

Preventing & Managing Behavior Problems

**10th Anniversary of Adana Foundation
Conference 2007**



**17th November 2007
4:00 – 5:30**

Sandra Rief, Presenter

www.sandrarium.com

3 Types of AD/HD

1. The predominantly inattentive type
2. The predominantly hyperactive & impulsive type
3. The combined type

Descriptions of AD/HD

- AD/HD is characterized by developmentally inappropriate degrees of: *inattention, impulsivity, and hyperactivity*
- *Neurobiological inefficiency (underactivity) in the attention/inhibitory center of the brain, affecting utilization of the executive functions.*

What Are Executive Functions?

- The management functions (overseers) of the brain
- The self-directed actions we use
- The range of central control processes in the brain

Executive Function Metaphor

Dr. Tom Brown

- EF is the conductor's role in orchestra.



Some Executive Functions Involve...

- Working memory
- Planning & Follow-through
- Foresight (predicting & planning for future)
- Arousal & Activation (organizing & getting started)

Barkley, R. *Attention Deficit Hyperactivity Disorder*. The Guilford Press, 1998.
Brown, T. *Attention Deficit Disorders & Comorbidities in Children, Adolescents
& Adults*. Washington, DC: American Psychiatric Press, 2000.

Some Executive Functions Involve...

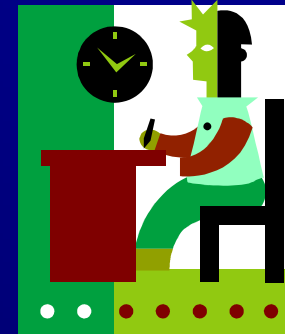
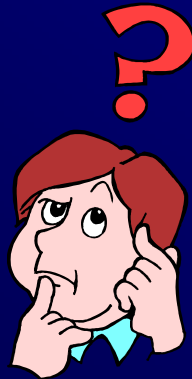
- Sustaining alertness and effort
- Self-regulation (modulating emotions, motivation, managing frustration)
- Internalizing language (self-talk)

Barkley, R. *Attention Deficit Hyperactivity Disorder*. The Guilford Press, 1998.

Brown, T. *Attention Deficit Disorders & Comorbidities in Children, Adolescents & Adults*. Washington, DC: American Psychiatric Press, 2000.

Executive Functions Allow Us To

Stop.....Think.....Inhibit.....Plan



Should not be made to feel guilty for their need to have continued structural supports due to their executive functioning weaknesses.

Common School Performance Difficulties in Students with AD/HD

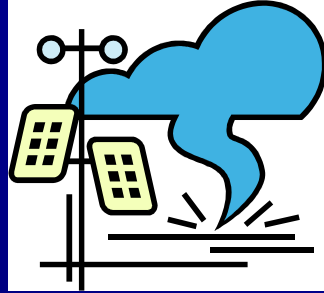
- Poor organization, time management, study skills
- Some academic weaknesses – particularly in written language/writing skills
- Minimal/inconsistent production & output (both in-class assignments & homework)

Common School Performance Difficulties in Students with AD/HD

- Forgetfulness/memory-related issues
- Difficulty following rules
- Behavioral & social difficulties affecting interpersonal relationships
- Unable to sustain effort for long-term goals (need short term goals/rewards)

Children with AD/HD

- Are intrigued by what **is happening**...not concerned with what **may** happen or **has** happened



They are seemingly driven by whatever is on the radar screen at the moment.

Things to Keep in Mind About AD/HD

- Disorder in *performance, output, and production*
- Approximately 30% delay in self-control/inhibition

Things to Keep in Mind About AD/HD

- High rate of coexisting conditions (comorbidity)

AD/HD "Look Alikes"

- Learning disabilities
- Depression
- Anxiety disorder
- ODD
- Allergies
- PTSD (Post-traumatic stress disorder)
- Sleep disorders
- Bipolar disorder
- Thyroid problems
- Rare genetic disorders (e.g., Fragile X syndrome)
- Seizure disorders
- Substance use and abuse
- Tourette's syndrome
- Giftedness – high intellectual ability
- Sensory integration dysfunction
- Asperger's syndrome
- Pervasive developmental disorder
- Language disorders
- Fetal alcohol syndrome/fetal alcohol effects
- Anemia
- Lead poisoning
- Chronic illness
- Low intellectual ability
- Side effects of medications (e.g., anti-seizure, asthma meds)

