Lack of Discipline at University – Is it a Reality for Georgia?

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Abstract

The problem of university student discipline in Georgia is viewed from medical, social and pedagogical angles. It is noted that, compared to the past, the situation has deteriorated. Attention-deficit/hyperactivity disorder (ADHD) was first described medically in 1902 and since then the situation has been worsening among school children. The goal of the present researches to alert educators on educational practices which provoke (or, at least, do not prevent) the further development of misbehavior probably in some cases caused by attention deficit and hyperactivity. I aimed to find out whether student misbehavior is a problem among the freshman university students in Georgia, and which components of attention deficit and hyperactivity are especially typical for them (and, correspondingly, need to be paid attention to). The research supported my intuitions on the existence of the problem. The article offers some recommendations on how to tackle the problem by pedagogical methods.

Key words: discipline, classroom behavior problems, ADHD, attention concentration strategies.

Introduction

When I started my teaching career it so happened that to find a school teacher's vacancy was too difficult, so I started working as a part-time lecturer at a university, which paradoxically happened to be easier. However, some of my group-mates got a school teacher's position. Later I thought myself lucky, as they told me horror stories about discipline problems at school, while I never had anything like that at the university. It was so for many years, but recently things have changed. From time to time I teach such university students, even groups of students, who regularly misbehave and have obvious problems listening attentively and sitting in one place for a long time. My 34 years of teaching experience at universities in Georgia (every year I teach 30-40 freshman students) can be viewed as a longitudinal study, which shows that the disciplinary problems of individual students have always existed, but on a perceptible mass level they arose about last ten years, becoming more and more acute during last 5 years. I got interested in the situation and realized that the problem was not limited to social and pedagogical factors such as:

- fast social changes in Georgian society (from authoritarian to democratic)

- related to them wrong interpretation of democratic/ authoritative teacher-student relations

- contemporary life and, accordingly, education are becoming more and more complex

- ineffective classroom management at school and/or university

- lack of upbringing and discipline as a personal feature of some students

- kinesthetic learning style

It turned out that the problem might involve a medical factor as well.

ADHD: Concept and Some History

According to a medical web-site MAYO CLINIC (2012), "attention-deficit/hyperactivity disorder (ADHD) is a chronic condition that affects millions of children and often persists into adulthood. ADHD includes some combination of problems, such as difficulty sustaining attention, hyperactivity and impulsive behavior. Children with ADHD also may struggle with low self-esteem, troubled relationships and poor performance in school."

The problem was first described as early as 1902 (Still, 1902). At that time it was basically viewed as misbehavior, mainly characteristic of little boys. It was believed that it reveals in the lack of ability or desire to listen to the teacher and observe classroom discipline. The attitude changed in 1980 with the publication of Mental Disorders (DSM-III) (American Psychiatric Association, 1980).

One metaphor to describe ADHD is the conductor of the symphony (Brown, 2000). Regardless of how well the musicians in a symphony orchestra may play their instruments, they are not likely to produce very good symphonic music if they do not have a conductor to select what piece is to be played, to start their playing together, to keep them on time, to modulate the pace and volume of each section, and to introduce or fade out various instruments at appropriate times. Although each musician may play his or her instrument skillfully, the subtle, dynamic, integrated functioning of the orchestra depends crucially upon the coordinating

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and managing functions of the conductor. In a similar way the brain's complex functioning requires and has dynamic integrated management of its component networks. Brown suggests that a student with ADHD is like that orchestra without a conductor (attention).

Some characteristics of ADHD student include but are not limited to: s/he (1) often fails to give close attention to details or makes careless mistakes in schoolwork; (2) often does not follow through on instructions and fails to finish schoolwork; (3) often does not seem to listen when spoken to directly; (4) often has difficulty organizing tasks and activities; and (5) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort such as schoolwork or homework (Accardo, Blondis, Whitman& Stein, 2000).

Though children with ADHD may have a normal or even high IQ, their academic success is generally poor (Loe& Feldman, 2007). Brown, Reichel and Quinlan (2011) conducted a research with 117 children with high IQ (\geq 120) and found that ADHD occurs more often in the age group 6-17 than in the general population. They also found that 62% of participants were significantly impaired on at least 5 of 8 markers of executive function (beginning with working memory, processing speed, auditory verbal memory, and ending with daily life).

