Assessment and Treatment of Attention Deficit Hyperactivity Disorder

Andrea Temkin-Yu, Psy.D.

October 11, 2022

Disclaimer and Funding Statement

The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).
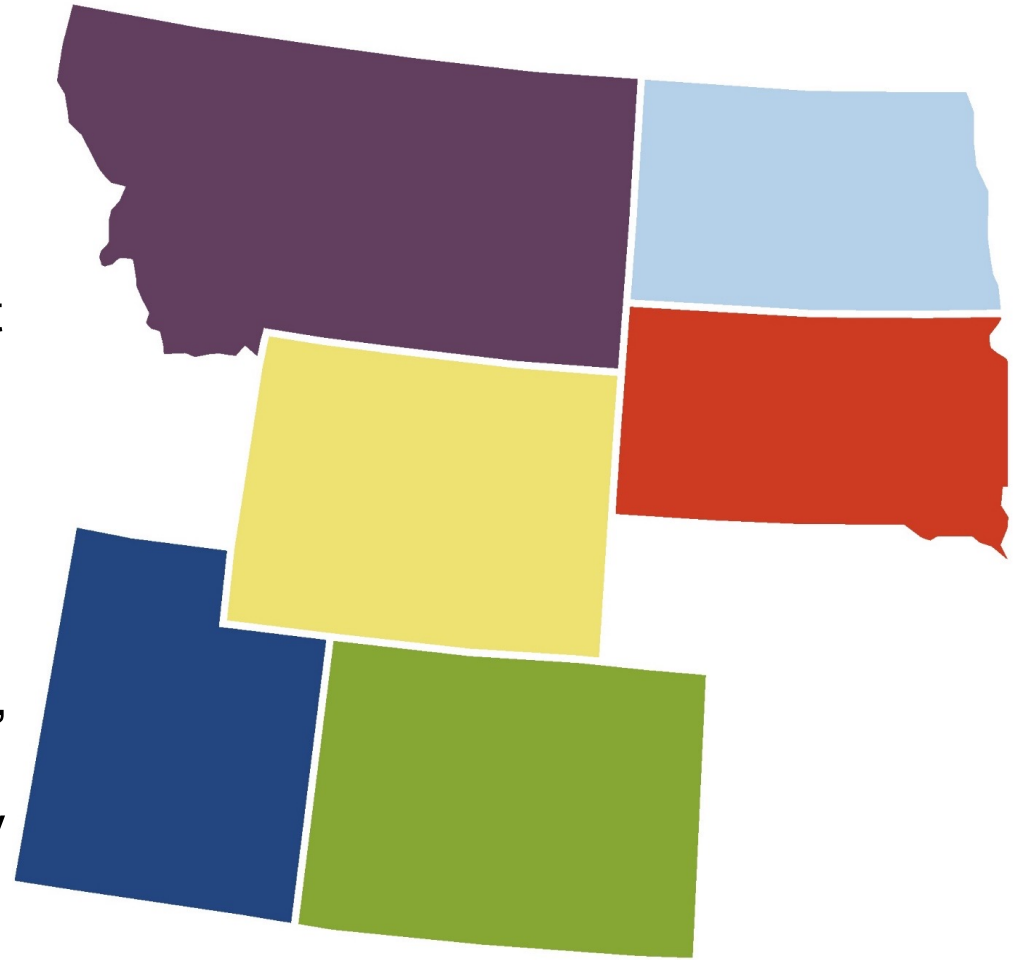
Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

HEALING-CENTERED AND TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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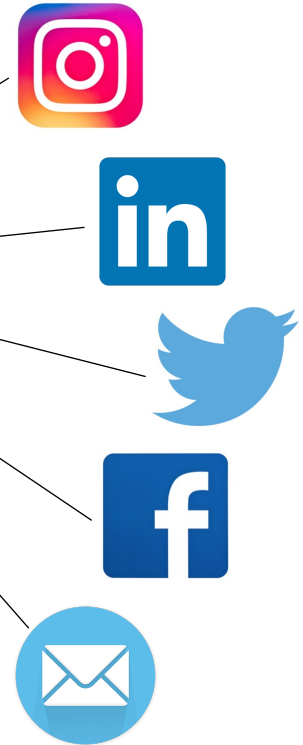
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Agenda

What is ADHD… and what do parents come into the office for?

