

ADHD - Practical Strategies to Managing Behaviour Workshop

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With thanks to ADDitude

Agenda

- Provide Information around identifying the main ADHD behaviours.
- Include practical tips for implementing strategies.
- Learn how the strategies will help manage behaviour.
- Provide an opportunity to ask questions and discuss ADHD behavioural issues being experienced.

ADHD is a Superpower

- <https://www.bbc.co.uk/news/av/stories-47630021>
- Reframing ADHD

Easily distracted	Has high levels of awareness and observation
Restless	Energetic and lively
Goes off at a tangent.	Individualistic and independent.
Forgetful.	Absorbed in their own thoughts.
Interrupts others.	Enthusiastic about contributing.
Untidy work	Look for signs of effort despite difficulties.
Selfish	Single-minded in pursuit of goals.

This is a growth mindset approach that may help to maintain a positive relationship with children with ADHD.

Some Positives Associated with ADHD

- Able to adapt quickly to changed circumstances
- Creative
- Divergent thinker
- Good at individual sporting activities
- Good leader in team games
- Good at visual thinking
- Highly aware of the environment around him/her
- Highly questioning
- Highly independent
- Highly flexible
- Imaginative
- Innovative
- Inquisitive
- Keen to take part and contribute
- Perfectionist
- Persistence
- Sensitive
- Sharp observational skills
- Tremendous energy
- Unusual outlook
- When motivated can respond very well and with great energy
- When motivated can change strategies very quickly
- Willing to take risks



ADHD: The Most Common Neurodevelopmental Condition of Childhood

- Brain-based, neurodevelopmental disorder
- Brain imaging studies show:
 - Smaller volumes in specific brain regions
 - Impaired neurotransmitter activity
- Studies show a strong hereditary component
- Characterized by inattention and/or impulsivity, hyperactivity
 - significantly impacts behaviour and performance

Definition

DSM – 5 (2013)

- A persistent pattern of inattention **and/or** hyperactivity-impulsivity that interferes with functioning or development, as characterised by at least 6 out of 9 inattention symptoms and /or at least 6 out of 9 hyperactivity and impulsivity symptoms.
- Several inattentive **or** hyperactive-impulsive symptoms were present prior to age 12 years.
- Several inattentive **or** hyperactive-impulsive symptoms are present in two or more settings (e.g. home and school).
- There is clear evidence that the symptoms interfere with, or reduce, the quality of social, academic, or every day functioning. (Also, in NICE guidelines 2018)
- The symptoms.... are not better explained by another mental disorder (e.g. mood disorder, anxiety disorder).

DSM-5

ADHD categories:

- Combined presentation
- Predominantly inattentive presentation
- Predominantly hyperactive-impulsive presentation

No longer described as subtypes

Severity:

Clinicians required to specify severity level of an individual's ADHD: mild, moderate, severe

Typical diagnosis around 7, 8, 9 years.

Affects 0.9% girls and 3.6% boys between 5 and 15 years of age (NICE, 2013).

Recognising ADHD in Educational Settings

Attention	Disorganized / Forgetful	Restless	Impulsive	Work Habits
<ul style="list-style-type: none"> • Easily distracted • Tunes out of lessons • Daydreams • Trouble staying in seat 	<ul style="list-style-type: none"> • Forgets to take books home • Forgets assignments or forgets to turn them in • Loses homework, pencils, etc. • Messy desk, backpack, papers 	<ul style="list-style-type: none"> • Fidgets • Fiddles with nearby objects • Trouble waiting, taking turns • Trouble staying in seat 	<ul style="list-style-type: none"> • Talks excessively, blurts out or interrupts • May disrupt class • Trouble following rules • Careless errors 	<ul style="list-style-type: none"> • Trouble starting/finishing work • Incomplete, late, or missing assignments • Trouble following rules • Doesn't follow instructions • Easily frustrated

NICE Guidelines (2018):

If the CYP's difficulties that are suggestive of ADHD are having an adverse impact on their development or family life, consider:

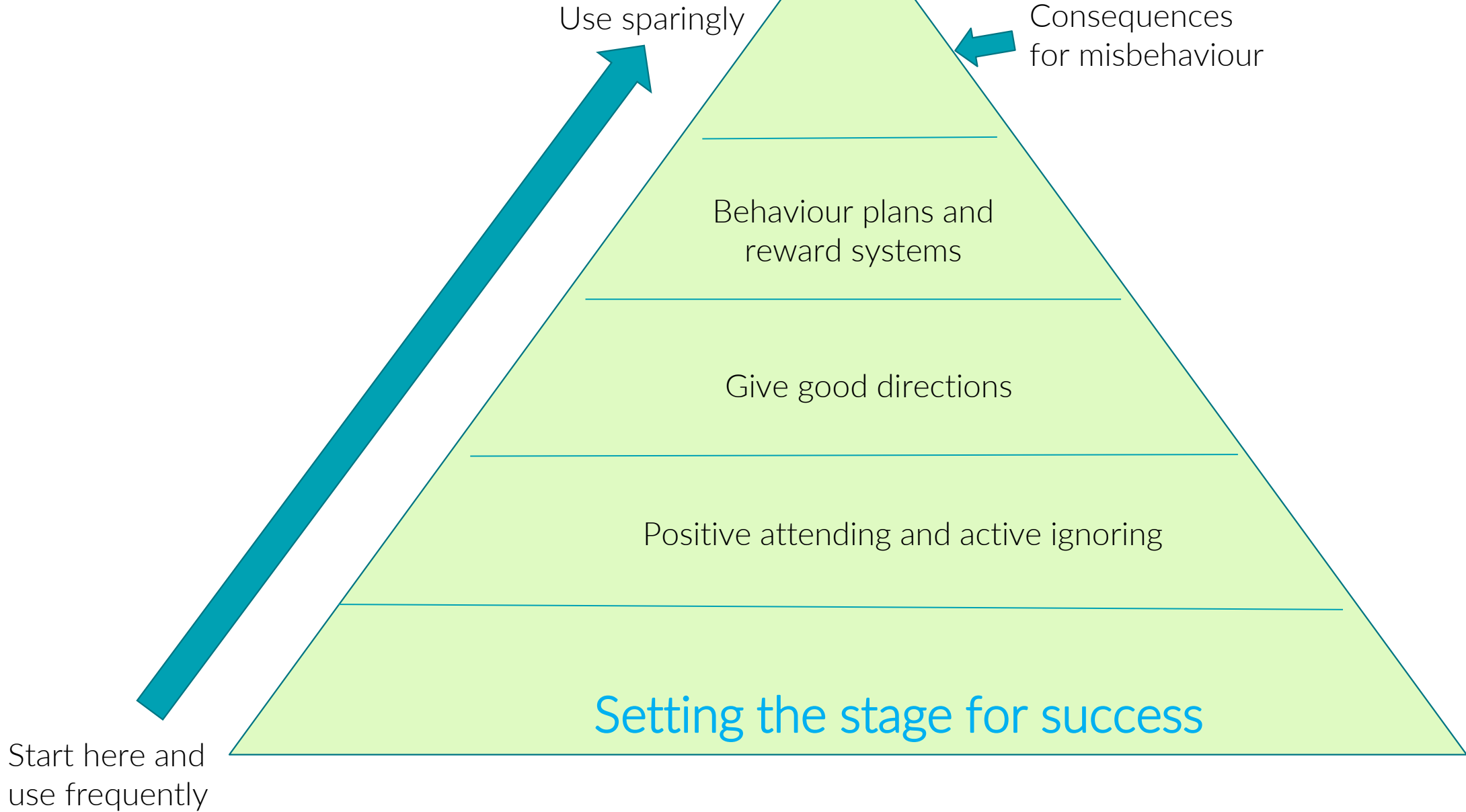
- A period of watchful waiting of up to 10 weeks
- Offering parents/carers a referral to group-based ADHD-focused support (not dependent on formal diagnosis).
- If persistence of at least **moderate impairment**, referral to the Paediatrician for assessment is recommended.