According to Chu et. al. (2012) ADHD is noted in 3-9% of children and adolescents with a male-to-female ratio of 3:1 to 5:1and 3–5% of adults with an equal male to female ratio based on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) criteria. According to Quinn (2012), research shows that between 30% and 70% of children with ADHD continue to have symptoms of the disorder when they become adults.

Nevertheless, few studies deal with tertiary level of education. One such study (Zwart&Kellermeyn, 2001) found that college students with ADHD have difficulties with study skills, note taking, summarizing, outlining, and test taking. Other documented problems included negative attributional style - reasons to which students ascribe their difficulties and failures. According to Weyandt et al. (2003), the reasons are internal (the cause is the student him/herself), stable (the cause is not changing) and global (the cause cannot be controlled by the student). According to Prevatt, Reaser, Proctor&Pretscher (2007, p.7), students in their study reported that "their mind wandered", they didn't listen carefully, and were unable to refocus when thoughts or activities provided distraction. They spend a great deal of time on studying, often more than other students, but find themselves inadequately prepared for tests. The researchers' recommendation is that they should be encouraged to sit at the front of the classroom, use notetaking to help increase concentration, take frequent breaks to avoid fatigue, and rewards themselves for attainment of

small goals. Prevatt and his colleagues (2007, p. 8) make an interesting comment that "normal" students generally have an intrinsic motivation, while many students with ADHD and LD (learning disabilities) enter a college in order to have better jobs, while they are not very motivatedintrinsically in either profession or higher education.

What Causes ADHD and Classroom Behaviour Problems?

Scientists do not have a certain answer. However, there are various approaches:

1) Medical-biological (genes, environment, brain injuries, sugar, food additives) (National, 2009)

2) Family environment such as family conflict and criminal behaviour could be the result of the same genes that cause ADHD, rather than independent causes of the disorder (Coghill, 2007)

The majority of articles about ADHD are medical. Accordingly, they concentrate on medical abnormalities of brain, how to diagnose ADHD (symptoms) or how to treat it. Those articles which are educational, unfortunately, only recommend how to teach students with ADHD effectively, but do not view any pedagogical or social causes of the problem. I believe the reasons are not only medical, but some of them may deal with wrong upbringing and tuition practices as well as with today's sophisticated life, which divides our attention between too many things, and a sudden jump from authoritarian to democratic society, to which one needs to be adjusted. The indirect proof of existence of pedagogical and social factors is the fact that such behavior among university students (at least in Georgia) is increasing (as it will be shown in our survey below), but the medical (except, probably genetic) reasons are not.

According to Linksman (2007), many elementary school children seen at the National Reading Diagnostics Institute in Naperville, Illinois have recently received a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). Yet in-depth reading evaluations of these youngsters often reveal that rather than having an attention disorder, they are simply kinesthetic learners - they need to engage in gross motor (large-muscle) activity to learn best.

When after total freedom on the pre-school stage the first-grader suddenly has to sit 30-45 minutes during a lesson, this is a shock and it causes protest, especially among kinesthetic learners. I think that concentration of attention for a long time has to be practiced through special games (parents or kindergarten teachers have to do it). I think that on the pre-school stage children should play school for 5 minutes, later 10, 15, etc. minutes behaving the way expected from a school child. While learning, they shouldn't be permitted to play with the I-pod, mobile phone or some other objects, as it makes distracted attention a bad habit. I do not deny the medical basis of the problem, I am just

trying to emphasize that it has a serious educational aspect as well.

Teaching University Students with Classroom Misbehaviour and - Probably – ADHD: Some Tips

According to Teaching (2006, p. 9) educators who are successful in dealing with students with ADHD use a threepronged strategy. They begin by identifying the unique needs of the child. For example, the teacher determines how, when, and why the child is inattentive, impulsive, and hyperactive. The teacher then selects different educational practices associated with academic instruction, behavioral interventions, and classroom accommodations that are appropriate to meet that child's needs.

