# EVALUATING ADHD IN CHILDREN AND ADOLESCENTS



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# EVALUATING ADHD IN CHILDREN AND ADOLESCENTS

## A Comprehensive Diagnostic Screening System

An ADHDology Book

By

## GENE CARROCCIA, PSY.D.



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## INTRODUCTION

A DHD affects over six million children in the United States alone, and is a concerning societal problem. Despite its prevalence, clinicians may find it difficult to accurately diagnose ADHD and may not screen for and identify the numerous medical, sleep, psychological, trauma, neurodevelopmental, sensory processing, and fetal substance exposure conditions which can coexist and even worsen true ADHD, or cause ADHD-like presentations when it does not exist. ADHD commonly presents with other disorders. Research has found that as many as 67 to 80 percent of clinicreferred children (and 80 percent or more of clinic-referred adults) with ADHD have at least one other psychological disorder. Up to half have two or more other disorders (Pliszka, 2015), and 20 percent have three or more coexisting disorders (Spruyt & Gozal, 2011).

Unfortunately, the more conditions that exist, the more challenging it can be to provide effective diagnostic and treatment services. When children and teens have diagnostically complex presentations, they can baffle professionals and parents, and often do not receive the help they need. Their problems may worsen, and families can lose hope and continue to struggle. Untreated individuals can become dysfunctional adults who are less productive, unhappy, and experience significant difficulties in life.

However, these struggles can be replaced with successes. In clinical work, the diagnostic process should come first, and these findings should then direct the treatment. With comprehensive evaluations and appropriate referrals to other health care professionals, children and teens with ADHD and/or other conditions can enjoy better and more productive lives. This book provides three ways clinicians can provide more comprehensive and accurate ADHD evaluations so diagnostic accuracy and the appropriate treatments can be obtained. Part I of the book presents the ten-step ADHDology Evaluation Model for clinicians to learn to effectively conduct evaluations. Part II describes a number of medical, sleep, psychological, trauma, neurodevelopmental, sensory processing, and fetal substance exposure conditions, and how these can coexist with true ADHD, or cause ADHD-like presentations when it does not exist. It also informs readers how these conditions can resemble ADHD, and which specialists can further evaluate and treat these other conditions. Part III provides the Comprehensive Diagnostic ADHD Screening System (CDASS) checklists to help screen for and identify these conditions to better understand them and make additional necessary evaluation referrals.

Throughout this book the term "ADHD" is used. Some readers may say, "Some children have ADD and not ADHD. They aren't hyperactive or impulsive." The term "ADD," or Attention Deficit Disorder, describes a child or teen who has inattention problems without significant hyperactivity and impulsivity difficulties. However, for years the recognized, correct term for this disorder has been "ADHD - Predominantly Inattentive Presentation." Therefore, in this book the term ADHD will refer to all ADHD types, including ADHD with impulsivity and hyperactivity (Combined ADHD) and without these two difficulties (Inattentive ADHD). These conditions can present differently, have distinct brain signatures, and may require differing treatments. Those with Inattentive ADHD often have fewer behavioral problems. However, since Combined and Inattentive conditions share many similarities, unless stated otherwise, the information presented on ADHD should be applicable to all forms of ADHD.

Parents, educators, and interested others can read this book to better understand these complex topics, as well as assist clinicians with the ADHD diagnostic process. Finally, this book is not designed or intended to replace proper diagnostic services and treatment from licensed clinicians and behavioral health professionals, and is best used along with these professionals.

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# EVALUATING ADHD IN CHILDREN AND ADOLESCENTS

Part I

# HOW TO EVALUATE ADHD IN CHILDREN AND ADOLESCENTS WITH THE ADHD*OLOGY* EVALUATION MODEL

## Chapter 1

## THE ADHD EVALUATION AND DIAGNOSTIC PROCESS FOR CHILDREN AND ADOLESCENTS

## INTRODUCTION

A ttention-Deficit/Hyperactivity Disorder (ADHD) is a complex neurodevelopmental disorder that impacts different parts of the brain in various ways. But while it is widespread, ADHD is not a single, uniform condition. It has different causes, presentations, severity levels, and manifestations. Almost 10 percent of children and adolescents ages two to 17 in the United States have been diagnosed with this (Center for Disease Control and Prevention, 2018).

Since there has been greater awareness of ADHD, more children have been diagnosed with ADHD over the past several decades. Experts seem to disagree whether ADHD is overdiagnosed or incorrectly diagnosed. Inaccurate media reports may have contributed to public misperception that ADHD is overdiagnosed. In the 1960s and 1970s, only 20 percent of children believed to have true ADHD received treatment, while approximately 70 to 80 percent of children believed to have true ADHD are receiving treatment today (Smith, 2011).

ADHD can be determined through focused evaluations by outpatient mental health therapists, psychiatrists, neuropsychiatrists, primary care physicians, developmental pediatricians, neurologists, certain nurse practitioners, neuropsychologists, and school psychologists. While neurodevelopmental testing is often considered the most comprehensive and accurate approach to diagnose ADHD, it is not necessary in many cases. An effective ADHD evaluation consists of specific diagnostic tasks, screening for other possible conditions, presenting these findings to parents and relevant others, and providing appropriate referrals for other services, if indicated. ADHD evaluators need to know what ADHD looks like, but also need to appreciate individual presentations.

The terms psychological "evaluation" and "assessment" are used interchangeably by some professionals. However, in this book, the term "psychological assessment" will be used to refer to specially trained clinical psychologists called neuropsychologists who conduct a more extensive neurodevelopmental testing process, also called neuropsychological and neurobehavioral testing. The term "evaluation" will be used to refer to the more basic ADHD diagnostic process used by outpatient clinicians who do not necessarily provide psychological testing. Typically, ADHD evaluations are less comprehensive and utilize clinical interviewing, several rating measures, and screenings for other conditions. "Evaluation" will also be used to describe other diagnostic examinations and services by non-behavioral health clinicians.

## UNDERSTANDING ADHD

Clinicians who provide evaluations should firmly understand ADHD as a neurobehavioral condition and how it presents in children and adolescents. If clinicians do not accept ADHD as a brain-functioning condition or try to apply other psychological theories to explain the entire ADHD condition, diagnostic accuracy will be compromised. Clinicians like to diagnose what they know. If clinicians lack experience with ADHD and are more comfortable interpreting children's unwanted behaviors entirely as the result of attention-seeking, self-esteem, or anxiety issues, then they will be less effective evaluating ADHD. While other psychological perspectives can be important, they should not be solely used to interpret true ADHD.

To help clinicians and families better understand and appreciate ADHD, it is essential to know how it commonly presents and its impacts. Providers and parents should take the time to study informative ADHD books, research, and websites. One of the key components of ADHD treatment is a solid foundational understanding of the condition as a chronic neurobiological disability.

## WHAT IS ATTENTION?

Attention can be defined as a set of complex neurocognitive processes that operate through a series of neural networks to provide self-regulation of sensory input, emotions, and motor output to achieve internal goals. Cognitive neuroscience provides three major conceptualizations of attention: