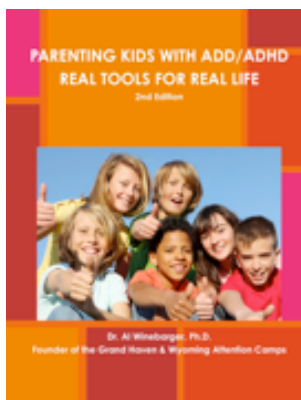


Managing ADD/ADHD Behaviors

By: Dr. Al Winebarger, Ph.D.

**Founder of the Grand Haven and Wyoming Attention
Camps**

**Author of “Parenting Kids with ADD/ADHD: Real Tools for
Real Life, 2nd Edition”**



Dr. Al Winebarger
209 Franklin., Grand Haven, MI 49417
Phone (616) 844-4140 • Fax (616) 604-1437
www.Attentiondoc.com
DocAl@Aattentiondoc.com



TOPICS COVERED IN THIS TIPSHEET

General Outline

1. Review of ADD/ADHD
2. General Impulsivity Management Tips
3. Specific Steps for Managing ADD/ADHD

Behaviors—How to Help Kids who Blow Through Stop Signs

❓ How Long Has ADD/ADHD Been Around? ❓

How Long Has ADD/ADHD Been Around?

A Brief History

1902 - “Deficits in moral control”

1930s - 1960s - Minimal Brain Damage
Syndrome

1930s - Hyperkinetic Impulse Disorder

1960s - Minimal Brain Dysfunction

1970s - Developmental Hyperactivity
- Hyperkinetic Reaction to Childhood
(contained in DSM-II)

1980 - Attention Deficit Disorder with or without
Hyperactivity (contained in the DSM-III)

1987 - Attention Deficit Hyperactivity Disorder
(DSM-IIIR)

1994 - Attention Deficit Hyperactivity Disorder
3 types (DSM IV)

2013 – Attention Deficit Hyperactivity Disorder
(DSM 5)

→ Inattentive Presentation

→ Hyperactive/Impulsive Presentation

→ Combined Presentation



So What Is ADHD Anyway?



Medical/Psychological/Psychiatric Description:

ADHD is a set of problems that may include *serious* trouble with *paying attention*, serious problems with *acting before thinking*, and/or serious problems caused by being *too active*. These difficulties start in early childhood; are usually long-lasting; and are not due to some other problem such as brain damage, nervous system damage, mental retardation, a learning disability, or other emotional or behavior problems (like depression, anxiety, or oppositional behaviors). These difficulties almost always cause *behavior challenges*, problems with learning and following rules, problems with maintaining efforts to achieve goals, problems with making and keeping friends, problems with school, and eventually problems with job performance and maintaining relationships in adulthood.

(DSM 5, 2013)

● Behavioral Challenges for Kids with ADD/ADHD ●

Kids with ADD/ADHD experience *Behavioral Challenges* that have their roots in the way their brains work. In general, these *Behavioral Challenges* fall into three groups:

*SHOOTING FROM THE HIP,
PUTTING ON THE BRAKES, and
MISSING THE IMPORTANT THINGS*

Part 1: SHOOTING FROM THE HIP

**** In many situations kids with ADD/ADHD have trouble with**

**** Acting *BEFORE* they think about the consequences
and**

**** Acting *BEFORE* they decide if they want the consequences.**

Part 2: PUTTING ON THE BRAKES

Children with ADD/ADHD will often make the same mistake over and over again.

This represents a violation of what Dr. Al's granddad called the *First Rule of Holes...*

First Rule of Holes:
When you find yourself in one, STOP DIGGING!

Part 3: MISSING THE IMPORTANT THINGS

We are constantly *bombarded* by the things going on around us. Many of the things going on around us are *unimportant* and we *tune them out*. This is really hard for kids with ADD/ADHD to do, so they often end up noticing all the things that *don't* matter, and *MISSING THE IMPORTANT THINGS that do matter!*

HOW DO WE KNOW IF A KID HAS ADD/ADHD?

The best way to make sure that your child is not mis-diagnosed is to make sure that he/she has a *Good Assessment*. This will make sure that the right interventions/treatments are applied to the right problems.

PARTS OF A GOOD ASSESSMENT

1. CLINICAL INTERVIEW

- Parents—Experts on their own kids
- Child
- Teachers (if possible)—A Developmental Expert

2. “TESTING”/NORMED INSTRUMENTS

- IQ
- Achievement
- Sustained Attention Task

3. OTHER “OBJECTIVE MEASURES”/ NORMED INSTRUMENTS

- Parent Report Measures--Global Snapshot Of Behaviors Across Domains
 - Teacher Report Measures
 - Child Report Measures
-

****Please Note: If possible, it is also nice to directly observe the kid at home/school—But insurance companies usually won’t cover this.**

TREATMENT FOR ADHD—WHERE DO WE GO FROM HERE?



