# TREATMENT GUIDELINES FOR HEALTH STAFF Attention-Deficit/Hyperactivity Disorder (AD/HD)

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| **COMMON SYMPTOMS OF AD/HD** | | |
| **Inattention** | **Impulsivity** | **Hyperactivity** |
| * Easily distracted or failing to pay attention and stay on task * Difficulty following or understanding instructions * Loses things that are needed to complete tasks * Disorganized and has difficulty prioritizing tasks * Makes careless mistakes * Fails to pay attention to details * Seems not to listen when spoken to * Is forgetful * Avoids tasks that involve effort * Gives up easily on effortful/difficult tasks * Poor time management | * Impatient, difficulty waiting their turn in conversation or games * Blurts out comments * Interrupts or intrudes on others * Annoys or bothers others * Acts without regard for consequences * Mood swings and emotional dysregulation * Difficulty controlling anger, low frustration tolerance | * Restless, fidgety/squirming, touching things * Difficulty doing tasks quietly * Often leaves seat when remaining seated is expected * Constantly moving * Excessive talking or noises * Difficulty doing tasks quietly |
| **NOTE**: Because there are different subtypes of AD/HD including one that primarily presents with more attention problems than hyperactivity and impulsivity, some people refer to the disorder as “ADD” rather than “AD/HD.”  Students with AD/HD may present at the health and wellness center (HWC) with problems that are not core symptoms of ADHD, including mood swings and mood dysregulation, irritability and difficulty controlling anger, agitation, anxiety, sleep problems, accidental injuries, aggressive behavior, and mental fatigue. | | |

**Authorized health and wellness staff may treat symptoms and associated features of AD/HD as follows:**

## WHAT TO DO FIRST

1. Provide a private, supportive space where the student feels safe to talk. Ideally, the space should have room enough for student to move around, if needed.
2. Movement can be helpful when someone is feeling hyperactive, fidgety and/or anxious. Consider walking with the student or offering them a fidget object such as a rubber bands, paper clips, a stress ball, or other small objects that can be manipulated in a student’s hands.
3. If the student is upset or agitated, speak in a calm tone of voice. Avoid saying phrases like *“****Calm down****”* and *“****Relax****”* as these statements are not helpful.
4. Suggest (say) to the student, ***“Taking several deep breaths can help to calm the nervous system. I will show you how. We can do it together.”*** If the student is open to the suggestion, provide gentle coaching: ***“Breathe in slowly through your nose and then breathe out slowly through your mouth.”*** Repeat these 3 to 5 times. Ask, ***“How do you feel now?***” If the student says that the breathing exercise was helpful, you can offer to continue taking a few more deep breaths together, if needed.
5. Try to help the student identify and label how they are feeling. For example: ***“It looks like you are upset or frustrated about something.”*** This can help the student calm down and regain a sense of control. Allow the student to correct you with a different feeling word, as needed. The point is to get the student talking about how they are feeling and why.

## ASSESS SYMPTOMS AND BEHAVIORS

1. Listen to the student non-judgmentally and with empathy and genuine concern.
2. Give the student as much personal space and sense of control as possible.
3. Allow the student to express their current feelings and concerns. Acknowledge the student’s feelings. For example, ***“I can see you’re having a hard time right now”*** or ***“I can see how that could be upsetting/frustrating.”***
4. Speak clearly and use short sentences in a calm and reassuring tone of voice. Do not overwhelm the student with words as this will likely cause the student to become more stressed and anxious.
5. Avoid offering advice, lecturing, or trying to “fix” the situation. Listening in an attentive way is the most helpful thing you can do to comfort a student.
6. If the student does not start talking right away or you need to focus the student, ask ***“What’s going on for you right now? What’s making you feel (react) this way?***
7. If the student is not able to describe why they are feeling or reacting the way they are, consider asking the following 3 questions, as appropriate:

* ***“Have you recently had any energy drinks or drinks with a lot of caffeine?”*** If the student answers “yes,” ask about the names of the drinks, how much the student drank, and how much they usually consume. If the student reports, or is suspected of, having consumed energy drinks in excess, involve the Center Physician (CP).
* ***“Have you recently taken any of your own medications or someone else’s prescription medications?”*** If the student answers “yes,” ask about the names of the medications, the number of pills/capsules they took, and what time they were taken. If the student reports, or is suspected of, mis-using their own or someone else’s medications, involve the CP.
* If there are concerns about possible alcohol/drug use, ask **“*Have you recently used any alcohol or drugs?”*** If the student answers “yes,” ask about the types of alcohol or drugs and how much and what time the substances were consumed. If the student reports, or is suspected of, having used a substance, involve the TEAP specialist, if possible, and/or follow [Alcohol or Drug Use Behavior Treatment Guideline](https://supportservices.jobcorps.gov/health/Documents/TGs/tg_alcohol_drug.docx).

1. If there are any concerns about self-harm or suicide, assess for thoughts of self-harm by saying:

* **"*Sometimes people feel that life is not worth living. How are you feeling about living right now?"*** *[wait]*
* ***"Have you ever thought of harming yourself or trying to end your own life?***
* If the student answers “yes,”ask***"Are you feeling that way now?"***
* If self-harm thoughts are present or questionable, follow the [Suicidal Self-Directed Violence Treatment Guideline](https://supportservices.jobcorps.gov/health/Documents/TGs/tg_suicide.docx) (“What to Do Next”). **Do not leave the student alone.**

1. If after initial interventions the student still presents with hyperactive or impulsive behavior that could pose a potential safety threat to self or others (this rarely happens and may be related to other mental health issues, such as mood or severe anxiety disorders), take steps to ensure your safety and the student’s safety. For example, make sure that others are around, that you have access to a telephone, and can exit the room or area if needed. **Contact center security for assistance or follow your center operating procedure (COP) for Mental Health Emergencies. Alert the health and wellness director (HWD) about the situation, if needed.**
2. If the student’s behavior does not pose a safety threat and the student is not willing to participate in the assessment, ask the student if they would like to speak to the Center Mental Health Consultant (CMHC) (if available) or if there is a trusted staff member who can provide support, then determine if that person is available to come assist.
3. After the acute distress has been addressed, discuss with the student how a referral to the CMHC could be helpful to develop strategies for managing stress and their symptoms better.

## WHAT TO DO NEXT

1. Students with symptoms of AD/HD that interfere with functioning should be encouraged to meet with CMHC for further support.
2. If the student is already in treatment for AD/HD, determine whether the student has been adherent with any prescribed medications or therapeutic interventions. Consider how to address any issues of non-adherence.
3. Students who express an interest in starting medication to assist with AD/HD symptoms or who would like a re-evaluation of their currently prescribed medications should be referred to the CMHC for assessment and to the CP for follow-up.
4. If the student does not want to meet with the CMHC/CP, it is recommended that health and wellness staff alert the CMHC so the student can be discussed at the next case management meeting and help identify ways for the counselor to support the student. The counselor can refer the student to the CMHC in the future, if needed.
5. If the student has received treatment for AD/HD in the past, consider obtaining a signed Authorization for Release of Information from the student (or, if minor, parent/guardian) so that prior treatment records can be obtained and reviewed.