



ADHD

Assessment & Diagnosis Across Settings

Presenter: Dr. Ronald T. Brown and Dr. Deborah Padgett Coehlo

April

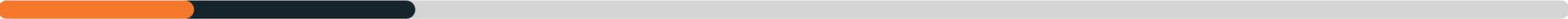


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Objectives



- Identify diagnostic criteria for ADHD
- List common behavioral deficits or excess associated with ADHD
- List common assessment tools
- Identify common comorbid diagnoses with ADHD
- Describe functional impairments with ADHD across a person's life-span

Presenter Bio



Dr. Ronald T Brown, PhD is a Professor and Dean in School of Allied Health Sciences at University of Nevada, Las Vegas, USA. He served as the Associate Vice-Chancellor for Academic (Health Affairs) at the University of North Texas System. Dr. Brown completed his Ph.D. from Georgia State University and has been the past President of the Society of Pediatric Psychology and the Association of Psychologists of Academic Health Centers. He is a board certified clinical health psychologist and has been an active clinician, teacher, advocate and investigator.

He served as a member of the Behavioral Medicine study section of the NIH and chaired several special panels at NIH. Dr. Ronald Brown's area of specialization includes behavioral sciences, pediatric psychology, attention deficit disorders, neuropsychology, psychopharmacology, learning disabilities and psychosocial oncology. Current Editor of Journal of Clinical Psychology in Medical Settings. Dr. Brown was a previous Editor of Professional Psychology: Research and Practice and Journal of Pediatric Psychology.

Presenter Bio



Dr. Deborah Padgett Coehlo, PhD, C-PNP, PMHS, CFLE is a certified Pediatric Nurse Practitioner and Pediatric Mental Health Specialist with a Doctoral Degree in Family Sciences and Human Development.

A developmental and behavioral specialist, Dr. Coehlo is a Founder and Director of Juniper Pediatrics, a clinic modeled after John F. Kennedy's multidisciplinary system of care. Using a holistic, integrated care model, Juniper provides counseling, medication management and family therapy for children with ASD, ADHD and other childhood mental health disorders.

Dr. Coehlo completed her Masters in Nursing with a specialty in parent-child nursing. She spent 10 years working at the Child Development Center at the University of Washington in the Genetics Clinic and Multidisciplinary Clinic. In 1999, she completed her Doctorate degree in Human Development and Family Sciences.

She has continued to teach at the undergraduate and graduate level, and has pursued research in the area of social networking, transition to out of home care for families, and child development.

Dr. Coehlo is a co-editor for the 4th and 5th edition of Family Health Nursing (F.A. Davis, 2010/2013) and has published several journal articles in the areas of families choosing residential care, families in transition, family health nursing, and care of children with special health care needs.

ADD/ADHD Facts

Cases and diagnoses of ADHD have been increasing dramatically in the past few years.

According to The American Psychiatric Association (APA), [5 percent of American children](#) have ADHD.

According to the Centers for Disease Control and Prevention (CDC), [11 percent of American children](#), ages 4 to 17, have ADHD. That's an increase of [42 percent in just eight years](#).

- [Increase in Diagnoses:](#)
- 2003: 7.8%
- 2007: 9.5%
- 2011: 11 %
- 2016: 9.4%

Attention deficit hyperactivity disorder (ADHD)

