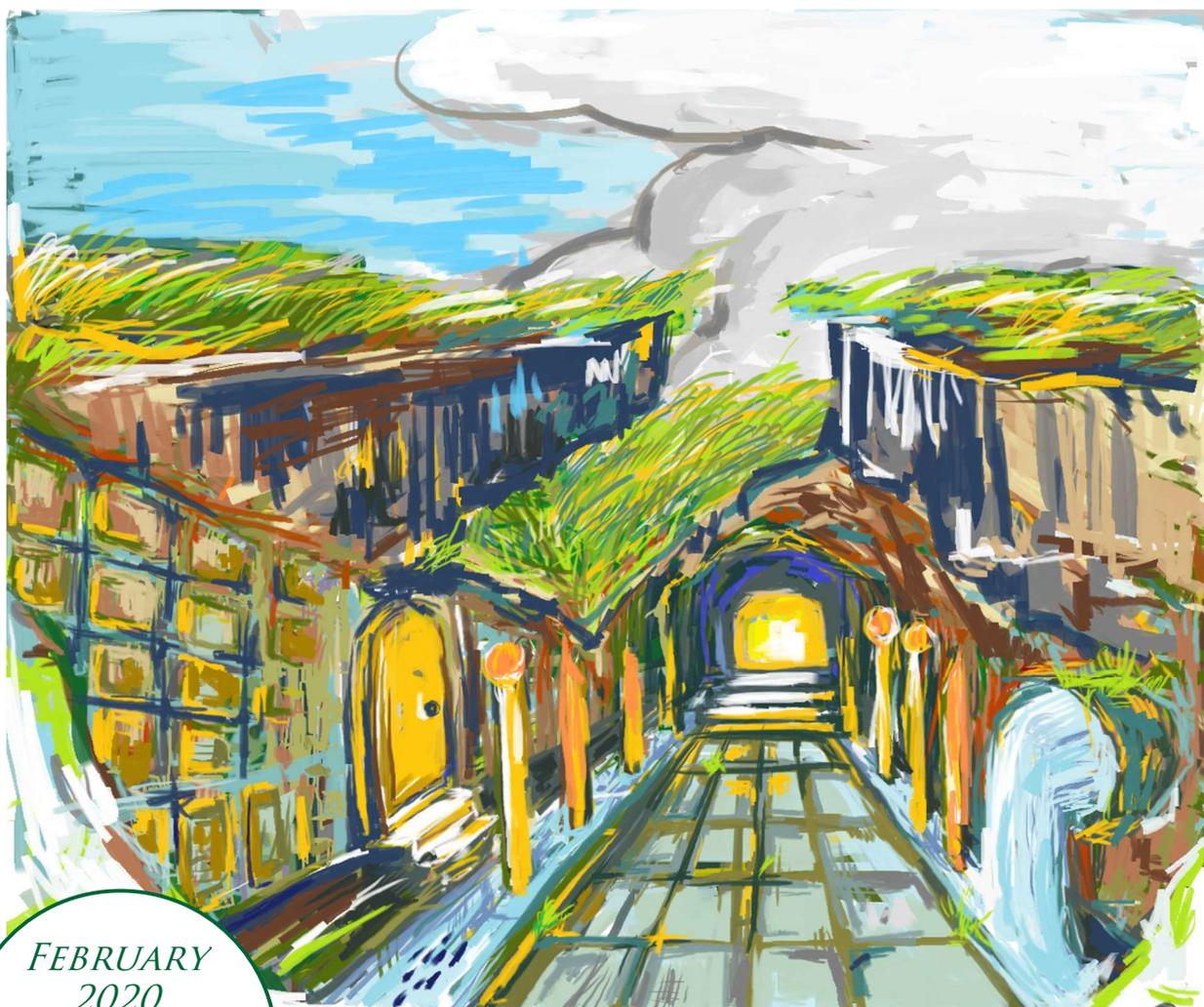


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[THE UNDERGROUND]

ORIGINAL ARTICLE

Attention Deficit Hyperactivity Disorder (ADHD) in the Foreign Language Classroom: A Case Study of a Japanese University Student

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<Key-words>

Attention deficit hyperactivity disorder, case study, anxiety, comorbidity, foreign language classroom

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ABSTRACT

This paper discusses the experiences of an English language major at a Japanese university who has been diagnosed with Attention Deficit Hyperactivity Disorder. The paper aims to highlight the difficulties the student faces and how the university and faculty are supporting the student. It also aims to further understanding of ADHD on the part of faculty and offers some advice as to how support can be further developed to lessen the impact of the difficulties that students diagnosed with ADHD experience at university.

