



## BEHAVIOR THERAPY WITH AD/HD

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Behavior Therapy. The main psychotherapy widely used with AD/HD is behavioral therapy. Behavioral therapy means directly influencing a child's behavior by using cues, reinforcements, and other principles of learning. Behavior therapy is most often done in the setting of the family and the classroom. It may also be called Behavioral Family Therapy since we try to make sure *parents are well trained* to carry out the instructions.

Behavior therapy can be used while a child is on medications. Research shows that medications help a child function better while the child is on the medications. Psychotherapy, including behavior therapy, family therapy, cognitive therapy, and brief therapy, tend to have more long term results because they help make actual changes in how the child's AD/HD affects his or her development.

Behavior therapy for AD/HD takes several forms:

- 1) classroom management suggestions to improve the child's behaviors in school;
- 2) daily behavioral reports to communicate between teacher and parents and to serve as a reminder of the desired changes;
- 3) high level of positive reinforcement for appropriate behavior;
- 4) a home point system or reward system;
- 5) parent education about the management of AD/HD, which is a chronic and impairing brain condition.

I will discuss each of these in turn.

Children with AD/HD can improve. Note, however, there is no behavioral program, diet, medication, or self-help program which eliminates AD/HD altogether. In the presence of AD/HD, behavioral programs, while essential, tend not to have lasting effects unless consistently applied over the long haul while a child is on medications.

Often, behavioral therapy for AD/HD is not a lasting approach unless accompanied by medication. Again, behavioral approaches must be consistent.

1) Classroom management consists of suggestions to the teacher which are often helpful. For example, many AD/HD children are disciplined by being placed away from other children in the class so they do not disrupt others; but the effect usually is the opposite in that the child is more disconnected from what is going on and disrupts the class just as much.

- ▶ The child should be seated close to the teacher.
- ▶ Kids with AD/HD report they listen better if the teacher makes lessons animated, brief, and interesting. Explanations must be simple and must be repeated.
- ▶ It helps if posted rules are placed in more than one place in the room.
- ▶ The day's schedule should be up in large letters so the child will be more likely to attend to it. He or she should be expected to write it down.
- ▶ Transitions, such as bathroom time, should be orderly. For instance, for younger kids, having tape or arrows on the floor -which have to be walked along -- may prevent pushing and running.
- ▶ Distractions such as the clock, windows, and hall noises, should be minimized as much as possible.
- ▶ The child may be more distracted and disturbing to others if he or she is at a desk which is in a pod of 2-4 desks which touch, as this would invite interacting with other children and not looking directly at the teacher.
- ▶ The teacher will find better retention and attention if he or she makes sure the child is attending to instructions and lessons before they are announced. It is wise to check with the child several times during the explanation. It also helps if the teacher reinforces listening behavior so the child associates hearing the assignments and instructions with praise and with pleasing the teacher. "Good listening," "good notes," "You wrote down the instructions exactly right," and other verbal praise which identifies the desired behavior, namely, paying attention, is helpful.
- ▶ To keep the child attending, the teacher should not talk to the white board, but to the students.
- ▶ The teacher can help with homework and help the parents to assist the child if she will be sure the child has written down all assignments and has packed his or her backpack with all necessary materials for homework. This few minutes of effort will lead to a more compliant, prepared child who will be able to get the homework done and to a less stressed teacher and family.

- ▶ For the older child who is distractible, testing should be untimed, in a very quiet setting.
- ▶ Parents check backpacks in the morning to make sure everything needed is present. The backpack and locker should be purged and organized regularly. The child's impulsiveness tends to eventually defeat organization; so things have to be organized often. There are exceptions, that is, AD/HD children who are organized, and that is a strength to celebrate.
- ▶ Most, but not all, AD/HD children have trouble with two major parts of school learning, namely, retaining what they are reading (even as short a time as to the bottom of the page!) and retaining sequences, such as the steps to carry out a math problem. Why? AD/HD is synonymous with problems of Executive Functions, such as self-control, thinking ahead, planning, and problems of Working Memory. Most people can remember 5-9 pieces of information at a time and start to forget some of them when the number of bits of data gets up to 8-10. For AD/HD children, new information distracts them from what they learned just a moment earlier; and they may retain fewer pieces of information in short term working memory. Also, the next day, the sequence that seemed mastered the night before is difficult to recall. So, for example, a set of multiplication facts or the procedure for long division seemed clear on Monday but is gone on Tuesday - memory problem! It just takes more repetition, but the child will get it.
- ▶ There is no age for stopping all this!

