

Effective Combined Interventions to Help Children with ADHD Progress Successfully in their
Academics, Social Skills and Homes Setting

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Abstract

Attention Deficit Disorder is a popular childhood disorder with increasing numbers of diagnosed yearly. The disorder's symptoms are inattentiveness, hyperactivity, and impulsivity affecting behavior, emotional, learning problems and social skills. The most popular form of treatment includes stimulant medications; however, the medications are not addressing all areas of struggles to create long-lasting success which raises a concern. Other intervention techniques available and per research when combined with other treatment approaches create a more successful outcome in academics, social and behavior. In summary, if there is evidence that shows, combined approaches increase successful outcomes, why aren't they being practiced more to decrease comorbid disorders, decrease labels of learning problems to decrease more high school dropouts and overall academic failure?

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Attention deficit hyperactivity disorder (ADHD) is the most diagnosed mental illness affecting children and adolescents. ADHD is more prevalent in boys than in girls but overall there are roughly 4% to 12% of all school-aged children whose life experiences are impacted by ADHD (Getahun, Jacobsen, & Fassett, 2013). A child with ADHD may struggle in academics, have limited social skills, and even have other mental health disorders and self-esteem issues. When looking at someone with ADHD you will see a person who is excessively hyperactive, developmentally inappropriate, inattention, and impulsive (American Psychiatric Association, 2013). These symptoms cause individuals to have trouble paying attention, become forgetful, have difficulties with finishing tasks, and/or have a hard time resolving disagreements with others. Oftentimes this behavior affects a child negatively; socially, emotionally and behaviorally. According to Magliano (2015), such negative effects are displayed in more than one setting causing efficient deficiencies in school, home and amongst peers interfering with age-appropriate development of the brain. A child with ADHD behavior imitates a disturbing behavior that can be considered intrusive. Such behavior yields classmates, family, and peers from wanting to interact with the child leaving a child with ADHD to feel rejected.

Statement of the Problem

Presently, there is no cure for ADHD and we still have more and more children diagnosed with the disorder (Babcock, 2018). The current most popular practiced treatment approach to assist a child with the issues of ADHD; social competence, behavioral and academics performance, mainly consist of medication. Approximately two-thirds of those with a current diagnosis receive prescriptions for stimulants, such as Ritalin or Adderall (Schwarz and Cohen, 2013). There is also, a significant amount of research demonstrating that medication

alone will not help address all of a patient's attention and hyperactivity issues (Haggerty, 2018). Medication is a helpful tool but, finding the correct method of interventions should be considered to aid more successful outcomes socially, academically, and behaviorally. Employing the most helpful interventions to help a child's performance in the necessary areas, can allow them to meet expectations, increasing in multiple settings. There are already intervention techniques used but, don't appear to have a high success rate standing alone. NCBDDD scientists found that, as of 2016, 6.1 million children aged 2-17 years living in the U.S. had been diagnosed with attention-deficit/hyperactivity disorder (ADHD) (Bitsko, 2018). As the number of children diagnosed increases, the possibility of more children with ADHD is at risk for failure in life as they grow into adulthood if more effective measures to increase achievement are not practiced appropriately.

Significance of the Study

There are many intervention techniques practiced for children with ADHD, however, finding the most effective techniques to help children with ADHD is important. Learning the best interventions technique to be implemented involves an all-inclusive intervention for a child with ADHD to help a child succeed in school and into adulthood. Currently, children with ADHD are at risk for lower academic performance (e.g., grades, scores on a standardized test), lower rates of graduation from high school, higher rates of grade retention, and higher rates of school suspension. (Kemper, et al. 2018). We know that there are standard resources used to treat children with ADHD but it does not appear to be providing efficaciousness to the degree to decrease areas of concern in social skills, academics, and behavior.

Purpose of the Study

Research indicates that ADHD is a serious mental health diagnosis that should be treated because if left untreated, symptoms can impact an adolescent ability to get into the college they want or advance in their desired career (Grohol 2018). Therefore, the purpose of this research is to explore how and what ADHD interventions are available to assist school-age children with ADHD currently and its effectiveness.

Definition of Terms

AODA - Alcohol and Other Drug Abuse /a person affected by alcohol or drugs. (Treatment Programs Child Welfare Information Gateway, 2014).

