

Preschoolers and ADHD

BEHAVIORAL TREATMENTS FIRST



SPECIAL REPORT

by Petrina Chong Hollingsworth



LAURA WENHAM HAS A HISTORY OF ADHD IN HER FAMILY.

When her son was three years old, his preschool teachers noticed that he had difficulty staying on task and transitioning between activities. His teacher suggested that his parents get him evaluated for ADHD.

Zipora Freeman's son was the most easy-going baby and toddler. "He didn't go through the terrible twos," she recalls. But when he turned three, there was a switch. He would hit his parents when he got upset. Whenever his emotions overcame him, he would bite.

Expanding the diagnosis to preschoolers

According to the 2010–2011 National Survey of Children's Health, approximately 194,000 preschoolers (two to five years of age) had a current ADHD diagnosis. In 2011, the American Academy of Pediatrics (AAP) expanded the guidelines for diagnosis and treatment of ADHD to include children as young as four years old. The original guidelines had only included children above the age of six.

Mark Wolraich, MD, the chair of the subcommittee that expanded the guidelines, explains, "There was reasonable evidence that the criteria for making the diagnosis for older children were applicable to four- to six-year-olds. Clinicians were diagnosing kids even younger than that. Back when we made the original guidelines, there wasn't a lot of evidence either way for kids under six."

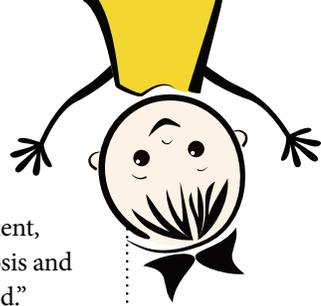
Researchers at the Centers for Disease Control and Prevention found that the average age of ADHD diagnosis in children was seven years of age, but children reported by their parents as having more severe ADHD were diagnosed earlier, at an average of five years old.

Freeman's son had difficulties at school. "We enrolled him in preschool and gave them a heads up that he could be physical. I was in constant communication with his teachers. He once punched another little boy," she says. "They couldn't figure out what was causing the behavior. They weren't seeing any triggers. We tried a reward system: stickers, charts. Nothing was working. He had started preschool in August. In June, we were told that he had to leave that preschool. They told us that they were afraid for the safety of the other children."

Typical preschool behavior

"The symptoms of ADHD at least translated loosely can describe basically every preschooler," says George DuPaul, a professor of school psychology at Lehigh University. "Most three-year-olds are impulsive, inattentive, and highly active. The trick is to use measures that allow us to compare a child's behavior symptoms relative to their age-mates to show that the frequency and severity of those behaviors are aberrant for that age group and they're associated with some kind of impairment."

Diagnosis can be further complicated. According to Susanna Visser, MS, DrPH, with the National Center on Birth Defects and Developmental Dis-



abilities, “We know that the symptoms of ADHD look like a lot of things, and early on the challenge in diagnosing and treating is differentiating what is ADHD from what is typical development, as well as what is the difference between ADHD symptoms that are caused by ADHD and what may be trauma or neglect or even lead poisoning. There are a number of things that can cause symptoms that look like ADHD.”

Both Wenham and Freeman pursued evaluation services offered in their state. In New York, Wenham used the Early Interventions Program, and Freeman in North Carolina had Project Enlightenment come in to evaluate her son. The Individuals with Disabilities Education Act requires each state to identify, locate and evaluate all children with disabilities regardless of their severity through its Child Find requirement and assess their eligibility for special services.

Project Enlightenment sent a teacher educator to observe Freeman’s son at school. The psychologist met with him, played with him, conducted some assessments, and observed him at school. She confirmed a diagnosis of ADHD. She also said that he had some sensory processing issues and was sensory seeking and recommended that they see an occupational therapist.

Behavioral treatments first

For children in this age group, the first line of treatment is behavioral therapy. In behavioral interventions, parents and educators receive training in techniques to teach and reinforce positive behaviors and skills. These techniques not only help preschoolers with ADHD but also children without a diagnosis to function successfully at home and at school.