Common Misinterpretations of Behavior

- Doesn't work independently (lazy/apathetic)
 - chronic memory problems, lacks prerequisite skills, difficulty blocking internal/external distraction
- Doesn't follow directions (noncompliance)
 - difficulty with recall/memory of verbal directions & translating into action, switching gears, interrupting what they're doing

Common Misinterpretations of Behavior

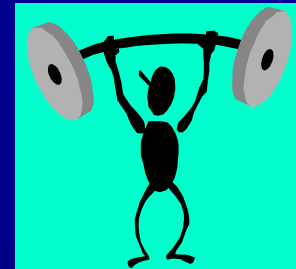
- Repeatedly making the same mistakes (willful, deliberate)
 - respond too quickly to refer to past experience
- Not sitting still (can control if tried harder)
 - neurologically-based need to move, difficulty regulating motor activity

Common Misinterpretations of Behavior

- Poor social skills/judgment (deliberate, poor parenting)
 - difficulty noticing/interpreting social cues, inhibiting responses, skill/performance deficit
- Overly physical (can control if tried harder)
 - Awareness of social cues regarding boundaries, over-reactive, impaired ability in self-regulation, sensory issues (tactile defensive)

Desirable Traits Common in Many with AD/HD

- Resiliency
- Ingenuity
- Creativity
- Spontaneity
- Boundless energy
- Sensitivity to the needs of others
- Risk takers
- Intuitive
- Inquisitive
- Imaginative
- Inventive
- Innovative
- Resourceful
- Empathetic
- Good-hearted
- Gregarious
- Observant
- Full of ideas & spunk



Key Elements for School Success

- Flexibility & willingness of teacher to accommodate
- Knowledge & understanding of ADHD, LD, and other neurobiological disorders
- Close home/school communication
- Engaging & interactive teaching strategies



Key Elements for School Success

- Respecting learning style differences
- Differentiating instruction
- Help & training in organizational/time management/study skills
- Explicitly teaching learning strategies



Key Elements for School Success

- Effective classroom management
- Environmental adaptations & accommodations
- Positive behavioral supports & interventions



Key Elements for School Success

- Limiting amount of homework and reducing written workload (as needed)
- Developing & bringing out student strengths
- Belief in student...Doing what it takes



Research-Validated Treatments for AD/HD

1. Medication therapy
2. Behavioral therapy



Behavioral Treatment & Management

- Increased frequency and amount of feedback and reinforcement
- Behavior modification and contingency management techniques (home & school)
- Individualized behavior management plans and strategies (Daily report cards, contracts, token economy, positive reinforcement & response cost techniques)

Behavioral Therapy for AD/HD

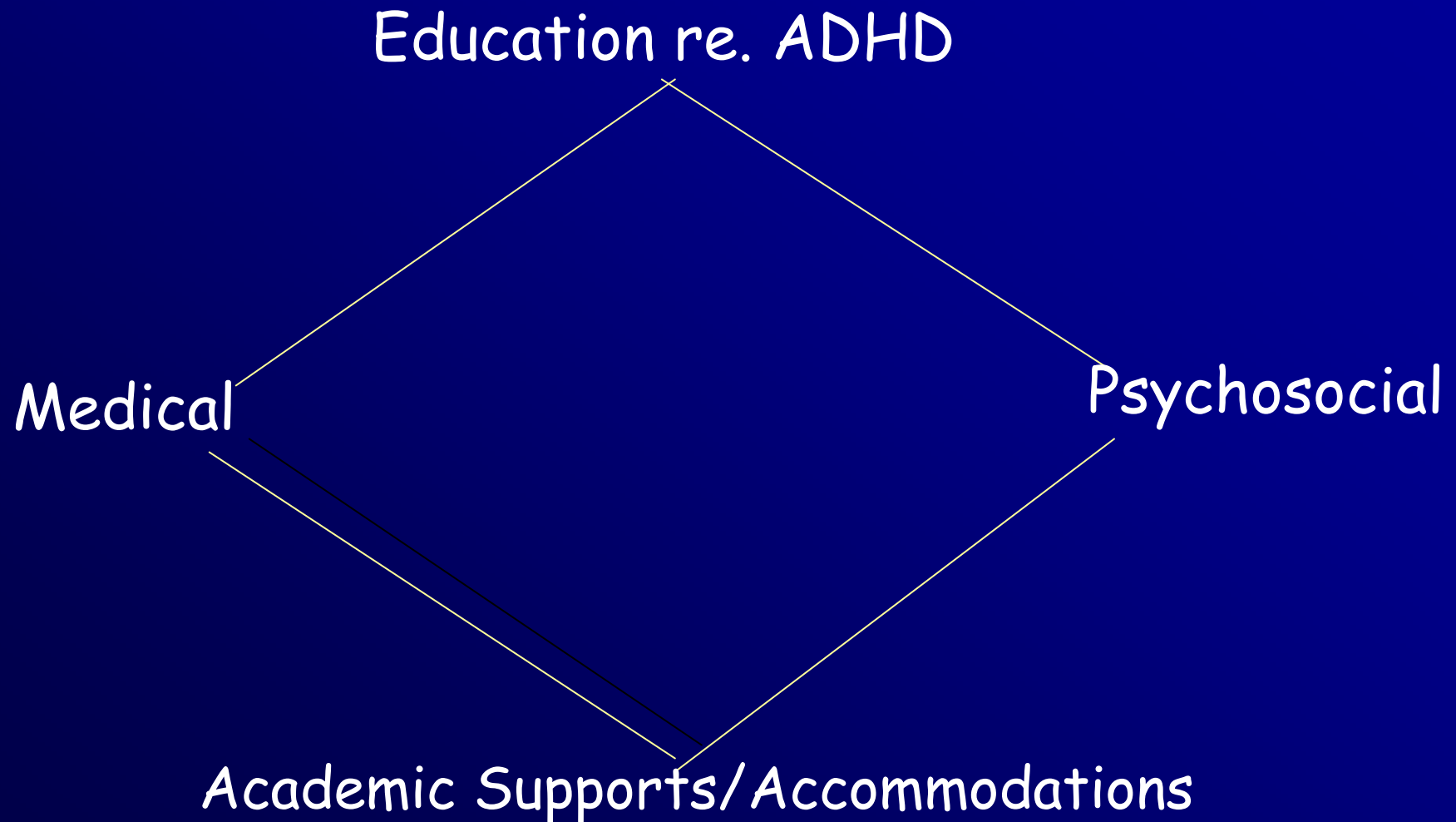
Parent training in how to better shape and manage their child's behavior

