

Instructions for Using the ADHD Monitoring System

One of the most important things one can do to help promote the healthy development of a child with ADHD is to carefully monitor how he or she is doing at school. The ADHD Monitoring Program will help make it easy for you to do this. By using this program, you will be able to carefully track how your child, student, or patient is doing in school, and will be alerted to when any adjustments or modifications to the child's treatment need to be considered. The directions below are written specifically to parents, but are applicable for use by teachers and health care professionals as well.

Although the program was originally developed to monitor the ongoing effectiveness of medication treatment, it can be used to monitor the success of whatever treatments your child is receiving.

This message contains a comprehensive set of instructions that explain how the ADHD Monitoring System is used, along with the rating form that is to be completed each week by your child's teacher. (This form can be found at the end of the message.) I recommend that you print this message out so that you have a hard copy of the material that you can refer to.

The ADHD Monitoring System provides an easy and systematic way to monitor how a child with ADHD is doing each week at school in several important areas. This will alert you to difficulties that may develop so that timely changes or additions to the treatment your child is receiving can be made. Guidelines for using this program effectively are presented below.

For this system to be of the greatest benefit to your child, the cooperation and support of your child's teacher is **ESSENTIAL**.

You will be asking your teacher to complete the rating form at the end of each week, and should provide the teacher with a sufficient number of copies. Although completing this form should not require more than 5-10 minutes of the teacher's time, you discuss this with him or her and make sure the teacher understands the importance of the information they will be providing. Rather than just having your child give the forms to the teacher along with a note, it is better if you discuss this with the teacher on the phone or in person. (**NOTE:** The form you will print out and copy is at the END of the instructions.)

The teacher needs to understand that the information he or she provides will help to determine when any changes/additions to treatment need to be made, and that without this input, it will be difficult to know how well your child's ADHD symptoms are being managed.

IMPORTANT

Some teachers may object to filling out this form on a weekly basis. If this is the case, then having the teacher complete the form on a monthly basis can still be quite helpful. I believe that weekly feedback is preferable because it helps you to really stay on top of things, but if this is not possible, receiving this feedback on a monthly basis will still be valuable. You may also wish to begin getting the feedback each week, but switch to a monthly basis when things seem to be going well on a consistent basis.

There are two versions of rating form at the end of this message. The first version titled "**Weekly Monitoring Report**" asks the teacher to provide ratings based on what he/she observed during the prior week. The second version is titled "**Monthly Monitoring Report**" and asks for the same information based on observations made over the prior month. Use whichever form is appropriate for the frequency with which the teacher will provide ratings.

In your discussion with the teacher, be sure that arrangements are clearly made to insure that you will be getting the completed form each week, or after whatever rating period you agree to.

If your child has multiple teachers, you can provide copies to each teacher who spends a significant amount of time with your child each week.

In your discussion with the teacher, be sure that arrangements are clearly made to insure that you will be getting the completed form each week or each month, depending on the rating period you have decided upon.

The information won't do you or your child any good if it sits in the classroom for weeks before you receive it.

WHAT INFORMATION IS PROVIDED?

The ADHD Monitoring System is designed to provide you with information on:

- how well ADHD symptoms specifically are being managed;
- your child's behavioral, social, and emotional functioning at school;
- your child's weekly academic performance;

These different areas are discussed on the following below.

HOW WELL ARE ADHD SYMPTOMS BEING MANAGED?

Questions 1-12 (SEE THE FORM AT THE END OF THIS DOCUMENT) deal specifically with symptoms of ADHD. Items 1-6 ask for teacher ratings of hyperactive/impulsive symptoms and items 7-12 provide information on inattentive symptoms.

For children without ADHD, the vast majority of the ratings on these items will be either 0 or 1. For a child with ADHD whose symptoms are being managed effectively - via medication or some other means - you would also expect to see a majority of 0's and 1's being circled.

NOTE: Not all children with ADHD display both inattentive symptoms and hyperactive/impulsive symptoms. For example, children diagnosed with ADHD Predominantly Inattentive Type display primarily problems with attention (i.e. items 7-12) and do not show many of the hyperactive/impulsive characteristics (i.e. items 1-6).

Conversely, children with ADHD, Predominantly Hyperactive/Impulsive Type show the reverse pattern. Thus, should your child have one of these subtypes of ADHD, you would look specifically at the appropriate symptom group to determine how well the difficulties are being managed.