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I . Introduction

Attention Deficit Hyperactivity Disorder or ADHD is well-known within society in general, and in educational circles in particular. It is not a recent phenomena and physicians have noted symptoms associated with ADHD since the 1700's and Connors (2015) gives a detailed account of this. The following symptoms are most commonly associated with ADHD; inability to pay attention, unable to sit still or constantly on the move, and while they are prevalent and easy to notice in children, they do diminish with age. As children grow older they tend not to be as active when they become young adults. In fact, there is a tendency to assume that children outgrow the difficulties associated with ADHD (Weyandt & DuPaul, 2012), however, this is not always the case. Many adults develop coping strategies and skills, but the symptoms of ADHD do not simply disappear. It has been found that most children diagnosed with ADHD continue to display symptoms of ADHD as they grow into adulthood, but the symptoms are not as overt and become more internalized, with greater mental restlessness coming to the fore. In fact, Green and Rabiner (2012) cite longitudinal studies (Resnick, 2005) that indicate a half to one third of children have symptoms that persist into adulthood. Of course, such symptoms persisting into adulthood can impact adversely on the young adult's academic, social and career projections. Thereby, highlighting the need for academics to understand the implications for students and try to be proactive in their teaching.

II . Definition and Prevalence of ADHD

1. Definition of ADHD

ADHD is a developmental disorder that has as core symptoms behavioral characteristics of inattention, hyperactivity and impulsivity which are inappropriate when compared to peers (American Psychiatric Association, 2000). There are a number of subtypes of ADHD: ADHD combined type, ADHD predominantly inattentive type and ADHD predominantly hyperactive-impulsive type. Not only are there subtypes of ADHD, there is also a high incidence of comorbidity, with Young and Bramham (2012) suggesting that up to two thirds of children exhibit one or more comorbid conditions such as anxiety, depression, tic disorders, and autistic spectrum disorders. There is a strong comorbidity with conduct disorder and oppositional defiant disorder (Fayyad & Kessler, 2015).

2. Prevalence of ADHD

Weyandt and DuPaul (2013) report that the prevalence of ADHD in children is 3-7% and 2-5% in the adult population (APA; Simon, Czobor, Balian, et al., 2009). In addition, there is a higher rate of diagnosis among boys than girls. However, this paper focuses on the experiences of a university student and therefore the issue of ADHD prevalence among university students will be addressed. Green and Rabiner (2012) report that at

least 25% of college students in the United States with disabilities are diagnosed with ADHD. They introduce a number of studies (Weyandt, Linterman & Rice, 1995; DuPaul, Schaughency, Weyandt, et al., 2001; McKee, 2008; Murphy & Barkley, 1996; Lee, Oakland, Jackson, et al., 2008) which estimate that between 2 and 8% of college students in the U.S. have ADHD. “However, they did not assess the additional criteria of age of onset required for ADHD diagnoses and therefore true prevalence estimates were not obtained (Green & Rabiner, 2012: p.560).” Therefore, probably a more exact figure for the prevalence of ADHD in the U.S. colleges and universities is the 5% (6.4% for men and 3.8% for women) as quoted in the “American Freshman: National Norms 2010 (Pryor, Hurtado, DeAngelo, et al., 2011)”. While figures for students at universities in Japan are unavailable it would not be inconceivable, to suggest that the percentages may be similar to those percentages estimated in other countries. Figures available in Japan do not refer solely to ADHD numbers but rather to a large array of learning disabilities (LD). The number of students diagnosed with an LD in compulsory education attending regular classes as of May 2014 was 84,000(NISE, 2016). This number corresponds to 0.82% of the 10 million students in compulsory education. However, as the number of students who go on to enroll in university is quite high in Japan and therefore the number of students diagnosed with ADHD attending university could realistically be as high as, if not higher than, those estimates of prevalence in the U.S. and other countries. However, lack of exact numbers can only lead to speculation on my part and would neither prove useful or informative at this juncture. Of more importance are the real experiences of a young man diagnosed with ADHD and attending university in Japan. This young man, whom shall be referred to as “Student A”, came to my attention when he attended one of my classes. He agreed to talk about his experiences which were recorded during a number of interviews with him.