ADHD- Attention-deficit hyperactivity disorder is a mental disorder of the neurodevelopmental type. It is characterized by problems paying attention, excessive activity, or difficulty controlling behavior which is not appropriate for a person's age. The symptoms appear before a person is twelve years old, are present for more than six months, and cause problems in at least two settings. (American Psychiatric Association ,2013).

Behavior therapy – (BT) Behavioral therapy is a form of psychotherapy whose focal point is modifying disagreeable behavior in patients. (Smith and Segal, 2016)

CPS - Child Protection Services protect (Child Welfare Information Gateway, 2014).

Conduct Disorder (CD)- a disorder characterized by a repetitive and persistent pattern of behavior in which a young person violates the basic rights of others or major age-appropriate societal norms or rules (Bressert, 2017)

IEP- Individual Education Plan/The IEP, Individualized Education Program, is a document that is developed for each public-school child who is eligible for special education. The IEP is created through a team effort reviewed periodically. In the United States, this program is known as an Individualized Education Program (IEP). In Canada and the United Kingdom, an equivalent document is called an Individual Education System. (Macdonald et al., 2017)

Oppositional Defiant Disorder- ODD is a condition in which a child displays an ongoing pattern of an angry or irritable mood, defiant or argumentative behavior, and vindictiveness toward people in authority. (American Psychiatric Association, 2013).

Self-esteem – a good opinion of oneself, self-confident

Social Competence – how social skills are linked to socially valid outcomes. (Leijten et al, 2018)

Social Skills – discrete molecular behaviors that, if present increase the probability that the child will be considered socially competent. Social Skills Rating System (SSRS) – a clinically useful instrument that incorporates a broad multi-rater format that addresses social behavior (Leijten, et al., 2018)

Delimitations of Research

ADHD is a common diagnosis among children and some diagnostic labels relating to the diagnoses consist of behavior patterns containing unified features seen internationally. The research I will be conducting is narrowed to Racine, WI with a focus on children in grades 1st through 5th grade with a diagnosis of ADHD.

Method of Approach

The primary method of approach for this paper will consist of secondary data analysis of research and statistics relevant to the treatment of ADHD in children. A review of whitepapers, case studies, academic sources and additional research papers will be leveraged for the examination of treatments. The research will be reviewed and compiled into a literature review and subsequently used to support best practices.

Chapter 2: Review of Related Literature

Attention Deficit Hyperactivity Disorder (ADHD) is a term that is used freely in communities and educational settings. More and more children are being diagnosed with the disorder which there are many reasons as to why. There are about 2 to 5% of school-age children who suffer from ADHD (Royal College of Psychiatrists Registered 2018). However, boys tend to be diagnosed with ADHD more than girls which ratio is 1 and 10 girls are diagnosed with the disorder than boys (Collingwood 2016). Per the American Psychiatric Association which is used to categories and diagnose mental health disorders in individuals, defines ADHD as a person who has attentiveness difficulties, increase impulsive behavior and hyper activeness to the fullest compared to an individual without ADHD (American Psychiatric Association, 2013). The characteristics further explain a restless person and distracted with the inability to be attentive, showing short attention spans, energetic behavior and or spontaneous reactions throughout their childhood (Smith, Segal, 2016). Although children are naturally full of energy and overall have a higher activity level than adults, ADHD consists of a child suffering from many incidences with signs and symptoms associated with the disorder that affects their life negativity, daily and in multiple settings (Skogli, Teicher, & Andersen, 2013). Attention Deficit Hyperactivity Disorder (ADHD) has become a popular mental health term used in the medical field, education system, and community because of the increased amount of diagnoses of the disorder.

ADHD is a childhood disorder that follows an individual into adulthood frequently supplemented by frowned upon behavior matters, academic disappointment, social challenges, and other mental health disorders. Although ADHD does not cause other mental health

disorders, most common disorders associated with ADHD include Conduct Disorder (CD), depression and Oppositional Defiant Disorder (ODD) learning disabilities, anxiety disorders, depression, and Tourette syndrome (National Alliance on Mental Illness, 2018). Children with other psychological or developmental difficulties can cause coinciding symptoms which creates labels representing more of behavior negative side effects than the actual diagnosis of ADHD (Bressert, 2017).

