizziness
- Fatigue
- Irritability
- Anxiety
- Insomnia
- Loss of concentration and memory
- Noise and light sensitivity




---

---

---

---

---

---

---

---

COMMON CONCUSSION SYMPTOMS

PHYSICAL	COGNITIVE	EMOTIONAL	SLEEP
Headache	Feeling mentally foggy	Irritability	Trouble falling asleep
Dizziness	Feeling slowed down	Sadness	Sleeping more than usual
Balance problems	Difficulty concentrating	Nervousness	Sleeping less than usual
Nausea/Vomiting	Difficulty remembering	More emotional than usual	
Fatigue	Difficulty focusing		
Sensitivity to light			
Sensitivity to noise			




---

---

---

---

---

---

---

---

HOW ARE WE MANAGING TREATMENT OF A STUDENT WITH A CONCUSSION?

- Most students will only need help through informal, academic adjustments as they recover from a concussion.
- However, students with ongoing symptoms need a variety of formal support services to help them during their recovery.
- The type of support will differ based on the needs of each student.




---

---

---

---

---

---

---

---

### WHAT KIND OF ADJUSTMENTS CAN BE MADE?

Adjustments may be made to minimize the chance of exacerbating the injury. Examples of possible adjustments are :

- o allowing a student to record a lecture to listen to the information in a more controlled environment
- o use of earplugs in the classroom
- o use of sunglasses in the classroom
- o use of discussion or oral assignments in place of written assignments & quizzes
- o allowance of a high carbohydrate snack in the classroom
- o the ability to temporarily leave the classroom while class is in progress
- o taking tests/quizzes in the Hawley Center rather than the classroom
- o allow a student to take tests/assignments on paper not the computer
- o break assignments into shorter, smaller chunks



---

---

---

---

---

---

---

---

### REFERENCES

- o <http://www.mayoclinic.org/diseases-conditions/post-concussion-syndrome/basics/definition/con-20032705>
- o <http://www.nationwidechildrens.org/concussions-in-the-classroom>
- o [http://www.ferrum.edu/academics/academic\\_resources\\_center/Concussion%20Management%20Policy.pdf](http://www.ferrum.edu/academics/academic_resources_center/Concussion%20Management%20Policy.pdf)
- o [http://www.cdc.gov/headsup/basics/return\\_to\\_school.html](http://www.cdc.gov/headsup/basics/return_to_school.html)



---

---

---

---

---

---

---

---