

Child and Family Centre

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ADHD INTERVENTIONS

For parents and teachers

Research indicates that a combination of interventions involving school, home and medical personnel is most effective. Close cooperation between parents, school and physician is crucial (monitoring affects medication if prescribed, academic progress, behaviour at school, etc.). Medication does not cure ADHD children. Medication enhances the efficacy of other interventions by aiding children to attend and respond to the environment in a more successful fashion. Often times behavioral and other interventions should be implemented for an appropriate period of time before medication is prescribed and must also be continued after medication is given to the child to make progress. Many physicians are reluctant to prescribe meds if they feel that adequate behavioral interventions have not been implemented first.

Unproven/Disproven Treatments:

- Dietary management
- Mega vitamin therapy
- Sensory integration therapy
- Chiropractic manipulations
- Ocular-motor exercises/optometrics
- Traditional play therapy
- Relaxation training/EMG bio-feedback
- Neuro feedback (EEG bio-feedback)
- Self-Control training
- Social skills training

Proven Treatments:

- Parent counseling about ADHD
- Parent training in child management
- Parent/Adolescent problem solving and communication training
- Medication
- Teacher counseling about ADHD
- Teacher training in classroom/individual behavior management
- Parent support associations
- Parent/Family interventions

Eleven Core Principles for Managing ADHD Children:

1. Greater immediacy of consequences: Use feedback and consequences as quickly as possible following target behaviors.
2. Increased frequency of consequences: ADHD children require feedback and consequences much more often than normal children to assist them in better controlling their behavior and increasing their work productivity.
3. Salience of consequences: ADHD children seem to need more salient, higher magnitude consequences than normal children to manage their behavior.
4. Change rewards/reinforcers often: Every two to three weeks is a good rule of thumb.
5. Act don't Yak: ADHD is not due to failure of knowledge or reason, the more you talk, the more you are postponing using more appropriate consequences. Use feedback, rewards, and punishments swiftly and often, as noted above and reduce your repetition of rules, commands, reasons, and verbal reprimands.
6. Positives before negatives: When attempting to change problematic behavior, phrase it in a positive or affirmative way; what do you want the child to be doing? The set up a reward program to encourage the further development of this behavior. After one or two weeks of inputting your incentive program, begin selectively punishing the child for the display of the inappropriate alternative behavior. Punishment used first and frequently often fails to manage behavior when it doesn't occur in the context of adequate ongoing rewards.

7. Anticipate problems: ADHD children often have trouble in the same situations such that you come to anticipate what settings and context elicit their behaviors. By anticipating these and setting up a plan to manage the problem before it occurs, you can reduce the likelihood of the problem occurring. Just before the child moves into a problem situation, try these five steps:
 - a. Review two to three rules with the child that they have trouble following in that situation. Have the child repeat them back.
 - b. Set up a small immediate incentive that the child can earn if they successfully follow the rules and review this with the child.
 - c. Set up a small immediate punishment for disobeying the rules, again review this with the child.
 - d. As you enter the situation, begin giving the child feedback for successful adherence to the plan (ongoing feedback for appropriate behavior).
 - e. Deliver your consequences immediately upon the occurrence of the positive/negative behaviors.
8. Keep a disability perspective: True ADHD is a neurodevelopmental disorder with strong biological/hereditary disposition. A Child with ADHD is in fact neurologically handicapped.
9. Maintain a sense of priorities: Develop a hierarchy of priorities that you would like to accomplish with the child which has some social/academic/developmental significance. Know which battles to fight and which ones not to fight. Try to avoid engaging in conflicts with the child over trivial misbehaviors or minor rule violations. Ignore what can be ignored.
10. Don't personalize the child's problems: Maintain a sense of humor, perspective, and personal/emotional distance from the child's problems. Your methods and programs won't always work with an ADHD child. When they fail, don't necessarily contribute this to your own failure as a caregiver. ADHD children show wide variability in their behavioral control and work production for no apparent reason related to the context. Variability is the rule rather than the exception. Except variability and occasional lapses in behavioral control as part of the child's disability, this will happen no matter how excellent your methods may be.
11. Practice forgiveness: At the end of each day, forgive the children their

misconducts, forgive others their misunderstandings of you in your care of this child, and forgive yourself the mistakes you are certainly going to make in managing such a child.