Instructor’s Manual for

CLASSROOM INTERVENTIONS FOR ADHD

with
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and GARY STONER, Ph.D

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with George J. DuPaul, PhD and Gary Stoner, PhD
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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during the video and post-viewing.

2. STEP-BY-STEP DISCUSSION QUESTIONS
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions provide ideas about key points that can stimulate rich discussions and learning.

3. LET IT FLOW
Allow the video to play out some so viewers can appreciate the work over time instead of stopping the video too often. It is best to watch the video in its entirety since issues untouched in earlier parts often play out later. Encourage viewers to voice their opinions; no strategy is perfect! What do viewers think works and does not work in this approach? We learn as much from our mistakes as our successes and it is crucial for students and therapists to develop the ability to effectively critique a variety of approaches and methods.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Suggestions for Further Readings and Websites prior to viewing. You can also time the video to coincide with other course or training materials on related topics.

5. ASSIGN A REACTION PAPER
See suggestions in Reaction Paper section.

6. WATCH THE SERIES
This video is the second in a two-part series portraying effective approaches to assessing and treating ADHD in a school setting. The two videos together present a complete picture, demonstrating the
process from beginning to end. By showing both of the videos in the series, you give viewers the opportunity to increase their skills and understanding in the following areas: identifying indicators that an ADHD assessment is warranted; facilitating collaboration between school personnel and mental health specialists to conduct a thorough assessment; and designing and applying appropriate interventions in the classroom to help children be successful in school.

*Key Aspects of this Classroom Interventions Model:* Once a proper assessment has been done and a child’s behavior problems have been identified as part of the ADHD diagnosis, the multidisciplinary team works together to customize interventions. Based on the unique needs of the child, individual and class-wide strategies are designed to prevent the occurrence of problem behaviors, and to respond to both appropriate and problem behaviors when they do happen. Classroom teachers implement the techniques developed by the team, and then report back on progress so that the team as a whole can modify and strengthen interventions as needed.

7. PERSPECTIVE ON THE VIDEO,
THE CLINICIANS AND THE EDUCATIONAL TEAM

Interviews and interventions portrayed in videos are less off-the-cuff than they are in practice. Clinicians or clients in videos may be nervous, putting their best foot forward, or trying to show mistakes and how to deal with them. Clinicians may also move more quickly than is typical in everyday practice to demonstrate a technique. The personal style of a clinician is often as important as their techniques and theories. Thus, while we can certainly pick up ideas from master clinicians, participants must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

*A NOTE ON PRIVACY AND CONFIDENTIALITY*

Because this video is based on the lives of real people, please take care to protect the privacy and confidentiality of those who have courageously shared their lives with us.
Step-by-Step Discussion Questions

Professors, training directors and facilitators may use a few or all of these discussion questions keyed to certain elements of the video or those issues most relevant to the viewers.

KEYS TO SUCCESSFUL INTERVENTIONS

1. **Self-Regulation:** What do we mean when we talk about self-regulation? When kids do well in the classroom, what are they doing to control themselves so well? Do you agree with Russell Barkley’s assessment that self-regulation is the key to understanding how to intervene and help kids with attention problems? Why or why not?

2. **Motivation and Drive:** How do you react to Barkley’s statement that ADHD students are dependent on the environment for their motivation and their drive? Does this ring true for you? If you agree, how does that affect your thinking about ADHD and the role of the classroom environment? If you don’t, how would you change the statement for it to make more sense to you?

3. **Skills vs. Behavior:** Barkley identifies ADHD not as a lack of knowledge or skills, but rather a problem of implementation. If we think about ADHD as making it hard for children to put the knowledge and skills they possess into place at the appropriate times, how does that impact your overall thinking about ADHD? What new thoughts or directions does this perspective open up for you?

4. **Good Teaching Strategies:** What might you say to reluctant school personnel to bring them around to the idea of addressing ADHD behaviors in the classroom? How would you address concerns teachers might have about rewarding ADHD students at the expense of rewarding students who are internally motivated and attentive?
5. **Classwide Interventions:** What do you think about the idea of including the whole class in an ADHD intervention? Besides peer tutoring, what other classwide interventions come to mind for you? What do you see as the plusses and minuses of using this kind of approach?

6. **Diagnosing:** According to DuPaul and Stoner, all students benefit from classwide intervention, not only those diagnosed with ADHD. What does that say to you about the importance of making this diagnosis, or about distinguishing between kids who do and do not have ADHD? In what ways, if any, might it be detrimental to diagnose children in this way?

**PLANNING AND IMPLEMENTATION**

7. **Team Decision-Making:** What do you notice about the way the team works together to develop interventions? Does the team do a good job of addressing the key questions: “What are the behavioral objectives of the intervention plan? What interventions can best achieve these goals?” What are some advantages and challenges of working with this kind of team approach?

