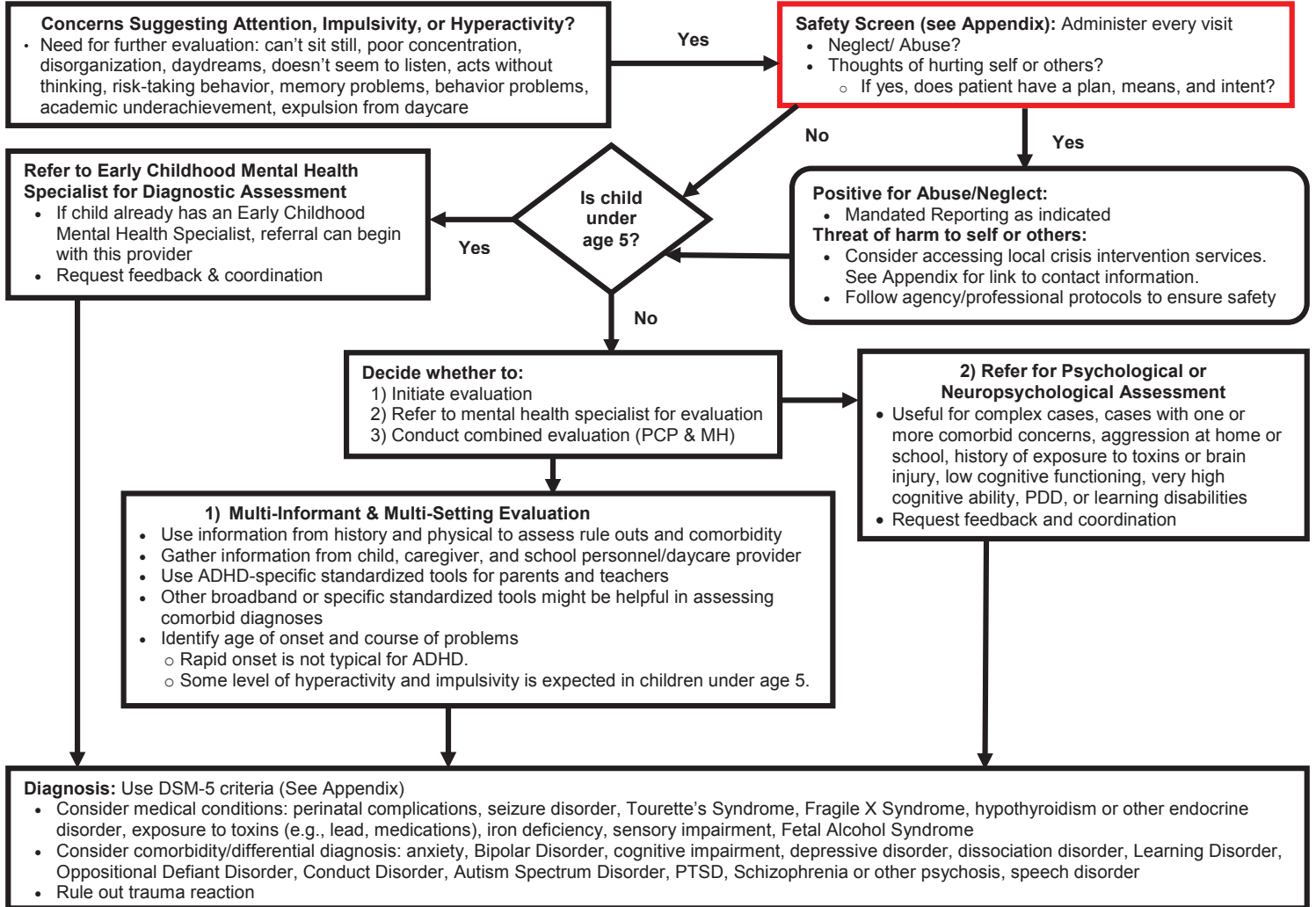
