



WHAT WE KNOW

Behavioral Treatment for Children and Teenagers with AD/HD

B*ehavior treatment* involves both social and psychological therapies. It is a very important part of treatment for attention-deficit/hyperactivity disorder (AD/HD) in children and teens.

Behavior modification or behavior therapy is also called psychosocial treatment. It works by changing the behavior of a child or adolescent. Research shows that behavioral treatments work well for the symptoms of AD/HD, especially when they are used with stimulant medication.

Treating AD/HD in children often involves medical, educational, and behavioral treatments used together. Treatment should be planned and carried out only after learning what individual needs each child and family have.

WHY USE BEHAVIORAL TREATMENTS?

Behavioral treatment for AD/HD is important because it helps with issues such as:

- problems doing well in school
- behavior problems at school
- problems with friendships with others their age
- problems getting along with parents and with brothers and sisters

Behavioral treatments work by teaching new skills to parents, teachers and the children for handling problems.

WHAT IS BEHAVIOR MODIFICATION?

With behavior modification (or behavior therapy), parents, teachers and the child with AD/HD learn new skills for interacting with others. Adults teach the child or adolescent new ways of behaving by changing the ways they themselves respond to the child's or teen's behaviors.

Parents and teachers should both use the new skills at the same time to get the best results. They should all do the following:

- Start with goals that the child can succeed at, in small steps.
- Be consistent — even at different times of the day, in different places and with different people around.
- Use the new skills over the long haul — not just for a few months.
- Remember that teaching and learning new skills take time, and the child's improvement will be little by little.

HOW DOES A BEHAVIOR MODIFICATION PROGRAM BEGIN?

The health professional begins by taking a complete history of the child's problems at home and school and during social activities. Most of this information comes from parents and teachers. The therapist also meets with the child to get a sense of what the child is like.

This evaluation should end with a list of *target behaviors* for treatment. Target behaviors are ones that need to be changed so the child gets better. They can be either behaviors that need to stop or new skills that need to be learned.

The areas targeted for treatment may not be the symptoms of AD/HD (such as being much too active, not paying attention, and doing rash or sudden things without thinking). Instead, they may address the problems that those symptoms cause in daily life, such as playing well with brothers and sisters, or obeying parent's requests.

Similar behavioral treatments are used both at home and at school. Parents and teachers carefully watch the child's response to the treatment. The treatment changes as the child changes.

PARENT TRAINING

Parents need careful teaching and support to learn the new parenting skills and how to use them all the time. The topics covered in parent-training sessions may include the following:

- Setting house rules and a routine
- Learning to praise wanted behaviors and to ignore mild unwanted behaviors (choosing your battles)
- Using appropriate ways to let the child know what you want from him or her
- Using “when...then” directions (when there is unwanted behavior, then adults take away rewards or privileges)
- Planning ahead and working with children in public places
- Using “time outs” during or after unwanted behavior

“Parents and teachers should both use the new skills at the same time to get the best results.”

- Using daily charts and point systems for both rewards and consequences
- Using a school-home note system to reward school behavior and to track homework

Parent training can be done in groups with or without the child. Parent training can also happen during individual family sessions that include the child. When the child is a teenager, parent training is a bit different. Parents learn skills that are right for teens. The parents and teenager may meet with the therapist to come up with solutions they can agree on for behavioral problems. Parents try to gain improvements in the teenager's target behaviors (such as better grades in school) in exchange for rewards that they can control (such as allowing the teenager to go out with friends).

CHADD offers a unique educational program to help parents and individuals navigate the challenges of AD/HD across the lifespan. Information about CHADD's “Parent to Parent” program can be found by visiting CHADD's Web site at www.chadd.org. Click on “Conferences and Training” and then “Parent to Parent Program.”

THErapy AT SCHOOL

Many children with AD/HD have teachers who may not know much about AD/HD or behavior modification. Parents of children with AD/HD should work closely with teachers to help them learn needed skills to manage behavior in classrooms.

Managing teenagers with AD/HD in school is different from managing children with AD/HD. Parents will often work with guidance counselors or other school staff rather than the individual teachers who will carry out the classroom behavior modification programs.

THErapy WITH THE CHILD

Very often children with AD/HD have serious problems getting along with other children. Children who overcome these problems do better in the long run than those who don't.

Here are five good ways to help children who don't get along well with other children:

1. Teach social skills (how to get along with other people)
2. Help to solve social problems

“Managing teenagers with AD/HD in school is different from managing children with AD/HD.”

3. Teach other skills that children find important, such as sports skills and board-game rules
4. Decrease unwanted behaviors such as bossiness or not sharing
5. Help to form a close friendship between the child with AD/HD and another child

To best help the child, the skills for changing unwanted behavior should be the same for the parent, school, and healthcare professional. The same behaviors should be watched, discouraged or encouraged, and rewarded in all three settings.

Social skills training groups are a common type of

treatment. Social skills groups with children with AD/HD only work well when they are matched with what the parents and school are doing to reduce disruptive and negative behaviors.

WHAT ABOUT COMBINING BEHAVIOR APPROACHES WITH MEDICATION?

Both medication and behavioral treatment work well to improve AD/HD symptoms. Medication alone is more effective in treating AD/HD symptoms than behavioral treatment alone. In some cases, combining the two approaches works best. No one treatment plan is right for everyone.

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The full version of this sheet, “Psychosocial Treatment for Children and Adolescents with AD/HD,” is also available online at www.help4adhd.org. This fact sheet should be read together with What We Know #3 “Managing Medicine for Children and Teenagers with AD/HD.”

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For further information about AD/HD or CHADD, please contact:

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