TTAC

NYC Early Childhood Mental Health

Training and Technical Assistance Center

ADHD: Intervening to Prevent the Cascade of Sequelae

Presented by: Steven MS Kurtz, PhD, ABPP

Who We Are

The New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded through Mayor's Office of Community Mental Health, in partnership with the NYC Department of Health and Mental Hygiene (DOHMH)

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute on Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC), which offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers

TTAC is tasked with building the capacity and competencies of mental health and early childhood professionals through ongoing training and technical assistance

http://www.TTACny.org

TTAC NYC Early Childhood Mental Health Training and Technical Assistance Center | NEW YORK CENTER FOR CHILD DEVELOPMENT | McSILVER INSTITUTE FOR POVERTY POLICY AND RESEARCH NEW YORK UNIVERSITY

Updated TTAC Website

A Selection of New Features:

- Seamlessly filter, toggle and search through upcoming and archived content, trainings and resources
- View videos, slides, and presenter information on the same training page
- Contact the TTAC team by clicking on Ask TTAC and filling out our Contact Us form
- And more!

Have questions or need assistance? Please contact us at **ttac.info@nyu.edu** and we'll be happy to assist you

TTAC NYC Early Childhood Mental Health Training and Technical Assistance Center | NEW YORK CENTER FOR CHILD DEVELOPMENT | McSILVER INSTITUTE FOR POVERTY POLICY AND RESEARCH NEW YORK UNIVERSITY

ADHD: Intervening to Prevent the Cascade of Sequelae

Steven Kurtz, PhD, ABPP

Kurtz Psychology

Financial Conflict of Interest Disclosures

None

Preschool Suspensions & Expulsions

- 5.4% of young children with disabilities compared to
- 1.2% of children without disabilities
- ADHD 6x more likely to be suspended

Accounting for child- and family-level covariates, disability status was *not a strong indicator* of preschool suspension or expulsion. Instead, young children with ADHD or reported behavioral or conduct problems were much more likely to experience exclusionary practices

Disproportionately children of color

Zeng et al. Exceptional Children. 2021;87(2):199-216.

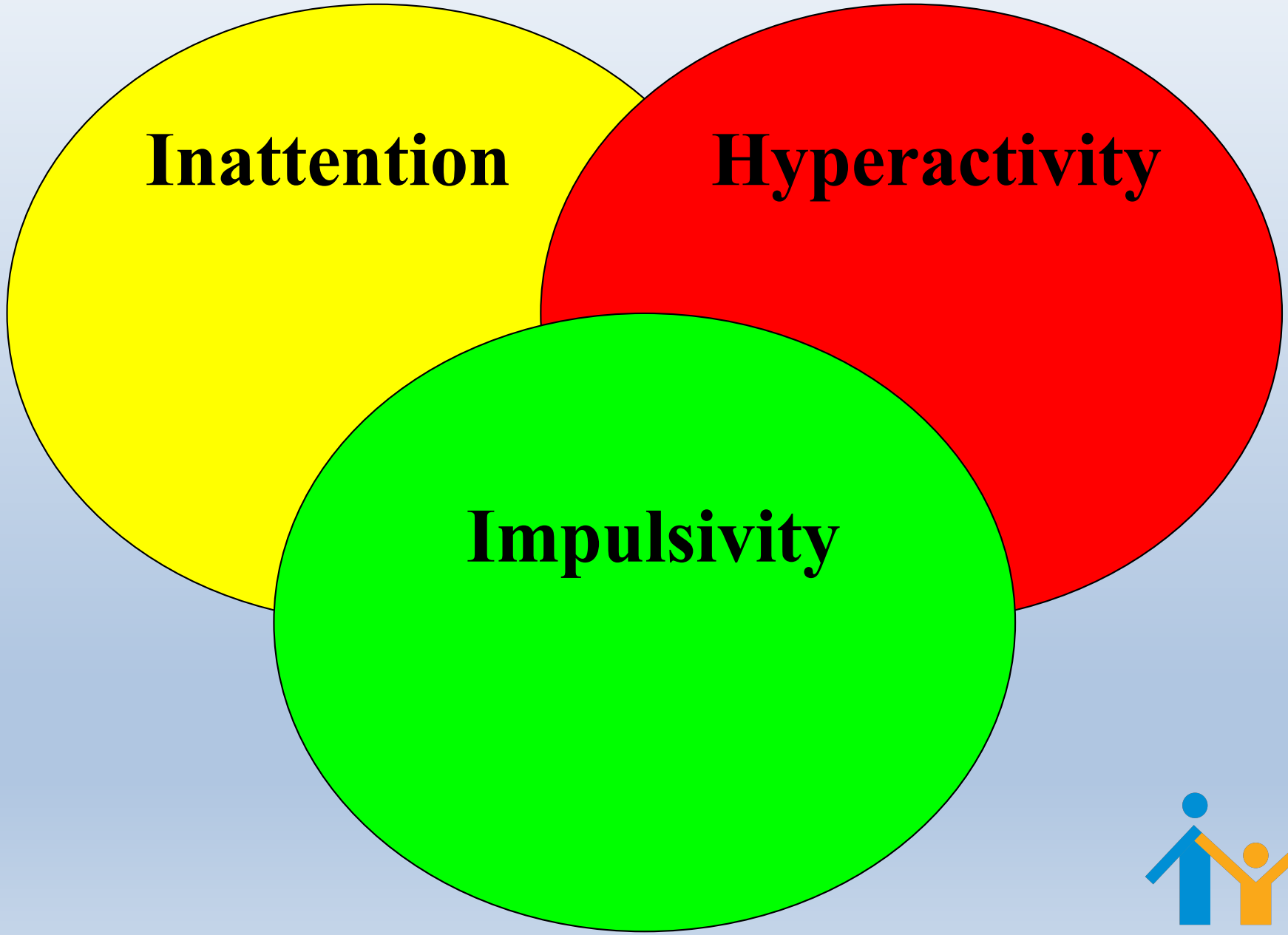
Disruptive Behavior & Other Disorders in Young Children

- Highly persistent
- Worsen with time
- Prevalence up to 20%
- Lead to negative outcomes if untreated
- Costs to society very high
- Can be diagnosed reliably at age 3
- Can be treated effectively if addressed early

Eyberg, 2005, 2006

Portrait of a child with ADHD

Classic Triad of ADHD



Hyperactive/Impulsive Symptoms

1. Fidgeting and squirming
2. Leaves seat
3. Running or climbing excessively
4. Trouble playing quietly
5. “On the go” or “driven by a motor”
6. Talking excessively

