Telehealth ROCKS

Regional Outreach for Communities, Kids and Schools

Thanks for joining us! The session will start at 9 AM.





Telehealth ROCKS

Regional Outreach for Communities, Kids and Schools

Better Behavior Together Session 3

Welcome!

- This session is being recorded and we'll share it with you afterwards.
- Your microphone has been muted. You can use the chat or unmute to ask questions.
- Make sure your first and last name are visible on your Zoom screen.



Project Disclosure Statement

We have no relevant financial relationships with the manufacturers of any commercial products and/or provider of commercial services discussed in this continuing education activity.

We do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation.

Mitigating Potential Bias

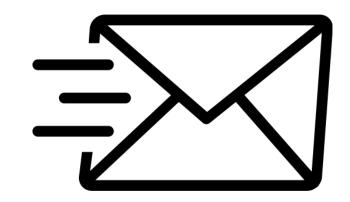
The session information and general recommendations are based on current evidence and best practices within the field.

Telehealth ROC

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After the Session

Slides, recording, & resources will be sent out as soon as they are processed



Certificates of attendance will be sent after this session

If you have any questions, please send them to telehealthrocks@kumc.edu



Presenter

Leni Swails, PhD

Clinical Child Psychologist

University of Kansas Medical Center



Objectives

- Learn about prevalence rates of ADHD
- Identify co-occurring conditions with ADHD
- Review common treatment for ADHD
- Identify school-based strategies for ADHD





ADHD

- •One of the most common disorders among children
- •Affects 5% of children
- •More common in boys than girls, but also MISSED in girls:
- •Childhood: 2:1
- •Adulthood 1.6:1
- •Three subtypes:

Hyperactive-impulsive Inattentive Combined

Strong genetic component



Bias and Diagnostic Disparities

African-American and Latino children less likely to be diagnosed with ADHD

African American children:

2.5x more likely to be diagnosed with a conduct disorder than ADHD

Socioeconomic status (SES):

 Medicaid families 5x more likely to have a diagnosis of behavior or conduct disorder compared to privately insured families



ADHD

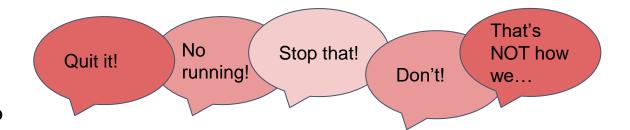
Many children with ADHD experience co-occurring conditions:

- 25-50% of children with ADHD have co-occurring behavior disorder
- Learning disability
- Mood disorders and anxiety disorders less common, but more than the general population
- Substance use disorders (teens and adults)
- Higher rate of accidents/injuries, car accidents
- 70% have sleep problems



ADHD & behavior

ADHD= high rate of all behaviors, including disruptive ones



What do ADHD children hear from adults?

 Impact: poor self esteem, negative self image, attention for negative behavior



ADHD & behavior

Children with ADHD need more consistency in adult response to their behavior

The goal: positive feedback **every time** the target behavior occurs

 Benefit: they get more attention for positive behaviors instead of negative

 ADHD attention is BRIEF - praise reminds them what they're supposed to be doing



ADHD Treatment

3 pronged approach:

- School-based supports
- Behavioral family therapy
- Medication
 - Under age 6: therapy first before medication
 - Over age 6: therapy and medication together

What treatment do children actually get in KS? (CDC.org)

- Medication: 63%
- Behavior therapy: 42%



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How can home and school partner?

Home-school note

- Identify a few concrete behaviors and provide daily updates
- Ask parents for ideas for easy and meaningful rewards
- Home rewards: 15 min electronics, rent movie, trip to park, choose Friday dinner, 15 min later bedtime
- School rewards: Bring a note to the front office, break in the sensory room, care for class pet

Share easy interventions that work from school so family can replicate at home

 Visual schedules, praising a specific behavior, reward system

Daily Behavior Tracker (Pre-K and Elementary Grades)

Smile = complied with two or fewer teacher prompts	8:30 - 10:15	10:30 - 12:00	12:40 - 1:45	2:00 - 3:00
Follows Directions				
Stays on Task				
Completes Assignments				

Came prepared with a homework folder and planner to school.	
Turned in completed homework to teacher.	

Daily Report Card

	SPE	CIAL		UAGE	MA	тн	REA	DING	ss/sc	IENCE	SPE	CIAL
1. Completes assignments with at least 80% accuracy	☺	8	☺	8	☺	8	☺	8	☺	8	☺	8
2. Follows teacher directions with 2 or fewer reminders	☺	8	☺	8	☺	8	☺	8	☺	8	☺	8
3. Is respectful to peers with 2 or fewer reminders	☺	8	☺	8	0	8	☺	8	☺	8	☺	8

TO EARN REWARD:		has to earn 14 of 18 @ s
	(Child's name)	
TOTAL [©] EARNED:		
TEACHER SIGNATURE:		
PARENT SIGNATURE:		
COMMENTS:		

School Supports

Organizational supports (homework folder)

Visual schedule

Reward tracker

Timers (transitions can be hard)

