ADHD 2015

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Behavior is communication

"A riot is at bottom the language of the unheard."

-Martin Luther King, Jr.

“Children do well if they can.”

--- Ross Greene, The Explosive Child

“Human freedom involves our capacity to pause between the stimulus and response and, in that pause, to choose the one response toward which we wish to throw our weight.”

- Rollo May, *The Courage to Create*

Nonpharmacologic malpractice

"The idea that human self-control is largely self-determined and largely instilled by one's parents during childhood should be discarded on history's conceptual scrap heap. Until such time as more effective treatments having even fewer side effects have been scientifically identified, the use of stimulant medication as part of a larger treatment package for the management of ADHD should be a first-line and mainstay treatment, without apology."

---*Russell Barkley, The Nature of Self-Control*

Differential diagnosis
Most inattention is not ADHD

- Normal / non-impairing degrees of inattention
- Environmental distractions (classroom, play, home)
- Insufficiently engaging tasks
- Anxiety/ Depression
- Problems with learning/ performance (especially language)
- Fine motor/ gross motor
- Sleep/ medications/ medical problems
- Social difficulties
- Sensory differences
- Etc.

Co-existing conditions:

- "And" vs. "either-or" thinking
- "Dysfunction at the junction of the functions" (Levine)

Inattention

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- Often has trouble holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- Often has trouble organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted
- Is often forgetful in daily activities.

Hyperactivity and Impulsivity

- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often "on the go" acting as if "driven by a motor".
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting his/her turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games)

DSM-5 Criteria for ADHD

Persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development:

1. ***Inattention:*** Six or more symptoms of inattention for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level
2. ***Hyperactivity and Impulsivity:*** Six or more symptoms of hyperactivity-impulsivity for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level

3 subtypes (presentations) of ADHD

1. *Combined Presentation*
2. *Predominantly Inattentive Presentation*
3. *Predominantly Hyperactive-Impulsive Presentation*

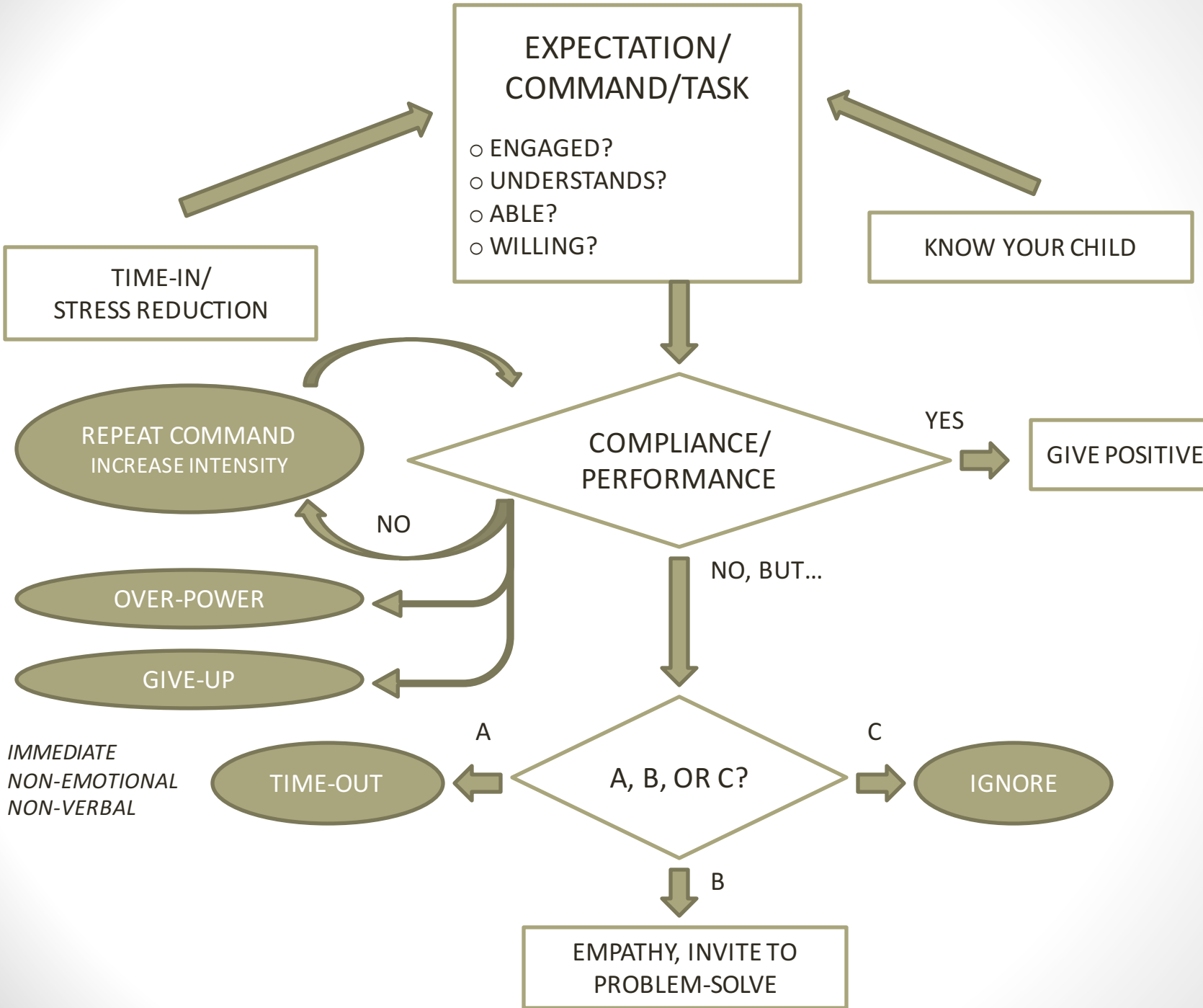
Because symptoms can change over time, the presentation may change over time as well. Subtype is based on symptoms over the past 6 months.