For years this disorder has caused long-lasting problems in a child's life which variables including receptive and activity (Sherman, Rasmussen, & Baydala, 2008). When attempting to get appropriate help to treat the disorder, it is important to understand and know this because many people with the disorder display a discrepancy behavior hindering them socially and academically. In this literature review section, I will discuss the causes of why one may develop the disorder. The symptoms displayed to come up with a diagnosis as well as the criteria for obtaining an actual diagnosis. I will also discuss current treatment and intervention techniques practiced to include the barriers associated with the disorder which may disallow successful outcomes with children who have ADHD. Such behaviors or concerns will address differential diagnoses, comorbid disorders. Concerns of behaviors associated with ADHD can cause distress on the child's education, future life outcomes, social involvement with peers, mental health and even home life which learning appropriate intervention could make a great difference in creating more successful outcomes. Whereas, the importance of academic success is essential because it's can help decrease dropout rates in children with ADHD (Brown, 2010). Focusing on behavior issues and academic progress is critical but emphasizing on social skills are as important and the most acknowledged negative effects on a child with ADHD. Having effective social skills is important because all interactions are done socially. Children must be able to converse

efficaciously with peers, family members, and teachers. Building a healthy relationship and positive future outcomes are based on the ability to communicate effectively. Children with ADHD are at risk academically and socially and experience problems with socialization, the ability to make decisions appropriately, logistic, and communication skills and may significantly impact a child's risk for academic underachievement.

Cause of ADHD

Currently, there is no actual verified cause of why ADHD exists. Many people interpret the reasons for ADHD on biological irregularity. Explanation of the behaviors associated with ADHD tends to gear more towards genetically because family studies showed high familial risk for ADHD over other outside influences (Franke, Faraone, & Asherson, 2011). However, many theories are suggesting many factors to why a person develops ADHD. Some theories suggest a person will develop ADHD because of genetic reasons. Whereas other theories state, ADHD is formed by specific food ingredients and preservatives (Grohol, 2018). There are even theories that suggest factors of environmental toxins and neurobiological are responsible for causing ADHD in an individual. There is not much evidence to support one specific notion stated but, there are correlations per research that suggest these reasons why children develop ADHD. However, all factors have evidence relating to a person who has ADHD.

Neurobiological

When looking from a neurobiological standpoint, you are looking at the brain. A child with ADHD brain grows slower than that of a child without ADHD. Although all individuals are different which are partially associated with behavior implements, the influences consist of one's

family instability, social inequality, educational attainment, and psychiatric disorders (Faul, Gonzales & Heitzeg, 2013). Therefore, you must take into consideration that developmental problems may be observed with a child who has ADHD. Per the research, early life experiences have effects on brain areas such as the amygdala and prefrontal cortex (Sukel, 2015). Research shows that brain incentives, when tested in small numbers, target important frontal functional deficiencies which are seen in people with ADHD (Rubia, 2018). The prefrontal cortex is the main and very important part of the brain whose job is to self-consciously have control over behaviors and intervention when processing cognitive development responding to environmental stimuli (Korb, 2012). This area of the brain contains the ability to regulate your behavior, academic skill, and memory. In the frontal cortex of a person with ADHD, neurotransmitters, dopamine, and norepinephrine, are less present. This is related to the front-striatal system. The front-striatal is responsible for our adaptive responses and the purpose is to indicate genome appearances associated to close relatives (Castellanos & Proal, 2011). Children with ADHD display increased amounts of impulsivity, inattention, and hyperactivity symptoms which expresses that the prefrontal cortex is allowing children to displayed inadequate control over challenging areas they encounter such as social, behavior and academics. (Blum, Chen, & Braverman, 2008).

Genetics

Genetic factors play a major role when attempting to understand why someone will develop ADHD as well and there is a lot of evidence pointing to ADHD being inherited. There is a strong correlation to children who have ADHD who have a close family member with the disorder as well as multiple people in the family with the diagnoses (Swierzewski, 2015). Also,

some research states, a person who is diagnosed with ADHD usually has a parent or another close relative who has ADHD (Siegler, DeLoache & Eisenberg, 2011). This makes sense because most genes we get us from our parents who are deemed to work the same way they do in our parents. Therefore, the genetic stimulus does play a part in altering the brain's effectiveness at a higher rate. Difficulties indicating abnormalities contribute to attention and behavioral effects cause in the front-striatal of the brain. Per the research, hyperactivity tends to be cumulative in families which further confirms that families who have a member diagnosed with ADHD, could be heritable because those same symptoms seen in childhood are due to having like genetic stimuli (Franke, Faraone, & Asherson, 2011).