As ADHD (especially the hyperactivity component) is viewed as typical basically of schoolchildren, the majority of tips given to teachers concern this age. For instance, on the web-site http://www.teachervision.fen.com/add-andadhd/resource/10503.html you can find dozens of articles with practical recommendations. Not many of them, unfortunately, are adequate for university students, as they are inappropriate for young adults' age. For instance, Six tips (n.d.) involve such recommendations as:

- Help students to become better organized,
- Give frequent and specific praise,
- Share good news with family members.

Though ADHD is first of all a medical problem, alecturer's functions do not involve making medical diagnosis, the disciplinary problem (whatever its reason is) cannot be ignored and influences the process of university education (at least of freshman students), I would recommend lecturers either in all freshman groups or at least in those groups where they encounter discipline programs to:

a) modify their own teaching practices:

- be involved in monologue (pure lecturing) not longer than 20 minutes, then to offer questions, activities or short quizzes

- use short and clear task formulations

- in written tasks, ask students to check what they have written, recommend them to make up a checklist for frequent mistakes

- avoid using time-consuming tasks for individual, pair and group work in class; if very necessary, split these tasks into several parts with a break between them

- ask those students who have problems sitting in one place to help with the handouts, with collecting students' papers,

- provide some activities when students need to move around the class (e.g., interviewing each other on the topic under study)

- ask the chatter-boxes to be the group leaders in the process of group work, let them be "teachers" for a while,

when available

- give students various chances to be active in class (competition of best course notes, fulfillment of true/false tasks in the process of listening to the lecturer, pair and group activities, etc.)

- use humor from time to time, in order to relax the tense situation

- be artistic, emotional, creative, and student-centered to avoid boredom in the class

- teach, when available, through songs, role play, and other ways that prevent the typical misbehavior (e.g., instead of singing the favorite song singing a text that helps memorize the material under study)

- improve their personal relations with all students

- try to find out students' strengths and peculiarities (e.g. s/he may be a good dancer, that is why s/he can't sit still) and be tolerant

- put maximum one student with ADHD or behavior problem in a group, while organizing group work and then ask him/her to present what the group has done

b) help students better organize their learning:

- explain to students that they have to listen / read the task attentively, instead of asking teachers questions

- recommend students some strategies on organized work, such as putting away all unnecessary objects, preparing all objects (books, exercise book, pen/pencil, eraser, etc.) before they sit down for study, have a certain order in which they do the work (e.g., while reading, emphasize important information with a colored marker, then revise only the emphasized part), recommend students to be sure that they have finished the task before they move to another

- provide students with a few effective strategies of concentrating attention: encourage students to create relationships between what they are learning and what they already know, put things in their own words, frequently review their notes, make up their own test questions, develop practical examples from their own experiences

- recommend students to write a short plan or key words before they start answering

- train students to monitor and evaluate their own behavior without constant feedback from the lecturer

I realize that not all recommendations usually given to school teachers are adequate for university lecturing, so I tried to select the ones which are (at least to my mind) adequate to the age 17 and above. Some of the tips above have been modified from Teaching(2006) and Prevatt et al (2007).

Goal of Research

This study is not a medical, but an educational one, but its goalis to alert educators to educational practices which provoke (or, at least, do not prevent) the further development of misbehavior. I think teachers have to realize the

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difficulty of working with children and young people who have already got the condition. Georgian school teachers and university lecturers often view this situation as just behavior problem and are not very aware of ADHD being recognized internationally as a disease. Besides, I have a feeling that the problem is an actual one not only for schools, but also for university students, at least freshman students, who still feel and behave very much like school children. According to Handelman (2012), a recent World Health Organization (WHO) study indicates an average of 3.5 percent of the international workforce may suffer from ADHD. This figure is derived from a recent study, published in Occupational Environmental Medicine, involving adults aged 18-44 in 10 countries: Mexico, Lebanon, the United States, Colombia, France and Germany, Belgium, Italy, the Netherlands and Spain. The variations of those who suffered from this did not depend on whether an individual lived in an industrialized country or a so-call underdeveloped country as some individuals may initially have thought. Kessler et al (2008) confirm that the analogous WHO report published in 2008 is valid and reliable. Despite representing perhaps only 1.4% of the adult population in the UK, judging by NICE's statistical assumptions, it's considered that ADHD is found among up to 25% of the prison population (BBC Radio Newsbeat, 2008). Unfortunately, no statistics is available for Georgia, but I have no reasons to expect it to be really different from other countries, at least post-Soviet ones.