In addition, the following conditions must be met:

- Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- Several symptoms are present in two or more settings, (e.g., at home, school or work; with friends or relatives; in other activities).
- There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.
- The symptoms do not happen only during the course of schizophrenia or another psychotic disorder. The symptoms are not better explained by another mental disorder (e.g. Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

DSM5 Changes for Dx of ADHD

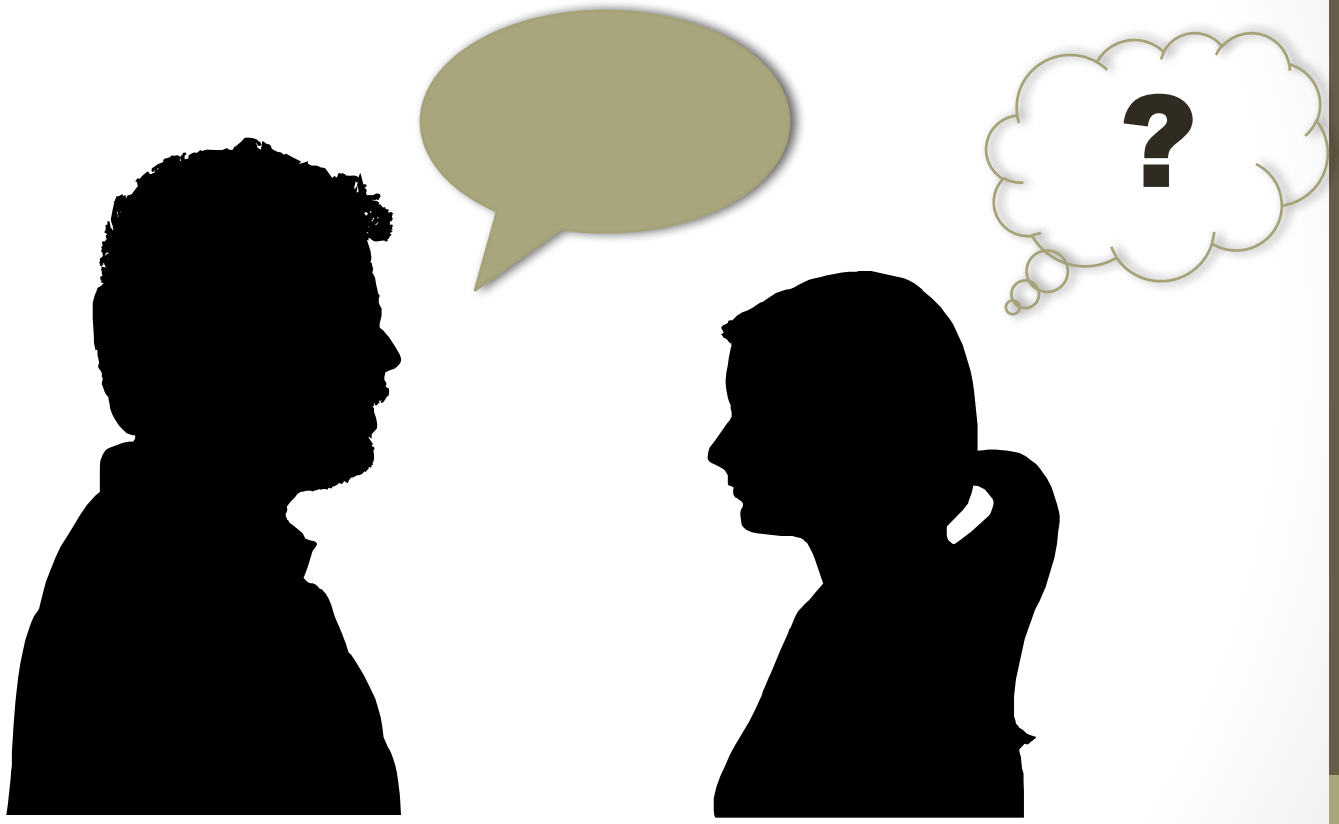
- Symptoms can now occur by age 12 rather than by age 6
- Several symptoms now need to be present in more than one setting rather than just some impairment in more than one setting
- New descriptions were added to show what symptoms might look like at older ages
- For adults and adolescents age 17 or older, only 5 symptoms are needed instead of the 6 needed for younger children
- ADHD and Autism can coexist


EXPECTATION/
COMMAND/TASK
○ ENGAGED?
○ UNDERSTANDS?
○ ABLE?
○ WILLING?
TIME-IN/
STRESS REDUCTION
KNOW YOUR CHILD
REPEAT COMMAND
INCREASE INTENSITY
COMPLIANCE/
PERFORMANCE
YES
GIVE POSITIVE ATTENTION
NO
OVER-POWER
GIVE-UP
NO, BUT…
A
C
A, B, OR C?
TIME-OUT
IGNORE
B
EMPATHY, INVITE TO
PROBLEM-SOLVE
IMMEDIATE
NON-EMOTIONAL
NON-VERBAL

Proactive strategies:
The Four Essentials

1. Engagement
2. Understanding
3. Motivation
4. Ability

Don't mistake poor engagement and understanding for lack of motivation or ability



