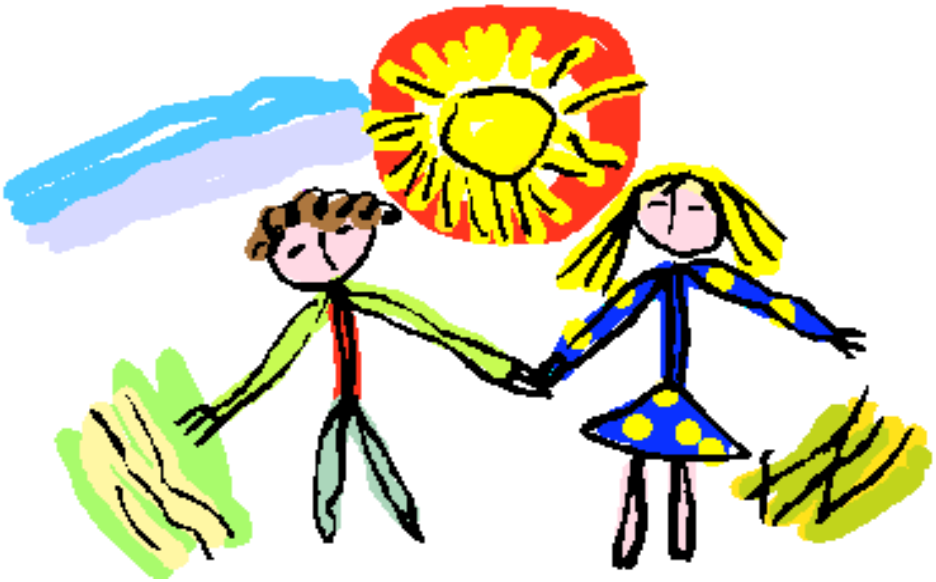
"Sometimes Those Who Are the Hardest to Love, Are the Ones Who Need it the Most"

A study of different interventions for a student with a possible attention disorder



Erica Boorshtein
Gray's Woods Elementary School
Professional Development School Intern
April 29, 2006

Table of Contents

I. Background Information

A. Context

As an elementary education major at Penn State University, I had the opportunity to become involved with the Professional Development School (PDS) and take part in a yearlong student teaching internship. During this internship, I was placed in Gray's Woods Elementary School in one of three first grade classrooms. There are 23 lively children, including 12 girls and 11 boys, all very diverse in their own way. I have two students who are in special education and two students who come from divorced families. The socioeconomic status of my class has a large range: the majority of students come from upper-middle class families, while I have several students who come from lower socioeconomic households.

Though all of the students get along with each other to a certain extent, "groups" have been formed, even in first grade. I have a group of girls who have taken on the role as the leaders of the group and enjoy being in charge when playing with others. The boys can be quite talkative and sometimes enjoy socializing more than focusing on their work. There are a few young students in my class who have trouble sitting still and focusing during lessons. Something in the room is always catching their attention and distracting them from the task at hand. All of the students in my class enjoy being artistic and creative with their work. While some students in the class can be shy at times, or even bossy, they are all friendly and amiable. Each student has a very distinct personality, which has helped create a dynamic classroom environment.

B. Deciding on an Inquiry

How can behavior interventions help a student who has an impulsive need to verbalize what is on his mind?

Throughout the year, a student in my class began to stand out to me as a child who was very unique. Robbie was a very talkative student who was always eager to speak with someone. In the beginning of the year I found this to be endearing, but as the year progressed, I realized that his need to constantly converse with someone was becoming a problem. No matter what time of day, from the moment Robbie walked into the classroom, to the moment he lined up for buses, Robbie always had a story to share with one of the teachers or students. Robbie would come into the classroom everyday and tell the paraprofessional in the room, my mentor teacher or myself any story that was on his mind. He would often repeat what he was saying several times to make sure we heard him. It had gotten to the point where my mentor teacher, the paraprofessional and myself noticed that Robbie was starting to bother other children, and we were concerned that this problem was affecting him socially.

Along with Robbie's incessant need to talk with someone, he is also a very fidgety child. While we took into consideration the fact that Robbie is a younger first grader, academically, he is excelling in all areas. All first graders are fidgety to a certain extent, but Robbie has much difficulty sitting still and keeping his hands in his lap. He is always searching for something to look at, play with, or touch.

What drew my attention to Robbie's situation was the fact that while he was fidgety and constantly talking, he could complete assignments without a problem and fully comprehended lessons in all subject areas. Another factor in the situation is that Robbie comes from a family of seven children, so his need for attention may very well be in direct correlation to the size of his family. After thinking about Robbie's behavior patterns more closely, I came to realize that Robbie might not be able to control these behaviors. Before

jumping to any conclusions, I needed to put in place some interventions, which would help determine whether Robbie's behavior is developmental or the result of a neurological problem.

