

Preliminary Development of a Training Program for Childcare Providers of Young Children with ADHD Inattentive Tendency

University of Tsukuba MIZUNO Hiroko

I. Introduction

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by inattention, hyperactivity, and impulsivity. It is categorized by the presence of both inattention and hyperactivity/impulsivity, inattention predominantly present, or predominantly hyperactivity/impulsivity (American Psychiatric Association, 2013).

Among the traits of ADHD, hyperactivity/impulsivity symptoms become less noticeable with age, while inattention symptoms are maintained after adolescence and have a significant impact on daily life (American Psychiatric Association, 2015; Döpfner et al., 2013). Additionally, children with inattentive tendencies are less likely to receive appropriate responses than those with hyperactive/impulsive tendencies (Solden, 2005). Although children with ADHD inattentive tendencies are less likely to manifest problems in early childhood, secondary disorders such as psychological maladjustments, including depression and anxiety, difficulties with friendships and schoolwork, and Internet dependence, as well as problems caused by disorders, often occur after school age (Mizuno, Mizuno, & Mizuno, 2019; Nelson & Liebel, 2018; Wang, Yao, Zhou, Liu, & Lv, 2017).

Childcare providers' awareness of the behaviors of children with developmental disabilities can be the first step in helping these children live their lives (Miyadera & Yoshizawa, 2015). Therefore, appropriate handling and understanding of children with developmental disabilities are required, and training programs have been developed for childcare providers (e.g., Okochi, 2010; Takezawa, Yamazaki, Annoi, & Yuki, 2014) to address these issues. However, most training programs to date have focused on addressing behaviors commonly seen in children with developmental disabilities in general, such as autistic spectrum disorders and hyperactivity/impulsivity tendencies in ADHD. No training program exists for childcare providers that specialize in caring for young children with ADHD inattentive tendencies.

Therefore, the purpose of this study is to prepare both a draft and the first version as a preliminary study on the development of a training program aimed at childcare providers of young children with ADHD inattention tendencies. First, in Study 1, based on the results of previous studies, we developed a training program for the care of young children with ADHD inattention tendencies. In Study 2, after experts in developmental disorders evaluated the draft of the training program developed in Study 1, we identified areas for improvement and developed the first version of the training program for the care of young children with ADHD inattention tendencies.

II. Study 1

(1) Purpose

The purpose of Study 1 was to develop a draft training program for the care of young children with ADHD inattention tendencies based on the results of previous studies.

(2) Method

Previous research on developmental disorders and (a) childcare providers' recognition of ADHD inattentive tendencies, (b) the appropriate treatment and support for ADHD inattentive tendencies, and (c) the effects of ADHD inattentive tendencies on their social life and mental health were collected, and the content needed for a proposed training program for childcare providers on childcare for young children with ADHD inattentive tendencies was extracted. The procedure was implemented between October and December 2019.

(3) Results and Discussion

A close examination of previous studies reveals four elements for inclusion in the draft training program: “①Overview of ADHD and ADHD inattentive symptoms,” “②Secondary disorders caused by inappropriate behavior,” “③How to deal with children with ADHD inattentive tendencies,” and “④The need to provide information for the future.” In addition, it was important to include appropriate and inappropriate responses to “How to deal with young children with ADHD inattentive tendencies.” (The reasons for this are shown in Table 1).

First, regarding “①Overview of ADHD and ADHD inattentive symptoms,” Mizuno & Mizuno (2017) found that childcare providers may not fully understand ADHD inattentive symptoms. This is because childcare providers often have limited experience in dealing with behaviors that are characteristic of young children with ADHD inattentive tendencies, as this is not usually a problem in group settings. Therefore, an “Overview of ADHD and ADHD inattentive symptoms” must be included in the training program components.

Second, regarding “② Secondary disorders caused by inappropriate behavior,” children with inattentive tendencies are less likely to have problems that manifest in early childhood, problems with depression, anxiety, and friendship and academic difficulties, along with secondary disorders which often occur after school age (Mizuno et al., 2019; Nelson & Liebel, 2018; Wang et al., 2017). This may be because children with ADHD inattention tendencies are less likely to receive appropriate responses than children with hyperactivity/impulsivity tendencies (Hamada, 2019; Solden, 2005) and are often subjected to inappropriate responses (Mizuno & Mizuno, 2017; Mizuno, Mizuno & Tokuda). Thus, it is necessary to include in the content of the draft training program the possibility that continued inappropriate responses may lead to problems and secondary disorders in the future, even if no problems are currently present.

