An Overview of ADHD

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Agenda

- Review of ADHD
- Treating Children with ADHD
- Behavioral treatment highlights
- School-based Interventions
- Assessment
  - Rating Scales
  - Task-Oriented Tests
  - Assessment Linked Interventions
  - Progress Monitoring
- Summary
Attention Deficit Hyperactivity Disorder

Definition Of ADHD:

“ADHD appears to be a developmental disability in the domains of sustained attention, impulse control and the regulation of activity level to situational demands. “
Barkley, 1989.
Three ADHD Core Symptom Domains

• **Inattention** means a person wanders off task, lacks persistence, has difficulty sustaining focus, and is disorganized; and these problems are not due to defiance or lack of comprehension.

• **Hyperactivity** means a person seems to move about constantly, including in situations in which it is not appropriate; or excessively fidgets, taps, or talks. In adults, it may be extreme restlessness or wearing others out with constant activity.

• **Impulsivity** means a person makes hasty actions that occur in the moment without first thinking about them and that may have high potential for harm; or a desire for immediate rewards or inability to delay gratification. An impulsive person may be socially intrusive and excessively interrupt others or make important decisions without considering the long-term consequences.

Symptoms of ADHD

These children:
- Are in constant motion
- Squirm and fidget
- Don't seem to listen
- Have trouble playing quietly
- Often talk excessively
- Interrupt or intrude on others
- Miss or misinterpret social cues
- Are easily distracted
- Often fail to follow rules
- Do not finish tasks

- Inattention, hyperactivity, impulsivity: Some people with ADHD only have problems with one of the behaviors, others have both inattention and hyperactivity-impulsivity. Most children have the combined type of ADHD.

- In preschool, the most common symptom is hyperactivity

- It is normal to have some inattention, unfocused motor activity and impulsivity, but for people with ADHD, these behaviors:
  - are more severe
  - occur more often
  - interfere with or reduce the quality of how they function
American Academy of Pediatrics Guidelines for Treatment of ADHD

1. Establish a treatment program that recognizes ADHD as a chronic condition;

2. Collaboration with the clinician, parents, child and school personnel should design appropriate target outcomes and guide management;

3. Stimulant medication and/or behavior therapy as appropriate should be used in the treatment;

4. If a child has not met the targeted outcomes, clinicians should evaluate the original diagnosis, use all appropriate treatments and consider co-existing conditions; and

5. Periodic, systematic follow-up for the child should be done with monitoring directed to target outcomes and adverse effects.
Types of Treatments

- Medication
- Behavioral treatment
- School-based Interventions
- Cognitive Training / Rehabilitation
- Multi-Modal

Professional Treatment for ADHD

- Child and adolescent psychiatrists: Diagnose ADHD and prescribe medications
- Psychologists: Diagnose ADHD and provide talk therapy Help people with ADHD explore their feelings
- Cognitive-behavioral therapists: Set up behavioral modification programs at school, work, and home Establish concrete goals for behavior and achievement Help families and teachers maintain rewards and consequences
- Educational specialists: Teach techniques for succeeding in school Help children obtain accommodations from school Advise families about assistive technology
Treatments of ADHD: Behavioral

Five Categories of Behavioral Treatments

(Pelham, 2002 in Jensen and Cooper.)

- cognitive-behavioral interventions
- clinical behavior therapy
- contingency management
- Intensive behavioral treatments
- combined behavioral and pharmacological interventions
Behavior Therapy: Working with Kids and Their Parents

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.

The therapist meets regularly with the family to monitor progress and provide support.

Between sessions, parents practice using the skills they've learned from the therapist.

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

Behavior Therapy: Working with Kids and Their Parents

What parents learn when trained in behavior therapy

Positive Communication

Positive Reinforcement

Structure and Discipline

Behavior therapy, guided by parents, teaches children to better control their behaviors, leading to improved functioning at school, home, and in relationships. Learning and practicing behavior therapy may take time and effort, but it has lasting benefits for the child.
Advice for Parents

According to the American Academy of Pediatrics, there are 3 basic principles to any behavior therapy approach:

1. Set specific goals. Set clear goals for your child such as staying focused on homework for a certain time or sharing toys with friends.
2. Provide rewards and consequences. Give your child a specified reward (positive reinforcement) when he or she shows the desired behavior. Give your child a consequence (unwanted result or punishment) when he or she fails to meet a goal.
3. Keep using the rewards and consequences. Using the rewards and consequences consistently for a long time will shape your child’s behavior in a positive way.