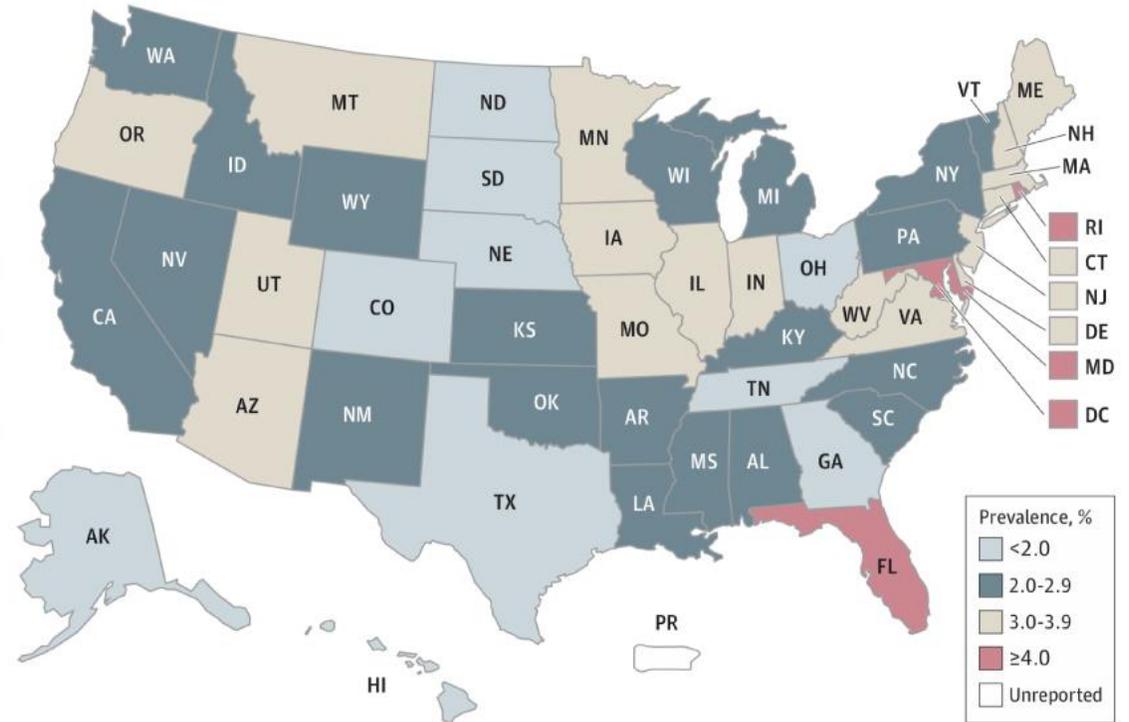
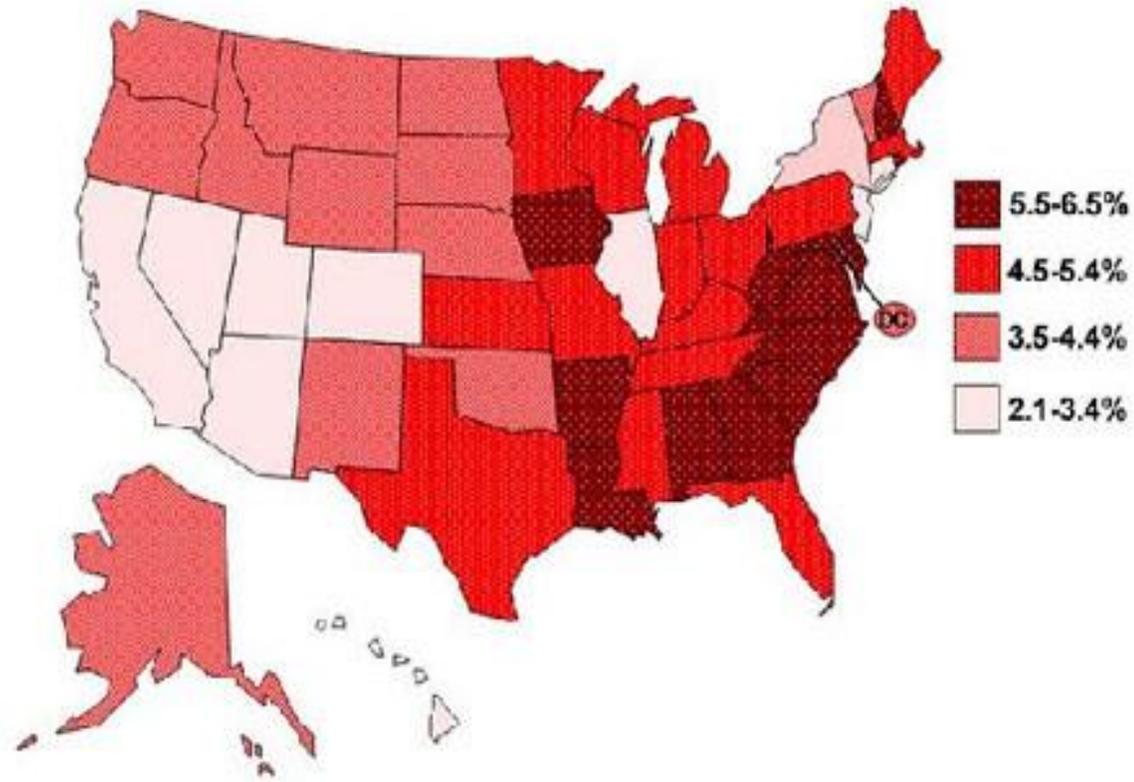
is a mental disorder that most often occurs in children.