Third, regarding “③How to deal with children with ADHD inattentive tendencies,” childcare providers generally experience difficulty dealing with the behavioral

Table1. The content of the draft training program

Content	Rationale for its incorporation
① Overview of ADHD and ADHD inattentive symptoms	<ul style="list-style-type: none"> • Mizuno & Mizuno(2017): Childcare providers may not fully understand ADHD inattention symptoms.
② Secondary disorders caused by inappropriate behavior	<ul style="list-style-type: none"> • Hamada(2019); Solden (2005): Children with inattentive tendencies are less likely to receive appropriate responses than those with hyperactive/impulsive tendencies. • Mizuno et al. (2019); Nelson & Liebel (2018); Wang et al. (2017): Problems with depression, anxiety, friendship and academic difficulties, and secondary disorders often occur to children with ADHD inattentive tendencies after school age. • Mizuno & Mizuno (2017); Mizuno et al. (2018): Young children with ADHD inattentive tendencies are often dealt with inappropriately.
③ How to deal with children with ADHD inattentive tendencies	<ul style="list-style-type: none"> • Mizuno & Mizuno (2017): Childcare providers generally have difficulty responding to the characteristic behaviors of young children with ADHD inattentive tendencies. <p>For appropriate responses</p> <ul style="list-style-type: none"> • Rickel & Brown (2006): “Environmental adjustment,” “talking to the child to return to attention,” “immediate reinforcement by talking to him/her,” and “visual cues” are effective for children with ADHD. <p>For inappropriate responses</p> <ul style="list-style-type: none"> • Mizuno et al. (2018): Childcare providers did not have concrete desirable responses such as “talking to the children” and “environmental adjustment” according to the characteristics of ADHD inattentive tendencies, and many of the responses were abstract.

	<ul style="list-style-type: none"> • Mizuno & Mizuno (2017): Childcare providers thought they should communicate to parents and elementary school teachers the following: “it is necessary to watch them because children with ADHD inattentive tendency can eventually accomplish the task”; “children with ADHD inattentive tendency can do it by observing their friends”; and “children with ADHD inattentive tendency are not low in ability, so it is important to encourage them and make them work on the task.”
④ The need to provide information for the future	<ul style="list-style-type: none"> • Rickel & Brown (2006): Young children with ADHD inattentive tendencies need to be properly understood by the adults around them to receive an appropriate response. • Mizuno & Mizuno (2017): There was excessive, inappropriate content that childcare providers thought should be communicated to parents and teachers at the school.

characteristics of children with ADHD inattentive tendencies (Mizuno & Mizuno, 2017). Therefore, it is necessary to include “③ How to deal with children with ADHD inattentive tendencies.” In addition, the training program on “③ How to deal with young children with ADHD inattentive tendencies” was divided into appropriate and inappropriate responses.

According to the American Psychological Association’s manual for the treatment of ADHD (Rickel & Brown, 2006), appropriate responses such as “environmental adjustment,” “talking to the child to return to attention,” “immediate reinforcement by talking to the child,” and “visual cues” are effective for children with ADHD. This suggests that adaptive involvement with young children with inattentive tendencies in ADHD should include the following: (1) “environmental adjustments” such as reducing stimuli and setting up a place where attention is not easily diverted; (2) “talking to the child to return to attention” such as immediately returning attention and teaching specific behaviors; (3) “immediate reinforcement by talking to him/her” such as praising the child as they are able to do so; and (4) “visual cues,” which provide visual hints to help the child remember what to do now and what to do next.

Regarding inappropriate responses, Mizuno et al. (2018) have pointed out that childcare providers did not have concrete desirable responses, such as “talking to the children” and “environmental adjustment,” according to the characteristics of ADHD

inattentive tendencies, and that many of the responses were instructions that are not specific enough, such as: “talk to them in a way that makes them interested” and “adapt to the child's needs.” In addition, Mizuno & Mizuno (2017) revealed that childcare providers thought they should communicate with parents and elementary school teachers the following: “it is necessary to watch them because children with ADHD inattentive tendency can eventually accomplish the task”; “children with ADHD inattentive tendency can do it by observing their friends”; and “children with ADHD inattentive tendency are not low in ability, so it is important to encourage them and make them work on the task.” This type of behavior is considered inappropriate when dealing with young children with inattentive tendencies in ADHD because they are forced to work harder in an inappropriate environment, they are reprimanded more than necessary, and they lose confidence when they are compared to their friends. Therefore, such responses must be included in the content of the draft training program as examples of inappropriate responses.