Assessment Options

Treatment Options

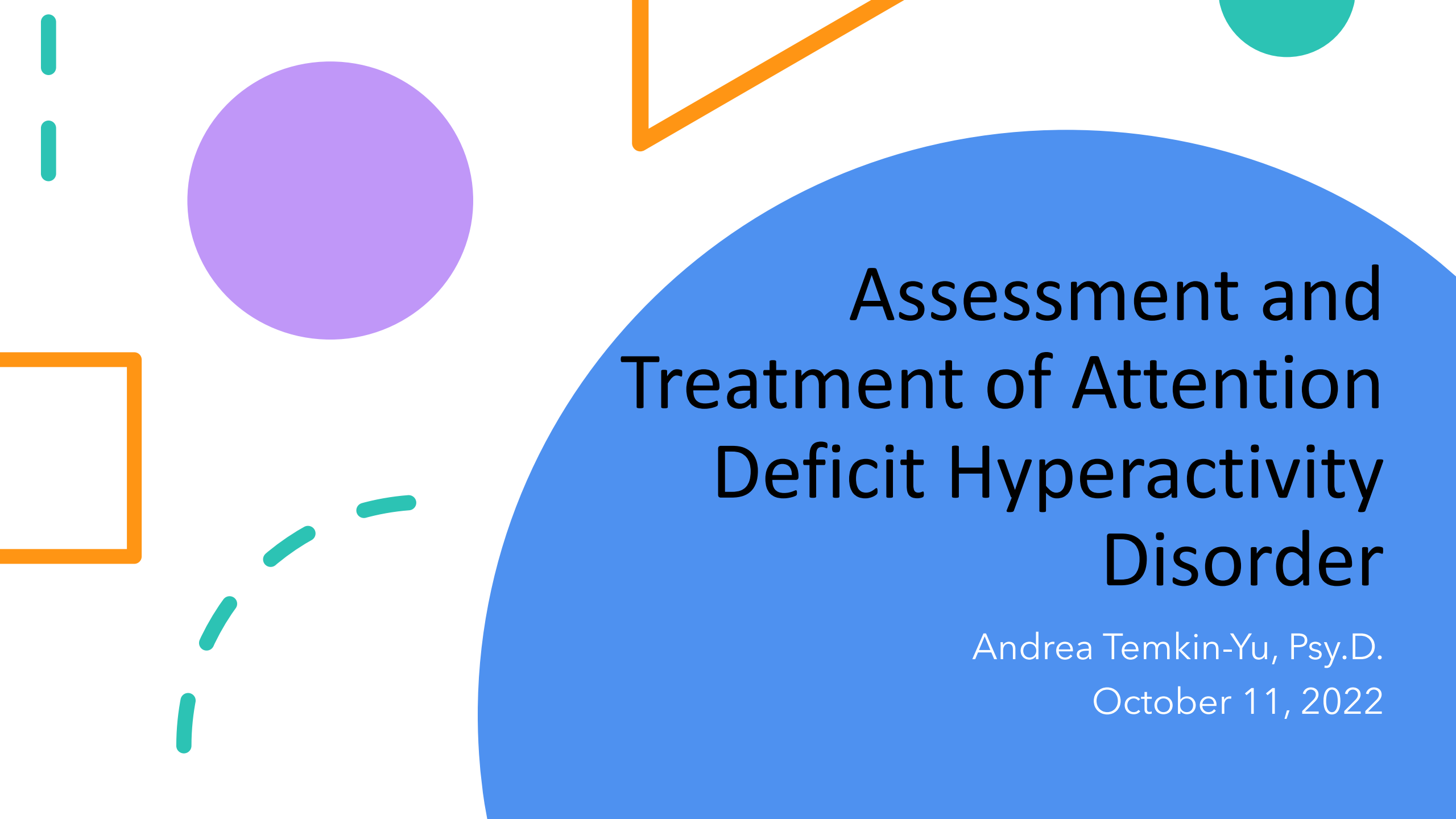# Understanding ADHD

What is ADHD

- Three Types of ADHD

- ADHD impacts parts of the brain that influences executive functioning

- Can impact academic performance, family interactions, health and safety outcomes, social relationships, self-esteem, and more

Why parents come into the office...

1 Tantrums

"He goes from 0-60 like THAT"

2 Non-compliance

"She just will not listen. I have to repeat myself 20 times"

3 Difficulties in school

"I keep getting phone calls that he's disrupting the class"

4 Academic struggles

"She's so smart, but every assignment is a battle. She can just never get it done"

5 Hyperactivity

"He NEVER sits still. He has no awareness of his body and is constantly just too close and too rough."

Assessment

Parent and Teacher Self-Report Measures

SNAP-IV
- Subscales for
  - Inattention
  - Hyperactivity
  - Oppositional Behavior

Vanderbilt
- Subscales for
  - Inattention
  - Hyperactivity
  - Oppositional Behavior
  - Conduct Disorder
  - Anxiety and Depression

Semi-Structured Diagnostic Interviews

SADS or KSADS

- Prompts for each of the DSM sx
- Sx rated as:
  - Not present
  - Occasionally present with minimal effect on functioning
  - Often present with moderate/severe effect on functioning
- Need to do your own thorough hx to understanding onset/timing of sx

ADIS

- Prompts for each of the DSM sx
- Reporter responds yes/no to presence of a sx
- If threshold is met, rate impairment:
  - 0-3: normative
  - 4: more impairing than is typical
  - 5-6: more impairing in multiple domains
  - 7-8: completely impairing, child cannot function
- Ask for concrete examples of impairment

Be mindful of:

1 Other mental health symptoms that may look like ADHD

2 Relevant health concerns