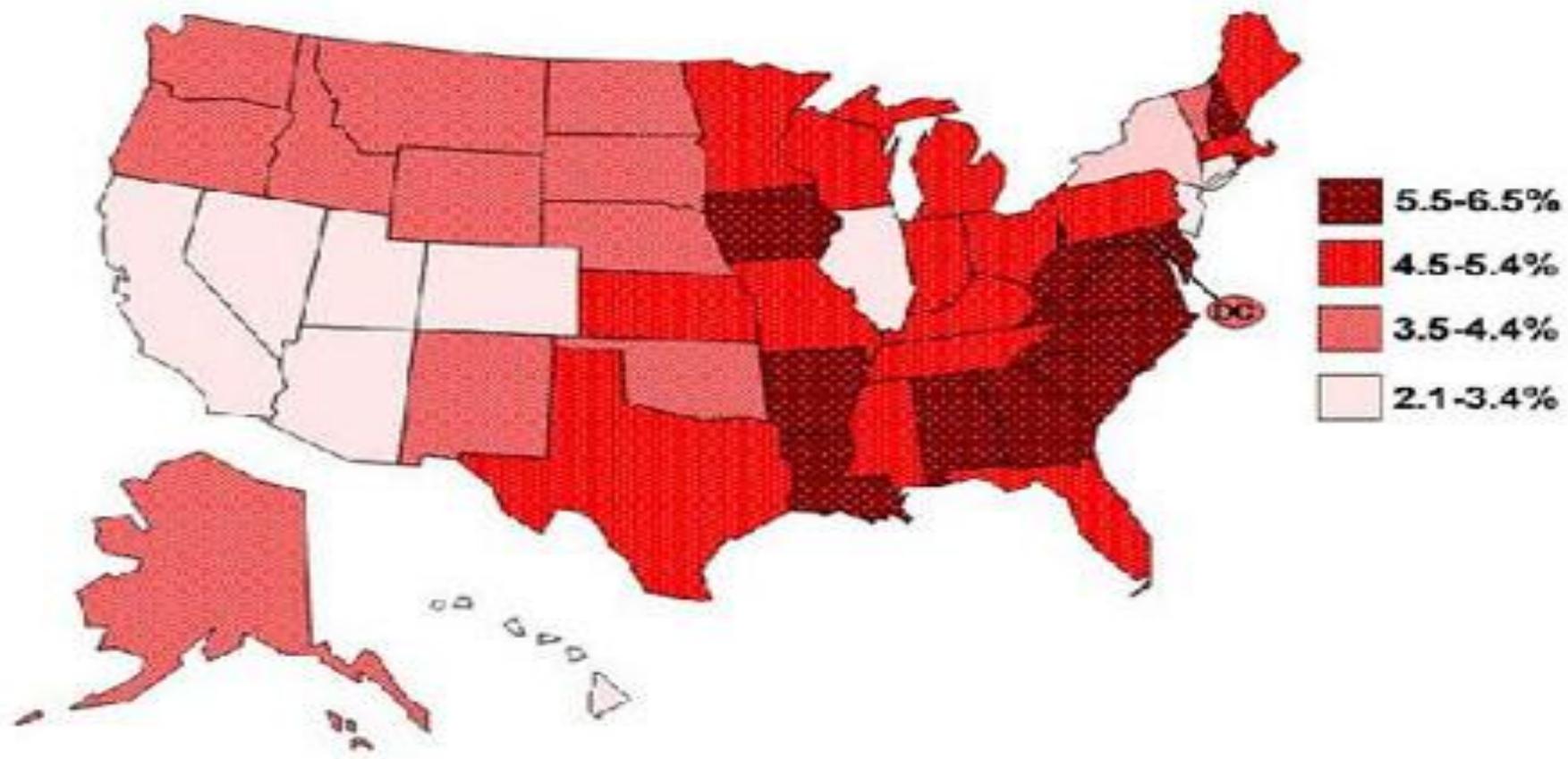
6.4 Million American children ages 4-17 have been diagnosed with ADHD.