8. **Attention:** What do you think about the intervention where Mrs. Baten gives Todd a lot of attention throughout the day, whether or not he does anything in particular that merits her attention? How does the explanation that eventually his need for attention will be saturated this way sit with you? If you were Mrs. Baten, what might some of the challenges of this intervention be for you?
EVALUATION

9. **Teacher Independence:** Do you have any concerns that this kind of team approach would hamper the teacher’s feelings of independence in the classroom? With this question in mind, how might you have facilitated the evaluation meeting differently if you had been involved? If you were working with a teacher in a school setting, how might you talk with the teacher about these issues to increase their buy-in and commitment to working with Todd in this way?

10. **Your Evaluation:** Do you think these interventions will be effective with Todd? How do you think Todd or other kids might feel about these classroom interventions? How might you feel if you were Todd? What would you do differently if you were his teacher?
Reaction Paper for Classes and Training

• **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.

• **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards, or use the questions as a way to approach the discussion. Respond to each question below.

• **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about classroom interventions for ADHD from this video? What stands out in how these specialists work?

2. **What I found most helpful:** What was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think in a new way?

3. **What does not make sense:** What principles/techniques/strategies did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working? Explore these questions.

4. **How I would do it differently:** What might you have done differently than the multidisciplinary team at the school did in the video? Be specific in what different approaches, strategies and techniques you might have applied.

5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the video? Other comments, thoughts or feelings?
Suggestions for Further Readings, Websites and Videos

BOOKS


WEB RESOURCES

George J. DuPaul, on the faculty of Lehigh University
 www.lehigh.edu

Gary Stoner, on the faculty of the University of Rhode Island
 www.uri.edu

Russell Barkley’s website
 www.russellbarkley.org

Children and Adults with ADHD (CHADD)
 www.chadd.org

Curriculum Associates, publishers of The Skills for School Success curricula
 www.curriculumassociates.com

Gordon Systems, Inc., distributors of The Attention Training System
 www.gsi-add.com

The Juniper Garden’s Children’s Project, for information on Class Wide Peer Tutoring
 www.jgcp.ku.edu

National Resource Center for ADHD
 www.help4ADHD.org
RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Classroom Interventions for ADHD

–George J. DuPaul, PhD & Gary Stoner, PhD

Connecting with Our Kids: Communication that Promotes Closeness & Confidence

–George Papageorge, MFT

Adlerian Parent Consultation

–Jon Carlson, PsyD, EdD

Psychotherapy with Medically Ill Children

–Gerald Koocher, PhD

Narrative Therapy with Children

–Stephen Madigan, PhD

Cognitive-Behavioral Child Therapy

–Bruce Masek, PhD

Solution-Focused Child Therapy

–John J. Murphy, PhD
REVIEW OF ASSESSMENT

Gary Stoner, PhD, Commentary: Todd, nine years old, and a third grader at Sheridan Elementary School in Allentown, Pennsylvania, has great difficulty paying attention and following instructions in class. He is easily distracted, especially during independent work periods, and routinely has trouble completing his assignments. He often becomes disruptive, gets out of his seat, and calls out in class. His teacher, Anita Baten, has been struggling with Todd all year, with little success.

Anita Baten, BS: Todd, why did you get up out of your seat?

Stoner Commentary: Finally, after trying everything she could think of, she asked the school psychologist, Amelia Lopez, to help her figure out what was going on with Todd.

After a screening process suggested that Attention Deficit Hyperactivity Disorder, or ADHD, might explain Todd’s behavior, Amelia Lopez carried out a multi-method assessment in collaboration with Michele Ryan, the instructional support teacher, Anita Baten, and Todd’s parents. At Sheridan, the instructional support teacher provides assistance to those students experiencing academic or behavioral difficulties.

This assessment consisted of a thorough evaluation of Todd’s difficulties from multiple vantage points, over time and across several settings. The findings from this assessment were discussed in a multi-disciplinary team. At Sheridan Elementary, this team is responsible for carrying out assessments of students who are referred for special problems and planning interventions for them.

The team found that Todd’s symptoms did seem to stem from ADHD. The team, again, contacted Todd’s parents and they took Todd to his pediatrician, who concurred with a diagnosis of ADHD and started Todd on an appropriate medication.
Stimulant medications such as Ritalin often are an essential component of ADHD treatment. However, medication is only one component of an effective intervention. The instructional support team now faces the task of designing, implementing, and evaluating a school-based intervention plan that will help promote Todd’s success in the classroom.

