

## PREFACE

Attention deficit hyperactivity disorder (ADHD) is a complex and puzzling disability. Although it has been widely studied and discussed, we still do not have a good grasp of how it operates or how to best approach ADHD as interventionists. It is also controversial, and, as such, is frequently the subject of litigation and civil rights hearings. Attention deficit hyperactivity disorder is repeatedly mentioned as one of the emerging problems requiring attention in the public schools. Based on my experience, I believe that the interest and controversy surrounding ADHD is primarily a result of how little we understand it and how tentative we are in providing services to children and adults identified as ADHD. In discussing ADHD with speech-language pathologists, teachers, and parents, I am constantly struck by both the interest and trepidation that the condition inspires. Clearly, both the parents of children with ADHD and the professionals working with them recognize that more frequent and effective services have to be provided. The question, of course, is how can we best provide those services. In this issue of *Seminars*, some initial direction is provided.

The previous issue of *Seminars in Speech and Language* initiated a two-issue study of ADHD. In the first issue, ADHD was addressed from a foundational perspective. Articles focused on such conceptual matters as the evolution of ADHD as a disability category and various foundational facets of this condition. Although all of the articles presented useful information for the practicing speech-language pathologist, only a few

were directly related to service delivery. In this second issue, however, the focus is entirely on provision of services to students exhibiting ADHD.

In this issue, we are fortunate to have authors who provide us with innovative approaches to service delivery. In the first article, Damico, Augustine, and Hayes set the scene for the rest of the issue. They discuss ADHD as a disability construct and explain why this construct is not particularly effective from an educational/remedial orientation. More importantly, however, they propose an alternative service delivery model that can better meet the needs of clinicians in schools.

Then, Sandy Damico and Mary Beth Armstrong build upon an innovative service delivery model and provide an overview of various educational and clinical interventions that may be employed with ADHD students. As an overview piece, this article provides a great amount of data to the journal's readership. Next, Maag and Reid, two of the most innovative young clinical researchers studying ADHD, provide a detailed assessment and intervention model. Their emphasis is on a functional approach designed to "make things happen" in the educational context, and these authors describe and illustrate how to apply a functional and multidimensional approach to assessment and intervention. This article and the subsequent one by Norris and Hoffman expand on the discussions of the first two articles so that clinicians can both develop a valuable set of schemata and learn about specific techniques and strategies.

Norris and Hoffman continue with detailed illustrations of what is possible in the fourth article. Adapting their Situational-Discourse-Semantic model, they provide tangible examples of how interactional strategies can play to the strengths of children with ADHD. Their examples with a young ADHD child will be highly beneficial to practitioners. Finally, Reid, Hertzog, and Snyder address the needs and concerns of parents of ADHD children. By discussing results strikingly similar to the work reported by Damico and Augustine in the last *Seminars* issue, they expand and extend into areas that the earlier piece did not. After reading this article, the speech-language pathologist should have a much better

understanding of these parents and be better able to anticipate and preempt their problems.

It is my hope that readers of *Seminars in Speech and Language* will respond positively to the innovative ideas contained in this issue. Practicing clinicians and active researchers extremely interested in how to best serve the needs of children with ADHD have provided excellent discussions and examples. As with the last issue of *Seminars*, one should come away from this issue with a deeper and more practical understanding of ADHD.

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Guest Editor