III. Method

Student A agreed to partake in a number of interviews that would focus on his learning experiences as an ADHD diagnosed learner. Two interviews took place and they were primarily conducted in Japanese. The interviews were semi-structured in that core questions were asked, while any answers that needed clarification or raised different points led to non-scripted questions being asked. The interviews were 40 minutes and 50 minutes in length, respectively. The interviews were recorded and then transcribed later. Student A was then sent the transcription of both interviews to ensure the veracity of the transcription and also to allow him the opportunity to reflect on his answers and if he so wished, to decide on non-inclusion of anything which he did not think was necessary or anything, upon reflection, which he did not want included or referred to. Student A agreed with the accuracy of the transcripts and did not stipulate any changes or corrections should be made to them. The transcripts highlight a number of issues that are pertinent to the university teacher, and indeed, the student himself.

IV. Case Study

1. Basic student information

(1) Case Study – “Student A”

Student A comes from a provincial area in the southern part of Japan. He is the eldest of two boys and lived with his mother, father and younger brother prior to attending university. He is an English language major at a Japanese university and he now lives on his own. He is a respectful young man who seems quite confident in the classroom answering questions. He has a good level of English and can engage on any number of topics in a knowledgeable fashion. Student A was diagnosed as having ADHD in the first year of junior high school. His diagnosis came as a result of the following; he had no real social skills, often shouting out in class or suddenly starting to sing in class. He did not obey the teacher well and was quite hostile towards others at that time. He also did not understand exactly what the teacher wanted, that is, he could not follow the teacher's instructions. This was the same at elementary school. The elementary school teachers would often scold him and request that his parents discipline him, while his father would make a similar request of the teachers. He feels the teachers did not understand why he was like this and they, in turn, blamed his upbringing.

(2) Screening

The actual initial screening for ADHD only came about because he himself investigated the possibility that he may have a learning disability (LD). He says he realized in the 5th grade of elementary school that he had some disability. In answer to why he felt like this, he responded that he had no real problems with study but that he did not communicate well with others around him and that he had problems with those around him. Also, there was another child in the class who had a LD and this child was similar in personality to student A so he thought that perhaps he was also like this child. This led to student A researching the subject himself and after reading some books on the issue he approached his parents. His mother was supportive while his father strongly disagreed and would not accept that his child could have a LD of any sort. His mother persuaded his father to acquiesce to a screening and this took place in first grade of junior high school. He underwent screening at a support center and then was diagnosed two months later at a local hospital. Student A felt relief with this diagnosis as he now understood that he personally was not at fault but rather that ADHD was the cause.

3. School Life After Diagnosis

(1) School Life After Diagnosis

Student A did not inform his homeroom teacher of his diagnosis. His father did not want him to tell anyone as there was some shame attached to the fact that he would have a “disabled child”. During junior high school he told no-one, however, in high school he informed his teachers but he feels that due to a lack of knowledge about LD he received

no support. Student A spent most of his time sleeping in high school and was often scolded for doing so. Though teachers were aware he had been diagnosed with ADHD he received no support. And while student A readily admits many of his peers would also take the time to sleep in class the reasons for doing so were different. He slept because his head felt dull while he feels his classmates slept because the class was boring or the teacher's voice would send them to sleep.

(2) Getting into University

Student A belonged to the music club and spent a lot of time practicing, usually every weekday from 4p.m. to 7p.m. and on weekends from 9a.m. to 5p.m. on both Saturday and Sunday. Naturally, this did not leave much time for study. He struggled with mathematics 7 and physics but did quite well at English and Japanese. In his final year in high school he focused solely on English, Japanese and Modern Society as his subjects. He continued to sleep a lot in class and at home. So, he would memorize word lists while walking to and from school. He did attend cram school for a short time but quit after about a month because he slept while there also. Also, he found that he could not concentrate while seated at a desk for a long time. He could concentrate for about five minutes at a time, but only if he had an interest in the subject. Student A prepared for the entrance exam by doing past papers for the National Center Test for University Admissions – there were a lot of multiple choice questions and he prepared well. Also, the university he entered only required him to take English, Japanese and another subject, so he chose Modern Society as he was already taking these subjects in high school. His results on the National Center Test for University Admissions were good but his second-round results were not very good. However, he secured a place to study English.

