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ADHD 101: Bringing Focus to the Confusion

Alison D Peak LCSW, IMH-E

Disclosures

- Alison D. Peak LCSW (Allied Behavioral Health Solutions, Nashville, TN) received her Master's in Social Work from the University of Michigan with an emphasis in Interpersonal Practice with Children and Youth and Infant Mental Health. Alison is the Co-chair of the AIMHiTN Endorsement Committee and a member of AIMHiTN's Leadership Cohort. Alison also has two post-graduate degrees, Integrated Behavioral Health in Primary Care and Pediatric Integrated Health Services. Alison is passionate about working with children with histories of early trauma, families with adopted children, and youth in DCS custody. Alison seeks to meet these children and families where they most often present for assistance, their physician's office, and to assist in collaborating with primary care providers to optimize services for children and families.

Learning Outcomes

After this course, participants will be able to:

1. Communicate the foundational symptoms of an ADHD diagnosis.
2. Describe the process of making an ADHD diagnosis.
3. Describe interventions in a classroom to support children with ADHD.

The Role of Diagnosis

- Diagnosis is an essential part of all health care services.
- All healthcare providers give a diagnosis at the end of a visit.
  - This is what facilitates payment from insurance companies.
  - Everything has a diagnosis (Pink eye, strep throat, questions about birth control, EVERYTHING).
- Diagnoses are made using agreed upon classification systems (ICD:10, DSM-V, DC:0-5).
- Diagnosis allows professionals to communicate a share perspective with minimal description.

The Role of Diagnosis

- Ethical dilemmas in giving diagnosis to young children
  - They're still developing
  - Their brains aren't done growing
  - They have a lot of life left to live
  - It will go on their permanent record
  - It means something is "wrong" with them
- The realities of a diagnosis
- At the end of the day diagnosis facilitates access to services

What is ADHD?

Under the DSM V, a child with ADHD must exhibit:

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

1. Inattention:

   Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities: Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.

   a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
   b. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
   c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).

What is ADHD?

Under the DSM V, a child with ADHD must exhibit (*continued*):

d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).
e. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).
f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
g. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
h. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
i. Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

Diagnostic Criteria Continued

2. Hyperactivity and impulsivity: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities: Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.
    a. Often fidgets with or taps hands or feet or squirms in seat.
    b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
    c. Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling restless.)
    d. Often unable to play or engage in leisure activities quietly.
    e. Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).
    f. Often talks excessively.
    g. Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).
    h. Often has difficulty waiting his or her turn (e.g., while waiting in line).
    i. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

Diagnostic Criteria Continued

B. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.

C. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).

D. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.

E. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

ADHD as a Diagnosis

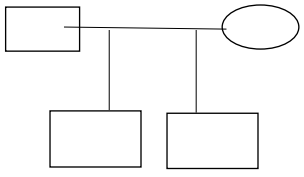
- ADHD is often a difficult diagnosis to give or receive.
- It's essential that difficulties exist in more than one setting and that the behaviors really be sufficient to warrant a long-term diagnosis.
- ADHD is a frequently given diagnosis is early childhood, but may not necessarily be reflective of the life journey of that child/family.

ADHD as a Diagnosis

- In the 1980s, the (then) DSM-III identified ADHD as 2 diagnoses.
  - ADHD
  - ADD
- In 1994, the DSM-IV revised this to the current understanding that ADHD is a single diagnosis with 3 subclassifications.
  - Predominantly Hyperactive
  - Predominantly Inattentive
  - Combined Type
  - All children with ADHD will exhibit some hyperactivity and some inattentiveness.

ADHD and Genetics

- ADHD is very genetic in nature.
- Children of parents with ADHD have a 50% likelihood of themselves developing ADHD.
  - If both parents have ADHD, the likelihood increases to 75%.
- There are higher rates of ADHD in the US than in other countries.
  - Potential reasons for this
- Rates of ADHD diagnosis have increased in the last 15 years.
  - Reasons for this