If thought to be **severe impairment**, referral should be made directly to the Paediatrician (or other secondary care) for assessment.

NICE Recommendations 2018 – Supporting children and young people with ADHD

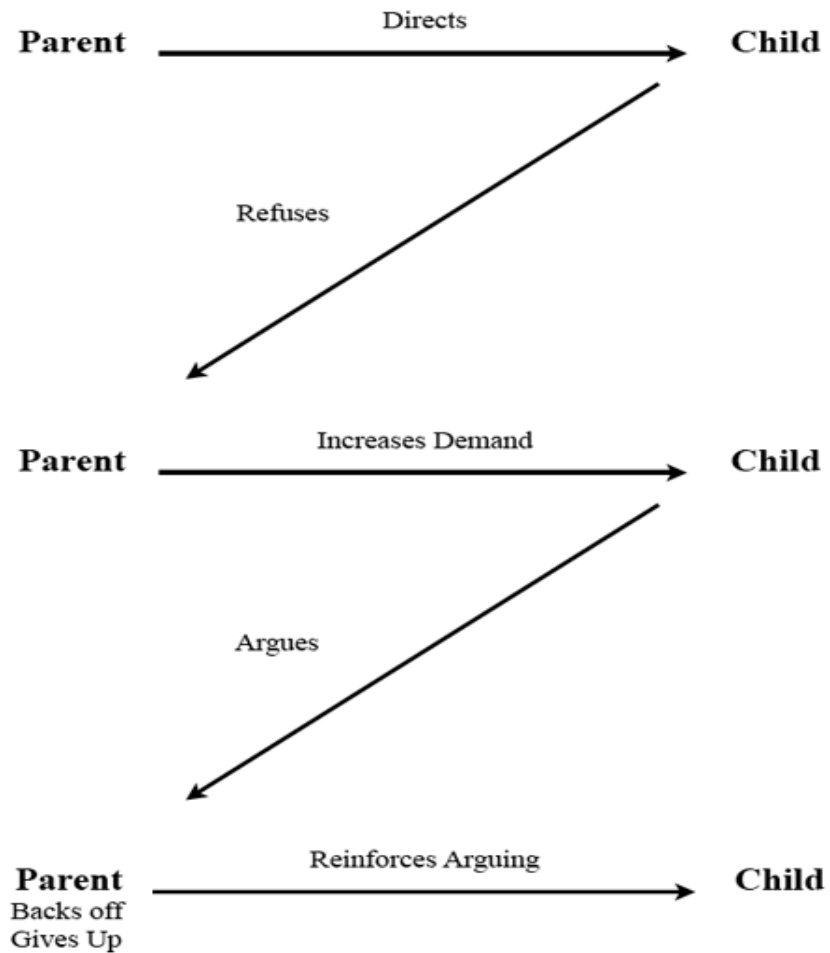
- **ADHD-focused group parent-training programme to parents/carers as first-line of treatment.**
- Environmental modifications to be implemented and reviewed.
- Consideration of a course of cognitive behavioural therapy (CBT) for CYP with ADHD who have benefited from medication but whose symptoms continue to cause significant difficulties in more than one environment.
- When there is transition to a new setting further advice on environmental modifications within the educational placement may be provided by a professional.





Behaviour: The Coercive Cycle

Parent-Child Coercive Cycle: Parent Driven



A Key Step: Strengthening Your Relationship

- The goal is to pull you out of the coercive cycle and help you enjoy being with your child again
- Establishing a warm relationship with your child is putting “money in the bank” and will make setting expectations much easier.



Quality Time

- Pick an enjoyable activity for your child
- Ask your child what they would like to do
- Be present in their experience
- Follow their lead
- Focus on giving attention to positive behaviours
- Avoid directions, questions, and critical statements
- Cultivate common interests and interaction routines.













Honour the Brain's Needs:

- Predictability
- Consistency
- Ordered structure
- Organised spaces
- Motivation
- Stimulation



