Psychosocial aspects of managing ADHD

Jo Winther
Outline

- Key comorbid conditions
- Child interventions
- Family interventions
- School interventions
Epigenetic research has shown us -

- Environmental factors can alter the expression of biological systems

- Biological and psychological factors act through common pathways to affect children’s developing minds and brains

- Therefore medication and psychological treatments act on children’s developing minds and brains in the same way
ADHD: biological risk factors primary

While for

ODD/CD: psychosocial risk factors primary

\[ d = 1.0 \]

\[ d = 0.5 \]
ADHD: Key comorbid conditions

- oppositional defiant disorder/conduct disorder
- anxiety and/or depressive disorders
- language learning disorders (spelling/reading/arithmetic/writing)
- speech and language disorders (articulation/grammar)
- developmental coordination disorder
- tic disorders
Multi System Intervention

Community
School
Family
Parent
Child
Types of Intervention Programs

- **Child-focussed interventions**
  - designed to improve children’s capacity to regulate their behaviour

- **Family/Parent interventions**
  - designed to improve parenting skills and family relationships

- **School-based interventions**
  - designed to improve classroom and playground behaviour at school. This includes teacher skill development, class wide interventions, curriculum-based interventions, individual therapy and multi-component interventions

- **Psychopharmacological management of children**
  - Stimulants; Atypical anti-psychotic; Mood stabilizers; SSRI; Agonists beta blockers
Preventative Intervention

- Prevention is considered a key element for disruptive behavioural disorders

  - Parent management programs, psycho-educational programs – social skills, conflict resolution and anger management
  - Interventions run through Schools, CHC, and NGO’s
Child Interventions
Resilient Children
(Werner, 1992, 1994)

- Ability to elicit positive responses from others
- Were engaging to other people
- Had good communication and problem-solving skills
- Were able to respond and relate to substitute caregivers
- Had a high IQ, had good abilities
- Had a hobby valued by their peers or elders
- Grew up with 5 children or less, with at least 2 years between siblings
- Had parents with good care giving skills that led to competence and increased self-esteem
## Child risk factors - intervention

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Intervention/Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive deficits and language delays</td>
<td>Assess cognitive and language ability</td>
</tr>
<tr>
<td>School underachievement (leading to depression)</td>
<td>Assess academic performance and assist to get <strong>extra class support</strong></td>
</tr>
<tr>
<td>Lack of social skills to maintain friendships (leading to peer rejection)</td>
<td><strong>Teach</strong> social skills through school programs</td>
</tr>
<tr>
<td>Underlying distortions or deficits in their social information processing system</td>
<td>Cognitive behaviour therapy</td>
</tr>
</tbody>
</table>
| They interpret social cues as provocative and then respond more aggressively | **Teach:**  
Ability to reading body language  
Effective communication                                                        |
| Being abused                                                               | Counselling if appropriate                                                           |
| Friends who engage in the problem behaviour                                | **Engaging** young people in positive peer groups                                   |
| Favourable attitudes towards the problem behaviour                          | Psycho-education and cognitive therapy                                               |
| Early initiation of the problem behaviour                                  | Early intervention/prevention                                                         |
Think about the clinical presentation of these young people:

- Lack of social skills
- Restless and display more socially intrusive behaviour
- Yell, run around, talk at inappropriate times, interrupt other children’s play
- Nature of interactions are often negative and aggressive
- Violate rules
- Use hostile and controlling behaviour
- Use physical and verbal aggression
Prognosis of young people with severe ADHD

- Academic failure
- Social skills problems
- Poor peer relationships
- Delinquency and criminal activity
- Poor self esteem, predisposing anxiety and depressive disorders
- School drop out
- Unemployment
- Substance abuse
Child Intervention

- Cycle of change/ motivational interviewing

- Cognitive behavioural therapy
  - self talk
  - relaxation techniques
  - problem solving

- Social skills
  - making and keeping friends
  - assertiveness
  - communication skills
  - accepting no
  - and playing cooperatively
Child intervention cont…

- Managing strong emotions / anger management
  - recognizing and expressing feelings
  - self control strategies

- Changing their narratives about themselves
  - to increase self-esteem and decrease depression

- Perspective taking / victim empathy
  - expectations of the effects of ones own actions
  - Putting yourself in others shoes
Social Skills

You Can Do It Program (Michael Bernard)

- **Objective** – to achieve social-emotional-behavioural well-being.

