

Psychosocial aspects of managing ADHD

Jo Winther

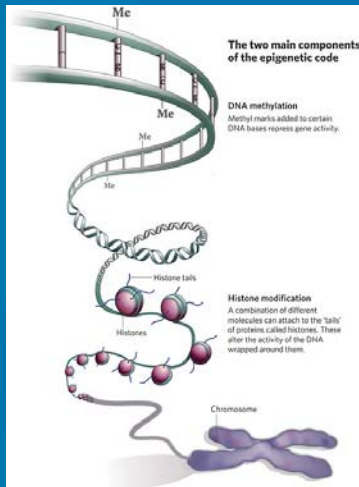


Outline

- Key comorbid conditions
- Child interventions
- Family interventions
- School interventions

Epigenetic research has shown us -

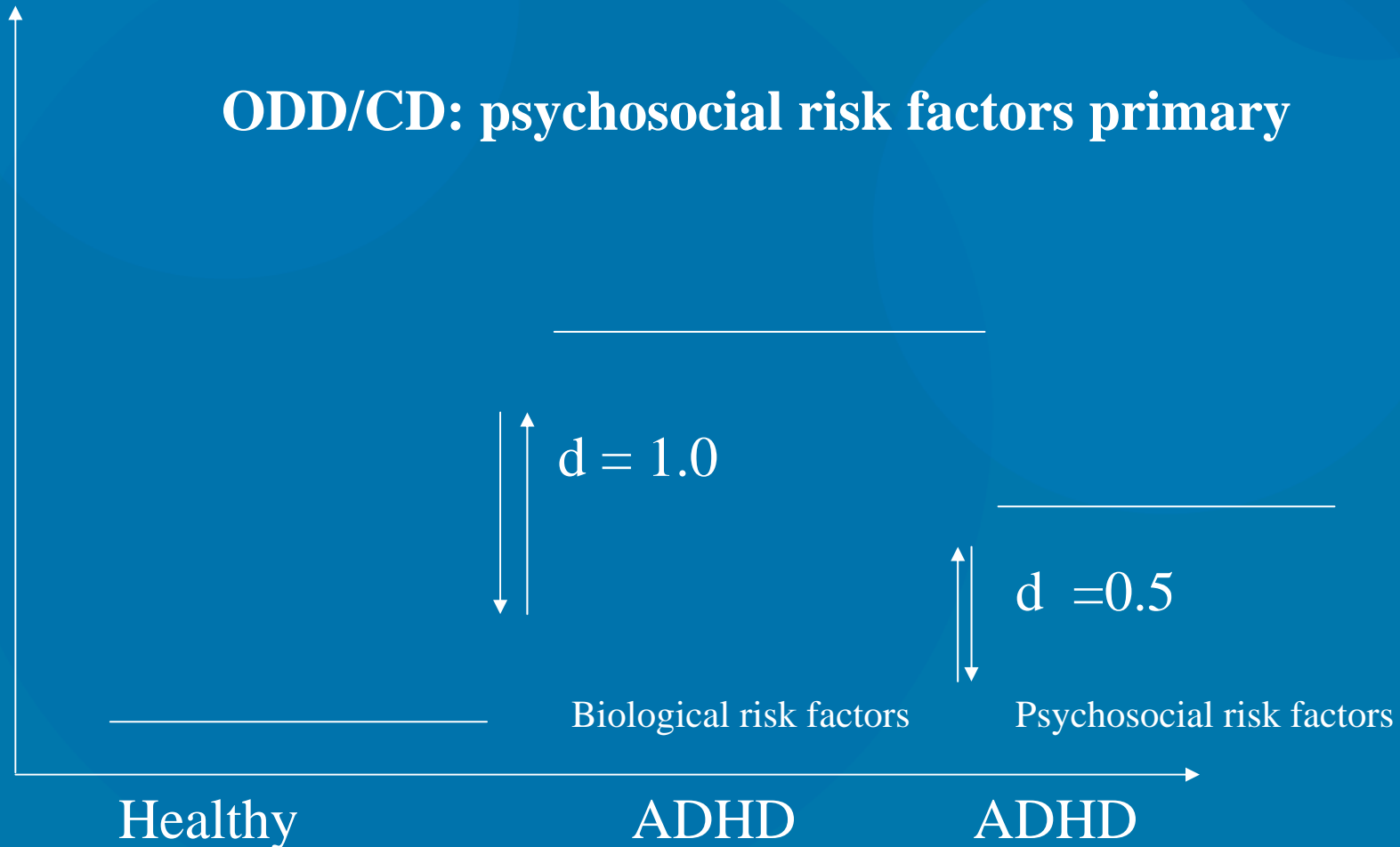
- Environmental factors can alter the expression of biological systems
- Biological and psychological factors act through common pathways to affect children's developing minds and brains
- Therefore medication and psychological treatments act on children's developing minds and brains in the same way