Despite this emphasis on behavioral treatments first, however, a recent study published in the *Journal of Pediatrics* reported that more than one-quarter (25.4 percent) of preschoolers diagnosed with ADHD received medication treatment alone without behavioral intervention.

“Sometimes the most recommended approach is to wait and see, but to intervene with behavioral therapy,” said Visser. “You may not know for sure if it is ADHD, but if the child has the symptoms consistent with ADHD and you know that that child will benefit from behavioral therapy, it’s a safe place to start. Then, over time as the child continues to develop if those symptoms persist

and continue to cause functional impairment, then you can revisit and clarify the diagnosis and also add additional interventions as needed.”

When her son was three, one of the recommendations the parent counselor made to Freeman was to hold him tight and say, “I will not let you hurt me. Show me you can be gentle or I can’t be near you.” That became her and her husband’s mantra. Within two weeks, they saw improvement. “It was just fully utilizing that mantra. We both memorized it, and we just kept repeating it,” Freeman says. “It’s now a year later, and very rarely do we have to do that. Now, when he hits us, we just say, ‘When you hurt us, we can’t be near you, go up to your room and come back when you’re ready not to hurt.’ And he does. He goes up to his room, and I would say he comes right back down.”

Laura Wenham took a seven-week parent coaching class. The class helped her learn techniques to remain calm. “He does better when I’m calm, but I’m not intuitively a calm person,” she says. The class was very helpful, and she was able to teach her son how to put himself in a calm-down mode. She also tries to honor his perspective more. “So much of the dawdling and not listening; if he’s that interested in it, it’s important to him. I don’t want to not value that.”

AAP recommends that behavioral therapy be used first for four- and five-year-olds, but it does not say that medication is not permitted or should not be used for children four and five years of age. “It’s just a sequencing issue,” says Visser. “What we’re finding is a large number of preschoolers all the way down to age two, but there are no FDA-approved medications. So for that group, we’re very concerned that medication is being inappropriately prescribed to the young children. But for three-, four- and five-year-olds, it becomes more nebulous. What we really want to see, though, is that we don’t have a large group of kids on medication alone. We really want them to have received behavioral therapy at least first, even if it was tried for a course and failed and then they went to medication. We want to see that sequencing, and without that sequencing we can’t be sure that the child is receiving treatment that’s consistent with best practices.”

After more than a year of behavioral interventions, Wenham’s son was recently put on a 5mg dose of dexamethylphenidate extended release. She



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Tips for Selecting a Preschool

by George DuPaul, PhD

IT'S IMPORTANT for young children with ADHD to be in a supportive preschool environment so they are learning to interact with other kids, wait their turn, and pay attention to a teacher. Parents have to be really selective about the kind of preschool that they enroll their child in, however, because the quality of preschools vary so much, especially in how they manage behavior.

If at all possible, parents should observe the preschool classroom before they enroll their child to see how behavior is managed and how positive versus punitive the teacher is. It's really important for children with this disorder to be exposed to preschool—for all children, but particularly for those with ADHD. You don't want their first school experience to be walking into kindergarten at age five. You want to have some positive experience and practice prior to that point.

Here are some suggestions for parents in considering preschools for their child with ADHD (listed in no particular order):

1 Look for preschools that have a higher staff-to-child ratio than is required by law in order to optimize the level of individual attention that your child may receive from adults in the school.

2 The best preschool programs for young children with ADHD will follow consistent routines and provide consistent, primarily positive consequences for child behavior. If possible, observe a potential classroom on more than one day and at different times of the day to check for this consistency.

3 The emphasis in the curriculum should be to follow child interests (child-centered curriculum) rather than totally teacher-directed activity (asking all children to do the same thing at the same time). Ideally, school activity should build on child interests to optimize motivation to learn.

4 Examine the preschool's daily schedule. Look for ample amounts of time devoted to free choice and play, including outdoor activity and play. In addition, the schedule should include many short periods (ten to fifteen minutes) of group activity like circle time. Avoid classrooms that include activities that require children to sit still in one place doing one activity for extended periods of time.