Environmental Factors

Environmental factors contributing to an ADHD correlation includes lead poison, pesticides and prenatal exposure to items such things as cigarettes and alcohol use (Banaschewski, Becker, & Döpfner, 2017). Mothers who have had challenging pregnancies which result are a baby being born premature, especially between 23-24 weeks premature, are at greater risk of developing ADHD. (Goodman, 2018). Also, a baby's development in the womb was deprived for one reason or another leaving underweight or overweight for their gestational age had an increased risk of ADHD.

Nutrition

Synthetic dyes, artificial flavoring, and sweeteners are used often in households because of their decreased cost, convenience and added shelf life. However, there is research that states such food with artificial sweeteners, certain dyes and preservatives can trigger hyperactive

symptoms shown in ADHD. According to Schnoll, Burshteyn and Cea-Aravena (2003) dietary factors such as color agents or simple sugar have been determined to increase the risk of ADHD (Hasson, 2012). We already understand that sugars can increase epinephrine's within an individual which triggers the nervous responses that cause hyperactivity therefore, it makes sense that dietary factors are strong indicators in producing and/or triggering ADHD symptoms. Also, food coloring is synthetic and contains chemicals that are added to processed foods and drinks which per research, any chemical added to the body can alter the brain and with children, one effect is increased hyperactivity (Rohrig, 2015). This may be the reason for the increased amount of diagnoses of ADHD. Also, per research, artificial colors, artificial sweeteners, and preservatives could affect an individual who already has ADHD and food colorings and preservatives will increase hyperactive behavior in some children (Sylvetsky, Rother, & Brown 2011). However, there is controversial but minimal research, stating substantial amounts of artificial food coloring can result in damaging effects to a child's behavior but it's not restricted to an ADHD diagnosis rather, it a public health problem (Arnold, Lofthouse, & Hurt, 2012). There is limited research to back this notion up however, there is some correlation.

Diagnoses

Attention Deficit Hyperactive Disorder represents areas of a person's inability to control impulses are inattentiveness, and hyperactive (American Psychiatric Association, 2013). Symptoms are persistent patterns and recurrent, causing age-appropriate developmental delays. When noticed, there are multiple steps when diagnosing a child with ADHD because there could be other contributing factors to a child's behavior which may resemble ADHD but isn't ADHD. Also, doctors generally do not like to diagnose children with ADHD until they are at least six

years of age however there are some exceptions that can take place which a child as early as age four can be diagnosed if they are experiencing symptoms that are persistent and consistent for a time of 6 months or more (Martin, 2011). When other factors are ruled out, to be considered for an ADHD diagnosis, you must show ongoing symptoms of ADHD which are present, in more than one setting with the onset age being before age 12 (Bhandari, 2018).

When attempting to rule out factors, you will need to look at issues relating to a learning disability, physical impairments or other mental health-related issues (Larson, Russ, & Kahn, 2011). Children with other psychological or developmental difficulties can cause coinciding symptoms as ADHD which creates labels because the behavior negative side effects are only being represented rather than seeking criteria for an actual diagnosis of ADHD. There are many mistaken diagnoses because a lot of criteria needed for ADHD are similar to other disorders behaviors reflected in an individual. Autism is a disorder that is often mistaken for ADHD due to socially awkward (Ronald, 2016). Learning disabilities are a major mistaken diagnosis because inattentiveness symptoms displayed within a child produces academic failure. When looking at a physical health attribute associated with ADHD, high blood pressure could be the issue rather than ADHD because high blood triggers memory loss which is a symptom of ADHD as well (Nigg, 2012). Other misdiagnosed disorders that resemble ADHD are, Bipolar disorder because of the mood swings displayed, sleep apnea because, ADHD especially when on medication causes sleep disturbance and OCD, a person with OCD can become easily distracted which fits the criteria for an ADHD disorder. (Legg, 2017). Last, disorders such as anxiety, depressions, and oppositional defiant disorder, all resemble signs of ADHD and fit some criteria associated with the disorder which due to the frustration associated with the disorder (American Psychiatric Association, 2013).