BEHAVIORAL, SOCIAL AND EMOTIONAL FUNCTIONING

Items 13-15 provide a basic screening for behavioral, social, or emotional difficulties. In addition to seeing mostly low scores for items 1-12, you want to see high scores (i.e. 3's or 4's) for these items. If your child receives low scores (i.e. 0's or 1's) on any or all of these items, you will want to contact the teacher to obtain more detailed information about the difficulties that were observed.

NOTE: It is important to emphasize that these items provide only a simple screen for behavioral, social, and emotional difficulties and is not intended to be a comprehensive assessment. Although teacher's are generally in an excellent position to comment on how a child is following classroom rules, they can be less aware of how a child is doing socially or how a child is feeling. The absence of any teacher reported difficulties in these latter two areas thus does not necessarily mean that your child is not experiencing any such difficulties. Learning about this in a more comprehensive way requires feedback from the child as well.

ACADEMIC PERFORMANCE

The second page of the rating form provides important information on your child's academic performance during the school week. Information is provided on the amount of assigned work completed, the general

quality of the work completed and whether this varies by subject, and also alerts you to homework assignments that may not have been turned in. Obviously, the ideal is for your child to be completing all assigned work, for it to be of good to very good quality, and for no homework assignments to have been missing.

SUGGESTED GUIDELINES FOR USING THE INFORMATION

The information contained in the weekly monitoring form is designed to provide you and your child's physician with the data you need to make informed decisions about the effectiveness of your child's treatment and when any additions or modifications appear necessary.

It is important to stress, however, that any child can have an occasional bad week. If your child has been doing well, and then one week the monitoring form indicates difficulties in one or more areas, this should not necessarily cause alarm or indicate the need for changes in treatment. In general, this would not be suggested unless the problems persist for several weeks in succession, or if troublesome weeks start to occur with increased frequency (i.e. instead of one bad week every couple of months you start to see several bad weeks each month).

IMPORTANT - If your child's teacher is making monthly ratings rather than weekly ratings, a single bad month would be cause for concern. Thus, I would recommend the

information be shared right away with your child's physician so that he or she can determine whether modifications to your child's treatment(s) need to be made.

With these guidelines in mind, a simple and reasonable framework for evaluating the information contained in the weekly monitoring form is to consider the ADHD symptom ratings (i.e. items 1-12) and the other information separately. When done in this way, several different combinations are possible. These are discussed below.

EVERYTHING GOING WELL

This is what we hope to see each week. In this scenario, ratings of ADHD symptoms in items 1-12 are primarily or exclusively 0's and 1's, ratings for items 12-15 indicate that your child is following rules, getting along with peers, and appearing happy, and your child is completing all or almost all assigned work and the work is of good quality.

When this is the case, it is clear that your child is doing a great job at school, and that whatever treatments and/or support are in place are working well. No changes or adjustments are indicated.

EVERYTHING GOING POORLY

At the other extreme is a situation where nothing is going well. Ratings of ADHD symptoms are high, problems with behavior, peer relations, and/or mood are also evident, and both the quantity and quality of assigned work being completed is problematic.

In almost all cases, this indicates a situation where changes and adjustments (i.e. to medication, behavioral plan, etc.) need to be implemented. The only exception would be if, as noted above, your child has been doing consistently well and then has a single bad week. If this is the case, it is still important to speak with your child and his or her teacher to try and learn what may have accounted for the difficult week. Should things get back to normal the following week, there is probably no need to change anything. If the difficulties persist, however, it will be important for the appropriate modifications to be made. Consult with your child's physician about the most appropriate steps to pursue.

As noted above, if ratings are being provided monthly, this situation would definitely warrant a discussion with your child's healthcare provider.

ADHD SYMPTOMS UNDER CONTROL, BUT PROBLEMS WITH BEHAVIOR, PEER RELATIONS, MOOD, OR ACADEMICS

This would be indicated when ratings of ADHD symptoms on items 1-12 are fine (i.e. mostly 0's and 1's) but problems are indicated in one or more of these other areas. When ADHD symptom ratings are low, these other problems are unlikely to be direct results of ADHD, but may reflect additional difficulties. Such difficulties can occur for a variety of reasons and it is very important to try and learn what factors may be contributing to the difficulties occurring for your child. Once again, consulting with your child's physician is recommended.