Thus, my inquiry question became, "*How can behavior interventions help a student who has an impulsive need to verbalize what is on his mind?"* By examining the different situations and factors involved in affecting Robbie's behavior, it is allowing me to learn how to help a student who may be distracted easily as well as various interventions that we need to put in place before a child can be recommended to the Instructional Support Team. While Robbie's case is very specific, the interventions I used with Robbie can be applied to many different behavioral problems and adapted to different situations. The information I have gathered about students with attention difficulties will be useful information for me to have in the future when I have concerns about another student with attention problems. We are often quick to assume that a student cannot control his or her behavior, but with the background knowledge I have acquired through this inquiry, I am confident that I will now be able to make an informed decision about my students' academic and behavioral performance.

C. Is This a True Inquiry?

When thinking about what I would like to focus my inquiry project on, there were a few things in the classroom that sparked my curiosity. One thing that has always captured my attention was abnormal behaviors in students or different ways of learning. I thought about focusing my inquiry on multiple intelligences or autism, but I have read many books and researched both of these topics, so I did not feel that they were true wonderings for me. The other main wondering I had in my classroom concerned two of my students who had problems staying on task as well as problems with calling out. Though I have worked with

special needs students before, my knowledge of how to work with students with attention difficulties was not very extensive. I could not think of a way to help these students. This puzzled and frustrated me because I knew that these students were intelligent, but the strategies I had tried were not working. This led me to the main wondering for my inquiry because I wanted to learn more about interventions teachers can put in place in their classroom for students with attention difficulties, as well as what else they can do if the interventions do not work.

D. Questions and Wonderings

- Main Question:

While there were many wonderings I had about Robbie for this inquiry project, I chose to focus primarily on one behavior and thus formed my inquiry question, which is, *"How can behavior interventions help a student who has an impulsive need to verbalize what is on his mind?"*

- Research Sub-Questions/Wonderings:

  While conducting my research, I came upon additional wonderings about Robbie's behavior problems. It seemed that when I was rewarding Robbie for waiting patiently to converse with others, his fidgetiness and lack of respect for other's personal space was getting worse. This then led me to additional wonderings:

  - Are there interventions to help Robbie learn about respecting other people's personal space?
  - Would a behavioral plan help with Robbie's fidgetiness or is it a neurological problem?
  - Are Robbie's social problems affecting his self-esteem?

II. Inquiry Plan

A. Baseline Data

Before beginning my inquiry project and implementing any interventions, I had to take baseline data on Robbie's behavior problems so that I would know where to begin. I did this by observing Robbie for several consecutive days and recording how many times he spoke out at inappropriate times. I recorded his behavior both in the afternoon and the morning, and my mentor teacher and paraprofessional would also keep me aware of a shout out that I may have missed. This information was useful because it enabled me to truly see how often Robbie spoke out during the day (See appendix B).

Along with this initial baseline data, the school guidance counselor, Nancy Kelly, observed Robbie during a lesson and recorded Robbie's time-on-task. A time-on-task is an observation to see how often a student is off-task compared to a control student in the classroom. She recorded both Robbie and the control student's time-on-task in order to get a better feel for how Robbie's behavior was affecting him during the day (See appendix C1). Mrs. Kelly's results were as follows: Robbie was on task only 60% of the time compared to the control student who was on task 98% of the time. She noted that Robbie was never at rest or seated during the entire observation (See Appendix C2). Because of this information, we decided to have "magic listening mats" during reading stations to give Robbie an incentive to sit properly on the floor. Unfortunately, the mats were more distracting than they were helpful. Whenever Robbie would sit on the mats, he would pick them up and play with them, move them with his feet or pick apart the fabric that was holding the mats together. Since this intervention did not work, we recently tried a floor cushion that Robbie could sit on while on the carpet. We have had this intervention in place for about a week now, and while my data is not yet conclusive, after observing Robbie using the mat, I feel

that the results will be the same as they were for the magic listening mats. Robbie looks at the floor cushion as more of a toy than something to help him sit properly on the floor. It has only given Robbie more encouragement to move around and sway back and forth while he is sitting on the carpet.