- **Foundations**
  - getting along (social responsibility, playing by the rules, thinking first, being tolerant of others).
  - organisation (planning my time, setting goals).
  - persistence (working tough, giving effort, I can do it).
  - confidence (being independent, taking risks, accepting myself).
RCH CASEA Child Group and Classroom Activities

- **Week 1** - Getting to Know You.
- **Week 2** - Identifying Feelings.
- **Week 3** - Managing Strong Emotions.
- **Week 4** - Introducing STOP, THINK, DO.
- **Week 5** - THINK & DO: Social Problem-Solving.
- **Week 6** - COOL, WEAK, AGGRO: Assertiveness.
- **Week 7** - Negotiation & Co-operation.
- **Week 8** - Group Performance & Closing.

*Based on Exploring Together – Confident Kids Program.*
Universal Group Descriptive Data

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>1274</th>
</tr>
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<tbody>
<tr>
<td>Female</td>
<td>1257</td>
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<table>
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<th>Age</th>
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<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
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</thead>
<tbody>
<tr>
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<td>35</td>
<td>489</td>
<td>612</td>
<td>565</td>
<td>565</td>
<td>131</td>
<td>9</td>
<td>1</td>
</tr>
</tbody>
</table>

SDQ student profile

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CASEA – The Volcano

10 Exploding
9 Enraged
8 Furious
7 Fuming
6 Angry
5 Grumpy
4 Frustrated
3 Annoyed
2 Irritated
1 Feel good

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STOP what is the problem?

THINK what can I do? Choose one.

DO it, did it work? If not try another.
COOL
WEAK
AGGRO
COOL WEAK AGGRO

- COOL
  - stay calm
  - speak nicely
  - ignore
  - feel OK

- WEAK
  - cry
  - sulk
  - look down
  - feel upset

- AGGRO
  - blame others
  - yell
  - hit
  - feel angry
How my Body feels

What happens to my body when I get angry?

GOALS
- To learn how to 'read' other people's emotions to help understand what they may be thinking or feeling.
- To learn how to recognise emotions through verbal and non-verbal cues.

Emotions

- gestures
- aggressive stance
- facial expressions
- frown
- laugh
- cry

What we say:
"I'm upset!"
"That's so unfair!"

Non-Verbal

Verbal

How can we recognise emotions/feelings?
eg. guilt, anger, sadness

Physical reactions

- flustered
- flushed
- sweating

- heart racing/ pounding
- butterflies
- tense muscles

Thoughts

Did you know?
- When an event happens to us, it is our thoughts and interpretations of that event, and not the event itself, that leads us to feel certain emotions and act in particular ways.
- Different people have different reactions to the same event or situation because they THINK differently about it.

Event

Thought

Feeling

Action

You can train yourself to STOP and LISTEN to your thoughts

If we think negatively and unhelpfully about things that happen to us or about ourselves, then we will feel bad and we may react in ways that are not helpful.

Then you can try to come up with alternative more helpful thoughts

We can't control many events that happen to us, but we can change what we feel and do by changing what we think.
\[ c = a + b + d \]
\[ c = (T \cdot S) \log \frac{3}{2} + 3x - 6 \cdot 11 \]
\[ c = \left[ \sqrt{\sum x_i \log \left( \frac{3 + x_i}{5 + y} \right)^2} + 6 \cdot 11 \right]^2 \]
\[ c = \left[ \left( \sum x_i \right) \left( \sum y_i \right) \left( \sum z_i \right) \left( \sum \log \right) \right]^2 \]
\[ c = \sqrt{\sum x_i \log \left( \frac{3 + x_i}{5 + y} \right)^2} + 6 \cdot 11 \]
Family Interventions
## Parenting risk factors for DBD