ADHD: biological risk factors primary

While for

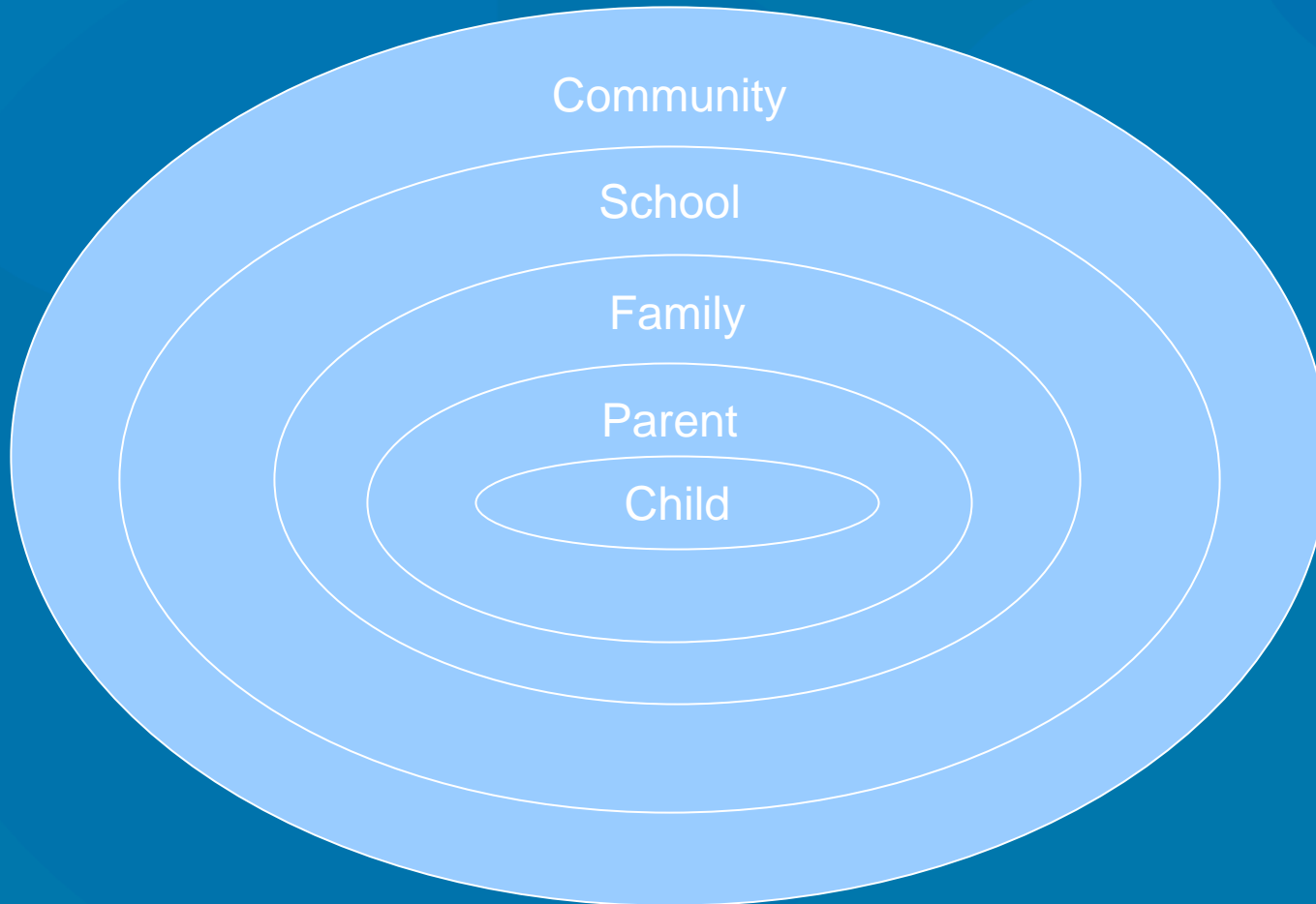
ODD/CD: psychosocial risk factors primary



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



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

Cognitive deficits and language delays	Assess cognitive and language ability
School underachievement (leading to depression)	Assess academic performance and assist to get extra class support
Lack of social skills to maintain friendships (leading to peer rejection)	Teach social skills through school programs
Underlying distortions or deficits in their social information processing system	Cognitive behaviour therapy
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.**