Amelia Lopez, MEd: In terms of what I like to do, I like to do a very thorough assessment because that’s what’s going to guide what I’m going to do later on in terms of recommending interventions.

Stoner: I’m Gary Stoner.

George DuPaul, PhD: And I’m George DuPaul.

Stoner: We’ve been working together for more than 15 years in the area of ADHD.

In a companion video [Assessing ADHD in the Schools], we illustrate the step-by-step school-based assessment process that resulted in Todd’s diagnosis of ADHD.

Screening

- Multimethod Assessment
- Interpretation of Results

In this video, we will demonstrate specific classroom interventions that have been shown to be effective in helping students with problems similar to Todd’s.

KEYS TO SUCCESSFUL INTERVENTION

DuPaul Commentary: But, before we proceed, we recently had the chance to meet with our colleague, Dr. Russell Barkley, a leading authority on ADHD, to discuss the keys to successful school-based support for the student with ADHD.

Russell Barkley, PhD: If you think of ADHD as a problem with the ability to control your own behavior, self-regulation, it leads to the next question of: What is self-regulation? What are the components of self-regulation? What are normal students doing that they’re able to control themselves so well?
What teachers ought to be amazed by is the fact that most children sit, follow rules, listen when spoken to, get their work done, get along and cooperate with other children. That’s the miracle of the classroom—is how you can get so many individuals to cooperate so well. And I think that’s a key as to what’s going wrong with these children, and how we might help them.

DuPaul: I think that, with some of the recent publications that you’ve had in terms of the theory of ADHD as an inability to delay responding, talking with school personnel about that, I think that that really strikes a chord with them. I think that, really, it helps to explain some of the behaviors of the kids that they see in their classrooms.

I’m just wondering if you could talk for a minute about what some of the treatment implications—in particular, for a classroom setting—that your theory would pose for educators?

Barkley: We know that ADHD students are dependent on the environment for their motivation and their drive. Teachers can put motivational things at the point of performance through the use of tokens and points and praise and rewards. But it has to be something that is tangible, and that’s done right there and then to help motivate that student. Because the inner motivation is lacking in that student.

But it’s important for teachers to understand that ADHD is not a “skill deficit”. It’s not that they don’t know what to do. It’s that they can’t do what they know. ADHD is not a disorder of how. It’s a disorder of when and where. They know it, but they don’t put it in play at that point of performance, where they could have done it. It’s as if the disorder has cleaved their knowledge from their behavior in performance. It separated their IQ from how they act. So that it doesn’t matter what they know. They don’t do it when they should be doing it to their advantage. And that’s an important idea. It means that ADHD is a performance problem, not a knowledge problem.

DuPaul: If you look at the kids with ADHD who are successful in the classroom, those…the motivation has to be that the motivational systems, the structure to the classroom, have to be there.

Barkley: Indeed. Because teachers often say to us, “Why should I do it
for them when I don’t do it for the normal students in the classroom?” And we’re trying to get them to come up with more salient rewards, more often, more meaningful rewards, for this individual. And teachers see it as: you’re rewarding the wrong student for the wrong thing.

**DuPaul:** Right.

**Stoner:** Sure.

**Barkley:** Whereas, if they understand that intrinsic motivation cannot be generated very well by these children, that they depend on external motivation for their ambition and their persistence and their drive, then teachers realize, “Well, that’s why I have to do it for them—because they aren’t able to do this on their own.” And it really isn’t a matter of: they won’t do it. It’s a matter of they can’t do it.

**DuPaul:** Exactly.

**Barkley:** Well, how do you deal with that, Gary? When you go into the classroom, and the teachers say that, this student, of any student, doesn’t deserve to be rewarded because they’re not meeting the same expectations as the other students. How do you get around that kind of philosophical dilemma?

**Stoner:** Well, typically, I think… I try to rely on several different strategies and try and understand which ones might work with a particular teacher and classroom that I’m working in.

But I try to, in part, help teachers to think about proactive strategies and reactive strategies—proactive, more typically, involving the whole class, so that we’re not only talking about singling out a particular student. And these strategies might involve things such as re-teaching one’s classroom rules to the entire group of students, for a few minutes each day, for a week or so, and kind of refocusing the kids on: what are we expecting in this classroom relative to the student’s behavior?

A second strategy that involves all the kids might be something like class-wide peer tutoring in a subject area where more than one child might be experiencing difficulty, such as mathematics or spelling, or something like that. The teachers can be helpful, to, in particular, a child with ADHD. But, in general, the whole class is likely to be benefiting from that strategy.
Barkley: So, these are just good teaching strategies.

Stoner: Sure.

Barkley: They’re things that would benefit any child. Normal children may not need them applied with this degree of rigor and systematic application and attention to detail, but it’s not like we’re doing something diametrically opposite for these two groups of children.