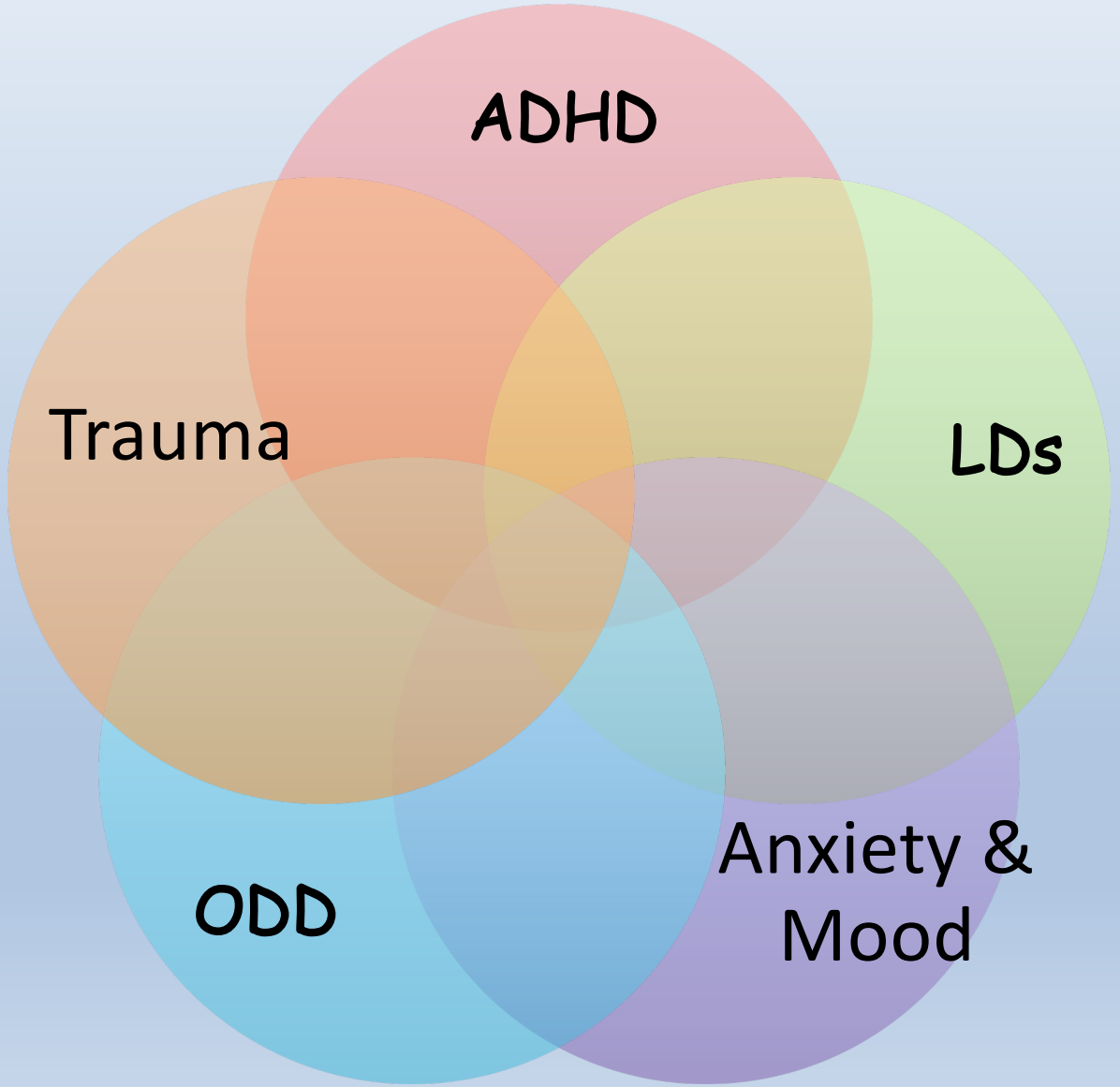
---

7. Blurting out answers
8. Trouble taking turns
9. Interrupting or intruding

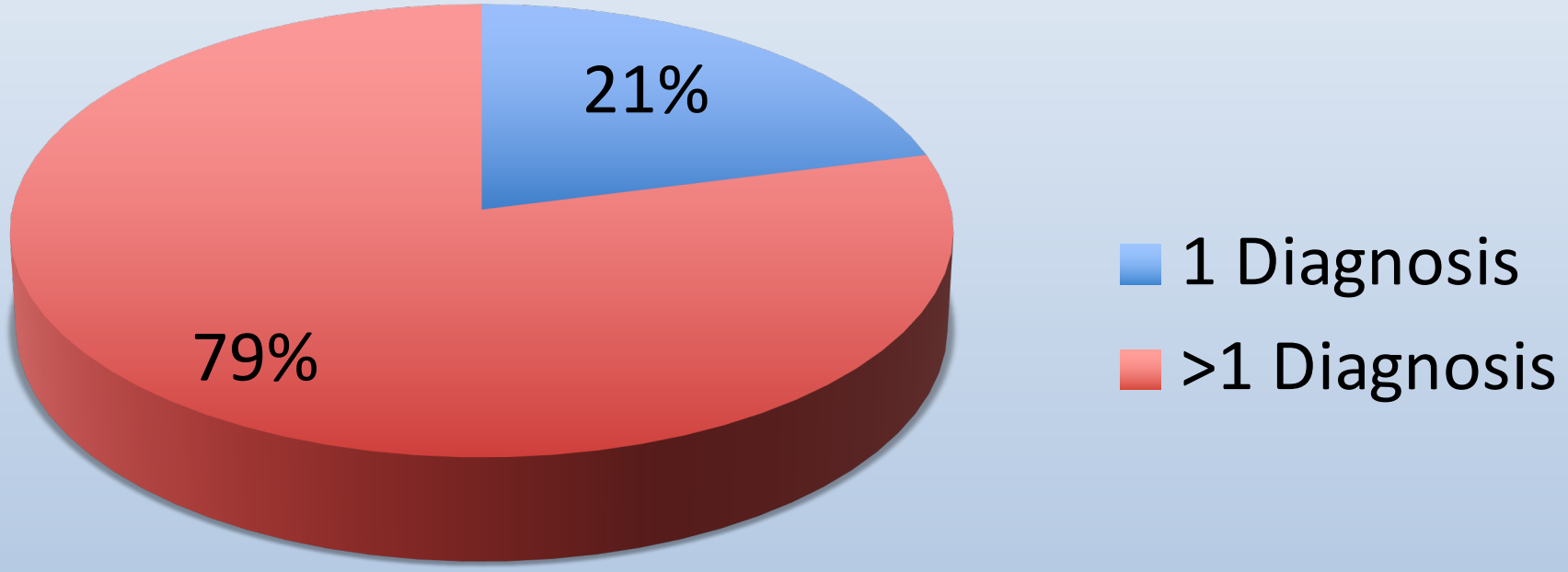
Inattentive Symptoms

1. Making careless mistakes
2. Trouble paying attention to a task
3. Not listening
4. Not following instructions
5. Trouble organizing
6. Avoiding or disliking sustained effort
7. Losing things
8. Easily distracted
9. Forgetful

Comorbidities: The Rule Not The Exception



Comorbidities Among Child Anxiety Disorders

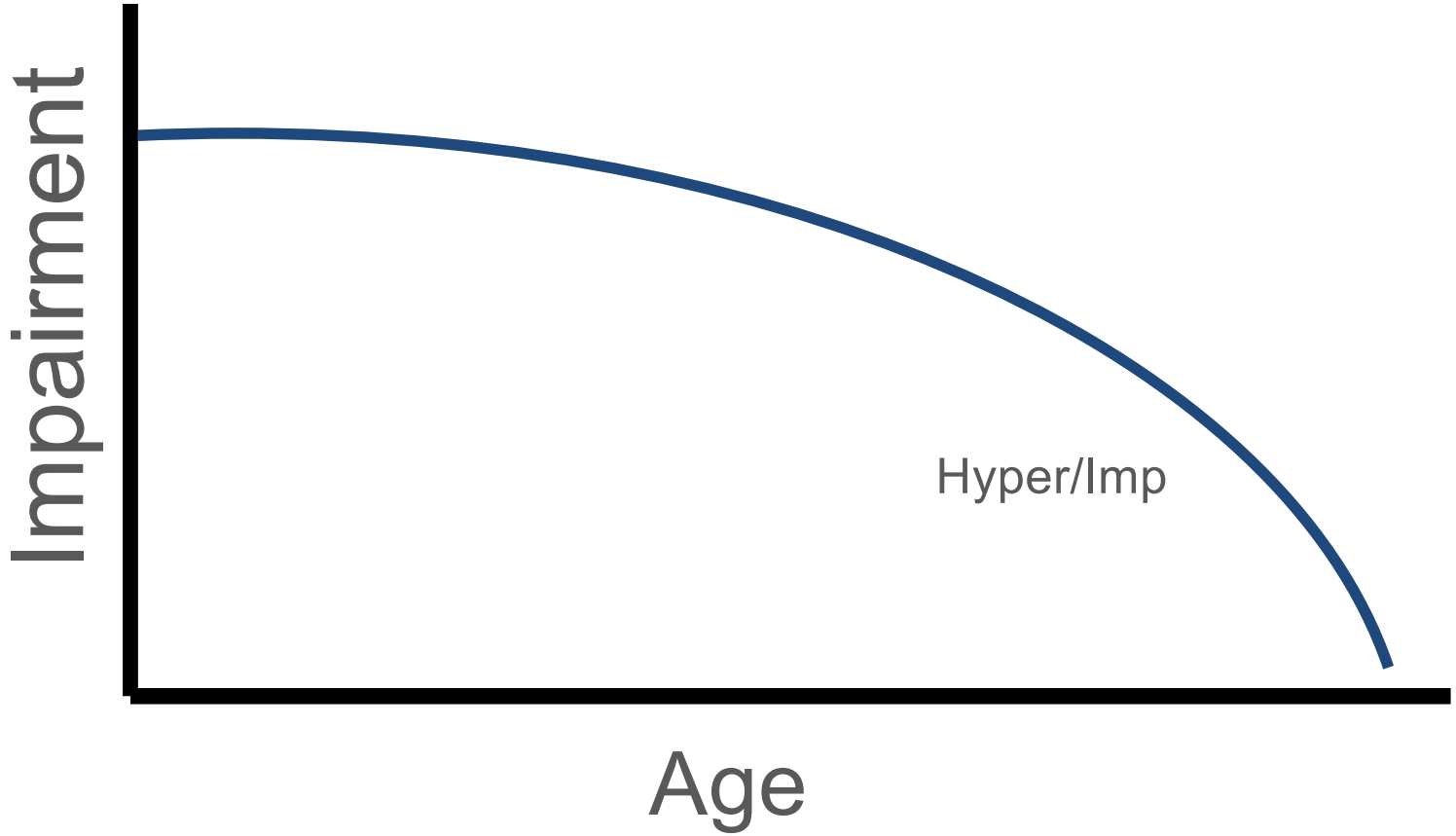


Kendall, Brady, & Verduin (JAACAP; 2001)

Overlap of Symptoms and Diagnoses

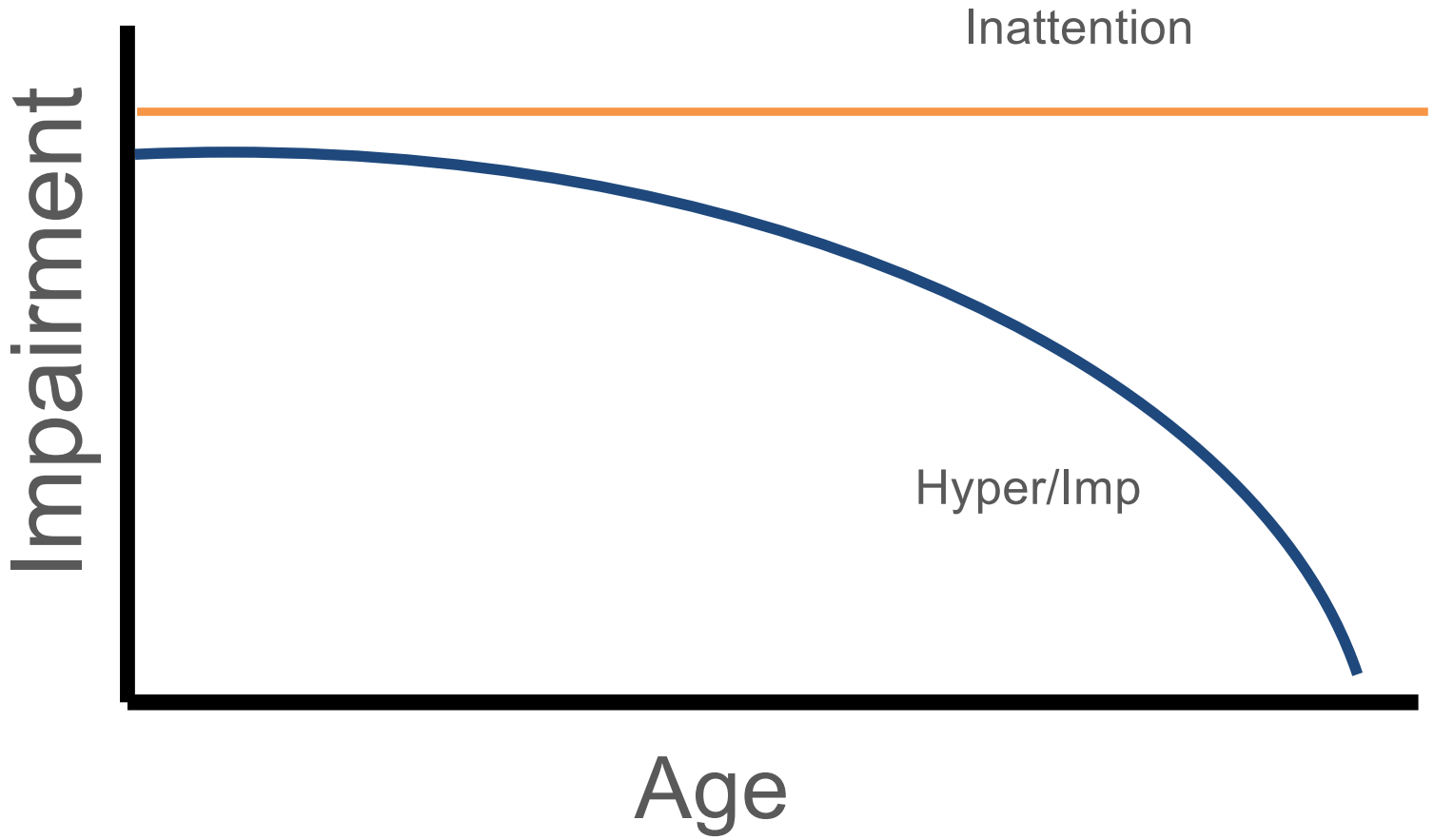
	ADHD	Anxiety	ODD	???
Attention	✓	✓	✓	✓
Concentration	✓	✓	✓	✓
Anxiety	✓	✓		✓
Sadness	✓	✓		✓
Opposition	✓	✓	✓	✓
Fidgetiness	✓	✓	✓	✓
Impulsivity	✓	✓	✓	✓
Appetite	✓	✓		✓
Sleep	✓	✓		✓