Examples of Routine Systems

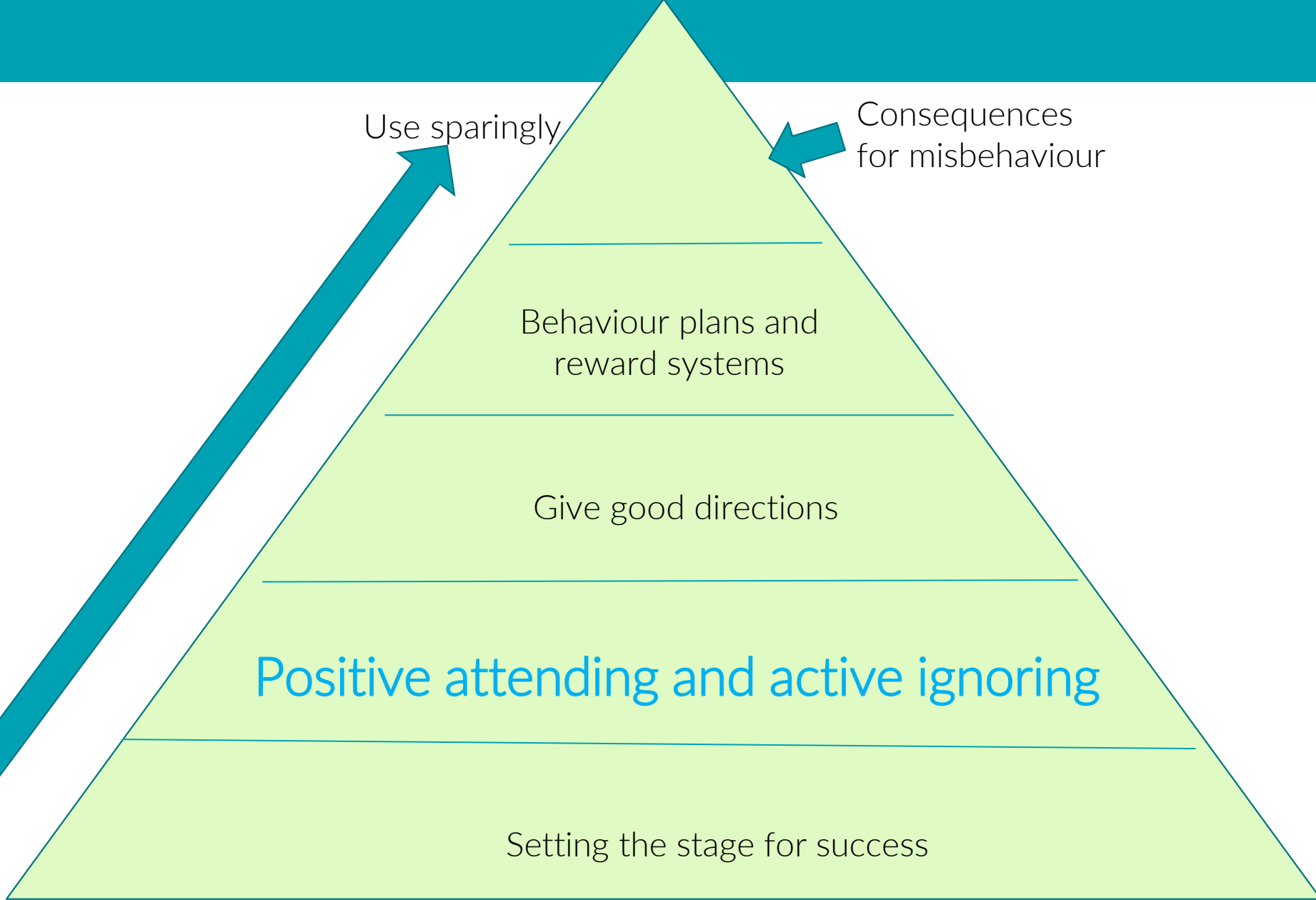
	Task	Check ✓
	Wake Up 7:00am	
	Get Dressed 10 minutes	
	Breakfast Until 7:30	
	Brush Teeth 2 minutes	
	Wash Face 1 minute	
	Comb Hair 2 minutes	
	Put on Sneakers 2 minutes	
	Grab Backpack 2 minutes	
	Out the door by 7:45	

4:00: Get home	
Tutor	
Brain Break Choice of: _____ _____ _____	
30 minutes of reading	
Homework	
7:00: Dinner	
Free time	
8:30: Get ready for bed - 2 minutes of teeth brushing - Put on PJs	
Bedtime Reading	
Lights out by 9:30pm	

Start here and
use frequently

Use sparingly

Consequences
for misbehaviour



Specific Praise for Positive Behaviours

- Be Specific*
- Be Consistent
- Be Sincere
- Occurs *immediately* after the behaviour
- Occurs when you are *physically close*
- Use non-verbal re-inforcers
- Use at a high dose (3:1 ratio)
- Focus on behaviours you want to increase

"Well done for finishing your work!"



Planned Ignoring

- Withdraw attention for minor misbehaviour and immediately provide reinforcement (praise) for positive behaviour.
- Behaviours appropriate for withdrawal of attention
 - Complaining
 - Arguing
 - Interrupting.



