

GRADUATE COLLEGE

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Doctor of Education

Educational Leadership & Policy Studies

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10:00 a.m. – 12:00 p.m.

Memorial Lounge
Waterman Building

Title: Academic Challenges For Children With ADHD:
Policy Implications For School-Based Practice

ABSTRACT

While ADHD is primarily characterized by deficits in attention or inhibition, several other impairments have been found to be associated with ADHD. Risks including cognitive impairments and deficits in academic achievement have been well documented in comparison to controls. However, only a few studies have characterized ADHD using the most current DSM-IV-TR diagnostic criteria and examined subtype differences accordingly.

This study examined elementary students diagnosed with ADHD-Combined Type (ADHD-C), ADHD-Predominantly Inattentive Type (ADHD-IN), other clinically-referred children without ADHD (NON-ADHD REF), and non-referred control children (CONTROL). These groups of children were compared based on intellectual functioning as measured by performance on the WISC-IV, academic achievement as measured by performance on WIAT-II composites, and related academic enablers, as measured by the ACES Academic Enablers scales. Results replicated findings in other studies indicating that children with ADHD generally display lower levels of overall cognitive functioning and academic achievement in comparison to normally-developing peers. The study further indicated that children with ADHD may exhibit weaker cognitive functioning specific to verbal and working memory skills, lower academic achievement in the areas of mathematics and written language, and weaker study skills as compared to other children with presenting behavioral or learning problems. Additionally, children with the ADHD-C subtype were found to exhibit lower reading abilities and lower levels of interpersonal skills and motivation in comparison to this group. Subtype differences between the ADHD groups were not found, except on a measure of interpersonal skills where the ADHD-C group scores significantly lower than the ADHD-IN group. Implications for future research and practice are discussed.