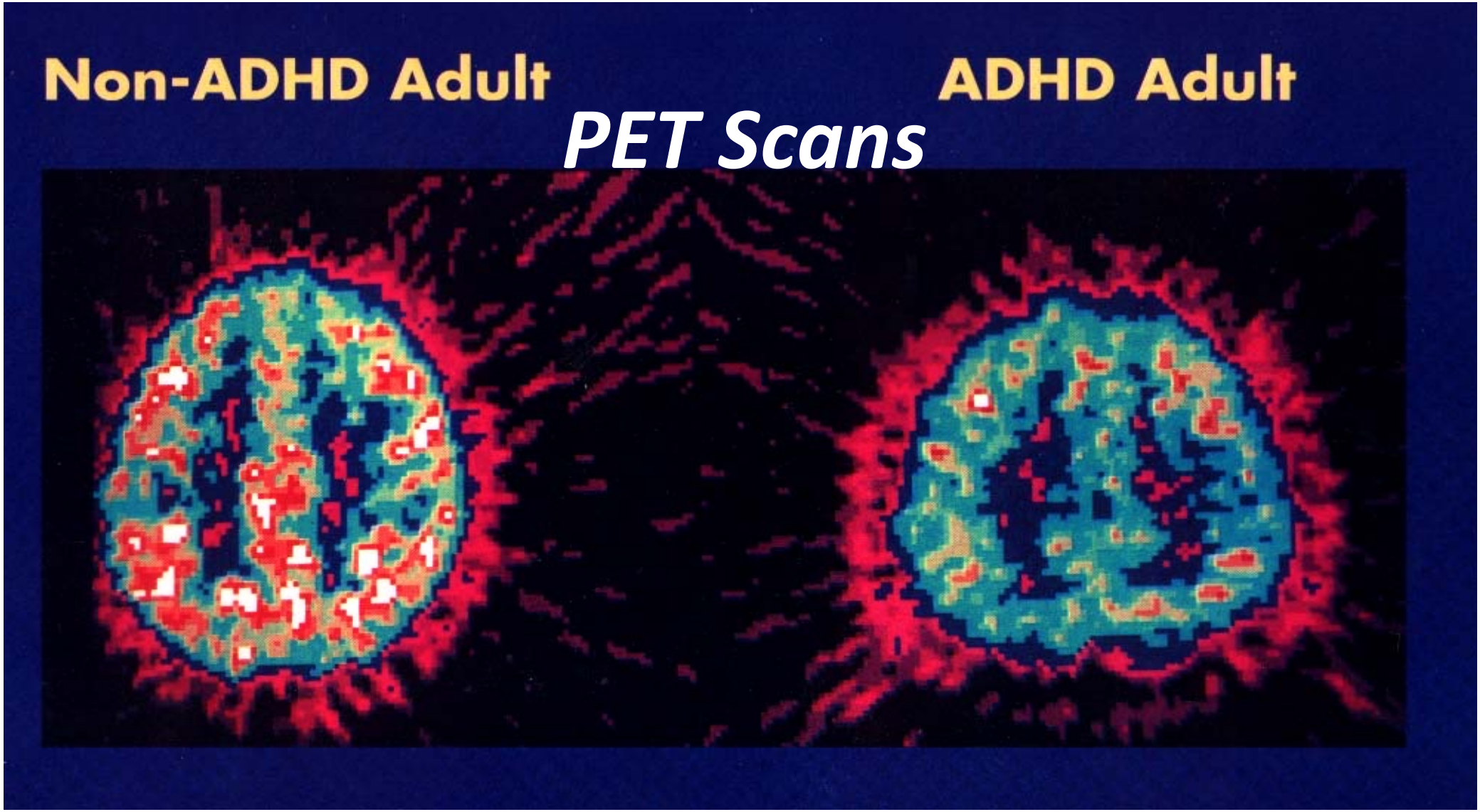
Developmental Trends of ADHD Symptoms



Child Mind Institute

Developmental Trends of ADHD Symptoms





Approx. 3% difference in brain volumes

Less asymmetrical

Alan Zametkin et al., NIMH

Xavier Castellanos, NYU CSC

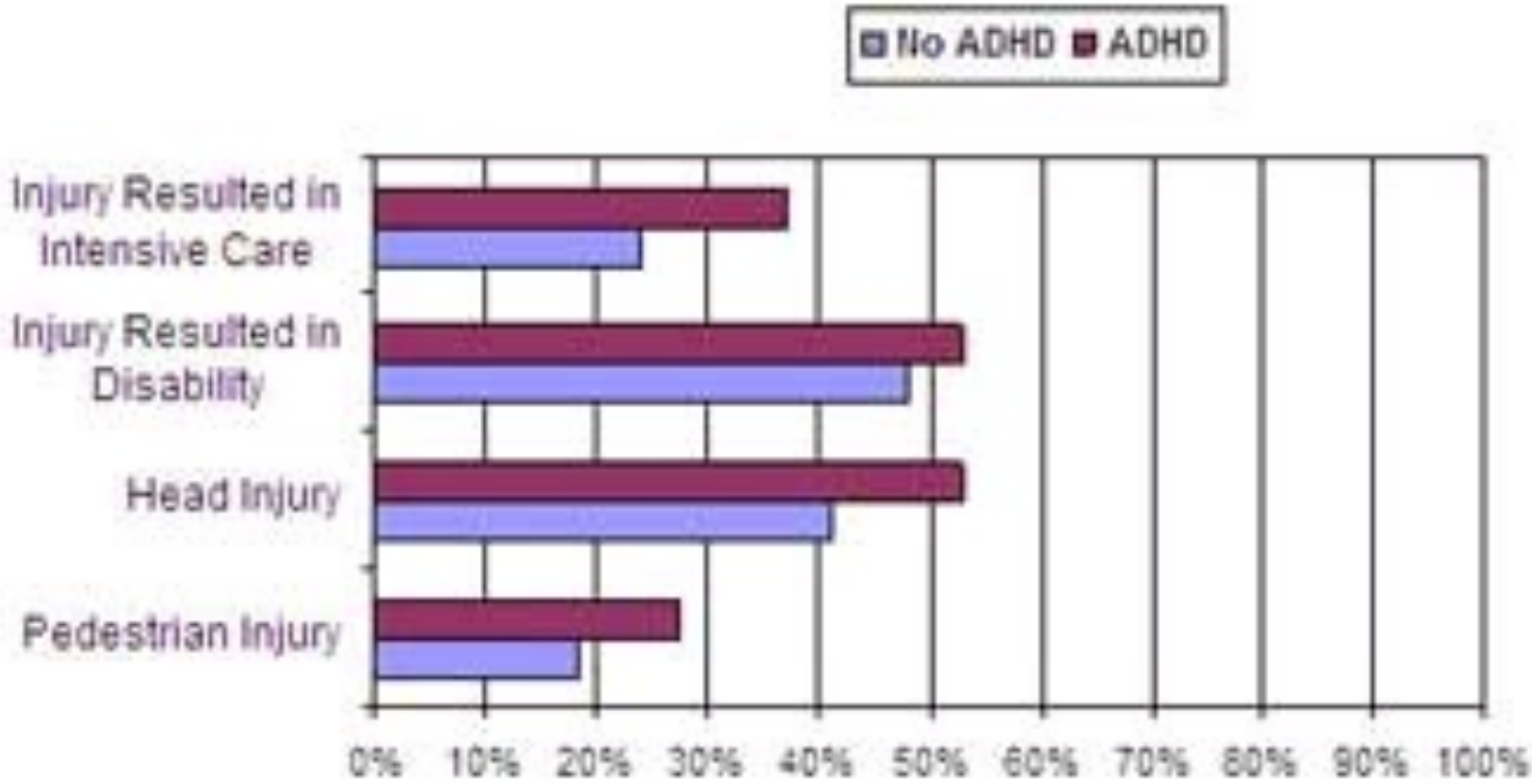
Table 1 Risk factors associated with ADHD

Diet	0
PCB	++
Foetal exposure to alcohol	++
Maternal smoking	++
Pregnancy and delivery complications	+
Psychosocial adversity	+
TV viewing	0

0 = no positive evidence of association reported till date; + = nonsignificant evidence of association; ++ = significant evidence of association.

Banerjee, Middleton, Faraone. Acta Paediatria, 2007, 96, 1269-1274.