(3) Reflection on High School Days

A number of issues come to the fore when reflecting upon student A's high school days. First, there is a clear inability to remain attentive for any length of time. This has been exacerbated by a complete lack of teacher empathy regarding his situation. There has been no attempt to provide any reasonable accommodation, despite knowing of his diagnosis. Second, excessive sleeping is also an issue. Third, student A seems to be struggling socially. In many cases, there is a structure and support available to students when they attend junior and senior high school. This support can simply be in the fact that there is a routine provided. For example, every day he had band practice, and this provided routine. Also, his parents would have provided routine at home through reminding him to do what needed to be done. However, once a student with ADHD progresses to university the demands placed on them academically and socially increases and the parental input or support is no longer available to them as it once was. Green and Rabiner (2012) also mention that time management skills and organizational skills are likely to cause ADHD students to struggle and the absence of parental support can only compound these matters. And this does seem to be the case for Student A.

4. University Challenges

(1) University Life

In the first semester at university, student A felt he tried quite hard but his GPA score was not very good, as he did not submit assignments. Student A attributes his inability to submit assignments to having a low sense of urgency regarding the assignments. He knows he should do them, however he often finds that his attention is taken by something else, for example, his phone or playing games. In addition, school is quite stressful and tiring for him so when he returns home he is just tired. In fact, just going to school causes stress, not because he does not have his homework done but rather the other students cause him to become stressed. He has a fear of interacting with others. He says he does not want to speak to or be spoken to by others, in addition, he feels that others are thinking badly of him and although he knows that this probably is not the case he cannot help feeling this way. So, student A was already on a downward spiral regarding school and this is even before he had actually attended a class.

(2) Professor Attitude and Self-Advocating

As mentioned previously, student A failed a number of classes in both the first and second semesters of university, in particular he dropped eight credits in total in the second semester. Predictably, student A failed those classes in which he had to submit reports and assignments. When asked if the professors had sought him out to inquire about non-submission, he replied that they had not. When asked if he thought that they should have done so he replied that the class sizes were quite large, over a hundred students and therefore the professor perhaps did not have the resources to deal with his case specifically. However, the Student Support Center does inform professors if there are any students who have a Specific Learning Disorder (SpLD) or any other condition, which may require some accommodation or “consideration” (exact wording in the letter) on the part of the professor. The school education law was revised to take into account ADHD and that students diagnosed with this neurological disorder need to have support in their learning. In particular, the term “reasonable accommodation” is specifically referred to in the latest amendments to the Basic Act for Persons with Disabilities and the Act in the Elimination of Discrimination against Persons with Disabilities (Doyle & Yukimaru, 2015). Therefore, professors do have a legal duty to ensure that the needs of any student presenting with any disability that requires “reasonable accommodation” are met. The professors in this case should have contacted student A directly to inquire as to why he had missed the deadlines and if he needed an extension on the deadline to complete the required assignments or reports. Similarly, the professors should have contacted student A directly at the beginning of the semester to inquire about his needs. Failure to acknowledge that there is a student diagnosed with an SpLD in the classroom may be indicative of a wider problem within the academic world. The lack of any action on the part of such professors, whether intentional or unintentional, brings the issue of professor shortcomings regarding provision of support to the fore. Vance and Weyandt

(2008) investigated professor perceptions of college students with ADHD and they found that surprisingly 25% of faculty agreed they should not accept alternative assignments or provide copies of lecture notes to students with ADHD and 12.3% of faculty also agreed that students diagnosed with ADHD should not be afforded special accommodations in the classroom. Though the study took place in the United States, its real relevance may stem from the fact that ADHD is a common disability in the US and is afforded mention under the American Disabilities Act. Yet, professor attitude towards ADHD is still somewhat uninformed or reminiscent of attitudes from a different era. Perhaps student A should have been more proactive in approaching the professors directly at the beginning of the semester and making it known who he was and why he was approaching the professor. In this regard, self-advocacy on the part of student A is to be recommended and perhaps the university should do more to encourage students to take this course of action. ADHD coaches could be assigned to the students with ADHD and they could promote self-advocacy on the part of the student, while student support services could promote greater awareness and understanding among faculty through faculty development programs.

