

ADHD In Ontario Education

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Inequity for Students with ADHD Across Ontario

The Ministry of Education and school boards across Ontario have made it clear that, despite decades of research proving otherwise, they do not view ADHD as a disability that seriously impacts learning and achievement.

While the Ministry states that, “The categories are designed to address a wide range of conditions that may affect a student’s ability to learn and that the inclusion of some medical conditions in the definitions is not intended to exclude students with other medical conditions”, in reality, students with ADHD in Ontario experience great inequity and explicit discrimination due to the exclusion of ADHD in the categories of exceptionality. Students with similar impairments may receive an IPRC, may receive an IEP, or be denied an IEP.

An IPRC designation:

- makes an IEP a legal must;
- allows a student’s disability to be considered prior to discipline;
- makes a transition plan to post-secondary a must;
- gives parents a base on which to advocate for their child’s needs;
- results in the inclusion of identified disabilities in research on important educational and well-being outcomes; and
- results in widespread training of staff.

The Memorandum of December 2011 is not being implemented consistently.

- Some school boards have taken heed of the memorandum of Dec 11th 2011 and have included ADHD in the LD category in their special education guidelines.
- Other school boards, stating that this was “clarified” with the Ministry, released a statement declaring that students with ADHD must still meet the diagnostic criteria for a Learning Disability to be IPRCed.
- Some offer IEP’s without an IPRC and others refuse an IEP stating that ADHD does not qualify a student for an IEP because it is not included in a category of exceptionality.
- There is a current push at one of Ontario’s largest school boards to not provide IEPs to young students who have not been identified as exceptional students, even though we know that early intervention is essential for those with neurodevelopmental disorders.
- Other school boards have created a policy that removes a student’s IEP and substitutes it with an accommodation plan when they enter high school. This board states that students who do not meet the Ministry’s criteria of an exceptional learner should not have their needs met under special education. However, this board still requests parents to apply for these accommodations and provide medical documentation.
- The Education Act states that it is the Ministry’s responsibility “to define exceptionalities of pupils and to prescribe classes, groups or categories of exceptional pupils and to

require the use of these definitions by school boards,” therefore, it is the Ministry’s responsibility to ensure that students with ADHD are included among Autism and Learning Disabilities, as a neurodevelopmental disability that impacts learning, as described in the memorandum.

The lack of recognition of ADHD in a category has led to a lack of recognition of ADHD as a significant learning risk by educators and decision makers. This has resulted in:

- a lack of educator training on the learning impairments caused by ADHD and the appropriate teaching strategies and classroom accommodations that should be implemented;
- a lack of training on the self-regulation impairments caused by ADHD and the necessity to take these into consideration prior to negative interaction and discipline occurring;
- the Ontario Ministry not addressing ADHD as they have other neurodevelopmental disorders.

For example:

- ASD policies and a pilot program has been developed along with and an abundance of ASD information on Ministry’s web site.
- EduGAINS has entire information sections on ASD and LDs, but nothing on ADHD.
- The only sample IEPs in EduGAINS that include ADHD are identified under the Behaviour Category, despite the fact that, like Autism, ADHD is a neurodevelopmental disorder, **not** a behavioural disorder, which can contribute to challenging behaviours. This contributes to a fundamental misunderstanding among educators about what ADHD is, and further undermines the memorandum’s message. To classify behaviours resulting from one neurodevelopmental disability (i.e., ADHD) incorrectly as “behavioural,” while ensuring that this is not done for behaviours resulting from another neurodevelopmental disability (i.e., Autism) is discrimination on the basis of disability. If these two sample IEPs have been placed under the behaviour category due to the fact that ODD and OCD are also present this also undermines the memorandum.
- ADHD has not had a voice on any SEAC’s until recently and has no voice on MACSE or any other Ministry committees.

Summary

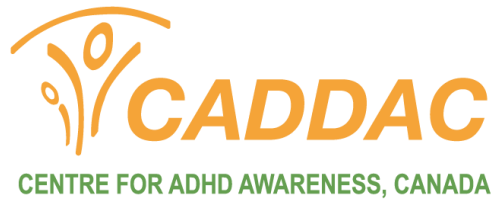
Ontario is one of the only provinces that does not include ADHD in their categories of exceptionality. This was promised by [Christine Elliott in May of 2018](#). The Ministry has also failed to ensure that the 2011 memorandum has been consistently followed by school boards, thereby explicitly discriminating against students with ADHD.