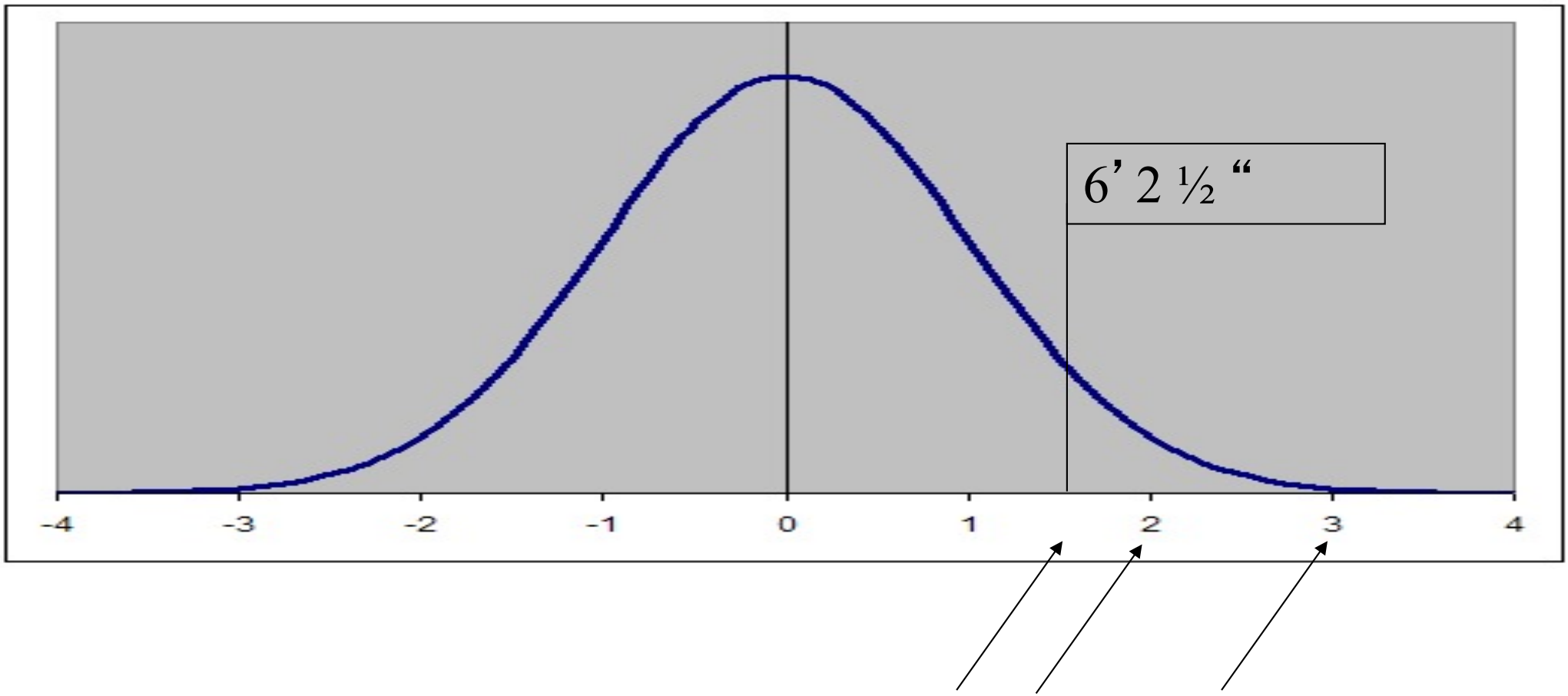
Injuries and ADHD Status*



*Examined differences in characteristics of hospital admitted injuries to children with a pre-injury history of ADHD and children without a pre-injury history of ADHD using a retrospective review of charts from the National Pediatric Trauma Registry.

Source: DiScala, C., et al. Injuries to Children with Attention Deficit Hyperactivity Disorder, *Pediatrics*, 1998, 102(6): 1415-1421

What is normal? What is excessive?



SNAP-IV RATING SCALE WITH SIDE EFFECTS - TEACHER

Child's name: _____ Your name: _____
Date: _____ Subject taught: _____ Time of Day: _____
Name of School: _____
****

Read each item below carefully and circle the number that represents your choice. DO NOT mark between two choices. Please be sure to answer every item.

In the past WEEK, have you noticed that this student…

Inattention items

	NOT AT ALL	JUST A LITTLE	PRETTY MUCH	VERY MUCH
1. Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities	0	1	2	3
2. Has difficulty sustaining attention in tasks or play activities	0	1	2	3
3. Does not seem to listen to what is being said to him or her	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, expresses reluctance about, or has difficulties engaging in tasks that require sustained mental effort (such as schoolwork or homework)	0	1	2	3
7. Loses things necessary for tasks or activities (e.g., school-assignments, pencils, books, tools, or toys)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3

Hyperactivity & Impulsivity items

10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations where it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is always “on the go” or acts as if “driven by a motor”	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers to questions before the questions have been completed	0	1	2	3
17. Has difficulty waiting in lines or awaiting turn in games or group situations	0	1	2	3
18. Interrupts or intrudes on others (e.g. butts into other’s conversations or games)	0	1	2	3

Oppositional defiant items

	NOT AT ALL	JUST A LITTLE	PRETTY MUCH	VERY MUCH
19. Loses temper	0	1	2	3
20. Argues with adults	0	1	2	3
21. Actively defies or refuses adult requests or rules	0	1	2	3
22. Does things deliberately that annoy other people	0	1	2	3
23. Blames others for his or her mistakes or misbehavior	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry and resentful	0	1	2	3
26. Is spiteful or vindictive	0	1	2	3

Refining the understanding of ADHD

~~ADHD~~

~~ATTENTION SURPLUS DISORDER~~

ATTENTION MODULATION DISORDER

The immediate effects of not treating ADHD

- Interferes with learning and social development
- Family stress
- Reduces instructional time in class
  - Interferes with their learning and the learning of others
- Drains resources
- Maintains or exacerbates ADHD behaviors
- *We hate to see kids fail at being kids!*
- Same is true for *under*treating

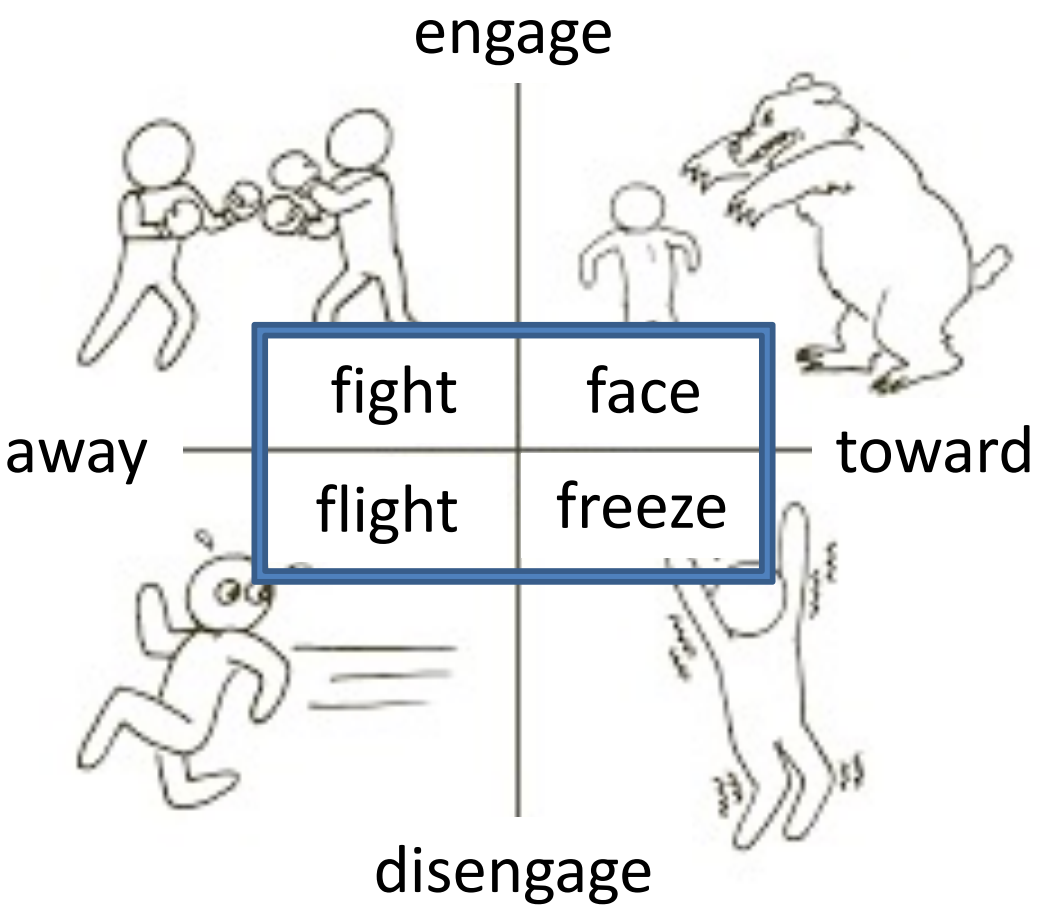
The long-term consequences of not treating ADHD

Untreated kids face:

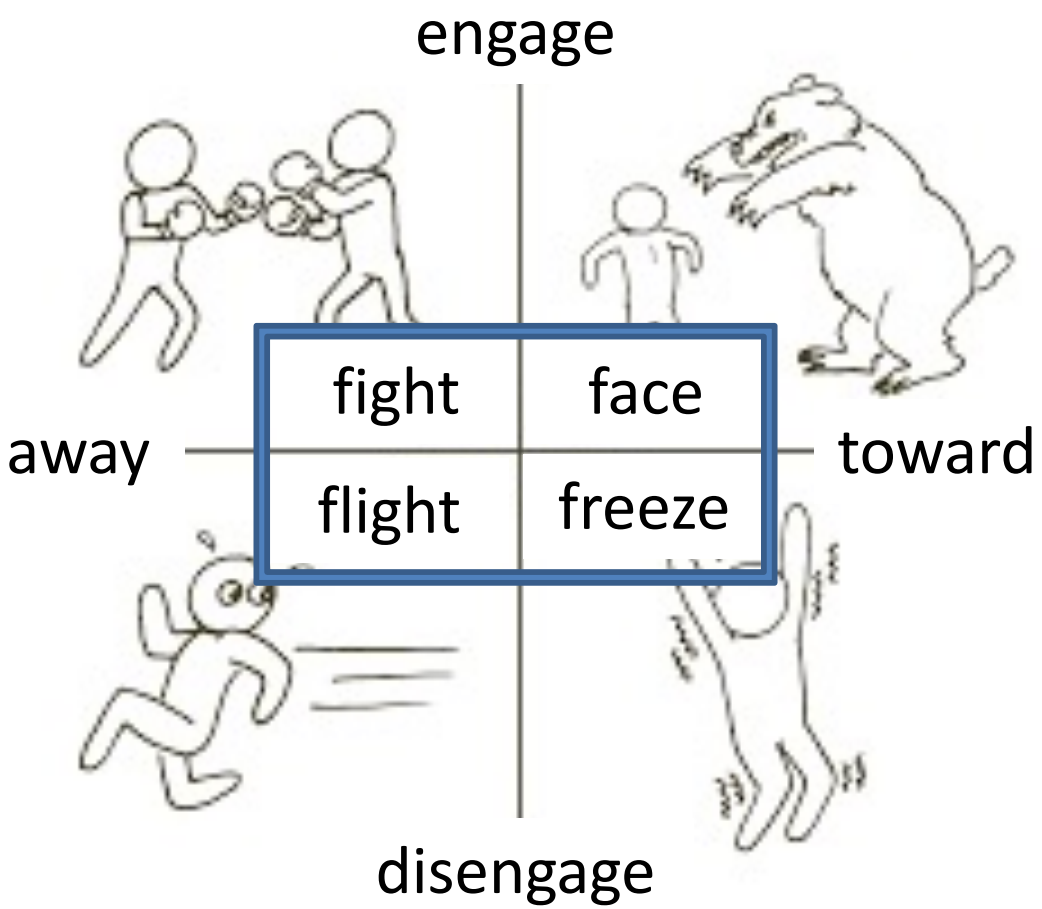
- Less schooling & poorer grades
- Higher expulsion rates
- Fewer friends
- Lower self-esteem
- Higher arrest rates
- Lower occupational rank
- Higher job termination rates
- Riskier driving
- More accidents
- Relationship difficulties
- Higher STD 4x