B. Instructional Support Team Meeting, February Session

Each month, the Instructional Support Team (IST), which includes the school guidance counselor, Nancy Kelly, school psychologist, Margaret Blizard, IST teacher, Linda Duffy, classroom teacher, Kim Bryan and principal, Linda Colangelo, will meet to discuss students who have been recommended for instructional support. Robbie was recommended for IST (See Appendix A) and my mentor teacher and myself were able to meet with the team about our concerns. We presented the baseline data we had collected and then discussed different interventions we could put in place in the classroom. Our school guidance counselor felt that a cost-response system, which is a negative reinforcement, would work best. From her experience, she felt that children with impulsive problems need something in front of them that is concrete and that they can see. One suggestion Mrs. Kelly offered was to implement a token system where Robbie would lose a token every time he called out at an inappropriate time. She said that having to physically remove a token from the cup and watch the token stack go down has a great impact on the student. We wanted to implement an intervention that was student-regulated, or as stated by Dowdy et al. in Attention Deficit/Hyperactivity Disorder in the Classroom, "Student-regulated strategies can be defined as interventions that, though initially taught by the teacher, are intended to be implemented independently by the student" (p 137). The IST team and myself decided to put in place this cost-response system and record it both in the morning and in the afternoon. According to the baseline data, we felt it was appropriate to start Robbie off with six tokens.

If he still had three tokens left at the end of the morning and the afternoon, he would receive a special reward during morning and afternoon recess. The IST team as well as the authors of Teaching Strategies for Children with ADHD, Valeria Oropeza, et al., felt that the reward Robbie received for keeping three tokens *must have significance to him* (p 112). The reward needs to be something that the student values and will constantly strive to earn. After brainstorming several rewards, we decided that Robbie's reward would be a few minutes of special time with me to do something he would like; for example: play on the computer, build with Legos, etc. We felt this would have significance to Robbie because he does not have many friends in the classroom and will often play alone. An example of a time where this occurred in the classroom was when we were sitting on the carpet for a lesson. I was calling the table sets one by one and Robbie's table set was the first one called. As children started going over to the carpet, Robbie invited them to sit next to him, but to no avail, no child in the class chose to sit next to Robbie. It is apparent, from this situation and many others, that Robbie desperately tries to seek out friends, but the other children in the class do not want to play with him. Having some special time with me allowed Robbie to have some time to talk with me alone as well as bond with someone in the classroom.

C. Intervention 1: Cost-Response System

Following the IST meeting in February, I put in place a cost-response system for Robbie. Robbie had a cup with six yellow shaped hexagons on his desk. If Robbie spoke out at inappropriate times, he had to put one of his tokens in a cup that was placed on a shelf in the classroom. I had a sheet of paper on my desk where I recorded how many tokens Robbie lost each day, both for the morning and the afternoon, as well as any additional comments that pertained to how Robbie was behaving (See Appendix D1). Along with keeping my own records, I spoke with Dr. Blizard, Mrs. Kelly and Mrs. Duffy throughout

the intervention to keep them posted as well as to get their feedback on the next step I should take.

Before beginning the intervention, I spoke with Robbie about what we were going to be doing. I told him that I know he has lots of things to tell me and the other teachers, but he needs to learn how to wait patiently and raise his hand if he wants to share something. I explained to him that his reward would be some special time with me doing something that he chooses. We discussed that in order to get his reward, he needed to keep at least three tokens in his cup.

By Robbie's facial expression, I could tell he was excited about his new token system and having some special time with me. As the token system began, it was obvious to me that Robbie was consciously trying to wait patiently and speak at more appropriate times. If I were speaking with another teacher or student, Robbie would stand next to me clenching his mouth while waiting to speak with me. I have also observed him opening his mouth to say something and then looking at me and stopping. When Robbie had three tokens in his cup at the end of the morning and afternoon, he got very excited about his special reward. Robbie chose to write a book with me as one of his rewards, as well as build Lego ships and play on the playground.

After about two weeks (February 13- March 1), I lowered the amount of tokens Robbie had in his cup from six down to three. Robbie now needed to have at least one token left in his cup to receive his reward. There were two reasons for doing this: the first reason was that I noticed Robbie trying very hard and I wanted to see how often he would get his reward if he only had three tokens. The second reason was that Robbie received his reward everyday because he never went below three tokens in his cup. While I did not want Robbie to fail, I wanted him to realize that he may not always receive his reward and that there was a consequence for calling out.

After the tokens were reduced, Robbie did not receive his special reward for several consecutive days (March 13-17). When I spoke with Robbie about why he was not receiving his reward, he was very disappointed and told me that he was being inappropriate. During the following two weeks, from March 20-31, the token system was very inconsistent. Due to many field trips we had and practices for an upcoming performance, it was very difficult to keep Robbie's token system constant. These very hectic weeks affected Robbie's behavior significantly. During our play practice, Robbie was invading his peers' personal space as well as speaking out at very inappropriate times. At one point, I had to take Robbie off of the stage to speak with him about his behavior. If I had the tokens with me and took them out of the cup every time Robbie spoke during the play practices, he would have lost his three tokens and then some. We spoke about his token system and how he was not going to be able to receive rewards during this time because we could not take the tokens with us everywhere. By Robbie's facial expression I thought he understood, but, to my surprise, he constantly asked me about his reward throughout the week. I repeated what I had previously told him and then I asked him if he felt he deserved his reward. He would look at me and nod, tentative about his answer. I told him several times that I did not feel he deserved his reward because I saw him talking many times during the play practices. Robbie's disappointment was obvious, and his behavior continued to get worse.

