



Advocacy ♦ Education ♦ Leadership

AOA/ACOFP 114th Annual Convention

New Orleans, LA

**Confronting the Challenges of ADHD:
Practical Steps to Improve Outcomes**

Lawrence E. Suess, DO, PhD

Sunday, November 1, 2009

5:30–9:00 pm

CME/CEU Information

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Dates and Location of CME Activity: November 1, 2009, New Orleans Convention Center

Topic: ADHD

Name of Faculty/Planner/Author/Editor/Reviewer: LARRY SUESS, DO

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Confronting the Challenges of ADHD: Practical Steps to Improve Outcomes



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Practical Recommendations to Enhance Follow-up Care and Long-term Management of Patients with ADHD

Larry Sues, DO, PhD
Child Psychiatrist
Western Kentucky Centre for Psychiatric
Medicine



ADHD: The Need for Effective Long-Term Management

- ADHD is one of the most frequent referrals to mental health professionals, physicians, and school personnel¹
- Comorbidities such as depression, anxiety, ODD and CD often complicate diagnosis, treatment and management²

ODD=oppositional defiant disorder
CD=conduct disorder

1. Barkley R.A. Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment (2nd ed.) New York: Guilford Press, 1998.
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (4th Ed.). Washington DC, 1994.



Fidgety Philip
Dr. Heinrich Hoffmann, 1844



Let me see if Philip can
Be a little gentleman
Let me see, if he is able
To sit still for once at table:
Thus Papa bade Phil behave;
And Mamma look'd very grave.
But fidgety Phil,
He won't sit still;
He wriggles
and giggles,
And then, I declare
Swings backwards and forwards
And tilts up his chair,
Just like any rocking horse; -
"Philip! I am getting cross!"



Fidgety Philip
Dr. Heinrich Hoffmann, 1844



See the naughty restless child
Growing still more rude and wild.
Till his chair falls over quite.
Philip screams with all his might.
Catches at the cloth, but then
That makes matters worse again.
Down upon the ground they fall.
Glasses, plates, knives, forks and all.
How Mamma did fret and frown.
When she saw them tumbling down!
And Papa made such a face!
Philip is in sad disgrace.



Fidgety Philip
Dr. Heinrich Hoffmann, 1844



Where is Philip, where is he?
Fairly cover'd up you see!
Cloth and all are lying on him;
He has pull'd down all upon him.
What a terrible to-do!
Dishes, glasses, snapt in two!
Here a knife, and there a fork!
Philip, this is cruel work.
Table all so bare, and ah!
Poor Papa, and poor Mamma
Look quite cross, and wonder how
They shall make their dinner now.



Johnny Head-In-Air
Dr. Heinrich Hoffmann, 1844



As he trudg'd along to school,
It was always Johnny's-rule
To be looking at the sky
And the clouds that floated by;
But what just before him lay,
in his way,
Johnny never thought about;
So that everyone cried out -
"look at little Johnny there,
Little Johnny Head-In-Air

Running just in Johnny's way,
Came a little dog one day;
Johnny's eyes were still astray
Up on high,
In the sky;
And he never heard them cry -
"Johnny, mind, the dog is nigh!"
Bump!
Dump!
Down they fall, with such a thump,
Dog and Johnny in a lump!

I don't
have ADHD.
I just...
OMG a waffle!

Johnny Head-In-Air



Once, with head as high as ever,
Johnny walk'd beside the river.
Johnny watch'd the swallows trying
Which was cleverest at flying.
Oh! What fun!
Johnny watch'd the bright round sun
Going in and coming out;
This was all he thought about.
To the rivers very brink,
Where the bank was high and steep,
And the water very deep;
And the fishes, in a row,
Started to see him coming so.



One step more! Oh! sad to tell!
headlong in poor Johnny fell.
And the fishes, in dismay,
Wagg'd their tails and ran away.

Johnny Head-In-Air



There lay Johnny on his face,
With his nice red writing-case;
But, as they were passing by,
Two strong men had heard him cry;
And, with sticks, these two strong men
Hook'd poor Johnny out again.



Oh! you should have seen him shiver
When they pull'd him from the river
He was in a sorry plight!
Dripping wet, and such a fright!
Wet all over, everywhere,
Clothes, and arms, and face, and hair
Johnny never will forget
What it is to be so wet.