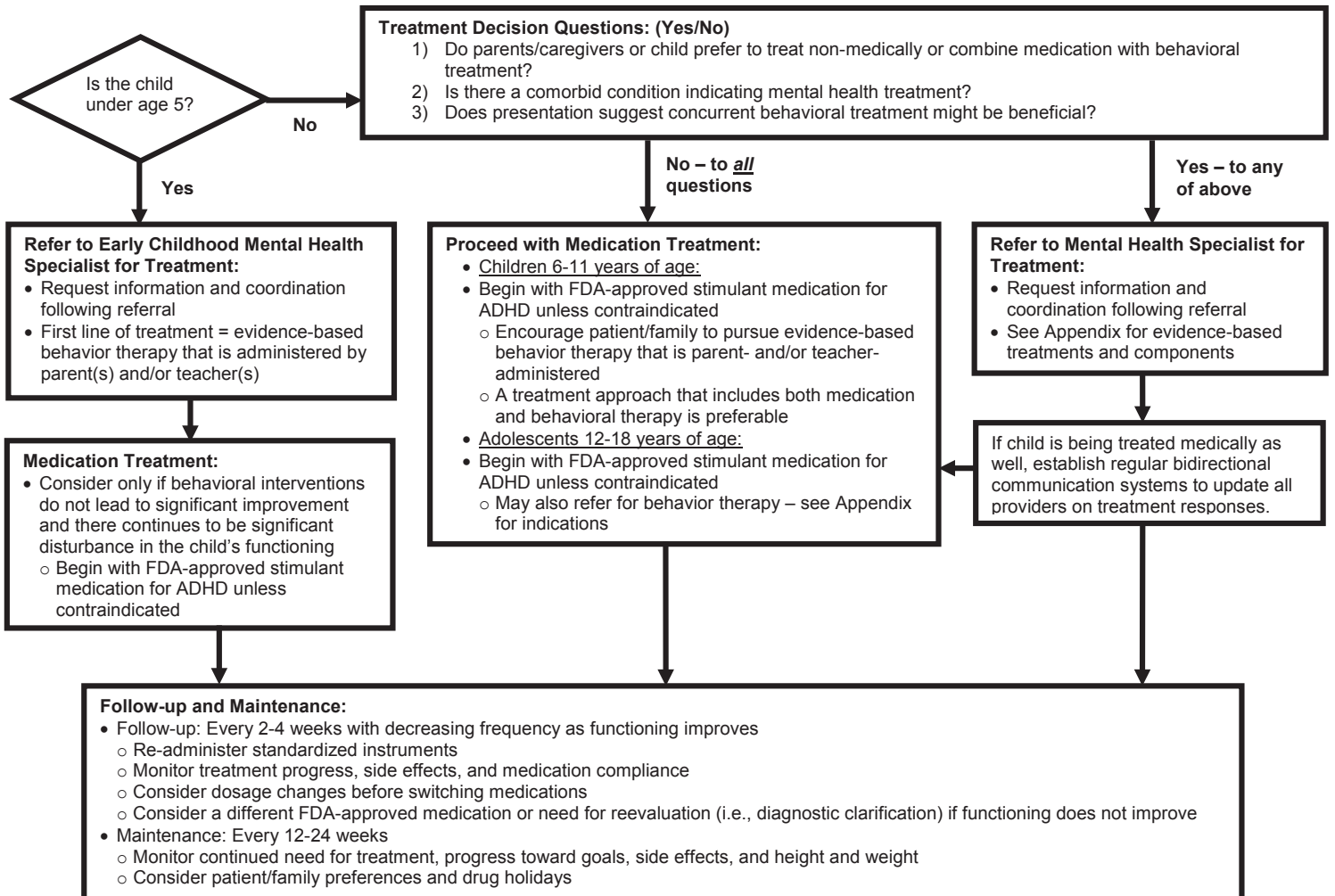