Meta-Analysis

A meta-analysis of behavioral treatments for attention-deficit/hyperactivity disorder

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ARTICLE INFO

Article history:
Received 14 July 2008
Revised 30 October 2008
Accepted 4 November 2008

Keywords:
Attention-deficit/hyperactivity disorder
Behavior modification
Contingency management

ABSTRACT

There is currently controversy regarding the need for and the effectiveness of behavior modification for children with attention-deficit/hyperactivity disorder (ADHD) despite years of study and multiple investigations reporting beneficial effects of the intervention. A meta-analysis was conducted by identifying relevant behavioral treatment studies in the literature. One-hundred seventy-four studies of behavioral treatment were identified from 114 individual papers that were appropriate for the meta-analysis. Effect sizes varied by study design but not generally by other study characteristics, such as the demographic variables of the participants in the studies. Overall, weighted effect sizes in between-group studies (.83), pre-post studies (.79), within-group studies (.64), and single-subject studies (.78) indicated that behavioral treatments are highly effective. Based on these results, there is strong and consistent evidence that behavioral treatments are effective for treating ADHD.
Treatments of ADHD: School-Based Interventions

National Association Of School Psychologists
Recommendations for Students with ADHD

- Instructional strategies to improve the management of behavioral, social, and emotional supports;
- Supports for teachers to improve classroom management;
- Collaboration and consultation with families to align efforts and promote consistency;
- Monitoring of interventions to ensure integrity of implementation and accountability by assessing impact on behavioral and academic outcomes;
- Education of staff and parents in the characteristics and management of ADHD as well as the continual communication of advances in supports, changes in policies, and implementations of new accommodations;
- Facilitate appropriate access to Special Education;
- Collaboration with community agencies and professionals providing medical and related services to students and their families;
- Individualized behavior support planning for students when necessary.
Multi-tiered Support System Model for Students with ADHD

- Individualized Behavioral Support Plans like full DBRC integrated with evidence-based interventions. Progress Monitoring
- Targeted small group interventions like Check-in Check-on or Abbreviated DBRC. Further assessment and FBA
- Universal prevention with Early Identification and Classroom Management PD for Teachers

ADHD in the Classroom: Effective Intervention Strategies (DuPaul, Weyandt, & Janusis, 2011)

Behavioral interventions for students with ADHD include both antecedent- and consequence-based strategies.

Self-regulation interventions: students with ADHD are encouraged to monitor, evaluate, and/or reinforce their own behaviors,

Academic Interventions: teacher mediated direct instruction in relevant skills that require remediation.

Home–School Communication Programs- Daily Behavior Report Cards

Interventions Addressing Social Relationship Difficulties

Collaborative Consultation: an equal partnership between two partners (e.g., school psychologist and classroom teacher) to define a problem and develop interventions.
The Effects of Classroom Interventions on Off-Task and Disruptive Classroom Behavior in Children with Symptoms of ADHD: A Meta-Analytic Review

(Gastra, Goren, Tucha & Tucha 2016)

Review of classroom interventions (antecedent-based, consequence-based, self-regulation, combined) that can be applied by teachers in order to decrease off-task and disruptive classroom behavior in children with symptoms of ADHD.

Classroom interventions reduce off-task and disruptive classroom behavior in children with symptoms of ADHD with largest effects for consequence-based WSD = 1.82) and self-regulation interventions (MSMD= 3.61). Larger effects were obtained in general education classrooms than in other classroom settings.

ADHD, Academic Enablers, and Academic Performance

This study examined the relationships among academic enablers (i.e., engagement, interpersonal skills, motivation, study skills) and academic achievement in children with and without high levels of parent-rated symptoms of inattention, impulsivity, and hyperactivity (Symptoms of IH Group). The study included 60 participants (29 [42%] in the IH Group and 40 [58%] in the Comparison Group), with 33 boys and 36 girls in the third through fifth grades. The researchers found significant differences on the measure of academic enablers, including engagement, interpersonal skills, motivation, and study skills, in which participants in the Comparison Group received higher scores. In addition, several academic enablers mediated the relationship between symptoms of inattention, impulsivity, and hyperactivity and the academic outcomes of reading and teachers’ ratings of total academic skills. © 2011 Wiley Periodicals, Inc.
Social Emotional Learning Competencies

DEFINING OUR TERMS: WHAT IS SEL?
Social and emotional learning (SEL) involves the processes through which adults and children develop social and emotional competencies in five areas:

- Self-awareness, like knowing your strengths and limitations
- Self-management, like being able to stay in control and persevere through challenges
- Social awareness, like understanding and empathizing with others
- Relationship skills, like being able to work in teams and resolve conflicts
- Responsible decision-making, like making ethical and safe choices

(For more information, see page 16.)

