

Attention Deficit Hyperactivity Disorder (ADHD)

Crisis Intervention Team (CIT) Training



Instructor Guide

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COURSE TITLE PAGE

Program: Crisis Intervention Team (CIT) Training

Block: Children and Youth

Course#/Title: Attention Deficit Hyperactivity Disorder (ADHD)

Accreditation#:

Course Level: Advanced Training

Prerequisites: None

Instructional Method: Lecture, Power Point, Exercises, Discussion

Time Allotted: 1 Hour

Target Group: New Mexico Law Enforcement Basic and Certified Officers; Basic and Certified Telecommunicators

Instructor/Student Ratio: 1/35

Evaluation Strategy: Pre-Test/Post-Test, Class discussion

Required Instructor Materials: Lesson Plan, Power Point, Handouts, Discussion,

Required Student Materials: Note-taking materials, Student Manual

Suggested Instructor Certification:

<input checked="" type="checkbox"/> General Instructor	<input checked="" type="checkbox"/> Professional Lecturer
<input checked="" type="checkbox"/> Specialized Instructor	
<input checked="" type="checkbox"/> CIT Instructor	<input checked="" type="checkbox"/> Master Instructor

Source Document/Bibliography:

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COURSE GOAL:

To prepare the student to handle situations involving people who have ADHD and impulse control issues.

LEARNING OBJECTIVE(S):

Upon completion of training, the participant will be able to demonstrate the following measurable learning objectives:

1. Identify common symptoms and behaviors of ADHD
2. Apply appropriate considerations when interacting with someone who has ADHD
3. Demonstrate understanding of general concepts presented in this course

Welcome (Slide 1)



CHILDREN AND YOUTH ADHD AND IMPULSE CONTROL

Caren Vendetti
Ben Melendrez

- Welcome students and introduce yourself. You may want to include your name on this PowerPoint or write it on a whiteboard or flip chart.
- Provide a brief overview of the class and what to expect.
- Explain your expectations for classroom etiquette.

Definition (Slide 2)



ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

- Affects 5% of children, 3-17ys. (DSM-5)
 - Parents surveyed suggest 11% (2011)
- 4% of adults (2014)
- Core Symptoms of ADHD:
 - Inattention
 - Impulsivity
 - Hyperactivity

- Ask students what they know about ADHD and if they've had any interactions with it.
- Ask why they think there is a difference between the DSM-5 documented cases and reported cases from parents. Do they think it is over/under-diagnosed. Why might this be?
- Note the 3 core symptoms will be expanded on in the upcoming slides.
 - Some people with ADHD will have symptoms predominantly from one category, although the majority of those with ADHD will have a combination of the three.

Symptoms and Traits (Slide 3)



SYMPTOMS & TRAITS



- As the class what they think some of the symptoms might be and how those will be different from behaviors everyone has exhibited in their life?
- Note: Everyone gets frustrated or loses interest/focus at times, but most people can control those behaviors/symptoms or can choose coping mechanisms appropriate to time and place.
- Those with ADHD lack control and/or skills and need treatment.
- Remember, with ADHD, these symptoms interfere in day to day functioning.
- Review:
 - Normal behaviors can be mistaken for ADHD
 - ADHD-like symptoms may occur in children ages 3-6 years old who are not ADHD
 - No single test can determine diagnoses – may require multiple assessments
 - A mental health specialist must reach final diagnosis
 - Pediatrician and mental health specialist may have to rule out other possibilities for behaviors/symptoms

ADHD Symptoms: Inattention (Slide 4)



ADHD SYMPTOMS: INATTENTION

- Easily distracted
- Difficulty focusing
- Easily bored
- Disorganized, losing things
- Not listening, following instructions
- Slowly processing information
- Daydreaming

ADHD Symptoms: Impulsivity (Slide 5)



ADHD SYMPTOMS OF IMPULSIVITY

- Impatience
- Blurting out inappropriate comments
- Lack of emotional restraint
- Acting without regard for consequences
- Impatient, not waiting for their turn

ADHD Symptoms: Hyperactivity (Slide 6)



ADHD SYMPTOMS OF HYPERACTIVITY

- Fidgeting/squirming
- Constantly touching things
- Excessive talking
- Constantly moving
- Difficulty doing quiet tasks

Research-Suggested Causes (Slide 7)



RESEARCH-SUGGESTED CAUSES

- **Genetics**
 - May run in families
 - Brain tissues abnormalities
- **Environmental Factors:**
 - Link to smoking/drinking alcohol during pregnancy
 - Link to young children exposed to lead
- **Brain Injury - may show similar symptoms**
- **Research/Studies into causes still ongoing**

- **Genetic factors:**
 - Researchers are evaluating a link to genes that may predispose people to ADHD.^{2,3}
 - Additional research shows a possible connection to brain tissue abnormalities that can improve as children grow up, reducing symptoms.⁴
- **Environmental factors:**
 - Studies show a connection between cigarette smoking and drinking alcohol during pregnancy and ADHD in children.^{5,6}
 - Small children exposed to lead have a higher risk of developing ADHD⁷
- **Brain Injury (TBI):**
 - Children with a Traumatic Brain Injury (TBI) may exhibit behaviors similar to ADHD
 - Only a small percentage of children with ADHD have a TBI, however
 - bTBI (Blast TBI) – emerging trend shows vets with head injuries from explosions are exhibiting symptoms similar to ADHD. The pressure wave from the initial blast has sheered neurons away. This is difficult to detect. Is sometimes seen in PTSD.