5. Support at University

(1) Support Provided

Student A received quite a lot of support from professors in his department. The type of practical support he received from his instructors is noted in the following table:

Table 1 Types of support received by student A

Class	Type of Accommodation Provided
Writing Class Presentation Class General English Classes Seminar	<ul style="list-style-type: none"> • Extension of deadlines • Helped student A develop mind maps to organize thoughts for written assignments • Professor made time for student A to work on assignments in the professors office • Checking if student A understood contents of work during class • Allowing student A to take breaks during the class • Allowing student A to give presentations in a different setting • Professor has set student A's access number of his smartphone at the beginning of the day and this means that he cannot waste time on the internet or play games during the day. At the end of the day student A returns to the professor to get the keypad unlocked.

Student A felt the professors in his own department were generally very supportive of him and above all, he felt he could approach them as they were understanding and willing to provide support. The above examples of support provided by professors have been helpful; in addition, the following types of external and internal strategies, adapted from Young, and Bramham (2012: p. 48,49), can be used to help with attention control.

Table 2 Suggested additional support for Student A

Class	Suggested Support
Writing Classes Speaking Classes Reading Classes Listening Classes Seminar	<ul style="list-style-type: none"> • When working in the computer, let the student listen to low level music without lyrics, as lyrics can interfere with thoughts and should be avoided • Avoid window seats as they can be distracting or seats facing a wall as it can cause restlessness. Facing into a room is better. If seating charts are used by the teachers, then this should be considered when making them • Use of bright colours to highlight important information on power points or hand-outs in order to attract attention is recommended • Using cue cards to keep the student on task. For example, prepare flash cards with messages such as ‘Focus!’ written on them • Take the students smartphone off them at the beginning of class as it can serve as a distraction

These are some practical examples of what can be done to improve student A’s attention during class and do not need a great deal of planning to implement. Interestingly, student A did not mention extra time for tests or completing tests in a distraction-free environment. This is of interest when we consider the results of one study that found 22 out of 68 students or 32% who had been diagnosed with ADHD requested these accommodations for foreign language classes at an American university (Sparks, Javorsky & Philips, 2004) This suggests that not all the students feel a need to request these accommodations and that they can complete their Foreign language credits quite ably. In fact, this study found that student academic skills of ADHD diagnosed students as represented through GPA were similar to the general student population.

(2) Anxiety

Student A has expressed difficulty in interacting with his peers, or anxiety when speaking in front of others as he feels they may think badly of him or what he is saying. Weyandt and Dupaul (2013) refer to research (Canu & Carlson, 2007; Doolong-Litfin & Rosen, 1997; Shaw-Zirt, Popali-Lehane, Chaplin, et al., 2005) that suggests students diagnosed with ADHD are more likely to report lower self-esteem compared to their peers. In fact, student A seems to become quite anxious about speaking in front of others and has expressed the feeling of “wanting to leave in the middle of something”. Therefore, as the professor in the room, it is important to be aware of the fact that what we may consider a trivial or routine task such as getting students to discuss a particular issue may cause extreme anxiety for the student.

To help us comprehend the thought process undertaken when faced with anxiety, perhaps the Thought bubble anxiety spiral (figure 1) below can be of value. Those of us who can successfully manage stress levels and in turn control our anxiety levels may be unable to understand the level of anxiety that student A may be feeling. On one occasion,

student A undertook to do a short battery of tests related to a different research project and he became extremely nervous and anxious when preparing to do them. This was in spite of the fact that the tests were of no particular value to him. They bore no relation whatsoever to his GPA score. In other words, they were of no intrinsic value, yet he had become quite anxious about them despite being repeatedly told they held no real significance for him. Therefore, professors simply being aware of how student A may be feeling, is an important step in the support process as it would demonstrate understanding on the part of the professor. Student A evaluated highly the professorial understanding demonstrated within his own department.

