

EARLY CHILDHOOD ATTENTION DEFICIT DISORDERS INTERVENTION MANUAL

Goals, Objectives, and Intervention Strategies

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I. Introduction

The *Early Childhood Attention Deficit Disorders Intervention Manual* was developed after repeated requests from educators for a “strategies guide” to better meet the needs of very young children with Attention-Deficit/Hyperactivity Disorder in our schools today.

The goals and objectives in this manual were developed to serve as samples which may be used in writing IEPs, 504 Plans, or other intervention programs. Criteria for measuring the success of the child’s attainment of the goals and objectives must be determined by those professional educators and parents who are aware of the child’s current abilities and program recommendations.

The interventions in Section III address behaviors associated with Attention-Deficit/Hyperactivity Disorder and correspond with the goals and objectives. The interventions should serve as a guide for program development or change for any child in need of improvement. Interventions may be chosen by a team of professionals, a special educator, or a regular education teacher. Professional judgment should dictate the choice of interventions for any particular child. The child’s age, gender, and grade level are all to be considered in selecting appropriate intervention procedures. The interventions have been found appropriate for special education as well as regular education classroom environments.

The expectation is that the appropriate interventions will be selected, agreed upon, and consistently used by all instructional personnel working with the child. Use of the same interventions by all educators in all settings greatly facilitates the likelihood of the child’s success in the educational environment.

To respond to the broad spectrum of implications related to behavior problems, the interventions contained in this manual are designed to represent solutions which are both preventive and reactive. Preventive interventions are environmental modifications used to reduce variables which may stimulate problem behavior. Such variables would be the amount of noise, movement, or another child who may prove particularly stimulating. Reactive interventions “teach” the child more appropriate ways to deal with his/her

Attention-Deficit/Hyperactivity Disorder. These strategies include increased self-control, problem-solving skills, etc.

Some interventions in this manual apply to most children and should be considered first to provide a more general approach to Attention-Deficit/Hyperactivity Disorder. Other interventions are more specific and should be individually selected for children based on the appropriateness of the intervention to the specific problem the child exhibits.

For any behavior problem exhibited by children, it will be of value to assess the extent to which institutional variables influence the behavior and possibly contribute to the problem. Limited supervision in play areas, hallways, and during extracurricular activities, as well as arbitrary groupings and seating arrangements, are often examples of factors which are inherent in the institutional structure and often contribute to problem behavior. As a first step in improving a situation, these institutional variables should be evaluated and acted upon to reduce the influence of variables which result in unsuccessful or inappropriate behavior.

We understand that additional forms of intervention (i.e., medication) are appropriate and often necessary for the management of Attention-Deficit/Hyperactivity Disorder. This manual was designed to assist those other treatment methods by providing educators and other care givers with intervention strategies which will prevent much Attention-Deficit/Hyperactivity behavior and facilitate the child’s success by teaching the child to manage his/her own behavior.

The accompanying *Parent’s Guide to Early Childhood Attention Deficit Disorders* was developed using the same format as this manual to be used by parents in meeting the behavioral needs of their child in the home. We hope the parent’s manual will meet the same need in the homes of our children with Attention-Deficit/Hyperactivity Disorders as the school version does in the educational environment.

S.B.M.
N.W.J.

II. Using the *Early Childhood Attention Deficit Disorders Intervention Manual* in Conjunction with the *Early Childhood Attention Deficit Disorders Evaluation Scale*

Note: If the *Early Childhood Attention Deficit Disorders Intervention Manual* is not being used in conjunction with the *Early Childhood Attention Deficit Disorders Evaluation Scale*, the following procedural steps need not be followed.

Step 1: The child is rated with the School Version of the *Early Childhood Attention Deficit Disorders Evaluation Scale*.

Step 2: Conversions of raw scores on the *Early Childhood Attention Deficit Disorders Evaluation Scale* are made, Subscale Standard Scores and Percentile Scores are determined, and the *Early Childhood Attention Deficit Disorders Evaluation Scale* Profile section is completed.

Step 3: Determine on which of the two characteristics (subscales) the child scores one or two standard deviations below the mean (subscale score below 7).

Step 4: Under each of those characteristics (subscales) on which the child scores one or two standard deviations below the mean, determine which behaviors constitute primary concern in the educational environment (the behaviors with the highest raw scores).

Step 5: Find Goals and Objectives from the *Early Childhood Attention Deficit Disorders Intervention Manual* which represent each behavior indicated as a primary concern on the *Early Childhood Attention Deficit Disorders Evaluation Scale*.

Step 6: Determine those interventions from the *Early Childhood Attention Deficit Disorders Intervention Manual* which are most appropriate in facilitating the child's success and meeting the Goals and Objectives chosen in Step 5.

Step 7: If there are any behaviors which are of concern on subscales other than those subscales with scores one or two 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 child with all personnel involved in the child's educational program.

Step 9: Regular and special education teachers should implement those intervention strategies selected to be most successful with the child. The child's progress should be monitored and regular consultation with parents and other educators should be conducted to evaluate the child's success.

Reminder: It is not necessary to use the Goals and Objectives in this manual; Interventions may be implemented from ratings obtained from the *Early Childhood Attention Deficit Disorders Evaluation Scale* or from observations of the child's behavior.

III. Goals, Objectives, and Interventions

1 Rushes through activities with little or no regard to accuracy or quality

Goals:

1. The child will improve the accuracy of activity work.
2. The child will improve the quality of activity work.

Objectives:

1. The child will perform activities with _____% accuracy.
2. The child will check outcome of the activity with teacher prior to moving to next activity.
3. The child will redo an activity if deemed necessary after meeting with the teacher.

Interventions:

1. Supervise the child while he/she is performing activities to monitor accuracy and quality.
2. Provide the child with clearly stated criteria for acceptable work.
3. Reinforce the child for improving the accuracy and quality of his/her work based on ability. As the child demonstrates success, gradually increase the amount of improvement expected for reinforcement.
4. Interact frequently with the child to monitor task performance.
5. Assess quality and clarity of directions, explanations, and instructions given to the child.
6. Make certain that all educators who work with the child maintain consistent expectations of accuracy and quality.
7. Have the child question any directions, explanations, and instructions not understood.
8. Assess the child's performance in a variety of ways (e.g., have the child give verbal explanations, simulations, physical demonstrations, etc.).
9. Structure the environment to provide the child with increased opportunities for help or assistance on activities.

10. Recognize accuracy and quality (e.g., display the child's work, congratulate the child, etc.).

11. Communicate with parents (e.g., notes home, phone calls, etc.) to share information concerning the child's progress. The parents may reinforce the child at home for improving the quality of work at school.

12. Deliver reinforcement for any and all measures of improvement.

13. Mastery should not be expected too soon after introducing new information, skills, etc.

14. Build varying degrees of difficulty into activities to ensure the child's self-confidence and at the same time provide a challenge (e.g., easier problems are intermingled with problems designed to measure knowledge gained).

15. Teach the child direction-following skills: (a) listen carefully, (b) ask questions, (c) use environmental cues, (d) rely on examples provided, etc.

16. Provide the child with additional time to perform activities to achieve increased accuracy and quality.

17. Provide the child with evaluative feedback for activities completed (i.e., identify what the child did successfully, what errors were made, and what should be done to correct the errors).