Stoner: Right.

Barkley: All children will benefit, so to speak. You know, the rising tide lifting all boats in the classroom here.

DuPaul and Stoner: Yes.

Barkley: The teacher may find that the entire classroom level of productivity and achievement is greatly accelerated by simply adopting these—if not class-wide, at least with smaller groups of individuals, not just the problem ADHD child.

PROACTIVE AND REACTIVE STRATEGIES

Stoner Commentary: We think of interventions as falling into two broad categories, Proactive and Reactive, depending on when they occur. Both are necessary components of an effective intervention plan. Shortly, we rejoin Todd’s team as they develop such a balanced intervention plan for him.

But, first, let’s look at an example of each type of intervention.

Proactive strategies are designed to prevent the occurrence of problem behaviors. Here, the goal is to alter those conditions in the classroom that often precede the problem behavior. In Todd’s case, he often became distracted, called out, and left his seat, particularly during independent work periods. Here we see Mrs. Baten intervening proactively by making frequent but brief contact with Todd during an independent work period.

By increasing the amount of personal contact she would otherwise have with Todd, she helps him behave more appropriately and supports his capacity to stay on task.

Reactive strategies are designed to provide ways of responding to both appropriate and problem behaviors when they occur. Classroom
observations indicated that Mrs. Baten tended to react with frustration when Todd repeatedly interrupted her. Her responses at these times did not always provide a clear blueprint for how Todd might better regulate his behavior. In discussing the function of Todd’s problem behavior, the team began to see his disruptions as resulting, in part, from his need for attention.

One possible intervention here would be for Mrs. Baten to teach Todd a special hand signal to use as a way of indicating that he needed her help. As we will see later, for several reasons, the team actually decided not to use this particular intervention with Todd. However, such an individually tailored, reactive intervention could help to minimize the disruptive impact of a child’s behavior on the class, diminish the frequency of emotionally intense teacher/child interactions, and offer him a more appropriate way to get his teacher’s attention.

Baten: It’s difficult. But I recognize that there is help out there for me. And so that’s where the counselor, the psychologist, and others come into play to help me. And I’ve gone to them and said, “Hey, this is the problem I have,” and then we discuss some things that might work.

**PLANNING AND IMPLEMENTATION**

**Stoner Commentary:** Stage IV of our model—Intervention Planning and Implementation—makes use of what was learned in the first three stages of school-based assessment.

We join the instructional support team as they address some of the key questions regarding intervention planning.

These are:

- What are the behavioral objectives of the intervention plan?
- And what interventions can best achieve these goals?

**DuPaul Commentary:** In addition to Mrs. Lopez, other members of the team are Mrs. Baten, Mrs. Ryan, Wayne Trumbauer, the school Principal, Jan Miller, the school Counselor, and Jan Larson, the Reading Specialist.

Not all schools will have structured teams like this one. We recommend,
however, that a multi-disciplinary approach be applied as diagnostic decisions and intervention plans are made.

Wayne Trumbauer: So, Anita, when does it seem to be most pronounced and when does he have the most difficulty in the classroom?

Baten: I would say that it’s during independent seat work that he’s unable to attend. He’s at his neighbor’s or somebody else’s, or looking around. When I’m standing there giving him directions and standing right over him, then he seems to do a better job. But, whenever he is kind of on his own, doing it independently, that’s when he seems to have the most difficulty. And I’m very concerned about it.

Trumbauer: So, we need to come up with some type of a behavior mod intervention during that time period.

Lopez: It’s possible that the reason why he’s having such a hard time is because he’s trying to avoid, you know, it’s difficult work, for him. So, academically, you know, this is an area where he needs help. I think one of the other things that we saw in terms of the assessment information, both the observations and so forth, is that Todd responds well to attention, and he wants attention. And it seems to me that a lot of the things he does is because he wants attention from the teacher, attention from the other students. What are some of the things that we could do to address that?

Stoner Commentary: At this point, the team discusses the pros and cons of teaching Todd a hand signal with which he could get Mrs. Baten’s attention. For the reasons they now mention, they decide not to use this intervention with Todd. Instead, they decide upon a different way to address his need for attention.

Michele Ryan, MEd: I become a little bit concerned with something—a hand signal or an object signal—only because it lends itself to escalate behaviors. You know, the hand goes up, and it might start up a clicking or a tapping.

Janice Larson, EdD: He’s not going to be able to have attention every time he raises his hand anyway. I mean…

Ryan: Right, exactly. In a swarm of 27 children, one hand goes up, the
next hand goes up. And whose hand am I looking at right now?