Another issue to consider is comorbidities. Since, ADHD is a childhood disorder that follows an individual into adulthood frequently supplemented by frowned upon behavior matters, academic disappointment, social challenges and other mental health disorders other issues can come about which create or triggers other issues within a child. Although, ADHD does not cause other mental health disorders, most common disorders associated with ADHD include Conduct Disorder (CD), depression and Oppositional Defiant Disorder (ODD), learning disabilities, anxiety disorders, depression, and Tourette syndrome (National Alliance on Mental Illness 2018). The most common comorbidities of ADHD are conduct disorder and oppositional defiant disorder (ODD), bipolar disorder, anxiety disorders, learning disabilities, and substance use disorder (Rubia, 2018). Most children with ADHD, as they turn into adults with ADHD will develop an anxiety disorder, depression, and/or bipolar disorder with 50 percent of adults with ADHD who suffer from an anxiety disorder (Visser, 2014).

ADHD symptoms do vary in a range of symptoms, but a person must have at least six or more symptoms that cause impairments in a social setting, home or school to validate an actual diagnosis (American Psychiatric Association, 2013). For an adequate ADHD diagnosis, it will take a collaborated effort in a team approach involving the parents, teachers, and a clinical professional. Symptoms that a person would be looking for displays a child often leaving their seat during times in which they should remain seated, not listening when spoken to directly which is not done purposely, unable to follow instructions, not finishing tasks, trouble staying organized, hyperactivity and lack of control which appears to be impulses (Center for Disease and control prevention, 2018). The parent/caregiver and a child's teacher are the most important people involved in the steps to starting the process of diagnosis because the teachers will see a child in a school setting whereas the parents will see the children behavior in a home setting

(Martin, 2016). A health care provider; pediatrician, psychologist and or psychiatrist, are the next important people in the process of establishing a diagnosis (Hermus, 2011)

The information needed to determine a proper diagnosis requires direct and different observations which generate around the child's behavior (Wilens, 2010). Tools associated with diagnosing ADHD aren't one specific test. Tools used can include a checklist of symptoms that may pertain to the individual, a questionnaire asking about past and present behaviors, as well as some medical exams to rule out other issues that could cause any symptoms resembling ADHD (Brooks, 2017). One specific diagnose tool involves a multimodal assessment in which parents and teachers complete evaluating a child's behavior relating to attentiveness, academics and social functioning (Bhandari, 2018). Specifics information indicated on the assessments include overall academic status to include Academic and Knowledgeable ability as it relates to age appropriateness (Huang, Sun, & Qian, 2016).

When diagnosed with ADHD, you will be placed in one of three subtypes. ADHD Predominantly Inattentive Presentation (ADHD-PI) ADHD Predominantly Hyperactive-Impulsive Presentation (ADHD-PHI) and ADHD Combined Presentation (Inattentive & Hyperactive-Impulsive) (ADHD-C) (American Psychiatric Association, 2013).

Current Popular Treatment Methods

Medication

Obtaining treatment for ADHD is important because it will affect the overall progress positively, enhancing a child's school performance, social interaction and behavior. There are many ways to treat ADHD which includes, therapy, medication, family therapy, parent and teacher education

and play therapy. However, the most practiced forms of treatment include therapy and pharmaceuticals (Danielson, Bitsko, & Ghandour, 2016). The two most used medication methods for treating ADHD are stimulants and non-stimulants medication however stimulant medications are most used because you see quicker results (Rosen, 2018). Family therapy, CBT and group counseling are helpful practices for treating ADHD (Liu & Wang, 2017).

Medication duties are to relax the viewed negative behaviors produced by the disorder.

Medication cannot eliminate features of the disorder and can only work if the medication is taken (Tartakovsky, 2016). Per research finding the right medication with the right dosing will improve symptoms related to ADHD because medication job is to reduce signs (Haggerty, 2018). Medication usages for treating ADHD are often debated but is the most widespread approach to treating ADHD. The advantage of taking medicine for ADHD is; parents can give a child medication for symptoms as less or as often as they want. Where parents may give their child medicine during structured times or activities to help reduce symptoms such as school and on weekends or summer vacations to allow the child to be themselves (Ahmed, McCaffery, & Aslani, 2013). Another advantage is, medication can be used in combination with other methods of treatment or taken alone (Mayo Clinic Staff, 2015). It also serves as a great tool to immediately reduce inattentiveness, hyperactive and impulse behavior when used.

