

# COMMUNICATING WITH SCHOOLS

HOW PEDIATRICIANS AND SCHOOL NURSES CAN WORK TOGETHER TO BETTER SUPPORT CHILDREN WITH ADHD AND THEIR FAMILIES

## HOW THIS IS GOING TO WORK???????


- Back Round-** Epidemiology supporting treatment including current controversies
- Important role of School** Time and Resilience
- Hiccups**
- Hopes**
- Panel Discussion**

## COMMERCIAL INTERESTS DISCLOSURE

**Deborah Hagler MD**

I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity.

I do not intend to discuss an unapproved or investigative use of a commercial product/device in my presentation.



## WHY TREAT?

- 30% of Children will repeat a Grade
- More Likely to Drop Out of School- 10-35%
- Poorer Performance on Standardized Achievement Tests
- Lower Grades

(Langberg J., 2012)

## WHY TREAT?

- 30% higher risk of Injury
- Effects on social functioning
- Increased Issues with accidents and License Suspension
- Increased Risk of suicide attempt
- Increased Risk of Obesity

(Asherson, 2017; Cortese, 2017 ; Lichtenstein, 2012; Huang, 2018)

## TREATMENT

- Treatment with stimulants >3yrs slight improvements on Achievement Test scores
- Little Effect on grades or grade retention
- Recent prospective longitudinal study assessing symptoms at entry and 6 years matched group with ADHD receiving Stimulants versus Group who did not receive stimulants showed no differences in ADHD sx, Social Emotional Functioning, Motor Control or Working Memory ( Schwaren L, 2018)

## SUBSTANCE USE DISORDER

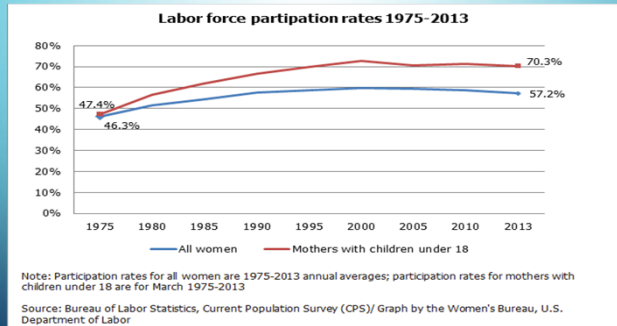
- Earlier onset of substance Use
- Increased variety of substances tried
- 2.5 times more likely to develop SUD than children without ADHD
- Similar biologic underpinnings- Dopamine...
- Significant evidence from large data bases that treatment with psychostimulants reduces substance use related problems-Timing seems to be important- treat earlier.

Asherson 2017

## TREATMENT

- Compliance with medication estimated 50%
- MTA follow up -43%
- Long Term Studies- Community Based –Compliance issues/ Follow up Issues/
- Titration and control in community setting less regimented than academic.

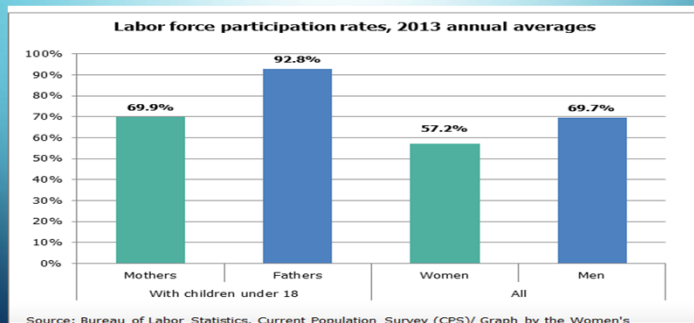
## PARENTS ARE BUSY



## SCHOOLS

- Children spend on Average 7 Hours a day 180 days a year
- Diagnostic Criteria assess Behaviors often observed at School
- Diagnostic Criteria – Symptoms are present in 2 or more settings
- Diagnostic Criteria- Symptoms Interfere with functioning
- Effect of Treatment often most immediately observed at school
- Medications administered at School

## PARENTS ARE BUSY



## SCHOOLS

- Collect Vanderbilt Forms or other standardized tools
- Provide Education around diagnosis
- Support family
- Help coordinate support in school- referral for services
- Educate school team and families about co-morbidities and monitor

## RESILIENCE



## HICCUPS

- HIPPA
- FERPA
- Many Departments within the School
- Stigma

## RESILIENCE

“Resilience is predicted by both the capacity of individuals, and the capacity of their social and physical ecologies to facilitate their coping in culturally meaningful ways.”