The 5th edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) now allows doctors to issue a joint diagnosis of autism and ADHD. What's the implication?

ADHD Prevalence by State



ADHD Prevalence by State



Benefits of Early Diagnosis

Earlier access to services

Help parents understand that common parenting strategies don't work with children with ADHD

Learn to use behavior and parenting strategies



Review of Evidence



American Academy of Pediatrics Technical Report

[Treatment of Attention-Deficit/Hyperactivity Disorder: Summary of 2011 American Academy of Pediatrics Guidelines](#)

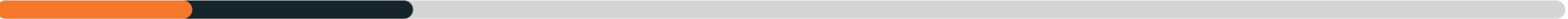
Abstract

The American Academy of Pediatrics' Committee on Quality Improvement, Subcommittee on Attention-Deficit/Hyperactivity Disorder, reviewed and analyzed the current literature for the purpose of developing an evidence-based clinical practice guideline for the treatment of the school-aged child with attention deficit/hyperactivity disorder (ADHD).

This review summarized recommendations for assessment, treatment, medication considerations, and expected outcomes.



Findings



ADHD is considered a chronic condition, and should be approached as such.

The evidence strongly supports the use of **stimulant medications** for treating the core symptoms of children with ADHD and to improve functioning.

Behavior management therapy alone has effects on attenuating symptoms, but where it falls short is for functional outcomes for children.

Combining behavior therapy with medication seems to improve functioning and may decrease the amount of (stimulant) medication needed.

Comparison among stimulants (mainly methylphenidate and amphetamines) did not indicate that one class outperformed the other.; attention deficit hyperactivity disorder, stimulant medication, multimodal treatment, behavior management, co-occurring.

ADD or ADHD?

Terminology Difference

Functioning
Vs.
Functions (of Behavior)