Use sparingly

Consequences
for misbehaviour

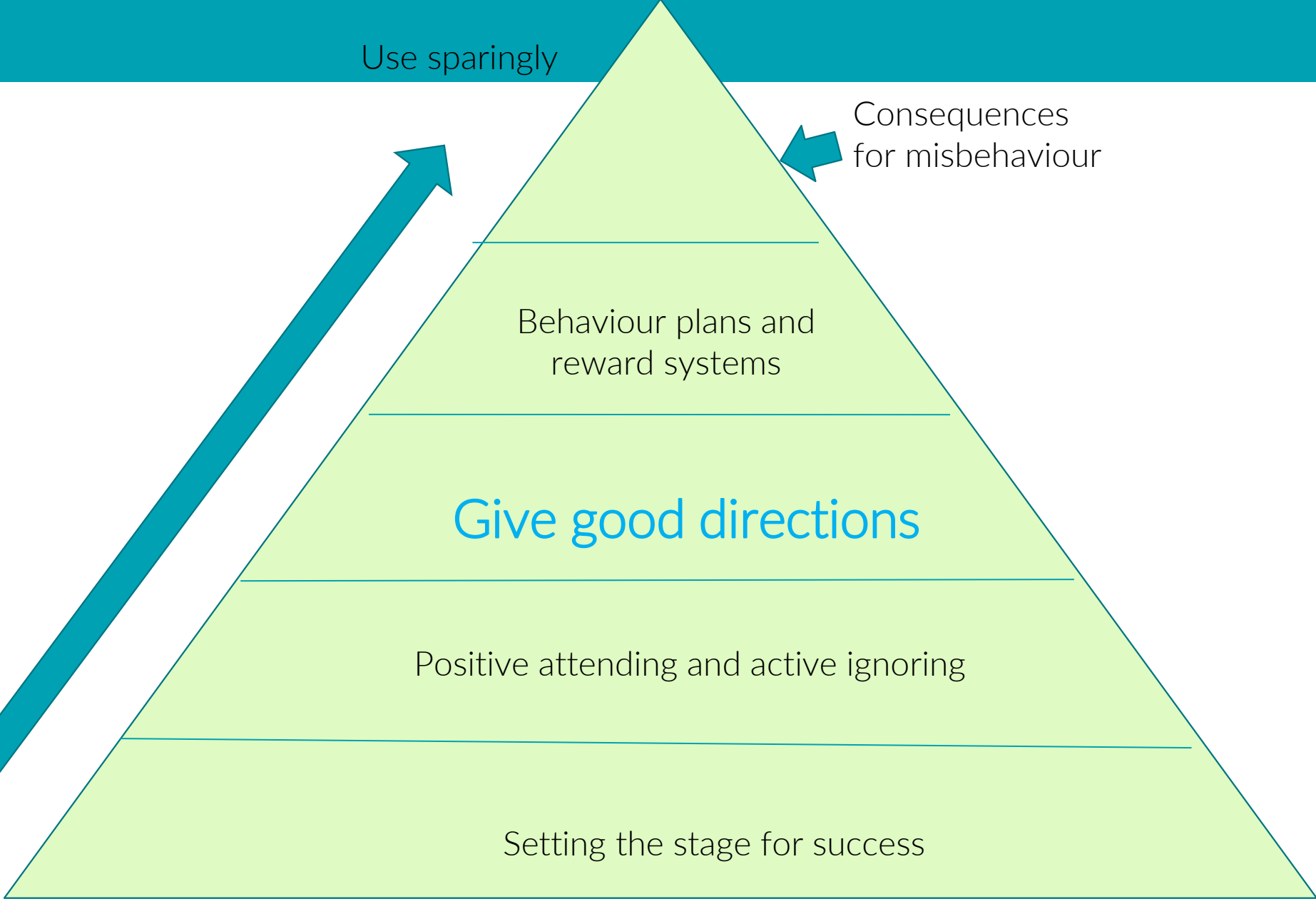
Behaviour plans and
reward systems

Give good directions

Positive attending and active ignoring

Setting the stage for success

Start here and
use frequently



Giving Effective Instructions

- Stay calm. It models appropriate behaviour and prevents raising your voice.
- Be clear and straightforward. “Please go and get your coat,” not, “Can you go and get your coat?”
- Give instructions one at a time. A series is harder to remember.
- Wait for follow-through. Catch it with praise.
- Avoid “no,” “stop,” and “don’t.” Say what you *want* your child to do.



Schoolwork Coaching

Behaviour	Coaching Statement / Specific Praise
Concentrating / Focusing	"You are so focused on your reading."
Following Directions	"You read those directions really carefully before starting on your worksheet."
Paying Attention	"I could see that you were really listening to me when I gave you those instructions."
Best Work	"You worked hard to give really good answers to those questions."
Independence	"You worked that out all by yourself."

Coaching Statements



Think of one coaching statement / specific praise for each image...



Facilitating Persistence – 5 P's

- Praise – lead with past successes
- Predict – make a positive prediction
- Prompt – Break tasks down, start with the easy stuff; reinforce small steps towards the goal
- Patience
- Practice

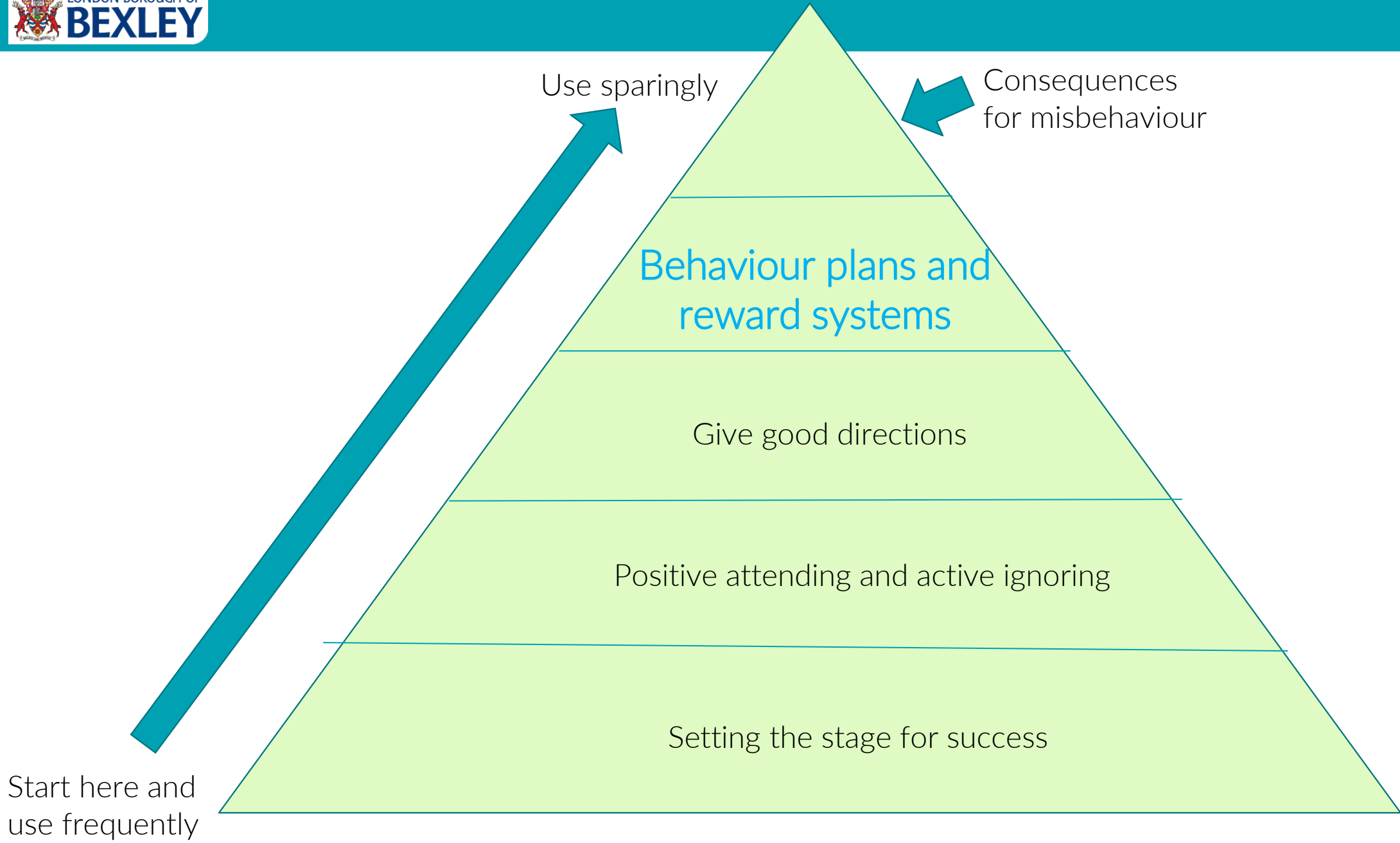
Coaching Statements



Now turn your coaching statement into 'praise, predict and prompt' (3 P's)

...