Fourth, regarding “④The need to provide information for the future,” young children with ADHD need to be correctly understood by the adults around them to receive appropriate responses (Rickel & Brown, 2006). As mentioned above, the content that childcare providers thought should be communicated to parents and teachers at the school was often inappropriate (Mizuno & Mizuno, 2017). The current involvement of childcare providers affects future adjustment of children. Meanwhile, children with ADHD inattentive tendencies need correct understanding from their surroundings to learn how to cope with problems arising from their inattentive tendencies and become more independent in the future. Therefore, we believe that the need to provide forward-looking information for parents and teachers must be included in the content of the draft training program.

Furthermore, as a form of training program, childcare providers have difficulty responding to the behavioral characteristics of young children with ADHD inattentive tendencies (e.g., “The child sometimes cannot engage in certain daily activities,” and “The child is often distracted and cannot concentrate”) regardless of the years of experience in childcare (Mizuno & Mizuno, 2017). Therefore, training on childcare for young children with ADHD inattentive tendencies is considered necessary for childcare providers, regardless of the length of experience.

The detailed contents of the draft training program are listed in Table 2. The duration of the training was set at 60 minutes, and was only repeated once so as not to overburden the childcare providers receiving the training.

III. Study 2

(1) Purpose

The purpose of Study 2 was to develop a training program version 1 for the care of young children with ADHD inattention tendencies developed in Study 1. This was done

Table2. Items included in the content of the draft training program

Content of program	Specific item
① Overview of ADHD and ADHD inattentive symptoms	1 ADHD overview 2 Causes of ADHD 3 Specific examples of ADHD inattentive tendencies in young children
② Secondary disorders caused by inappropriate behavior	1 It is difficult for children with mainly inattentive symptoms to receive appropriate responses 2 Psychology of children with inattentive symptoms 3 Secondary disorders after school age 4 Prevention of secondary disorders
③ How to deal with children with ADHD inattentive tendencies	1 Specific examples of appropriate responses to children with inattentive symptoms 2 Adjusting the environment: Reduce stimuli, set up a place where attention is not easily diverted, etc. 3 Talking to the child to get their attention back: Returning attention immediately when attention is diverted, teaching specific behaviors, etc. 4 Immediate reinforcement by talking to the child: Give praise gradually, starting with what the child is doing well, and give immediate praise using expressions that are easy for the child to understand. 5 Visual cues: Provide visual cues to help children remember what they need to do now and what they need to do next. 6 Role-play with specific examples of responses - Specific Examples of Inappropriate Responses - Specific Examples of Appropriate Responses
④ The need to provide information for the future	1 The need for the individual to deal with ADHD inattention characteristics in the future 2 The need for the individual to learn appropriate environmental settings and response methods 3 Communicating information to parents and the elementary school where the child will go to school

through the evaluation of the draft of the training program developed by experts on developmental disorders.

(2) Method

Four university faculty members specializing in developmental disabilities (with academic publications on developmental disabilities) and four practitioners (childcare providers and elementary school nurse teachers) with more than 15 years of experience (hereafter collectively referred to as “experts”) were asked to help evaluate the draft training program on caring for young children with ADHD inattention tendencies developed in Study 1. The program was administered to eight experts who pointed out and discussed the contents based on the program. Based on all the experts’ evaluations, the first version of the training program on caring for young children with ADHD inattention tendencies was developed. The implementation date of the draft training program and consultation with the eight experts was January 25, 2020. The preparation period for the first version of the training program was from February to July 2020.

(3) Results and Discussion

Table 3 shows the comments from the experts and the revision policy of the training program. The comments from the experts were classified into the following five categories. First, the points of “not necessarily maladaptive” and “overemphasis on the risk of secondary disorders” were grouped into the category of “Overemphasis on secondary disorders.”

Next, the points of “I had the impression that childcare providers were required to respond excessively” and “It was difficult to understand how far childcare providers should go” were grouped into the category of “Scope of childcare providers’ response.”