How to insure engagement and understanding

- Separate engagement from instruction
- Stop one thing before starting another
- Pick the right timing
- Get close
- Use all the senses
- Be creative/ make it fun
- Be specific, break it down
- Anticipate, plan, communicate in advance
- Check understanding
- Repeat as needed
- Prompt as needed
- Use empathy/ give choices

Motivation through positive attention

- Simple noticing
- Praise according to the profile
- Comment on the quality of the performance, not the worth of the person
- Praise immediately
- Space and fade to promote independence

Motivation through rewards

Reward systems modify the child's behavior because they first modify the adult's behavior:

- Clarity
- Preparation
- Individualized
- Feedback
- Monitoring
- Responsibility and independence

"When skidding out of control"
How to respond empathically

- Take the foot off the gas and the break
- Turn the wheels in the direction of the skid
- Let the car slow down
- See if you have regained enough traction to gradually turn the car back on the road

Other metaphors: martial arts, kayaking

Why empathy?

- Staying out of power struggles
- Helping the child feel understood
- Teaching the language of emotion
- Gaining traction for collaborative problem solving

"*STEPS*" TO PROBLEM SOLVING

STOP AND THINK TRAINING

- ***S***ay what the problem is.
- ***T***hink about all possible solutions.
- ***E***xamine each possible solution.
- ***P***ick the best solution.
- ***S***ee how it works.