**Janice Miller, MEd:** And when you get busy in the classroom, that subtle signal might not be enough.

**Lopez:** Okay. So then it sounds to me like a non-contingent attention might be the better way to go. Throughout the day, when you have time, when you remember. Try to remember, obviously. Just go up to him and pat him on the back, or say something to him.

**Baten:** I do that anyway, so I would just be conscious of doing it more.

**Lopez:** More conscious, because what we want to do is, no, we’re not saying you have to catch him doing something good and then give him attention. I’m suggesting that if he wants attention, just give it to him.

**Baten:** Mm-hm. I understand.

**Lopez:** You understand. And the idea is that, eventually, you kind of saturate. You just give him attention, just give him attention. So…I don’t want to talk too much about it.

**Ryan:** But, I think, Anita, you know him well enough, also, to get a general sense when the urge is coming.

**Baten:** Yes. Mm-hm.

**Ryan:** And, in the area of proximity, drift over there and make your presence felt.

**Lopez:** You said that you do that with all the children. Do you do it, can we do it a little bit more with Todd?

**Baten:** Mm-hm. Certainly.

**Lopez:** Okay.

**Stoner Commentary:** The team is now addressing the specifics of intervention planning and implementation with Todd. Specific interventions are tailored to Todd’s particular needs, the patterns of his problem behavior, and those conditions which maintain it. In addition to their focus on his more general difficulties, they also look at specific problem areas, such as math.

**Lopez:** One of the things that I think is important to address, also, is the fact that he’s having some difficulties in some of his academic
subjects. So, we want to keep that in mind. And he seems to have more difficulties with things like math, where it requires sustained attention to detail.

**Ryan:** Looking at, maybe, something systemically that you could do with the whole class. That Todd is a part of that whole grouping, yet still getting that attention, that one-on-one that he likes so much. Perhaps a peer tutoring setting. That would be beneficial for all. A real inclusive kind of practice, that just happens naturally where you actually kind of just monitor and watch. That even, I think, maybe will even help the social skills, because he’s relating and somebody’s relating to him in a positive sense. Yet, it’s an academic, it’s a one-on-one, and we know he responds to one-on-one. He responds to attention. A peer tutoring.

**Stoner Commentary:** Here, we see Mrs. Baten implementing class-wide peer tutoring, a proactive intervention that can both promote academic success and reduce problem behavior. Peer tutoring combines many elements of effective instruction, such as one-on-one teaching, opportunities for practice and feedback, and built-in reinforcement for student effort and participation.

She has just divided her students into pairs, in which each student will have the chance to be a tutor.

**Baten:** All right, when I say, ready-y-y, get set, and our favorite mascot, the mustang, Sheridan-n-n-n, go!

Oh, I just like that. This just pleases me so, that you’re so…trying to tell them how well they’re doing. So, I’m going to give you two more points here. How about that?

**Todd:** Two plus five?

**Other Student:** Seven.

**Baten:** All right.

**Todd:** Good! Good!

**Stoner Commentary:** Students typically find class-wide peer tutoring to be enjoyable and motivating, even when the subject matter is not their favorite. It has been found to be helpful with a range of subjects,
in addition to math, including reading and spelling. It also has other non-academic benefits, including improved peer interactions for children like Todd, whose disruptive behaviors have taken a toll on their social relationships. In Todd’s case, the team hopes that class-wide peer tutoring will make math instruction less stressful for him and improve his ability to stay on-task.

**Baten:** Okay. How many points have you, Todd?

**Todd:** I have 108, and she has 108.

**Baten:** Oh, you both tie. Each of you have 108. Isn’t that wonderful?

**Stoner Commentary:** Because Todd’s difficulty with independent seat work is so pervasive, the team decides to design an additional intervention to address this problem.

**Ryan:** I think what we really need to look at is some kind of behavioral system. But, again, thinking of something that is manageable.

**Baten:** Mm-hm.

**Ryan:** Because I know, at that time, you’re here, there and everywhere in the classroom. One thing I feel very strongly about, especially at this age level, a third-grader, is a self-monitoring component. I also think behaviors have consequences. So, perhaps something in a “response cost.”

**Stoner Commentary:** Response cost is a specific type of token economy in which a student earns points by engaging in appropriate behaviors, and loses points for engaging in inappropriate behaviors.

**Wayne Trumbauer, EdD:** When you say “response cost,” you’re talking—and clarify for me—the inappropriate behavior, there’d be some kind of penalty attached to it.

**Ryan:** Whatever we would decide, be it points, tokens or whatever it be that is being given for the positives that are being demonstrated, can be taken away.

