by Judith Champion, MSW

I WANT TO TELL YOU A STORY, one that I hope will resonate with many parents of children with AD/HD. It's about the need for more support services for all of our children with AD/HD. And it is about how CHADD's Parent to Parent teacher certification program can give you a foundation of knowledge to help provide that support. It's about curiosity, passion and creation. This is my story, but it could be yours.

I was at a point in my life when I felt I needed a change. I had worked in women's health throughout most of my professional career. My father had recently passed away, and I found myself re-examining my life. An opportunity to become certified as a Parent to Parent teacher came my way. I had a grandson with AD/HD and thought it would be good to know more and give back to my community.

Soon I was teaching my first group of parents, sponsored by the CHADD chapter in Bucks County, Pennsylvania, and assisted by the PTA of my local public school in Lambertville, New Jersey. It was a great group of parents, some of whom drove seventy miles to and from the workshop each week for seven weeks. They came from both sides of the Delaware River, which separates the two states.

The parents in my first P2P class taught me that teachers in the public school systems did not understand AD/HD very well. My son had taught my grandson's teachers about AD/HD. I had considered this an isolated event, but I learned from my P2P parents that it was a fairly common experience. Working with their schools to get adequate accommodations and educational plans required countless hours of time spent with teachers, child study teams, doctors, psychiatrists—and sometimes, lawyers. I began to see the enormous need for more information for teachers of children with AD/HD.

Bergen County's Head Start program provides services to approximately 400 children and their families.

The road to Head Start

Energized and ready to make some changes, I realized I had begun a journey. The need for more professionals in the AD/HD field was very clear. I quit my job. I began to read: Barkley, Brown, Bussing, Greene, Hallowell, Illes, Rief, Snyder, Solden, Tuckman, Zeigler, and more. I listened at conferences. I enrolled in the ADD Coach Academy. I learned everything I could and continue to learn every day.

The most emotionally difficult thing to learn was that the majority of children in our juvenile justice programs and adults in our correctional facilities have undiagnosed mental health disorders, mainly undiagnosed AD/HD. My first experience as a social worker after graduate school had been in criminal justice, working with women in correctional facilities. I knew that minorities from underserved communities were the majority population in my state's prisons, and I remembered the low rates of diagnosis among African Americans and Hispanics. I learned that AD/HD is not understood by judges, lawyers, probation and parole officers, and others in the correctional system, including the special education teachers working with adjudicated children.

Where to begin? I knew that early diagnosis and treatment were critical. My grandson had been diagnosed at three. If the little ones could be identified early, there was hope that they could get the help they needed. Without diagnosis and treatment, they might enter an uninformed public school system to be labeled a "bad kid." If identified and treated early, they might avoid spending