5 Preschool programs that are accredited by the National Association for the Education of Young Children (NAEYC) are preferred because they are highly likely to engage in developmentally appropriate practices. The NAEYC website has helpful information for parents to consider when choosing preschool programs for their children: <http://families.naeyc.org/accredited-article/good-preschool-your-child>.

George DuPaul, PhD, is a professor of school psychology at Lehigh University.





says, “It’s making a noticeable difference in his ability to concentrate, stay on task, and regulate his emotions both in school and at home. He’s responding much better to the behavior intervention plan.”

Qualifying for services

Initially Freeman was told that her son couldn’t qualify for an individual education plan (IEP) because he was too smart. She discovered later through the Triangle CHADD Facebook page that she could self-refer for preschool services for an IEP. “We went through Child Find, and they

were so supportive, and we’re in the process of getting an IEP” she says. “It’s not just about academics, and behavior affects learning and education. It looks like he’ll have the IEP before entering kindergarten, but I wish I had known he could qualify so we could get him services sooner. Our system has preschools run by special education teachers, and that really would have been the best fit for him.”

Her son was asked to leave two additional preschools before they found their current preschool. His class is taught by a former special education teacher. “She runs the classroom extremely structured. It’s a very small classroom,”

Strategies from Preschool Teachers

Shamaurie Hollis and Nicole Scafone are preschool teachers in Maryland. Both have been teaching preschool for more than twelve years and have a wealth of experience. Scafone is the director of a preschool in Silver Spring. Hollis teaches at The Children in the Shoe in Bethesda.

Over the years, both have taught children who later received ADHD diagnoses. Here are some strategies they’ve employed to help their preschoolers function better in the classroom setting and at home.

HOLLIS: We do a lot of signals. We have a code word for the class, such as shamrock. When you hear that word, you hop, stop what you’re doing, and you listen. All the teachers do it. Sometimes we have individual code words for the kids. There’s one child who really likes comic books. He likes the Flash. “Your code word is Flash. When I say, ‘Flash,’ you’re going to say, ‘one, two, three,’ and then you’re going to think about what you’re doing. I want you to stop for a second and think.” I gave him a tool. It really has helped him a lot, because he’s really impulsive.

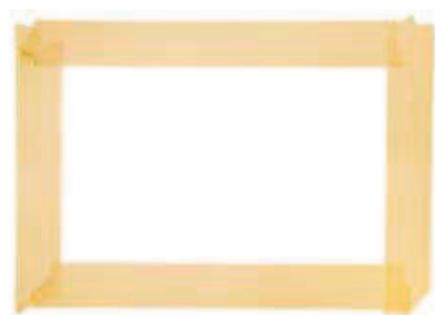
SCAFONE: Try to figure out what the child’s comfort level is. Sometimes the child has a favorite person with whom they’re comfortable, whether a teacher or a friend; as much as possible, pair the child up with that

person. Pairing up with another child or the teacher helps calm the child down. If he or she really likes to help, try to pull the child out to help, such as setting up for snack or helping to go get the supplies. Giving kids attention is one of the best positive rewards.

HOLLIS: We have different zones. If you’re in the red zone, you’re angry. If you’re in the blue zone, you’re tired or sad. If you’re in the green zone, you’re ready to learn. Yellow zone means you’re really silly. So we ask, “What zone are you in? And what can we do to help you get into the green zone?” Or, “What can you do to help yourself?” It helps the kids take control of their own behavior.



SCAFONE: We put tape on the floor in shapes and have the children find the shapes, do something with the shapes, and stand on the shapes. So they’re still able to move, but not in a way that possibly will get someone hurt. Or we’ll put tape on the floor like a road, and the children can drive the cars and trucks along the road.