3 Recent changes or ongoing disruption or stressors

4 Interaction between environmental expectations and child behavior

Neuropsychological Assessment

- Thorough assessment of:
  - Intellectual, academic, and executive functioning
  - Learning
  - Memory
  - Language

- Not necessary to diagnose ADHD

- Helpful if:
  - There may be intellectual impairment or learning disability
  - Detailed profile of strengths and deficits could be helpful in tailoring interventions

Treatment

Gold Standard of Treatment

- Behavior Therapy and/or Medication Management

- Evidence suggests starting behavioral treatment first is recommended

Behavior Therapy Options

Parent Management Training

Parent Child Interaction Therapy

Executive Functioning Coaching

Organizational Skills Training

Cognitive Behavioral Therapy

Social Skills

Parent Management Training (PMT)

- Evidence-based, short-term intervention

- Parent focused and skills based

- Fosters:
  - Warm, positive interactions
  - Appropriate scaffolding
  - Clear expectations
  - Consistent, appropriate consequences

PMT skills

Positive Parenting Strategies

- Psychoeducation
- Awareness of factors that influence behavior and maintain it over time
- Selective attention
- Routines
- Parent Coping*

Behavior & Conflict Management

- Contingency plans
  - House Rules
  - Points Systems
  - Behavior Contracts
- Time-out
- De-Escalation

Parent Child Interaction Therapy (PCIT)

- Evidence-based, 12-16 sessions, ages 2-6

- Joint parent-child sessions using live coaching

- Particularly effective for disruptive behaviors/non-compliance

- Builds parental ability to support their child by fostering:
  - Warm, positive interactions
  - Encouraging appropriate play behavior
  - Implementing consistent, reasonable punishment when necessary