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental depression and substance abuse</td>
<td>Screening through assessment and refer</td>
</tr>
<tr>
<td>Poor supervision</td>
<td>Psycho-education and supervision plan</td>
</tr>
<tr>
<td>Erratic harsh discipline (violence and criticism)</td>
<td>Parenting skills development</td>
</tr>
<tr>
<td>Parental disharmony and violence</td>
<td>Screen and refer (report if required)</td>
</tr>
<tr>
<td>Rejection of the child</td>
<td>Parent-child relationship building</td>
</tr>
<tr>
<td>Low parental involvement in the child’s activities</td>
<td>Engaging parents in young persons interests</td>
</tr>
<tr>
<td>Reinforcement of inappropriate behaviours and ignoring or punishing pro-social behaviours</td>
<td>Parenting skill development</td>
</tr>
<tr>
<td>Single parents</td>
<td>Support systems: increase significant other support</td>
</tr>
<tr>
<td>Family history of the problem behaviour (substance abuse, delinquency, teen pregnancy and school dropout)</td>
<td>Parenting skills development, individual therapy</td>
</tr>
</tbody>
</table>
ADHD risk factors

- Lack of knowledge or misperceptions of ADHD
- Negative / controlling parenting
- Decreased parenting confidence
- Maladaptive parenting styles
- Greater social isolation of parents
ACPU / DNP data

- Families assessed with having low family functioning reported children with:
  - higher anxious/depressed symptoms
  - Increased delinquent behaviour
  - Increased externalising problems
  - More severe core ADHD symptoms
  - More trouble socially – keeping friends
Family Interventions

- Psycho education
  - causes of defiant behaviour & ADHD

- Behaviour management
  - strategies to promote good behaviour
  - strategies to manage bad behaviour

- Helping children deal with their emotions
  - teaching parents anger / anxiety management
  - role modelling anger / anxiety management
Family interventions cont....

- Enhancing children’s social skills
- Parent – child relationship work
- Increasing social support
- Relationship counselling
- Family therapy
  - family Of Origin
  - defining roles
Jo Douglas – Levels of Therapeutic Intervention in Families

LEVEL 3
- Marital stress
- Parent’s own Childhood experience
- Parent’s emotional state
- Parent’s temperament

LEVEL 2
- Parent – child relationship

LEVEL 1
- Parenting skills
- Child’s behaviour
- Child’s temperament
Parent Training Programs – Relationship Programs

- Parent Effectiveness Training (PET)

- Systematic Training for Effective Parenting (STEP)
Parent Training Programs
– Behavioural Programs

- Patterson, 1982
- Forehand and McMahon, 1981
- BASIC parent-training program (Webster-Stratton, 1996)
- Triple P Positive Parenting (Sanders)
- Exploring Together (Austin Hospital)
Parent Training Programs – Combination Program

- Integrated Family Intervention For Child Conduct Problems (Dadds & Hawes, 2006)

- Multisystemic Therapy (MST)
Behaviour Management

- Identifying desired child behaviours
- Responding to desirable child behaviours
- Using rewards
- Labelled praise
- Instruction giving
- Ignoring inappropriate behaviours
- Steps for responding to misbehaviour
- Time out
- Managing high risk situations (sibling conflict, shopping etc.)
- Parent care
Outline of RCH CASEA parent program

WEEK 1: **Strategies for encouraging desirable behaviour** – rewards, labelled praise.

WEEK 2: **Strategies for encouraging desirable behaviour** – family rules, effective requests, managing sibling conflict, high risk situations.

WEEK 3: **Strategies for responding to unwanted behaviour** – logical consequences, planned ignoring, quiet time, time out.

WEEK 4: **Cognitive coping skills and anger management**.

WEEK 5: **Parent well-being** – parent self care, pleasant events, partner support, separated families.


WEEK 7: Feedback and Evaluation.

WEEK 8: Combined child and parent group.
Targeted Group Mean SDQ Scores

- Parent (n=71)
- Teacher (n=92)

* p < .05
** p < .01

- Emotion Pre/Post
- Conduct Pre/Post
- Hyperactivity Pre/Post
- Peer Pre/Post
- Prosocial Pre/Post
- Total Diff Pre/Post
- Impact Pre/Post
CBCL – Parent Reported Syndrome and DSM Scale Scores (n= 88)
CBCL – Teacher Reported Syndrome and DSM Scale Scores

(n= 107)

* p < .05
** p < .01

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School Interventions
Why is it Important to Intervene at a School Level?