During the period of time where Robbie's behavior plan was consistent, his behavior improved somewhat in the beginning, but there was not a drastic difference in his behavior throughout the intervention. After charting Robbie's behavior from the cost-response intervention (See Appendix D2), I noticed a similar pattern over a period of time. Robbie seemed to be losing more tokens in the afternoon than he was in the morning and the situations where Robbie would speak out the most tended to be in small and whole group discussions, but not very often when he was seated at his desk.

D. Instructional Support Team Meeting, March Session

We had a follow-up IST meeting during the month of March to discuss the success of the cost-response system. Robbie's parents were invited to attend this meeting and inform us of Robbie's behaviors at home and how they compared to how he was acting in school. Robbie's mother mentioned at a goal-setting conference in the beginning of the year that she had concerns about his constant need to speak with someone.

Robbie's father came to the meeting and provided myself as well as the IST team with a lot of very useful and interesting information. Robbie's father saw many of the same behavioral problems at home as we had been seeing in school. He mentioned that when Robbie is asked about a homework assignment or a book he was supposed to read, he would often say, "I don't remember," in a very cautious manner, similar to how to he responded when I asked him if he was behaving appropriately. His father also brought up the fact that Robbie has two invisible friends that he talks about and plays with, and will constantly need more attention when playing with his siblings.

Our concerns and Robbie's parent's concerns seemed to be parallel. His father expressed a concern about his social skills and lack of friends. He and his wife were also at a loss for how to help Robbie learn to wait his turn. Dr. Blizard stepped in at this point and brought up a positive reinforcement intervention as opposed to a negative reinforcement intervention, which was what we had put in place. From her experiences working with students who are impulsive, she has found that positive reinforcement works the best. Instead of penalizing the student for an inappropriate behavior, you are rewarding them for behaving appropriately. In the book Teaching Strategies for Children with ADHD, they make it very clear that positive reinforcement is the best type of intervention to put in place for a student you feel might have an attention problem. In How to Reach and Teach

ADD/ADHD Children by Sandra Rief, she notes, "There is no substitute for positive reinforcement in the classroom. It is the best behavioral management strategy and the one that builds self-esteem and respect" (p 20). For Robbie, we would *give* him a token when he raises his hand or waits patiently, rather than take one away when he calls out. Along with the new behavior plan at school, Robbie's parents are also going to implement a positive reinforcement plan. We discussed various possibilities, and we came to the conclusion that during dinner, Robbie would receive tokens a few times throughout the meal if he waited patiently to speak with his family. If he received a certain amount of tokens, he got to eat a special dessert. Having interventions both at school and at home will help keep Robbie's behavior more consistent across all areas.

While researching attention difficulties in children and different interventions for behavior problems, I found that it is recommended that you change the interventions often. When talking about students with attention difficulties, Rief states, "…they often do not respond well to behavior modification or positive reinforcements for a long period of time. You will need to revamp, revise, and modify your behavior management system frequently" (p 13). Changing Robbie's behavior plan seemed to be the best idea because handing in a token when he called out was no longer affecting Robbie's behavior. In addition, due to the inconsistency of the behavior plan towards the end, the IST team and I felt it would be best to start again with a new intervention.

E: Intervention 2: Positive Reinforcement Sticker Chart

For Robbie's new intervention, Dr. Blizard and I developed a chart that listed three behaviors we would like Robbie to work on: waiting patiently, respecting other's personal space and completing assignments on time (See Appendix G1). The latter behavior is one we knew Robbie was successful with and we put this in his behavior plan because we

wanted him to have a high success rate with one of his behaviors. Having a high success rate in one area will help Robbie feel that he can be successful and it is also important for his self-esteem.

Robbie can earn a sticker for each behavior throughout four areas of the day: language arts, writing, math and science. If Robbie earns four out of the six stickers, he will again receive special time with me, or some time on the computer. After each section of the day, I discuss with Robbie how he feels about his behavior and if he deserves a sticker for each of the three behavior categories.

This intervention has now been in place for about two weeks (April 5-19), and, unfortunately, I have not seen any difference in Robbie's behavior. Throughout each section of the day, I have had to constantly remind Robbie to wait his turn, and when I speak with him about his behavior afterwards, he always feels that he still deserves his reward. Simply reminding Robbie throughout the day about calling out does not seem to have as much of an impact as the tokens did from the previous intervention. While Robbie looks forward to his reward from the sticker chart, not receiving his reward does not seem to have an impact on his behavior.