PCIT Components

Child Directed Interaction

- First portion of treatment
- Teaches parents to:
  - Praise
  - Reflect
  - Imitate
  - Describe behavior
  - Engage
- Minimizes:
  - Questions
  - Negative Talk
  - Criticism

Parent Directed Interaction

- Second portion of treatment
- Teaches parents:

  - Effective instructions

  - Time-out Script

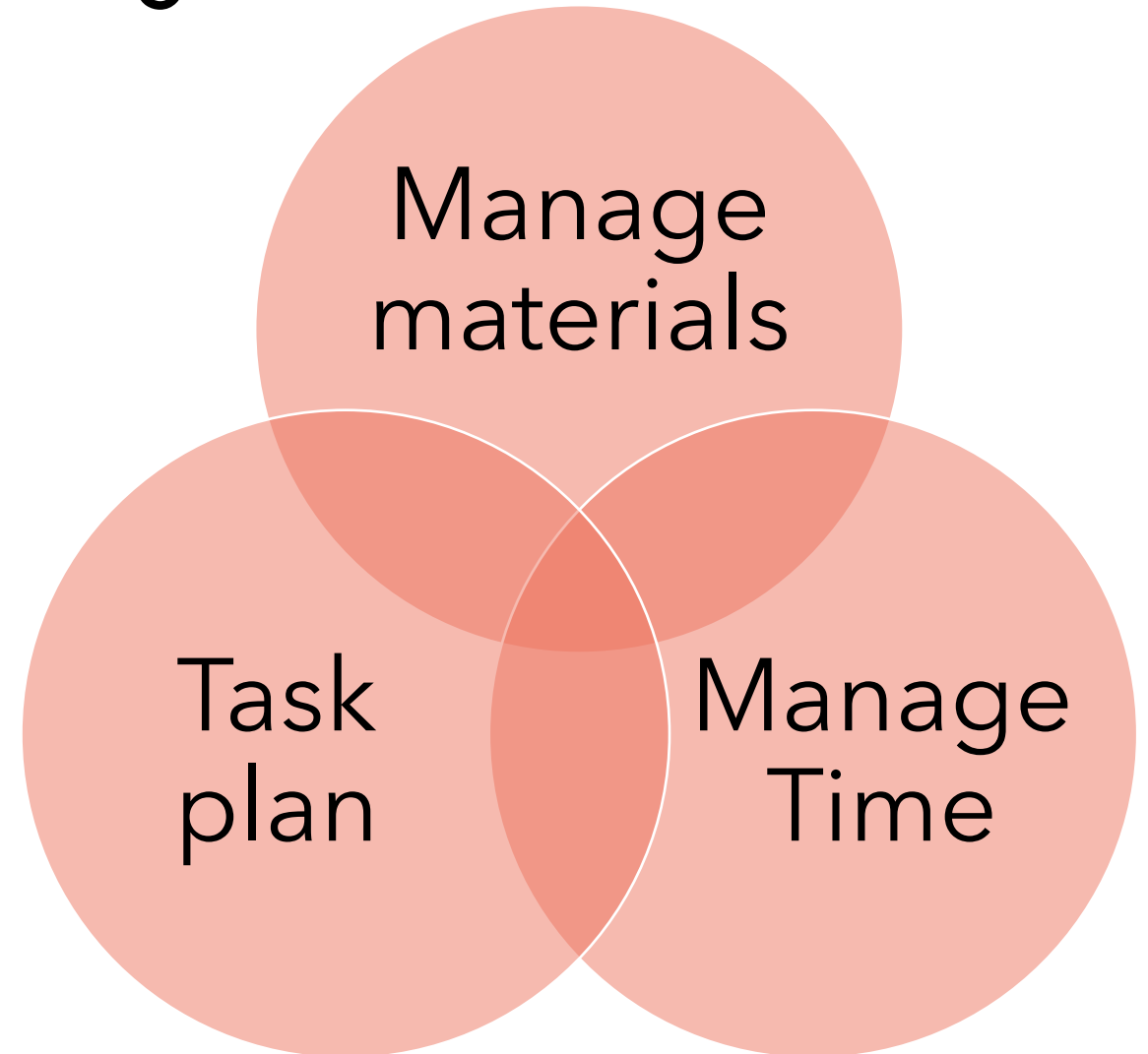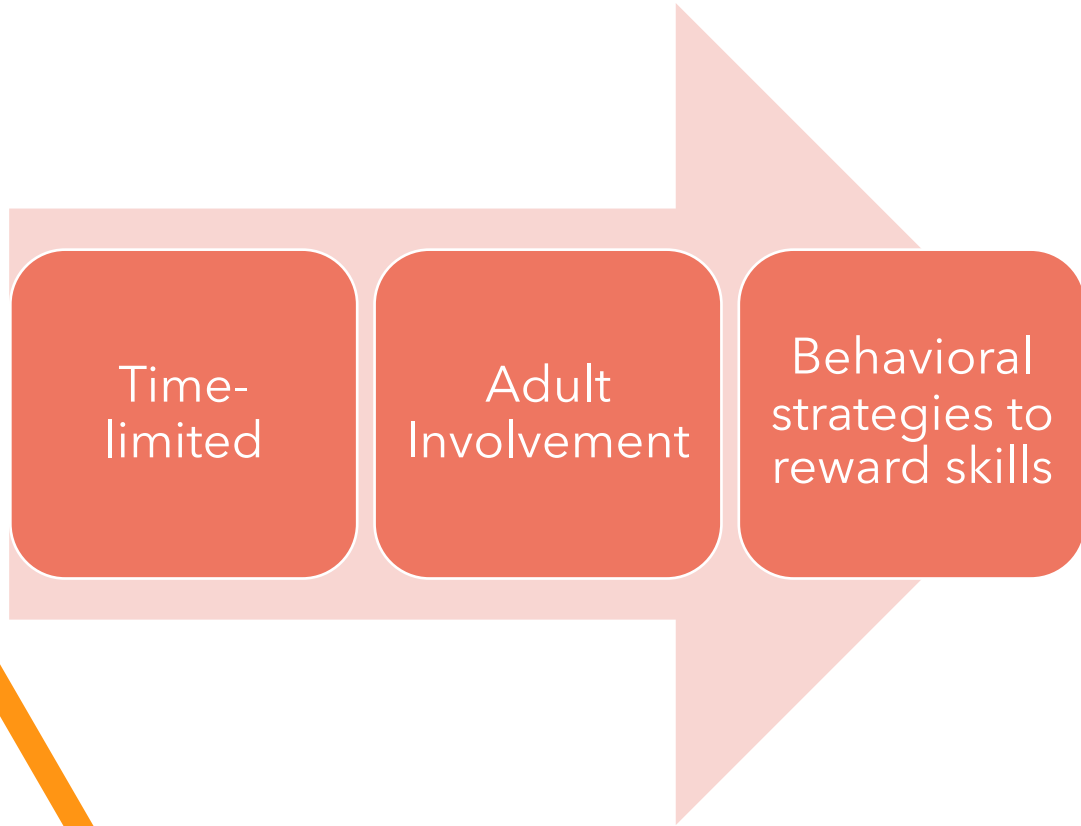 - How to use BOTH Child and Parent directed skills in harmony

