

ADD/ADHD

Webinar Training Series



Q&A with Dr. Ronald T. Brown, PhD

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Special Learning, Inc.

Autism Education for Parents, Teachers, and Therapists

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Housekeeping

1. Post questions. One of our moderators will select the questions to present to Dr. Bailey and our panelists. We will not be able to get to all the questions. Send your questions to kchung@special-learning.com. If possible, we will attempt to address them post webinar.
2. If you experience technical issues during the webinar, contact GotoWebinar directly by calling (877) 582-7011.
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Learning Outcomes

- Participants will understand the history of ADD/ADHD.
- Participants will understand factors behind increase in prevalence rates.
- Participants will understand the process of diagnosing ADD/ADHD.
- Participants will learn difference between ADD and ADHD.
- Participants will learn how to use to evidence-based treatments
- Participants will learn what constitutes non evidence-based treatments.
- Participants will understand the importance of understanding context/situations that contribute to assessment and treatment of ADHD.
- Participants will understand the importance and impact of family participation in helping kids with ADD/ADHD.
- Participants will learn behavioral strategies to help children with ADD/ADHD.

Presenter Bio



Dr. Ronald T Brown, PhD is a Professor and Dean in School of Allied Health Sciences at University of Nevada, Las Vegas, USA. He served as the Associate Vice-Chancellor for Academic (Health Affairs) at the University of North Texas System. Dr. Brown completed his Ph.D. from Georgia State University and has been the past President of the Society of Pediatric Psychology and the Association of Psychologists of Academic Health Centers. He is a board certified clinical health psychologist and has been an active clinician, teacher, advocate and investigator.

He served as a member of the Behavioral Medicine study section of the NIH and chaired several special panels at NIH. Dr. Ronald Brown's area of specialization includes behavioral sciences, pediatric psychology, attention deficit disorders, neuropsychology, psychopharmacology, learning disabilities and psychosocial oncology. He currently serves as the Editor of Professional Psychology: Research and Practice.

Panelist Bio



Dr. Deborah Padgett Coehlo, PhD, C-PNP, PMHS, CFLE is a certified Pediatric Nurse Practitioner and Pediatric Mental Health Specialist with a Doctoral Degree in Family Sciences and Human Development.

A developmental and behavioral specialist, Dr. Coehlo is a Founder and Director of Juniper Pediatrics, a clinic modeled after John F. Kennedy's multidisciplinary system of care. Using a holistic, integrated care model, Juniper provides counseling, medication management and family therapy for children with ASD, ADHD and other childhood mental health disorders.

Dr. Coehlo completed her Masters in Nursing with a specialty in parent-child nursing. She spent 10 years working at the Child Development Center at the University of Washington in the Genetics Clinic and Multidisciplinary Clinic. In 1999, she completed her Doctorate degree in Human Development and Family Sciences.

She has continued to teach at the undergraduate and graduate level, and has pursued research in the area of social networking, transition to out of home care for families, and child development.

Dr. Coehlo is a co-editor for the 4th and 5th edition of Family Health Nursing (F.A. Davis, 2010/2013) and has published several journal articles in the areas of families choosing residential care, families in transition, family health nursing, and care of children with special health care needs.

Panelist Bio



Noor Syed, PhD, BCBA-D, NYS LBA

Clinical Director & Professor of Practice for Lehigh University Autism Services

Dr. Syed possesses over 10 years experience in the fields of applied behavior analysis, special education, autism, and developmental disabilities as a classroom teacher, Special Education Itinerant Teacher, ABA home-based therapist, behavioral supervisor, and staff trainer.

Worked in early intervention, preschool, school-aged, and with adults.

Director of International Partnerships and Top Tier International Partnership Discovery Fellow with the Global Autism Project, a nonprofit organization that provides training for local international practitioners in the utilization of evidence-based practices when working with people with intellectual and developmental disabilities.

ADHD in Numbers

Attention deficit hyperactivity disorder (ADHD)

is a mental disorder that most often occurs in children.



6.4 Million American children ages 4-17 have been diagnosed with ADHD.

Average age of ADHD diagnosis: **7**

Age when symptoms of ADHD typically first appear: **3-6**

6.1% of American children are being treated for ADHD with medication.