Educational Outcomes of a Collaborative School-Home Behavioral Intervention for ADHD. (Piffner, Et al. 2013)

Evaluated the impact of a 3-year home-school collaborative behavioral support program for students with attention and behavioral problems. The study investigated the impact of the implementation of the Collaborative Life Skills Program (CLS) with 57 ADHD elementary school students.

- **Classroom Component** - The classroom intervention utilizes a DBRC and a homework plan
- **Parent Component** - This component included ten 1-hour group sessions conducted by LSPs with the parents
- **Child Skills Component** - The component includes ten 40-minute group sessions with students conducted by the LSPs
ADHD Identification and Assessment: Basic Guidelines for Educators (DuPaul, 2004)

Approaches to Identifying ADHD-Related Behaviors

- No single source of information or assessment/measure is sufficient in the identification of ADHD in Children
- Current best practice in evaluating children for ADHD requires the use of multiple assessment methods and sources of information
  - Methods include Interviews, Ratings, Observations, Formal Tests, and Performance Measures
  - Sources includes parents, teacher, the child, clinicians, other educational professions, in the home, school and clinical settings
ADHD Identification and Assessment: Basic Guidelines for Educators (DuPaul, 2004)

Recommended Process for Identifying Students With ADHD

1. Screening
2. Multiple assessment methods
3. Classification and diagnostics
4. Intervention
5. Monitoring

ADHD Tools

1. RATINGS SCALES
   - BASC-3
   - Brown ADD Scales
   - D-REF

2. TASK-ORIENTED TESTS
   - Attēmo
   - TEA-ch

3. INTERVENTIONS
   - Cogmed
   - Rehacom
   - BASC-3 Intervention Guide

4. PROGRESS MONITORING
   - BASC-3 Flex Monitor
   - Attēmo
   - Brown ADD Scales

Visit PearsonClinical.com/ADHD for more information!
Key variable components of ADHD rating scales

**Specificity** – ADHD-specific scales that rate symptoms. Standardized rating scales enable clinicians to evaluate multiple aspects of well-being and compare these results with specific clinical subgroups, the general population, or both.

**Assessment measures**
- Frequency or severity of ADHD symptoms
- Levels of functional impairment
- Impact on quality of life and finances

**Patient population** – rating scales are available for use in children, adolescents or adults.

**Means of administration** – clinician, parent, teacher or self-reporting rating scales have been developed;

**Scoring method** – questions may require Likert scale, yes/no, or free-text responses. Cut-off values for improvement following treatment vary between rating scales.
Behavior Assessment System for Children (BASC-3)

A comprehensive set of rating scales and forms including the Teacher Rating Scales (TRS), Parent Rating Scales (PRS), Self-Report of Personality (SRP), Student Observation System (SOS), and Structured Developmental History (SDH). Together, they help you understand the behaviors and emotions of children and adolescents.

BASC 3: Teacher and Parent Forms

**TRS and PRS Clinical Scale Descriptions**

**Aggression**—The tendency to act in a hostile manner (either verbal or physical) that is threatening to others.

**Anxiety**—The tendency to be nervous, fearful, or worried about real or imagined problems.

**Attention Problems**—The tendency to be easily distracted and unable to concentrate more than momentarily.

**Atypicality**—The tendency to behave in ways that are considered odd or commonly associated with psychosis.

**Conduct Problems**—The tendency to engage in antisocial and rule-breaking behavior including destroying property.

**Depression**—Feelings of unhappiness, sadness, and stress that may result in an inability to carry out everyday activities or may bring on thoughts of suicide.

**Hyperactivity**—The tendency to be overly active, rush through work or activities, and act without thinking.

**Learning Problems**—The presence of academic difficulties, particularly understanding or completing homework.

**Somaticization**—The tendency to be overly sensitive to and complain about relatively minor physical problems and discomforts.

**Withdrawal**—The tendency to evade others to avoid social contact.
BASC 3 Indicies Related to ADHD

**ADHD Probability Index** - The ADHD Probability Index, available at the child and adolescent levels of the TRS and PRS, provides an indication of the similarity between the obtained behavioral ratings and the ratings of children identified as having attention-deficit/ hyperactivity disorder.