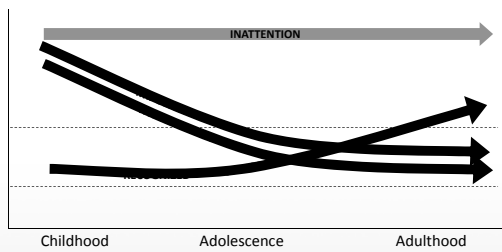
ADHD Symptom Manifestation by Age



CHILDHOOD	ADOLESCENCE	ADULTHOOD
Hyperactivity	Easily distracted, inattentive	Inattentiveness
Low frustration tolerance	Easily bored	Poor organization of time/money
Aggression	Impatient	Missing deadlines or appointments
Easily distracted	Emotionally immature compared to peers	Poor bill tracking
Difficulty developing routines	Shifts activities	Restlessness
Impulsiveness	Poor driving	Emotional reactivity

Wasserstein. JCLP 2005. Wilens et al. Ann Rev Psychiatry 1999. Milstein et al. J Atten Disord 1997.

ADHD Developmental Trends by Age



Wasserstein. JCLP 2005. Mick et al. Psychiatr Clin N Am 2004.

School too often starts with failure in children who are diagnosed with ADHD and then goes downhill from there.



ADHD and School Failure



- Failure rates 2X – 3X¹
- ~50 % repeat a grade by adolescence¹
- 35% Thirty-five percent eventually drop out of school and only 5 percent complete college²
- Even children with normal to superior intelligence show “chronic and severe underachievement”³

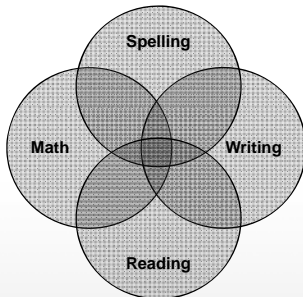
1. Ingersoll, B. (1988). Your hyperactive child. New York: Doubleday.
2. Weiss & Hechtman, as cited in Fowler, M. (1992). The CH.A.D.D. educator's manual. Plantation, FL: Children and Adults with Attention Deficit Disorder.
3. Weiss, Minde, Werry, Douglas, & Nemeff, as cited in Hawkins, J., Martin, S., Blanchard, K., & Brady, M. (1991). Teacher perceptions, beliefs, and interventions regarding children with attention deficit disorders. Action in Teacher Education, XIII(2), p. 5.

ADHD and School Failure (Barkley, 1992)



Health policy point-
NIMH estimates ADHD effects
2 million children in the USA
(2009)

50% have learning disabilities (Barkley, 1994)
80% by 6th grade two years behind in reading,
writing, spelling, and math (Anderson et al,1993)



Typical School Demands



- Self-control and self-direction
- Stay in their seats until given permission to get up
- Raise their hands before talking
- Pay attention when the teacher speaks
- Follow directions
- Complete repetitive work within time constraints
- Become independent and organized

Within-School Variables



Attention span can be affected

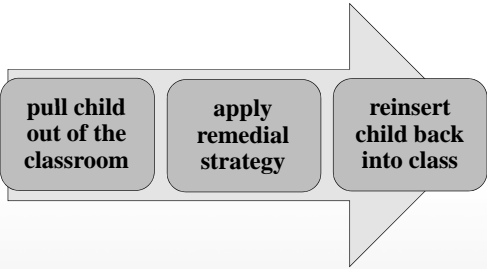
- (a) interest due to gender preference
- (b) task difficulty
- (c) task duration – children pay more attention to subjects that interest them, their attention wanders if they don't understand the material, and their attention wanes over time

“The degree of fit between a child’s abilities and the demands of school life, the extent to which there is consonance between home and school expectations, and the extent to which school activities appear rewarding influence a child’s readiness to meet school requirements.”

Office of Research, United States Department of Education
(1994)



Schools' Response to Academic Failure



Schools' Response to Academic Failure




- Retain children in a grade with hopes that they will catch up to the prescribed learning sequence the next time around
- Trying to change the child to fit the school environment

Brief History




Medical		Legal	
Year	Event	Year	Event
1848	Dr. Heinrich Hoffman wrote Fidgety Philip	1973	Rehabilitation Act of 1973 Section 504
1902	Dr. George Frederic Still first comprehensive observations in ADHD	2002	No Child Left Behind Act, Public Law 107-110
1917-18	encephalitis epidemic - Still's symptoms seen "brain damage"	2004	Individuals with disabilities Education Act (IDEA)
1937	amphetamines were helpful in reducing hyperactive and impulsive behavior	2008	Americans with Disabilities Act Amendments Act of 2008 (ADAAA)
1950s and 60s	increase in psychiatric drug intervention	2009	Forest Grove School District v. T.A.
1968	Dr. Stella Chess described "Hyperactive Child Syndrome"		




Short-term Intensive Treatment Not Likely to Improve Long-term Outcomes for Children with ADHD