So, the child has gone through a good assessment, and it appears that AD/HD is the right diagnosis—*WHAT DO I DO NOW?!?!?!?*

That is a *very good question*. The *three most useful* ways to treat AD/HD found by researchers over the last 30 years are:

- *Medication*
- *Behavior Management*
- *Medication combined with Behavior Management*

We focus on these three approaches because there is a large body of science that has found them to be useful. A whole universe of other approaches exist—everything from diet to “behavioral optometry”—however, the scientific support for most of them is sketchy at best—so they are not presented here.

● Characteristics of Good Home and School Based ●
Behavior Management Approaches



In national studies, ***Behavior Management Approaches*** have been found to work about as well as medications.



These approaches certainly assist kids who have problems with ***Shooting From The Hip, Putting On The Brakes, And/Or Missing The Important Things*** by:



Slowing them down



Providing structure to their world



Helping them to notice and learn from their consequences.

General ADD/ADHD – Related Behavior Management Ideas

1. Behavioral Interventions should focus on the management of the disability
2. Behavioral Plans should be adjusted as the kid gets older
3. Don't assume that medication interventions "cure" the problems.
4. Make information kids need to manage their behaviors very noticeable
5. Eliminate time gaps:
6. Externalize the sense of time passage
7. Externalize Sources of Motivation or Drive
8. Teach ways to solve problems in new or novel situations.
9. Manage ADHD as a Chronic Disability
10. Intervene across settings.



***THIS ALL SOUNDS INTERESTING—BUT HOW DO WE ACCOMPLISH
THESE THINGS?***

The Nuts and Bolts of Behavior Management: Teaching New Behaviors to Kids with AD/HD



*Specific Steps for Managing ADD/ADHD Behaviors—How
to Help Kids who Blow Through Stop Signs*



****Be Noticeable!!!!**

Use clear requests—you slow down and the kids do to!

Have a clearly defined set of rules—show them the stop signs.

Develop ways to point out the stop signs




Teaching New Behaviors—Point Charts/School Cards

Teaching Ways to Self-Manage

Having a Limit Setting Plan

Use effective discipline for those times when the kids blow through the stop signs.

Making Clear Requests—8 Steps to Slowing Kids Down

-  Gets kids' attention
-  Slows you down
-  Slows the kids down to your speed.

Making Clear Requests—8 Steps to Success

1. Make Eye Contact
 2. Keep your voice calm.
 3. Be specific and avoid questions (eliminate the wiggle room!).
 4. Use “Do it” instead of “Stop it” requests
 5. Given only one direction at a time.
 6. Encourage a job well done: REWARD!
 7. Avoid Negative Trailers!
 8. Wait 10 seconds
-

USING CLEAR AND CONSISTENT RULES WAYS TO CREATE EASY TO SEE STOPSIGNS






The first step is to provide *Clear and Consistent Rules*.

Clear and Consistent Rules make life

-  **Predictable**
-  **Comfortable**
-  **Safe.**

Unclear and Confusing Rules make life

-  **Stressful**
-  **Unpredictable**
-  **Harder Than It Has To Be!**



1. Don't allow nodding at the pauses.
2. Don't allow the *Premature Launch*.
3. "Now tell me what I said...." Reciting.
4. Develop your own personal set of cues. It is a language you should regularly use to point out the stop signs! Know it! Practice it! Teach it!

**Verbal cues*—statements...not questions.

**Find a polite way to talk to me*

**Tell me the rule about...*

**Check the class rules sheet before...*

**Tell me the steps involved in...*

**Excuse me....*

**General voice tone*

**Non-Verbal cues*

**Facial expression*

**Hand Signals*

**Props*

**Tokens*

**Behavioral Cues*

**Take a deep breath and then...*

**Count to ten and then talk to me about...*

**Squeeze your handball 5 times and then...*

★ KEEPING TRACK OF WHAT KIDS DO ★

THE KEY TO TEACHING

TRACKING FORMS (things like star charts and point charts) help us to keep track of what kids do and the changes they make.

1. **TRACKING FORMS** help us **NOTICE** what our kids are really doing:

★ We **don't notice** most of the things going on around us.

★ We **miss many of the things** our kids do.

★ **For example:** Adolescent felons “mind” 40-50% of the time but it usually goes un-noticed because they are so extreme the rest of the time!

2. **TRACKING FORMS** (like star charts, point charts, school cards, etc.) **Provide Structure:**

★ As we said above, they **Help Us Notice** the things our kids do

★ They **Help Us Teach** our kids by giving us a tool to provide feedback:

★ **Rewards**

★ **Discipline/Negative Consequences**

- They help us **Slow The World Down**, so learning can happen. This should help with the problems that kids with AD/HD have with **Shooting From The Hip, Putting On The Brakes, And/Or Missing The Important Things**
- They keep us from getting into the habit of “**Letting Sleeping Dogs Lie**”—only talking to our kids when they are in trouble!