Start here and use frequently

Use sparingly

Consequences for misbehaviour

Behaviour plans and reward systems

Give good directions

Positive attending and active ignoring

Setting the stage for success

Behavioural Intervention

- **What** is the behaviour?
 - Define behaviours in **specific, observable & measurable** terms
- **When** does it take place?
- **Where** does it take place?
- **With Whom** does it take place?
- **Why** does it take place (i.e., what's the function of the behaviour)?
 - Sensory
 - Escape
 - Attention
 - Tangible

ABC Chart – Antecedents Behaviour Consequences

Date/Time	Activity	Antecedent	Behavior	Consequence
Date/Time when the behaviour occurred	What activity was going on when the behaviour occurred	What happened right before the behaviour that may have triggered the behaviour	What the behaviour looked like	What happened after the behaviour, or as a result of the behaviour
4Monday 15 th March at 5 pm	Tidying up	Asked Stacey to tidy up	Stacey swept the toys off the table.	I sent her to her room

Activity: This of the most recent event that led to the behaviour of concern. Fill in one row of the chart for this event.

Behaviour Plan Implementation

Monitor and define target skills/behaviours

- Focus on **1-3 specific target behaviours** at a time
- Positively phrased (what to do)
- Get specific
- Examples:
 - Get started on schoolwork right away
 - Focus on lessons for 30 minutes
 - Stay calm and ask for help when needed

Develop a reward menu

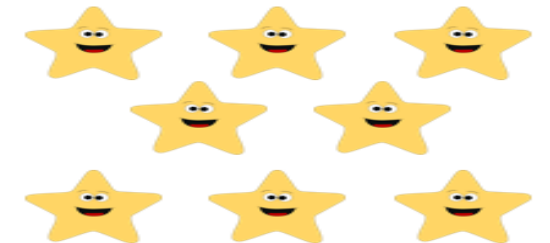
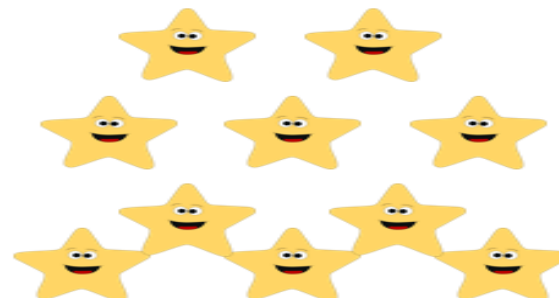
Co-create with your child

Sample Home-Based Behaviour Chart - Younger Child (3-6 years)

Work out what you would like to see instead.

CLIENT's Listening Chart

CLIENT gets 1 sticker for following directions the first time calmly



Sample Home-Based Behaviour Chart - Older Child (6 years +)



Client's Behavior Chart

Behavior		Monday	Tuesday	Wednesday	Thursday	Friday
Following Directions (2 pts) 						
Using Your Words (5 pts) 						
Points Earned						
Previous Balance						
Total Points						
Spent						
Current Balance						

Client can earn rewards from his Reward Menu with points he earns!

Points System (Ages 12-15)

Date	Item	Deposits	Withdrawals	Balance
01/02/20	Completed work without parent reminders	200		200
01/02/20	Tidied room	400		600
01/02/20	30 mins of Xbox time		200	400

Make a list of rewards and privileges; include everyday and special privileges (at least 10 total)

Make a list of jobs/responsibilities and activities your child has difficulty completing (range 100 to 1000 points)

Reward and Consequence-Based Behavioural Management

- **Consequence based**

- Identify desired alternative behaviour
- Reward alternative behaviour (points, etc)
- Withdraw privilege/points for negative behaviour

- **Reward based**

- Rehearse desired behaviour when calm
- Remind and praise/reward gradual improvement

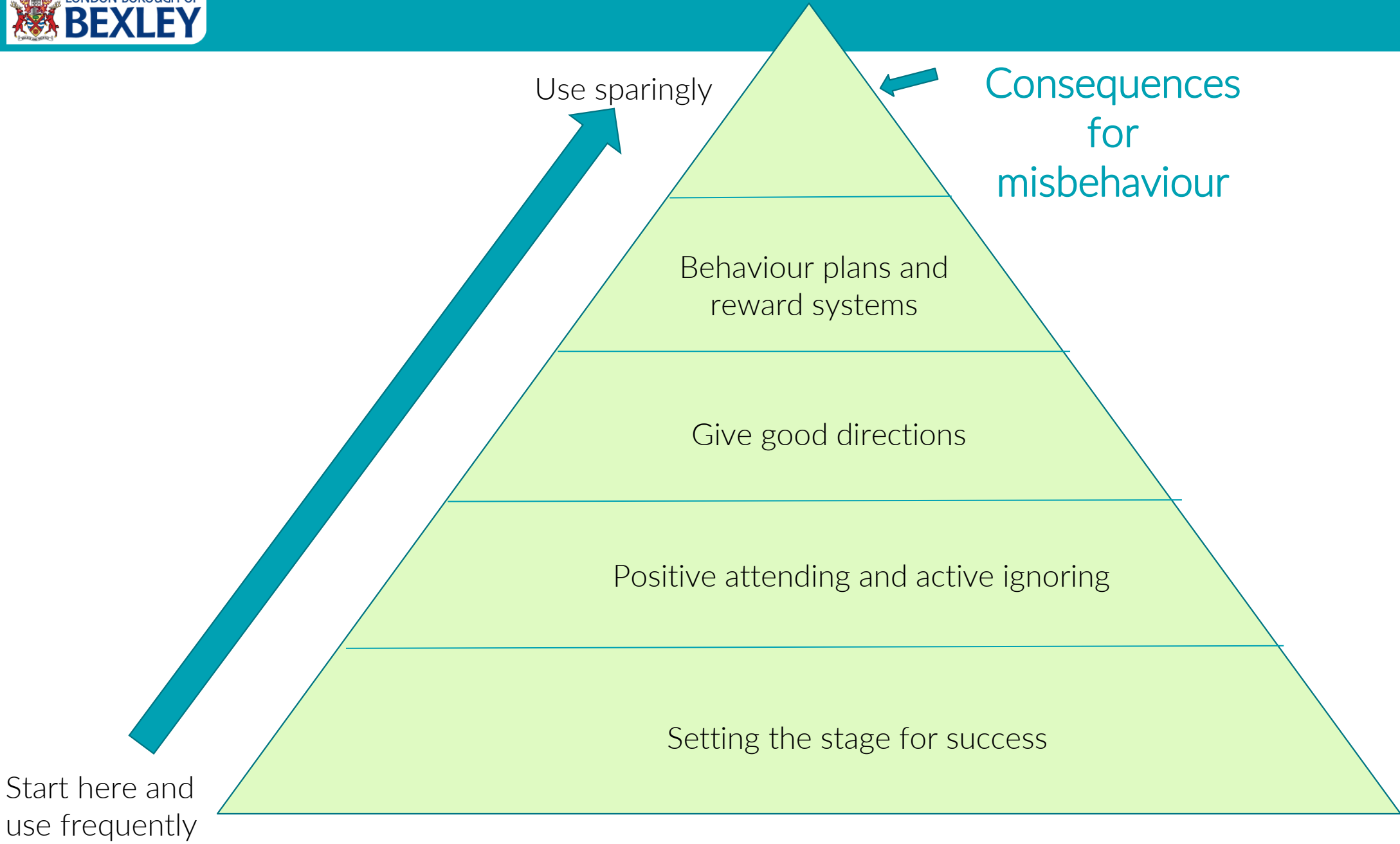
- **Problem-solving (empowerment) based**