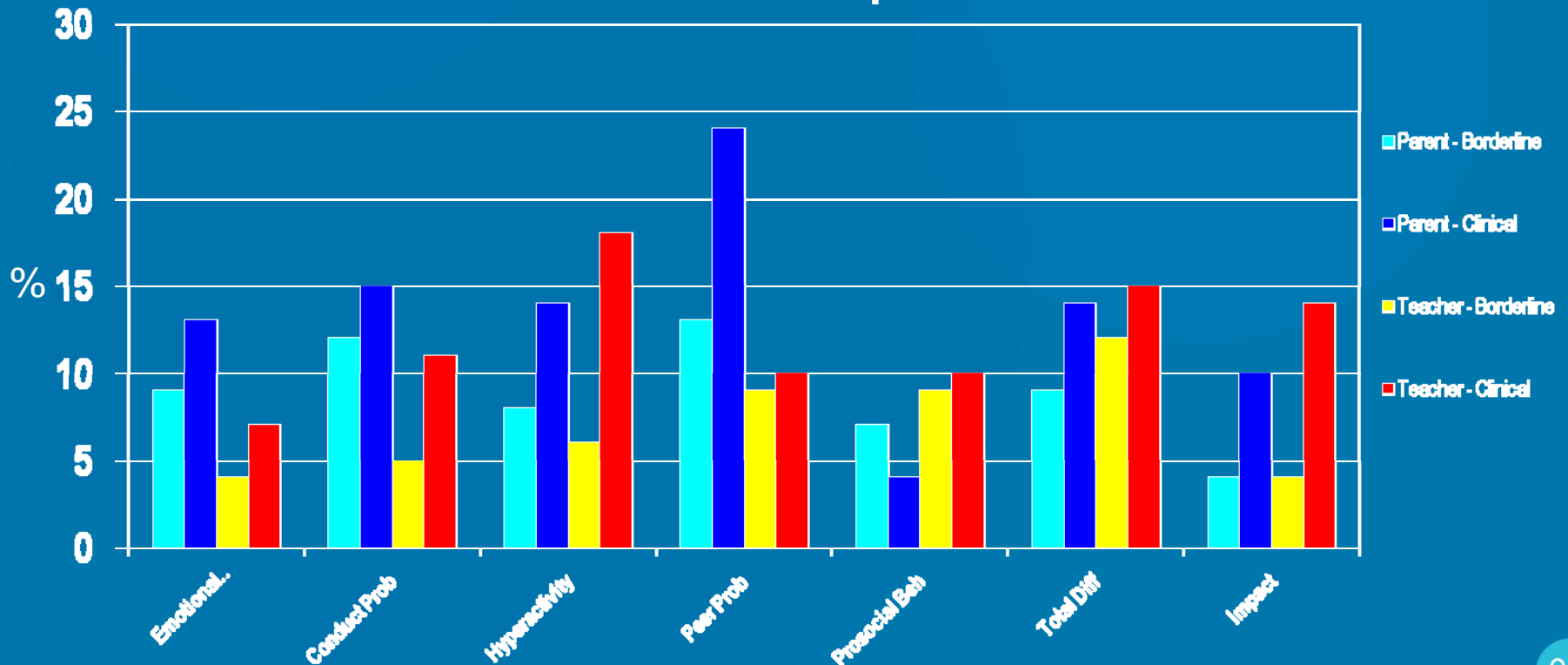


Universal Group Descriptive Data

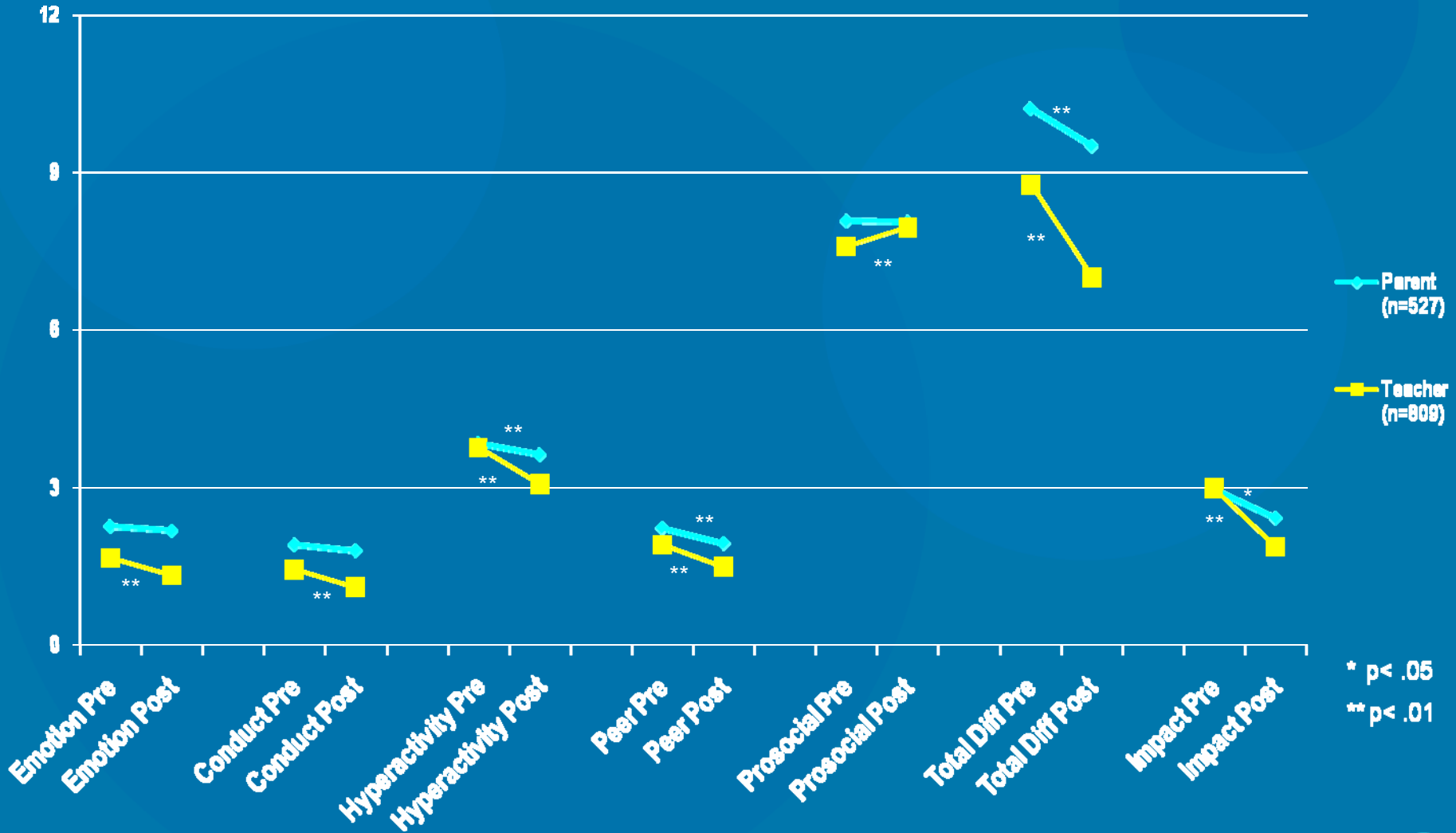
Male	1274
Female	1257

Age	4	5	6	7	8	9	10	11
n	35	489	612	565	565	131	9	1

SDQ student profile



Universal Group Mean SDQ Scores

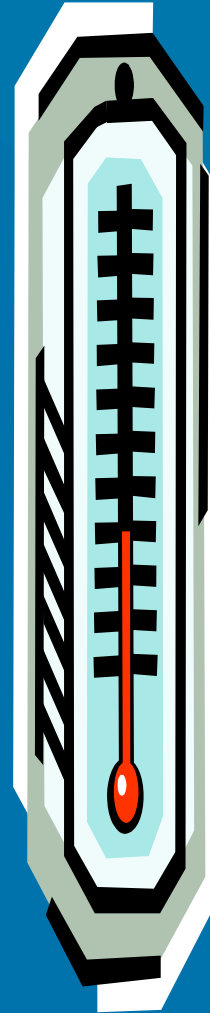


* p < .05

** p < .01

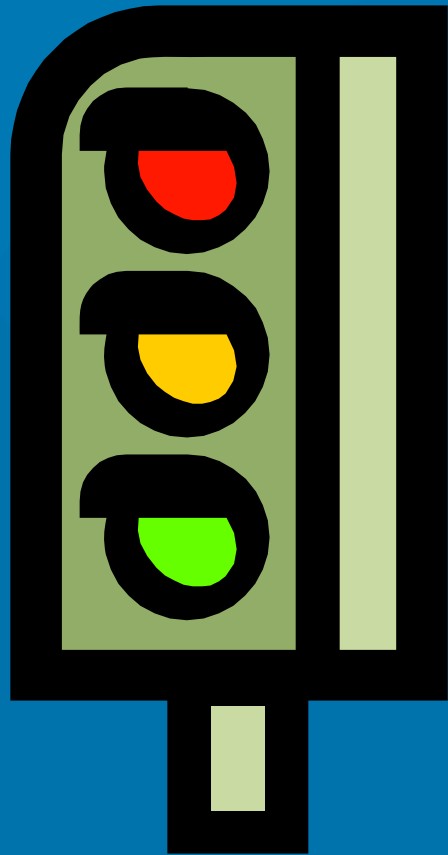


CASEA – The Volcano



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





STOP what is the problem?

THINK what can I do? Choose one.

DO it, did it work? If not try another.