- Behavior modification
- How to structure the environment
- How to communicate effectively (give clear directions/commands; active listening)
- How to use time-outs effectively
- How to create effective reward systems
- Anticipating and avoiding problems

Parent Training

- Behavior modification techniques
- How to structure the home environment
- How to communicate effectively (give clear directions/commands; active listening)
- How to use time-outs effectively
- How to create effective reward systems
- Anticipating and avoiding issues
- Problem-solving techniques

Treatment Components & Interventions

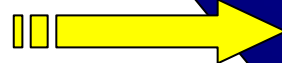


Tertiary prevention
Individual student
System (~5%)



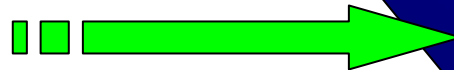
Chronic –intense need students

Secondary prevention
At Risk system (~15%)



At-risk students

Primary prevention
Universal interventions
School-wide/classroom
systems (~80%)



Normative/without
serious problem behavior

Structuring the Home

- Rules are clear
- Rewards and penalties are clear
- Try to keep a schedule (meals, homework time)
- Post lists and establish routines to avoid rush and stress
- Give warnings before transitions

Evening Routine

- Clothes all picked out
- Shower/bath before bed
- Lunch prepared
- Everything loaded in backpack

Morning List

(Heininger, Weiss)

1. Make bed

2. Get dressed

(star on chart if done by 7:45 a.m.)

3. Eat breakfast

4. Brush teeth

5. Comb hair

(star on chart if done by 8:15 a.m.)

6. Put on shoes, jacket, backpack and out the door by 8:25

x stars=reward (special book, game, privilege)

*Reverse the "praise deficit": It
takes changing the interactions*

3:1

(Minimally)

Recognition, Acknowledgement, and Specific Praise

“I really appreciate how you _____.”

“I appreciate the self-control you are using.”

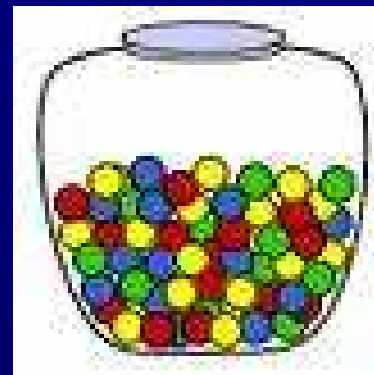
“I noticed how hard you were working on
_____.”

“I see the effort you are showing.”

“Thank you for the good choice you just
made.”