**Trumbauer:** Can be taken away. Gotcha. I gotcha.

**Lopez:** Right. In this particular situation, perhaps, one of the things that we have in mind is using something like the attention training system.
Stoner Commentary: Here, we see the use of a device called the attention training system, or ATS. The student module sits on the child’s desk, and the teacher keeps her module with her. The student automatically accumulates points, unless the teacher observes him engaging in inappropriate behaviors. She can then deduct points from wherever she is in the room.

Ryan: It’s immediate.

Baten: Exactly.

Ryan: And that, I think, becomes a critical factor, especially for children like Todd, to know immediately. And I think for you.

Baten: Yes.

Ryan: I don’t want to speak for you, Anita. Do you find that that would be something that would be comfortable for you, and not intrusive into your lesson presentations, something that’s manageable, workable for you, positive for you, yet positive for Todd also?

Baten: If he could see it immediately, I think, I’m certainly willing to give it a try.

Baten: Okay. Are there any questions?

Several children: No.

Baten: Okay. Then you may begin, boys and girls.

Stoner Commentary: The ATS is an unobtrusive way to provide individual student feedback without interrupting the flow of ongoing instruction. In addition, it has been shown to have positive effects on both social and academic behavior. Students also tend to find it enjoyable.

[Pause]

Notice how Todd responds as he loses a point for off-task behavior.

Lopez: Okay, now, what happens when—let’s say he has a certain amount of points that he has earned throughout the day, and he only lost so many. What do we do with the points that he has accumulated at that time?

Ryan: Would it be possible even for Todd to come up with a…a menu himself, a variety? That way…
Lopez: That’s a very good idea.

Ryan: That way, he’s not…we’re not using the same reinforcers—a menu of reinforcers. And we could even do a mystery spinner. Let Todd select what he would like to do—lunch with a friend, Legos with a friend, 20 minutes on the basketball court with a friend, or whatever—and just have him on a spinner. And, when he’s earned those points, spin, grab. And I think it would be…I think it would be fun for him.

Lopez: Yeah.

Ryan: It would be a game in itself to see—ooh, what’s going to happen next?

Lopez: Absolutely.

Ryan: And when we find that a reinforcer isn’t reinforcing, we’ll pull it and put another one in.

Lopez: Yeah, that sounds good.

Stoner Commentary: A particular reinforcer used in response cost can vary. Often it works well for the student to be given a choice from a menu of rewards. Later, Todd can exchange these points for a variety of rewards in the classroom, and also at home if Mrs. Baten has made such arrangements with his parents.

The team has addressed the following goals for Todd:

Todd’s Intervention Plan

• Promoting his ability to work on his own
• Minimizing disruptive behaviors such as calling out
• Promoting appropriate ways of getting teacher attention
• Promoting more successful learning in math

There are other intervention strategies that could also be employed with students with ADHD. Some of these interventions, like class-wide peer tutoring have the advantage of promoting more successful classroom functioning for all students, not just those with ADHD.

The first of these is the teaching of study and organizational skills.
Baten: And what’s the next thing it says there? To underline.

Students: Underline!

Baten: What does “underline” mean? What do you do when you underline?

Todd: Oh!


Todd: You put a line under the word.

Baten: Very, very good. So actually you have…

Stoner Commentary: Here, we see Mrs. Baten teaching her students how to complete assignments, using the Skills for Schools’ Success Curriculum. Students with ADHD frequently complete their assignments in a careless, impulsive, incomplete or inaccurate manner, even when they have the skills to do well.

She could have chosen to teach this lesson to Todd alone, but felt that the class as a whole could benefit from it.

As the lesson continues, she teaches the students four steps for completing work:

Steps for Completing Work

- Reading directions carefully
- Circling the action words in the directions
- Getting out the materials called for in the directions
- Telling themselves in their own words what they are supposed to do

Performing the overt behaviors of circling the action words and reciting what they are supposed to do helps increase their attention to the directions for the task. Then the students are asked to apply these steps to several other assignments.

Another very useful class-wide strategy is the active teaching of classroom rules.

Baten: Maybe we need to go over the rules of the classroom. Does anybody remember what we should do if we are excited about
answering a question? What is the rule of our classroom? What should we do? Can anybody give that to me in a complete sentence? How about you, Carolina?

**Stoner Commentary:** Students with ADHD often have difficulty consistently following classroom rules, even when they know them and can say what they are. Many teachers go over their classroom rules at the beginning of the school year. However, we find that actively teaching these rules throughout the year can diminish the frequency of problem behavior in the classroom, and can be especially helpful for students with ADHD.

In effect, ongoing teaching of classroom rules is a powerful, proactive behavioral intervention. We suggest that teachers develop four or five clearly stated rules. These should be positively stated, whenever possible. They should convey what students are to do and how to do it, rather than focusing on what students are not to do. For example, rather than, “Don’t talk out of turn,” a rule might be phrased as, “Raise your hand and wait to be called on.”