Asks of the Ontario Ministry of Education

CADDAC asks that ADHD be explicitly included in the Communications Category, and/or that the Communications Category be changed to the Neurodevelopmental Disorder category, thereby allowing for the inclusion of all neurodevelopmental disorders.

Follow-up

CADDAC will be reporting back to students living with ADHD and their families on how the Ontario government plans to ensure that ADHD is recognized as a serious risk to learning, on par with Autism and Learning Disabilities, and how the Ministry will ensure that students with ADHD receive equitable rights to special education services.



ADHD in Education Key Messages

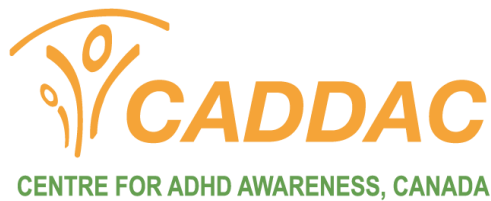
- Attention Deficit Hyperactivity Disorder (ADHD) is the most common childhood neurodevelopmental disorder, affecting more than 100,000 elementary and high school Ontario students – 1 to 3 in every classroom. Incident rates of ADHD are higher than Autism and Learning Disabilities.
- Scientific research informs us that ADHD impairs attention, cognition and self-regulation and is a significant risk to learning. However, ADHD does not decrease intelligence.
- With appropriate teaching tools and classroom accommodations students with ADHD can meet their potential, going onto post-secondary learning and careers of their choice.

Why ADHD Needs to be Recognized as a Serious Learning Risk

- lower academic achievement
- 8 to 10% reduced literacy and numeracy rates
- 40% drop out rates
- fewer years of post-secondary education
- additional mental health disorders such as anxiety, depression and substance abuse
- increased risk of involvement in the justice system, 10 times greater for youth

ADHD in Ontario Schools Key Messages

- In Ontario, students with ADHD, unlike students with Autism or Learning Disabilities (also neurodevelopmental disorders), remain unidentified as exceptional learners, or students with a disability. This is discriminatory.
- Although the Ministry of Education states that students with ADHD may be identified under any of the existing five categories of exceptionality, the vast majority of school boards are refusing to do so, using the category definitions, as written by the Ministry, to exclude students with ADHD, with the Ministry's blessing.
- In Ontario, students with ADHD are punished for their medical impairments. Without being identified as students with a medical disability, their impairments go unrecognised as potential mitigating factors when discipline is considered.
- Because ADHD is not officially recognised as a learning risk, most educators in Ontario lack knowledge and understanding of this disorder. They misinterpret medical symptoms as laziness, lack of intelligence and motivation, or just plain bad behaviour. They interact with these students according to these views, damaging their self-esteem and mental well-being. Since educators receive only superficial training, an hour at best, on the impact of ADHD on learning they also remain untrained in effective, research based, relatively easy to implement, teaching strategies and accommodations.



ADHD in Ontario Schools

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Introduction to ADHD as a Neurodevelopmental Disorder

ADHD is a neurodevelopmental disorder affecting a minimum of 5% of students in Ontario. Children with symptoms of ADHD have been identified as early as the 1902, with descriptions of children with normal intelligence, but abnormal behavioural control.

Since that time, thousands of studies have been carried out, and the medical community has come to a general consensus on a number of issues:

- It is highly genetic – in fact, it is as heritable as height.
- It is a neurodevelopmental disorder – i.e. there are a number of brain abnormalities that are consistently found, including differences in structure (e.g. smaller brain regions; see Hoogman et al., 2017), and function (e.g. neural activation patterns; see Rooij et al., 2015). Abnormalities have been found in parts of the brain involved in a number of important neurological processes, such as impulse and attention control, motor activity, emotion regulation, as well as memory and learning (Hoogman et al., 2017).
- ADHD is a serious, often life-long disorder that is associated with adverse outcomes in physical, mental, academic, occupational, and social domains. For example, ADHD is associated with increased rates of physical injuries, accidents, obesity, academic underachievement, school drop-out, and lower occupational attainment (Nigg, 2015; Sciberras et al., 2012), as well as mood, anxiety and conduct disorders, addiction, suicide, self-injury, and eating disorders (Hinshaw et al., 2012; Sciberras et al., 2012). A large, national study recently found that people with ADHD also have a greater than two-fold risk of early death (Dalsgaard et al., 2015).
- ADHD can be conceptualized as a disorder of executive functioning and self-regulation (Barkley, 2012). Executive functioning is a term that refers to a number of critical cognitive processes required to coordinate complex, goal-directed behaviour. These processes include inhibition, emotion regulation, attentional control, planning, organization, motivation, task initiation and completion, and so forth. These processes are critical to learning, self-regulation, and behaviour control.
- There is an overlap of approximately 45% between learning disabilities (LD) and ADHD (see review by DuPaul et al., 2013); approximately 44% of children with LD have ADHD, and when writing disorders are included, rates of LD among children with ADHD can range from 59-65%.
- International experts on ADHD have explicitly stated that “failure to identify and treat ADHD

in a timely manner might worsen the course of the disorder and increase the risk to enter one of the pathways to premature death” (Faraone, 2015).

The plight of students with ADHD in Ontario Schools

Students with ADHD have a serious neurodevelopmental disability that impacts most, if not all, aspects of their lives. Every day they need to work incredibly hard just to *try* to meet expectations that require very little effort for most of their peers (e.g. listening to their teacher, following instructions and routines, printing, working in a group, getting along with peers, acquiring basic literacy and numeracy skills, etc.). Despite their best efforts, they often fail to meet expectations each and every day. However, perhaps the cruelest part of this disorder is that fact that they are routinely blamed, criticized, judged, punished, and ostracized for their failures, because school staff do not understand the link between the underlying neurological impairments inherent to this disorder, and the overt manifestations of those impairments.

The failure of teachers and administrative school staff to understand the link between the underlying neurological impairments of ADHD, and the impact of those impairments on behaviour, academic performance, and social skills, has implications for the protection of the rights of students with ADHD, as students with disabilities. For instance, although there is evidence directly linking brain abnormalities in ADHD to impulsivity (i.e. impaired inhibition of impulses), children with ADHD are routinely suspended for impulsive behaviour. The fact that these behaviours arise from their identified disabilities is routinely denied, therefore schools repeatedly fail to protect them from being punished for these manifestations of their disability, as mandated in the Ontario Human Rights Commission’s Guidelines on Accessible Education (Ontario Human Rights Commission, 2004). Moreover, “identified disabilities” refers to disabilities identified in a student’s Individual Education Plan (IEP), but since many of these students are not recognized as exceptional learners, there is no legal requirement for them to have an IEP, effectively stripping ADHD students of these intended protections. Furthermore, if a student with ADHD does have an IEP, their disability may not be identified on it, due to the widespread lack of understanding of the relevance of ADHD to learning.

The long-term impact of being chronically misunderstood, punished, and ostracised for symptoms ADHD students have no control over is, unfortunately, widely overlooked. However, it is common to hear these students describe giving up, becoming depressed, and feeling isolated and disliked by teachers, staff and peers alike. For some, this happens early, and a cycle of maladaptive responding and aggression quickly ensues. For others, it takes longer and the negative impacts only become apparent later, often in adolescence. Either way, the fact that these children so often experience poor outcomes should not be surprising. These are circumstances that would be seriously challenge anyone, young or old, and would be expected to contribute to symptoms of anxiety, depression, aggression/oppositionality, and even trauma or learned helplessness in some individuals. It is logical that some students with ADHD will seek the companionship of other students who have been similarly rejected, thereby increasing their risk of engaging in risky and delinquent behaviours. It also makes sense that some vulnerable

students give up their efforts to succeed at school or get along in society, because no matter how hard they try to meet expectations, they continue to be judged, rejected and/or punished.