Change in DSM

Includes children who have intentional problems

Occurs in early childhood

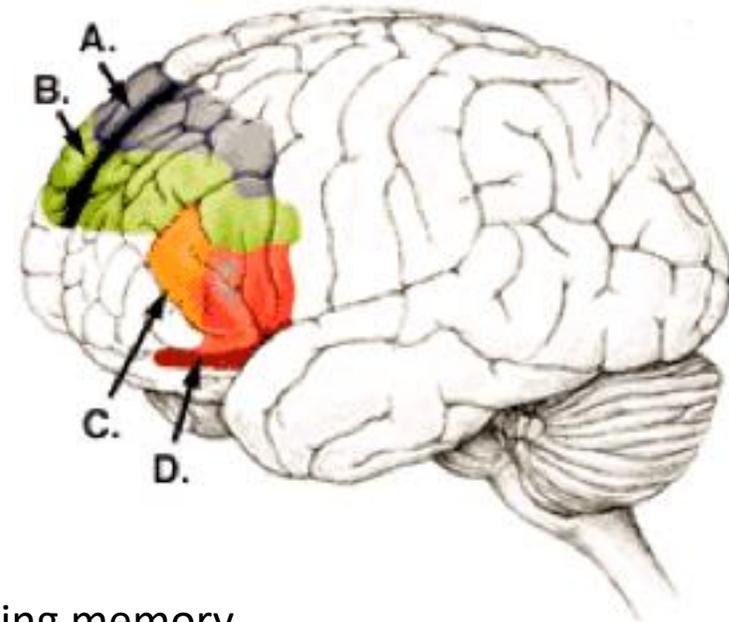
Adolescents to adulthood

Higher prevalence rate



ADHD is a Neurodevelopmental Disorder (ND)

- Brain studies- controversial
- Genetic component
- Neurotransmitter abnormalities
- Environmental component



Marked areas:

A. Spatial working memory

B. Spatial working memory, performance of self-ordered tasks

C. Spatial, object and verbal working memory, self-ordered tasks, analytic reasoning

D. Object working memory, analytic reasoning

ADHD is a Neurodevelopmental Disorder (ND)

- Are a group of conditions with onset in early childhood (before age 7 years).
- Characterized by developmental variations that produce impairments in the following areas:



PERSONAL



SOCIAL



ACADEMIC



OCCUPATIONAL
FUNCTIONING

What Does ADHD Look Like?

- Inattention (ADD)

- Poor organization of tasks
- Poor attention to detail
- Easily distracted
- Forgetful
- Does not concentrate on tasks
- Appears not to listen

- Hyperactivity (ADHD)

- Overactive
- Fidgets
- Leaves seat when expected to sit
- Appears not to listen
- Easily distracted
- Forgetful