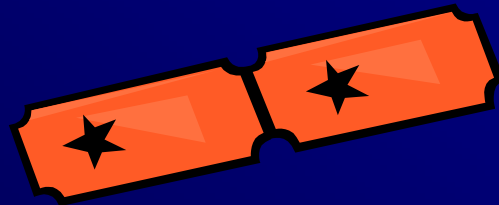
Group Positive Reinforcement Systems

- Social reinforcers (e.g., round of applause, pats on back, take a bow, high 5)
- Earning minutes/time for activities of choice
- Marbles or other objects in jar



Group Positive Reinforcement Systems

- Token economy (\$, tickets) redeemable at auction, raffle or class store



Group Positive Reinforcement Systems

- Chart moves (e.g., for every x min. of appropriate behavior)

Group Reinforcement Contingencies

- No problems reported (at lunch, on playground, etc.)
- No more than one name on board for classroom rule violations during certain time frame
- X amount of time with no incidences of (target behavior)

Group Contingency - Response Cost Method

- Whole class works on specific behavioral goal.
- Start off week with x tokens and remove one each time specific misbehavior occurs
- At end of the week tokens are counted. If number does not fall below ____, the class earns reward.

Countdown Timer

- Response cost method using digital countdown timer
- Music box

School-wide Rules

Be Safe

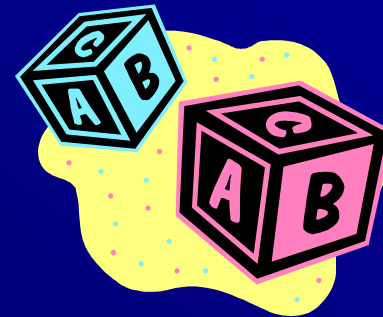
Be Respectful

Be Responsible

ABC's of Behavior

A - Antecedent (setting, conditions, triggers)

B - Behavior (observable)



C - Consequence (positive/negative)

Functions or Purposes of Behavior

- To Escape/Avoid:

(e.g., embarrassment, difficult task, effort, uncomfortable conditions)

- To Get/Obtain:

(e.g., attention, control/power/status, justice or revenge, access to something rewarding/fun)

Identifying the Function of Problem Behavior

- Differs for each child
- Consider what the “pay-off” is for engaging in inappropriate behavior, or what the student “escapes”, “avoids” or “gets” by engaging in the behavior.

Common Antecedents or Triggers

- **Environmentally Based:**
 - (e.g., poor comfort level - too noisy/crowded; lack of structure/organization/interesting materials)
- **Physically Based:**
 - (e.g., when feeling ill/overly tired/hungry/thirsty; medication related - when wearing off, change of prescription/dosage)



Common Antecedents or Triggers

- Related to Specific Activity or Event:

- (e.g., given unclear instructions, tasks that are boring/lengthy/repetitive/frustrating, losing a game)



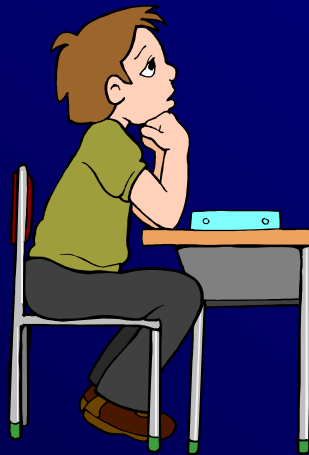
- Related to Specific Time

- (e.g., first period, before/after lunch, end of day, during transition times of day, Mondays)

Common Antecedents or Triggers

- Performance/Skill Demand:

(e.g., to remain seated, share materials, take a timed test, read independently, write in cursive, wait for a turn)



Common Antecedents or Triggers

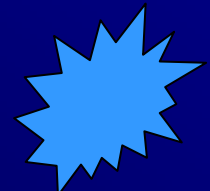
- Specific Person(s)
- Other:
(e.g., problem with communication)

Be aware of what we may trigger

- Sarcasm
- Inflexibility
- Unfairness
- Put-downs
- Negative attitude/tone of voice
- Lack of caring or empathy

What is Reinforcing/Maintaining the Problem Behavior?

- Gets out of doing work (avoids/escapes particular task)
- Gets heightened attention from classmates or teacher/adult
- Sees you get emotional (frustrated or angry)
- Feels good



Prevent Problems: Alter the Antecedents

- Increase the structure
- Closer monitoring & supervision
- Instruction that is meaningful, interesting, engaging
- Access to motivating materials
- Increase opportunity for movement and active participation
- Provide appropriate pacing
- Pre-teaching (“Show me what to do when...”)

