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ABSTRACT

This paper presents an intervention model for working with children having attention deficit hyperactivity disorder (ADHD). The model provides a methodological approach to treating ADHD through assessing the distractibility level of the child and using interventions in a systematic manner to enhance task completion. Preliminary information lists criteria for an ADHD diagnosis. The model is then explained. It consists of four levels: (1) instructional interventions, (2) behavioral interventions, (3) psychotherapeutic interventions, and (4) medical interventions. A distractibility scale allows the level of task completion of the student to be plotted and the need for the four possible types of intervention to be assessed. The five developmental distractibility levels range from being able to complete the task independently, to requiring various degrees of monitoring and supervision, to nonresponsiveness to treatment. Specific steps for implementing the intervention model are given. (DB)

A Systematic Approach to the Treatment of Attention Deficit Hyperactivity Disorder (ADHD): An Intervention Model

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Attention Deficit Hyperactivity Disorder is a topic that has received wide publicity in both the professional and lay literature. The Diagnostical and Statistical Manual of Mental Disorders III-Revised (1987) defines ADHD as "developmentally inappropriate degrees of inattention, impulsiveness and hyperactivity" for the mental and chronological age of the child. Frequently children with the disorder have high average to superior intelligence. Some authorities estimate that as many as 60% to 80% of hyperactive children are likely to have a learning disability (Barkley, 1981).

The diagnosis of ADHD is made when there is a disturbance in at least eight of the fourteen criteria, as listed in the DSM-III-R, for a minimum of six months. Symptoms of *hyperactivity* typically include excessive fidgeting, difficulty remaining seated, difficulty playing quietly and excessive talking. *Impulsiveness* is frequently characterized by difficulty awaiting turns, blurting out answers, shifting from one uncompleted activity to another, interrupting or intruding on others and engaging in physically dangerous activities without considering consequences. Symptoms of *inattention* include being easily distracted, having difficulty following directions, difficulty sustaining attention, does not seem to be listening and often loses things. The onset of these symptoms is before the age of seven.

Diagnosis of ADHD can fall into the categories of mild, moderate and severe based on the pervasive impairment in functioning at home, school and with peers. Students who were previously referred to as having an Attention Deficit without Hyperactivity are now diagnosed as having an Undifferentiated Attention Deficit Disorder.

An Attention Deficit Hyperactivity Disorder has a significant impact on the child's intellectual development, academic achievement, social functioning and emotional development. It is a pervasive problem affecting many areas of the child's functioning and interaction with the environment. A variety of symptoms may occur but one of the most common features of A.D.H.D. is the child's inability to complete tasks independently. The child has difficulty focusing attention and remaining on task when compared to other children of the same age. This article presents an intervention model which provides a methodological approach a treating A.D.H.D. through enhancing task completion. The model is designed to be used by parents, teachers, psychologists, social workers, educators and medical personnel to assess the distractibility level of the child and to use interventions in a systematic manner (see Figure 1).

Insert Figure 1 about here

The model consists of four levels of intervention to enhance task completion. The first level, *Instructional Interventions*, indicates the relative amount of academic modifications needed for successful task

completion (ex. shortened assignments, homework log, high interest materials, packing, over learning, color coding materials, etc.). The second level, *Behavioral Interventions*, represents the estimated amount and intensity of behavior management required (e.g. contracts, response cost, positive reinforcement, shaping, modeling, time out, modification of the environment, etc.) The third level represents the extent of *Psychotherapeutic Interventions* needed (e.g. counseling, value clarification, internalized self control, cognitive therapy, parent training, relaxation techniques, biofeedback, social skills training, etc.). The fourth level indicates the relative need for *Medical Intervention* (e.g. complete medical evaluation, medication, treatment for allergies, etc.).

The distractibility scale (located across the bottom of the model) allows one to plot the level of task completion of the student and assess the relative need for the four possible types of intervention.

Distractibility Scale - Developmental Levels

The developmental distractibility levels are defined as:

1. Independent - The student completes the task without external supervision or significant modification of the instructional activities.

2. Monitoring - The student completes the task but displays a need for periodic checks by the teacher or parent. The student can be left alone for periods of time but must be monitored periodically to ensure on task behavior and task completion.

