



ADHD Parent Series
Part 1
Introduction to ADHD: What is it and what's a parent to do?


Harlingen Consolidated Independent School District
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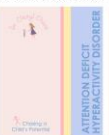
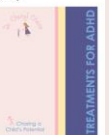







Slidebooks


Check out the helpful information in these slidebooks which cover topics like ADHD and executive functioning.






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 **Four-part parent series**


- February 22: Introduction to ADHD: What is it and what's a parent to do?
- March 21: Non-medication Treatments for ADHD.
- April 25: What Does a Child with ADHD Need to be Successful at School?
- May 2: ADHD and Emotional Regulation: How can I help my child with BIG feelings?

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 **Attention-Deficit/Hyperactivity Disorder**

Diagnostic and Statistical manual of Mental Disorders
– 5th edition (DMS-5)
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 **Diagnostic Criteria**

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

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INATTENTIVE SYMPTOMS

- 1) Six (or more) of the following have persisted for at least 6 months to a degree that is inconsistent with developmental level and negatively impacts directly on social and academic/occupational activities:
- Fails to give close attention to details or makes careless mistakes.
 - Has difficulty sustaining attention.
 - Does not appear to listen.
 - Struggles to follow through on instructions.
 - Has difficulty with organization.
 - Avoids or dislikes tasks requiring a lot of thinking.
 - Loses things.
 - Is easily distracted.
 - Is forgetful in daily activities.



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HYPERACTIVE/IMPULSIVE SYMPTOMS

- 2) Six (or more) of the following have persisted for at least 6 months to a degree that is inconsistent with developmental level and negatively impacts directly on social and academic/occupational activities:
- Fidgets with hands or feet or squirms in chair.
 - Has difficulty remaining seated.
 - Runs about or climbs excessively in children; extreme restlessness in adults.
 - Difficulty engaging in activities quietly.
 - Acts as if driven by a motor; adults will often feel inside like they were driven by a motor.
 - Talks excessively.
 - Blurts out answers before questions have been completed.
 - Difficulty waiting or taking turns.
 - Interrupts or intrudes upon others.



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(For individuals 17 and above only 5 or more symptoms are needed)

- Several symptoms present before age 12 years
- Several symptoms present in two or more settings
- Clear evidence that symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning. (mild, moderate, severe)
- Not better explained by another condition (e.g., anxiety disorder, mood disorder, etc)



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Presentations (not subtypes):

Attention-deficit/hyperactivity disorder, **Combined** presentation

Attention-deficit/hyperactivity disorder, **Predominantly hyperactive/impulsive** presentation

Attention-deficit/hyperactivity disorder, **Predominantly inattentive** presentation



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Prevalence

- ADHD is the most commonly diagnosed behavioral disorder in children
- The estimated number of children ever diagnosed with ADHD, according to a national 2016 parent survey, is 6.1 million (9.4%). This number includes:
 - 388,000 children aged 2–5 years
 - 4 million children aged 6–11 years
 - 3 million children aged 12–17 years
- Boys are more likely to be diagnosed with ADHD than girls (12.9% compared to 5.6%).
- Has been found to exist in virtually every country in which it has been investigated; believed to be virtually universal among human populations



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- According to a national (US) 2016 parent survey, 6 in 10 children with ADHD had at least one other mental, emotional, or behavioral disorder.
- About 5 in 10 children with ADHD had a behavior or conduct problem.
- About 3 in 10 children with ADHD had anxiety.
- Other conditions affecting children with ADHD: depression, autism spectrum disorder, and Tourette Syndrome, learning disorders.


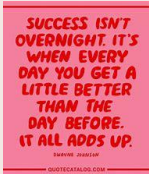


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Experts generally agree it is best to take a multimodal approach. Bio-medical, Psychological, Educational.

We will unpack these over the remaining programs. Today, we are getting an overview.

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- Medical, or "Bio-medical"
 - Medication
 - Biofeedback/neurofeedback
 - Dietary changes
 - Supplements
- Psychological
 - Collaborative and Proactive Solutions Approach
 - Mindfulness
 - Behavior Modification
 - Parent Training
- Educational
 - Accommodations at school

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- Treatments with little or no evidence for effectiveness:
 - Dietary management
 - High doses of vitamins, minerals, or trace elements
 - Long-term psychotherapy or psychoanalysis
 - Play-therapy
 - Sensory-integration training

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1. Bio-medical options

MTA Study – Multimodal Treatment Study of Children with ADHD supported by NIMH (1990's)

- 579 children – ages 7-9 (mean = 8.5) - with ADHD
- four treatment groups
 - Medication alone
 - Psychosocial therapy alone
 - A combination of the two
 - Treatment as usual in the community
- 14 months, 24 months, 36 months, and 10 and 12 years later



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- At the 14 and 24 month marks – best results occurred in children who received medication, alone or in combination with psychosocial therapy
- Relative advantage of drug therapy began to fade at the 24 month mark, and completely disappeared by the 36-month mark – even in children who consistently took the medications



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"If you were to talk just about the ADHD symptoms, you'd have to say that medicine really carried the day. For other areas, like social skills, or getting along with mom and dad, doing better in school, being liked by peers, having fewer anxieties and worries, those kinds of symptoms, the combined treatment – adding that behavior component in – seemed to make a difference"

–Dr. Peter Jensen



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SO, For the ADHD symptoms (inattention, poor impulse control, etc):

Yes, Pills really, really help, at least for a while.