- Identify goal
- Alternative means of achieving goal

Principles for Children and Adults

- Focus on one issue first
- Normative versus extreme levels
- Anticipate and plan for situations
 - Triggers tend to be recurrent
- Warmth and consistency
 - But identify and avoid “secondary gain”





Guidelines for Consequences for Misbehaviour

Why harsh punishments are ineffective:

- Only have short-term success
- Increase emotional reaction from your child
- Deteriorates quality of parent-child interaction
- Teaches child what NOT to do; it does not TEACH appropriate behaviour



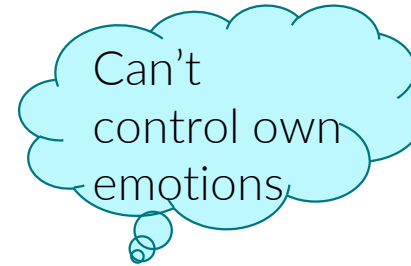
Guidelines for Consequences for Misbehaviour

- Establish your consequence plan in **advance**
- Administer the consequence in a **neutral** and **calm** voice
- Use **sparingly**
- Administer **immediately** after the behaviour occurs
- Give consequences in **small doses**; let the medicine do the work!
- Remember to **reset** after delivering a consequence
- **Be consistent** – if you say it, follow through
- **Remember** to continue implementation of positive behaviour management strategies!

Emotional Dysregulation

A form of communication

- **General emotional dysregulation**
 - –struggling to adapt/match their emotional intensity to the situation
- **Emotional intensity**
 - –people with ADHD experience emotions more intensely
 - –teens experience emotions more intensely
- **Difficulty recognising & identifying emotions**
 - –their own emotions
 - –other people's emotions and the ability to identify them



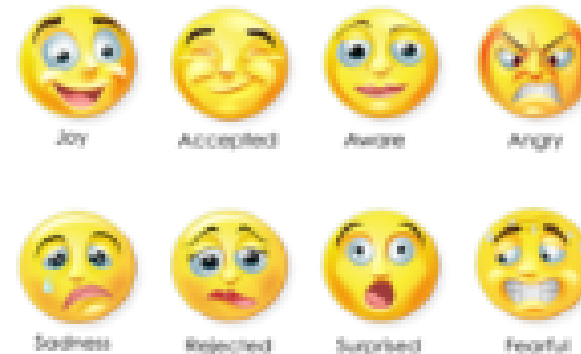
Emotional Dysregulation

Moods

- rapid, often exaggerated changes in mood
- strong emotions/feelings (uncontrollable laughing or crying, powerful irritability/temper)
- sometimes expressed through behaviours that seem exaggerated compared to the situation

Irritableness

- general negative feelings
- anger (sometimes displaced)

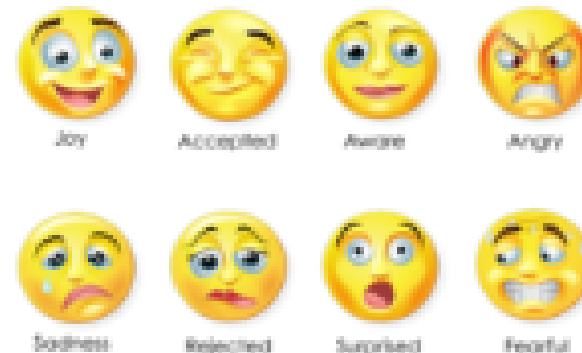


Emotional Dysregulation

>>> **Dysregulated is dysregulated, regardless of the emotion.**<<<

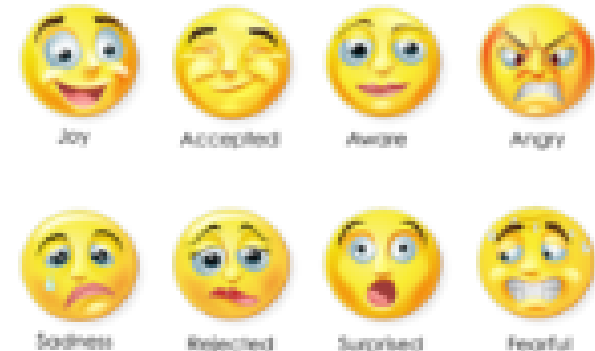
You know their baseline. Look for deviations from the norm:

- More movement than usual (pacing, fidgeting, hand-wringing, etc...)
- Larger expressions of emotion (yelling, large physical gestures, hiding in their room or under a blanket, grabbing for emphasis, swearing)
- Uncontrolled emotions (laughter, crying, punching things)
- Smaller gestures (they flip their hood up, they ask/tell you to stop, they shut down or withdraw).



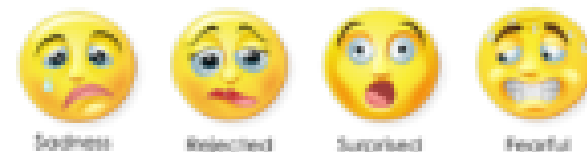
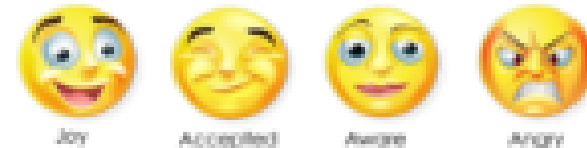
Emotional vs. Cognitive Communication

- Conflict typically arises because one or more people in an interaction is communicating from an emotional place.
- Are you communicating from an emotional place, or a cognitive place? What about the other person?
- The closer you are to the topic / the more it affects you, the more likely you are to be communicating from an emotional standpoint.
- Communicating from an emotional place is totally valid. It isn't always helpful.