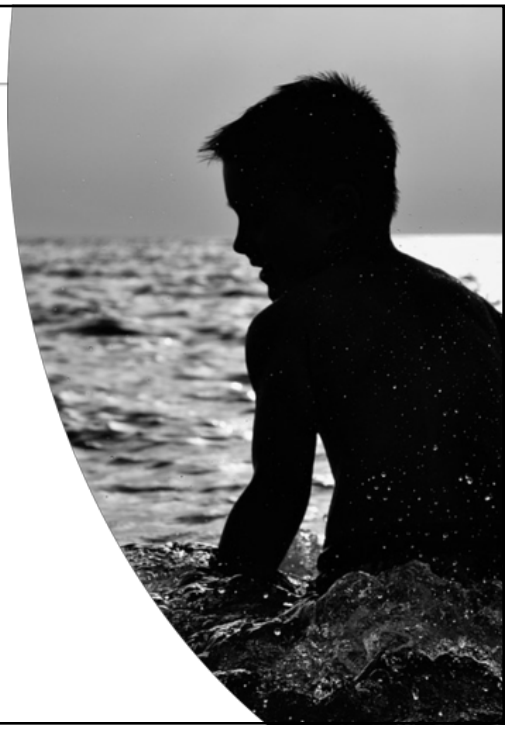


Urban Legends

- Boys are more frequently diagnosed, however, the prevalence of boys vs. girls is not as different as is sometimes reported.
  - Boys are typically reported to have ADHD at a rate of 2.3:1.
  - Boys do typically present as more hyperactive and girls as more inattentive.
- Children diagnosed in later childhood (8+) generally have exhibited lesser symptoms and will continue to have lesser symptoms throughout their lifespan.

Urban Legends

- Individuals with ADHD don't actually have difficulty with attention.
  - Often experience bouts of hyperfocus
  - Neurologically do not have the capacity to isolate different sources of input and prioritize where to place focus



Arriving at a Diagnosis

The process of making a diagnosis

- Assessing symptomology
- Confirming presentation of symptoms in two settings by a valid research tool
  - NICHQs
  - Connors
  - APA Guidelines
  - History of over diagnosis

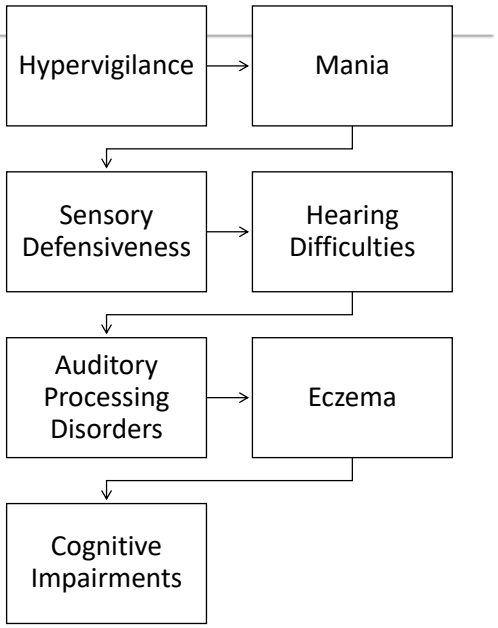
The Team

- Diagnoses are made by a healthcare provider in conjunction with parents, teachers, and the child themselves

Is It Really ADHD?

- ADHD is the most common diagnosis given to young children experiencing behavioral concerns.
- All children exhibit strong emotions as behavior.
- Developmentally, children are most likely to engage in places of fight/flight/freeze and to manifest these survival skills as difficulty focusing, hyperactivity, and refusal to follow directions.
- ADHD has such overlapping symptoms that a thorough assessment by a well-trained provider is essential.

If not ADHD, then what?



Comorbidity

- ADHD is frequently comorbid with other diagnoses
  - Anxiety
  - Oppositional Defiant Disorder
  - Depression
- Awareness that all behavior displayed by a child may not be indicative of their ADHD diagnosis
- Social implications of ADHD