In addition, the suggestion that “the slide showing the importance of a forward-looking response was difficult to understand” was placed in the category of “Importance of a forward-looking response.” The case of “multiple problems and pertinent points were included in one case, making it difficult to understand” was categorized as “Case content.” The suggestion that “the number of words or the amount of information per slide was too large” was placed in the category of “Slide format.”

In light of the “Overemphasis on secondary disorders,” the author has described more clearly the fact that the individual can demonstrate their abilities by receiving an environment that facilitates sustained attention and appropriate responses. Specifically, in Table 2, we moved the descriptions of “④-1 The need for the individual to deal with ADHD inattention characteristics in the future” and “④-2 The need for the individual to learn appropriate environmental settings and response methods” to the front of “② Secondary disorders caused by inappropriate behavior” and divided them into multiple slides, clearly indicating the main points. In addition, the description of “②-4 Prevention of secondary disorders” was moved to the front of “②-1 It is difficult for children with mainly inattentive symptoms to receive appropriate responses.”

Table3. Comments and suggestions from experts and revision policy
(The numbers in the table refer to Table 2).

Category	Revision of program
Overemphasis on secondary disorders	<p><u>A clearer description of the fact that an individual's abilities can be demonstrated in an environment where attention is easily sustained is provided, along with appropriate responses.</u></p> <p>【Specific policy for revision】</p> <ul style="list-style-type: none"> • The description of (4)-1,2 was moved to the front of ②. • Divided ④-1 and 2 into multiple slides and organized them by clarifying key points. • Moved the description of ②-4 to the front of ②-1. <p>【The revised configuration】</p> <p>④ -1 To help the individual deal with ADHD inattentive characteristics in the future</p> <p>④-2 The need for the individual to learn how to set up and respond to an appropriate environment</p> <p>②-4 Prevention of secondary disorders</p> <p>② -1 It is difficult for children with mainly inattentive symptoms to receive appropriate responses</p> <p>②-2 Psychology of children with inattentional symptoms</p> <p>②-3 Secondary disorders after school age</p>
Scope of childcare providers' response	<p><u>Specific points for childcare providers to take action.</u></p> <p>【Specific policy for revision】</p> <ul style="list-style-type: none"> • The slides with the headings ③-1 to 6 and ④-3 were newly created and added before ③. • A new slide summarizing the main points of ③-2 to 5 was prepared and added before ③. <p><u>Added that the childcare providers themselves need to execute the response with small steps.</u></p> <p>【Specific policy for revision】</p> <ul style="list-style-type: none"> • A new slide was prepared to supplement ②-4 and ③-4 and was added after (3).

	<ul style="list-style-type: none"> • A description of the need for childcare providers themselves to work in small steps was added after (3). <p><u>Added that childcare providers need to know how to respond specifically to ADHD inattention characteristics.</u></p> <p>【Specific policy for revision】</p> <ul style="list-style-type: none"> • It was decided to verbally explain the need for childcare providers themselves to know how to deal with ADHD-inattentive young children regardless of how well they could respond. <p>【The revised configuration】</p> <ul style="list-style-type: none"> ○ Slides under headings ③-1 to 6 and ④-3 ○ Slides summarizing the main points of ③-2 to 5 ③-1 Specific examples of appropriate responses to children with inattentive symptoms ③-2 Adjusting the environment ③-3 Talking to the child to get their attention back ③-4 Immediate reinforcement by talking to the child ③-5 Visual cues ③-6 Role-play with specific examples of responses ○ Slides to supplement Table 2 ②-4 and ③-4 ○ Need for childcare providers themselves to work on small steps
<p>Importance of a forward-looking response</p>	<p><u>Divided slides on what is expected of children with inattentive tendencies as they grow into adults.</u></p> <p>【Specific policy for revision】</p> <ul style="list-style-type: none"> • Slides ④-1 and ④-2 were divided into several slides, and the main points were clearly indicated. • As a result of the revision of “Overemphasis on secondary disorders,” ④-1 and 2 were moved to the front of ②. <p>【The revised configuration】</p> <ul style="list-style-type: none"> ④-1 To help the individual deal with ADHD inattentive characteristics in the future