F. Discussion About a Possible Neurological Disorder

Throughout these interventions, the one question I kept asking the members of the IST team was, "What do I do about Robbie's fidgetiness and inability to sit on the floor properly?" Due to the fact that we have tried some interventions that focused on Robbie's fidgetiness and have been unsuccessful, I was at a loss for what to do. I was speaking with Dr. Blizard and Mrs. Duffy about my concerns following the IST meeting in March. They both felt that after observing Robbie and listening to the results of my interventions, Robbie's inability to sit still might be a neurological disorder. Because Robbie cannot

physically remain still, even when he is told he has to, Dr. Blizard felt that there is something in Robbie's brain that is preventing him from being able to control his behavior.

At this point in my inquiry, I felt that it was necessary to research different attention disorders and see if Robbie's behaviors matched or were similar to that of a child with Attention Deficit Hyperactivity Disorder (ADHD).

III. ADHD Research

I began my research on ADHD by looking at what the broad term meant and what characteristics a child with ADHD might exhibit. In an article entitled, *ADHD: Behavioral, Educational and Medication Interventions*, by George DuPaul and George White, they state that, "ADHD is a disruptive behavior disorder characterized by levels of inattention, impulsivity (e.g. frequently interrupting conversations or activities), and/or overactivity that are well beyond what is expected and appropriate for a given child's gender and age" (DuPaul, 58). DuPaul and White also note that ADHD will typically appear in preschool and early elementary school years and is three times more likely to be diagnosed in boys than in girls (Dupaul, 58).

When looking at ADHD in a broad spectrum, there are three subtypes: one is the predominantly hyperactive-impulsive type, which does not show significant inattention. The second type is the predominantly inattentive type, which does not show significant hyperactive-impulsive behavior and the third type is the combined type, which displays both inattentive and hyperactive-impulsive symptoms (Strock). Common indicators to look for in children with ADHD are: fidgeting, excessive talking, poor concentration, frequent interruptions, difficulty following instructions, short attention span, forgetfulness, misplacing or losing things, and engaging in high risk activities (Strock).

Many of the characteristics noted above are characteristics that my mentor and I have been noticing in Robbie in the classroom. Robbie seems to fit more into the "hyperactive-impulsive behavior" type of ADHD because he does not exhibit inattentiveness when working on assignments, yet he does exhibit almost all of the hyperactive and impulsive behaviors typical of children with ADHD.

My next step was to then see how to work with a child who has ADHD. In Rief's book about ADHD, she provides a list of critical factors when working with ADHD children. Some of the critical factors she noted were: teacher flexibility, commitment and willingness, close communication between home and school, providing clarity and structure, creativity, engaging and interactive teaching strategies, teamwork, modifying assignments and assistance with organization and environmental modifications (5). All of these critical factors play a big role in helping a student in your classroom who might have ADHD. As a teacher, we must learn to be flexible with our students and commit to each and every one. Students with ADHD have a difficult time staying focused, so providing lessons that are engaging and interactive will help to keep a child's attention. Keeping an open line of communication with the parents is extremely important as well. ADHD children have difficulty with extreme changes in their schedule and routine, so keeping their school and home environments very similar will help.

Rief also provides a "list of don'ts" in her book, which are a list of things teachers should not do when working with a student who has ADHD. She states, "A teacher says and does hundreds of things during the course of the school day. Every word, gesture, and action affect the students he/she works with" (13). Some of the "don'ts" that I found to be helpful were: don't assume the student is lazy. She notes that, "A student with attention deficit disorder or a learning disability is not typically lazy. There are other reasons for their nonperformance in the classroom" (13). Another "don't" was to not give up on behavior

modifications. As noted earlier in the paper, students with ADHD do not respond well to behavior modifications for a long period of time. When implementing an intervention, it can get frustrating if it does not work, but it is crucial to try many interventions because each student will react differently to the different interventions. One of Rief's "don'ts" that I found to be particularly interesting was, "Don't listen to previous teachers who only want to pass on the negative traits and characteristics of their students to you. Assume the best of the child. Allow each student to start the year with a fresh, clean slate" (14). This statement was so profound to me because I find that teachers will often remember all of the "bad" qualities a student had and forget about the many good qualities the student had to offer the classroom. It is important for teachers to have an open mind and give a child the benefit of the doubt.

After researching ADHD and discovering that a student might have ADHD, what are the next steps we can take? Rief feels that the most effective approach is a multifaceted treatment approach (15). This approach might include behavior modification and management at home and school, counseling, cognitive therapy, social skills training, school interventions, providing a physical outlet, medical intervention and parent education about ADHD (15). Of all these treatment approaches, the one that is most important in helping diagnose a student with ADHD is the school interventions. Rief states, "If a child displays the symptoms of possible ADHD, school interventions should be implemented regardless of whether the child has been diagnosed with ADHD. School personnel may encourage the parents to pursue the evaluation for the purpose of determining how to best help and meet the needs of their child" (16). The school interventions can help determine whether or not the child can control his or her behavior or whether a different approach might be more beneficial.