- There are certain classroom conditions and teacher reactions that make it more likely that behavioural difficulties will occur.
- Academic success is a critical resilience factor.
- A lot of teacher time is spent dealing with discipline problems.
- Majority of students displaying behaviour problems are not receiving additional assistance to address emotional and behavioural problems.
- Most students benefit from interventions aimed at general behaviour change.
School Risk Factors

- Academic failure
- Lack of commitment to school
- Early and persistent antisocial behaviour
- Coercive teaching styles

- Punishing problem behaviour without a school wide system of support is associated with aggression, vandalism, truancy, tardiness and dropping out
School Intervention

- **Teachers**
  - classroom behaviour management programs
  - providing stability and predictability

- **Curriculum**
  - promoting alternative thinking strategies
  - building and promoting resilience and well being
  - bullying intervention programs
School interventions cont....

- Teaching children social cognitive skills
  - anger coping programs
  - peer coping skills programs

- Providing parenting interventions

- Broader school environment
  - Connection
  - parental engagement
  - involvement of the community
Whole School Approach

- Encourage student responsibility
- School environment that supports positive behaviour – lots of rewards
- Environment that supports problem solving
- Develop clear behaviour expectations
- Smaller learning settings
- Supportive teacher-student relationships
- Clear and consistently implemented management processes for inappropriate behaviour
Effective Versus Ineffective Classroom Managers

- How teachers reacted to behaviour problems once they occurred made no difference.
- What teachers did to prevent problems from occurring in the first place made the difference.
Characteristics of an Effective Teacher

- Maximized contact with students
- Monitored students frequently
- Intervened quickly to deal with behaviour problems
- Ensured high levels of time on-task
- Provided frequent and detailed feedback
- Structured activities and materials carefully
- Established clear routines and expectations, and rehearsed with students the behaviours that matched those expectations
- Dealt with several things at once
- Judged quickly whether an event in the classroom was important or relatively unimportant
- Maintained group focus by giving attention to more than one student at a time – they did not get overly involved with a single student
- Managed movement within the classroom by controlling student transitions
Therapeutic Teachers

- Have good mental health
- Communicate respect, caring and confidence in self and others
- Exhibit and model self-control
- Establish trust and rapport with students
- Have an awareness of the stages of frustration
- Are able to reduce tension in the classroom
- Do not resort to threats and confrontations. Respect students' dignity
- Display enthusiasm and positive expectations
- Have an awareness of individual students’ needs, interests, values, and talents
- Display effective stress-coping skills
- Are able to create a positive classroom climate
- Are able to understand the frustration and anxiety of students
Preventative Classroom Management

- Communication styles
- Effective requests
- Labelled praise / feedback
- Physical layout of the classroom
- Interest boosting of curriculum
- Meeting student’s needs
- Rules
- Reinforcement
- Reduce competition in the classroom
Dealing with Misbehaviour

- Understanding reasons for misbehaviour
- Proximity control
- Signal interference
- Touch control
- Ignoring
- Logical consequences
- Time out
- General management plan of rule breaking
- Assisting students to problem solve
- Class meetings
- Individual contracts
- Teaching new skills
A diagnosis of ADHD and its comorbidities doesn’t necessarily result in negative outcomes.

- **Child**
  - Good communication skills
  - Good social skills

- **Family**
  - Close family bonds
  - Low levels of family conflict
  - Greater expressiveness in family relationships

- **Environment**
  - Good working relationship with teacher
  - Appropriate and close peer relationships
  - Greater repertoire of prosocial behaviours and positive contribution to the wider community
Summary

1. **Epigenetics**
   environmental and biological treatments act through a common pathway

2. **ADHD** (biologically determined)
   comorbid conditions like ODD/CD (psychosocially determined)

3. **Psychosocial treatments**
   important for these comorbidities as they decrease functional impairment

4. **Psychosocial treatments decrease the intensity and frequency of core ADHD symptoms**
Hang in there baby !!