42% increase in ADHD diagnoses over the past 8 years

Source: [ADD Resource Center](#)

Increase in Prevalence Rates

Cases and diagnoses of ADHD have been increasing dramatically in the past few years. The American Psychiatric Association (APA) says that [5 percent of American children](#) have ADHD. But the Centers for Disease Control and Prevention (CDC) puts the number at more than double the APA's number. The CDC says that [11 percent of American children](#), ages 4 to 17, have the attention disorder. That's an increase of [42 percent in just eight years](#).

- [Increase in Diagnoses:](#)
- 2003: 7.8%
- 2007: 9.5%
- 2011: 11 %

The 5th edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) now allows doctors to issue a joint diagnosis of autism and ADHD. What's the implication?

Source: [ADD Resource Center](#)

Diagnosis and Assessment

Questions: Diagnosis

“How does one differentiate between ADHD and Anxiety in younger children?”

“How common is ADHD and anxiety?”

“Is it typical for the symptoms of ADHD to change over time as students age?”

“Is it [ADHD] still only diagnosed based on behavioral observation, and could there be an overdiagnosis, and over-use of pharmacological interventions, when behavioral interventions may be enough?”

“Can you speak to the co-morbidity between ASD and ADHD.”

Evidence-based Treatments (To frame the discussion. May be deleted)

- What are they?
- What makes them evidence-based?
- How effective are these therapies?
- When is it appropriate to use medication independently?
- When is it appropriate to use behavioral approaches independently?
- When is it appropriate to use both?
- How do you know which type of medication to use? And when?
- How do you determine what's the correct dosage?
- How do you know when the medication is ineffective?
- What are some indicators to determine when the medication dosage is "off?"

Evidence-based treatment: Behavioral Approaches

Evidence-based Treatments: Behavioral

“Are there any specific behavioral interventions that have been shown to be more effective with children who have ADHD (i.e. antecedent vs. consequence-based interventions, token economy, behavior contract, etc.)?”

“I am a BCBA supervising an RBT who provides 1:1 ABA services to a student in a mainstream 4th grade classroom. The student is diagnosed with ASD, ADHD and anxiety. The biggest problem we run into is impulse control. We will clearly lay out contingencies, prime him on expectations, practice role plays, and provide intrusive prompts to help ensure his success, but when the moment comes in real life to practice the skill, the reinforcement of following the impulse of the moment far exceeds the reinforcement contingency we have created. Do you have any suggestions of how to best approach training impulse control?”

Evidence-based Treatments: Behavioral

“There is quite a lot of evidence that self-management, including data collection on one's own behavior, can itself improve the behavior. What are your thoughts on using self-management techniques with students with ADHD? Do you think that having students regularly do a self-check on attention behaviors (listening to teacher, doing work, etc.) is likely to help students or just be another distraction? Or, do you think it would be different for different individuals?”

“Is there insurance coverage for behavior therapy for children diagnosed with ADHD? What is the recommended intensity of behavior therapy to teach skills to replace symptoms?”

“As a BCBA, I am particularly interested in behavioral interventions. I am curious about the extent to which we can help students manage their attention challenges versus improve them. I find that a lot of interventions recommended in schools are management-focused, such as taking breaks, chewing gum, etc. I know these can be helpful, but can you point me in the direction of identifying interventions designed to improve the skills involved in maintaining attention?”

Questions

“In working with young students exhibiting severe behaviors in school (kindergarten through 2nd or 3rd grade) ADHD is often the only diagnosis provided by professionals for treatment. Many of these students have experienced extensive trauma in their young lives. Is it possible that pediatricians are misdiagnosing mood disorders, PTSS/PTSD, anxiety or other effects of trauma and therefore are treating the wrong condition?”

“For the "best outcome" children with autism who had intensive ABA at a very young age for years and were able to enter regular school without any support and no longer needs supports or ABA and no longer meet the criteria for autism ("best outcome group"), they may display symptoms of ADHD/ADD. What is your stance/feelings about a child in such a case? Would you recommend children to seek a physician to be evaluated for ADHD/ADD? Or if it is not impacting their life in a negative way in the grand scheme of things...?”

5-Minute Break

Evidence-based treatment: Medication

Evidence-based Treatments: Medication

“Are there certain medications that have been validated for use for either type of ADHD?”