That is why I decided to check my intuitions and to find out whether the freshman (university) students Georgia really have this problem, and which components of attention deficit and hyperactivity are especially typical (and, correspondingly, need to be paid attention to).

Method: Questionnaires

It is necessary to emphasize that the goal of this research was not to set a medical diagnosis to university students, in which I am certainly incompetent, but to find out whether freshman university studentsreally demonstrate some features of attention deficit. University lecturers need this information to organize their lectures in ways beneficial for education of students with ADHD.

Besides the formal survey described below I have often shared my disciplinary concern with my colleagues, and they have confirmed that the situation has changed for worse during the last decade.

All participants were volunteers. 21 lecturers and 174 students from 8 universities participated in the survey. The questionnaire was sent by e-mail to 27 lecturers from 8 universities in Georgia with whom I often cooperate and hoped to receive answers (to send questionnaires to total strangers in Georgia normally yields no answers). The return rate was 78% which is high enough. As for students, at

our university faculty research assistants asked those freshman students who volunteered to fill the questionnaire in. In other universities lecturers whom I asked to help did the same.Had I done it by e-mail, the return rate, as practice shows, would have been very low.

Based on the viewed references I made up a questionnaire for lecturers and an analogous questionnaire for freshman students to see whether the students (in self- and lecturers' assessments) do demonstrate some features characteristic of ADHD.Majority of questions have a Likert-scale format. One question is in multiple choice format (not measurable, choosing between explanations).

Questionnaire for teachers concerning freshman students:

1. Do students ask questions concerning the task instructions, even though the task is clearly formulated and they have many times been given this task earlier?

- a) Very often (4 points)
- b) Quite often (3 points)
- c) Sometimes (2 points)
- d) Rather seldom (1 point)
- e) Never (0)

2. Do your students make mistakes due to lack of attention (and not lack of knowledge)?

- a) Very often (4 points)
- b) Quite often (3 points)
- c) Sometimes (2 points)
- d) Rather seldom (1 point)
- e) Never (0)
- 3. Do students fail to listen when addressed person-

ally?

- a) Very often (4 points)
- b) Quite often (3 points)
- c) Sometimes (2 points)
- d) Rather seldom (1 point)
- e) Never (0)

4. Do students have difficulty organizing tasks and activities?

- a) Very often (4 points)
- b) Quite often (3 points)
- c) Sometimes (2 points)
- d) Rather seldom (1 point)
- e) Never (0)

5. Do students avoid, dislike, or are reluctant to engage in tasks that require sustained mental effort?

- a) Very often (4 points)
- b) Quite often (3 points)
- c) Sometimes (2 points)
- d) Rather seldom (1 point)
- e) Never (0)
- 6. Do students chat during the lecture?
- a) Very often (4 points)

- b) Quite often (3 points)
- c) Sometimes (2 points)
- d) Rather seldom (1 point)
- e) Never (0)

7. Does student misbehavior and lack of attention occur

a) onlyif students are not interested by the course/ topic/material under study, are not offered visual aids, interesting examples, active methods of teaching, dislike the teacher? Or

b) even if they are interested by the course/topic/material under study, are offered visual aids, interesting examples, active methods of teaching and like the teacher?

8. Do you have students in your class who tap on the desk, mumble something, croon a melody, can't keep seated during the lecture, ask questions not related to the lecture, etc.?

- a) About half of the class (on average) (4 points)
- b) About 25% of the class (3 points)
- c) About 10% of the class (2 points)
- d) Very few (1-2 students) (1 point)
- e) None (0)

9. Do you have students who are smart and hardworking, but fail or get low points due to inability to concentrate during the classes and exams for a long time?