NIMH 2009

Americans with Disabilities Act Amendments Act of 2008 (ADAAA) 

- Amends the meaning of “disability” in the ADA and the Rehabilitation Act of 1973, Section 504

Americans with Disabilities Act Amendments Act of 2008 (ADAAA) 

- Restores the original definition of “substantially limited” - that the impairment simply be a substantial limitation rather than a “significant” or “severe” restriction.
- Broadens the definition of “major life activities” and provides that the impairment only needs to limit one major life activity in order to be considered a disability under the ADA.
- Districts must now make their Section 504 determinations based upon the child’s disability as it presents itself *without* mitigating measures (i.e., hearing aids, medications, learned behavioral adaptations). There is one exception, ordinary eyeglasses on contact lenses.

Americans with Disabilities Act Amendments Act of 2008 (ADAAA)



- a student shall not be “regarded as” having a disability (one of the prongs that would allow a student to be protected under Section 504) if the disability is “transitory and minor.”
- It defines transitory as “an impairment with an actual or expected duration of 6 months or less.”
- OCR also clarified that a Section 504 re-evaluation is similar to an IDEA re-evaluation
- Section 504 specifies that re-evaluations in accordance with the IDEA is one means of compliance with Section 504 and that regulations require that re-evaluations be conducted periodically. Re-evaluation must occur prior to a significant change of placement.

Forest Grove School District vs. T.A.



Forest Grove School District April 2003	<ul style="list-style-type: none"> • HX of ADHD, severe depression, substance abuse problems, and failing grades • Not eligible for special education services under IDEA • Not protected under Section 504
Hearing Officer	<ul style="list-style-type: none"> • Found that T.A.'s ADHD and learning disabilities adversely affected his educational performance • School district failed to provide him with a free appropriate public education • Ordered the district to reimburse the parents for the cost of the private school tuition
Federal Court May 2005	<ul style="list-style-type: none"> • Set aside the reimbursement award • “The court felt IDEA 97 barred reimbursement for students who did not previously receive special education from the public school district.”
Ninth Circuit Court of Appeals	<ul style="list-style-type: none"> • Reversed the District Court’s decision • “A student is not barred as a matter of law from receiving reimbursement. In the IDEA, Congress conferred broad discretion on the courts to provide appropriate equitable relief, including reimbursement for attendance at a private school.”

Whether parents who unilaterally enroll their disabled child in a private school are entitled to tuition reimbursement if the child never received special education from the district?



“ . . . we conclude that IDEA authorizes [tuition] reimbursement for the cost of private special education services when a school district fails to provide a FAPE and the private-school placement is appropriate, regardless of whether the child previously received special education or related services through the public school.”

STEVENS, J., delivered the opinion of the Court, ROBERTS, C. J., and KENNEDY, GINSBURG, BREYER, and ALITO, JJ., joined.

SOUTER, J., filed a dissenting opinion, SCALIA and THOMAS, JJ., joined.

June 22, 2009

U.S. Supreme Court



- "A school district's failure to propose an IEP of any kind is at least as serious a violation of its responsibilities under IDEA as a failure to provide an adequate IEP."
 - "The District's position similarly conflicts with IDEA's 'Child find' requirement...[requiring States]...to identify, locate, and evaluate all children with disabilities' to ensure that they receive needed special education services."
 - "Indeed, by immunizing a school district's refusal to find a child eligible for special education services no matter how compelling the child's need, the School District's interpretation [of the statute] would produce a rule bordering on the irrational."
 - "Leave parents without relief in the more egregious situation in which the school district unreasonably denies a child access to such services altogether."
 - "Problem of delay, as respondent's parents first sought a due process hearing in April 2003, and the District Court issued its decision in May 2005 – almost a year after respondent graduated from high school."
- June 22, 2009

Key Points



- **IDEA provides for reimbursement of private-school tuition when a school district fails to provide free appropriate public education**
- **A school district's failure to propose an IEP of any kind is at least as serious a violation of its responsibilities under IDEA as a failure to provide an adequate IEP**

Key Points



- **Time is of the essence**
- **Physician advocate**
- **Medication warrants monitoring**

So What Do You Do???



- Start with Diagnosis
 - Check for comorbid conditions and learning disorders
- Give parents all options
 - Medication, Behavior modification, IEP/504
- Make schools do their job
 - YOU Provide Diagnosis & Recommendations
 - Challenging not frustratingly difficult or boring
 - Tasks should motivate children to learn
- Monitor
 - Be vigilant, see the patient when writing scripts, get objective reports from school, MAKE SURE PARENTS & SCHOOLS SEE THE SAME

Recommendations to School



- Identify and reduce barriers to learning
- [Pt name] to be provided opportunities to receive additional assistance
- Teachers communicate weekly by email to mother
- IEP/504 plan to be developed (if it has already, reassess)
- Mother to be notified immediately of any concerns by phone 270 555-5555 Or father 270 555-5555

So What Do You Do???



- Reinforce to parents their responsibility
- Do homework prior to medication wearing off
 - Check with school on a regular basis - don't wait for school to contact them
 - Be available for school and child
 - Actively participate in child's education
 - Hold child accountable
 - Hold school accountable
 - Assess parents for ADHD and other comorbid conditions

Components of Effective ADHD Treatment



- Recommended multi-modal treatment approach consists of four core interventions
 - *Patient, parent, and teacher education about the disorder*
 - *Medication*
 - *Behavioral therapy*
 - *Community/environmental supports including an appropriate school program*

Fowler M. Attention-deficit/hyperactivity disorder. Washington, DC: National Dissemination Center for Children with Disabilities. 2004. Available at: <http://www.nichcy.org/information/resources/Documents/NICHCY%20PUBS/f14.pdf>. Accessed October 17, 2008.

Behavioral Interventions



- Behavior therapy
 - *Antecedent and consequent based techniques*
 - *Primarily positive reinforcement versus negative*
- Instruction should also be provided on
 - *Social skills*
 - *Communication skills*
 - *Problem solving strategies*
 - *Self monitoring and self reinforcement*

Safren SA. J Clin Psychiatry. 2006;67(Suppl 8):46-50.
DuPaul GJ, Stoner G. ADHD in the Schools. 2nd ed. New York: Guilford Press; 2003.

Example of Behavioral Intervention: Daily Behavior Report Cards



- Daily Behavior Report Cards are frequent reports of the child's behavior
- Generally there are several steps:
 - *Determine behavioral goals*
 - *Develop report card with child*
 - *Reinforcers at home AND at school*
 - *Assess progress over time*
 - *Phase out behaviors on report card upon "mastery"*

Challenging Horizons Program Treatment Manual (Integrated Model). Harrisonburg, VA: James Madison University. 2005.

Contents of the ADHD Resource Toolkit



- Symptom checklists for use by parents and teachers (Vanderbilt Assessment Scales and scoring guides)
- Guidance on selecting appropriate therapy
- Forms to acquire teacher reports
- Written management plans to strengthen family skills
- Strategies to help monitor the child

National Initiative for Children's Healthcare Quality. Available at: <http://www.asp.org/moc/ADHD/>. Accessed October 5, 2009.

Impact of Parental Involvement in ADHD Treatment



- Parents have a significant influence on child's course of disease and treatment outcomes^{1,2}
- When parents are involved in ADHD management³
 - 65-75% of children <11 years of age respond favorably
 - 25-35% of adolescents respond favorably
- When parents complete problem-solving and communication training, 30% of teens show change⁴

1. Weiss M. *Child Adolesc Psychiatr Clin North Am*. 1992;1:467-473.
2. Dulcan M. *J Am Acad Child Adolesc Psychiatry*. 1997;36:852-121S.
3. Barkley RA. *Defiant Children: A Clinician's Manual for Assessment and Parent Training*. 2nd ed. New York: Guilford Press; 1997.
4. Murphy K. *J Clin Psychol*. 2005;61:607-619.

Implementing a Treatment Plan



- Provide patient/parent with written information about the
 - *Diagnosis*
 - *Treatment goals*
 - *Interventions*
- Establish a periodic communication system with parents and school to monitor progress
- Involve the child in the process at a developmentally appropriate level

**Summary:
Follow-up and Long-term
Management**



- Provide patient/parent with written information about the
 - *Diagnosis*
 - *Treatment goals*
 - *Interventions*
- Establish a periodic communication system with parents and school to monitor progress
- Involve the child in the process at a developmentally appropriate level
- Treatment plan should include psychological, behavioral and educational training and interventions
 - *MTA study demonstrated measurable benefits of multimodal psychosocial treatment component*
- Regular feedback and monitoring is essential in order to maximize the effectiveness of any intervention

Websites



- American Academy of Child and Adolescent Psychiatry (AACAP) <http://aacap.org>
- Children and Adults with Attention Deficits/Hyperactivity Disorder <http://www.chadd.org>
- National Alliance on Mental Illness <http://www.nami.org>
- National Institutes of Mental Health <http://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder/complete-index.shtml>
- Wrights law Educational Advocacy <http://www.wrightslaw.com>
