Instructor - Betsy Hoza, Ph.D.  Meeting Time: Mondays 9:30-11:30 a.m.
Meeting Place: 238 Dewey Hall

COURSE DESCRIPTION
The goal of this course is to provide basic comprehensive training in the assessment and treatment of Attention-Deficit/Hyperactivity Disorder and other disruptive behavior disorders. Emphasis will be placed on conducting assessments using multiple methods and multiple informants. Treatment will typically involve intervening via multiple modalities (e.g., parent training, school consultation/ intervention) in multiple settings (e.g., clinic, school) in order to promote cross-setting generalization of treatment gains. Consistent data gathering will be used to provide an ongoing assessment of treatment effectiveness.

A. CLASS REQUIREMENTS
- 100% attendance is expected. If you must miss class due to illness or observance of a religious holiday, please inform the instructor in advance of the class meeting.
- Complete course readings in advance of class meetings each week
- Please turn off cell phones before coming to class. No texting in class!
- Please do not schedule other meetings, clinical or non-clinical, during class time
- Bring client folders to class
- Bring up-to-date graphed data to every class
- Explain your plan for your next session; bring handouts for the team to review
- Incorporate feedback into your work with your clients
- Keep patient files up to date and store them IN THE CLINIC in a locked filing cabinet at all times (except when you are using them)
- Write reports/progress notes in a timely manner
  - intake reports turned in by one week after final assessment session
  - progress notes due within 24 hours of session completion
- use only case number or initials on paperwork until signed by the supervisor and placed in the file

B. INSTRUCTIONS TO ASSIST YOU
The instructions and lists below are intended to assist you in organizing your work with your clients.
**How to Get Started with A Client:**

1. Cases will be assigned to a student clinician on a rotation basis, as soon as the parent and teacher forms have been received. Score your client's parent and teacher rating scales as soon as you receive them. Review scored rating scales with Dr. Hoza and the ADHD Team at the next weekly ADHD Team meeting to determine whether the ADHD Service is an appropriate facility for the client.

2. a) If the client is determined to be an appropriate candidate for services at the ADHD Service, call the parents to schedule an intake session. Try to get both parents to attend the intake interview if it is a two-parent family. In addition to the clinic consent forms, present families with the repository consent at the time of their first visit. Do not consent families until trained by a senior team member! Make sure the repository consent has a current IRB stamp on it—if it does not, you are using the wrong version.

   b) If the client is determined not to be appropriate for the ADHD Service, but would be appropriate for the main BTPC, refer either for immediate services or for their waiting list. Call the parents and inform them that the screening suggested that our ADHD Service is not the best facility for their child's problem (and why). Ask them if they would like to be referred to BTPC and tell them whether or not there is a waiting list (and if so, how long). If the parents want to be referred there, turn the file over to Sue Martel. If they do not want to be referred to BTPC, consult with Dr. Hoza and the ADHD Team to determine the most appropriate community referrals for the client. Then phone the family and relay the referral information.

**The ADHD Service's Comprehensive Assessment Will Include:**

- Developmental, social and educational history intake interview
- Structured Diagnostic Interview
- Parent Rating Scales (standard set filled out in advance)
- Teacher Rating Scales (standard set filled out in advance)
- Meeting with Child's Teacher
- School Observation
- Referral for psychoeducational evaluation (if indicated)
- Referral for medical evaluation (if indicated)
- Past treatment records (if applicable—medical, psychological, psychiatric)

**NOTE:** Assessment summary should include information from all utilized sources.

**Suggested Outline for 1st Session:**

1. Introductions (both clinicians, parent(s) and child)
2. Review of confidentiality and clinic procedures and forms, including repository form (both clinicians, parent(s) and child).
3. Overview of intake session (both clinicians, parent(s) and child):
-one of us will talk to parents and one to the child
-lots of questions
-may be tedious at times, "bear with us"
-necessary for us to get a "complete picture"
(DO NOT MENTION THE SCHOOL OBSERVATION WITH THE CHILD PRESENT)
-tell parents where the child will be and vice versa (you may need to
show the child where his/her parents will be to reduce anxiety)

4. Split parents and child
a) Parents (with Primary Clinician):
   "What brings you here today?" discussion
   Initial intake interview
   Structured interview
   Wrap up (summarize primary problems they've reported, explain the
   next step, e.g., school observation and teacher meeting, and
   schedule the next appointment)

b) Child (with Assisting Clinician):
   Play/build rapport
   Wechsler Abbreviated Scale of Intelligence (WASI-II)
   Child self-report measures
   Child interview
   Wrap up (thank child for cooperating, praise their performance, tell
   them it's time to go back to see if their parents are done)

NOTE: Try to schedule the school observation and teacher meeting the same
week as the intake. Score and summarize all assessment information and bring
it to the next ADHD Team meeting for discussion of diagnosis and treatment
planning.

Suggested Outline for 2nd Session: Transition Session (Parent(s) Only):
Summarize conclusions of assessment
Give diagnosis if appropriate
Educate parent(s) re: diagnosis (if appropriate)
Give support as necessary
Explain your plan for treatment
   -number of sessions
   -type of treatment
   -who will participate
   -what will be expected of parent(s) (attendance, homework, data
   recording)
Sign a contract with the parent(s) outlining what will be expected of them, what
treatment will consist of, and grounds for terminating treatment. Review and
sign written treatment plan outlining specific behavioral goals (NOTE: Treatment plan may need to be revised following this discussion if parents request additions/deletions).

**Treatment**
Treatment should include interventions for both home and school problems for children having difficulties in both domains. Data must be collected regularly, graphed and brought to ADHD Team. We will discuss treatment strategies as a group during ADHD Team. A team binder with example treatment modules is available to you to assist in treatment planning in addition to the MTA Study treatment manual.

**COURSE READINGS**
Course readings are assigned on a week-by-week basis in order to be maximally relevant to the clinical problems of clients seen by clinicians on the clinical team. A tentative list of readings is devised each semester following a discussion at the initial class meeting regarding the most pressing areas in need of further study or enrichment. The schedule of readings will be adjusted as necessary to meet the needs of team members.

**01/13/14** –

**01/20/14** –
UVM Martin Luther King Holiday – No Vertical Team meeting

**01/27/14** –

**02/03/14** –

**02/10/14** –
Barkley (2013). Sluggish cognitive tempo (Concentration Deficit Disorder?): Current status, future directions, and a plea to change the name. *Journal of Abnormal Child Psychology.*

**02/17/14** –
UVM President’s Day Holiday – No Vertical Team meeting
02/24/14 –
Lovett & Leja (2013). ADHD symptoms and benefit from extended time testing accommodations. *Journal of Attention Disorders*.

03/03/14 –
UVM Spring Break – No Vertical Team meeting

03/10/14 –
Langberg et al. (2013). Predictors of response and mechanisms of change in an organizational skills intervention for students with ADHD. *Journal of Child & Family Studies*.

03/17/14 –

03/24/14 –

03/31/14 – To Be Announced (TBA)

04/07/14 – TBA

04/14/14 – TBA

04/21/14 – TBA

04/28/14 – TBA