Movement breaks

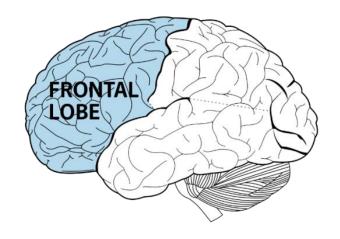
Less repetition of assignments



ADHD and Emotion Regulation

Impulsive emotional reactions

Brain structure differences (prefrontal cortex, amygdala)





ADHD and Emotion Regulation

Strategies:

Preventative praise

Teaching coping skills

Reward use of coping skills

5 point scale (similar to ASD session)

Take a Deep Breath



	l feel		My body clues	I can		
5	()	Extremely tired. A lot less patient. Annoyed easily.	Exhausted – very low energy. Hot and bothered.	Take a bit of time to be on my own. Slow down, rest and put things into perspective.		
4		Arolous, Wondering how I'll get everything done Low energy.	Bit of a tightness in my chest. Can't focus very well, Might have a headache.	Have a change of scenery. Spend time with some draden or get some fresh air.		
3		A little tense. Confidence might feel a bit low.	Bit of a Yuzzy head feeling, Tired.	Make sure I eat/drink something. Let someone know how I'm doing.		
2	0	Calm. I might feel a little pressured but I can handle it.	Quite energetic. Focused on what I need to do.	Remain focused. Prioritise jobs		
1	(Ac)	Extremely relaxed. Energised, I can do anything!	Lots of energy. Smiling a lot. Able to leigh about things.	Enjoy life! Talk to others and share my positive mood.		



ADHD and disruptive behaviors

Relationships first

Proactive 1:1 time with child

Child-led time

Notice everything they do right, praise it



Disruptive Behaviors - remember to consider function

Sensory (may include biologic discomfort/comfort, automatic response

Escape (avoid demands)

Attention

Tangible (get preferred object)













Example: Work Refusal

What function could work refusal serve?

Sensory

Attention

Avoidance

Tangible



Example: Work Refusal

What interventions could address this?

Sensory

Attention- ample attention for work completion; trip to visit preferred adults

Avoidance- reduce number of items completed

Tangible- earn preferred activity through work completion



Acuity of behavior problems

You're right, it is getting harder.

Big behaviors don't require big interventions. They require we do what we know works with more consistency and frequency.



ADHD Parent Resources

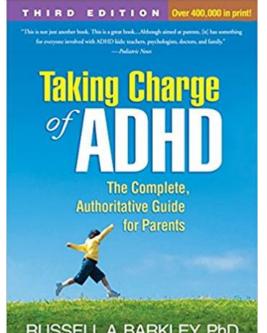
CDC Handouts:

https://www.cdc.gov/ncbddd/adhd/documents/adhd-behavior-therapy-overview-allages.pdf

Your Defiant Child

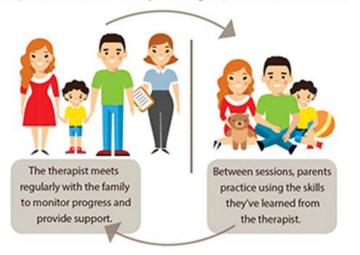
Taking Charge of ADHD: The Complete, Authoritative Guide for Parents

www.chadd.org



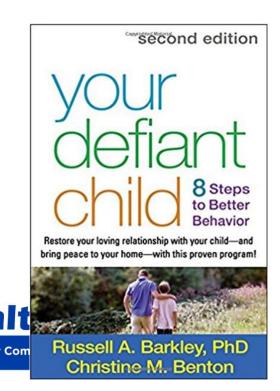
What parents can expect in behavior therapy

Parents typically attend 8-16 sessions with a therapist and learn strategies to help their child. Sessions may involve groups or individual families.



After therapy ends, families continue to experience improved behavior and reduced stress.





ADHD School Resources



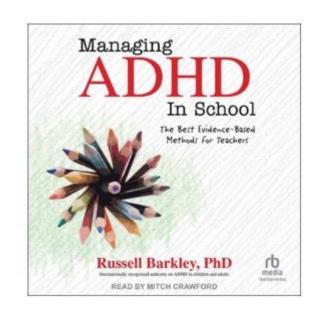
ADHD in the Classroom: Helping Children Succeed in School



AT A GLANCE

- Children with attention-deficit/hyperactivity disorder (ADHD) experience more obstacles in their path to success than the average student.
- Teachers and parents can help children with ADHD do well in school.







Questions?

Any questions?

Any pearls of wisdom to share?

Unmute to share or type in the chat.



Key Takeaways

- School involvement is crucial for ADHD treatment
- 2 Interventions should include consistent positive feedback and rewards

Interventions should also involve visual strategies and relationship building



Share your takeaways and goals

Let us know in the chat something you'll take from this session.



Examples:

- Did you learn something new?
- Is there a tool you'll try?
- Is there a strategy you'll put in action?
- Is there information you'll share with others?

Thank you for attending!

Resources: Will be sent to your email & available on the <u>Telehealth ROCKS website</u> & <u>Facebook page</u>

Surveys: We appreciate you filling out the surveys for this series!

Certificates: Will be emailed as soon as they are processed!

Questions: Contact us at

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