- a) About half of the class (on average)
- b) About 25% of the class
- c) About 10% of the class
- d) Very few (1-2 students)
- e) None (0)

10. Do your students start answering, but can't finish, as they lose the logical track of the answer?

- a) Very often (4 points)
- b) Quite often (3 points)
- c) Sometimes (2 points)
- d) Rather seldom (1 point)
- e) Never (0)

11. For how long can students with attention deficit and hyperactivity problems listen without discipline violation?

- a) less than 20 minutes (4 points)
- b) 20 minutes (3 points)
- c) 45-50 minutes (one contact hour) (2 points)
- d) two contact hours (1 point)
- e) three contact hours (0)

Questionnaire for freshman students:

1. Do you ask teacher questions concerning the task instructions, even though the task is clearly formulated and you have many times been given this task earlier?

- a) Very often (4 points)
- b) Quite often (3 points)
- c) Sometimes (2 points)

- d) Rather seldom (1 point)
- e) Never (0)

2. Do you make mistakes due to lack of attention (and not lack of knowledge)?

- a) Very often (4 points)
- b) Quite often (3 points)
- c) Sometimes (2 points)
- d) Rather seldom (1 point)
- e) Never (0)
- 3. Do you fail to listen when addressed personally?
- a) Very often (4 points)
- b) Quite often (3 points)
- c) Sometimes (2 points)
- d) Rather seldom (1 point)
- e) Never (0)
- 4. Do you have difficulty organizing tasks and activities?
 - a) Very often (4 points)
 - b) Quite often (3 points)
 - c) Sometimes (2 points)
 - d) Rather seldom (1 point)
 - e) Never (0)
- 5. Do you avoid, dislike, or are reluctant to engage in tasks that require long-term mental effort?
 - a) Very often (4 points)
 - b) Quite often (3 points)
 - c) Sometimes (2 points)
 - d) Rather seldom (1 point)
 - e) Never (0)
 - 6. Do you chat during the lecture?
 - a) Very often (4 points)
 - b) Quite often (3 points)
 - c) Sometimes (2 points)
 - d) Rather seldom (1 point)
 - e) Never (0)
- 7. Does your misbehavior and lack of attention oc-

a)onlyif you are not interested by the course/topic/material under study, are not offered visual aids, interesting examples, active methods of teaching, dislike the teacher? Or

b) even if you are interested by the course/topic/material under study, are offered

visual aids, interesting examples, active methods of teaching and like the teacher?

8. During the lecture do you tap on the desk, mumble something, croon a melody, can't keep seated during the lecture, ask questions not related to the lecture, etc.?

- a) Very often (4 points)
- b) Quite often (3 points)
- c) Sometimes (2 points)
- d) Rather seldom (1 point)
- e) Never (0)
- 9. Do you study hard, but fail or get low points due

to inability to concentrate during the classes and exams for a long time?

- a) Very often (4 points)
- b) Quite often (3 points)
- c) Sometimes (2 points)
- d) Rather seldom (1 point)
- e) Never (0)

10. Do you start answering, but can't finish, as you lose the logical track of the answer?

- a) Very often (4 points)
- b) Quite often (3 points)
- c) Sometimes (2 points)
- d) Rather seldom (1 point)
- e) Never (0)

11. For how long can you listen attentively and be-

have without discipline violation?

- a) less than 20 minutes (4 points)
- b) 20 minutes (3 points)
- c) 45-50 minutes (one contact hour) (2 points)
- d) two contact hours (1 point)
- e) three contact hours (0)

Results

The results are presented in Tables 1, 2 and 3. They are rounded to decimals. Due to this the sum of percentages equals close to 100, but not exactly 100.

question/answer	а	b	С	D	e
chosen by					
1	9.5%	23.8%	38.1%	23.8%	0%
2	28.6%	38.1%	16.7%	14.3%	0%
3	0%	9.5%	42.9%	38.1%	9.5%
4	0%	38.1%	42.9%	19.0%	0%
5	14.3%	19.0%	33.3%	33.3%	0%
6	4.8%	28.6%	47.6%	19.1%	0%
7	47.6%	52.4%			
8	0%	9.1.%	9.1%	52.4%	23.8%
9	14.3%	19.1%	14.3%	38.1	0%
10	14.3%	19.1%	23.8%	28.6%	14.3%
11	33.3%	23.8%	19.1%	9.5%	0%