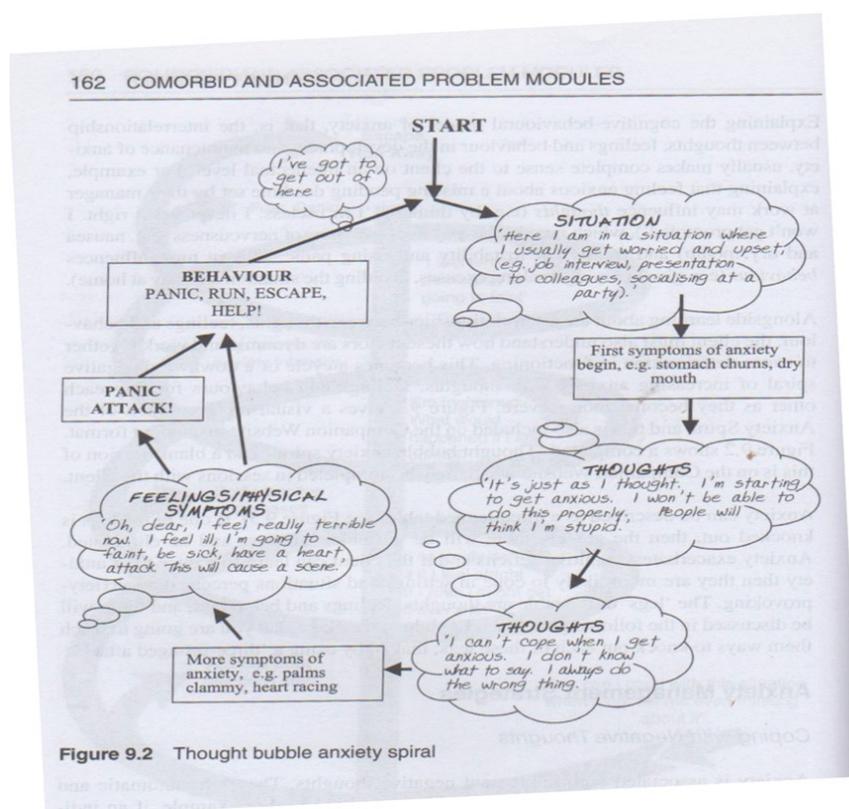


Figure 1 Thought bubble anxiety spiral Source(Young & Bramham, 2012; p.162)

(3) Teacher Support in Self-Regulating

Much research has been done on anxiety in the foreign language classroom (FLA) and its' detrimental effect on student learning. FLA has been referred to as "as a situation-specific anxiety, similar in type to other familiar manifestations such as stage fright or test anxiety (Horwitz, 2010: p.154)". This definition highlights the difference between anxiety as a result of a diagnosed LD and the situational trigger that causes the anxiety for language learners, mainly language class itself. The FLA issue is a real and significant issue for some learners of a foreign language and much research has provided evidence of its' debilitating effects. Some writers (Young, 1999), have provided practical

and helpful advice for reducing anxiety within the language classroom. While FLA is of relevance to the foreign language classroom, the student at the center of this article faces anxiety caused by a developmental disorder and it is important to highlight this distinction. Were the student not diagnosed as having ADHD, it would be quite reasonable to surmise that he would probably not be anxious in the foreign language classroom.

(4) Teacher Support in Self-Regulating

When students are working in groups or expressing opinions to each other it would be beneficial if the professor were to monitor the group that student A belongs to. The professor could facilitate the discussion and help student A in his interaction with the other students. This could significantly reduce any anxiety that Student A may be feeling and could help to form positive peer relationships as opposed to negative ones. While many of us take this for granted, it is clearly something in which student A needs some support with. Naturally, self-regulating is important in this area as the teacher cannot devote all of his/her time to insuring student A has a successful class. It is not unreasonable to expect student A to develop communication skills and strategies to insure he can work well with his peers.

Young and Bramham (2012) discuss interpersonal relationships, in particular they focus on verbal communication skills (speech, conversation and listening skills) and nonverbal communication skills (refer to figure 2 above). Of particular help to student A could be teacher monitoring of certain elements of those listed. For example, student A does have a tendency to speak quite loudly and therefore could be prompted to speak in a more moderate volume as peers may think it is aggressive or intimidating. Prior arrangement of a “turn down the volume” signal may help student A self-regulate. Another area in which student A may need some guidance is in overenthusiasm. Suggestions here are to develop listening skills and ask questions. The teacher could redirect the discussions by asking questions of other group members while making eye-contact with student A. In terms of listening skills, student A should develop his reflecting skills and one way to do this is to summarize what other people are saying. By doing so, he will not forget what others are saying. Initially, the teacher could model this and then student A could take over.

