


## Facing the Challenges: Identifying and Assisting Young Children At-Risk for ADHD

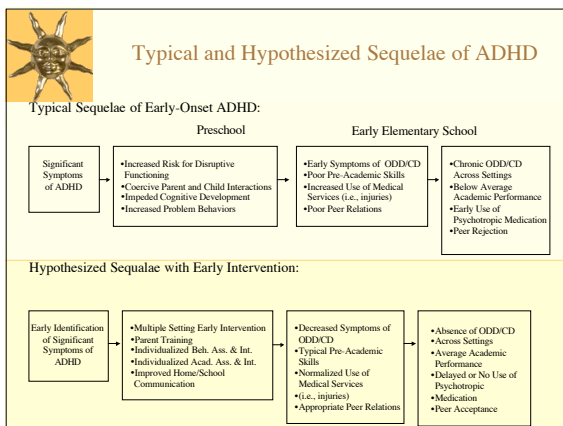

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## ADHD in Young Children

- \* Approx. 2% of 3-4 year-olds are diagnosed with ADHD
- \* ADHD tends to be chronic for at least 50% of young children with this disorder
- \* Associated with conduct problems, aggression, academic problems, and higher rate of injuries/use of medical services
- \* Approx. 1 to 2% of young children prescribed stimulant medication


### Identification: Questions To Be Addressed

- Does the child exhibit a significant number of behavioral symptoms?
- Are behaviors occurring significantly more frequently than children of the same gender and age?
- At what age did these begin and are these behaviors chronic and evident across many situations? Is the child's functioning significantly impaired?
- Are there other possible problems or factors that could account for symptoms?



### DSM-IV Criteria: 6 of 9 Inattention Symptoms

- Fails to give close attention to details
- Difficulty sustaining attention
- Does not seem to listen
- Does not follow through on instructions
- Difficulty organizing tasks or activities
- Avoids tasks requiring sustained mental effort
- Loses things necessary for tasks
- Easily distracted
- Forgetful in daily activities



### DSM-IV Criteria: 6 of 9 Hyperactive-Impulsive

- Fidgets with hands or feet or squirms in seat
- Leaves seat in classroom inappropriately
- Runs about or climbs excessively
- Has difficulty playing quietly
- Is "on the go" or "driven by a motor"
- Talks excessively
- Blurts out answers before questions are completed
- Has difficulty awaiting turn
- Interrupts or intrudes on others



## Multimethod Assessment Strategies

- \* Parent and teacher interviews
- \* Behavior rating scales
- \* Observations of school/home behavior
- \* Functional behavioral assessment



## Home-based intervention

- \* Traditional psychotherapy and counseling approaches tend to be ineffective when treating children with ADHD
- \* Research is demonstrating the importance of taking a 2-pronged approach: at home & in school
- \* Parental support is essential to establishing an individualized plan for children with ADHD in both settings



## Behavior Management at Home

- \* Common Techniques:
  - Positive reinforcement for on-task behavior, e.g. sitting at the dinner table and eating
  - Loss of reinforcement for inappropriate behaviors, such as noncompliance, aggression
  - Cognitive-behavior modification that emphasizes self-control and self-reinforcement
  - Teaching parents of ADHD children to design programs for their children has been demonstrated to be practically effective: this should also focus on learning skills



## Importance of Home-School Collaboration

- \* There is strong evidence that parental support of learning enhances academic achievement for children at-risk for ADHD
- \* Building early literacy skills through exposure to language and print
- \* Consistent and positive communication & collaboration between home and preschool



## Example of Home-School Connection

- \* Daily & weekly specified goals
- \* Small # of goals at one time
- \* Quantitative feedback about performance
- \* In-school feedback
- \* Communication between pre-school & home regularly
- \* **Home-based contingencies tied to pre-school performance (both short term and long term)**



## Why do Problem Behaviors Occur?

- 1) To get something
  - Attention (e.g., from parents, teachers, friends)
  - Activity or Item (e.g., favorite toys or games)
  - Sensory Reinforcement
    - This is seen more frequently with children who have more severe disabilities (e.g., sensory stimulation such as hand flapping in front of the eyes)

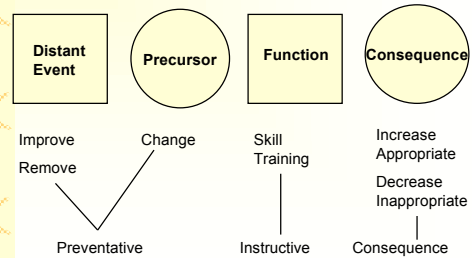


## Why do Problem Behaviors Occur?

- 2) To escape or avoid something
  - Tasks (e.g., disliked tasks such as hand washing or difficult tasks such as cutting with scissors)
  - Demands (e.g., demands such as “It’s time to clean up the toys.”)
  - Person (e.g., a specific teacher)



## Categories of Intervention



## Intervention Examples

### Preventive Strategies:

- \* Providing choice of task, materials, or activities
- \* Embed individual student interests and preferences into curriculum
- \* Allow child to take breaks during difficult activities
- \* Shorten length of structured learning experiences
- \* Provide individual picture schedules to increase predictability of activities
- \* Preview materials/information prior to structured activities (e.g., group book reading)
- \* Intersperse complex tasks with easy ones
- \* Use errorless learning strategies to increase new skills



## Intervention Examples

### Instructive Strategies:

- \* Teach communication skills
  - “I need help” (To request help during difficult situations)
  - “Play with me” (To initiate social interactions with peers)
  - “Look what I did” (To initiate teacher interactions)
- \* Expand repertoire of social play skills to increase opportunities to make friends
- \* Teach child how to self-initiate activities
- \* Teach tolerance for waiting

### Consequence Strategies:

- \* Respond to requests for break immediately and consistently
- \* Prompt peers to respond to requests for play
- \* Praise use of alternative skills (e.g., requesting break, help, attention)
- \* Ignore behavior exhibited to obtain attention
- \* Redirect child



## Small Group Discussion

- Form groups of 5-6 people.
- Each group is provided with a case scenario.
- Read scenario and discuss possible preventative, instructive, and consequence interventions.
- Select a group leader to discuss your group’s case.