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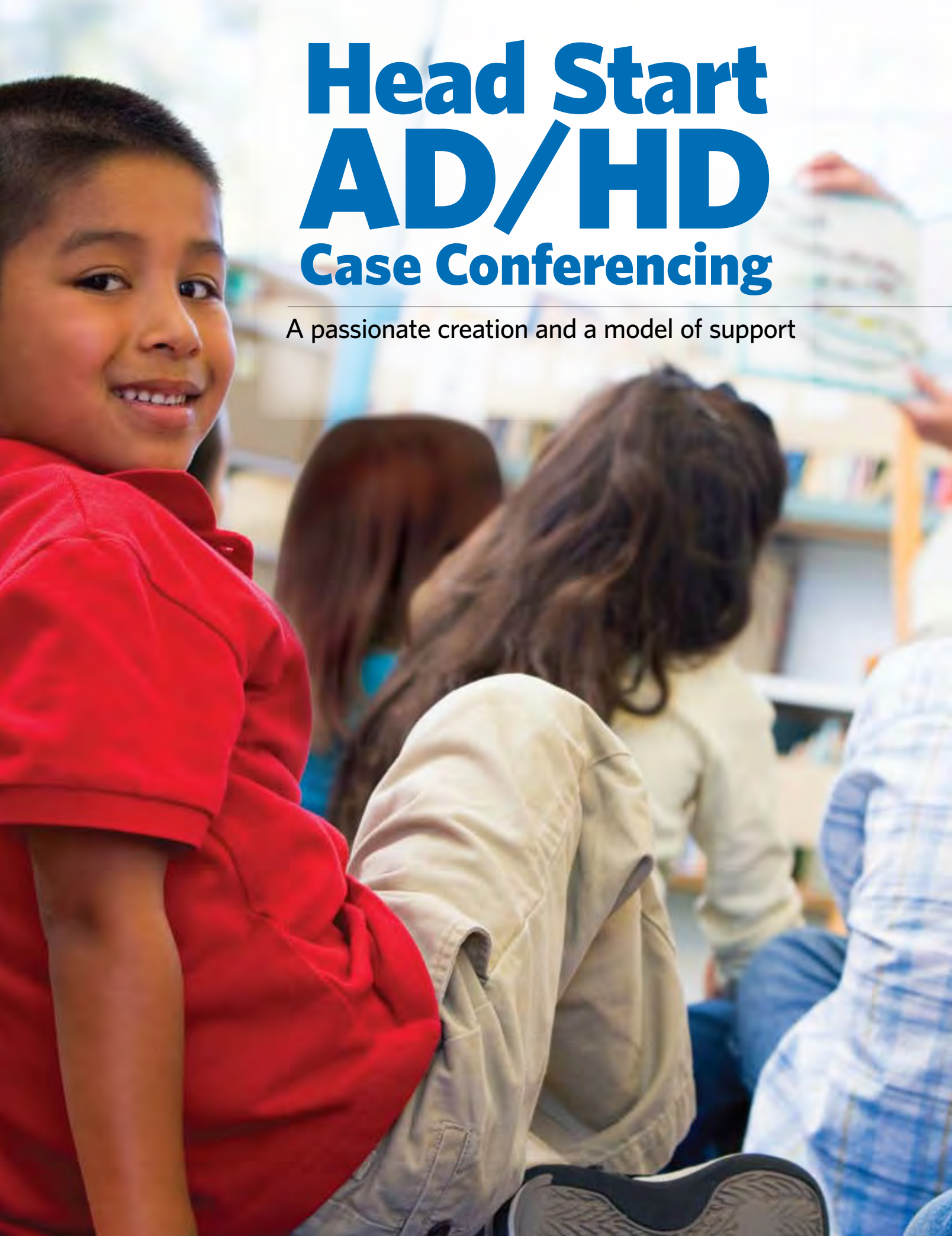
Head Start AD/HD Case Conferencing

A passionate creation and a model of support



A group of children pose for a photograph with BCCAP director of disabilities Ellen DeCarlo, kneeling; assistant director of disabilities Suzanne Steeleman; author and AD/HD case conference creator Judith Champion, kneeling; BCCAP director Allan DeGiulio, PhD; and Head Start director Nancy Griner.

their school years feeling like they were stupid and unable to learn. They might not be called lazy and eventually have their self-esteem reduced so low that they drop out of school because being there makes them feel so terrible. Once on the streets, they might not self-medicate, turn to substance abuse, or engage in illegal behavior. I realized that children with unaddressed needs from AD/HD were being funneled into our juvenile justice programs and eventually into our prisons.

Every Head Start is operated by people who want to do more for the children in their programs. Every Head Start should have an AD/HD program.

The real crime in this cycle of undiagnosed AD/HD is that children with AD/HD can be helped, if identified and treated. Multimodal treatment works, and we are learning more every day. Give a child structure, exercise, good nutrition, medication if needed, behavior modification, appropriate school accommodations and lots of love, and he or she can be successful.

And then it came to me: Head Start was the next place for me to go on my journey.

"What can you do for 400 children?"

The director of New Jersey's Community Action Programs, many of which run Head Start programs with funding from the U.S. Department of Health and Human Services, allowed me to make a presentation to its local directors in June 2008. Allan DeGiulio, PhD, director of the Bergen County Community Action Partnership, immediately asked what I could do for the 400 children in his county's Head Start. I told him I could train his early childhood educators about AD/HD, teach them how to identify an at-risk child, and provide them with strategies designed to modify inappropriate behaviors and increase a child's ability to learn. He said, "Send me a contract."

With 21 classrooms at four sites, Bergen County's Head Start program provides services to approximately 400 low-income three- to five-year-olds and their families. Most classes run from 8:45 AM to 3:45 PM, September through June. Each class is comprised of a maximum of 18 preschool children, an early childhood educator, and a teaching assistant. The children receive a full range of educational, medical, nutritional, and social services. The program is free to families who can demonstrate financial eligibility, as defined by federal poverty guidelines. Parents are expected to take an active part in their child's education.

I began to work with Bergen County Head Start director Nancy Griner. In September 2008, I trained all of the county's Head Start staff. Many not only knew of children who might be at risk, but also recognized AD/HD in their own families. When we were finished, they knew how to identify a child at risk of AD/HD.

How case conferencing works

I developed an observation form for teachers to document and rate a child's behavior compared to other children in the classroom in five areas: activity level, attention span, emotional control, excitability, and aggressiveness. After the initial observation, the teacher meets with director of disabilities Ellen DeCarlo, who then faxes me the observation forms.

