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A Careful Diagnosis

*Expert Guidelines for Getting an
Accurate ADHD Evaluation*

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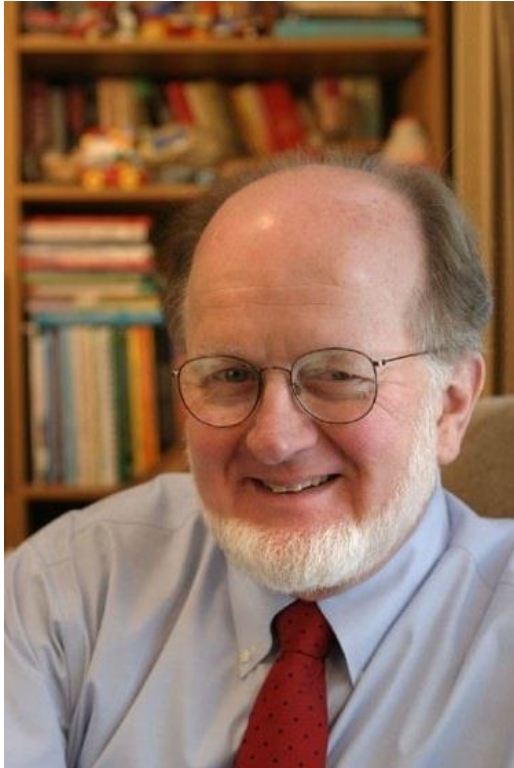
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meet today's expert speaker:

Thomas E. Brown, Ph.D.



Dr. Thomas Brown is a clinical psychologist who received his Ph.D. from Yale University and is Director of the Brown Clinic for Attention & Related Disorders in Manhattan Beach, California. He specializes in assessment and treatment of high-IQ children, adolescents, and adults with ADD/ADHD and related problems. After serving on the clinical faculty of the Yale Medical School for 20 years, Dr. Brown resigned to relocate to Manhattan Beach, California, where he directs the Brown ADHD Clinic for ADHD and Related Problems in children and adults. He holds an appointment as Adjunct Clinical Associate Professor of Psychiatry and Behavioral Sciences at the Keck School of Medicine of the University of Southern California. He is also an elected Fellow of the American Psychological Association.

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Adequate Evaluation for ADHD

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Change in Understanding ADHD

- OLD: ADHD = “disruptive behavior disorder of childhood”
- NEW: ADHD = **developmental** impairments of brain’s self-management system, its “**executive functions**”

TE Brown, Ph.D. Keck Medical School

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Who is needed to do an adequate ADHD evaluation?

- A licensed medical or mental health professional who is experienced and understanding of ADHD in students of this age
- One who also knows what other medical or emotional/behavioral probs may be causing the problems or complicating the ADHD

What is needed for Adequate ADHD Evaluation

- Clinical interview of student and parent(s)
- Normed ADHD rating scale (for age)
- Review of teacher reports and report cards
- Review of DSM-5 symptoms of ADHD
- Consideration of possible co-occurring probs
- Education about ADHD and treatment options
- Integration of data and recommendations

Neuropsychological Testing is not required

Battery of different kinds of in-office tests given by neuropsychologists Costs can range from \$2K to \$5K

These tests cannot provide significant info about how the person functions in the variety of tasks and situations of daily life involved in ADHD.

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Brain Imaging Tests are not required

- Brain imaging research has brought much useful information about ADHD

BUT

- Brief scans of brain do not show ADHD impairments in various different situations. Currently there are no norms to diagnose by imaging the brain.

Computerized Tests are not required

- Test of Variables of Attention (TOVA)
- Conners' CPT II
- Conners' CPT for Preschoolers
- Integrated Variables of Attention (IVA)

(rare false positives, frequent false negatives)

ADHD Evaluation Interview

1

- What school, home or social problems have brought patient for eval now and how do these impair daily life?
- Who is in the immediate family?
- Current situation in school, home, friends and family relationships?
- Patient's abilities, strengths, activities, stressors and motivation for change?

ADHD Evaluation Interview

2

- Current or past development, physical health. Medications or other treatments
- Patterns of growth, eating, sleeping
- Any blood relatives, living or dead, with ADHD-like symptoms, learning probs, behavior problems, anxiety, depression, social problems, OCD, substance abuse?