Interventions to help young children who experience self-control, self-regulation difficulties

What happens when an anxious child is threatened?

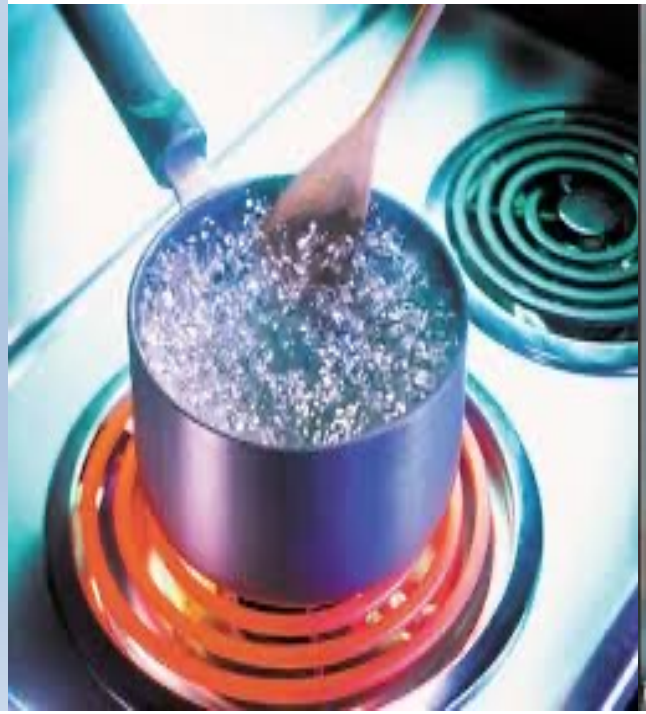


What happens when a child with ADHD/ODD is threatened?



What is dysregulation?

- Lower Boiling point
- Disproportionate reaction
- Longer recovery time



Self-regulation is…

- "Reasonable" boiling point
- Proportionate reaction
- Good recovery time

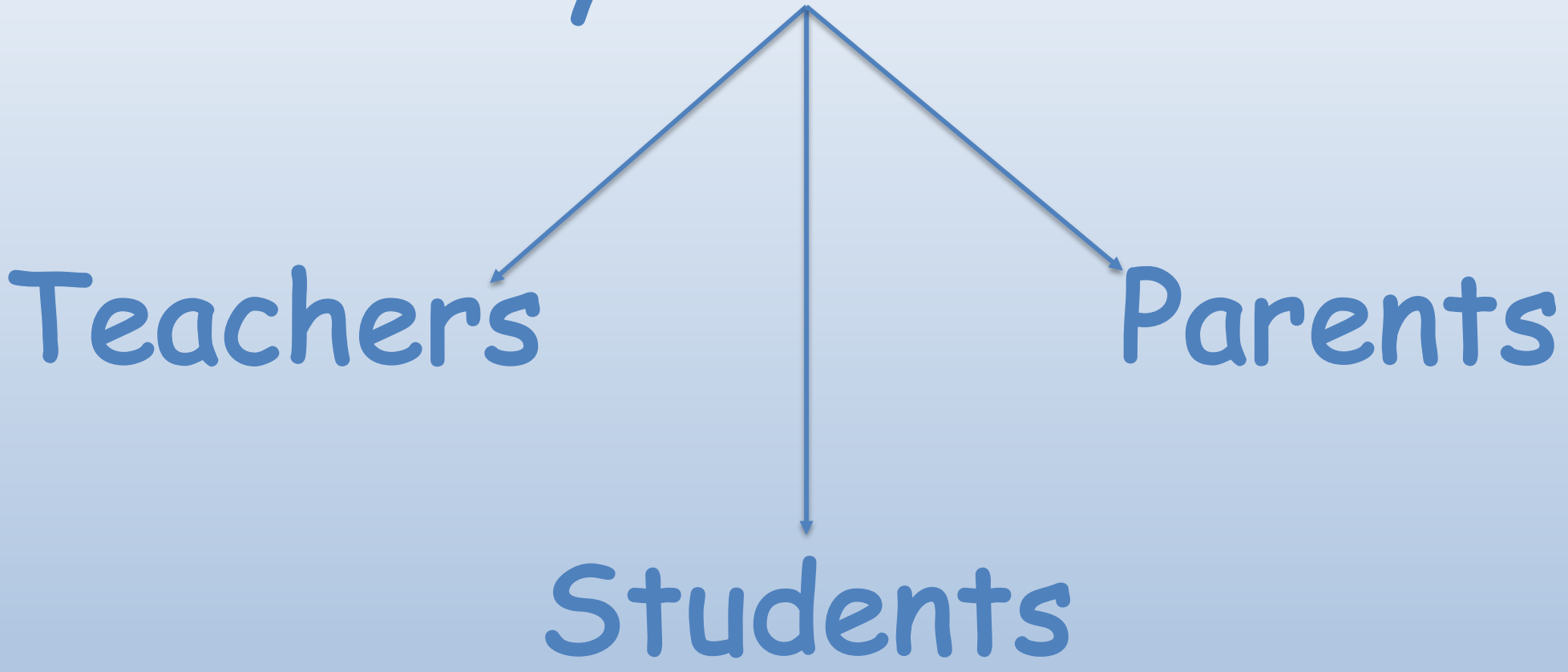
How do we learn self-regulation?

The child's positive relationship to *somebody* is a necessary condition for the child to change a behavior that is a high degree of difficulty?

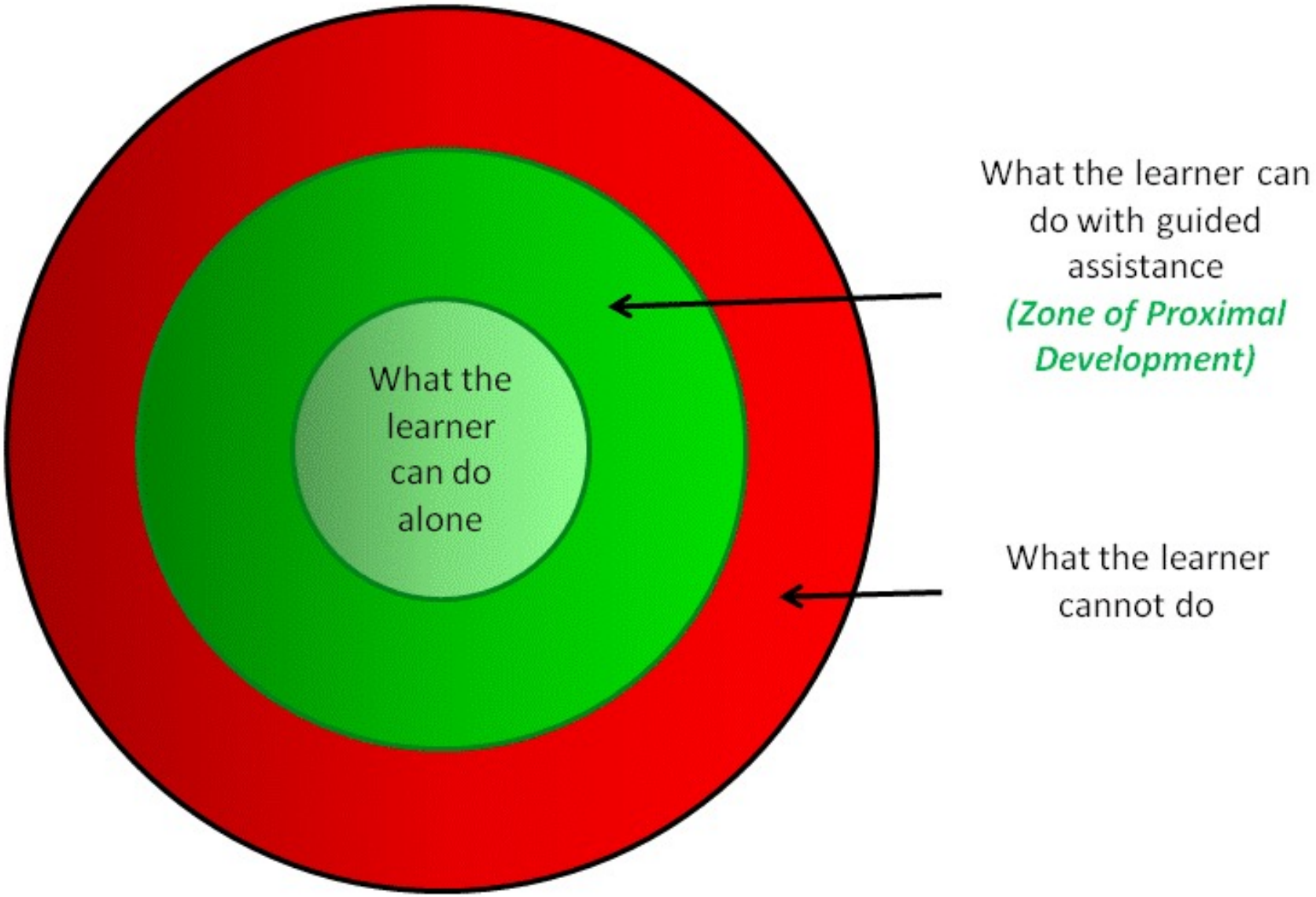
Positive, Trusting Relationship → Opportunity for Change → Guided practice