COOL

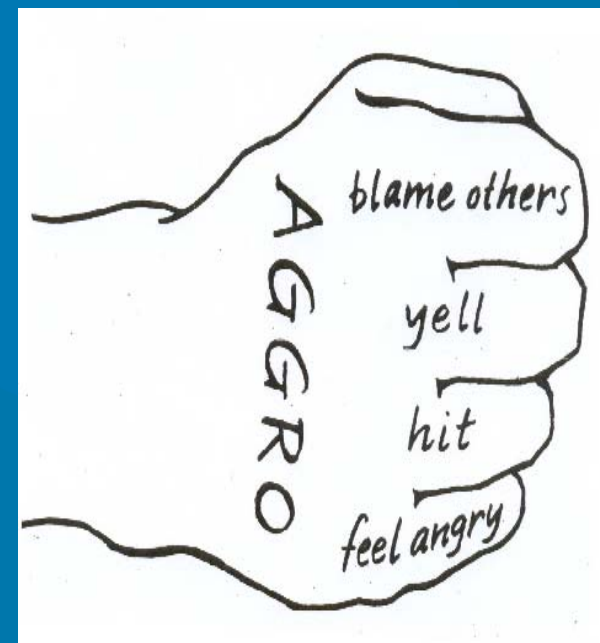
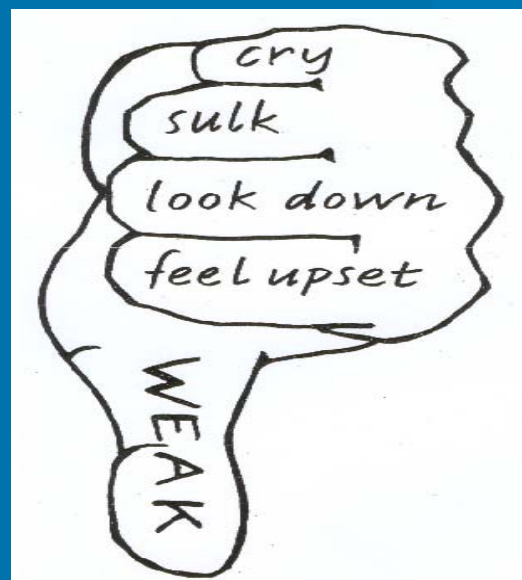


WEAK



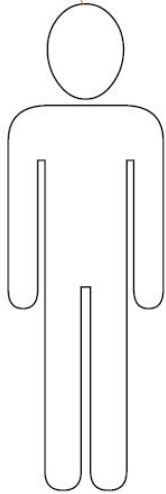
AGGRO

COOL WEAK AGGRO



How my Body feels

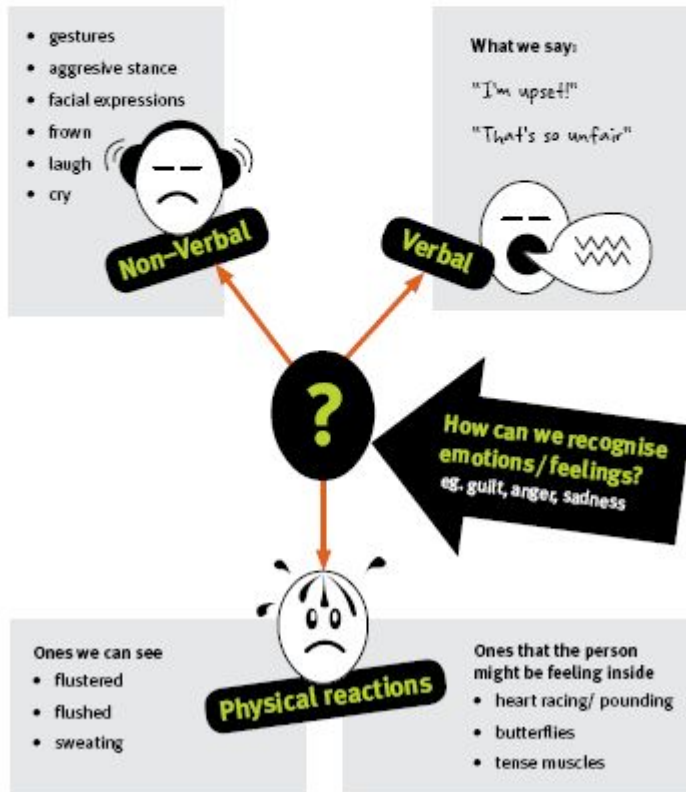
What happens to my body when I get angry?



Emotions

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.



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.



$$c = a + b + d$$

$$c = (T \cdot S \cdot (\Omega - 10^\circ) + 3\alpha + 2 \cdot 3 \ln 11)^2$$

$$c = (T \cdot S \cdot \log \frac{1}{2+2} + 3\alpha + 6 \ln 11)^2$$

$$c = \left[\int_{x_1}^{x_2} \sum_{i=1}^n \alpha dx + \frac{3[(3+7x)^2 + 6 \cdot 3\pi]}{(5+y)(8+2)+1} + 6 \ln 11 \right]^2$$

$$c = \left[\int_{x_1}^{x_2} \sum_{i=1}^{n=2} \frac{(3+7x)^2 + 6 - 3\pi}{(5+y)(8+2)+1} dx + \frac{3[(3+7)^2 + 6 - 3\pi]}{(5+y)(8+2)+1} + 6 \ln 11 \right]^2$$

$$c = \left[\int_{x_1}^{x_2} \sum_{i=1}^n \frac{(3+7x)^2 + (\beta - 180^\circ) + 3\pi}{(5+y)(8+2)+1} dx + \frac{3[(3+7x)^2 + (\beta - 180^\circ) + 3\pi]}{(5+y)(8+2)+1} + 6 \ln 11 \right]^2$$

$$c = \left[\int_{x_1}^{x_2} \sum_{i=1}^n \frac{\sqrt{3+7x} + (\beta - 180^\circ) + 3\pi}{(5+y)(8+2) + \log 8} dx + \frac{3[\sqrt{3+7x} + (\beta - 180^\circ) + 3\pi]}{(5+y)(8+2) + \log 8} + 6 \ln 11 \right]^2$$

$$c = \sqrt{\left[\int_{x_1}^{x_2} \sum_{i=1}^n \alpha dx + \frac{3[\sqrt{3+7x} + (\beta - 180^\circ) + 3\pi]}{(5+y)(8+2) + \log 8} + 6 \ln 11 \right]^2}$$

$$c = \sqrt{\left[\int_{x_1}^{x_2} \sum_{i=1}^n \alpha dx + \frac{3[\sqrt{3+7x} + (\beta - 180^\circ) + 3\pi]}{(5+y)(8+2) + \log 8} + 6 \ln 11 \right]^2}$$

$$c = \sqrt{\left[\int_{x_1}^{x_2} \sum_{i=1}^n \alpha dx + \frac{3[\sqrt{3+7x} + (\beta - 180^\circ) + 3\pi]}{(5+y)(8+2) + \log 8} + 6 \ln 11 \right]^2}$$