Emotional vs. Cognitive Communication

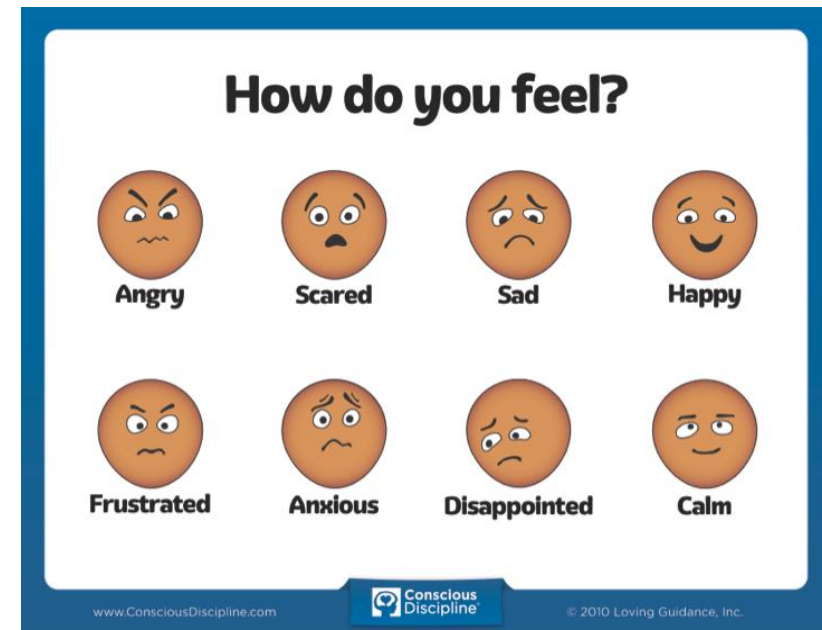
- **Cognitive communication** - focused on details, facts, and problem-solving.
- It can be focused on winning the argument rather than learning or addressing the problem at hand.
- **Emotional communication** - focus on feelings over facts, and is often seeking validation.
- It can be defensive, or get caught up in the emotional storm and escalate things as a result.



Emotional vs. Cognitive Communication

- Fact-Focus/Analysis/Problem-Solving = Cognitive communication
- Swearing/Defensiveness/Shut Down = Emotional communication

Be aware of your own emotional state when communicating, and try to manage it. If appropriate, name your emotions and the reasons for them to yourself and the other person(s).



Emotional vs. Cognitive Communication

- Things that help people move out of emotional communication:
 - Validating emotions
 - Reflective Listening
 - Taking a walk
 - Taking a break from the conversation (Don't forget to return to it later!)
 - Gestures of comfort, forgiveness & acceptance.

Assumptions That Aid Communication

Fundamental (not necessarily easy) Assumptions that will help communication:

- ✓ Everyone is doing the best they can.
- ✓ We're all on the same team.
- ✓ It isn't personal.
- ✓ "I love you."



Anxiety

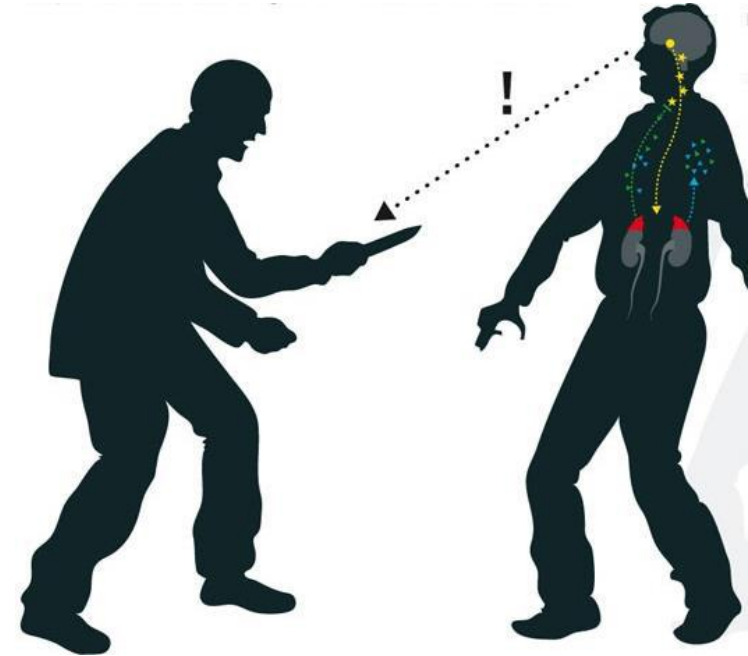
FULL SPECTRUM OF ANXIETY



Adversity and the Stress Response

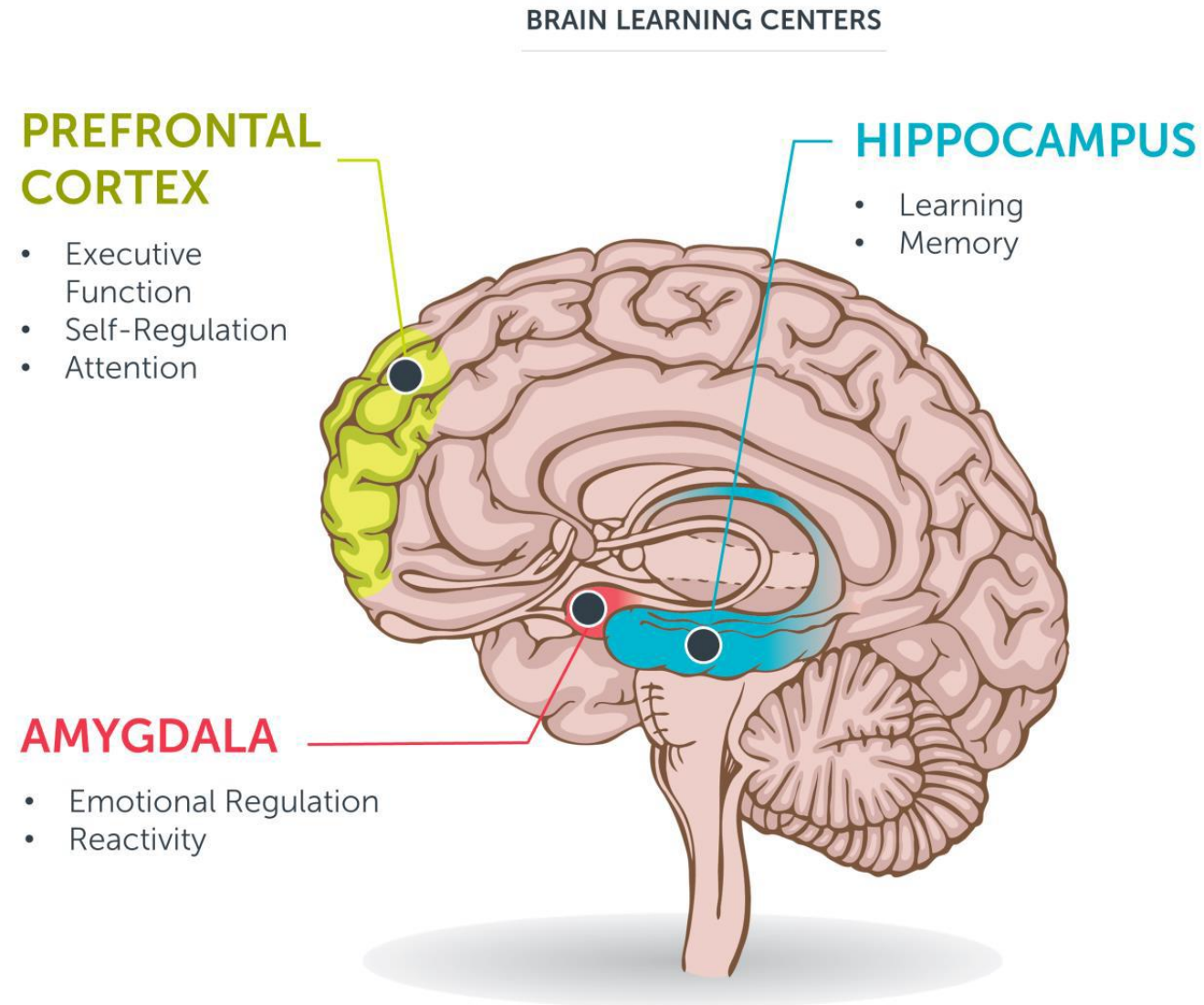
When confronted with adversity:

- Adrenaline releases fight or flight response
- When stress responses systems are activated in children in the context of supportive adult relationships, these physiological effects are buffered



Traumatic Stress and the Brain

- Toxic levels of stress hormones rewire brain connections and over time can cause neuronal cell death, especially in the prefrontal cortex and limbic systems



How Do We Reduce Anxiety in the Moment?

- Take a break (Read, take a walk, meditate, etc...)
- Connect with others (Visit with family, call/text a friend, etc...)
- Exercise (Take a walk/run, play a sport, lift weights, etc...)
- Do the hard thing (Accept your anxiety, confront the thing that is making you anxious, build a skill, etc...)
- Comforts (Snuggle under a blanket, hug a friend/family member/pet, etc...)
- Escapism (Watch TV, read a book listen to music, play a game, etc...)
- Anchors (Stuffed animals, a pet, a talisman, etc...)



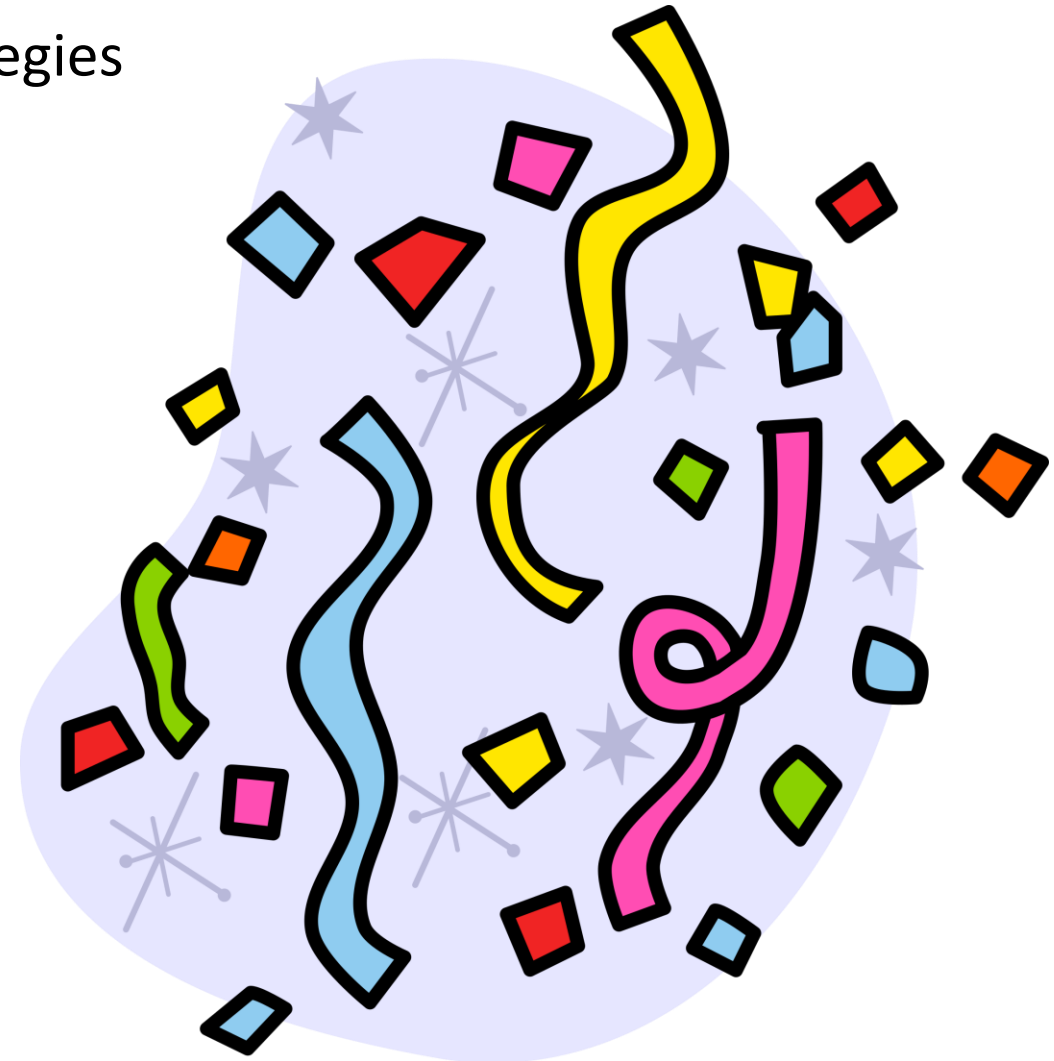
How You Can Reduce Anxiety in General

- Take care of physical needs (Sleep, Diet, Exercise)
- Accept your anxiety. Make friends with it.
- Confront the thing that is making you anxious and do it anyway!
- Learn how to be uncomfortable.
- Build a skillset. Something that can help you feel accomplished.



How Do We Help Others Manage Anxiety?

- Allow them to use their own de-escalation strategies
- Name and validate their emotions/experiences
- Be as consistent as you can
- Set clear & appropriate expectations
- Celebrate their accomplishments
- Support them in doing the hard thing



Self-Protection

- Overall health – Diet, Sleep, Exercise
- Social support – Positive / Negative / Isolation
- Stress management and coping skills
- Trauma/adversity (acute /chronic low-grade)



Next steps

- Take a moment to reflect on today's workshop.
- Which of the strategies will you go away and try within the next week?



Any questions or comments ?