

ADULT ATTENTION DEFICIT DISORDERS INTERVENTION MANUAL

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I. Introduction

Far too often the specific behaviors, deficiencies, or needs, which contribute to the diagnosis of persons as Attention-Deficit/Hyperactivity Disordered, are not translated into areas of treatment/ intervention emphasis. Because assessment of behavior problems should go beyond the point of identification for the purpose of providing an appropriate intervention program and should lead to behavioral improvement, the *Adult Attention Deficit Disorders Evaluation Scale (A-ADDES)-Work, Home, or Self-Report Version* and the *Adult Attention Deficit Disorders Intervention Manual (A-ADDIM)* were developed. Together the **A-ADDES** and the **A-ADDIM** contribute to the identification of goals, objectives, and interventions to enhance client/patient success in the work/school and home environments.

The intention is for the **A-ADDES** to provide meaningful assessment in the work/school and home environments as well as program development information which can be matched to the needs of each individual identified as Attention-Deficit/Hyperactivity Disordered. The **A-ADDES** becomes a guide to identifying intervention needs for the individual. Once the specific behaviors which are exhibited are identified, individualized behavioral strategies for the client/patient are planned in order to provide the appropriate success experiences.

The **A-ADDES** items are used to identify goal statements and objectives. As behaviors on the scale are identified as problem areas in a cluster pattern (i.e., Inattentive and Hyperactive-Impulsive Subscales), that area of need can serve

as a *goal statement* (e.g., William will improve attentive behavior.). Specific behaviors which are identified can be used as *behavioral objectives* (e.g., William will complete one activity before beginning another activity.). Then appropriate *interventions* (e.g., Perform one task or chore at a time. Give yourself ample time to complete it.) can be chosen according to each specific behavior recognized as an area of difficulty for the individual.

With hundreds of recommended behavioral interventions, professionals can use the **A-ADDIM**, along with the client/patient, to identify those activities most appropriate for that person and develop a program of behavioral interventions accordingly. The **A-ADDIM** provides specific intervention strategies designed to enhance the attainment of the goals identified from the **A-ADDES**. This process provides an intervention program based on the client/patient's need for success.

The Author deeply appreciates the contributions of the following individuals in the development of the *Adult Attention Deficit Disorders Intervention Manual*: David Ehrler, John Lestingi, and Angela M. Bauer who provided the foundation for the development of the **A-ADDIM**. Mary Kay Murphy and Jeanie Millard who spent countless hours patiently typing drafts and revisions of the manual. And, last but not least, a special thanks to Susan S. Kurtz whose patience, persistence, and input were invaluable in the completion of this project.

The **A-ADDIM** is dedicated to the memory of Stephen B. McCarney whose vision and insight made so many things possible.

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II. Using the *Adult Attention Deficit Disorders Intervention Manual* in conjunction with the *Adult Attention Deficit Disorders Evaluation Scale*

NOTE: If the **Adult Attention Deficit Disorders Intervention Manual** is not being used in conjunction with the **Adult Attention Deficit Disorders Evaluation Scale-Work, Home, or Self-Report Version**, the following procedural steps need not be followed.

- Step 1: The client/patient is rated with the **Work, Home, or Self-Report Version** of the **Adult Attention Deficit Disorders Evaluation Scale**.
- Step 2: Conversions of raw scores on the **Adult Attention Deficit Disorders Evaluation Scale** are made, subscale scores and percentile scores are determined, and the **Adult Attention Deficit Disorders Evaluation Scale Profile Sheet** is completed.
- Step 3: Determine on which of the characteristics (subscales) the client/patient scores one or more standard deviations below the mean (subscale score of 6 or below).
- Step 4: Under each of those characteristics (subscales) on which the client/patient scored one or more standard deviations below the mean, determine which behaviors constitute primary concern in the work and home environments (the behaviors with the highest raw scores).
- Step 5: Determine goals and objectives from the rating scale items which represent each behavior indicated as a primary concern on the **Adult Attention Deficit Disorders Evaluation Scale**.
- Step 6: Determine those interventions from the **Adult Attention Deficit Disorders Intervention Manual** which are most appropriate in facilitating the client/patient's success in meeting the goals and objectives chosen in Step 5.
- Step 7: If there are any behaviors which are of concern on a subscale other than the ones with scores one or more standard deviations below the mean; goals, objectives, and interventions should be selected and written for those behaviors as well.
- Step 8: Share those goals, objectives, and intervention strategies selected for the client/patient with all personnel involved in the client/patient's intervention program.

III. Interventions

1 Difficulty waiting turn at home and at work

1. Learn to verbalize your feelings before losing control (e.g., “I’m getting tired of waiting.” “I’m getting bored standing here.” etc.).

2. Distinguish between your wants and needs. Consult with a supervisor, co-worker, relative, friend, etc. about alternative ways to have your needs met.

3. Make it a habit to write down alternative activities and then choose one of those activities when feeling impulsive.

4. Reduce impatience in order to increase work productivity and general happiness.

5. Analyze daily, weekly, and monthly tasks at home and at work. Determine which tasks stimulate impatience. Organize activities so that a pleasurable activity follows one that stimulates impatience.

6. Allow yourself to complete the activity before moving on to the next activity.

7. Practice self-control activities designed to allow you to gain composure before continuing an activity (e.g., placing hands on desk, sitting with feet on the floor, making eye contact with the person who is talking, etc.).

8. Reduce the emphasis on competition. Competitive activities may cause you to become anxious and impatient.

9. Realize that all behavior has negative or positive consequences. Practice behaviors that will lead to positive consequences.

10. Remind yourself not to interrupt others before a conversation, meeting, etc. begins.

11. Have a supervisor, co-worker, relative, friend, etc. cue you when you attempt to begin activities before receiving directions (e.g., The person can touch your arm as a signal that you need to receive directions.).

12. Enlist different people (e.g., supervisor, co-worker, relative, friend, etc.) to reinforce you when you demonstrate patience.

13. Save items for discussion for the weekly staff/family meetings.

14. Monitor and maintain awareness of your impatient behavior. For immediate control: stop, count to 10 using slow deep breaths, and tell yourself to relax. If needed, remove yourself from the situation.

15. Reward yourself for demonstrating patience. Do not reward yourself for something you should do anyway.

16. Practice self-control activities designed to allow you to gain composure before continuing an activity (e.g., placing hands on desk, sitting with feet on the floor, making eye contact with the person who is talking, etc.).

17. Practice self-control activities designed to allow you to gain composure before continuing an activity (e.g., placing hands on desk, sitting with feet on the floor, making eye contact with the person who is talking, etc.).

18. Avoid situations with others who are impatient or have difficulty waiting their turn (e.g., ordering in restaurants, holiday shopping, weekends at amusement parks).

19. Change your schedule to avoid situations which stimulate impatience (e.g., Leave for work earlier to avoid traffic; go to lunch earlier/later to avoid the rush, etc.).

20. Go to a designated area when you become impatient with a situation (e.g., restroom, office, hallway, etc.).

21. Identify the situations in which you are most impatient. After you have identified these situations, think of ways to minimize their occurrences.

**SAMPLE
Adult Attention Deficit Disorder
Intervention Manual**