**Attentional Control Index** - This index measures one’s ability to sustain attention and attend to the current task. High scorers are likely to be easily distracted, unable to focus attention on any one task for a viable period of time, and frequently move unpredictably from task to task unproductively.

BASC 3: Self Report Scales (SRS)

**SRP Scale Descriptions**
- **Alcohol Abuse**—The tendency to use alcohol to feel better or to calm down and to experience adverse outcomes as a result of alcohol use
- **Anxiety**—Feeling of nervousness, worry, and fear; the tendency to be overwhelmed by problems
- **Attention Problems**—The tendency to report being easily distracted and unable to concentrate more than normally
- **Attitude to School**—Feelings of alienation, hostility, and dissatisfaction regarding school
- **Attitude to Teachers**—Feelings of resentment and dislike of teachers; beliefs that teachers are unfair, uncaring, or overly demanding
- **Appropriateness**—The tendency toward bizarre thoughts or behaviors considered “odd”
- **Depression**—Feelings of unhappiness, sadness, and despair; a belief that nothing goes right
- **Hyperactivity**—The tendency to report being overly active, rushing through work or activities, and acting without thinking
- **Interpersonal Relations**—The perception of having good social relationships and friendships with peers
- **Locus of Control**—The belief that rewards and punishments are controlled by external events or people
- **Relations With Parents**—A positive regard toward parents and a feeling of being esteemed by them
- **School Misadjustment**—Perceived difficulties associated with attending postsecondary institutions, including feeling overwhelmed, uninterested, and forced to attend school
- **Self-Esteem**—Feeling of self-esteem, self-respect, and self-acceptance
- **Self-Reliance**—Confidence in one’s ability to solve problems; a belief in one’s personal dependability and decisiveness
- **Sense of Inadequacy**—Perceptions of being unsuccessful in school, unable to achieve one’s goals, and generally inadequate
- **Social Stress**—Feelings of stress and tension in personal relationships; a feeling of being excluded from social activities
- **Somatization**—The tendency to be overly sensitive to physical pains, or to complain about relatively minor physical problems and discomforts
Brown EF/A Scales

• Fully updated norms (for ages 3 through adults)
• New and updated test items that improve clarity and clinical relevance
• Based on Dr. Brown's six cluster model of executive functions
• New parent form available for adolescents
• Both gender-specific and combined-gender norms available for all age groups
• Includes DSM-5 symptoms of ADHD and more
• Digital administration and scoring available with Q-global® web based system

What makes Brown EF/A Scales different?

Items are more specific and contextual: Patients with ADHD experience much situational variability with ability to focus on specific activities which hold strong interest for them, but more limited ability to focus on less interesting tasks, even when they may be important. The Brown EF/A scales include items that ask about difficulties encountered in specific contexts, e.g. difficulty remembering what has been read (when reading is assigned, not self-selected texts).

Multiple Perspective Assessment: The Brown EF/A scales will provide a comprehensive evaluation of an individual's ADHD symptoms by assessing functioning using multiple perspectives: self-perspective, teacher's perspective and parents' perspective.
What makes Brown EF/A Scales different?

**Focus on severity as opposed to frequency:** Unlike other instruments, items on the Brown EF/A scales focus on severity of specific problems rather than frequency. This allows examinees to report more accurately how much difficulty they experience with each specific symptom.

**Includes DSM-5 symptoms of ADHD and more:** In addition to diagnostic criteria for ADHD defined in DSM-5, the Brown EF/A scales also assess other important aspects of executive function impairments found in persons with ADHD, but not yet included in DSM-5 diagnostic criteria for ADD/ADHD.

**Based on Dr. Brown's model of Executive Functions:** The Brown EF/A scales are based on Dr. Brown's six cluster model of executive functions that has been well recognized and explained in books and articles for more than a decade.

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Brown’s Model of Executive Functions Impaired in ADHD

![Diagram of Brown's Model of Executive Functions]

(Brown, Outside the Box: Rethinking ADD/ADHD, 2017, Attention Deficit Disorders, 2005)
Task-Oriented Tests

Task-oriented tests directly observe key behaviors that the examinee exhibits and provide objective, quantifiable data to help with treatment planning.

<table>
<thead>
<tr>
<th>Attēmo</th>
<th>Quotient</th>
<th>TEA-Ch2</th>
</tr>
</thead>
<tbody>
<tr>
<td>surpasses the value of traditional CPTs by measuring hyperactivity, impulsivity, and inattention—all at the same time</td>
<td>an objective measurement of hyperactivity, impulsivity, and inattention to aid in the assessment of ADHD.</td>
<td>assess a child’s ability to selectively attend, sustain attention, divide attention between two tasks, switch attention, and more.</td>
</tr>
</tbody>
</table>
What is Attēmo?