Family Interventions

Parenting risk factors for DBD

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

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

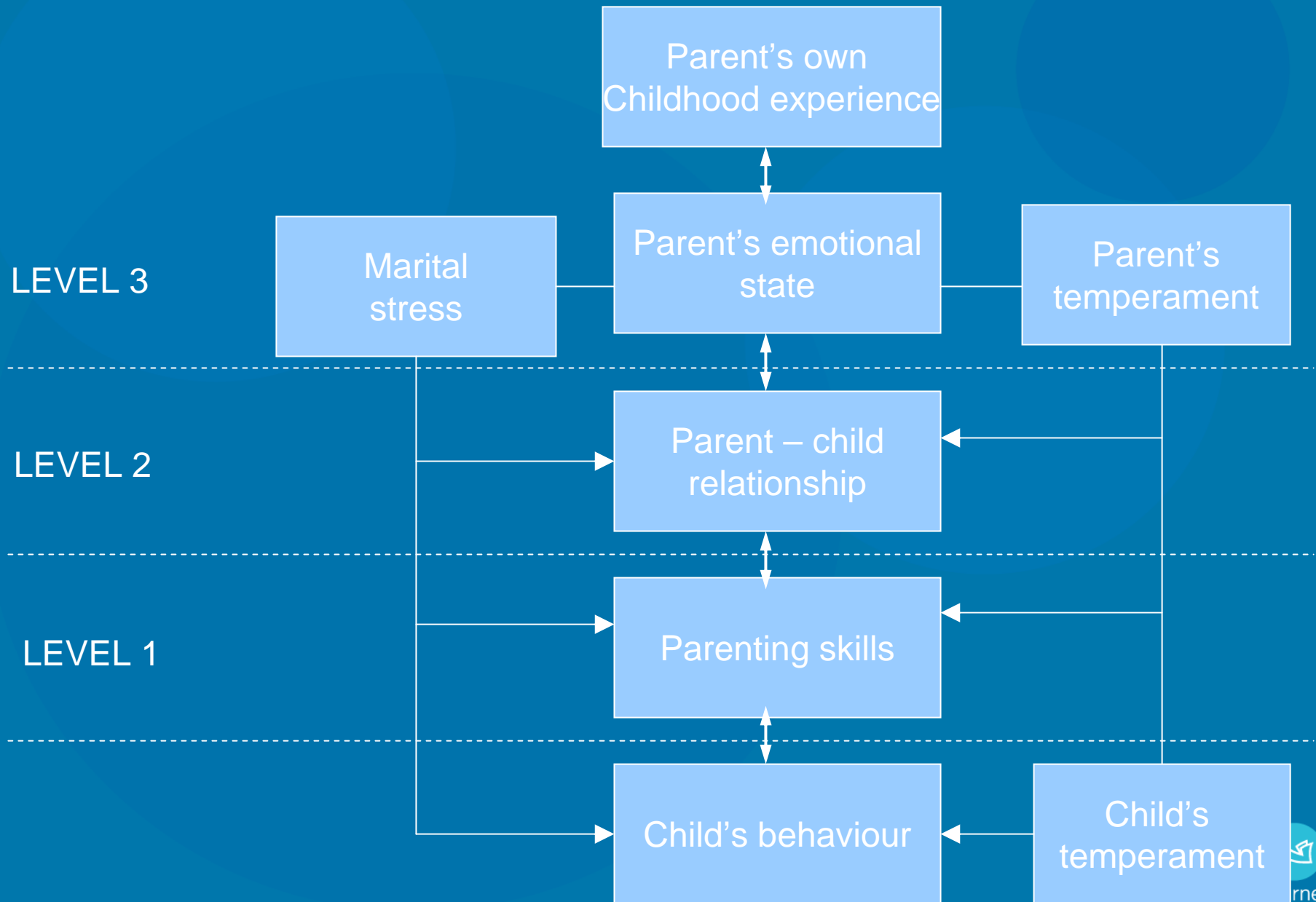
Family Interventions

- 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



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



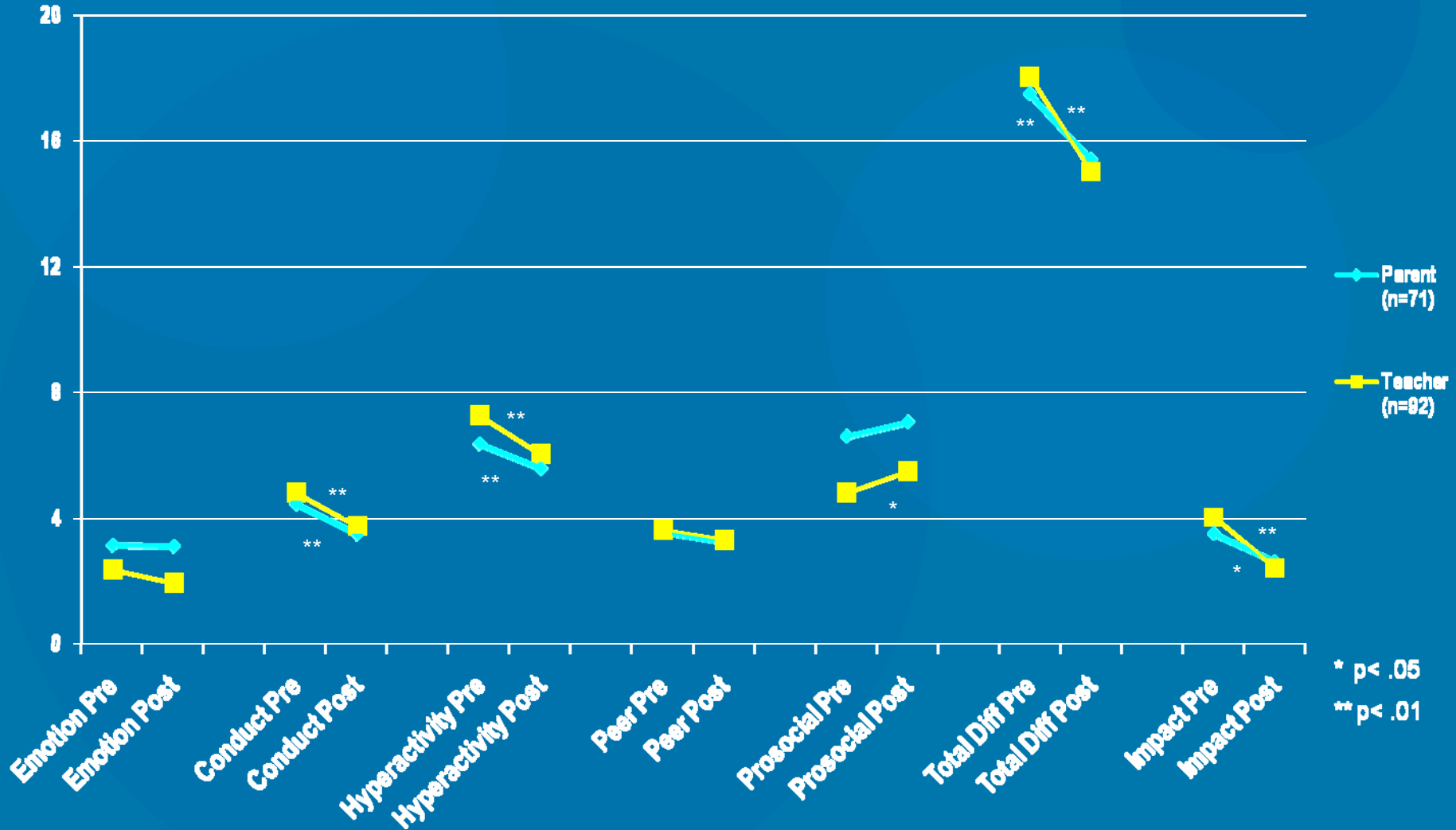
- Identifying desired child behaviours
- Responding to desirable child behaviours
- Using rewards