IV. Methods of Data Collection

Throughout my inquiry, I have been collecting data from a variety of sources. While I have been recording information from my behavior interventions, I have also gathered the data that Dr. Blizard and Mrs. Kelly have taken as well.

A. *Systematic Observation: Time-On-Task*

The school guidance counselor, Mrs. Kelly conducted a time-on-task observation of Robbie where she recorded his behavior every 15 seconds, for a ten minute period. She compared his behavior with a control student whose behavior was also recorded every 15 seconds. This data was then used to compare Robbie's behavior to another child who was considered to be an average student (See Appendices C1 and C2).

B. *Instructional Support Team Referral*

In order to receive support from the IST team, a referral form needed to be filled out by my mentor teacher and myself stating our concerns about Robbie's behavior as well as any information from his parents that corresponded to the issue (See Appendix A).

C. *Baseline Data*

Before implementing any interventions, I recorded Robbie's behavior for two days to see how often he was calling out (See Appendix B).

D. *Data from Cost-Response System Intervention*

After implementing the first intervention, which was the cost-response system, each day I recorded how many tokens Robbie lost, for both the afternoon and the morning, as well as any behaviors that stood out to me. I then graphed the information on a bar chart to compare Robbie's behavior each day (See Appendices D1 and D2).

E. *Data from Sticker Chart Intervention*

Each day, Robbie received a small chart with the three different behaviors on it that he was working for: waiting patiently, respecting other people's personal space and

finishing his work on time. He received stickers for separate times throughout the day where he felt he was behaving well. This behavior intervention has been in place for two weeks and I have graphed his overall success from the two weeks, as well as his success for each individual behavior (See Appendices G1 and G2).

F. *Connors' Parent and Teacher Rating Scale- Revised Long Form*

Dr. Blizard asked both Robbie's parents and myself to fill out a Connor's Rating Scale (See Appendices E1 and E2). The Connor's scale is used to assess attention deficit/hyperactivity disorder and related problems in children. Three scales are used to assess a child: Connors' ADHD index, Connors' Global Indices, which looks at restlessness and emotional liability, and the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), which focuses on inattentiveness as well as hyperactive-impulsiveness. There are two different forms: one for the parents and one for the teacher. The parent form contains questions relating to psychosomatic issues, or physical symptoms that are caused by psychological problems. Dr. Blizard then scored both of the forms and wrote up an educational screening report.

G. *State College Area School District Parent Input Form*

This form is used as a way for the teacher and school psychologist to learn more about how a student behaves at home. Robbie's mother filled out this form and returned it to Dr. Blizard a few days later (See Appendix F).

H. *Educational Screen*

An educational screen is a summary of all of the information that has been collected about a student over a period of time. It includes: the reason the child was referred for instructional support, the parent's input, the teacher's input, the Connors' Rating Scale results as well as a description of what the Connors' Scale is, observations, interventions and a report from the school psychologist, Dr. Blizard (See Appendix H).

V. Data Analysis

Due to the nature of my inquiry, it was very important for me to analyze the data I had been collecting throughout my inquiry, rather than at the end. In order to know what step to take next, I needed to use the information I had collected to guide me in the right direction.

A. *Systematic Observation: Time-On-Task*

The time-on-task observation performed by Mrs. Kelly was very useful at the start of my inquiry because it provided me with some insight into Robbie's behavior. Before the time-on-task was recorded, I had assumed that Robbie was more fidgety than other students, but I had no factual information telling me this was true. Mrs. Kelly's observation showed me that Robbie's attention span was significantly lower than the average student in the class and was thus something I should be concerned about (See Appendices C1 and C2).

B. *Instructional Support Team Referral*

My mentor and myself filled out the IST team referral for Robbie and I have used this form as another piece of information showing me that our concerns for Robbie have been building throughout the year (See Appendix A).

C. *Baseline Data*

When looking at the baseline data I collected pertaining to Robbie's impulsive behavior, I compared the number of times he called out for both the morning and the afternoon, over a two-day period. I found that on average, Robbie called out 14 times in the morning and 6 times in the afternoon. This data was then used to help me determine how many tokens Robbie should begin with for his behavior intervention. After looking

at the numbers from the baseline data, the IST team and myself felt that 14 tokens would be too many tokens for Robbie to have, so we began with 6 tokens (See Appendix B).

