

Behavior Management for School-Aged Children with ADHD



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KEYWORDS

- Attention-deficit/hyperactivity disorder • Children • Parent training
- Behavior management • Evidence-based treatment

KEY POINTS

- Behavior management treatments are well-established, evidence-based treatments for school-age children with attention-deficit/hyperactivity disorder (ADHD) and should be widely recommended to families.
- Behavioral parent training can be augmented with classroom-based intervention or child components to extend results across home, school, and social settings.
- Combined behavior management and stimulant medication often produce the most potent outcomes and when used in combination may reduce the dose needed for each, although family/cultural preferences for treatment modalities should also be considered.
- Continued research is needed to better tailor treatment to families with multiple stressors, parent mental health concerns (eg, ADHD, depression), and those from varied family structures and cultures.
- Translation and dissemination of evidence-based behavioral treatments to school and community settings are sorely needed to increase accessibility. Feasible, cost-effective models for treatment and training of school-based and community-based providers are crucial.

INTRODUCTION/BACKGROUND

Target of Treatment

School-aged children with attention-deficit/hyperactivity disorder (ADHD) show a range of inattentive, hyperactivity, and impulsivity symptoms that translate into serious

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Abbreviations	
BPT	Behavioral parent training
CLAS	Child life and attention skills
CLS	Collaborative life skills
DRC	Daily report card
EBT	Evidence-based treatment

academic and social/interpersonal impairment at home, at school, and in other settings as well (eg, public places, sporting events, camps). Behavior management interventions primarily target functional impairments rather than ADHD symptoms per se.¹ At home, common problems targeted for behavior management treatment may include:

- Noncompliance and lack of independence in completing daily chores and routines (eg, getting ready in the morning and going to bed at established times)
- Homework problems (eg, unrecorded assignments, forgotten materials, need for frequent reminders to start and complete homework, disorganization, and lack of attention to details/careless mistakes)
- Co-occurring aggression and defiance toward parents or siblings

Dysfunctional parenting is usually a key target of behavior management interventions. Parents of children with ADHD show more negative and ineffective parenting (eg, power assertive, punitive, inconsistent) and less positive or warm parenting, relative to parents of children without ADHD,^{2,3} and family conflict tends to be high. Behavior management interventions, such as behavioral parent training (BPT), directly target these parenting styles to improve child behaviors and family relationships and to reduce overall family conflict.

At school, students with ADHD are often inattentive, disorganized, off-task, and disruptive, which often leads to low rates of work completion both in class and at home.^{4,5} Children with ADHD also show a variety of peer-related problems, including overly intrusive and negative peer interactions,⁶ which can be further exacerbated by associated aggression, argumentativeness, disruptiveness, and lack of self-control.⁷ Behavior management interventions at school target behaviors across all of these domains.

Need for the Treatment

The need for treating children with ADHD during the school-age years is crucial. The short-term consequences of ADHD symptoms and organizational impairments include poor scores on class tests, report cards, or academic achievement tests.⁸ The short-term consequences of these children's social interaction problems include conflicted family relationships and few friendships, as well as frequent rejection or neglect from peer groups.⁷ Prospective follow-up studies show that children with ADHD are at considerable risk for interpersonal and educational problems as they grow older, as shown by frequent placement in special education classrooms, grade retention, school failure, early dropout, and juvenile delinquency^{9,10} and girls in particular are at risk for self-harm and suicide.¹¹

Several behavioral treatments are available that target the multiple impairments and risk factors for ADHD across settings. This article focuses on behavior management treatments developed for the home setting, known as BPT (also variously referred

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