Therapy helped with the other areas of concern.



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March 21: Non-medication Treatments for ADHD.

Other "bio-medical-ish" approaches

- Biofeedback/neurofeedback
- Dietary changes
- Supplements



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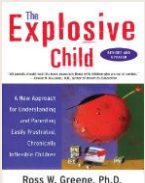
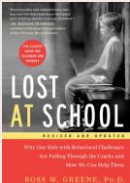

2. Psychological

- Collaborative and Proactive Solutions approach
 - May 2: ADHD and Emotional Regulation: How can I help my child with BIG feelings?
- Mindfulness
 - March 21: Non-medication Treatments for ADHD.
- Behavior Modification
 - March 21: Non-medication Treatments for ADHD.



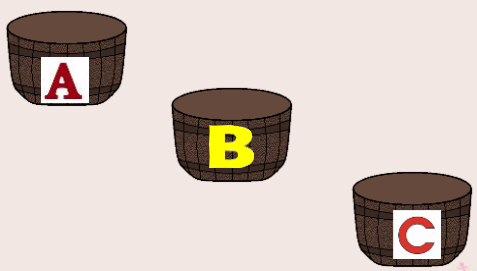
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Dr. Ross Greene
LivesInTheBalance.org
And great stuff on YouTube

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Three baskets, or plans.....



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Mindfulness

Mindfulness – The psychological process of bringing one's attention to experiences occurring in the present moment. It's harder than it sounds. Mindfulness is a skill that needs to be taught and requires practice to use well.

When being mindful, you are aware of your bodily sensations, feelings, thoughts, and what is happening around you.

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Self-Monitoring

- Self-monitoring – raising awareness of what you are thinking, feeling, sensing, experiencing
- Non-judgmental – not getting upset or keyed up over it. Noticing.
- Allows for later appraisal, judgment, recognizing triggers (cause and effect). Can then catch it early, avoid, etc.
- BUT BEGINS WITH SLOWING DOWN AND NOTICING

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Behavior Modification

- Behavior modification; NOT traditional talk therapy or play therapy
- Goal is to get child doing more desired behavior and less undesired behavior – but do NOT use to bully the child
- Use rewards and punishments – but mostly rewards
- Put in terms of ABC's
 - Antecedents – things that happen before
 - Behaviors – things the child does
 - Consequences – things that happen after the behavior
- Adults learn to change A's and C's

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Antecedent-Behavior-Consequence (ABC) Model

ANTECEDENT
A

→

BEHAVIOUR
B

→

CONSEQUENCE
C

Antecedent: Any stimulus that precedes a behaviour, something that the child can hear, feel, see, taste or smell

Behaviour: The response that the child displays, anything the child says or does after the antecedent.

Consequence: Stimulus that occurs after the behaviour. Anything that the child will or won't receive following the child's behaviour, praise, attention, a sticker, a toy.


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Parent Training


- Done along with behavior therapy, usually.
- Teaches the parents how to develop and use the behavior plan.
- Barkley's 8 steps to better behavior
 - 1. Learn to pay positive attention to your child
 - 2. Use your powerful attention to gain compliance.
 - 3. Give more effective commands.
 - 4. Teach your child not to interrupt your activities.
 - 5. Set up a home token system.
 - 6. Learn to punish misbehavior constructively.
 - 7. Expand you use of time-outs.
 - 8. Learn to manage your child in public places.


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Give more effective commands

- Make sure you mean it
- Do not present the command as a question or favor
- Do not give too many commands at once
- Make sure your child is paying attention to you
- Reduce all distractions before giving the command
- Ask the child to repeat the command
- Make up chore cards
- Set deadlines (for chores, commands)

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3. Educational

April 25: What Does a Child with ADHD Need to be Successful at School?

But for those of you who can't wait, see the handout:


https://www.russellbarkley.org/factsheets/ADHD_School_Accommodations.pdf

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 **Excellent Resources**

- <https://www.russellbarkley.org/factsheets/adhd-facts.pdf>
- https://www.russellbarkley.org/factsheets/ADHD_School_Accommodations.pdf
- <https://d393uh8gb46l22.cloudfront.net/wp-content/uploads/2018/04/parenting2015.pdf>
- <https://www.additudemag.com/category/parenting-adhd-kids/download-parents/>

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 **Conclusion**

- Medication helps with the core symptoms of ADHD but its not for everyone. Even children on medication often need additional supports including psychoeducation, parent training, behavior modification (careful here), and academic supports.
- Can we improve the core symptoms in other ways? Maybe! Neurofeedback, CogMed, Mindfulness, Direct instruction.
- But many children still need help with: social skills, problem solving, self-esteem, and executive functioning. And parent training/beh management.

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 Chasing a Child's Potential

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