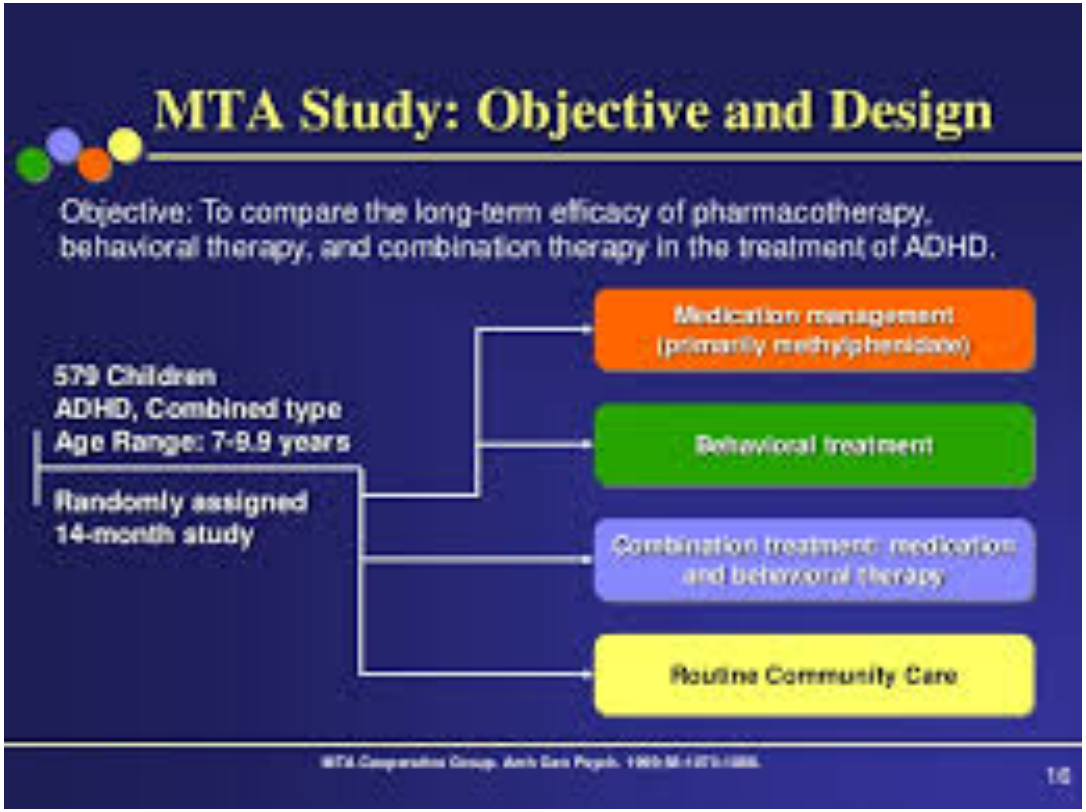
The limits of non-pharm intervention

The NIH-MTA-ADHD Study

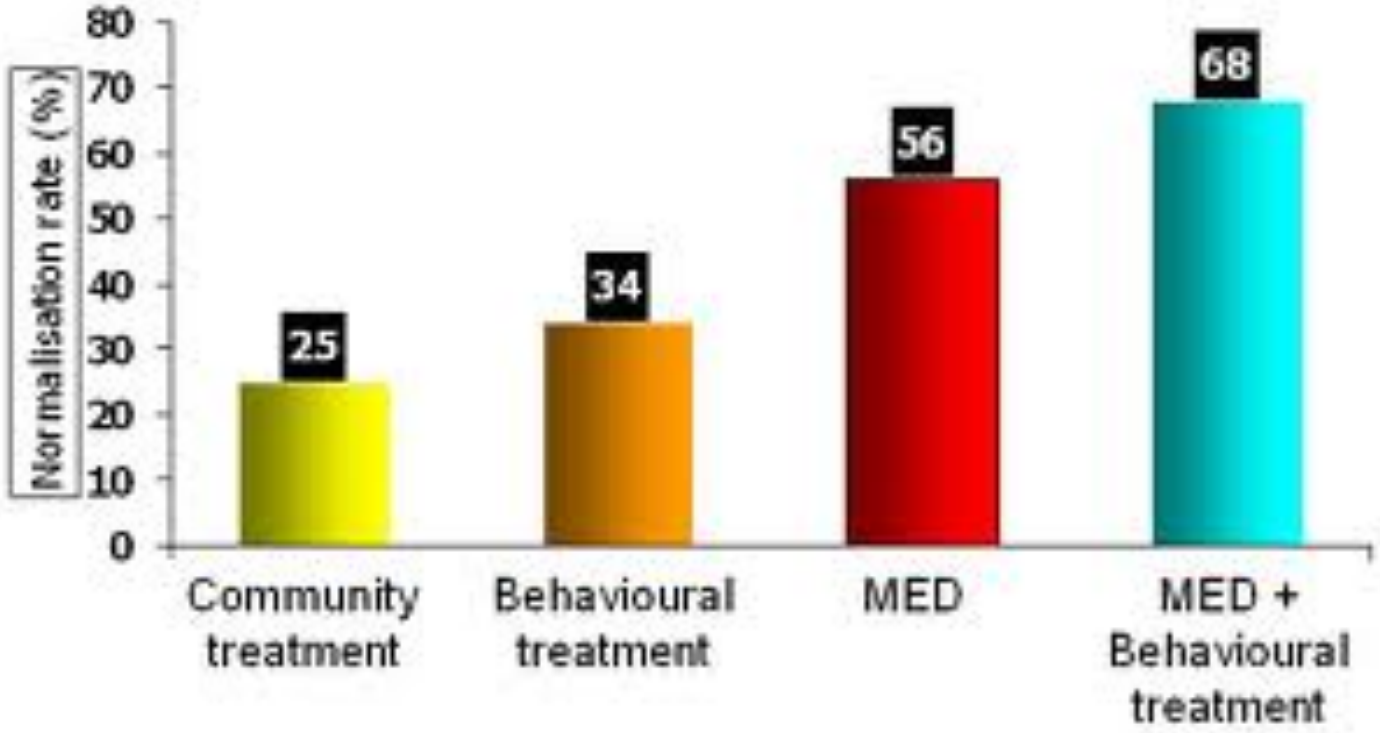
Original Article | December 1999

A 14-Month Randomized Clinical Trial of Treatment Strategies for Attention-Deficit/Hyperactivity Disorder