The Attēmo™ Attention & Motion Test is a 15-minute visual attention continuous performance task (CPT) administered on an iPad® along with simultaneous measurement of the examinee’s head movement.

It is designed to objectively measure the three core symptoms of attention and behavior issues:

Attēmo Overview

| Age Range               | Child Version: 6–12:11
|                        | Adolescent Version: 13–19:11
|                        | Adult Version: 20 years and older |
| Qualification Level     | B |
| Completion Time         | Setup: 5 minutes, Administration: 15 minutes |
| Administration          | Downloadable iPad app |
| Scoring & Reporting     | Attēmo Clinician Portal (web-based) |
| Report Options          | Score Report, Progress Report |
| Publication Date        | 2017 |
Administration of Attēmo

15 Minute Attention and Motion Test —
Child Test: 6 to 12:11
Adolescent Test: 13 to 19:11
Adult Test: 20 years and older

1. Examinee wears the headband and begins the visual attention test.
2. Various types of stars appear every few seconds at random locations around the screen.
3. Examinee should press the spacebar when a target star appears and not press any key when a non-target appears.
4. Attēmo’s advanced motion-tracking software records the movement of a small LED marker attached in front of the headband.

How Does it Work?
Test of Everyday Attention for Children – Second Edition (TEA-Ch 2)

There are 2 versions of the assessment:

- **TEA-Ch 2 J for 5 – 7 year olds**
  - 7 subtests
  - Administration time: 35 minutes

- **TEA-Ch 2 A for 8 – 16 year olds**
  - 9 subtests
  - Administration time: 45 minutes

**TEA-Ch2**

TEA-Ch J is for children aged 5 years to 7 years. The following subtests are administered:

**Selective Attention**
Balloon Hunt, Hide and Seek Visual

**Sustained Attention**
Barking, SART, Simple RT, Hide and Seek Auditory

TEA-Ch A is for children aged 8 years to 15 years 11 months. The following subtests are administered:

**Selective Attention**
Hector Cancellation, Troy Dual Task, Hecuba Visual Search

**Sustained Attention**
Vigil, SART, Simple RT, Cerberus T

**Switching Attention**
Red & Blues, Bags & Shoes
This more closely approximates the demands of the world.

**Sit still. Do your work.**
Quotient® ADHD System Benefits

Objectively evaluates the 3 fundamental domains consistent with ADHD diagnosis:
• Movement
• Attention
• Impulsivity

OBJECTIVITY: Provides objective, direct measurement of the same functions assessed through conventional, subjective rating scales currently in use.

ACCURACY: Diagnosis based upon objective data.

DIAGNOSTIC SPEED: Results available in minutes for initial evaluation.

TREATMENT SPEED: Provides more rapid ability to titrate efficiently and effectively.

Comparison to Normative Data

Unique algorithms compare patients’ performance to aged and gender matched community sample

• Certified non-ADHD cases distributed by age/gender/grade
• n=1806 for ages 6-14
• n=839 males, n=967 females

Results of ADHD vs. normal controls were markedly different in each of two studies

• 3-5 fold increase in seated motor activity and less complex movement pattern\(^1\)
• Respond more rapidly, but with lower accuracy, greater variability, more impulsivity, and more attention shifts\(^2\)

Interventions

Computerized Working Memory Training (Cogmed JM/RM/QM)

- 45 min training/day
- 5 days/week, 5 weeks
- Adaptive algorithm
  - individually-based
- Reinforcement
  - Immediate performance-based feedback;
  - internal reinforcement activities
  - external reinforcement for completing pre-specified # sessions
- Weekly coaching calls from licensed provider, using uploaded tracking data

Cogmed/Pearson
http://www.cogmed.com/rm
**Working Memory**

2 Critical components: A system for temporary storage & manipulation of information, necessary for a wide range of cognitive tasks.

To keep information in your mind for a short period of time (seconds) & use in your thinking.

Processes all stimuli we encounter - updating.

Delegates to different parts of our brain to take action – shifting.

Allows us to block out unnecessary information – inhibition.

Keeps us updated on what’s happening – & focused on what matters.