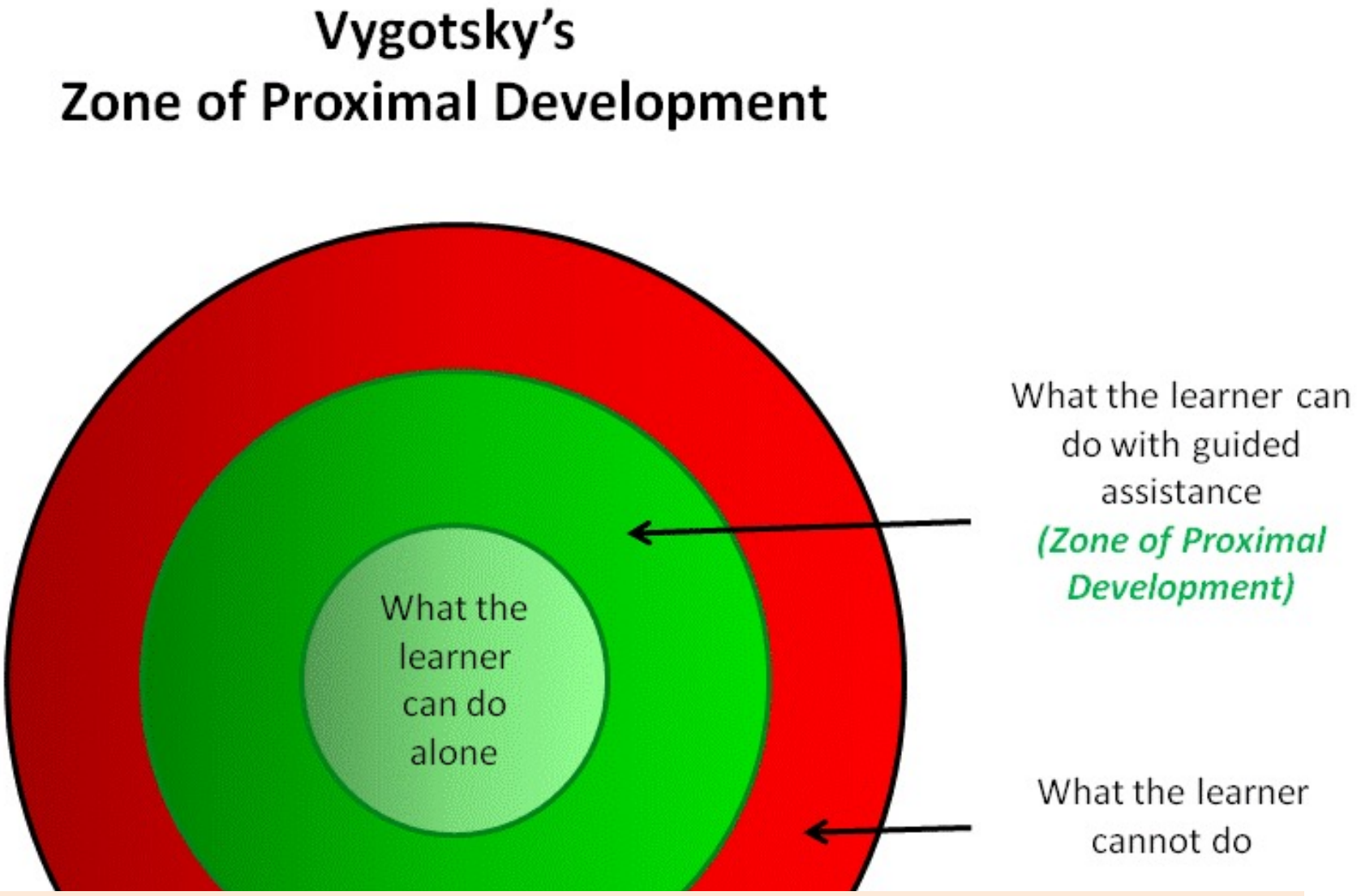
Who Can Be Agents of Change?

Who you work with



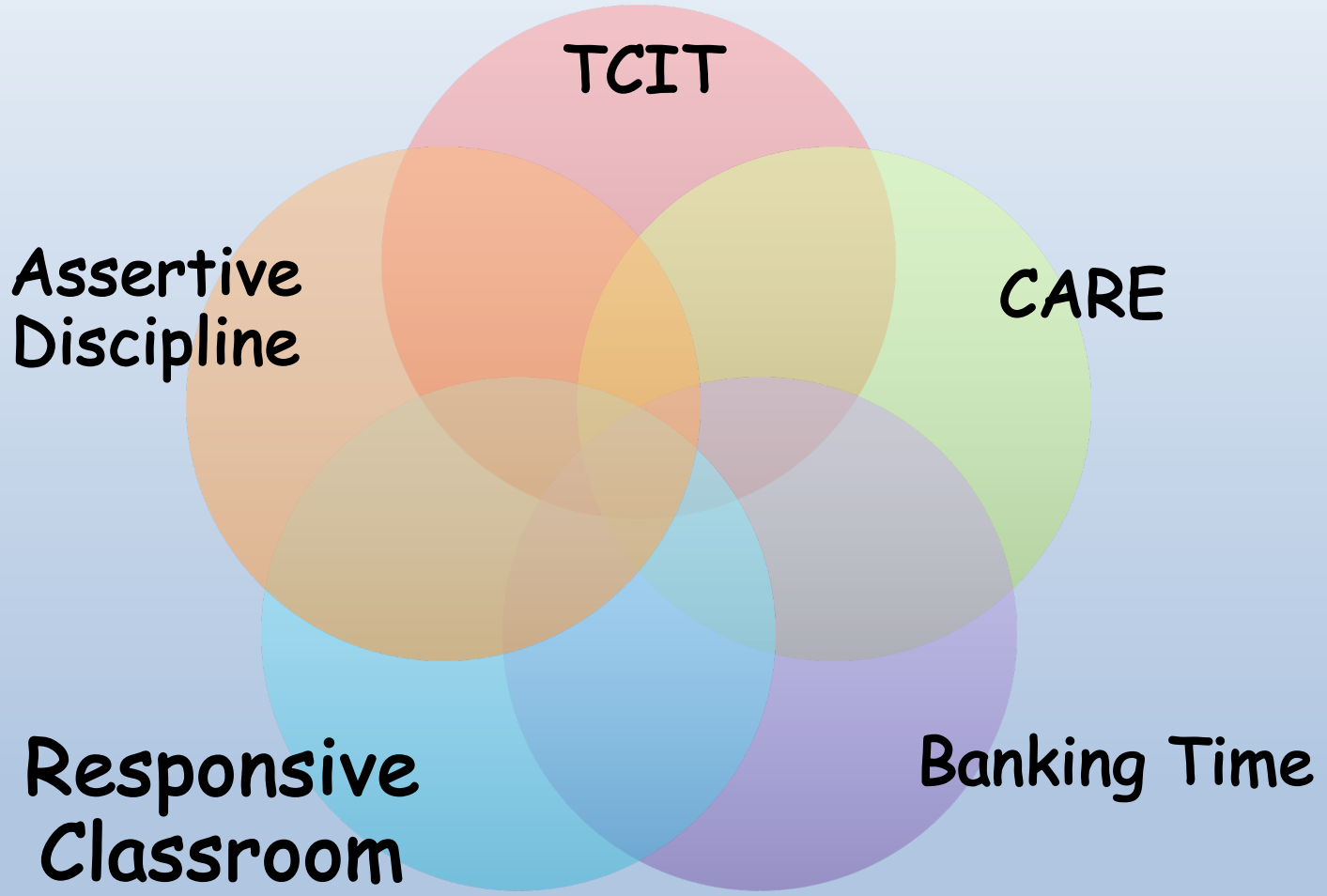
Vygotsky's Zone of Proximal Development





Does + relationship extend the zone of proximal development?