- Labelled praise
- Instruction giving
- Ignoring inappropriate behaviours
- Steps for responding to misbehaviour
- Time out
- Managing high risk situations (sibling conflict, shopping etc.)
- Parent care



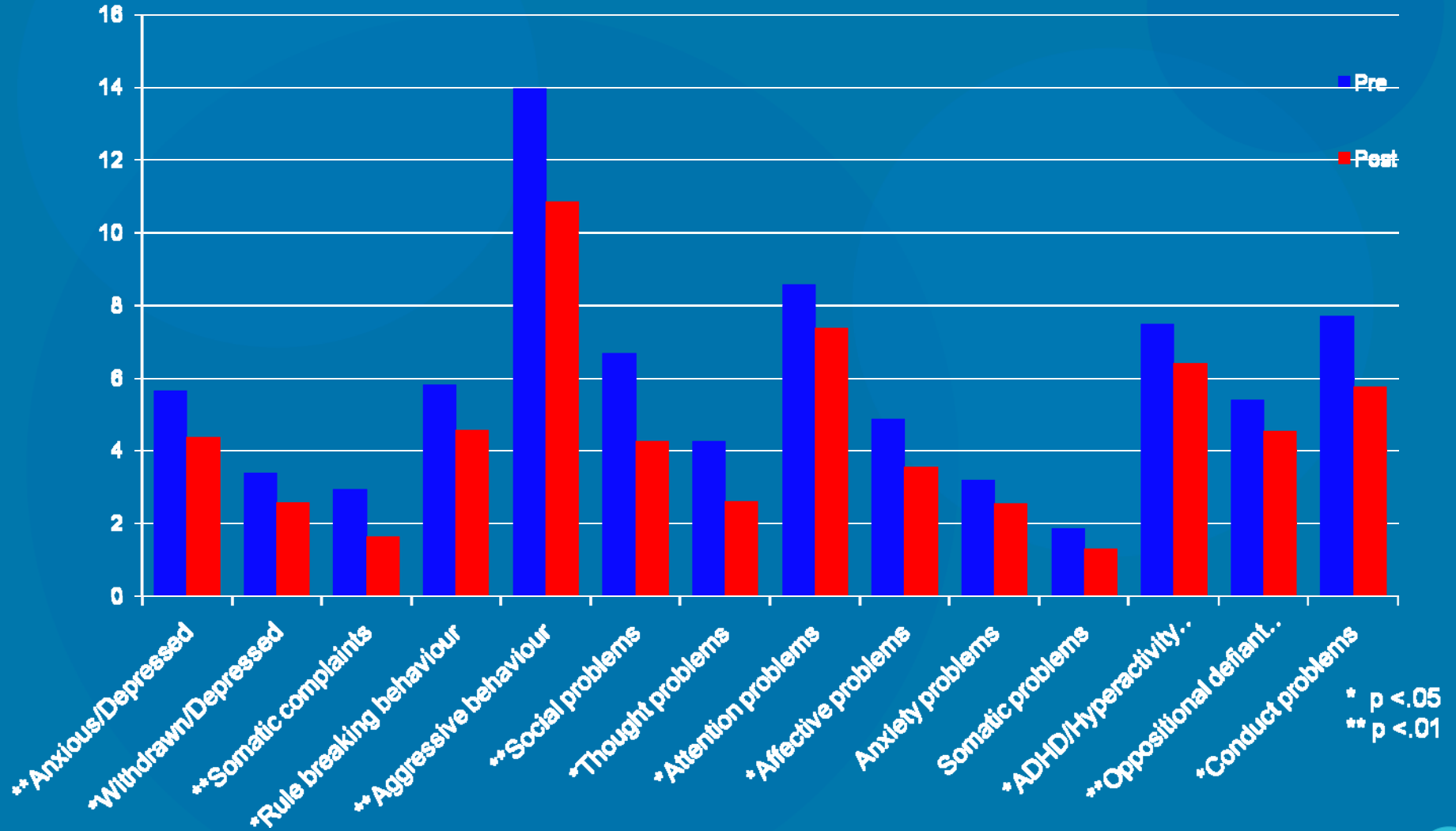
Outline of RCH CASEA parent program

- 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 6: Individual session – problem solving and relapse prevention.
- WEEK 7: Feedback and Evaluation.
- WEEK 8: Combined child and parent group.