D. *Data from Cost-Response Intervention*

Throughout the cost-response intervention, I made a bar graph that showed how many tokens Robbie lost for both the morning and the afternoon. When looking at the graph, I noticed two patterns: the first pattern I noticed was that Robbie lost more tokens in the afternoon than he did in the morning. The second pattern was that as the weeks went on, Robbie lost fewer tokens, but it was not consistent. Due to the inconsistency of Robbie's performance, we decided to implement a different intervention (See Appendices D1 and D2).

E. *Data from Sticker Chart Intervention*

After a two-week period, I gathered the sticker charts and graphed the data onto various charts. One chart compared Robbie's overall performance over the two weeks, while the other three charts compared how Robbie did with each individual behavior. The "Waiting Patiently" chart showed that Robbie did not receive stickers six out of the ten days and it was very inconsistent throughout the two weeks. The "Respecting Others' Personal Space" chart showed that Robbie was again very inconsistent with how he treated others. He received only one out of the two stickers for five out of the ten days. The last behavior chart, which graphed the "finishing your work on time" behavior, was where Robbie had the most success; he received all of his stickers nine out of the ten days. I took this information and graphed it onto a larger chart that included all three behaviors. I compared each day and found that Robbie's behavior was very unpredictable and did not follow a distinct pattern over the course of the two weeks (See Appendices G1 and G2).

F. *Connors' Parent and Teacher Rating Scale- Revised Long Version*

Dr. Blizard evaluated the Connors' Rating Scales that both Robbie's parents and myself filled out. When looking at the scores from the Connors' Rating Scale, the average is 50 and anything above the standard deviation, which is 15 points, is considered to be significantly different. Robbie scored above 65 in 9 of the 12 categories. The behaviors that he exhibited "very often," according to the Connors' Scale, were: excitable, impulsive, talks excessively, demands must be met immediately, overactive, cannot remain still, easily distracted, difficulty sustaining attention, poor social skills, does not know how to makes friends, appears to be unaccepted by the group, interrupts and intrudes, and does not get invited to friends' houses. Dr. Blizard notes that all of these behaviors are exhibited both at school as well as at home. Due to the fact that Robbie has exhibited more than the required number of behaviors associated with the hyperactive-impulsive subtype, Dr. Blizard feels that he has ADHD and recommended he seek medical advice (See Appendices E1, E2 and H).

G. *State College Area School District Parent Input Form*

There are eight questions on this parent input form. I took the answers Robbie's mother filled out and compared them to the behaviors he has been exhibiting in school. Robbie's mother felt that socially, he does not have many friends and does not fit in with his peers at school or with his siblings at home. She also noted that Robbie has trouble staying on task and completing what was started if it was not his idea. The responses Robbie's mother wrote on this form were very similar to the behaviors we have seen Robbie exhibiting in school (See Appendix F).

H. *Educational Screen*

The data in the Educational Screen summarizes all of the data I have previously collected as well as the information from the Connors' Rating Scale and Dr. Blizard's evaluation (See Appendix H).

VI. Claims and Evidence

A. Claims

After having analyzed my data through the course of my inquiry project, I believe I have learned the following:

I. When working with a student who has attention and impulsivity problems, interventions and behavior plans are the first step a teacher must take in trying to remedy the problem.

II. When implementing an intervention, there must be something intrinsically motivating the student to succeed.

III. More than one behavior plan is often necessary when working with a student with possible attention issues.

IV. When implementing behavioral plans, an instructional support team plays a vital role in supporting the classroom teacher by providing various strategies, expertise and knowledge about a student's behavioral issues.

B. Supporting Research and Classroom Evidence

Claim I: When working with a student who has attention and impulsivity problems, interventions and behavior plans are the first step a teacher must take in trying to remedy the problem.

When Robbie's behavior first became a concern to my mentor teacher and myself, my first question was, "What do we do first?" After speaking with experienced professionals Dr. Blizard, Mrs. Kelly and Mrs. Duffy, their first suggestion was to implement an intervention that focused on one of Robbie's behavioral issues. By implementing an intervention, we could see how Robbie responded as well as what steps to take next. As stated in Braswell and Bloomquist's book, Cognitive-Behavioral Therapy with ADHD Children, "…behavioral interventions often take on the goals of increasing certain desirable behaviors while decreasing more undesirable behavior" (84). The first intervention we implemented was the cost-response intervention, but we did not feel it was very successful, so we implemented the positive reinforcement intervention.

Through this inquiry, I saw first hand how important behavioral interventions are with a student who has an attention disorder. Often times a student will not realize how often he or she calls out or fidgets in their seat, so it is important to make the student aware of this. By implementing an intervention that focuses on the child's behavior, they will become aware of the situation and hopefully, through the interventions, become intrinsically motivated to modify their behavior.

Claim II. When implementing an intervention, there must be something intrinsically motivating the student to succeed.

