

*Students with Attention Deficit Hyperactivity Disorder Participating in Recess*

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*Abstract*

The participation of a student with Attention Deficit Hyperactivity Disorder (ADHD) in recess can often be both challenging and rewarding for the student and teacher. This paper will address common characteristics of children with ADHD and present basic solutions to improve the experience of these children in the recess setting. Initially, the definition, symptoms, and prevalence of ADHD will be presented. The paper will then address benefits of recess, followed by recommendations for children with ADHD participating in recess. Lastly, the paper will describe a common activity played at recess, and possible modifications to the activity for children with ADHD.

*Definition, Symptoms, and Prevalence of Attention Deficit Hyperactivity Disorder*

Attention deficit hyperactivity disorder (ADHD) is a “disorder in which a person is unable to control behavior due to difficulty in processing neural stimuli, accompanied by an extremely high level of motor activity” (Medicine.net, 2012, p.1). ADHD can also be described as “a neurobehavioral developmental disorder primarily characterized by the co-existence of inattention, hyperactivity, and impulsivity” (Smith, 2012, p.1). Inattention symptoms may include the following: the child not paying attention to details, making careless mistakes, having trouble staying focused, appearing not to listen when spoken to, having difficulty remembering things and following instructions, having trouble staying organized, planning ahead and finishing projects, getting bored with a task before it is completed, and frequently losing or misplacing homework, books, toys, or other items. Symptoms of hyperactivity in children consist of the child constantly fidgeting and squirming, the child often leaving his or her seat in situations where sitting quietly is expected, moving around constantly, talking excessively, having difficulty playing quietly or relaxing, and possibly having a quick temper. Impulsivity in children can be recognized by the following: the child acting without thinking, blurting out answers in class without waiting to be called on or hearing the whole question, failing to wait for his or her turn in line or in games, saying the wrong thing at the wrong time, often interrupting others, intruding on other people’s conversations or games, having an inability to keep powerful emotions in check, and guessing rather than taking time to solve a problem (Smith, 2012).

The American Academy of Child Adolescent Psychiatry stated that certain characteristics must be present in order to diagnose a child with ADHD. The behaviors must appear before the child is 7 years old and the symptoms must continue for at least 6 months. In addition, the symptoms must create a real disorder in at least two of the following areas of the child's life: in the classroom, on the playground, at home, in the community, or in social settings (Frank-Briggs, 2011). According to Angela Frank-Briggs, from the Department of Pediatrics and Child Health at the University of Port Harcourt Teaching Hospital, ADHD affects about 3 to 5% of all children. Symptoms often start before 7 years of age and continue into adulthood in about 50% of cases. A specific cause of ADHD is not yet known; however, genetics, diet, and social and environmental factors may be a contribution (Frank-Briggs, 2011).

### ***Benefits of the Recess Setting for Children with ADHD***

Simply stated, the benefits of participating in recess are high for all children. Included in these benefits are both physical and cognitive benefits. In terms of physical benefits, recess has been shown to lead to:

- Improvement of out-of-school activity levels – children usually are involved in physical activities on days in which they participate in in-school physical activities (Dale, Corbin, & Dale, 2000)
- Improvement of general fitness and endurance levels for children (Kids Exercise, 2009)
- Helping students to become more active in the fight against childhood obesity
- Increasing student appetite, if held before class, therefore making students consume more good and essential nutrients
- Helping students become and maintain physically fit and less prone to colds and viruses (Mulrine, Prater, and Jenkins, 2008)

Recent research in neuroscience has indicated that there are positive benefits in relationship to physical activity, such as recess, and improved cognition among children diagnosed with ADHD. These benefits include:

- Children are less fidgety and more on-task
- Children are less likely to cause disruptions or have behavioral problems
- Children's brains are allowed to re-group causing improved memory function and increased learning capacity (Mulrine, Prater, and Jenkins, 2008)

### ***Recess Recommendations for Children with ADHD***

In terms of recommendations for children with ADHD in the recess setting, there are a variety of items that should be remembered. These items include those related to modifications for instruction and equipment. More specifically, the following specific items should be remembered:

- Maintain eye contact when giving directions
- Make directions clear and concise

- Simplify complex directions and avoid multiple commands
- Assign student a helper or a buddy
- Provide encouraging and immediate feedback
- “Catch” the students being good
- Make sure child is not excluded
- Reinforce positive interactions
- Establish consistent routines
- Reduce the possibility of accidents
- Use softer balls for safety reasons
- Providing proper size equipment to help maintain success – such as throwing or shooting from a distance that allows for success

After noting these possible modifications, one should note how they apply to a specific activity. Modifications for kickball are now noted.

### ***Kickball vs. Alaskan Kickball***

Kickball is a very common activity played during recess. It is active and fun for some children; others stand in the outfield or in line waiting to kick the majority of the time. It is easy to see why these kinds of activities are not beneficial for individuals with ADHD because of the large amount of waiting time. One variation of Kickball to get children more active and eliminate some waiting time is Alaskan Kickball. This game is played by splitting the students into two groups. Then, the teacher should create a large circle out of poly spots starting with a red spot where the kicker will stand. Each person on the offense will stand in line on a poly spot behind the kicker. The pitcher will roll the ball to the kicker to kick with the defense spread out in the field. Once the kicker kicks the ball, he/she will run around the poly spot circle as quickly as possible with the rest of the offense following. Once the kicker passes the red poly spot again, they will yell “1!”. Everyone behind he/she will keep counting out loud as they pass the red poly spot (essentially scoring each time a team member passes the red spot). The defense is in charge of getting the ball. Everyone on the defense must run to wherever the ball was kicked to and get in a single file line. The first person in line will begin to pass the ball over their head down the line. When the last person in line gets the ball, they will yell “STOP!” signaling the offense to stop running around the circle. Offense and defense may be switched after a couple rounds (Panhandle Education Consortium, 2012).

### ***Conclusion***

The participation of a student with ADHD in recess can often be challenging and rewarding for both the student and teacher. The rewards can manifest themselves in the ability of the teacher to guarantee the safety of all students in an instructionally sound environment. This paper has hopefully addressed some basic concerns and solutions to improve the recess setting of students with ADHD.

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## *About the Authors*

**Dr. Matthew D. Lucas** earned his Ed.D. (2007) in adapted physical education with minors in special education and social foundations from the University of Virginia. He also received his M.Ed. (1996) in adapted physical education from the University of Virginia and B.S. (1994) from Longwood College (now Longwood University). Dr. Lucas spent ten years teaching adapted/general physical education in Fairfax County (VA) Schools after the completion of his M.Ed. He is currently a tenured Associate Professor of Health and Physical Education at Longwood University. Dr. Lucas has conducted a variety of presentations and published multiple articles in peer-reviewed journals. His publications have focused on modifying activities for children with disabilities in the recess and physical education setting.

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