Eye-contact is one of the nonverbal communication strategies referred to and is something that many students do well, however, student A has mentioned that he does not like to make eye-contact or tries to avoid eye-contact as he feels others may be thinking badly of him. Therefore, the teacher could again pre-arrange a signal that reminds student A to make eye-contact, thus supporting student A in his efforts to self-regulate. Naturally, student A is but one student within the group and the teacher has a duty of care to all students within the classroom, however, it is possible to be aware of some of the difficulties that student A is experiencing and to support student A in his efforts to self-regulate and promote better peer relationships.

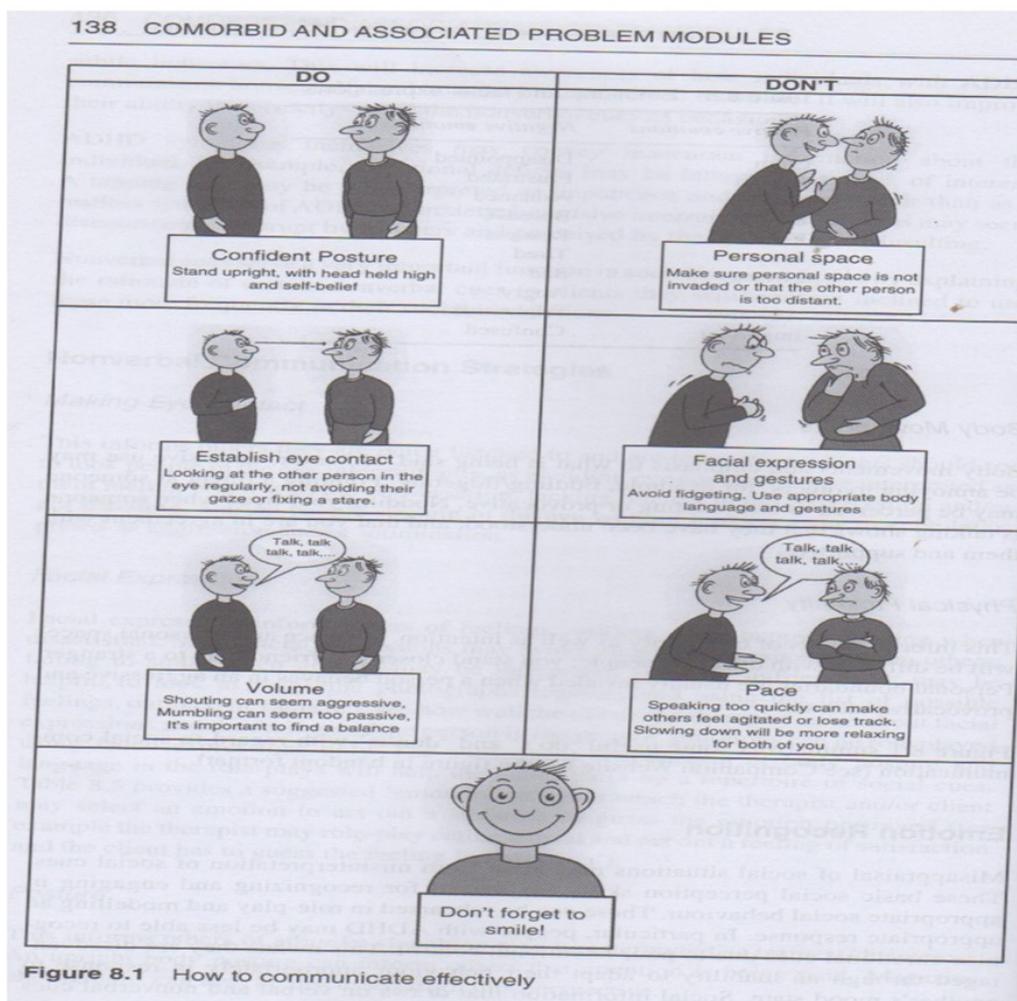


Figure 2 How to communicate effectively Source(Young & Bramham, 2012; p.138)