We recommend that teachers spend three to five minutes, one day each week, actively re-teaching one of the established classroom rules, and that they frequently “catch children being good” by providing direct verbal feedback when they are following one rule or another.

**Teaching Classroom Rules**

- Develop 4 or 5 clear rules
- Positively stated when possible
- Convey what students are to do and how to do it
- Re-teach one classroom rule each week
- Provide direct verbal feedback

We now turn to one final intervention that can be very effective for students with ADHD. Amanda is another student in Mrs. Baten’s class previously diagnosed with ADHD. In her case, it was decided to try a self-management intervention.

**Here, Mrs. Baten explains to Amanda how it works.**

**Baten:** As you’re doing your work, I’m going to be looking for certain things to see if you remember to raise your hand if you have
a problem, and wait before you respond, and that you’re not getting up 
out of your seat and walking off to the wastebasket without permission, 
things like that. So, I’ll be watching for certain things that we do as part of 
the classroom. Okay? And, if you do a really, really good job at following 
all the rules, as you’re doing this math worksheet—if you do a really, really 
good job—then, can you tell me, can you read this and tell me how many 
points Mrs. Baten will be giving you?

**Amanda:** Four points.

**Baten:** Yes. You’ll be getting four if you do really... just doing your best. 
And, if you do, not your best, but almost—maybe you forget something, 
just a little something—then, you would be getting?

**Amanda:** Three points.

**Baten:** Very, very good. And, if you need some improvement, you would 
be getting?

**Amanda:** Two points.

**Baten:** Mm-hm. And, if you really, really, really are not doing a good job, 
then you would be getting?

**Amanda:** One point.

**Baten:** Very, very good. So, do you understand that? And you, also, will 
be giving yourself points. So, if you think, at the end of this assignment, 
that you’re doing really, really well, then you will be giving yourself how many 
points?

**Amanda:** Four points.

**Baten:** Four points. That’s right.

**Stoner Commentary:** If the students’ ratings are within one point of the teacher’s, then the student retains the number of points she gave herself. For example, if the teacher gives her a two and the student gave herself a three, then the student gets to keep the three points. If the student and teacher ratings match exactly, then the student earns the number of points that she gave herself, plus one bonus point for matching the teacher’s rating. If Amanda’s rating was more than one point away from Mrs. Baten’s, however, she would not earn any points for that time period.
At the end of the math class, Mrs. Baten and Amanda each rate Amanda’s behavior using the form on her desk. Then, they compare their ratings.

**Baten:** What number do you think?

**Amanda:** Three.

**Baten:** I’m sorry?

**Amanda:** Three.

**Baten:** Okay. You think it’s a three? I believe I have a three on my card also. So, we match. And, because we matched, that means you’re going to get a bonus point. So, for the math activity that we did today, you had a total of four points altogether. All right. Good job.

**Stoner Commentary:** This intervention encourages Amanda to view her behavior from her teacher’s perspective. At the end of each day, Amanda can exchange the points she accumulated for a reward.

After two weeks of good performance and fairly close matching with the teacher, the matching aspect of the intervention begins to be phased out. As the matching component is reduced, and then eliminated, Amanda will be monitoring her own performance, and the teacher’s involvement becomes less necessary.

**Ryan:** And the other component that’s really neat is to see teachers really believing in themselves. They can teach these kids. Because they can.

**EVALUATION**

**Stoner Commentary:** The final stage of our assessment model is intervention evaluation. As we rejoin the team, they are discussing what is working, what is not, what needs changing, and in what ways.

**Lopez:** How is your class-wide peer tutoring working? Is it working, as is? Need refinement?

**Baten:** I would say that it is working. But, in terms of Todd in particular, he’s responding to it very well.

**Lopez:** Now, we had talked about doing it only during the math session.
**Baten:** Mm-hm.

**Lopez:** Are you only doing it during the math?

**Baten:** At this time, I am.

**Lopez:** Do you feel that his skills are improving at all? A little bit? Or?

**Baten:** Oh, most definitely, most definitely. Where I saw that he was having difficulty with his math facts, or his multiplication facts, he’s now really starting to pick up and pay attention to them.

**Lopez:** Okay. Is this something that you may want to consider doing with another area? Or, are you comfortable with this right now with where you’re at?

**Baten:** I would really like to see it expand into another area.

**Trumbauer:** I guess my greatest desire for a child like Todd is to be able to really effectively discover his shortcomings and then intervene in an effective way to help him, not only learn—learning’s certainly our primary mission here—but to help build his self-esteem, and to help him to feel that, “Yeah, I can do it. I can be a success.”