(Ungar M, 2015)

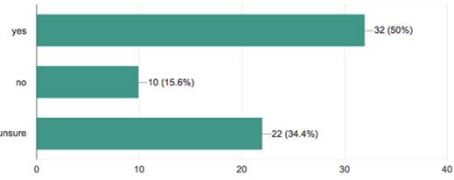
## HOPE

- WE are HERE !!
- Communication
- Plan
- Nurses as the Hub

### COMMUNICATION

Do you use the Vanderbilt assessment tool in your district?

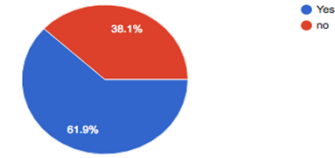
64 responses



### COMMUNICATION

Is the school nurse able to communicate with the students MD regarding student progress in school and response to treatment?

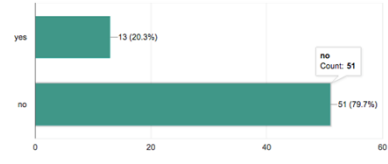
63 responses



### COMMUNICATION

Is the school nurse involved with collection and review of Vanderbilt assessment tool?

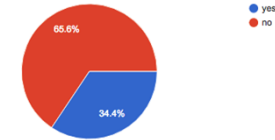
64 responses



### COMMUNICATION

Does MD provide support for educators, school nurse?

64 responses



## COMMUNICATION

- A New Tool To Try
- Modeled After Asthma Action
- Feedback from nurses, behavioral Specialist, Educators

**AD/ADHD Management Plan**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Evidence supports children with ADHD who are closely managed have better long-term outcomes. This relies on communication among all involved in your child's care.

**Behavior Therapy Recommendations:** Families function better when they make an effort to work as a team to manage common challenging behaviors associated with ADHD using Therapy guides parents and caregivers on behavior management techniques to assist your child at home, school and in social settings. Enclosed are instructions for parent directed BT at home and phone numbers for local professionals to assist you as needed.

- Daily Home Report Card (DHRC) Reward System for Home and School (SCHOOL)
- Self Analysis: Check Lists/Visual Cues/Consequence Supports
- Organizational/On-Time SCHEDULE
- School Counselor (on-call) SCHOOL
- Behavior Therapist: see referral list of local therapists
- Licensed Professional Counselor: see referral list of local LPC specialists
- Support/Support Groups
- Self-Care/Workbooks

[www.chad.org](http://www.chad.org) **Children and Adults with ADHD**  
[www.addadhd.org](http://www.addadhd.org) **Line in the Balance** collaborative and proactive solutions  
[www.addadhd.org](http://www.addadhd.org) **Valentini** .org

**Treatment Medication**

Notify our office if insurance will pay cover medication- provide a list of medications they will cover

- Please call our office if your child is experiencing side effects such as persistent decrease in appetite, headache, nausea, mood or personality changes.
- Ensure your child eats a good meal before taking medication (the medication may decrease your child's appetite later in the day)
- Maintain healthy diet and drink water, orange juice and a glass of milk, fruits/vegetables, calcium, etc.)
- Maintain good hygiene habits (brush hygiene, shower)
- Maintain regular exercise (at least one hour of activity daily)
- Limit and monitor recreational screen time

## PANEL

- Carrie Woodcock Maine Parent Federation
- Linda Morris RN Harriet Beecher Stowe Elementary School Brunswick
- Lori Huot RN Harriet Phillip W. Sugg Middle School Lisbon

## COMMUNICATION

**The Five S's:**  
*Key Questions for Consultation*



- 1. Safety:**  
Are there concerns about safety?
- 2. Specific Behaviors:**  
What are the behaviors that are causing the most problems?
- 3. Setting:**  
Where and when are the most problematic behaviors occurring?
- 4. Scary:**  
Have any hard or scary things happened?
- 5. Screenings/Services:**  
Has the child had any assessments and/or received any treatment or services?








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