Next Steps

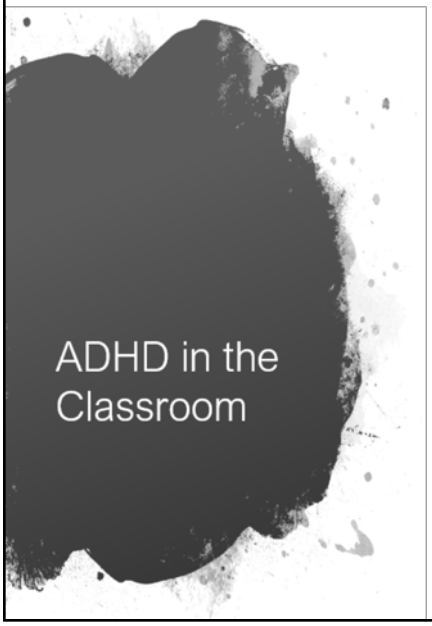
- Medication
  - Prescribed and managed by a licensed provider
  - Targets the neurological mechanisms that result in difficulty prioritizing focus and attention to increase brain's capacity to preform these functions
- Behavior Modification
  - Implemented by mental health provider or school personnel
  - Targets the behaviors associated with ADHD and teaches individuals skills to manage associated symptoms
- Combination
  - Research demonstrates that both medication and behavior modification are helpful in addressing ADHD symptoms
  - Behavior modification alone is more effective that medication alone
  - The combination of medication and behavior modification is most successful

Let's Talk Meds

- I am not a prescribing provider or medical physician
- I do have considerable experience working with individuals who are on medications and with providers prescribing medications
- Stimulants
  - Methylphenidate, Adderall, Vyvanse
  - Extended Release vs. Non
- Non-Stimulants
  - Guanfacine, Strattera
- Side-effects
  - Lack of appetite/weight loss
  - Headache
  - Crash

ADHD and Long-Term Outcomes

- ADHD diagnoses are associated with:
  - Increased rates of detention and suspension
  - Increased rates of repeating grades
  - Increased self-reports of academic difficulty
  - Lower grade average that is often not indicative of IQ
- ADHD in the social setting
  - Frequent difficulties with peers
  - Lack of understanding of social boundaries
  - Difficulty deciphering socially appropriate responses
    - (Time to be silly and time to be serious)



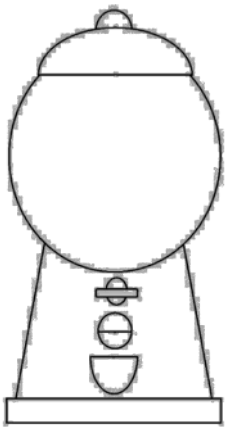
- May look like:
  - Forgetting things
  - Following one part of multi-step directions, but not all of the directions
  - Rushing through work
  - Difficulty waiting turns
  - Daydreaming
  - Clumsiness
  - Marked Hyperactivity
  - Talking out of turn
  - Not staying in seat
  - Pushing/hitting peers
  - Grabbing things from others
  - Difficulty taking naps
  - Talking excessively

Tips and Tricks for Classroom Management

- Global Interventions
  - Picture schedules
  - High structure and routine
  - Tactile objects readily available
- Individual Interventions
  - Balance balls
  - Consistent, immediate rewards
  - Brief instructions
  - Repeat it back to me
  - Backpack checks

Tips and Tricks for Classroom Management

- Track behavior frequently throughout the day
  - Is behavior most difficult in the morning/afternoon, during transitions?
  - Increase structure around difficult time
  - Give children "jobs" during times of high stress
- Visual timers
- Making repair
- Setting children up to be successful



Sometimes things work against us

Color Charts

- General amplify underlying anxiety
- Tend to increase feelings of shame and self-disappointment
- Generally do not function to improve behavior (expectations are too general for too long a duration)

Expulsion in Pre-school

- Generally leads to greater difficulties in academic settings
- Increases sense of being unsuccessful
- Does not lead to intervention

Questions?

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CONTINUED

References

- ADDitude Magazine (2019 January). *What I Wish the World Knew About My Child's ADHD* [Website] Retrieved from: https://www.additudemag.com/adhd-in-children-facts/
- ADDitude Magazine (2019 January). *Medication and Treatments* [Website] Retrieved from: https://www.additudemag.com/category/explore-adhd-treatments/
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
- CHADD (2019) *School Interventions* [Blog Post] Retrieved from: https://chadd.org/for-parents/school-interventions/
- Centers for Disease Control (2018) *Attention-Deficit/Hyperactivity Disorder (ADHD*) Retrieved from: *https*://www.cdc.gov/ncbddd/adhd/data.html
- Marsh, Eric J. & Barkley, Russel A (2006) *Treatment of Childhood* Disorders: The Guilford Press