HOLLIS: We have a jar of marbles. For certain behaviors, the children add a marble to the jar. At the end of the month when we fill the jar, we’ll have a party, like a pajama ice cream day party. It provides a visual for the kids and

helps them cooperate. It was originally for someone in particular, but everyone got to contribute to it. We want to make it as positive as possible. We add, but we don’t take away. I tried jelly beans, but everyone ate the jelly beans.





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says Freeman. “She keeps a timer so they can switch to different centers, which helps with transitions. He’s in a good fit now, but I just wish I had known about it earlier and started the process earlier so he hadn’t been bounced around so much.”

DuPaul mentions, “We have some children in our research studies that have been excluded from multiple preschools. That has to take its toll on some level; three-, four-, and five-year-olds being told, ‘Hey, don’t come back.’ As much as that might get euphemistically explained to them, they have to pick up on some level that people don’t want them. That certainly could take its toll.”

Tips for parents of kids newly diagnosed with ADHD

“It’s helpful for parents to learn more about the disorder through services like the National Resource Center or CHADD and other reputable sources that can give them accurate information,” says DuPaul. “At the same time a lot of what is on the Internet is garbage and not true. Parents need to make sure that they’re getting their information from reputable sources such as the NRC, CHADD and AAP. Also, they can look Russell Barkley’s book for parents on ADHD, one that I always recommend.” He also suggests parents look into local support groups affiliated with CHADD.

DuPaul points out preschoolers with ADHD are going to be at high risk of entering into kindergarten behind academically. He recommends that parents look for everyday activities where they can build fun education rather than opportunities to drill and practice skills.

“If they’re in a grocery store with their child and the child is really interested in a cereal box or a sign in the aisle [parents can] take advantage of that opportunity to say, ‘What is this letter?’ or ‘What does this letter sound like?’ or ‘What does this number mean to you?’” DuPaul recommends that parents take advantage of contextual activities to get their kids thinking about numbers and letters, as opposed to some parents who go to the extreme of drilling their children with workbooks. “It’s not fun; it’s boring and monotonous for kids without ADHD, but especially for kids with ADHD,” he warns. “You don’t want to turn them off the whole notion of learning.”

He also recommends parents read to their children frequently, on a daily basis. “Let the child pick the book, even if it’s the same book every

day, and the parent rolls their eyes. You want to be building on the interest of the kid and exposing them to print and exposing them to reading. Not that they’re going to learn to read before they go to kindergarten, but that they’re comfortable with it. They’re exposed to letters and vocabulary, and they enjoy it. That’s true for parents of all kids at that age, but it’s especially true for kids with ADHD because they’re going to be probably at risk for academic problems when they enter kindergarten just because of the nature of the symptoms.”

Understanding the child

When Melissa Zentgraf’s son was in preschool, the teachers did not know what to do with him. “He wasn’t so much a square peg, just a bigger peg,” she explains. “From day one, things were much more intense. The extremes were extreme. When he laughed, they were just big, huge belly laughs. He felt things more intensely than any other kid.”

At home it was kind of the same. “Things would get broken. He was really super creative with pieces of furniture,” she says. “He was always getting into things, and I would just sort of roll with it.” Zentgraf cautions, “Really watch what the teachers say, and then watch what you say, because in your frustration, you’re going to say some stuff you wished you hadn’t. As much as I tried not to, I know I did.” Her son was formally diagnosed with the inattentive type of ADHD, but not until he was twelve. He is now seventeen and applying to colleges.

For parents who are worried about their children, Zentgraf offers this advice. “When you get a diagnosis, it’s not a diagnosis for future failure or anything like that. All it means is that you’re going to have to approach your world a little differently, perhaps a little more methodically. You have to be willing to accept a range of behaviors, that while normal, most people don’t want to accept, because the child is not whatever their expectations are. But a lot of these traits make for extremely successful and competent adults, and you have to make sure that you learn how to guide your child into a way of thinking, a line of study, that’s going to allow him or her to use these traits and be successful.”

Laura Wenham agrees. “Parent the child you have,” she says, “and value his or her strengths.”

Petrina Chong Hollingsworth is the technical science editor for the National Resource Center on ADHD: A Program of CHADD.