	<p>④-2 The need for the individual to learn how to set up and respond to an appropriate environment</p> <p>②-4 Prevention of secondary disorders</p> <p>② -1 It is difficult for children with mainly inattentive symptoms to receive appropriate responses</p> <p>②-2 Psychology of children with inattentive symptoms</p> <p>②-3 Secondary disorders after school age</p>
<p>Case content</p>	<p><u>Changed to show one point for one problem.</u></p> <p>【Specific policy for revision】</p> <ul style="list-style-type: none"> • In the case of ③-6, only the key points were described on the slide, and the role-play was conducted with verbal supplementation. Therefore, each case was divided and shown on the slide. • Using a scene from a specific case, the author illustrates specific responses by clarifying the key points. <p>【The revised configuration】</p> <p>There is no change in the configuration regarding this point.</p>
<p>Slide format</p>	<p><u>Split the content into multiple slides.</u></p> <p>【Specific policy for revision】</p> <ul style="list-style-type: none"> • Slides with a large amount of text or information were divided into multiple slides. <p><u>Illustrations are used to make the main points easier to understand.</u></p> <p>【Specific policy for revision】</p> <ul style="list-style-type: none"> • Illustrations were added to each slide as necessary. <p>【The revised configuration】</p> <p>There is no change in the configuration regarding this point.</p>

In response to the suggestion of “Scope of childcare providers’ response,” the following three revisions were made: “Specify the main points of the response to be taken by the childcare providers”; “Add the need for the childcare providers to implement the response in small steps”; and “Add the need for childcare providers to have knowledge of specific ways to respond to ADHD inattention characteristics.”

First, the main points of responses to be taken by childcare providers are presented in concrete terms. Specifically, slides with headings summarizing the contents of “③ How to deal with children with ADHD inattentive tendencies” and “④ -3 Communicating information to parents and the elementary school where the child will go to school” and slides summarizing the main points of “③ -2 Adjusting the environment,” “③-3 Talking to the child to get their attention back,” “③-4 Immediate reinforcement by talking to the child,” and “③-5 Visual cues,” were created newly and added before “③How to deal with children with ADHD inattentive tendencies.”

Second, the author added the need for childcare providers to implement responses in small steps. The idea is to incorporate the small-step approach when childcare providers reflect on the level of achievement of their own responses to children. For example, when childcare providers can take appropriate actions for children – even if it is only a little – they can praise themselves and increase the frequency of appropriate actions and continue to take them. In this way, when childcare providers use the small-step approach in their own interactions with children, they can reduce their psychological conflicts and sense of burden of having to always do things perfectly, allowing them to continue to take desirable actions. Specifically, the author created new slides to supplement “②-4 Prevention of secondary disorders” and “③-4 Immediate reinforcement by talking to the child” and added them after “③How to deal with children with ADHD inattentive tendencies.” In addition, a description of the need for caregivers to work in small steps was added after ③.

The third point was the need to know specific ways to respond to ADHD inattentive characteristics. Specifically, it was decided to verbally explain the need to know how to respond to young children with ADHD inattention tendencies, regardless of how well the childcare providers themselves can actually perform the task.

Regarding the “importance of a forward-looking response,” the author divided the slides into two sections regarding what is required of children with inattentive tendencies until they become adults. Specifically, we divided the slides into two or more sections, “④ -1 The need for the individual to deal with ADHD inattention characteristics in the future” and “④-2 The need for the individual to learn appropriate environmental settings and response methods,” and organized them by clearly indicating the key points. In addition, following the revision of “Overemphasis on secondary disorders,” slides ④-1 and 2 were moved to the front of “②Secondary disorders caused by inappropriate behavior.”

The point of “Case content” was changed to indicate one point for one problem in

the case study. In “③-6 Role-play with specific examples of responses,” only the key points were described on the slide. As the role-play was conducted with verbal supplementation, each case was divided and shown on the slide. In addition, a scene from a specific case was used to illustrate the specific response while clearly indicating the key points of the response.

Finally, concerning the “Slide format,” the following modifications were made: dividing the content into multiple slides and using illustrations to make the main points easier to understand. Specifically, slides with a large amount of text or information were divided into multiple slides, and illustrations were added to each slide as necessary.