NOTE: When children are in middle school or high school and have multiple teachers, teachers often do not spend enough time with the child each day to observe problems with regards to

ADHD symptoms. At these ages, it is more common for these symptom ratings to look okay, but for the difficulties to show up in a child's academic performance or behavior. It is important to be aware of this because from the teacher's ratings it may look like primary ADHD symptoms are being effectively managed when they may not be, and adjustments in medication may be necessary.

OTHER AREAS LOOK GOOD BUT RATING OF ADHD SYMPTOMS ARE HIGH

This would be indicated when ratings on items 1-12 include lots of 2's and 3's but no other real problems are reported. This is probably the most unusual combination because generally when a child's ADHD symptoms are not being managed well significant problems in behavioral, emotional, social, and/or academic functioning are also evident.

Should this pattern persist for more than one week, some adjustment in treatments used to manage primary ADHD symptoms is likely to be necessary (i.e. medication adjustment, revising behavior plan). Of course, if a child continues to do well academically, socially, and behaviorally at school despite high levels of ADHD symptoms it may not be necessary to change anything. Generally, however, one would expect problems in these areas to emerge if ADHD symptoms are not being managed well for any sustained period. Again consulting with your child's physician is strongly recommended.

NOTE: The first question on side 2 asks for the teacher's rating of how morning and afternoon periods compared. If your child is taking medication, and is receiving a longer acting stimulant or is taking a second dose during the day at school, morning and afternoon behavior would not be expected to differ.

If your child is receiving only a single dose of a stimulant that is not intended to provide coverage across the entire school day, however, and the teacher's ratings indicate that mornings are consistently better than the afternoons, it may indicate that the medication is wearing off during the day and that a single dose is not sufficient. If this pattern emerges in the teacher's ratings, you should discuss this issue with your child's physician. It is possible that a second dose or the use of a longer acting medication would be helpful.

Note: You'll find the weekly and monthly versions of the monitoring forms on the next pages. I hope this is helpful to you.

READING AND PRINTING THESE INSTRUCTIONS AND THE MONITORING CHARTS BELOW

You must have Adobe® Acrobat® Reader® installed to view and print the documents linked below. You can download the Adobe Reader for free at <http://www.adobe.com/products/acrobat/readstep2.html>. If you have any problems or have any questions contact FamilyIQ at 888.249.9596

Read and/or Print this article

Chart I: Weekly Monitoring Report.pdf

Chart II: Monthly Monitoring Report.pdf

For further information, see FamilyIQ courses, “Behavioral Approaches to ADHD” and “Mental Health Options.” Pertinent FamilyIQ articles are, “Attention Deficit Anxiety Disorder and “Helping Your Child with ADHD.”

Notes from the author:

Thanks again to Landmark College for supporting my efforts to distribute this tool to the widest possible audience.

In my own experience, I have found that this program works best with elementary school children who have only a single teacher. This program can also be quite helpful for children who are in middle school or high school, although sometimes teachers in these grades do not spend enough time with a student to provide ratings that are as reliable. You will have to see how this works in your own situation.

I have used this program in my own practice for a number of years and have found that it is an extremely helpful tool for parents to have available. I sincerely hope that you begin to use it regularly and find it to be as helpful to you as it has been to many of the parents that I work with.

I want to recognize the support provided by Aspen Education Group to assist me in distributing this tool.

Sincerely,

David Rabiner, Ph.D., Senior Research Scientist, Duke University

Dr. Dave Rabiner received his Ph.D in clinical psychology from Duke University in 1987 where he also completed a one-year internship in child psychology at Duke University Medical Center. From 1987-1998, he was a professor in the psychology department at the University of North Carolina at Greensboro. During this time, he maintained a part-time private practice where he worked primarily with children diagnosed with ADHD (Attention Deficit Hyperactivity Disorder). In addition to this direct clinical work, he has consulted with numerous pediatricians and family physicians in North Carolina to assist them in evaluating and treating children with ADHD.

Dr. Rabiner has also published a number of papers on children’s social development in peer-reviewed journals and presented his work at professional conferences. He’s also served as a consultant on two federally funded grants to study ADHD.