Prevent Problems: Alter the Antecedents

- More choices & options to boost interest
- Increase cueing & prompts
- Diversionary tactics & redirecting
- Address skill deficits
- Provide appropriate accommodations & supports
- Adjust the environmental factors
- Prepare for transitions

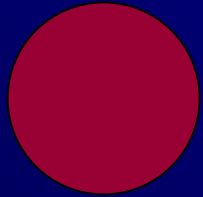
Planning Ahead for Transitions

- Give 15, 10 and 5-minute warnings for shifts in activity (coming to dinner, doing homework, turning of TV, going to bed, leaving the house).
- Discuss the events of the day in advance.

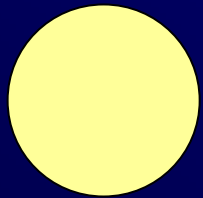
Environmental Accommodations

- Preferential Seating (location & alternatives to chair)
- Standing work stations
- Office area/study carrel, 2-desks
- Adding structure and organization (e.g., color-coding)
- Visual supports & prompts

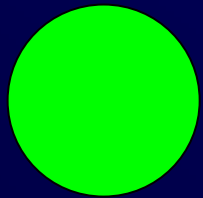
Visual Cues



1. May talk with teacher permission only.
2. May leave seat with teacher permission only.



1. May use 12" voice.
2. May leave seat when needed (e.g., to turn in work)



1. May talk quietly with other students.
2. May leave seat to work with other students.

Be A Good Listener

Eyes on speaker



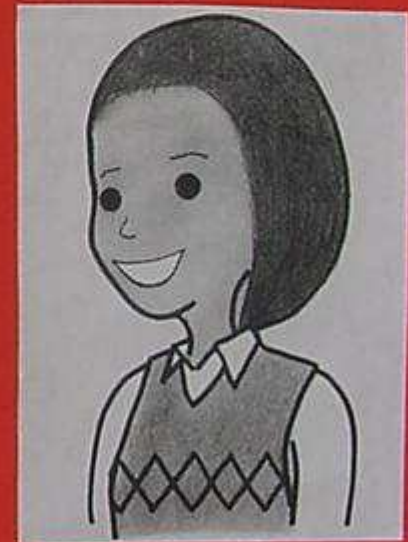
Ears tuned in



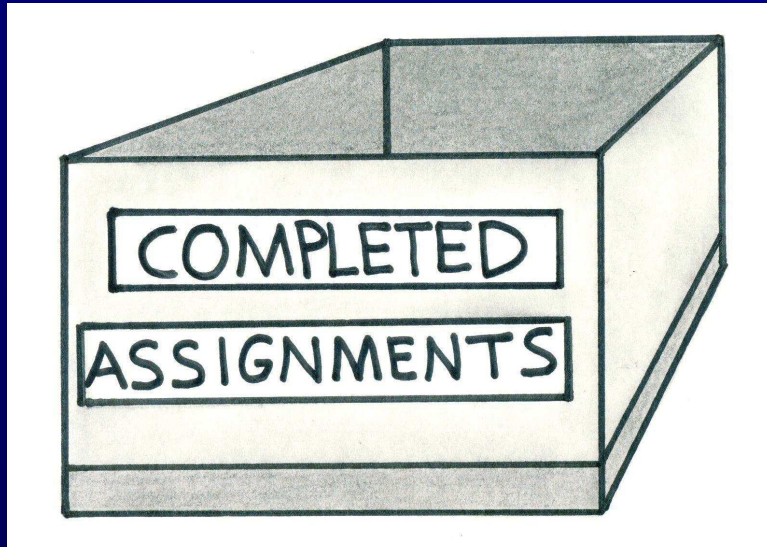
Don't interrupt.



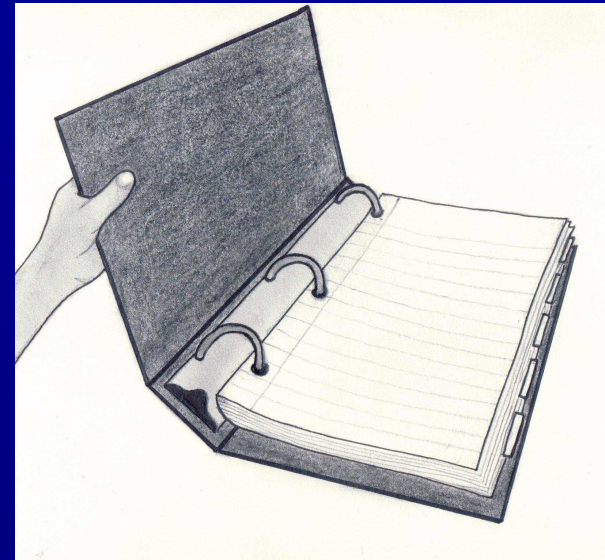
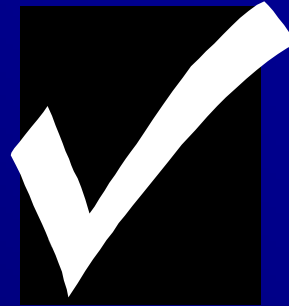
Respond with friendly words & body language.