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**RehaCom provides computerized cognitive training (CCT) in 4 areas**

- 4 Key areas of training: Attention, Memory, Executive Functions & Visual Field
- 20 configurable training domains
- Auto-adaptive to the ongoing training level of the patient as this fluctuates daily.
- Includes low training levels for those with severe cognitive deficits.
BASC-3 Intervention Guide & Materials

- Guide is used to select and implement evidence-based interventions that work in schools;
- Gives an overview of each intervention, followed by clear, step-by-step implementation procedures, evidence-for-use information, citations for each intervention, and a description of factors that may enhance or detract from the chosen intervention’s effectiveness; and
- Provides extensive information on the most common behavioral and emotional issues, covering 11 categories.

### Categories addressed by interventions

<table>
<thead>
<tr>
<th>Category</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Problems</td>
<td>Depression</td>
</tr>
<tr>
<td>Adaptability</td>
<td>Functional Communication</td>
</tr>
<tr>
<td>Aggression</td>
<td>Hyperactivity</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Leadership/Social Skills</td>
</tr>
<tr>
<td>Attention Problems</td>
<td>Somatization</td>
</tr>
<tr>
<td>Conduct Problems</td>
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</tbody>
</table>

### Interventions Guided by Assessments: BASC 3 Hyperactivity

**Table 4.1 Interventions for Hyperactivity**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Prevention</th>
<th>Early Intervention</th>
<th>Intensive Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contingency Management</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Daily Behavior Report Cards (DBRC)</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Functional Behavioral Assessment</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Multimodal Interventions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Parent Training</td>
<td></td>
<td></td>
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<tr>
<td>Self-Management</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Task Modification</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

1. Prevention refers to skills that can be taught to all children or used universally; they promote better awareness and lessen the risk of problems.
2. Early intervention includes techniques and strategies that address early warning signs or clinical signs of the risk of future problems. Early intervention may be specifically applied to one or more problems or generically applied as a skill set to prevent the development of a chronic problem. Early interventions can be delivered to groups or individuals.
3. Intensive intervention focuses on individuals and individual problems, which are usually chronic, intensive, and require services due to the level of interference in daily functioning.
# Interventions Guided by Assessments: BASC 3 Attention

## Table 5.1. Interventions for Attention

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Prevention(^1)</th>
<th>Early Intervention(^2)</th>
<th>Intensive Intervention(^3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classwide Peer Tutoring</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Computer-Assisted Instruction</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Contingency Management</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Daily Behavior Report Cards (DBRC)</td>
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<td>X</td>
</tr>
<tr>
<td>Modified Task-Presentation Strategies</td>
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<td>X</td>
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<tr>
<td>Multinodal Interventions</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Parent Training</td>
<td>X</td>
<td>X</td>
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Progress Monitoring

- Progress monitoring evaluates and tracks individuals or small groups.
- It can identify and track students at-risk for failure if the students are not meeting their goals.
- And progress monitoring can help evaluate the effectiveness of treatment, intervention or instruction. If an intervention is not working; try something else.
- The data collected should be reviewed over time.
- And disaggregate the data for student sub-groups such as ethnicity, gender, Special Ed, and ESL.
- In schools, progress monitoring data can also indicate the need for professional development and staff training.

BASC-3 Flex Monitor

- BASC-3 Flex Monitor enables psychologists and professionals in a school or clinical environment to monitor and track the effects of a behavioral intervention plan.
- Completely web-based, efficient, and comprehensive, the Flex Monitor can be used to develop effective progress monitoring forms that can be used to track changes in behavioral and emotional functioning.
Benefits of Monitoring Progress: BASC-3 Flex Monitor

Behavioral specialists, school psychologists, clinicians, and other professionals can use the BASC-3 Flex Monitor to help:

• Monitor and track the progress of behavior intervention plans
• Demonstrate the effectiveness of school-wide behavioral expectation programs
• Develop custom progress monitoring forms
• Promote the involvement of teachers, parents, and students addressing behavioral and emotional concerns

Question: What ADHD related topics are you interested in hearing more about in future webinars?

a) 1. Conditions co-morbid with ADHD? eg. anxiety, depression, substance abuse?
b) 2. How ADHD changes over the life span, and the challenges and obstacles faced.
c) 3. How to improve working memory.
d) 4. Using Assessment to Guide Intervention
e) 5. ADHD and Gender
f) 6. Multi-Modal Assessment Procedure
g) 7. Specific Assessments
h) 8. Case Studies
i) 9. Other (Use Chat Box for Other Suggestions)
Want to Learn More?

www.pearsonclinical.com/ADHD

Questions or Comments
ALWAYS LEARNING