

childPSYCH News

A newsletter for professionals and parents

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www.childpsych.net.au

Special points of interest:

At *childpsych* only psychologists who are registered teachers will write the report on learning difficulties

All *childpsych* psychologists have a minimum of masters level training in psychology

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Helping Children with AD/HD in Schools

Feature article by Philip Gosschalk MAPS, Director & Psychologist of *childpsych*

AD/HD is a neuropsychological disorder caused by problems with brain functioning. In particular the child's ability to regulate their impulses and/or regulate attention is impaired. The most common treatment approach, and one with a lot of supportive research, is the use of medication.

However, a complimentary approach to managing AD/HD symptoms is that of behavioural interventions. Behavioural interventions include strategies such as time out and rewards systems. It is important to note that the bulk of the research supports what is called a "multi modal treatment approach". This approach predominately combines the use of medication with behavioural strategies. In some cases with mild to moderate symptoms of AD/HD, behavioural approaches by themselves may be suitable.

Characteristics of Effective Behavioural Strategies

To be effective in the classroom, behavioural strategies need to consider what causes the behaviour, what results from the behaviour and how well the child manages their own symptoms. For example, a child with AD/HD may become disruptive in maths lessons because he cannot manage his frustration and because becoming unruly during math means he is put in time out in the principal's office and therefore "gets out of math"! A tailored behaviour program for such children focuses on

one or more of the causes of the problem behaviour(s).



AD/HD is a neuropsychological disorder where problems are caused by problems with brain functioning.

Strategies that focus on the Causes of Behaviour

These strategies involve focusing on what makes AD/HD symptoms worse. Strategies such as reducing the size of classroom assignments, helping the child to make decisions and active teaching of classroom rules have been shown to help with academic attainment. Though it should be noted that despite reminding students of classroom rules and pointing them out in class, less than 10% of students seem able to accurately state their rules. Therefore, it is important to actively teach and remind students of their classroom rules.

Strategies that focus on the Results of Behaviour

Research has shown that the most effective strategies in for children with AD/HD are reprimands and the use of rewards systems.

As AD/HD children often overreact when they feel threatened, such as being reprimanded

harshly, it is best to use a quiet, calm and brief reprimand with them. It is very important when reprimanding a child to specifically tell the child what they have done wrong. For example, "Sarah, our class rule is one speaker at a time, you were speaking when I was speaking..."

The use of rewards systems have been well established. Children with AD/HD however need a high frequency of reinforcement and they often become bored with the same reward. Therefore, it is recommended that children have a "menu" of rewards to select from when they have earned it. In addition, when a rewards system is used, behavioural praise should be used also. Behavioural praise involves making sure the child knows exactly why they are being praised and involves "catching" the child doing the right thing. For example, "Well done Michael, you raised your hand to answer a question and didn't call out".

Strategies that Help the Child Manage Themselves

Self management strategies are actively taught at *childpsych*. These strategies involve the student becoming aware of their behaviour by completing a rating sheet at regular times throughout the day. It is sometimes called a "self monitoring sheet". At *childpsych* our self management training program is broader and focuses on emotional competence

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"Academic interventions
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Helping Children with AD/HD con't

because of the research between emotional competence and self control. In general however, self management strategies seem to be effective for mild to moderate symptoms of AD/HD by reducing impulsivity and restlessness.

Academic Interventions

Academic interventions that have been shown to work with children who have AD/HD are the use of peer tutoring where students take turns tutoring each other using academic scripts (for example, answer sheets for mathematics problems). In one research study children with AD/HD increased their paying attention in class from 21% of the time to 82%.

The use of computer programs to assist with learning has also been shown to be effective. However, such computer programs need to provide immediate feedback to the child about their performance and limit distracting features such as sound effects and animations.

Therefore, to assist children with AD/HD to function in schools, behavioural techniques such as reward systems, teaching the child to manage their own symptoms and teaching approaches where computers and peer tutoring are used are needed. It is important to note that all interventions, medication also, manages the symptoms of AD/HD and does not cure it.

Fetal Alcohol Syndrome: Neuropsychological Implications

Fetal Alcohol Syndrome (FAS), Fetal Alcohol Effects and Alcohol-Related Neurodevelopmental Disorder are similar disorders that describe the devastating effects of a fetus exposed to significant amounts of alcohol. In general, three or more drinks a day throughout the pregnancy, binge drinking (six drinks in a day) during the 1st, 2nd and 3rd trimesters of pregnancy will result in various problems such as language problems and low intelligence. Frequent moderate social drinking may result in more subtle problems such as slow processing speed. The effects of light drinking is unclear.

When a fetus is exposed to a sufficient amount of alcohol from the mother, alcohol crosses the placenta resulting in interference with the development of the fetus' central nervous system. This is achieved by the alcohol interfering with cell development and the like resulting in problems with the growth of the fetus. The result are infants with such growth problems as a head size in the bottom 10 percent, developmental delays such as poor motor skills, and facial dysmorphism such as small eyes with skin folds at the corner. Because FAS interferes with the development of the central nervous

system, the child often has problems with impulsivity, attention, and can be aggressive and defiant. It is unsurprising then that research has found up to 85% of children with FAS will be diagnosed with AD/HD and will receive other diagnoses such as Oppositional Defiant Disorder. All these behaviour disorders are caused by neurological (brain) damage.

The role of cognitive testing by psychologists is vital. Cognitive testing allows an examination of the brain areas that are related to learning. The assessment results assist with determining the effects of FAS.

For example, many children with FAS will have problems with overall intellectual functioning and a cognitive test will help determine the child's learning potential and capabilities. In addition, cognitive tests measure areas such as short term memory, processing speed and phonological processing. The most appropriate test to assist with educational programming, as recommended by some school neuropsychologists, is the Woodcock Johnson Test of Cognitive Abilities (a test used at *childpsych*). The "Woodcock" is one of the most comprehensive measures of brain functioning compared to other common cognitive tests.



Giftedness and IQ Scores



In general, a person can be gifted in one or more areas such as reasoning, music and interpersonal skills. Giftedness is determined in a number of ways. The most common approach is to use intelligence tests. However "IQ" tests do not measure areas such as creativity and interpersonal skills. To evaluate these areas other

approaches need to be used (at *childpsych* these areas are evaluated in our Gifted & Talented Assessment™ package).

When IQ tests are used to determine giftedness, a minimum IQ score of about 120 is generally required (most people are between 85 and 115). IQ scores are computed by having the person complete a series of mental tasks and the scores for each of these tasks are "averaged" to give an IQ

score. One problem with using a single [IQ] score is that research shows that some gifted individuals will perform exceptionally on some of these mental tasks but not others. In other words, these individuals are gifted in some areas of mental activity but not others and they end up with a lower IQ score. The evaluation of giftedness needs to be undertaken by a psychologist skilled and knowledgeable in interpreting IQ tests in this area.


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PSYCHOLOGY PRACTICE

They're the most
important thing
in your life
and sometimes they need our help