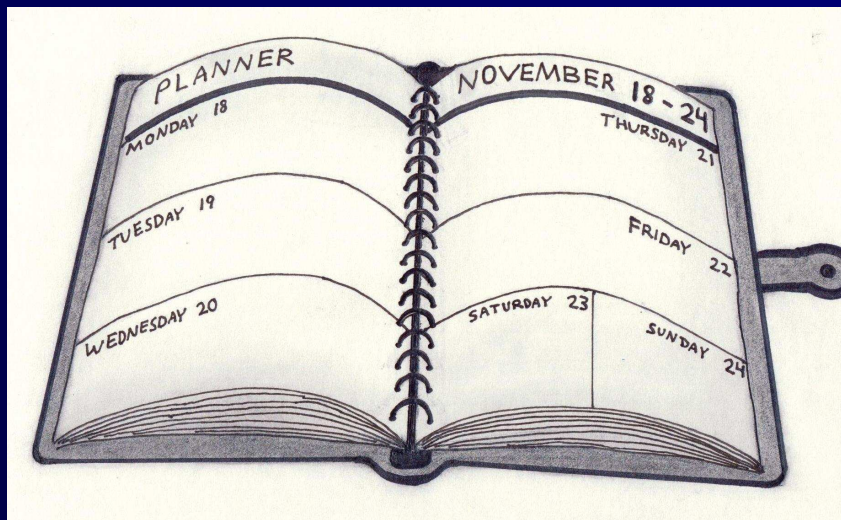
End of Day



Work turned in



Papers in notebook



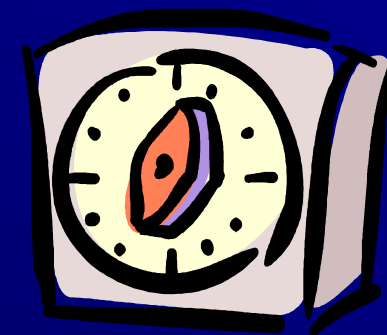
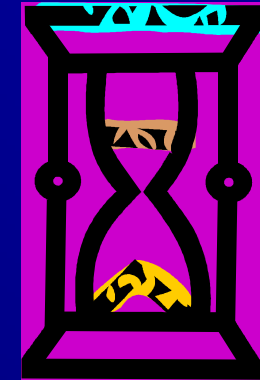
All homework recorded in planner



Pack all needed books and supplies

Timer Uses

- Transitions
- Regain control message
- Motivating on-task/work completion
- X amount of time to demonstrate target behavior to earn point/token
- Time-out



Corrective Consequences

- Positive practice - Do overs
- Time owed
- Loss of privilege/response costs
- Time out
- Behavior improvement form to complete
- Restitution



Suggestions for Delivering Consequences

Related to offense

Reasonable

Respectfully

No lecturing or moralizing

With as little talk as possible

When in 'thinking,' not 'emotional' state

7 Key Parenting Mistakes

(Heininger, Weiss)

1. Having unrealistic expectations
2. Relying on punishment alone
3. Sermonizing/lecturing
4. Punishing without warning (“That’s it...I’ve had it!”)
5. Extending punishment too long
6. Failing to give clear directions
7. Establishing too many rules

Menu of Reinforcers

- Work on board/overhead
- Choice of seat/special chair
- Messenger/Mail carrier
- Sharpen pencils for class; paper stapler; hole puncher; clean board
- Library/computer lab
- Pet or plant caretaker
- Decorating room/bulletin board
- Listen to music
- Reduced homework
- Reading to someone
- Time to read or be read to
- Credit for “One Break Card”
- Special pens, paper, materials, equipment
- Pop bubble wrap
- Jokes/Stand-up
- Puzzles
- Cartoons/Drawing
- Talking periods
- Dancing, Exercising
- Arts & Crafts, Projects
- Hoola hoops, jump ropes
- Sports equipment
- Board games/class games
- Musical instrument
- Activity/Learning Center