## Attention Deficit/Hyperactivity Disorder Assessment & Treatment



## Attention Deficit/Hyperactivity Disorder Assessment & Treatment

### ADHD Treatment Guide



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### Primary References:

- American Academy of Child and Adolescent Psychiatry Official Action (2007) – Practice Parameter for the Assessment and Treatment of Children and Adolescents With Attention Deficit/Hyperactivity Disorder. [http://www.jaacap.com/article/S0890-8567\(09\)62182-1/pdf](http://www.jaacap.com/article/S0890-8567(09)62182-1/pdf)
- American Academy of Child and Adolescents Psychiatry Official Action (2009) – Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents. [http://www.jaacap.com/article/S0890-8567\(09\)60156-8/pdf](http://www.jaacap.com/article/S0890-8567(09)60156-8/pdf)
- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (5<sup>th</sup> ed.)*. Washington, DC: Author.
- PracticeWise (2015). Evidence-Based Youth Mental Health Services Literature Database.

## Appendix

### Resources:

AAP Clinical Practice Guideline – ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (<http://pediatrics.aappublications.org/content/128/5/1007>)

Information on Cardiovascular Risk Related to Stimulants:

- FDA Drug Safety Communication: Safety Review Update of Medications Used to Treat Attention-Deficit/Hyperactivity Disorder (ADHD) in Children and Young Adults (<http://www.fda.gov/Drugs/DrugSafety/ucm277770.htm>)

Indicators for Combined Medication Management and Behavioral Therapy:

- 1) Parent-child conflict
- 2) Requests for home and school management techniques
- 3) Severe functioning deficits
- 4) Comorbid disorder

### Safety Screen:

Some questions to assess potential threat of harm to self: Children and adolescents may be asked the following diagnostic questions (Jacobsen et al., 1994).

- “Did you ever feel so upset that you wished you were not alive or wanted to die?”
- “Did you ever do something that you knew was so dangerous that you could get hurt or killed by doing it?”
- “Did you ever hurt yourself or try to hurt yourself?”
- “Did you ever try to kill yourself?”

\*If the threat assessment (i.e., Safety Screen) indicates risk of harm to self or others, educate families on the appropriate care options and safety precautions including removal of firearms from the home and securing all medications, both prescription and over-the-counter.

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**Warning Signs of Suicide:** (Developed by the U.S. Department of Health and Human Services – Substance Abuse and Mental Health Services Administration (SAMHSA; 2011).

These signs may mean someone is at risk for suicide. The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- Threatening to hurt or kill oneself or talking about wanting to die or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting recklessly or engaging in risky activities – seemingly without thinking
- Feeling trapped – like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

**Minnesota Mental Health Crisis Contact Numbers:** <http://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/resources/crisis-contacts.jsp>

**Current Evidence-Based Traumatic Stress Treatments include:** Parent Management Training, Biofeedback, Contingency, Self Verbalization, and Behavior Therapy and Medication

**Elements of effective traumatic stress treatment include:** praise, psychoeducation, tangible rewards, problem solving, commands, differential reinforcement of other behavior, time out, modeling, therapist praise/rewards, biofeedback/neurofeedback, monitoring, stimulus control or antecedent management, relaxation, communication skills, educational support, goal setting, self-verbalization, attending, natural and logical consequences, relationship/rapport building, response, and self-reward/self-praise

### DSM-5 Attention Deficit/Hyperactivity Disorder (ADHD) Criteria:

- 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).

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- b. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or length 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).
  - 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 task 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 task 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).
2. **Hyperactivity and impulsivity:** Six (or more) of the following symptoms have persisted for at least 3 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 hand 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 other (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 and take over what others are doing).
- 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 setting (e.g., at home, school, or work; with friends or relatives; in other activities).

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- 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).

*Specify* whether:

- 314.01 (F90.2) Combined presentation: If both Criterion A1 (inattention) and criterion A2 (hyperactivity-impulsivity) are met for the past 6 months.
- 314.00 (F90.0) Predominantly inattentive presentation: If Criterion A1 (inattention) is met but Criterion A2 (hyperactivity-impulsivity) is not met for the past 6 months.
- 314.01 (F90.1) Predominantly hyperactive/impulsive presentation: If Criterion A2 (hyperactivity-impulsivity) is met and Criterion A1 (inattention) is not met for the past 6 months.