

ADHD: The Goods

Practical Tips & Evidence-Based Strategies

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Totem Professional Development

Who Am I?



— [Licensed Clinical Psychologist

— [School Psychologist

— [Behavior Specialist in WCSD

— [Reformed Behaviorist

— [Evidence-based practice

Stuff we know already:

Neurological & Genetic Etiology

Cerebral Blood Flow studies

Frontal Lobe studies

Neuroimaging Studies (PET, MRI, fMRI, etc.)



Benton, 1991; Heilman, Voeller, & Nadeu, 1991; Levin, 1938; Mattes, 1980
El Sayed, Larsson, Persson, & Rydelius, 2002; Johnstone, Barry & Anderson, 2001

Yeah, but what about...

— [Pregnancy, Birth Complications & September?

— Low birth weight associated with ADHD symptoms

— (Seasonally mediated viral infections)

Hartsough & Lambert, 1985; Nichols & Chen, 1981

Okay, but have you heard...

— [Christakis et al., 2004 “Early exposure to TV during formative years causes ADHD.”

— Classic “correlation is not causation” confusion

— Study also points “causal finger” to “bad parenting.”

— Any study that says, “Thanks for nothing, Mom!” should be questioned.

The Big Picture:

- [No credibility to social etiology of ADHD
- [Totality of evidence points to genetic and neurological factors
- [Substantial evidence of specific characteristics associated with ADHD
- [Reduced arousal to stimulation
- [Diminished sensitivity to reinforcement
- [Pregnancy complications are associated with risk for ADHD
- [Streptococcal infection affecting cells of basal ganglia
- [Anticonvulsant meds may create or exacerbate ADHD symptoms

So what?

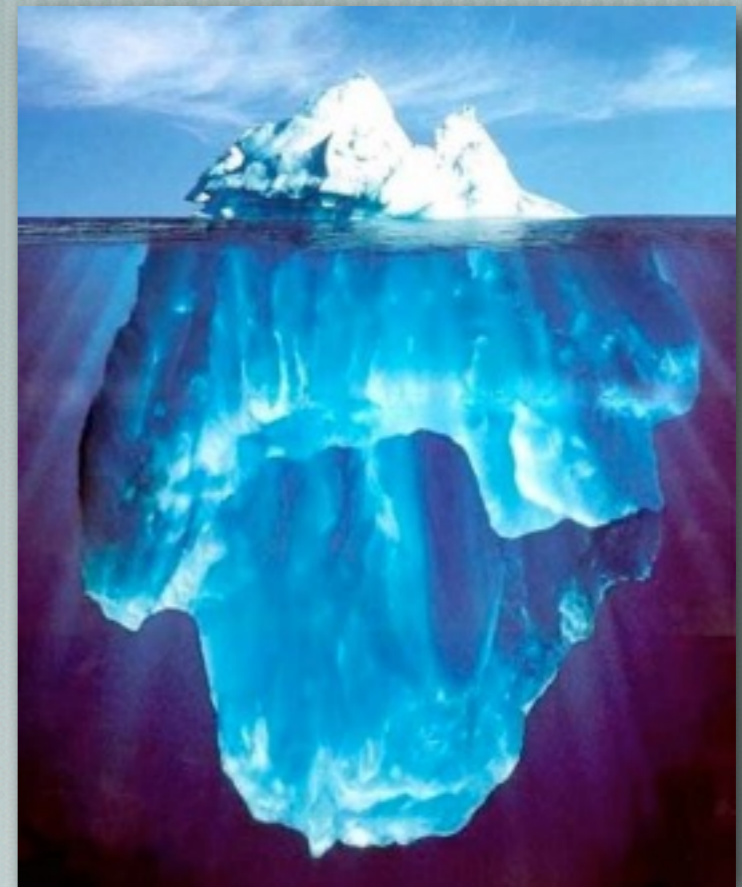
- [Provide parents and families with practical information
- [Provide parents and families with evidence-based strategies
- [Collaborate with Community Resources to provide stronger services

Inattention & Hyperactivity:

— [Much more to the neurological condition known as ADHD

— [Most kids (even adults) are inattentive and overactive

— [When is it the real deal?



“Annoydom”



Noun: Mental state of boredom combined with the capacity to engage in annoying behavior at the same time.

Executive Functioning

— [ADHD is real when you can confirm executive skill deficits

— [Understanding Assessment

— Conners-3, BRIEF, BASC-2, Vanderbilt

— Checklists that rate “observed” behavior

— Neuropsych tests (i.e., Wisconsin Card Sort, Stroop Word-Color Test, Rey Complex Figure, Trail Making, Continuous Performance Test, etc.)

— Tests that actually measure manifestations of executive functions via task performance

“The Director” Analogy



At a glance:



- [Low behavioral inhibition
- [Difficulty sustaining attention
- [Low task persistence
- [Low resistance to distraction
- [Limited ability to use internalized speech
- [Limited verbal memory
- [Limited working memory
- [Timing/Planning of fine motor movement
- [Limited self-regulation
- [Limited organization/planning
- [Lack of self-awareness

Evidence-based Tx:

— [Stimulants (methylphenidate, amphetamines)

— [75% positive clinical response

— [Lifespan

— [Stimulants DO NOT cause increased risk of substance abuse, rather, the risk of abuse is conferred by the ADHD. Stimulant tx may actually decrease the risk of future substance use.

Stimulants PLUS!