ADHD Evaluation Interview

3

- Review report cards and findings of any current or past school or psychological evaluations?
- Current or past 504 plans, IEP, accommodations, tutoring?
- Administer normed ADHD rating scale for student self-report, parent report, teacher report (age appropriate)

Brown's Model of Executive Functions Impaired in ADHD

Symptom Characteristics

- **Dimensional, not “all-or-nothing”**
 - Everyone sometimes has some impairments in these functions; in ADHD, it is a chronic, severe impairment
- **Situational variability: “If I’m interested”**
 - Most persons with ADHD have a few activities where ADHD impairments are absent

DSM-5 Inattention Impairments

(within past 6 months; often, more than typical)

- Inattention to details, careless mistakes
- Difficulty maintaining focus
- Doesn't seem to listen when spoken to
- Doesn't follow thru on instructions, tasks
- Difficulty organizing tasks & activities
- Avoids sustained mental effort tasks

DSM-5 Inattention Impairments

(within past 6 months; often, more than typical)

- Often loses necessary stuff
- Easily distracted
- Often forgetful in daily activities

(need 6 of these 9 impairments for dx)
(5 of 9 for those 17 yrs or older)

DSM-5 Hyper-Impulsive Impairments (within past 6 months; often, more than typical)

1

- Fidgets, taps hands, feet, squirms
- Leaves seat when expected to sit
- Runs or climbs inappropriately
- Unable to play or do activities quietly
- Always “on the go”
- Talks excessively

DSM-5 Hyper-Impulsive Impairments (within past 6 months; often, more than typical)

- Blurts out answers b-4 question finished
- Has difficulty waiting turn
- Interrupts others

(need 6 of these 9 impairments for dx)
(5 of 9 for those 17 yrs or older)

School Information

- Reports from teachers more useful for students with same teacher all day
- Teacher reports for Jr High and High School are more variable
- Consider standardized test scores
- Elicit info re: homework completion
- Completes tests in standard time?

Screen for Possible co-occurring medical or learning disorder

Questioning to review for signs of other possible co-occurring disorders such as anxiety, depression, substance use

Also get info from teachers re: possible learning disorders in reading, math, or written expression.

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LD in ADHD Children

Clinical Sample of ADHD Children:

Reading LD	27%
Math LD	31%
Written Expression LD	65%
One or more LD	70%

(Mayes, Calhoun, Crowell, 2000)

Epidemiological Sample:

CDC National Health Interview Study:

50% of ADHD-diagnosed children are also identified as having LD.

(CDC, 2002, 2008)

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Reading Disorder

- core is phonological processing deficit
- knows words when heard, but can't recognize them in written form
- normally distributed in population
- boys and girls equally affected
- linked to chromosomes 6 & 15
- Fluency, processing speed and working memory also important

Types of Math Disorder

- procedural
 - counting on fingers/finger writing
 - procedural errors (signs/sequencing)
- semantic memory
 - inability to learn math facts/ tables
 - slow retrieval of facts
- visuospatial
 - misaligns number columns
 - misinterprets place values

Disorder of Written Expression

- Significant impairment in writing grammatically correct sentences & organized paragraphs; often, but not always poor spelling
- chronic difficulty in what to write, organizing ideas, and elaboration
- oral expression adequate or strong while weak in written expression

ADHD vs LD

Separate entities?

Some think:

ADHD = chemical problem in brain

LD = “hard-wiring” problem in brain

ADHD and LD may not be so separate

- **shared genetic etiology in Reading Disorder and ADHD** (Willcutt, Pennington & DeFries, 2000)
- **ADHD & LD both involve EF**, esp working memory

Assessment for Learning Disorders

- Always screen students w/academic probs
- Query re: hx of chronic difficulties in specific courses? Specific modalities?
- WJ-III or WIAT-II Achievement Tests
Reading - Math - Writing
- Nelson-Denny Reading Test (grade 9 & up)

Assessment for Accommodations

- Diagnostic Clinical Interview
- Aptitude:
 - WISC-V, WAIS-IV
 - CMS-Story Memory, WMS-III LM-I
- Academic achievement tests:
 - WJ-IV Achievement, WIAT-III
- Nelson-Denny Reading Skills Test

Key Questions for Assessment of ADHD

- Does this pt currently suffer from ADHD syndrome in ways that **impair functioning in daily life to a degree that tx is warranted?**
- Are these symptoms **substantially caused by developmental impairments of EF rather than other circumstances or disorders for which ADHD tx would be inappropriate?**

Ongoing Assessment

- **Initial assessment** helps to establish the diagnosis and to educate patient and family about nature of disorder, comorbidities and course of treatment
- **Ongoing assessment** helps to monitor effectiveness of tx, identify & correct adverse tx effects, and watch for emerging comorbidities

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Please enter your questions in the box to your right.



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Upcoming Webinars

- **Wednesday, November 28th at 1pm ET**
[Sleep and the ADHD Brain: Why It's Critical and How to Get More](#) with Joel Nigg, Ph.D., and Elizabeth Super, M.D.
- **Wednesday, December 5th at 1pm ET**
[Shout, Stomp, Slam! How to Communicate and Connect with a Child Who Doesn't Want to Talk](#) with Kirk Martin

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ADDitude's online community for attention deficit support and solutions where you can join our ongoing ADHD discussion groups: www.additudemag.com/forums