3. Supervision - The student completes the task but needs supervision. The teacher or parent must be physically present to aid the student in remaining on task.

4. Prompting - The student completes the task only when it is broken down into small increments and presented in a step by step approach. An adult must be present to prompt and reinforce the student to ensure task completion.

5. Non Responsive to Treatment (NRT) - The student does not complete the task and shows little or no positive response to intervention techniques.

Procedures for using the Intervention Model

Step 1. Determine the exact task you want to the student to complete and the environment in which it must be completed.

Step 2. Determine that the child has the academic ability and entry level skills to successfully complete the task.

Step 3. Determine the student's level of task completion by matching the child's present behavior with the indicators on the Distractibility Scale (as defined above).

Step 4. Draw a line up the chart and determine the type and relative amount of intervention needed.

Step 5. Apply the procedures and assess the results.

The model allows one to determine the level of distractibility of the student as it relates to the student's ability to complete tasks. A student who has a high level of distractibility (level 4) will need a high level of instructional modifications, a high level of behavioral interventions, a high level of psychotherapeutic interventions and a high probability of a need for medical treatment. Conversely, a student who scores at the low end of the distractibility scale (Level 2) will probably need a low level of instructional modifications, a low level of behavioral interventions, and a may not need psychotherapeutic or medical intervention to successfully complete tasks.

A systematic approach to assessing task completion for ADHD children has been presented. It is our hope that the use of this model will provide effective intervention strategies without risking over medication or setting unrealistic goals for children with Attention Deficit Hyperactivity Disorders.

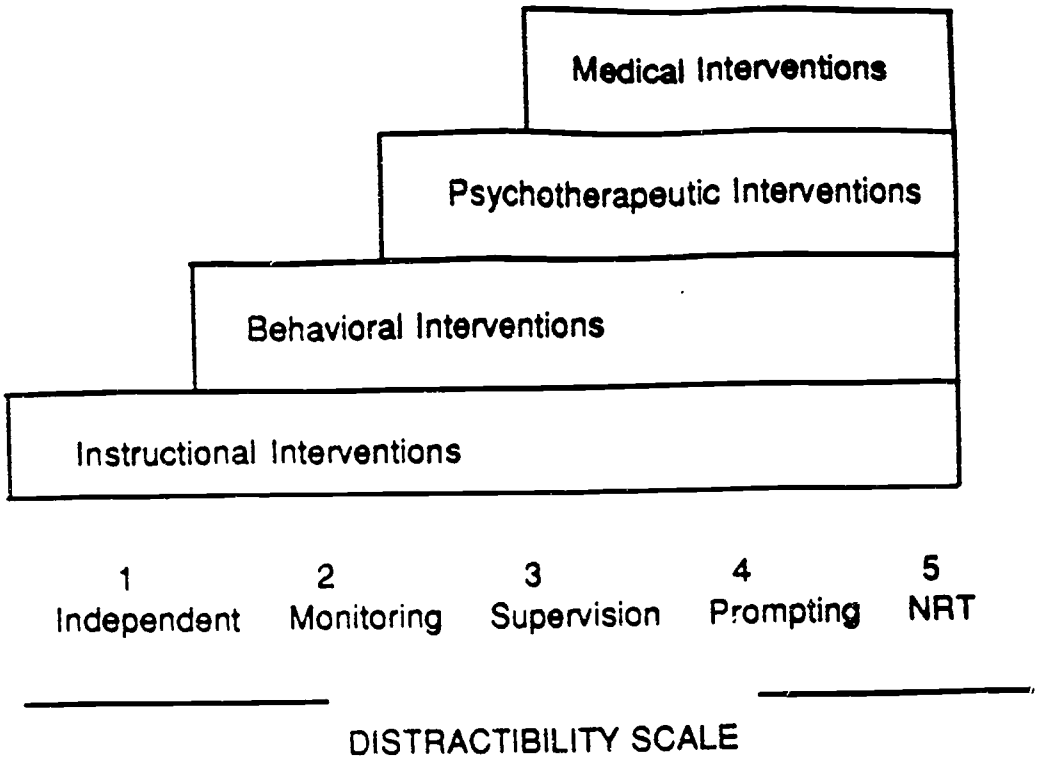

FIGURE 1 FAISON-BARNISKIS A.D.H.D. INTERVENTION MODEL

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