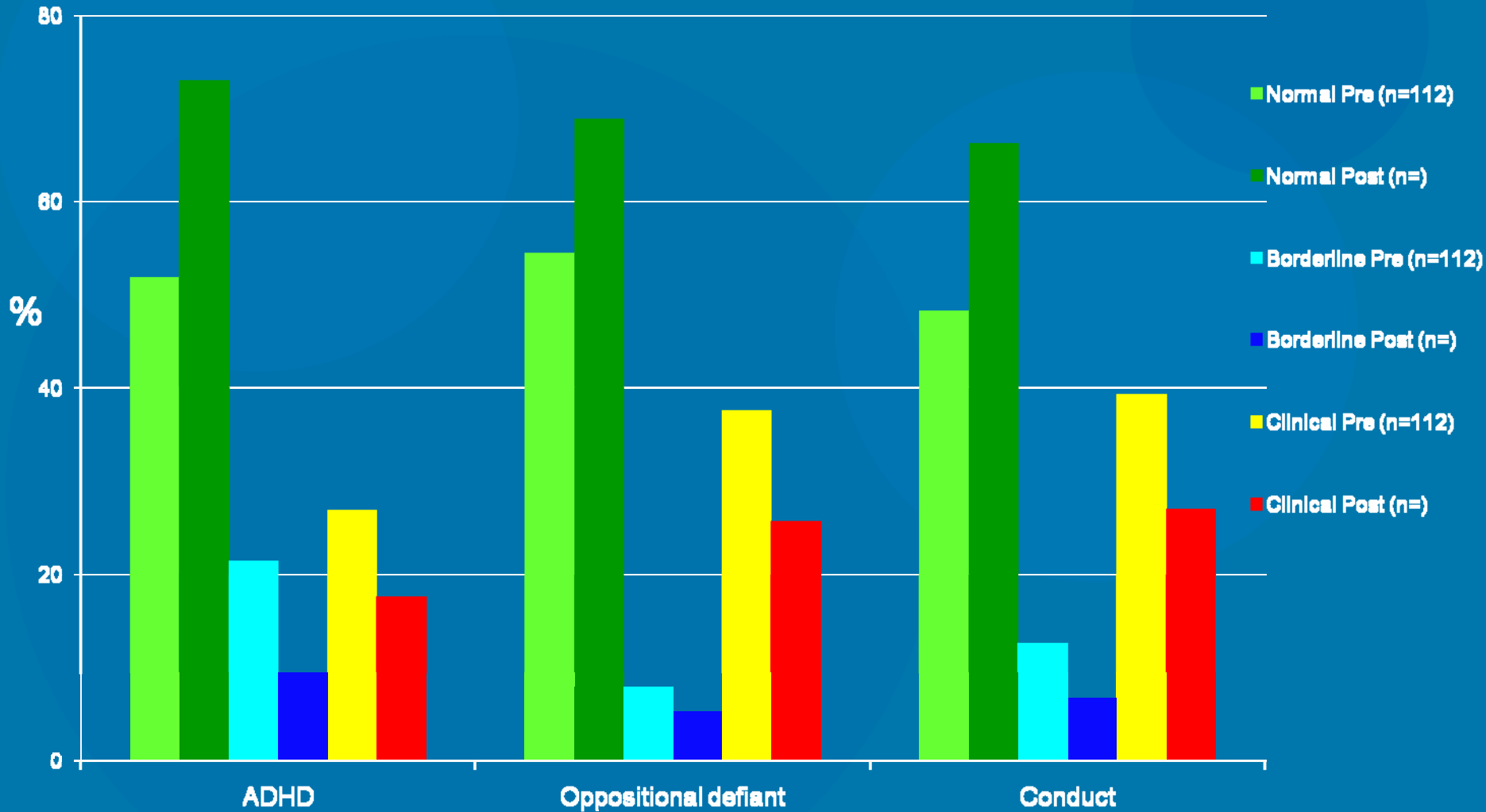
Targeted Group Mean SDQ Scores



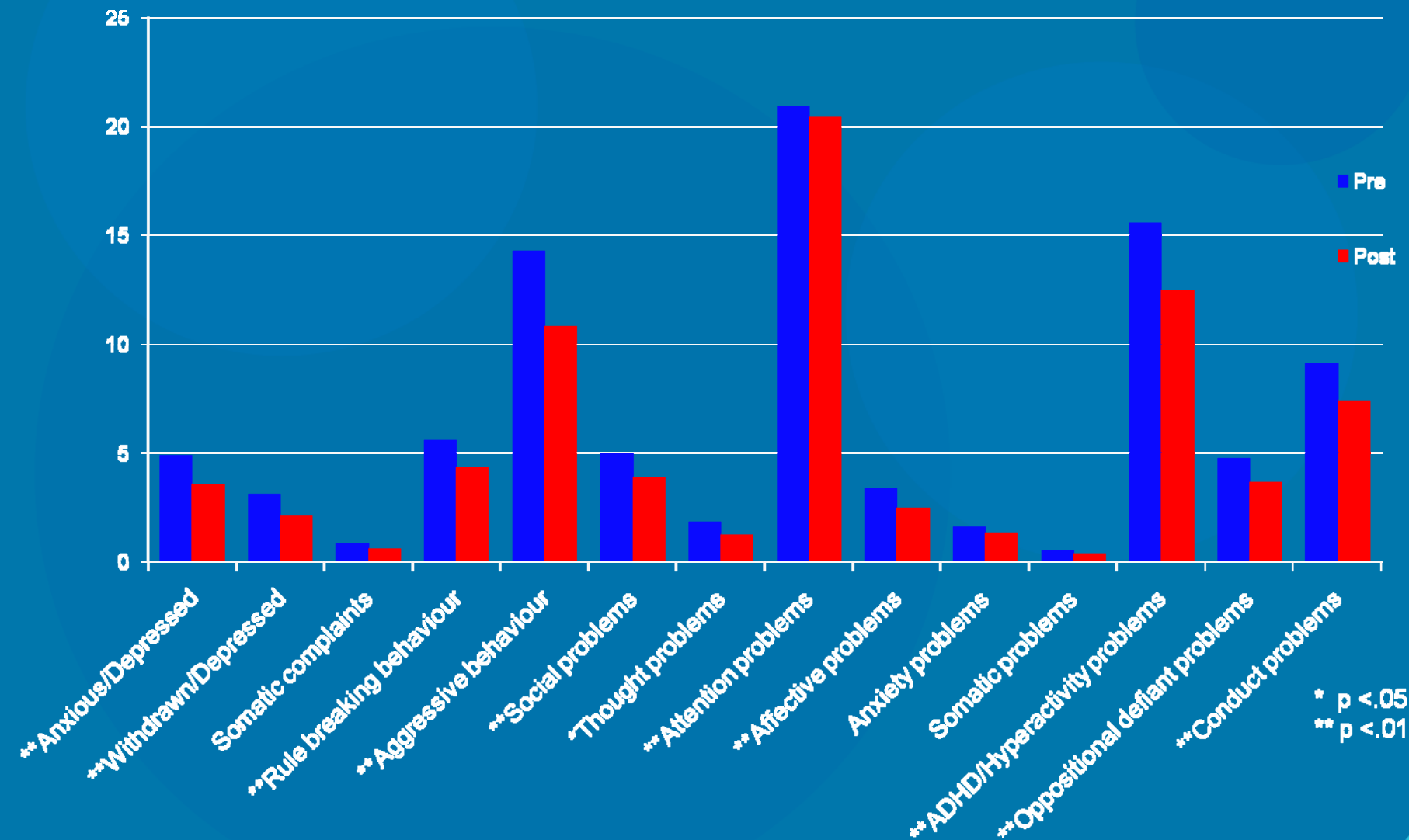
CBCCL – Parent Reported Syndrome and DSM Scale Scores (*n* = 88)