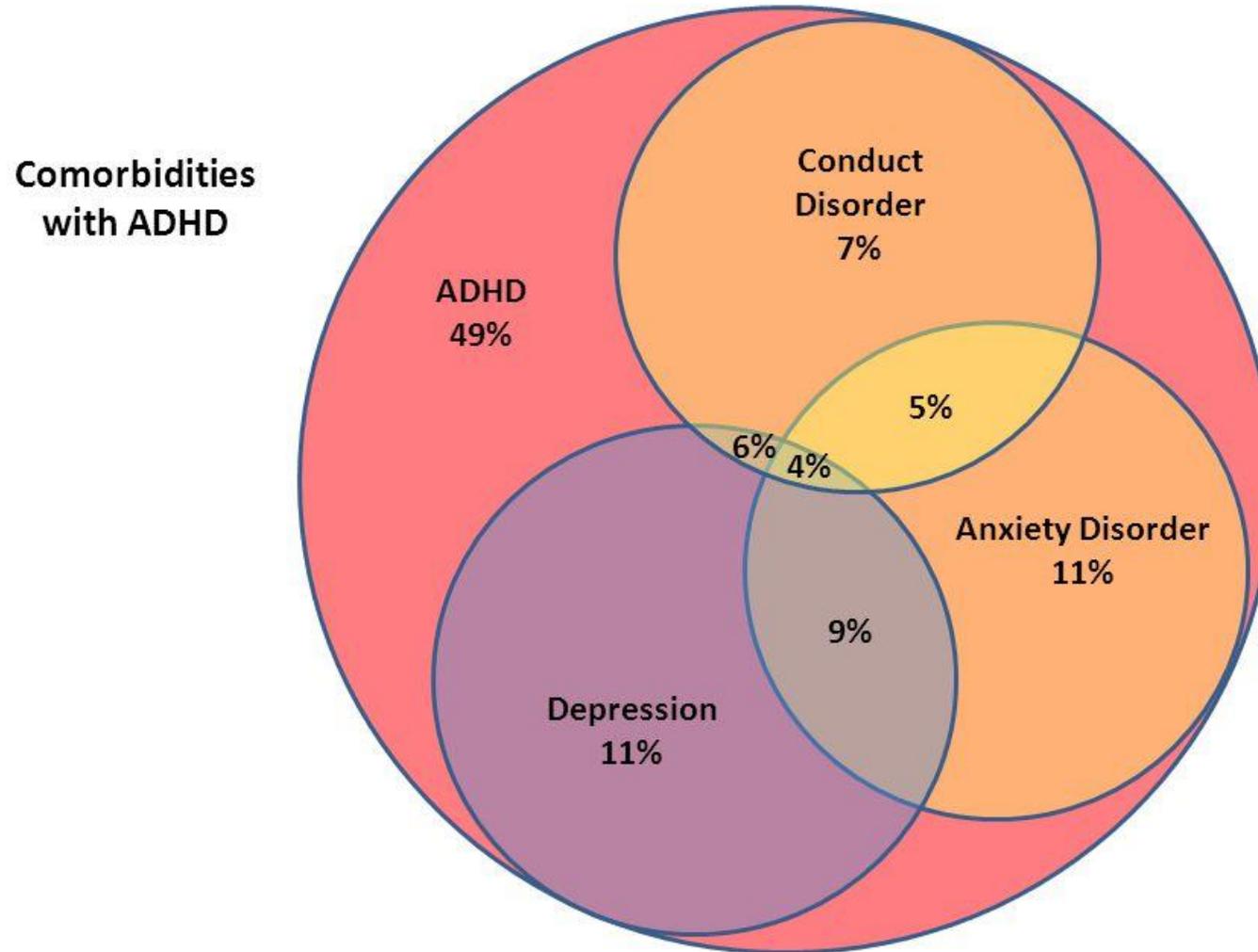
Impulsiveness

Lack of social awareness
Talks excessively
Interrupts
Intrudes into games or conversations
Unable to take turns or wait in line

Note. The hyperactivity may lessen with time



Comorbidities with ADHD

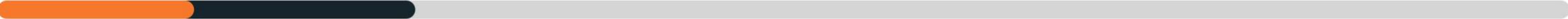


http://www.hms.harvard.edu/hmni/On_The_Brain/Volume05/Number1/ADD.html

Differential Diagnosis: What ADHD is Not

- Hearing loss
- Vision impairment (tracking)
- Specific learning disability
- Autism Spectrum Disorder (Asperger's Syndrome)
- Generalized anxiety disorder
- Depression
- Epilepsy
- Thyroid disorder
- Substance abuse
- Tourette's Syndrome

Assessments



- ADHD assessment is not a quick process
- Like other psychiatric disorders, ADHD does not offer clear, exact boundaries. Therefore, clinical judgment is pivotal in diagnoses.
- When assessing ADHD, clinicians should look at many factors that constitute the individual's daily life.
- Neuropsychological evaluations offer data on areas such as:
 - Intelligence, executive functioning, processing, attention, memory, visual-spatial functioning, communication/language skills, emotion and mood, personality, sensory integration/processing, motor skills, academics
 - Conducted for learning problems, but often used for ADHD. Based on history (patient, history) and symptoms.