Parent Generated Coupons

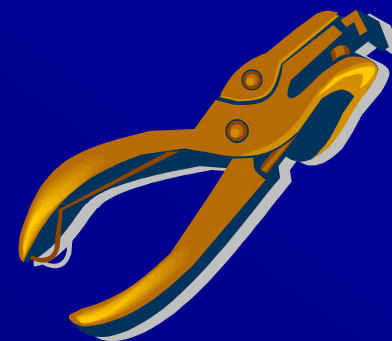
- Good for 20 minutes uninterrupted time with mom or dad
- Play a game of choice with parent(s)
- 20 minutes screen time
- Bike ride with mom or dad

Target Behaviors/Goals

- Gets along with peers (no teasing or fighting)
- Works quietly (no more than x warnings)
- Stays on task (no more than x warnings)
- Remains in seat (unless given permission to move)
- Raises hand to speak (with x or fewer reminders)
- Keeps desk/area clean (as per checklist)

Token Programs

- Charts or Cards (dot-to-dot, stickers, stamps, hole punches)
- Reward bank (marbles, chips, other objects)
- Tickets



Rewards with Daily Report Cards

- Level 3 (50%-74% possible points)

Choose 1 thing from menu

- Level 2 (75%-89% possible points)

Choose 2 things from menu

- Level 1 (90-100% possible points)

Choose 3 things from menu

Target Goals & Rewards

Goal: Working efficiently for a 20-minute period of time.

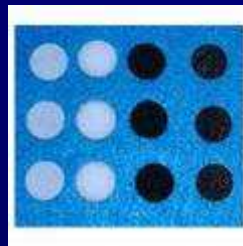


Set timer in two 10-minute sessions.

If you _____ by the 10 minute timer, you will get...

Response Cost Technique

- Start with x tokens (minutes, points, class money) and lose for specified behaviors
- Earn privileges based on remaining tokens/points



To Aid Calming

- Physical activities
- “Take a break” area (low stimulation area, non-punitive)
- Self-regulation techniques (counting backwards, relaxation techniques like stretching, deep breathing, visualization)

Self-Regulation Strategies

Fidget toys

Self-monitoring

Behavioral Interventions

Management of ADHD (Utah - IHC, 2002)

- **Self-Monitoring:** student tracks occurrence of specific behavior on tracking sheet in order to increase self-awareness & self-control

Behavioral Interventions

- **Problem-Solving Training:** 1) What is my problem? 2) How can I solve my problem? 3) Am I following my plan? 4) How did my plan work?
- **Anger Management:** Involves relaxation training, conflict resolution, self-instruction (e.g., “I can handle this. Take a deep breath.”)

What to Keep in Mind With Challenging Students

- Plan a response and avoid “reacting.”
- Praise, encourage, and reward increments of improvement
- Change what you can control...YOURSELF (attitude, body language, voice, strategies, expectations).
- Be firm, fair, & consistent.
- Remain calm.
- Disengage from power struggles.

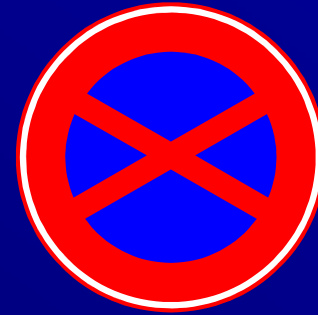


What to Keep in Mind With Challenging Students

- Greatly increase positive interactions.
- Children's behaviors reflect their needs.
- Affirm & acknowledge their feelings & your confidence in their ability to make good choices.
- Use “when...then” rather than “if you don't...you won't.”
- Use “what” questions rather than “why” questions.

With "Challenging" Kids

- Don't take it personally
- Don't take the bait
- Don't be sarcastic
- Don't argue
- Don't threaten
- Don't provide an audience