— [Parent training: Reduction of conflict, defiance, related disruptive behavior

— [Child training: Teach cognitive-based skills, internal and external compensatory strategies, modify environment towards child strengths

— [Behavior modification strategies (stay tuned)

— [Consultation with school services (504s & IEPs)

Stimulants PLUS! (cont'd)

— [Psychosocial treatments for the 15-25% that don't respond to stimulant medication

— [Longer-term enterprise that previously thought.

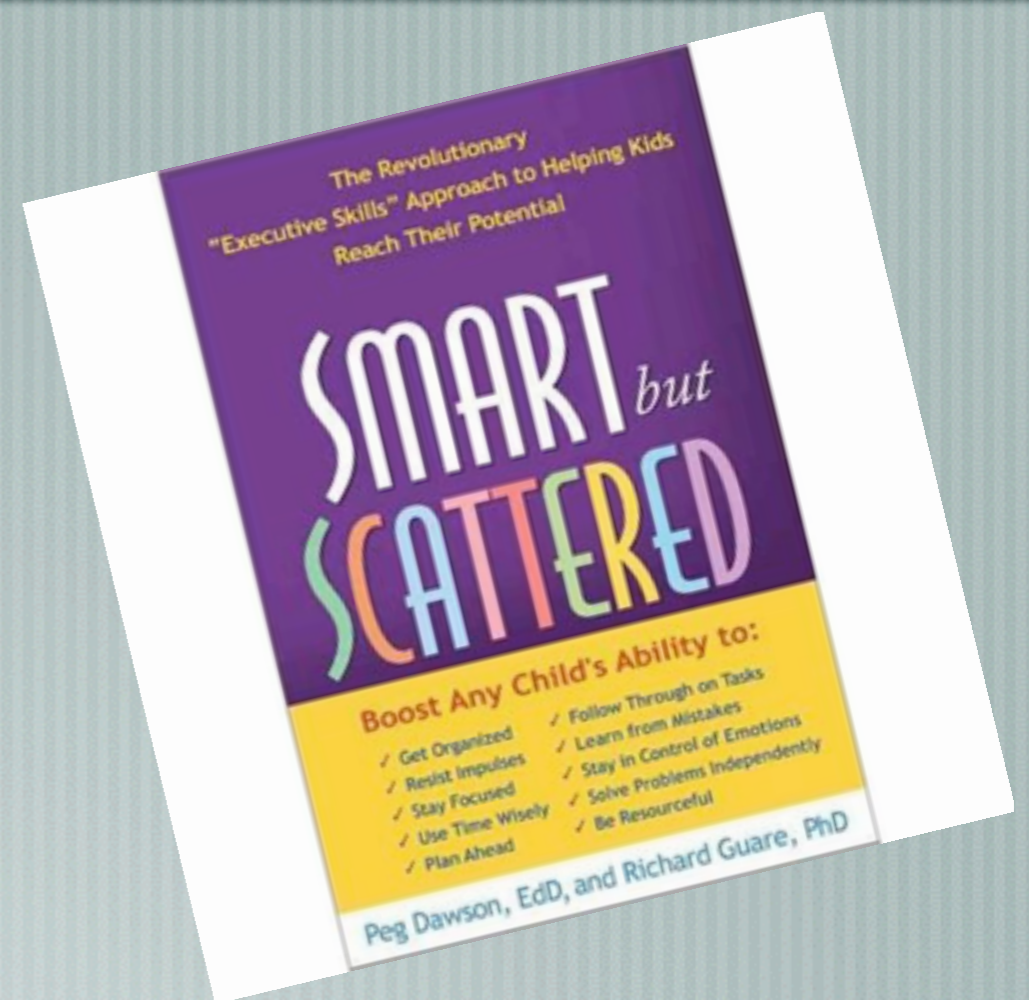
— [Chronic disorder, lifespan strategies are needed

\$11 : The Price of Success!

[Evidence-Based!

[Beyond stating the problem.
Practical. Applicable.

[Author Power! 30 Years of applied
experience.



(Evidence Based) Stuff Schools Should Use:

— [Self-monitoring strategies

— [Group Contingencies

— [Positive Reinforcement Schedule

— [Organization/Study Skill Strategies

— [School-based "Helper" and/or "Jobs"

— [Self-Awareness

— [Social Skills Instruction

Who provides this stuff in School?

School Psychologist

Trained in assessment as well as academic/behavioral intervention

Behavior Specialist

Special Educator with a background in Applied Behavioral Analysis (ABA)

Who else?

— [School Counselors & School Social Workers

— Depends largely on training. Ask first, don't assume

ADHD and School Systems: Not Awesome.

- [The nature of ADHD is not very compatible with the structure of public school. Honest, ugly truth.
- [Americans with Disabilities Act (ADA), and Individuals with Disabilities Education Improvement Act (IDEA, 2004) are sensitive to ADHD
- [The way public schools (including charters) interpret ADA and IDEA vary a great deal.
- [Medical practitioners, parents, and school personnel must collaborate.

Special Ed. & 504's

[Kids get qualified for SPED if:

- 1). The student has a disability (i.e., ADHD)
- 2). The disability adversely affects their academic performance
- 3). The student requires modified instruction to access the curriculum.

Special Ed. & 504's

— [Kids qualify for 504's if:

- 1). The disability significantly limits one or more major life activities (see: school).
- 2). Accommodations can be made that prohibit any form of discrimination (see: access) to one or more major life activities (see: school).

Community Resources:

— [CHADD of Utah (www.chaddofutah.com)

— [Utah Council for Children with Behavior Disorders
www.utahccbd.com

— [Utah Parent Center (www.utahparentcenter.org)

— [Utah Personnel Development Center (www.updc.org)