Disadvantages to medications usage are, they do not increase a child's development of the skills needed to produce effectively in academic settings (Magliano, 2015). Another disadvantage is, medication usage is a trial and error situation because the right does and right medication might take time finding.

Stimulants medication is most prescribed because it works fast which the purpose is to boost and balance neurotransmitters to help improve signs and symptoms of inattention and hyperactivity, dramatically (Stannard, 2016). Stimulants job is to help the chemicals in the brain work more effectively to get the child calm enough to start thinking clearer to focus and not be so inattentive (Medicated ADHD: the United States. 2003—2011). Stimulants come in the form of fast-acting extended-release capsules and liquid form (Haggerty, 2018). Some psychostimulants used are methylphenidate, amphetamine, and pemoline, however, the most prescribed stimulants are Ritalin, Concerta, Dexedrine, or Adderall. (Singh, Yeh & Verma, 2015). The concerns regarding stimulant drugs are, unwanted side effects such as insomnia, weight loss, loss of appetite and occasionally ticks and with Adderall specifically, people reported experiencing increased blood pressure and heart rate (WebMd, 2016).

Non-stimulant medication is also used for children with ADHD. Parents usually will choose non-stimulant medication to avoid health-related problems and/or side effects caused by the stimulants. Non-stimulants medications have positive results of being effective but work slower than stimulants and you may not see the result for many weeks to show actual effectiveness (Lakhan, 2012). Some non-stimulant medications used to treat ADHD are atomoxetine, clonidine and guanfacine are known for treating ADHD symptoms successfully (Antshel, Hargrave & Simonescu, 2011). Non-stimulant medication can be taken with or without stimulant medication to aid more ADHD symptoms reduction if one particular med is not doing the job alone (Watkins, 2012).

Therapy

Therapy is also another vital tool for treating ADHD because the disorder assists a deficiency within individual hindering progress in many areas which therapy goal to address behaviors to create change (Essays, 2013). Therapy is proven to assist an individual more efficiently than medication because a child can address learned behaviors associated with the disorder and redirect such behaviors (Boodman, 2016). When using therapy, the most practiced form of therapy is behavior therapy/cognitive-behaviors therapy. However, therapy becomes a family unit tool because changing learned behaviors involve the family developing new skills as well to sustain continuing effects for a child with ADHD (Weblog & Schwartz, 2015).

Interventions

Interventions for a child with ADHD consist of many approaches to include medication management, therapy, social skills and behavior modification which overall becomes a team effort. Per research, it's a good idea to provide alternate treatment ideals, like non-stimulants medications and therapies to coincide with stimulant treatment to aid an individual with ADHD because medication is not the cure-all and with limited effective results being displayed on meds alone, combine interventions can increase successful outcomes (Gajria, Sikirica, & Greven, 2014). When viewing interventions for children with ADHD, it's important to have more than one approach to address all areas of struggle, implemented in a setting in which the discrepancies are viewed the most, being home and school. The areas of struggles, which causes many discrepancies are mostly seen in areas of behavioral, social and academic enactment. Also, combined approaches to create intervention measures need to be considered to increase

successful outcomes because with limited intervention measures can cause many defects which are carried into adulthood.

In addition to medication management, to address behavioral issues, behavior modification used in the school setting, but mirrored at home can decrease labels which will help the teacher and parents focus on the issues caused by ADHD features (American Academy of Pediatrics, 2015). Behavior interventions include cognitive strategy training which is a good tool for teachers to help a child with instructions to monitor themselves which teaches children to become more self-conscious about what they are doing and what they should do (McCallum, Krohn, & Skinner, 2010). This form of intervention will also help a child stay on task because behavior modification act as a reward system which intent is to increase a child with ADHD self-esteem. (Eiraldi, Mautone, & Power, 2012).

Another intervention technique is training programs, for teachers and parents. Members involved in a child's life with ADHD should be knowledgeable about the disorder and understand ADHD to aid success. A training program can help parents identify and control unwanted behaviors, boost self-esteem and constitute appropriate discipline when needed to decrease a frustrating atmosphere. According to Teiner (2014), such training can help teachers especially, create a better seating chart, reward systems, create learning games and overall understand the symptoms of the disorder (Michael, Gilbert, Frye & Rodden, 2018). When viewed from a home setting, parents and family members can learn how to overlook mild behavior and practice more reward systems to help parents become more patience and learn how to redirect (Piffner, 2011). Teachers can also have learned stimulation activities to use with children with ADHD to help them stay tentative when working on a task in the classroom. With

the information used in the training, teacher and parents can work together to techniques to modify behaviors and increase academic success. Teacher training is useful because a teacher can learn measures to use the school setting when helping a child with ADHD address their behavior and limit their frustration when working on academics related materials (Majko, 2017).