“I currently work with children from birth through adolescents with a diagnosis of ADHD, and many have co-morbid diagnoses of Autism Spectrum Disorder, and/or mood disorders. I also have several clients who metabolize stimulant medications rapidly. These are the two issues I would be most interested in discussing with other experts.”

“When working with young students diagnosed with ADHD, I've often observed severe behavioral episodes, including aggression/elopement from the school building/self harm/etc. It seems that pediatricians often prescribe medication and continue to titrate it up in the hopes it will address the problem behaviors. Are these medications intended to improve behavioral excesses that are dangerous or only address the inattentiveness etc.?”

Non Evidence-based Interventions (May not cover if time runs out)

- What are they?
- What are they considered non evidence-based?
- Can these be harmful?
- What's the short-term impact on outcomes?
- What's the long-term impact on outcomes?

Non Evidence-based Treatments

“I'd love you to speak to the idea of diet modification in relation to ADHD/ADD, as well as the idea of caffeine intervention! These are ideas I have heard parents request/attempt/research and I would love to have a response. I am actually a child of the Feingold diet in the 1970's and my mother swears it changed everything for me. I always advocate healthy eating to families, but would love to hear your take on these 'interventions'!”

“What is your opinion on neurofeedback for ADHD kids? Does it work or help with ADHD symptoms?”

General Questions / Resources and Strategies



Questions

“I am a mom of 2 with ADHD and a BCBA. Can you speak to the anxiety/ADHD inattentive subtype connection? Example: A student with ADHD is attempting to take notes, has trouble managing multiple streams of sensory info simultaneously (audio, visual, memory, textual, etc), by the time they tune back in, the teacher is 5 bullet points down, causing anxiety which compounds the situation.”

“I work at a school district with students K-8. Currently there is a lot of tolerance and accommodation for ADHD symptoms with students in grades K-5, but as students get older and academics get more rigorous teachers are less accommodating. What accommodations are reasonable and functional to ask of teachers in grades 6-8?”

Questions

“In the literature review webinar, it was mentioned that short bursts of attention/focus on an activity and then allowing breaks is likely more effective than requiring attention for very long durations of time. What is recommended duration for these short bursts of focus?”

“I would like to learn more about ADHD and girls and behavioral interventions related to impulsivity.”

“What are some strategies to help students remain focused in the classroom?”

“How can we help students "think before they act" - decrease impulsivity?”

Questions

“How do different cultures resist or accept the diagnosis?”

“I would like more on how to support students with ADHD in speech therapy and how to help justify the need for speech therapy in the schools to work on social learning, even when they are doing okay in their academics.”

“What is the most common concomitant functional deficit for people with ADHD? working memory? processing speed?”

“Is there correlation between sleep deprivation and ADHD (worsening of symptoms/behaviors)? (or not)”

Questions

“How do different cultures resist or accept the diagnosis?”

“What is the most common concomitant functional deficit for people with ADHD? working memory? processing speed?”

“Is there correlation between sleep deprivation and ADHD (worsening of symptoms/behaviors)? (or not)”

“Are there any tools you have found useful? Checklists for students? Etc?” “Are there any texts you recommend on supporting students with ADHD?”

“What tools and strategies can people with ADD/ADHD use daily help them function and focus best?”

“Professionally, I have many students with ADHD who benefit greatly from the Thinking Social/Social Thinking materials I use with my students on the Autism spectrum, yet not all students with ADHD qualify for speech. Knowing how much they could greatly benefit from specialized instruction such as this, I would love to learn about research to help convince my colleagues and admin. of the importance of speech therapy for this population of students...even when they may be doing okay with academics.”

“I am just really starting to become familiar with how therapy can truly help students with similar characteristics my own children exhibited. So, I would also like more resources on how to help the older populations of students who did not get diagnosed but still struggle.”

“How can I help my own older children and help ensure other families have a good start so they aren't still struggling in their late teens and early 20's.”

American Academy of Pediatrics Technical Report

[Treatment of Attention-Deficit/Hyperactivity Disorder: Overview of the Evidence](#)

Ronald T. Brown, PhD; Robert W. Amler, MD; Wendy S. Freeman, PhD; James M. Perrin, MD; Martin T. Stein, MD; Heidi M. Feldman, MD, PhD; Karen Pierce, MD; Mark L. Wolraich, MD; and the Committee on Quality Improvement, Subcommittee on Attention-Deficit/Hyperactivity Disorder

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