Executive Functioning Coaching

Appropriate for wider age span

Individual therapy format

- Can target wide range of skills:
  - Organization
  - Impulse control
  - Time management
  - Planning and Prioritization
  - Follow through
  - Self-monitoring and self-assessment
  - Emotion Regulation
  - Problem solving

Organizational Skills Training

Time-limited

Adult Involvement

Behavioral strategies to reward skills

Manage materials

Task plan

Manage Time

Cognitive Behavioral Therapy

- Appropriate from middle childhood through adulthood

- Individual therapy format

Psychoeducation
Organization and Planning
Problem Solving
Environmental Strategies
Behavior Change Strategies
Adaptive thinking

Social Skills Treatment

Format

- Wide age range

- Individual or Group therapy format

- May find ADHD specific, or cross diagnostic, programs

Social Skills

Reading cues

Having conversations

Pro-social behaviors

Assertiveness

Damage control

Emotion Regulation

Emotion recognition

Relaxation strategies

Helping thinking

Problem Solving

# When do I refer for a med consult?

- Parents/Patient interested

- Behavioral interventions are not working or have limited impact

- Symptoms so significant patient is at risk for serious social, academic, or work impairment

- Patient is reporting low self-esteem, increased anxiety, lower mood in context of ADHD difficulties

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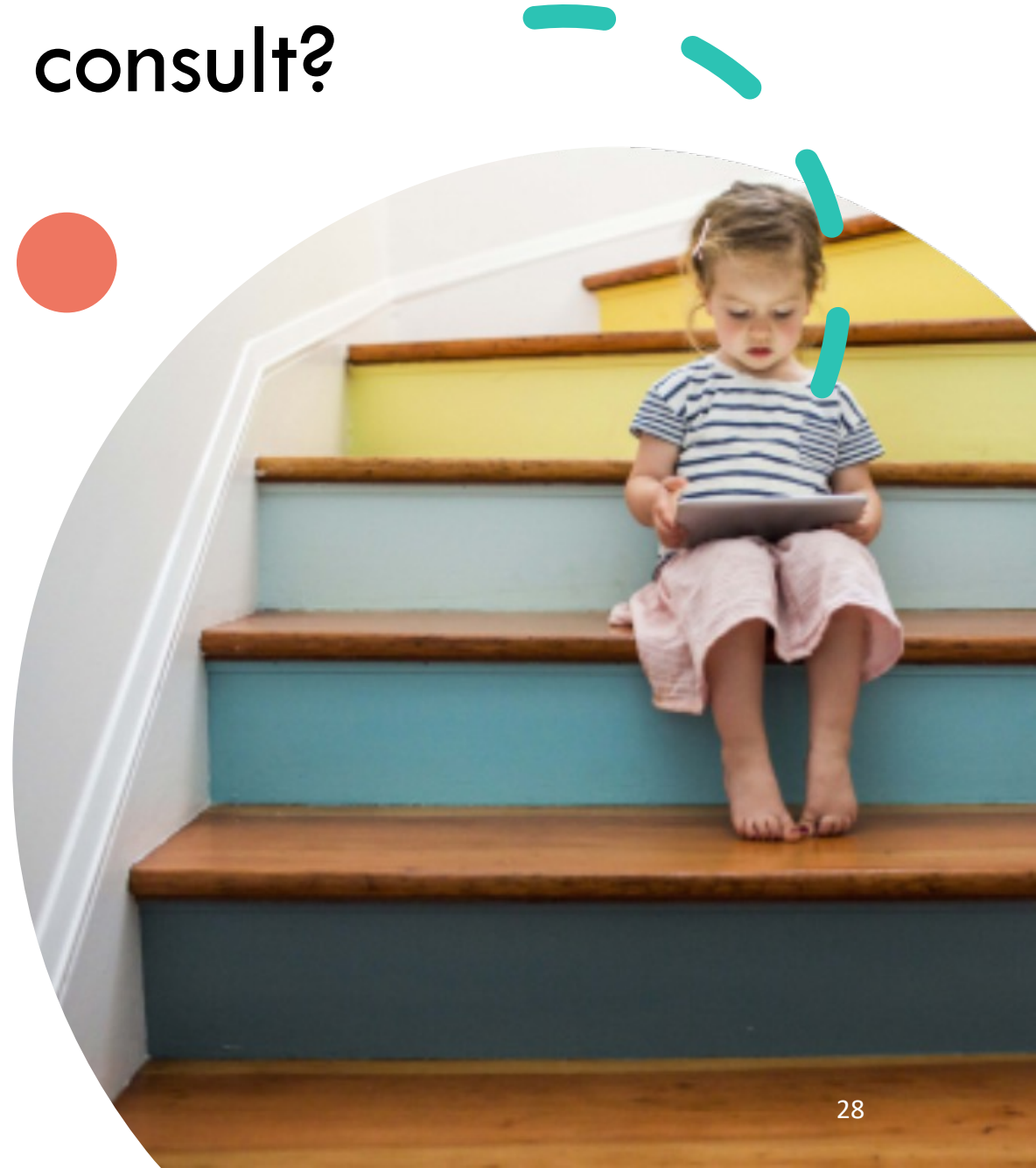
Resources