Table 1. Results of lecturer questionnaire -21 respondents

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question/answer	A	b	С	d	E
1	8.04 %	13.2 %	32.2 %	26.4 %	20.1 %
2	12.6 %	17.2 %	41.4 %	19.5 %	9.2 %
3	4.0 %	7.5 %	37.3 %	24.1 %	27.0 %
4	5.7 %	15.5 %	36.2 %	25.9 %	16.7 %
5	11.5 %	14.9 %	36.2 %	20.1 %	17.2 %
6	17.8 %	5.7 %	50 %	13.8 %	12.6 %
7	49.4 %	50.6 %			
8	8.6 %	14.4 %	20.7 %	34.5 %	21.8 %
9	13.2 %	19.0 %	24.7 %	19.0 %	24.1 %
10	13.2 %	17.2 %	28.7 %	21.8 %	19.0 %
11	11.5 %	17.8 %	32.8 %	23.6 %	14.4 %

 Table 2. Results of student questionnaire – 174 respondents

question/answer	teachers' average	students' average	Coefficient (students/ teachers'
chosen by			results)
1	2.1	1.5	0.71
2	2.8	2.0	0.71
3	1.5	1.4	0.93
4	2.2	1.6	0.73
5	2.1	1.8	0.88
6	2.1	2.1	1.00
8	1.0	1.8	1.8
9	1.8	1.3	0.72
10	1.9	1.5	0.79
11	2.5	1.9	0.76

Table 3. Comparison of average results of teachers' and students' answers

Discussion

Several things are visible in the tables:

1) It is, unfortunately, impossible to say that the problem of either discipline or ADHD does not exist, as the lowest average point is 1.0 (which means" problems occur rather seldom"). The highest average point is 2.8 (which can be interpreted that the given aspect of the problem is encountered between "quite often" and "sometimes", closer to quite often).

2) More than half of both lecturers and students admit that disciplinary problems occur even if students are interested by the course/topic/material under study, are offered visual aids, interesting examples, active methods of teaching and like the teacher.

3) There is no unanimity between lecturers and students how grave each particular aspect of the problem is. Students' averages are mostly (except one case, when they are equal and one case, when students' average is higher) lower than teachers'. This is quite comprehensible, as students are less critical towards themselves than teachers see them. However, there is no dramatic difference, more than that, difference is quite similar for the majority of questions, as one can see from table 3.

4) Lecturers view as least often happening (among the enumerated ones) the situation when during the lecture students tap on the desk, mumble something, croon a melody, can't keep seated during the lecture, ask questions not related to the lecture, etc. (average 1.0).

5) Students view as least problematic the situation when they study hard, but fail or get low points due to inability to concentrate during the classes and exams for a long time (average 1.3).

6) Both lecturers (2.1) and students (2.1) think that among main problems is that students make mistakes due to lack of attention (and not lack of knowledge).

7) Both lecturers (2.6) and students (2.0) think that among main problems is that chat during the lecture.

8) Teachers also view as grave enough problems:

a) Students ask teacher questions concerning the task instructions, even though the task is clearly formulated and they have many times been given this task earlier (2.1).

b) Students have difficulty organizing tasks and activities (2.2).

c) Students avoid, dislike, or are reluctant to engage in tasks that require long-term mental effort (2.1).

d) Students cannot listen attentively and behave without discipline violation for a long time.

Limitations

The study did not involve a very large sample for Georgia. However, the trend is quite noticeable.The questionnaire cannot assess whether the problem is simply educational (disciplinary) or (to some degree) medical, as no medical doctor was involved in the survey.

Conclusions

Due to a combination of medical, social and pedagogical factors, the problem of classroom disruptions in Georgia exists at least with freshman students. Teachers need to be better informed of the possible medical reasons for this. But the medical aspect of the problem does not free them from their possible contribution to solving this problem. Whatever the cause, special pedagogical treatment should help reduce the problem. Among the recommendations enumerated in the tips section, due to the larger role given by students and lecturers to some aspects of the problem, I would emphasize:

- teaching students strategies of attention concentration and error self-correction,

- applying active teaching methods which just do not leave time for students to chat,

- stressing organization of tasks (dividing roles, choosing methods) during pair and group work

- limiting the duration of both listening-only parts of the lecture and student participation;

- providing activity change, so that students can switch their attention over and thus relax a little;

- leaving more intellectually demanding tasks for home work.

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