Ontario Educators Lack Knowledge on ADHD

Unfortunately, despite the fact that ADHD is associated with significant impairments in learning, achievement, behaviour, and other areas of functioning that are critical to school success, most teachers and school staff appear to know little about this neurodevelopmental disorder. Worse yet, misconceptions about ADHD are highly prevalent in schools throughout Ontario. Many educators do not understand the neurodevelopmental nature of ADHD, how its symptoms manifest in the school setting, or how symptoms impact learning, behaviour, and social relationships. This lack of knowledge leads to serious misperceptions of students with ADHD, who are frequently labelled as lazy, unmotivated, slow, oppositional, disrespectful, undisciplined, and so forth. These inaccurate characterizations, in turn, lead to reduced access to appropriate supports, routine use of punishment, and increased conflict and hostility in student-staff relationships. These misperceptions also directly contribute to the frequent exclusion of these disabled students from recess, sports teams, clubs, school trips, and peer groups; valuable class time is lost through the overuse of office referrals, suspensions, and expulsions.

Furthermore, medication often has not been found to have a significant impact on long-term achievement outcomes for students with ADHD, while teacher modifications of instructional practices and behavioural management have been found to improve literacy outcomes (Tannock, 2007). In fact, teachers' knowledge is so critical that international experts in ADHD and learning, including Dr. Rosemary Tannock, have explicitly stated that all levels of teacher training should incorporate the latest scientific evidence on ADHD and advances in educational intervention. Unfortunately, this has not yet happened, and it cannot happen without Ministry support.

The Role of the Ontario Ministry of Education

Failure to recognize the impact of the cognitive and learning deficits associated with ADHD on students' learning and achievement contributes to poor, long-term academic outcomes for many students with ADHD. Unfortunately, the Ministry of Education and school boards across Ontario have made it clear that, despite decades of research proving otherwise, they do not view ADHD as a disability that seriously impacts learning and achievement; they do not consider students with ADHD to be exceptional learners. Moreover, since ADHD is not included in any category of exceptionality, there is no onus on school boards to dedicate any time or resources to ensuring that teachers and school staff receive adequate training in identifying and supporting students with the disorder. This is extremely regrettable, given that research has demonstrated that teachers play a critical role in a number of academic, health, and behavioural outcomes for students with ADHD (Sherman et al., 2008). In fact, teacher knowledge and experience with ADHD, as well as teacher characteristics such as teaching style,

patience, communication style, and tolerance of behaviours, have been found to influence ADHD students' task performance, ADHD symptoms, self-esteem, and social outcomes.

The unwillingness of the Ministry to explicitly recognize students with ADHD as exceptional students has created a climate in which ADHD is discounted as a serious risk to learning and the acquisition of self-regulation and social skills. This has led to a dearth of training opportunities for educators on ADHD. This has also led to a situation in Ontario schools where students with ADHD are routinely discriminated against. For instance, like ADHD, Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that is associated with a wide range of impairments, in areas such as self-regulation and social skills. However, unlike ADHD, ASD is included in the same category of exceptionality (i.e. Communication) as are learning disabilities.

In Conclusion

ADHD is a serious neurodevelopmental disorder that is associated with adverse outcomes in physical, psychological, academic, occupational, and social domains, including increased risk of premature death. Decades of research have clearly demonstrated that ADHD has a significant impact on learning, academic achievement and school adjustment. As such, it is critical that teachers and other school staff receive appropriate training to ensure that they have a solid understanding of ADHD, including its symptoms and underlying neurological impairments. Teachers also need to know which instructional strategies and supports will help students with this disorder experience school success.

The role of the Ministry is critical in ensuring that this happens. For instance, the Ministry can make changes that will allow students with ADHD to be identified as exceptional students (e.g. by including them with LD and ASD students, possibly under a new category such as “neurodevelopmental disorders”). This would place the onus on school boards to dedicate adequate time and resources to ensuring that teachers and school staff have a working knowledge of ADHD, including how to identify and support students with the disorder. The Ministry can also support requirements for all levels of teacher training to incorporate the latest scientific evidence on ADHD and advances in educational interventions for these students. By facilitating these critical changes in the treatment of students with ADHD, the Ministry can help ensure that they have the supports they need to be successful, increasing positive outcomes for over 100,000 students in Ontario¹.

¹ Figure extrapolated from Ontario enrolment in 2015-2016, and ADHD prevalence rates.

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