



Family &
Community Services
Community Services



METRO WEST TRIPLE P

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Your Triple P
Practitioner
Support Worker

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our upcoming
training at:

www.fwtdp.org.au

Dear Practitioner,

Welcome to the December 2017 edition of our Triple P Newsletter.

In this edition we will continue to explore challenging behaviours in children. This issue will discuss Attention Deficit Hyperactivity Disorder (ADHD) and strategies to manage these behaviours.

There are important dates for your diaries,

Our next Triple P Facilitator's will be:

Date: 7th March, 2018

Location: LEAD Training Room, Seven Hills (Previously FWT+DP)

Suite 10, 197 Prospect Hwy, Seven Hills

RSVP: 28th February 2018 to Nicole on nicolec@fwtdp.org.au

Please save the date and enjoy this issue of "Metro West Triple P Practitioner News".



Empowering Parents Now and for the Future—

the Importance of Targeting Earlier Intervention

22nd & 23rd May 2018

Park Royal, Parramatta

Empowering Parents Now and for the Future aims to inform, share successful and new strategies and encourage collaborative work practices to enhance practitioners' ability to provide support to local families—and need the expectations of funding bodies.

The community sector is undergoing significant change including the roll out of the NSW Department of Family and Community Services 'Targeted Earlier Intervention' (TEI) strategy. The TEI focus is on outcomes for vulnerable groups. The state-wide priorities: children 0-3 years, Aboriginal families and young parents with additional local priorities by each region. FACS will be presenting on this topic and workshops will feature speakers/topics to address these and other priorities identified by the sector.

Challenging behaviours—Attention Deficit Hyperactivity Disorder (ADHD)

What is ADHD?

Attention-deficit hyperactivity disorder (ADHD) is a chronic neurodevelopmental disorder affecting⁴ 9.5% of school aged children affected in Australia and New Zealand.³ Boys are about three times more likely than girls to be diagnosed with it, though it's not yet understood why.²

Behaviour is affected in ADHD due to imbalances of the neurotransmitters dopamine and noradrenalin which affects the executive functions of the prefrontal cortex of the brain – the area of the brain involved in planning complex cognitive behaviours, personal expression, decision making and moderating social behaviour.³

Causes²

ADHD is **not** caused by poor parenting, too much sugar, or vaccines.

ADHD has biological origins that aren't yet clearly understood. No single cause has been identified, but researchers are exploring a number of possible genetic and environmental links. Studies have shown that many kids with ADHD have a close relative who also has the disorder. Although experts are unsure whether this is a cause of the disorder, they have found that certain areas of the brain are about 5% to 10% smaller in size and activity in kids with ADHD. Chemical changes in the brain also have been found.²

Symptoms⁴

Typically, ADHD symptoms arise in early childhood. According to the DSM-5, several symptoms are required to be present before the age of 12. Many parents report excessive motor activity during the toddler years, but ADHD symptoms can be hard to distinguish from the impulsivity, inattentiveness and active behaviour that is typical for kids under the age of four. In making the diagnosis, children should have six or more symptoms of the disorder present; adolescents 17 and older and adults should have at least five of the symptoms present. The DSM-5 lists three presentations of ADHD—Predominantly Inattentive, Hyperactive-Impulsive and Combined. The symptoms for each are adapted and summarized below.

ADHD predominantly inattentive presentation⁴

- Fails to give close attention to details or makes careless mistakes
- Has difficulty sustaining attention
- Does not appear to listen
- Struggles to follow through with instructions
- Has difficulty with organization
- Avoids or dislikes tasks requiring sustained mental effort
- Loses things
- Is easily distracted
- Is forgetful in daily activities



ADHD predominantly hyperactive-impulsive presentation⁴

- Fidgets with hands or feet or squirms in chair
- Has difficulty remaining seated
- Runs about or climbs excessively in children; extreme restlessness in adults
- Difficulty engaging in activities quietly
- Acts as if driven by a motor; adults will often feel inside as if they are driven by a motor
- Talks excessively
- Blurts out answers before questions have been completed
- Difficulty waiting or taking turns Interrupts or intrudes upon others

Challenging behaviours—Attention Deficit Hyperactivity Disorder (ADHD)

ADHD combined presentation⁴

The individual meets the criteria for both inattention and hyperactive-impulsive ADHD presentations. These symptoms can change over time, so children may fit different presentations as they get older.