Assessment Instruments

- Teacher/Parent Rating Skills
- Psychological Tests
 - Some assessments often used in neuropsychological evaluations for ADHD include:
 - Vanderbilt Assessment Scales
 - Conner's Parent and Teacher Rating Scales
 - Vineland Adaptive Behavior Scales
 - Behavior Assessment System for Children (BASC)
 - Barkley Home and School Situations Questionnaires
 - Wechsler Intelligence Scale for Children (WISC-V)
 - Woodcock Johnson III Tests of Cognitive Abilities
 - Wechsler Individual Achievement Test (WIAT-III)

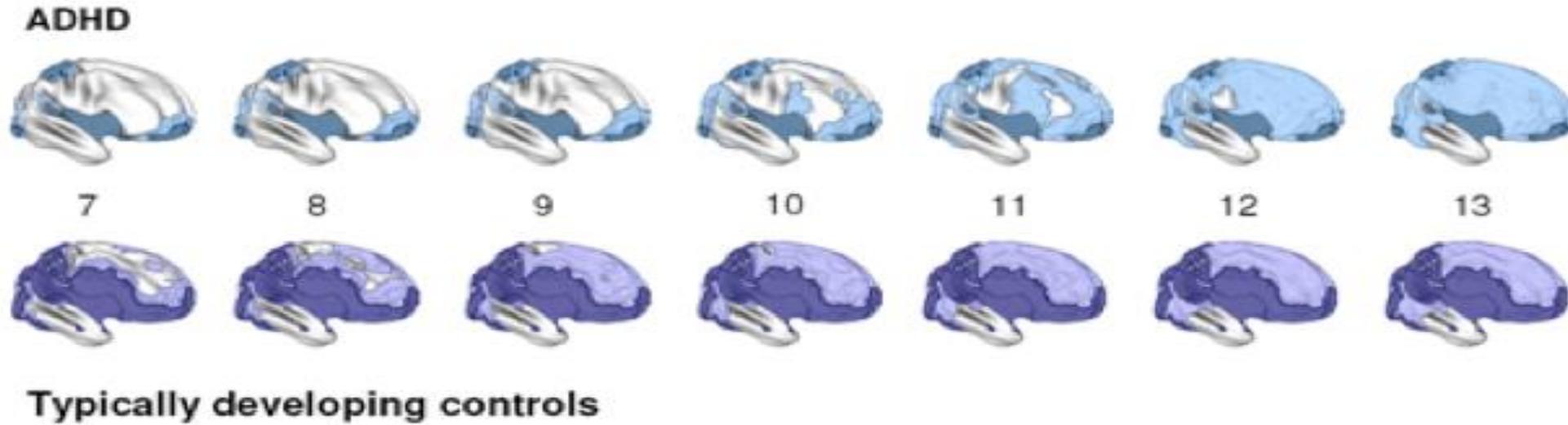
5- Minute Break

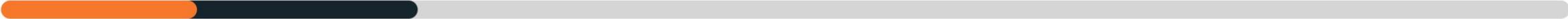


Functional Consequences of ADHD

- ADHD in children is related with:
 - Poor school functioning
 - Poor academic achievement
 - Social isolation.

- ADHD in adults is associated with impairment(s) in:
- Job performance
 - Achievement
 - Being present
 - Increased likelihood of being fired
 - Interpersonal disagreements.





