



**A MULTIMODAL APPROACH
TO ADHD**
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The Basics

ADHD is defined as a neurological disorder characterized by impulsivity, hyperactivity, and inattention.

It is estimated that between 10 and 25 million people in the United States have some type of ADHD (ADHD-Predominantly Inattentive Type, ADHD-Predominantly Hyperactive-Impulsive Type, ADHD-Combined Type)



COMMON TREATMENTS

There are three primary categories of ADHD treatment

1. Pharmacotherapy
 - Two of which are:
 - Atomoxetine
 - The first non-stimulant treatment of ADHD in US (introduced in 2002)
 - Affects are slowed
 - Provides symptom relief through an entire day and into the next morning
 - Methylphenidate
 - Most commonly researched treatment for ADHD
2. Behavioral Therapy
3. Psychosocial Therapy



WHAT IS A MULTIMODAL APPROACH?

To be multimodal, an ADHD treatment is suggested to include the following:

1. Age and culture-appropriate ADHD psychoeducation for caregivers and youth
2. Treatment plans consisting of medications and/or behavioral therapy
3. Educational recommendations such as a Section 504 Plan
 - This plan is an agreement made by the parties involved (teachers, parents, school personnel) to ensure a student's learning disability is accommodated when needed in the classroom.
4. Targeted family support



WHY A MULTIMODAL APPROACH?

Stigma

- The treatment of mental illness and learning disabilities often comes with multi-category stigmas (public stigma, courtesy stigma, and self perception). A multimodal approach is important as it introduces heavy parent involvement and alternatives to medication. All parties involved need to be aware of existing stigmas before choosing a treatment path.

Medication alone is insufficient

- Studies show individuals on medication only regimens (as opposed to multimodal) are taking higher doses of medication.
- Studies that emphasize the effectiveness of medication on youth with ADHD often exclude social factors such as number of close friends and peer rejection.
 - With the increased involvement of parents, teachers, and supporters a multimodal approach offers, these social deficits are more easily combatted.



Bussing, R., & Mehta, A. S. (2013). Stigmatization and self-perception of youth with attention deficit/hyperactivity disorder. *Patient Intelligence*, 515-27. doi:10.2147/PI.S18811

Evans, S. W., Timmins, B., Sibley, M., White, L., Serpell, Z. N., & Schultz, B. (2006). Developing Coordinated, Multimodal, School- Based Treatment for Young Adolescents with ADHD. *Education & Treatment Of Children (West Virginia University Press)*, 29(2), 359-378.

THE CHALLENGING HORIZONS PROGRAM (CHP)

Explanation

- CHP is a multimodal approach that is implemented in the style of an after school treatment program for middle school aged students. The treatment style was focused on not only academic impairment but also social implications through interpersonal skills groups. CHP assigned a counselor to each student. This counselor was responsible for balancing the different levels of the multimodal approach (contacting teachers and parents, monitoring social interactions, etc.). CHP focused on organization as the main form of academic impairment and worked with each student to develop an organization technique. In addition, CHP also focused on curbing disruptive behaviors by announcing disruptive behaviors to the student immediately when they happen and keeping track of disruptions.

Conclusions

- CHP has proven more effective than strict medication treatment. The style is being implemented in classrooms by individual teachers as a method of connecting with students with ADHD. The study is still being conducted to acquire more inclusive and comprehensive results.



CONCLUSION

Though controversy surrounds medicating for ADHD, one issue is less controversial. Whether or not a child is medicated for ADHD, that child needs to undergo a multimodal intervention to effectively improve the child's life and educational environment.



SOURCES

- Bussing, R., & Mehta, A. S. (2013). Stigmatization and self-perception of youth with attention deficit/hyperactivity disorder. *Patient Intelligence*, 515-27. doi:10.2147/PI.S18811
- Conderman, G., & Katsiyannis, A. (1995). Section 504 accommodation plans. *Intervention In School & Clinic*, 31(1), 42.
- Evans, S. W., Timmins, B., Sibley, M., White, L., Serpell, Z. N., & Schultz, B. (2006). Developing Coordinated, Multimodal, School- Based Treatment for Young Adolescents with ADHD. *Education & Treatment Of Children (West Virginia University Press)*, 29(2), 359-378.
- Knowles, T. (2010). THE KIDS BEHIND THE LABEL Understanding ADHD. *Education Digest*, 76(3), 59-61.
- Svanborg, P., Thernlund, G., Gustafsson, P. A., Hägglöf, B., Poole, L., & Kadesjö, B. (2009). Efficacy and safety of atomoxetine as add-on to psychoeducation in the treatment of attention deficit/hyperactivity disorder. *European Child & Adolescent Psychiatry*, 18(4), 240-249. doi:10.1007/s00787-008-0725-5