Another approach to add education and training to come up with goals to aid a child is creating an individual success plan (IEP). An individual success plan is the best way to make sure all noted intervention measures will be practiced. An IEP includes the child, parents, and school which are the key components to making sure the interventions are in place and practiced (Mulvahill, 2018). An IEP provides a concrete message that explains what will and should happen to implement action to take place with any child with a disability.

Therapy/counseling as another form of intervention because although practiced, it's not practiced often nor used much. However, when completing a therapy session, a counselor has options of implementing role-playing, one on one counseling, family counseling and even group counseling (Margolies, 2016). All forms will enhance a child's self-awareness, self-esteem and teaches social skills. Role-playing gives the counselor an idea of how the child interacts with his peers and or handles situations which can also help a child increase social skills because the behaviors will be brought to the child's attention (Lin, 2015). Cognitive-behavioral therapy (CBT) goal is to help a client in understanding thoughts and feelings that influence negative behaviors. CBT is short-term because the focus is to help a person on specific issues to help pinpoint and make adjustment negative behaviors and emotions (Cherry, 2018). There is no guide to help you with finding the best treatment practice to use or which approach to use which

treating the symptoms become trial and error to see which are best practices per the individual (Rodden, 2016).

Barrier

There is a barrier to why appropriate interventions aren't practiced because there are interventions available that are beneficial. According to, *Journal of Attention Disorders*, minority families have limited access to treatment and/or education regarding treatment approaches in a combined effort. (Michigan State University, 2010), Some potential barriers consist of limited education on the disorder and/or ways to address all issues relating to the disorder. Time management, financial reasons (Petersen, 2018). Also, issues of comorbidity disorders and misdiagnosing of the disorder which leaves symptoms not treated properly. Also, already present life stressors limiting family support can cause a barrier to seek appropriate and adequate treatment for children with ADHD (Young, 2014). The most effective barrier, however, is classroom setting and home setting which team approaches to treatment become very beneficial. However, more education about the disorder, as well as an explanation of other approaches to use to treat all symptoms of the disorder other than medicine, is vital to helping a child ADHD create a brighter future.

Chapter 3: Conclusions and Recommendations

ADHD is a mental health disorder which characteristics of the disorder can interfere with an individual's ability to achieve academically and socially. This is especially true if they do not have the proper interventions to provide adequate support. The deficiencies a child with ADHD has, are causing the child to be labeled as having behavioral issues, which becomes the main focus rather than addressing all areas of struggle. A child with ADHD can further aggravate the life stressor the family unit may be experiencing, due to the labels and overall frustrations of not knowing how to deal with their child which can cause negative responses from the child's parent leaving the child to feel alone. Therefore, seeking effective intervention techniques to treat the symptoms of ADHD, is essential to help a child be more successful in school, home, and community as a whole. Finding the appropriate intervention techniques can redirect a child's and family units, discouraged mentality, and attribute to social acceptance, academics success rates and strengthen the family unit.

Although there are current treatments for ADHD in practice, it is not doing the job to decrease labels, academic failure and other mental health-related disorders that may be associated with the disorder. Also, the most effective and best practice to treat any mental illness for an individual consists of more than one approach. Research states, about seven of ten children who received at least two of the three forms of treatment to include, medicine, school support, or some type of psychosocial treatment increased school performance (Haggerty, 2018). Therefore, learning which combined treatment approaches, starting in elementary school, need to be considered and practiced increasing a child's behavior, social skills, and academic skills involving all parties in a child's life. Overall, the goal of this research is to increase academic and

social outcomes, reduce labels, decrease mental health disorders associated with the disorder, and decrease added pressure to the family unit. When treating the disorder with the appropriate effective techniques, best practiced becoming combined approaches. Researching and putting to practice, combined approaches that are cost-efficient, realistic and can work collaborate, can enhance social skills, academics and behaviors. Such combined approaches can further assist a child with ADHD with positive outcomes as they get older.

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