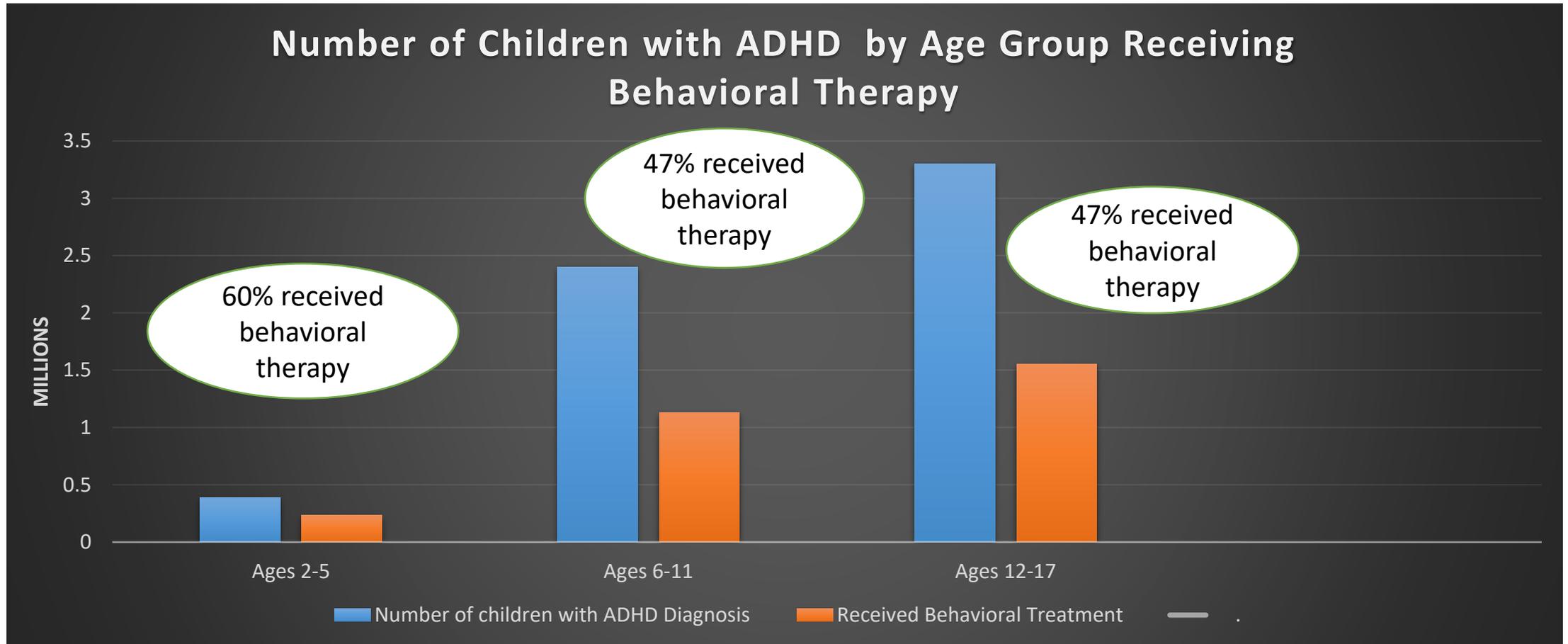
ADHD Management

Medication ([5/19/2019](#))

Behavior Intervention ([6/13/2019](#))

(Dates of webinar)

ADHD and Behavioral Intervention



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Some Positive Thoughts

- "Think of an absentminded professor who can find a cure for cancer but not his glasses in the mess on his desk. These are the inventors, creators, poets -- the people who think creative thoughts because they don't think like everyone else." - *Martha Denckla, M.D., Director of the Department of Developmental Cognitive Neurology at the Kennedy-Krieger Institute at John Hopkins.*
- If you don't have any functional impairments, you don't have ADHD
- Some people with ADHD m



The Strengths of ADD

"The same right-brained children who are being labeled and shamed in our schools are the very individuals who have the skills necessary to lead us into the twenty-first century. These children process visually and randomly, and think holistically. They are intuitive problem solvers who get the big picture. They thrive on visual imagery and stimulation; these "attention deficit" kids can spend hours with computer and CD-ROM programs that mirror their thought processes. It's no wonder they are attracted to computers. The use of computers is congruent with the way right-brained children think." - *Jeffrey Freed and Laurie Parsons from ["Right-Brained Children in a Left Brained World"](#)*

Ultimately...

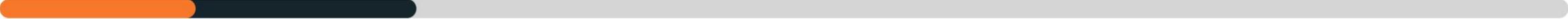
"It's better not to have ADHD" – Dr. Ronald T. Brown

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ADHD Webinar Series: Assessment and Diagnosis Across Settings

Next in the ADHD in Series:
ADHD Webinar Series- Module 2: ADHD Management- Psychopharmacology
On April 11, 2019

Thank you to the wonderful Special Learning team members without whom our experience would be greatly diminished (or just plain disorganized!)

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