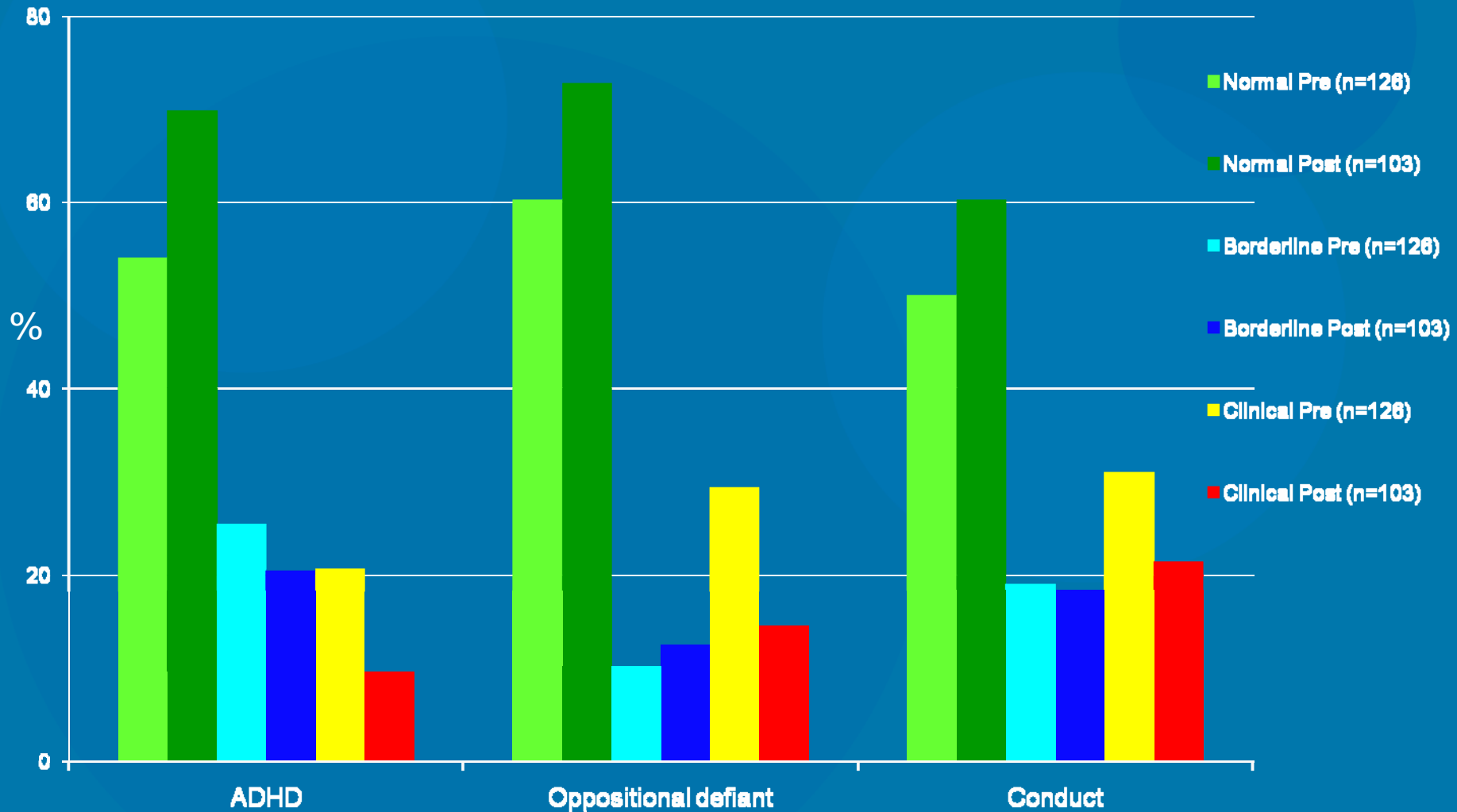
CBCL – Parent Reported CBCL Classification



CBCCL – Teacher Reported Syndrome and DSM Scale Scores (*n* = 107)



CBCL – Teacher Reported CBCL Classification



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



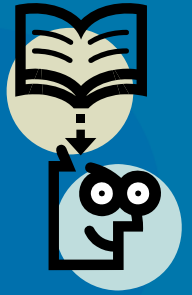
- How teachers reacted to behaviour problems once they occurred made no difference
- What teachers did to prevent problems from occurring in the first place made the difference

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 !!