

childPSYCH News

A newsletter for professionals and parents

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Inside this issue:

Could you be making your
child's behaviour worse?

Evidence-based treatments
for AD/HD

Evidence-based treatments
for Mathematics



APS Psychologists



Special points of
interest:

- We have a NEW learning centre! Call us now for more information
- At *childpsych* only psychologists who are registered teachers and/or Educational Psychologists will write the report on learning difficulties
- To unsubscribe from this newsletter at any time, either email or call *childpsych*

Could you be making your child's behaviour problems worse?

by Philip Gosschalk, Clinical & Educational Psychologist

The purpose of this article is not to provide parents with more guilt. Instead, the aim here is to help parents reflect on how they could react to their child better.

Most children are disruptive and challenging at times. This is a normal part of childhood. Our job as parents is to teach themselves control. How do we do this? Well we have reasonable rules that must be followed and we praise the children when they do the right thing and manage their misbehaviour when they do not. Yelling and screaming at our children is an ineffective parenting technique. So is having rules that do not match the developmental level of your child (e.g. expecting a two year old to sit still for 10 minutes). Research has shown that an authoritarian parenting style results in greater behavioural and emotional problems for children. Mind you, a permissive parenting style, where the parent has few rules and rarely discipline children, also creates problems. Instead, aim for an authoritative parenting style. This parenting style is characterised by a parent who is firm but flexible. These parents believe in having a nurturing and loving relationship with their children.

The authoritative parent listens to their child and may even allow the child to make a good



"The authoritative parent listens to their child and may even allow the child to make a good argument to change his/her mind."

argument to change his/her mind. This parent understands that they need to develop a little person who is capable of reflecting on their behaviour. This parent is not afraid to apologise to their child if they have made a mistake. They are good role models.

So all of this is fine if you have a child with a fairly even temperament. Temperament generally refers to a component of personality that is biological or genetic. For **example, "energy level" can be genetic with some children more active than other's. Children with a challenging temperament are often extremely challenging to parent.** Their parents often stop using authoritative parenting practices and resort to a more authoritarian approach. They become rigid and inflexible and harsh in their parenting resulting in more behavioural problems. These results suggest that parenting style can influence behav-

ioural problems in children. But research has also suggested that children react differently to an aggressive parenting style based on their gender.

Recent research has shown that girls were more likely to be aggressive if their mother was aggressive, and boys were more likely to be aggressive if their father was aggressive. This is an important finding as it means that girls and boys react differently to being raised in an aggressive manner by their mother or father. Some researchers have speculated that girls react aggressively when they see their fathers acting aggressively as they may feel a father's job is to protect them.

The above results show that parent temperament is also a **factor in influencing children's** behavioural adjustment. Basically, aggressive children have aggressive parent(s).

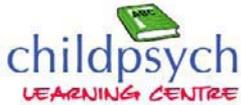
So what can we do as parents? Firstly we need to know ourselves. We need to understand our own temperament and personality. It helps to think about how you were raised and disciplined by your parents—what did you appreciate and what do you want to make sure you do not repeat. Increase your confidence in your parenting abilities by doing a parenting course and/or reading books on parenting.

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Learning Problems?



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Evidence-based treatments for AD/HD



How to treat AD/HD is controversial. A number of opinions are offered and myths prevalent in the general media. The treatment of AD/HD

with medication is most controversial with some studies showing that in the long term medication had no benefit by adolescence or adulthood. Yet medication has been identified as a highly effective, short term intervention, in managing symptoms of AD/HD by numerous research studies and is considered an evidence-based medical intervention. So what of psychological based interventions? A comprehensive review of the research literature was able to arrive at some conclusions.

This study conducted at the State University of New York found that behavioural interventions could be just as effective as medication for mild forms of AD/HD and when combined with medication for moderate

to severe forms of AD/HD was also helpful. The researchers concluded that behavioural interventions, done correctly, are evidence-based interventions.

The study identified that training parents in behavioural techniques and ensuring behavioural techniques are implemented in the classroom was more successful than other forms of intervention (e.g. social skills training). More intensive behavioural interventions that focus on the child's behaviour at regular intervals are likely to be more successful. For example, rewarding the child for being compliant at the end of each hour, rather than waiting to the end of the day, is more effective. Some studies have shown that behavioural interventions can help manage children without the need for medication for at least 12 months.

Behavioural interventions seem to be more effective in structured situations like classrooms and in the home but less effective in say recreational settings (e.g. sports field). The best thing is to make sure a psychologist and medical specialist are assisting with managing your child. This ensures that interventions remain evidence-based.

Evidence-based treatments for basic facts

Problems with mathematics tends to receive less attention than that of literacy problems. However, problems with mathematics is quite common with between 5-8% of children having difficulties.

Children who struggle with mathematics usually have difficulty with storing and retrieving basic math facts (e.g. "3x2"). An important cognitive area needed to learn basic facts is working memory. Working memory is the brain's "work bench" where the child holds a visual representation of the basic fact in their head while they access long term memory for the answer. Children with working memory problems often have problems with basic facts and subsequently mathematics in general. Thankfully, cognitive training can help and the cogmed program is one evidence-



based intervention. Other cognitive areas involved in mathematics is the strategy they use to learn basic facts and their brain's ability to process information fast.

Direct instruction seems to be the most effective strategy. In

this intervention, a task is broken down into smaller steps (e.g. learn your five times multiplication tables up to "5x7" first) and the student recites them. If they get one incorrect they are prompted by the adult and if they cannot think of the answer are told. Of course "practicing" is a strategy! Other effective interventions for basic facts are decomposition. In this strategy the child counts on. For example, when working out 8+7, the child retrieves 7+7 and then counts one more to find the answer.



childpsych is offering this evidence-based working memory training program.

The complete program includes:

- Initial interview
- Start-up session
- Five weeks of training with weekly Coach calls
- Wrap-up meeting
- Six month follow-up interview
- Access to the Cogmed Training Web
- Optional Cogmed Extension Training (12 months)

How long does it take?

The cogmed program consists of 25 training sessions of 30-40 minutes each, done over 5 weeks. It is the intensity of this training schedule that is critical to the program's success. The user/family sets the training schedule with the Cogmed Coach, with plenty of flexibility.

childpsych.net.au/cogmed

Autism Services

childpsych provides a specialist autism clinic focused on assessment and diagnosis and intervention services. Our autism interventions are delivered by psychologists accredited to work with children with autism spectrum disorders.

- ✓ Assessment and diagnosis of autism
- ✓ Management of children with autism to age 18 years
- ✓ Behavioural interventions, social skills, transition to school, treatment of other conditions such as anxiety, depression
- ✓ Special education development classes and remedial teaching classes

childpsych.net.au/autismclinic