Diagnosis and Treatment (Slide 8)



DIAGNOSIS AND TREATMENT

- **Diagnosed by a mental health specialist**
 - Pediatrician may want to rule out health factors
- **Treatment:**
 - Medication
 - Psychotherapy
 - Education/training
 - Combination of treatments
- **No known “cure”**
- **Treatments focus on reducing symptoms & improving functioning**

Conditions that May Coexist with ADHD (Slide 9)

COEXISTING CONDITIONS

- Learning Disability
- Oppositional Defiant Disorder (ODD)
- Conduct Disorder
- Anxiety and Depression
- Bipolar Disorder
- Tourette Syndrome
- Mood Disorders
- Substance Use Disorders

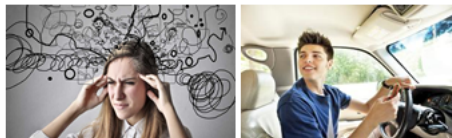
- Briefly review conditions listed on slide
- Coexisting or *comorbid* conditions with ADHD do not mean that everyone has them, they are just disorders that have common pairing with ADHD and it is common to encounter people with ADHD that have more than one diagnoses.

- *Optional:* Before showing slide 10 you may generate discussion by asking how ADHD may present in adolescents/teens (What kind of behaviors and challenges ADHD teens may face).

ADHD in Teens (Slide 10)

ADHD IN TEENS

- May have difficulty sticking with treatment
- Impulsivity, short temper
- Risky behavior
 - ADHD teens involved in nearly 4x more car crashes than other teens
 - More injury accidents and more speeding tickets



- *Additional information included in ADHD Student Guide - Behaviors Associated with ADHD Teens:*
 - Hyperactive/restless – may try to do too many things at once
 - Inability to delay reward – choosing activities that result in a quick payoff
 - Struggling in school
 - Difficulties in self-reliant activities
 - May have difficulty maintaining their ADHD treatment
 - Risk taking/rule breaking
 - Impulsive
 - Short-tempered

Optional: Before showing slide 11 you may generate discussion by asking how ADHD may present in adults (What kind of behaviors and challenges ADHD adults may face).

ADHD in Adults (Slide 11)

ADHD IN ADULTS

- Difficulty keeping job, schedule, appointments
- Failed relationships
- Restless
- Unsuccessful multitasking
- Seeks out “quick fixes” rather than taking time to complete a task correctly

- Point out that there are similarities between ADHD teen and adult presentation of symptoms:
 - Seeking out quick fixes, rather than delaying rewards
 - Difficulty in school/work
 - Multiple traffic accidents/citations
 - Difficulty being responsible and self-reliant
- Explain that ADHD can be diagnosed in adulthood and diagnoses may require multiple types of assessments and must be done by a licensed mental health professional.

ADHD and the Criminal Justice System (Slide 12)

ADHD IN THE CRIMINAL JUSTICE SYSTEM

- May commit crimes related to impulsivity and heightened emotional reactivity
 - Shoplifting, assault/battery, traffic violations, vandalism
- May be crime victims or manipulated into committing crimes
- ADHD associated with Conduct Disorder/Antisocial Personality Disorder (career criminal behavior)

- Reminder, this may explain, not excuse, some behaviors you see in the field and help to know when to offer resources to the person/family.



Discussion – Before showing slide 13, ask students to raise their hands and give suggestions for considerations/tactics they might use while interacting with someone who is ADHD. You have the option of writing suggested techniques on a board or flip chart. (Students can “cheat” if they look at their student guides – you may control this option at your discretion).

Considerations when Interacting with ADHD Citizens (Slide 13)



INTERACTING WITH ADHD CITIZENS

- Ask one question at a time
- Be clear, simple and direct
- Repeat as necessary
- Subjects may have agitation/outbursts
- Subjects may have poor memory, impaired sense of time and direction
- Subjects may try to rush through conversation

- Make sure to reinforce officer/situational safety and never to give up personal safety to conduct communication skills.
- Make sure to cover points that might have come up in questions throughout the course.

Questions?/Thank You Ending Slide (Slide 14)



- Point out that the famous people shown (Channing Tatum, Adam Levine, Michael Phelps, Michelle Rodriguez, Terry Bradshaw) have all disclosed that they are diagnosed with ADHD.
- Please insert/provide your (instructor) name and contact information.

Acknowledgements:

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Albuquerque Police Department:

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