Often in life, we experience something that is hard to get through, but when we know the result will be something we enjoy, it makes the process that much easier. I feel that this is the same for a student who has an attention disorder. It is very difficult for them to modify their behavior, so they need something valuable and important to motivate them to succeed. With Robbie, it was apparent by his actions that he was searching for attention, so an obvious choice for a reward was some special time with one of the teachers. Robbie looked

forward to this special time every day, and when he did not receive it, he was very disappointed. Having this intrinsic motivation to do better was encouraging for Robbie because he knew when he did well, he received something very special to him.

Claim III. More than one behavior plan is often necessary when working with a student with possible attention issues.

Implementing interventions in a classroom for one student can be very time consuming and frustrating if it does not work as well as you would like it to. When implementing my interventions for Robbie, I was optimistic that they would work and help Robbie become aware of how often he called out. When my first intervention was unsuccessful, I was disappointed and not sure what I needed to do next. After speaking with the IST team, and listening to their different suggestions, they made it clear to me that students with attention disorders need their behavior plans changed often because their effect wears off quickly. This was also proven again in Rief's book when she states that, "…behavior plans may be short lived and your award systems need to be revamped frequently" (24). Changing Robbie's behavior plan seemed to reenergize him and made him excited for his new sticker chart.

Claim IV. When implementing behavioral plans, an instructional support team plays a vital role in supporting the classroom teacher by providing various strategies, expertise and knowledge about a student's behavioral issues.

Due to the fact that my inquiry project was focused on one particular student, I relied heavily on the resources my school had to offer. Without their expertise, I would not have been able to collect as much informative data as I did. Implementing a behavior plan in itself is time consuming for a teacher, so having the IST team conduct observations and

surveys along with me was extremely helpful. Along with the IST team, I had Robbie's parents' input as well. In this particular situation, knowing how Robbie was acting in school as well as at home was extremely important. It allowed me to see if Robbie's behavior was the same in different environments.

VII. Conclusions and Future Directions

A. Conclusion

After implementing different strategies and observing Robbie's behavior over a period of time, the data concludes that Robbie is a candidate for Attention Deficit Hyperactivity Disorder. The many behavioral interventions we have tried, along with the listening mats and floor cushion, were unsuccessful and Robbie's scores on the Connors' Rating Scale were well above the standard deviation for children exhibiting characteristics of ADHD.

At this point, we are going to continue implementing behavioral interventions and Dr. Blizard has recommended Robbie see a physician to be evaluated for ADHD. Until Robbie sees his physician, we feel that it is very important Robbie's behavior plan remains consistent because any change in Robbie's daily schedule affects his behavior drastically. Through this inquiry, we were able to take a deeper look into Robbie's behavior and will hopefully find a solution to his behavioral problems.

B. Implications for Future Practice

The different strategies and interventions I learned through this inquiry are ones that will help me throughout my teaching career. We will always have students in our classroom who have trouble staying on task or calling out at inappropriate times, and this inquiry has provided me with the knowledge of how to handle this type of situation. While I may not

have all the answers, I have the background knowledge to help me get started and I am aware of the many resources available to me.

C. New Wonderings

This inquiry project has led me to many new wonderings about Robbie's behavior problems as well as how to handle a situation similar to Robbie's in the future:

- Will Robbie's behavior change if he is diagnosed with ADHD and put on a medical intervention?
- Will Robbie's social interactions change if his behavior changes?
- If Robbie is put on a medical intervention, will other behavioral interventions still be necessary?
- What other behavioral interventions can be put in place if Robbie is not diagnosed with ADHD?
- What types of interventions can be put in place for a child with attention difficulties in a classroom where there is only one teacher?

References

Blizard, Margaret. School Psychologist, Gray's Woods Elementary School. 9 Feb. 2006.

Braswell, Lauren and Michael Bloomquist. Cognitive-Behavioral Therapy with ADHD Children. New York: The Guilford Press, 1991.

Dowdy, Carol A., et al. Attention-Deficit/Hyperactivity Disorder in the Classroom. Austin: PRO-ED, Inc., 1998.

Duffy, Linda. Instructional Support Teacher, Gray's Woods Elementary School. 9 Feb 2006.

DuPaul, George J. and George P. White. "ADHD: Behavioral, Educational, and Medication Interventions." The Education Digest 71 (2006): 57-60.

Kelly, Nancy. School Guidance Counselor, Gray's Woods Elementary School. 9 Feb 2006.

Oropeza, Valeria, et al. Teaching Strategies for Children with ADHD. Beaverton: Braintrain International, 2004.

Rief, Sandra F. How to Reach and Teach ADD/ADHD Children. San Francisco: John Wiley & Sons, Inc., 1993.

Strock, Margaret. "Attention Deficit Hyperactivity Disorder." National Institute of Mental Health. 1 April 2006. <http://www.nimh.nih.gov/publicat/adhd.cfm#symptoms>.