Following the procedures described above, we developed a training program on the care of young children with ADHD inattention tendencies. The training program consisted of “① Overview of ADHD and ADHD inattentive symptoms,” “② Importance of a forward-looking response,” “③ Secondary disorders caused by inappropriate behavior,” “④ How to deal with children with ADHD inattentive tendencies,” and “⑤ The need to provide information for the future.” In addition, “② Importance of a forward-looking response” was added as a new name because “④ The need to provide information for the future” in the draft was divided, and the presentation order was changed. The details are presented in Table 4. The time and number of sessions were set to one 60-minute session, the same as in the draft, because we did not receive any comments on the time and number of sessions. There were no significant additions to the content in the revision.

IV. Discussion

Through Studies 1 and 2, we developed a training program for caring for young children with ADHD inattention tendencies. In the future, it will be necessary to implement the training program developed in this study for caregivers and verify its effectiveness. The training program will be revised and finalized based on the results of the effectiveness evaluation.

In response to the points of “Overemphasis on secondary disorders” and “Importance of a forward-looking response,” the author was reminded that presenting information on secondary disabilities before people have sufficient knowledge about them can lead to a negative perception. This can be of having ADHD inattentive traits and a false impression that secondary disabilities will always develop. Further, describing secondary disabilities before explaining that children with ADHD inattention tendencies should gradually learn how to understand and cope with their inattention characteristics to facilitate their daily lives may lead to negative impressions and anxiety about coping. The author recognized the importance of the order in which the information was presented.

Table4. Items included in the content of the first version of the training program

Content of program	Specific item
<p>① Overview of ADHD and ADHD inattentive symptoms</p>	<p>1 ADHD overview 2 Causes of ADHD 3 Specific examples of ADHD inattentive tendencies in young children</p>
<p>② Importance of a forward-looking response</p>	<p>1 To help the individual deal with ADHD inattentive characteristics in the future. 2 The need for the individual to learn how to set up and respond to an appropriate environment</p>
<p>③ Secondary disorders caused by inappropriate behavior</p>	<p>1 Prevention of secondary disorders 2 It is difficult for children with mainly inattentive symptoms to receive appropriate responses 3 Psychology of children with inattentive symptoms 4 Secondary disorders after school age</p>
<p>④ How to deal with children with ADHD inattentive tendencies</p>	<p>1 What caregivers should do for young children with inattentive tendencies (Table 2. Slides under headings ③-1 to 6 and ④-3) 2 The basic premise of dealing with children with inattentive symptoms (Table 2. Slides summarizing the main points of ③-2 to 5) 3 Specific examples of appropriate responses to children with inattentive symptoms 4 Adjusting the environment 5 Talking to the child to get their attention back 6 Immediate reinforcement by talking to the child 7 Visual cues 8 Role-play with specific examples of responses 9 Prevention of secondary disabilities and “immediate reinforcement by talking to the child” supplemented (slides to supplement Table 2 ②-4 and ③-4) 10 Need for childcare providers themselves to work on small steps</p>
<p>⑤ The need to provide information for the future</p>	<p>1 Communicating information to parents and the elementary school where the child will go to school</p>

Training for childcare providers should help them learn not only how to respond appropriately to children but also reduce their own sense of difficulty and anxiety. Therefore, the training should not give a negative impression about ADHD inattention or arouse anxiety among caregivers due to insufficient content.

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Preliminary Development of a Training Program for Childcare Providers of Young Children with ADHD Inattentive Tendency

MIZUNO Hiroko

This study aimed to develop a training program for childcare providers caring for young children with ADHD inattentive tendencies. In Study 1, a close examination of previous studies reveals four elements for inclusion in the draft training program: “① Overview of ADHD and ADHD inattentive symptoms,” “② Secondary disorders caused by inappropriate behavior,” “③ How to deal with children with ADHD inattentive tendencies,” and “④ The need to provide information for the future.” In Study 2, the draft training program developed in Study 1 was administered to eight experts, and the content of the program was discussed with them. The comments from the experts were classified into the following five categories: “Overemphasis on secondary disorders,” “Scope of childcare providers’ response,” “Importance of a forward-looking response,” “Case content,” and “Slide format.” Based on this suggestion, the draft training program has been revised. The first version of the training program consisted of the following: “① Overview of ADHD and ADHD inattentive symptoms”; “② Importance of a forward-looking response”; “③ Secondary disorders caused by inappropriate behavior”; “④ How to deal with children with ADHD inattentive tendencies”; and “⑤ The need to provide information for the future.” In the future, it will be necessary to implement the training program developed in this study for caregivers and verify its effectiveness.