(5) Comorbidity

As mentioned previously, student A has expressed feelings of anxiety and low self-esteem with regard to how he thinks others see him. He has expressed feeling that his peers think badly of him or dislike him and while he knows that is probably not the case, he cannot help feeling this way. In addition, he has also expressed how difficult he finds winter. Specifically, he has referred to how slow he is and how difficult he finds it to move, stating 18 “it is almost like depression”. Oslund (2014) refers to a study (Biederman, 2005) which reported a 55% rate of coexistence of anxiety disorders with ADHD. Oslund (2015) goes on to state “Children also show a high rate of comorbidity for anxiety, as well as learning disorders and mood disorders-all of which are also present in adults with ADHD (p.63)”. Young and Bramham (2012) also cite a study (Biederman, Newcorn & Sprich, 1991) which states that up to one third of children with ADHD suffer major depression while similar numbers have been found in studies of adults with ADHD

(Biederman, Farone, Spencer, et al., 1993; Murphy & Barkley, 1996). These numbers suggest that depression and dysthymia (a milder but more persistent form of depression with low mood as a core feature) are common comorbid conditions. As student A mentioned, winter is a particularly difficult time for him due to the fact that he is feeling down or feeling something close to depression. Such feelings will obviously have an impact on his ability to perform to the best of his ability, both socially and academically. Possible areas negatively impacted while in this state may be classroom performance, meeting deadlines, following instructions, and attention may be detrimentally impacted. Concentration levels can be adversely affected and therefore it is important to try and give homework or assignments that are manageable – as individuals with ADHD are more likely to give up quickly if the assignment is too challenging. In addition, perhaps the use of activity scheduling, for example, task lists can keep the student focused on what he must do, wants to do and any rewards for completing these tasks can be noted. Alternatively, he could write an activity schedule for the week to keep on top of tasks and lessen behavior avoidance. Naturally, such practices fall outside the remit of the classroom teacher and are more in the domain of the student support center. However, if, as teachers, we are aware of how student A feels during the winter and know of his struggle with depression-like symptoms we can be more vigilant and try to be supportive during this period. Simply contacting student support is also a form of support. Depression-like symptoms may well have contributed to student A failing a high number of credits in his second semester.

V. Conclusion

ADHD is a neurological disorder that is now widely recognized within the education field and it is acknowledged that students with ADHD may need support in terms of “reasonable accommodation”. Typical accommodations include extension of deadlines or testing accommodations, such as extra time allowed or testing in quieter environments. However, many teachers may not be aware of what else we can do to support students such as student A. Practical support is needed – support such as monitoring peer interaction to reduce anxiety, helping to self-regulate when participating in discussions, encouraging students to seek help. Permitting students to take breaks when feeling stressed and confirming understanding of tasks during class. Also, informing students how long is left to complete a task is helpful. Thinking about where a student sits in the class is also helpful as it can reduce distractions and help to keep students focused. Particular care should be taken in the winter. Student A describes feeling depression-like symptoms and therefore teachers should pay particular attention to students during the winter months as they will miss deadlines and they will need extensions and teacher input to raise motivation levels during this time of the year.

While many teachers have been supportive of student A during his first year in

university, there have been some who could have been more supportive. Particularly, those classes that required submission of reports or assignments as opposed to final exams. Student A failed a number of credits as he had not submitted reports by the required deadline, in these cases, teachers should have enquired as to why he had not submitted them and facilitated submission by agreeing on a revised submission deadline. Similarly, they should have acknowledged receipt of the letter from Student Support Services and discussed deadlines and any support outlined in this letter. Student A has a good level of English and research has shown that students with ADHD score similarly in grades to non-ADHD students. (Sparks, Jakorvsky & Phillips, 2004) While Marashi and Dolatdost(2016) observed that there was a positive correlation between ADHD and speaking fluency but negative correlations between ADHD and speaking complexity and accuracy. Therefore, evidence does suggest that students with ADHD should do relatively well in their language classes. Where students with ADHD may not do well is not in the subject matter but rather the skills and strategies that many of us have already acquired and take for granted, these skills and strategies facilitate a smooth transition from high school and parental oversight to university. Student A was unfortunate that he received no support during his time in junior and senior high school. Whether this was due to lack of awareness of ADHD on the part of teachers is now incidental as the law has now changed in Japan and subsequently universities (and all schools) are more aware of the needs of students with disabilities. As teachers, we need to develop our own teaching skills and strategies to support students such as student A. These particular skills and strategies will not only improve the university life of students such as student A but will also be invaluable to them when they enter the workforce.

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