Overlap of Teacher-Child Interventions



Teacher-Child Relationships

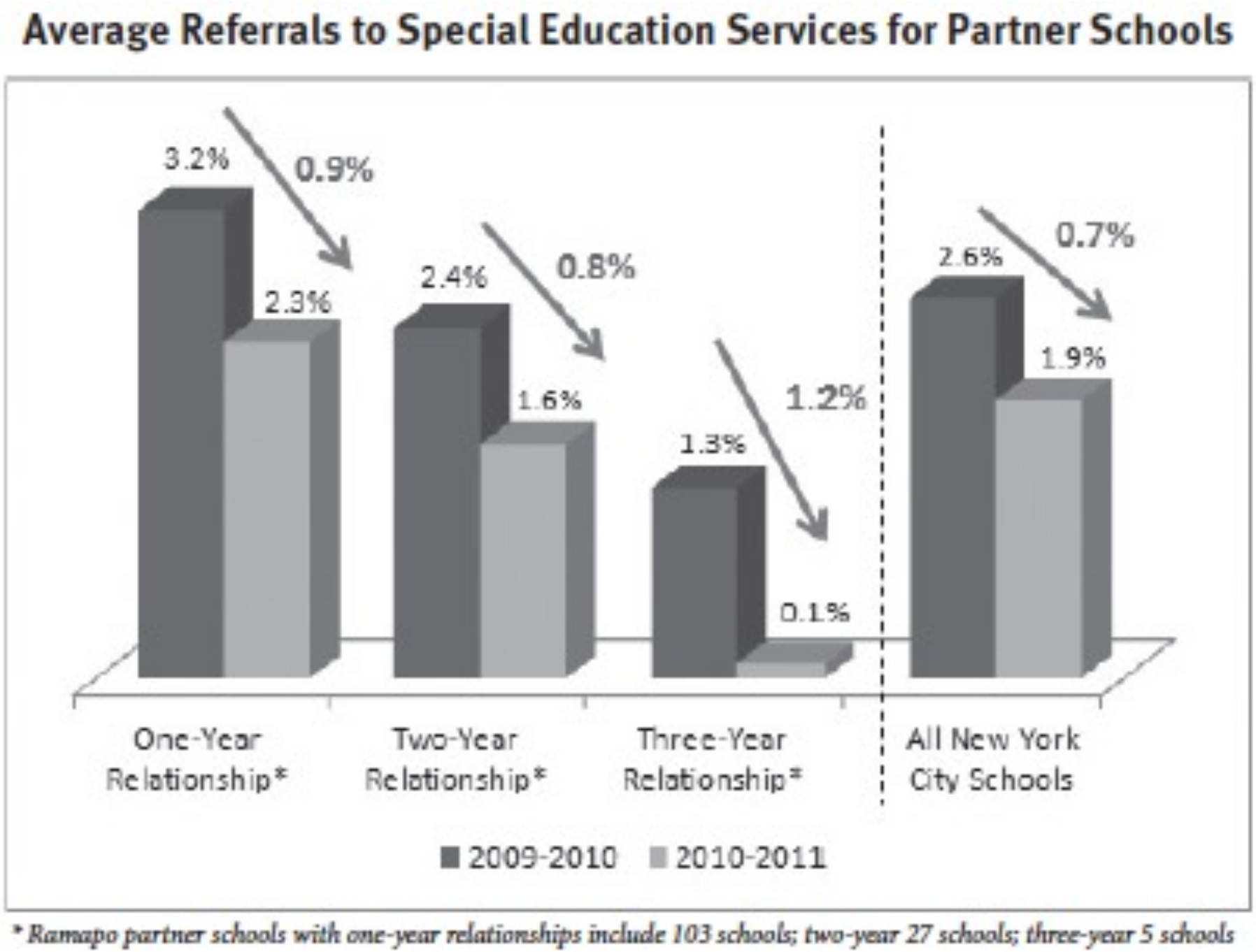
TCIT

Banking Time

Banking Time
10-15', 2-3/week

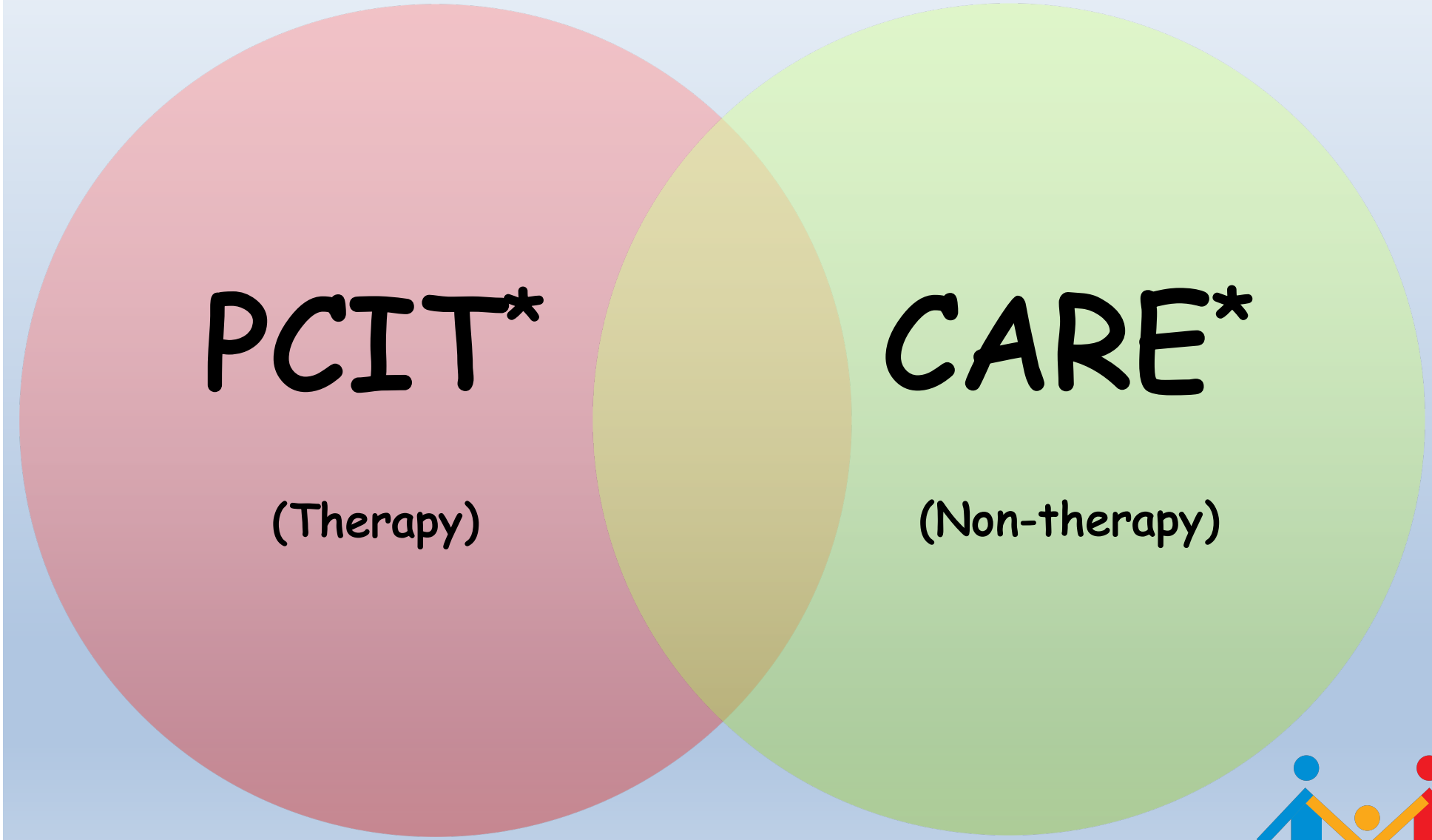
BT >> AC >> TAU

Hatfield & Wilford (2017). *Prev Sci* 18:40-49.



Ramapo Times (2011)

Overlap of parenting & non-parent approaches



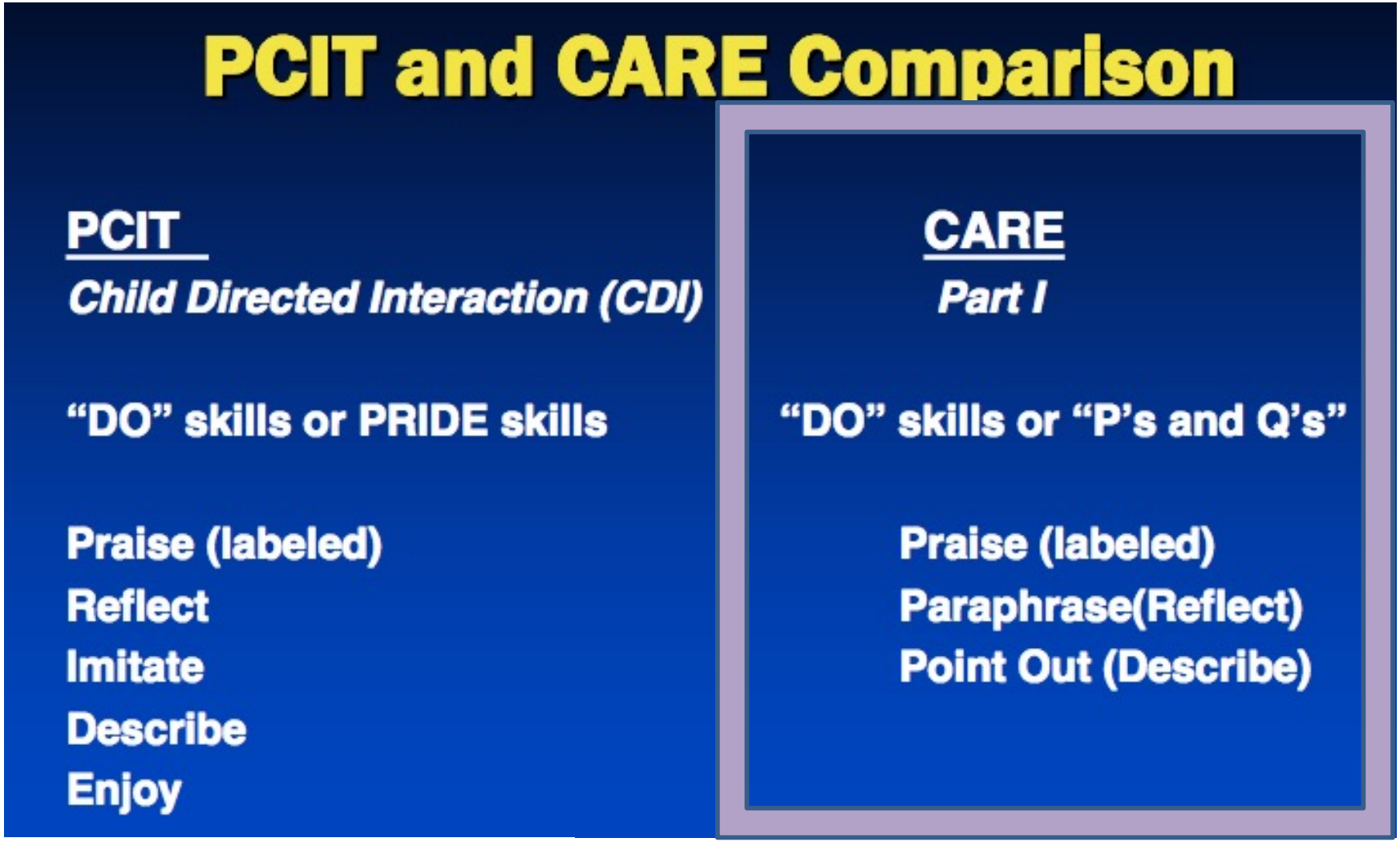
Common Elements

PCIT Theoretically Grounded

PCIT draws on the following theories:

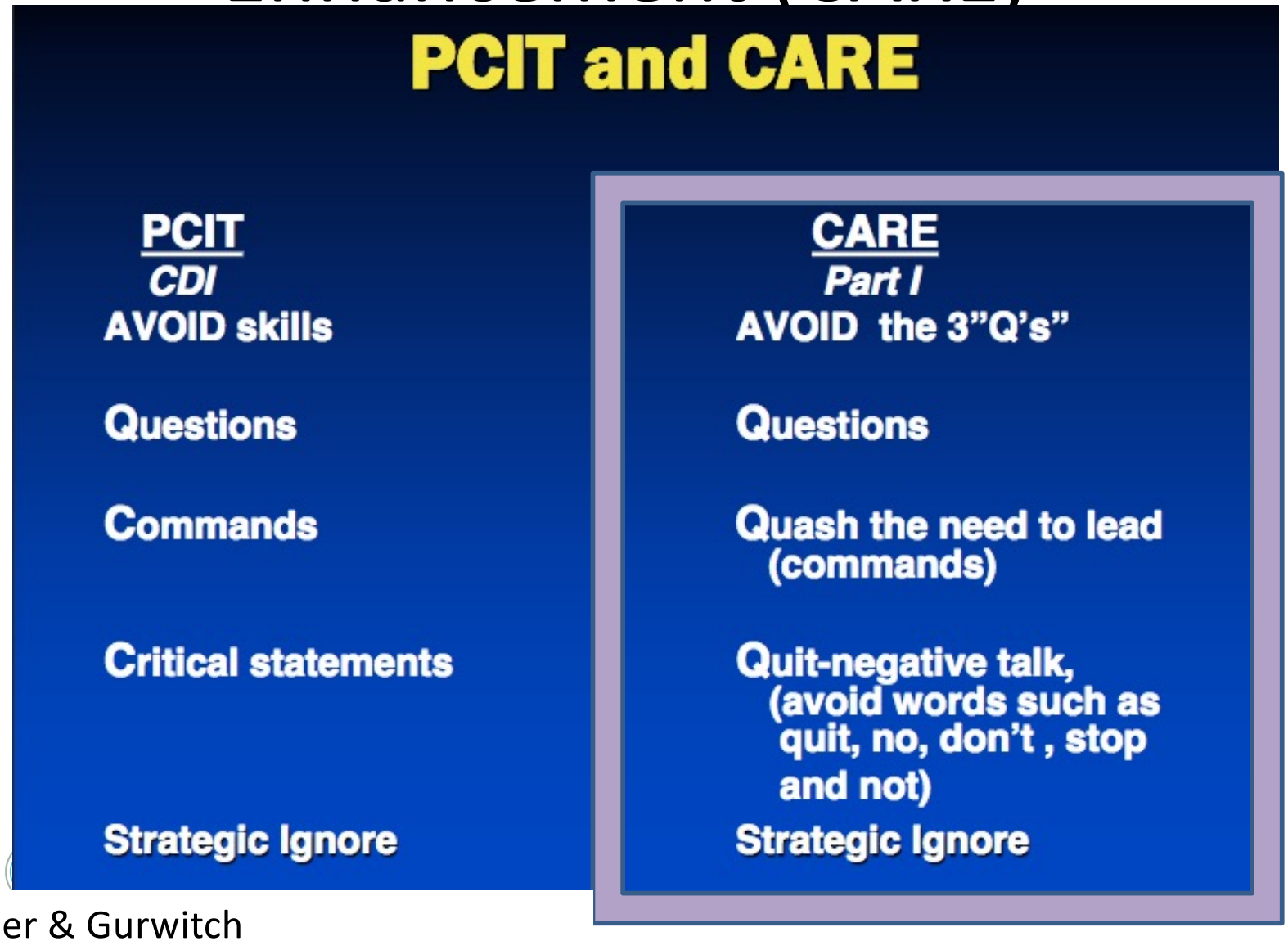
- **Baumrind's** parenting styles
- Attachment theory (**Bowlby**)
- Social learning theory (**Bandura**; **Patterson**)
- Behavior Modification (**Skinner**)

Child Adult Relationship Enhancement (CARE)



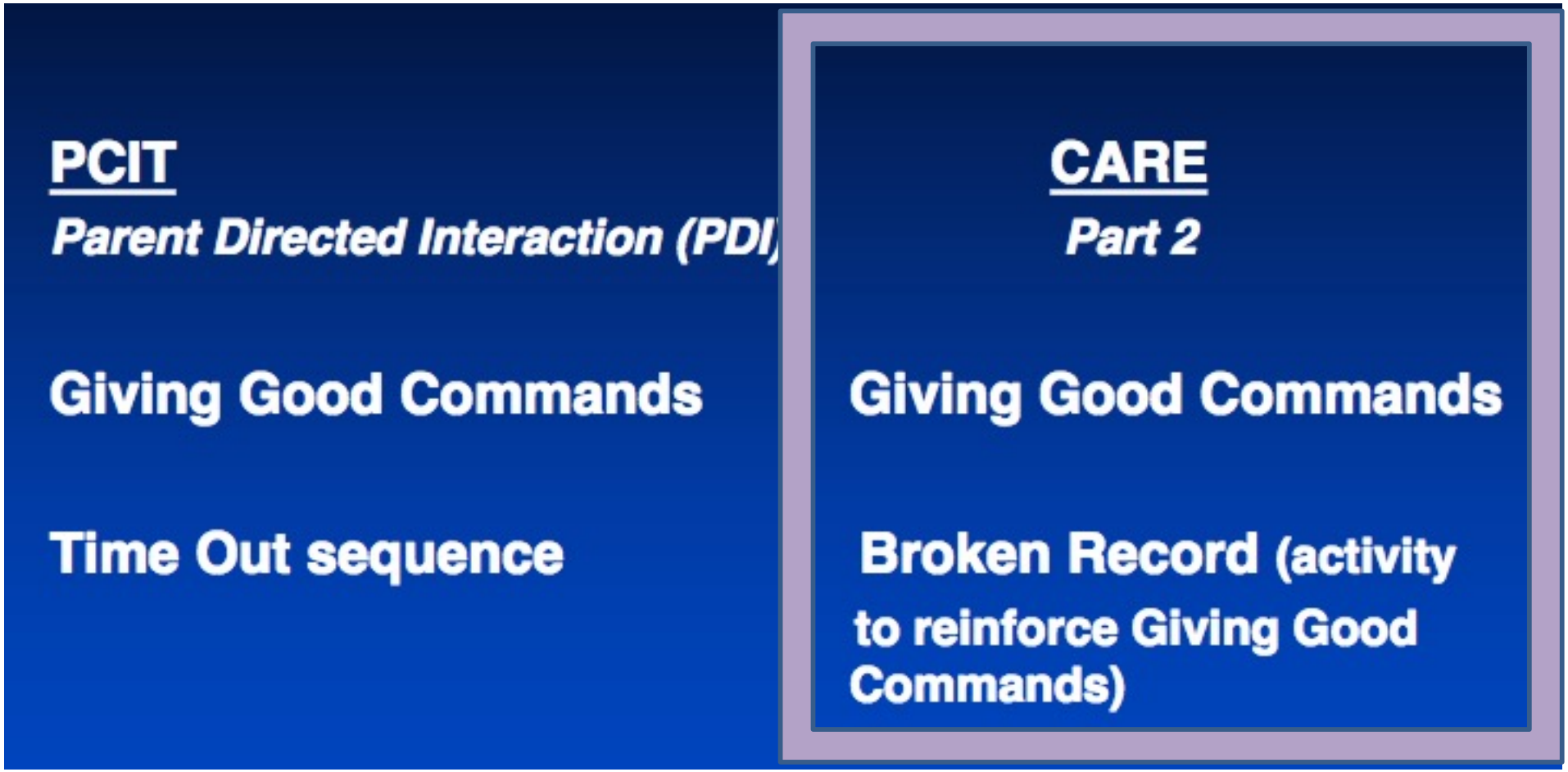
Messer & Gurwitch

Child Adult Relationship Enhancement (CARE)



Messer & Gurwitch

Child Adult Relationship Enhancement (CARE)



Messer & Gurwitch

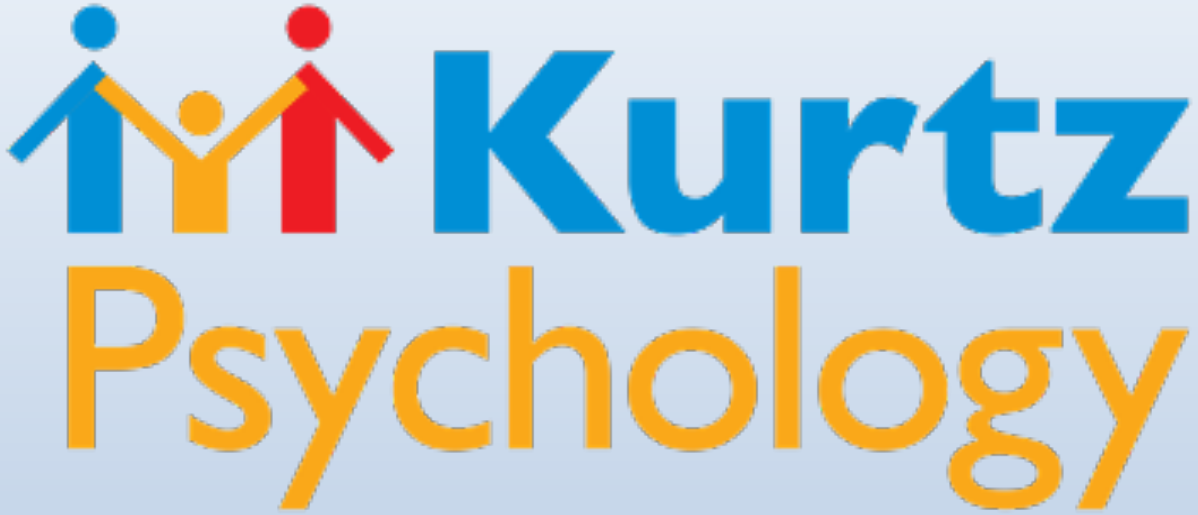
The 8 Rules of Effective Commands

- Direct
- Positively Stated
- One at a Time
- Specific
- Appropriate
- Calm, Polite Tone
- Explain Before or After
- Necessary

9 Principles to Guide ADHD Behavior

- More immediate consequences
- Increased frequency of consequences
- Increased saliency of consequences
- Incentives < punishments (9:1)
- Act, Don't Yak
- Strive for consistency
- Plan for high risk situations
- Keep a disability perspective
- Practice forgiveness

adapted from Barkley



For more information

Steven Kurtz
skurtz@kurtzpsychology.com