The MTA Cooperative Group

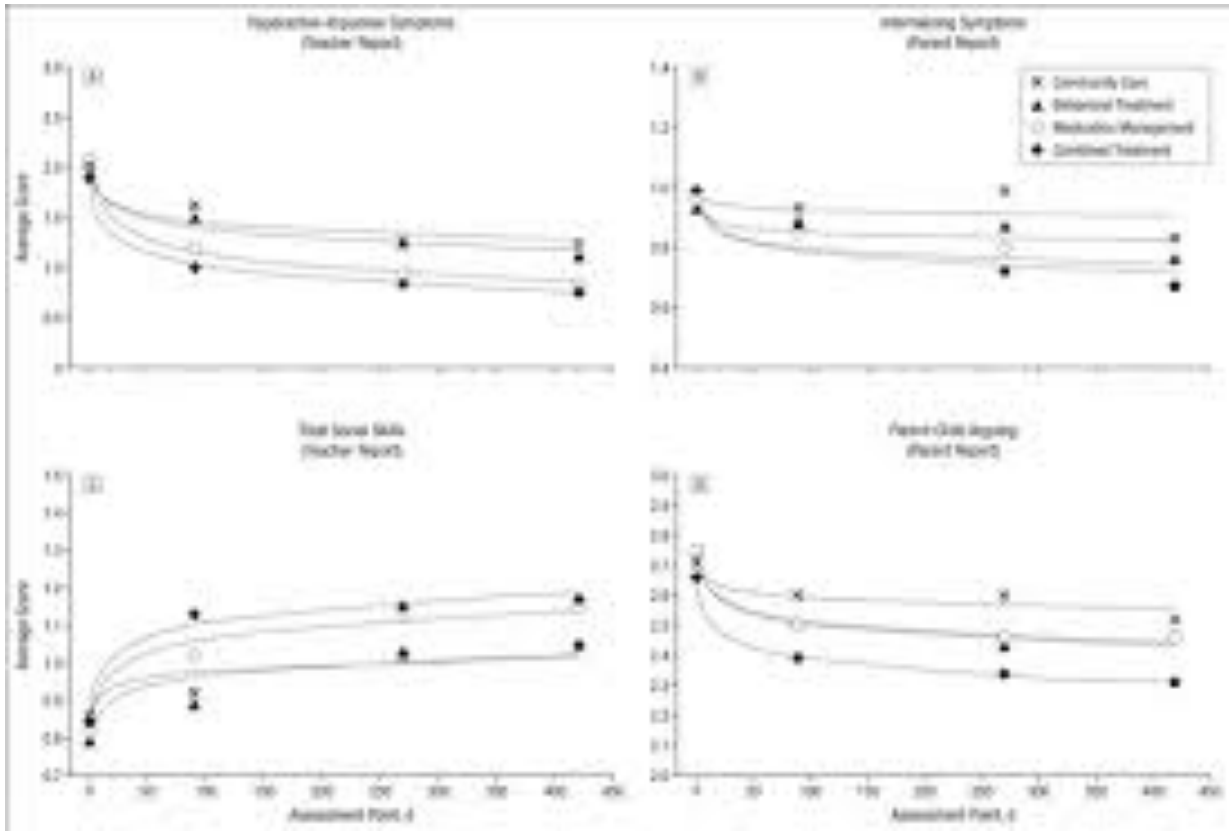


outcomes


Normalisation rate (%)
80
70
60
50
40
30
20
10
0
25
34
56
68
Community treatment
Behavioural treatment
MED
MED + Behavioural treatment

Controversial conclusions:

Psychosocial supports make a difference when ADHD and anxiety coexist; otherwise, not



MTA Abstract

- **Methods** A group of 579 children with ADHD Combined Type, aged 7 to 9.9 years, were assigned to 14 months of medication management (titration followed by monthly visits); intensive behavioral treatment (parent, school, and child components, with therapist involvement gradually reduced over time); the two combined; or standard community care (treatments by community providers). Outcomes were assessed in multiple domains before and during treatment and at treatment end point (with the combined treatment and medication management groups continuing medication at all assessment points). Data were analyzed through intent-to-treat random-effects regression procedures.
- **Results** All 4 groups showed sizable reductions in symptoms over time, with significant differences among them in degrees of change. ***For most ADHD symptoms, children in the combined treatment and medication management groups showed significantly greater improvement than those given intensive behavioral treatment and community care. Combined and medication management treatments did not differ significantly on any direct comparisons, but in several instances (oppositional/aggressive symptoms, internalizing symptoms, teacher-rated social skills, parent-child relations, and reading achievement) combined treatment proved superior to intensive behavioral treatment and/or community care while medication management did not. Study medication strategies were superior to community care treatments, despite the fact that two thirds of community-treated subjects received medication during the study period.***
- **Conclusions** For ADHD symptoms, our carefully crafted medication management was superior to behavioral treatment and to routine community care that included medication. Our combined treatment did not yield significantly greater benefits than medication management for core ADHD symptoms, but may have provided modest advantages for non-ADHD symptom and positive functioning outcomes.

How to do a medication trial

1. Choose a target
2. Choose a medication
3. Establish baseline measures for targets and possible side effects
4. Establish observation intervals
5. Observe
6. Evaluate and reevaluate

Medication Trial Form

0=no problem; 1=little problem; 2=medium problem; 3=big problem

medication:	**Date baseline**	**date**	**date**	**date**
Targets				
Possible Side Effects				

Resources

- Mel Levine, A Mind at a Time
- Russell Barkley, Taking Charge of ADHD
- Timothy Wilens, Straight Talk About Psychiatric Medications for Kids
- CHADD. org