**Lopez:** One of the other areas that we were working with was where… using the attention training system and allowing Todd to exchange whatever points he had left at the end of the day, for the opportunity to earn the reward. I was just wondering how that was working.

**Baten:** Well, in the beginning it was a little bit of a problem because the other youngsters wanted the device on their desks also. So, once they got used to that—and, also, for Todd too, after he got used to staring at this thing and realizing what was happening and that he could lose some points if he wasn’t on-task—then it really started to be effective. What I have seen as the difficulty is that he…it takes him a long time to get a reward. So, perhaps we need to reassess whether what we’re doing is…

**Trumbauer:** Maybe smaller rewards.

**Baten:** Yes.

**Trumbauer:** Along the way.

**Baten:** Exactly.
Lopez: So you’re saying that right now he’s not keeping enough points to get to spin for a reward every day.

Baten: Exactly.

Trumbauer: But you’ve found this intervention to be successful—or so, there’s every reason to continue.

Lopez: Or how often he’s doing? He’s getting a reward about once a week?

Baten: I would say.

Lopez: About once a week. Okay.

Baten: Yes. And, for someone like Todd, it has to be more often.

Lopez: Absolutely. So, I think that what we need to do with that is, is that we need to lower the criterion a little bit. We probably set it up too high. So, based on the baseline data that we had, and how off-task, and how, you know, we need to go back and say, “Well, let’s allow him a little bit more off-task behaviors.”

DuPaul: In this program, we have shown that effective intervention planning emerges from the comprehensive assessment of the specific problems of the student with ADHD.

Stoner: To help these students succeed, we need to consider a range of empirically grounded, school-based intervention strategies. Through an individualized, carefully considered approach, we can significantly improve student behavior and achievement. That’s what students like Todd, their parents and teachers have every right to expect.
Video Credits

The model demonstrated and discussed in this video is offered in greater detail in the book: *ADHD in the Schools: Assessment and Intervention Strategies* by George J. DuPaul and Gary Stoner, published by The Guilford Press.

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Closing Song, “We’re Number One”, written by Eugene McDuffie.

A companion video entitled Assessing ADHD in the Schools is also available from Psychotherapy.net. Please go to www.psychotherapy.net or call 800-577-4762 for more information on purchasing this DVD.

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George DuPaul, PhD, Featured Psychologist, is a Professor of School Psychology and Associate Department Chair, Department of Education and Human Services at Lehigh University. Dr. DuPaul’s primary research interest is the treatment of individuals with attention-deficit/hyperactivity disorder (ADHD) and related behavior disorders. He conducts research on school-based academic and behavioral interventions for youth in K-12 settings; early intervention for young children at-risk for ADHD; and the assessment and treatment of college students with significant ADHD symptoms. He also has interests in health promotion and pediatric psychology, having directed student-led studies related to nutrition education, asthma, and psychopharmacology.

Dr. DuPaul has authored or co-authored half a dozen books and numerous book chapters and journal articles. Together with Dr. Gary Stoner, he published ADHD in the Schools: Assessment and Intervention Strategies, which has been translated into several languages.

Gary Stoner, PhD, Featured Psychologist, is Associate Professor, and Director of the School Psychology Program at the University of Rhode Island. Previously, he served on the faculty of the University of Oregon and the University of Massachusetts, Amherst. He has practiced in public schools as both a school psychologist, and a supervisor of psychological services.

Dr. Stoner is known for his professional work in the areas of attention deficit hyperactivity disorder, interventions for achievement and behavior problems, and scientist-practitioner approaches to professional school psychology. He is Past-President of Division 16 of the American Psychological Association (APA), and Chair of the APA Inter-Divisional Coalition on Psychology in Schools and Education. He co-edited the book entitled Interventions for Achievement and Behavior Problems, and is co-author (with George J. DuPaul) of ADHD in the Schools: Assessment and Intervention Strategies.
Russell Barkley, PhD, Consulting Psychologist, has served on the faculties of the Medical College of Wisconsin, the University of Massachusetts Medical School, the Medical University of South Carolina and the SUNY Upstate Medical University in Syracuse, NY. Dr. Barkley has authored, co-authored, or co-edited 20 books and clinical manuals. He has published more than 200 scientific articles and book chapters related to the nature, assessment, and treatment of ADHD and related disorders. He founded The ADHD Report, and has edited a variety of professional and academic journals. He has served as President of the Section of Clinical Child Psychology, Division 12, of the American Psychological Association, and of the International Society for Research in Child and Adolescent Psychopathology. Dr. Barkley has presented worldwide on topics pertaining to ADHD, at scientific meetings, on the radio and on television.

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