Each month, I visit the classroom and observe a set of three or four children. My recorded observations include both active and quiet periods: when children are receiving and responding to directions, participating in group activities, engaging in circle time, waiting in line to brush their teeth, or eating lunch at the table with their friends.

Later that day, I hold a case conference with the teacher, assistant teacher, director of disabilities Ellen DeCarlo, and assistant director of disabilities Suzanne Steeleman. We discuss the child's classroom behavior, home environment, family relationships and support systems, as well as any other services the child is receiving. While it is a challenge to discriminate between appropriate and inappropriate behaviors in a group of three- to five-year-olds, I find that the children at risk for AD/HD stand out fairly well among their classmates.

During the case conference I coach the teachers in the appropriate way to give directions to a child with AD/HD, the importance of frequent positive reinforcement, and other teaching strategies specific to each child. I speak to them about how inappropriate behavior can be made worse by how adults respond to the child. We are part of the behavior equation and it is foolish to believe that a child is exhibiting inappropriate behavior in isolation from the response we are giving him or the stimuli he is receiving from the environment.

The case conference is a wonderful opportunity to present more in-depth information and to coach the staff in best-

A Teacher's Perspective

by Michele Steinmetz

When my student first arrived in my classroom, I was amazed at all of his high energy and disruptive behavior. I felt that I had to stop the lessons frequently just to settle him down and avoid his temper tantrums. I was trying to seek answers on how to help him the best I could from articles, the internet and literature. But nothing gave me the wonderful insight on children with challenging behaviors like the AD/HD training.

My teacher's aide and I scheduled a team meeting to discuss this student's behavior. I learned how AD/HD students need stimulation throughout the day, whether it is playing at the water table, squeezing a stress ball during circle time, sitting on an energy pillow, or helping the teacher as much as possible to keep busy. I learned many different teaching techniques and creative ideas to reach this child because he didn't think like everyone else. He was special in his very own way.

As I used these strategies, his behavior changed dramatically. Now my student can sit through an entire circle time lesson, express his emotions in words, follow class rules and routines much better, and respect his teachers and friends. He has become my wonderful little helper, my storyteller, my artist, and my explorer. I never gave up on him because I saw his potential; I just couldn't have done it without the knowledge and understanding I gained through the AD/HD Head Start program. I credit the program for his magnificent progress!

A circle time lesson in progress at one of Bergen County's four Head Start sites.

practice teaching and response strategies. But when the day is done, I always find that the educators have taught me as well. Conferences are followed up by a written case report and teaching plan for each child.

When more is needed

There are times when a child may not respond to a behavior modification strategy. When this occurs, the parent is usually asked to come in to discuss the child's behavior and determine if there are ways to improve consistency and communication between us and reinforce behavior strategies at home. Many parents are happy to learn that behavior modification strategies used successfully in school transfer well to the home.

Teachers also use a behavior measurement form when it appears that a child is not responding to a new intervention or teaching strategy. Behaviors that disrupt the classroom or interfere with learning are identified and targeted. The frequency and intensity of the behavior is then measured over five days.

Often, children with AD/HD modify their behavior more slowly that other children. It is therefore important to look for and reward change in the intensity and frequency of the target behaviors, instead of simply whether the behaviors are occurring or not. The child may still be exhibiting the behavior, but at a less intense level and less often, and this can be a significant improvement.

Success and expansion

In March 2009, Ellen DeCarlo and I organized a case conference with everyone I had worked with during the school year—eight teachers with twelve challenging children—so the teachers could share successes and failures. We met for four hours. Each teacher spoke about how the strategies they learned had changed students from disruptive to cooperative. They spoke of responding to the children with a new knowledge of the unique brain wiring that AD/HD brings. The teachers accepted the accommodations and teaching strategies as being good for the whole class.

I lived on the energy from that case conference for a week. I was humbled by how hard these Head Start teachers work with their students. Next school year, Bergen County Head Start and I have agreed to expand my work to include training classes for parents, a much needed component of an AD/HD Head Start program.

This important work, which started with CHADD P2P certification and passion to make life better for families with AD/HD, can be created in other places. It takes passion and persistence and connection with people who want to help children. Every Head Start is operated by people who want to do more for the children in their programs. Every Head Start should have an AD/HD program.

If this is something you feel passionate about, take your experience with AD/HD, combine it with knowledge from CHADD through P2P training, and create something in your community. The need for support for families with AD/HD is vast. Create something that is fed by your passion and expands our AD/HD support network. There are so many children and families who need our help. ●