While the teacher might feel she does not have the time to focus on this child, unfortunately, the child does have a disability. AD/HD is a chronic, impairing condition. For those who are far behind, the Federal law called IDEA may apply and the child may qualify for an Individual Educational Plan. For those with AD/HD who are not behind in school, the child may qualify under Section 504 of the Federal Rehabilitation Act, and may receive accommodations.

Attending to the child in these ways will pay off with the need for less overall effort than not doing so. In these days of main-streaming, the child will be unlikely to be assigned to Special Education unless a severe learning disability or emotional disorder is also present. It falls to the classroom teacher to adapt positively so that the quality of the experience is best for both pupil and teacher.

One way the psychotherapist or family therapist can help is to observe the child in the classroom and to consult with the teacher on ways to implement some of the suggestions above. *The therapist's work is always enriched when*

*he or she uses the teacher's important observations.*

2) A daily behavioral report is a kind of daily report card of behavior. The purpose is

- a) to prompt the child to learn appropriate behaviors by reminding the child before school, after school, and in the evening about those behaviors,
- b) to provide the teacher's feedback to the child and the parents,
- c) to provide for reinforcement of improvement and pride in improvement.

The therapist will provide you with a report form and suggestions for using it.

3) AD/HD children require more frequent and more intense positive reinforcement than other children. The reason for this is that their reduced attention means they are not as good at associating reinforcement (that is, the positive consequences of behavior) with the events being reinforced. Their impulsivity means they are interested in the primary gratification of the reinforcer (i.e., the pleasures of candy, the joy of a tv show) rather than in the reason for which it is given.

That suggests the child needs positive reinforcement consistently whenever appropriate behavior is performed. This means complimenting and praising the child for any NEW positive social behavior, for focused attention, completion of tasks, self-control behavior, and following directives as soon as they are given, etc. "You really got moving and finished that right when I told you to. Terrific listening. Everything goes better when you get started right away and finish what you start. Super."

The therapist will teach you the principles of reinforcing AD/HD children.

4) Punishment usually does not work. Punishment works best with introspective children or children with good inhibition. With AD/HD children, inhibiting behavior because of the threat of punishment or because it was punished before usually does not work too well. Younger kids will find the attention to their behavior funny rather than worry about the punishment.

Remember, the child has trouble directing and inhibiting behavior, so the likelihood of violating parent and teacher expectations is pretty high to start with.

Generally, we use a 2-part system. 1) We identify the behaviors you want to

see and reinforce them consistently, even when the child is doing just part of the right behavior, as long as you see improvement, and verbally tell what you are reinforcing (e.g., “Good listening,” “You let me finish my telephone conversation and you played quietly”).

2) If the new behavior is not done, remove a privilege or activity the child likes. Stay away from threats (inconsistency will only lead the child to learn to ignore your demands and threats don’t mean much unless you back them up every time), coercion ( the child will have a hard time remembering that the incentive is out there to be earned), shouting and high frustration, and physical punishment. The message of all those is that the parent is not in good control either. This two-part process is called Discrimination Training.

5) A home point system or reward system, such as using a behavior chart, helps focus the child on the behaviors you desire at home and on the learning of those behaviors. With a younger child, a point system is usually confusing and a simpler system with stars, stickers, or other symbols in place of numbers is preferable.

The therapist will provide a Behavior Contract to use with the child and will suggest ways to chart the child’s accomplishments.

6) Parent education is one of the most important interventions. AD/HD is a chronic condition associated with impairments in living in childhood, adolescence, and adulthood. Parents need to know what behaviors are or are not part of the condition. The limited role of punishment and the expanded role of positive reinforcement need to be discussed. The way to reinforce -- that is, immediate reinforcement, short-term reinforcement, avoidance of long-term reinforcement, making reinforcement dramatic, getting the child’s attention, etc. -- needs to be discussed.