

ATTENTION DEFICIT HYPERACTIVITY (ADHD) OR MISMATCHED LEARNING and WORKING STYLES?

Barbara Prashnig, Director of Creative Learning Centre in Auckland investigates whether such "disorders" like inattention, impulsiveness and hyperactivity are symptoms of a "new sickness" including learning disabilities, or if these problems are the result of mismatched Learning Styles from an early age on, continued and reinforced through years of unsuitable educational instructions in our school systems.

Before we can compare these two issues which seem to accept similar biological reasons for disruptive behaviour and learning disabilities (neurological and biochemical processes in the brain) it is necessary to give a definition for the jargon terms now widely used:

- **LD (Learning Disability)** a specific disorder in one or more of the basic psychological processes involved in understanding or using written or spoken language that is not the result of a sensory or motor handicap, mental retardation, emotional disturbance or environmental disadvantage.¹
- **ADD (Attention Deficit Disorder)** a disorder characterised primarily by inattention and high impulsiveness.
- **ADHD (Attention Deficit Hyperactivity Disorder)** has replaced what used to be called "hyperactivity" and includes a wide collection of symptoms with three main features: extreme distractability, an almost reckless impulsiveness, in many cases foot or finger-tapping, and the total inability to sit still. Although an intriguing project can absorb them for hours, "these are the kids no one wants at a birthday party" according to the Time magazine cover story.²
- **LS (Learning Style)** is the way human beings concentrate on, process and retain new and difficult information (Dunn & Dunn 1985).
- **WSA (Working Style)** is the unique way in which individuals respond to their immediate environment, prefer to take information in, work and concentrate (Dunn & Prashnig, 1994).

Given the years of research behind all these aspects and the huge amount of information available today, the following questions arise:

- why, up to 15 years ago no one had ever heard of ADHD although even famous people throughout history have displayed the above described behaviour? (e.g. Ben Franklin, W. Churchill, A. Einstein)
- and why is ADHD the most common behavioural disorder in American children today?
- why is it increasingly diagnosed in Australia and New Zealand too?
- why is this disorder three times more likely to be diagnosed in boys than in girls?
- why do people not grow out of this behaviour, only learn to cope later in life?
- why can LD and AD(H)D be found as a common feature in adults who either seek help for their relationship problems, violent behaviour and/or drug abuse or in adults who show criminal convictions from an early age on?
- have experts on AD(H)D and LD ever looked at different learning and working styles youngsters and adults display, particularly under stress and fear of failure?
- why don't we allow our children (or ourselves) to find out how they (we) can function best according to their (our) style and brain processing abilities?
- and could Learning and Working Styles be the missing connection between LD and AD(H)D and mismatched parental and educational treatment for children whose behaviour problems have nothing to do with lack of intelligence and seem to be more a cry for help?

Although this article cannot discuss these questions in detail, it is worthwhile to compare aspects of a growing problem and find new interpretations and possible solutions.

Are you interested in finding out whether ADHD could be a result of mismatched styles and misinterpreted behaviour? Please use the statements from the ADHD Rating Scale and compare your answers with different style elements from the Dunn & Dunn LS model to gain a new perspective.

¹ G Walker & S Shimmerlik (1994), Diagnosing LD and ADHD, Networker, May, June p.61

² C Wallis (1994), Life in Overdrive, Time Magazine, no 36, p.22-29

ATTENTION DEFICIT HYPERACTIVITY (ADHD) or MISMATCHED LEARNING and WORKING STYLES? cont'd

LD & ADHD Diagnosis	Global/Holistic Learning Style Features
1. Often fidgets or squirms in seat	1. Needs mobility, highly kinesthetic
2. Has difficult remaining seated	2. Needs mobility, highly kinesthetic
3. Is easily distracted	3. "Scatterbrain", fluctuating persistence, externally motivated, short attention span
4. Has difficulty awaiting turn in group	4. Impulsive thinking style, impulsive behaviour
5. Often blurts out answers to questions	5. Typical global, impulsive, right brain processing
6. Has difficulty following instructions	6. Non-sequential, random brain processing style, low auditory preferences in information intake.
7. Has difficulty sustaining attention to tasks	7. Globally/holistically persistent, works in bursts, externally motivated
8. Often shifts from one uncompleted activity to another	8. Multi-task oriented, non-analytical style, needs variety and is easily bored with just one activity at a time
9. Has difficulty playing quietly	9. Needs/prefers noise and sound in combination with movement and physical activity during play time
10. Often talks excessively	10. Peer/group oriented style, needs social interaction
11. Often interrupts or intrudes on others	11. Impulsive brain processing style combined with low responsibility and high nonconformity
12. Often does not seem to listen	12. Low auditory preferences in information intake, needs hands-on instructions, overview and experimental learning
13. Often loses things necessary for tasks	13. "Scatterbrain" , multiple interests, global/right brain processing with little attention to details
14. Often engages in physically dangerous activities without considering consequences	14. High kinesthetic/tactile preferences combined with high need for mobility, low responsibility, high nonconformity and creative, right brain processing, resulting in risk-taking behaviour

If 8 or more of the above statements accurately describe your child or yourself as a child before age 7, there may be a reason to suspect ADHD according to the Time magazine article:

Interpreting a child's (or adult's) behaviour through LST preferences casts a different light on situations, particularly those which have the potential of getting out of hand easily.

Instead of analysing what does not work and picking on undesired behaviours it would be more helpful to look at all the (even minute) positive aspects of someone's abilities and focusing on matching instructions to the child's style, needs and brain abilities.

International research has shown that mismatched styles of children and their parents or teachers over extended periods of time lead to underachievement, LD, low self esteem, false beliefs about mental abilities, behaviour problems and possibly disorders now called ADHD. However, if parents and teachers gained more knowledge about their children's and students' learning

styles by assessing them with a reliable instrument, much of the guesswork and most of the trial and error techniques could be avoided.

Based on their personal learning style profile describing their true needs in any learning process, everyone could learn to understand the combination of style elements and what kind of instruction or interaction would be most beneficial for desired behavioural changes and facilitating successful learning processes.

The key seems to be focusing on the positive and re-considering the negative as well as allowing youngsters more choices which also puts the responsibility for learning and behaviour back on to them. If you have a child that has been diagnosed AD(H)D and you are interested in finding out whether the disorder could be a result of mismatched styles, we offer a [free](#) LSA assessment. To obtain this free LSA profile, please send your child's AD(H)D diagnosis to.

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