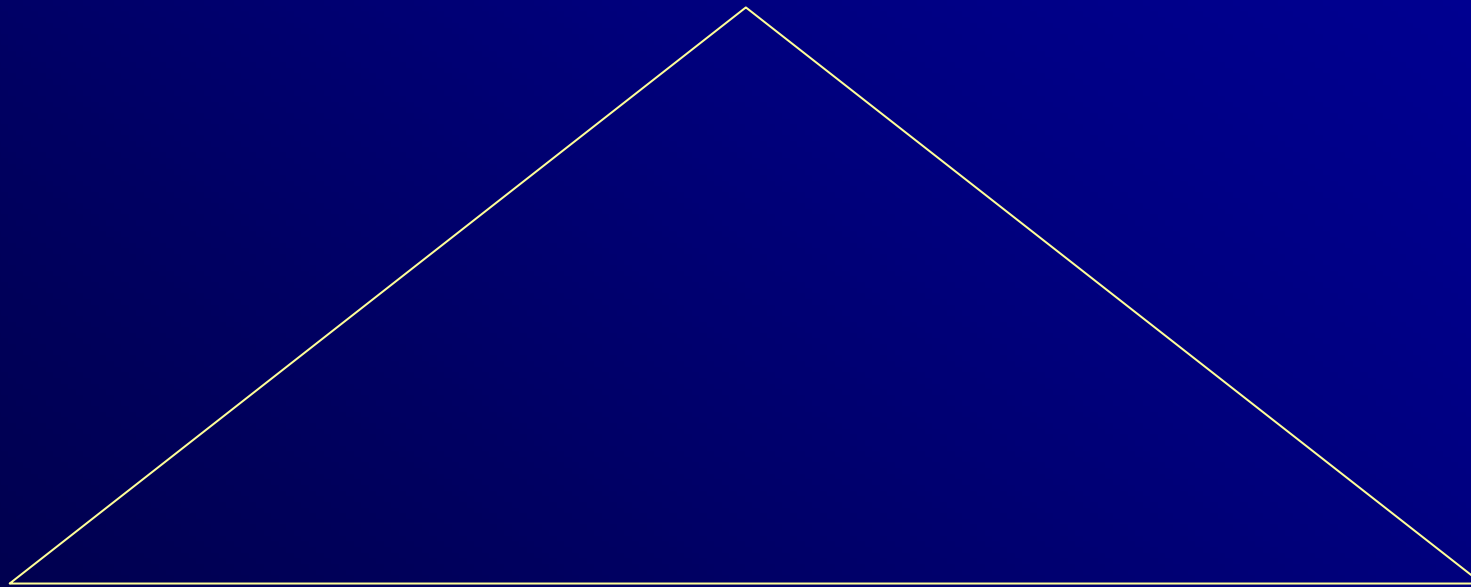


With "Challenging" Kids

- Build the relationship: listen carefully, take interest in his/her life, show caring/empathy
- Acknowledge: "I can't make you. But remember your choices are either ____ or ____ . (Give 2 choices)

AD/HD Care Team

Parents – Case Managers



School

Clinicians

If a Teacher Suspects AD/HD

- Implement appropriate strategies and interventions and keep records of effectiveness
- Start collecting work samples, anecdotal records/observations (indications of behavior and work performance)
- Utilize a team approach to discuss the possibility of AD/HD and recommending evaluation.

Teachers Should Not

- Attempt to diagnose ADHD
- Tell parents they should medicate their child

School's Role in the Diagnostic Process

- Observe child in classroom and other settings
- Review school history (cumulative records – past report cards, testing, absences, disciplinary records)
- Data collection – rating scales, work samples, indications of current academic and behavioral performance
- Determine if other issues/concerns need to be assessed
- Communicate with parents and physician/evaluator

Provide the Evaluator

- Sufficient information to get a clear picture of student's school functioning
- Data regarding presence and degree of symptoms (past and present)
- Input from the school regarding how the symptoms are impairing the student's school functioning.



Not Fair

- Fairness is giving everyone what they need, not equal treatment.
- Fairness does not mean sameness, it means everyone treated with equal respect & equal opportunity to succeed.
- Accommodations provide = footing; not unfair advantages; based on need.

Websites

- www.ticktask.com (Tick Task Timer)
- www.timetimer.com (Time Timer)
- <http://wings.buffalo.edu/adhd/DRCPacket.pdf>

Daily Report Card packet of information
provided by Dr. William Pelham, Jr.

Sandra Rief's Books

- *How to Reach & Teach Children with ADD/ADHD, 2nd edition (2005)*
- *How to Reach & Teach All Children in the Inclusive Classroom, 2nd edition (2006)*
- *How to Reach & Teach All Children Through Balanced Literacy (2007)*
- *The ADHD Book of Lists (2003)*
- *The ADD/ADHD Checklist (1998, 2008 edition in press)*

Sandra Rief's Videos/DVDs

- *How to Help Your Child Succeed in School: Strategies for Parents of Children with ADHD and/or Learning Disabilities* (video – available in Spanish)
- *ADHD & LD: Powerful Teaching Strategies & Accommodations* (DVD)

Thank you!

Contact Sandra

www.sandrarium.com