- ABCT Therapist Finder
- ADAA Therapist Finder
- PCIT International
- Local universities with graduate programs in psychology (often have community clinics)
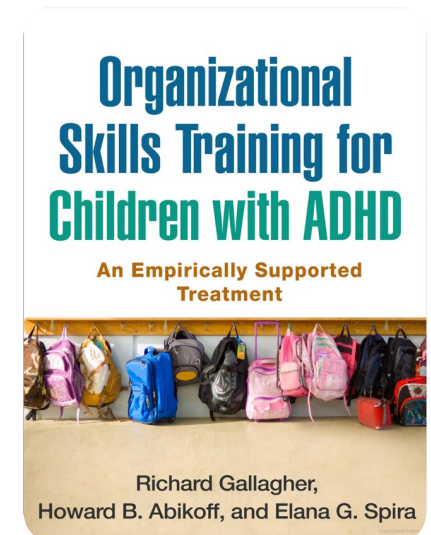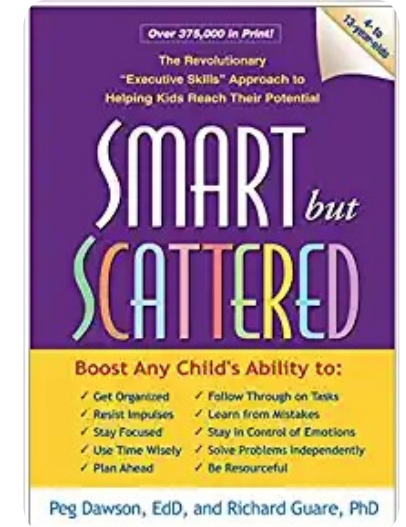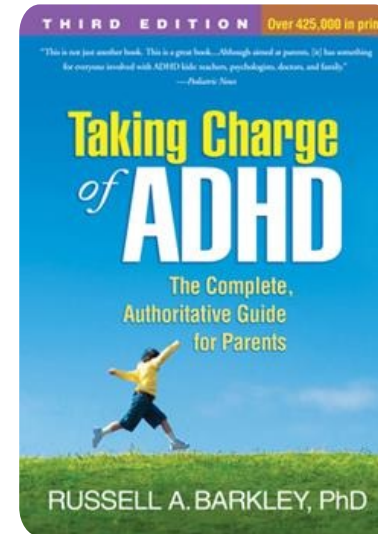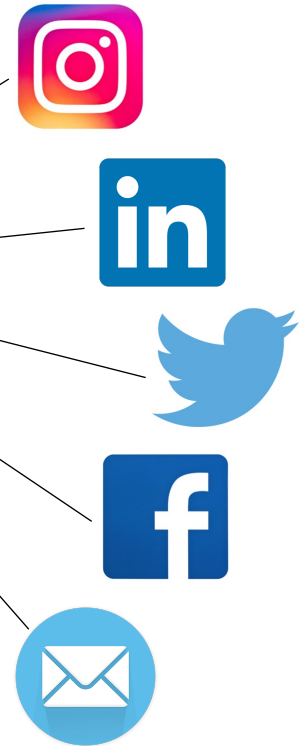
Questions?

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Weill Cornell Medicine/
New York Presbyterian Youth Anxiety Center

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