Managing ADHD

The very nature of ADHD implies that the child will have difficulty with self-control, paying attention, listening to instructions at home and school, and following directions. Some children seem to be predisposed to develop behaviour problems by their temperament; however, the symptoms of ADHD—including hyperactivity, impulsivity or inattention—seem to exacerbate these negative behaviours. Managing these negative behaviours often becomes a full-time job for parents.¹

There are three main ways to help manage ADHD in children: behavioural strategies, including strategies for the classroom and for promoting good sleep, diet and exercise habits; medication or a combination of both.⁵

Behavioural strategies⁵

Behavioural strategies focus on increasing the child's appropriate behaviours and decreasing the inappropriate, disruptive ones.

- Help the child to follow *verbal instructions* by: keeping instructions clear and brief, and limiting the number of steps involved in tasks maintaining eye contact with child; asking child to repeat instructions back to you to make sure they have understood.
- *Reduce over-activity and fatigue* by: providing healthy food options for sustained energy and concentration building rest breaks into activities; alternating learning tasks, such as reading or homework, with brief stretches of physical exercise; keeping handy a few fun but low-key activities – the child can do these if they starts to become over-excited; helping the child keep regular sleep and wake times for adequate rest and recuperation.
- Keep changes in routine to a minimum. Help the child know what to expect by: letting them know in advance about changes.
- Help the child develop *social skills* by: rewarding him for positive behaviours such as sharing and being gentle with others; teaching him strategies to use if provoked by another child, such as walking away or talking to a teacher; reminding him about the consequences of certain actions. A short prompt such as 'stop, think, do' will help him learn to monitor his own behaviour.
- *Praise and encourage* your child by: introducing activities where they will experience success acknowledging successes, even small ones at first. Bigger successes can be celebrated with special items such as notes or certificates reviewing the child's accomplishments at the end of the day. Talk through things they might have had trouble with.
- Specific strategies that can be used in the classroom include: offering one-on-one assistance whenever possible assigning a 'buddy' to help provide guidance and direction, planning the classroom setting so that children with special needs can be seated near the front of the room and away from distractions keeping daily activities as 'routine' or predictable as possible, making a visual checklist of tasks that need to be completed, scheduling more difficult learning tasks at the best times for concentrating (usually in the mornings), allowing some extra time to complete assigned tasks.



LEAD
PROFESSIONAL
DEVELOPMENT
ASSOCIATION
INC

For over thirty years Family Worker Training & Development Programme Incorporated has been facilitating high quality Professional Development and sector capacity building in the Family Support sector.

With a recent move to new premises it was time for a new name and new look.

We asked you, our members and stakeholders, for your suggestions for a new name.

Thanks to those who contributed to our “Name our Organisation” competition, we really appreciated your ideas and suggestions.

Congratulations to:

**Kathryn C, Deidre I, Janelle R, Natalie S, Joanne E, Jeanette R, Sarah C
and Kim W.**

Your discount vouchers, which can be used towards any of our upcoming workshops in the next 12 months, will be emailed directly to you.

Over the next few weeks we will be gradually transitioning to our new name and branding. Our new website is under construction, as are our rebranded forms, brochures, flyers, calendars, business cards.....you get it.

Please bear with us as we make these changes;
our aim is to make it a seamless process for you.

While our contemporary new look brings us into the ‘now’, what WON'T change is our commitment to provide evidence-based, outcomes-focused Professional Development opportunities that are cost-effective and available locally, to individuals and organisations who work so hard to support the vulnerable children, youth and families in our communities.

**LEAD Professional Development:
Empowering you to make a difference!**

References

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3. <https://mindd.org/conditions/add-adhd/>
4. <http://www.chadd.org/Understanding-ADHD/About-ADHD.aspx>
5. http://www.imagineeducation.com.au/files/CHC30113/Managing_20ADHD_Raising_20Children_20Network.pdf