

## **What to Look for in an Effective Evaluation of Attention Deficit Hyperactivity Disorder**

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For many parents facing an evaluation of their child for Attention Deficit Hyperactivity Disorder (ADHD), the experience is like the folktale of The Elephant and the Six Blind Men. In the story each man touches a different part of the elephant and is then asked to identify what it is. The one who touches the hind leg says that it is a wall; the one who touches the tusk says that it is a spear, and the one who touches the tail says that it is a rope. When not exposed to the big picture the men are left trying to figure out what they are dealing with based solely on single details. Similarly, parents of children who are inattentive may seek a diagnosis based on this single symptom and miss the big picture.

Inattention is one symptom that can be a feature of a variety of different disabilities. In order to properly diagnosis ADHD one needs to rule out the many competing factors that could account for the inattention as well as specify the type of inattention. Some examples of competing factors may be learning disabilities, behavioral disturbances, autism spectrum disorders and many types of language disorders. Children in each of those diagnostic categories are inattentive, but it is due to either difficulties with learning, conduct, or speech. ADHD is often a "co-morbid" diagnosis, or diagnosis that is secondary to other disorders. This article will seek to provide a structure for those children who experience ADHD as the primary impediment to their learning.

There are at least five essential features which should be addressed in any ADHD evaluation.

**Parent and teacher input** — the diagnostic criteria for ADHD states that the symptoms of inattention need to be a concern in more than one setting. Often the lack of inattention in multiple settings is indicative of other types of diagnoses. For example, the child who is restless during reading but not math or at home may be indicative of a child who has a reading delay as opposed to difficulties with inattention. There are also numerous examples of parents who are puzzled because the teacher reports inattention, but the child is attentive at home. This may indicate issues inherent to the learning environment as opposed to a problem with inattention.

**Use of normed cognitive measures of inattention** — Measures of the child's ability to consistently maintain attention during computer tasks or paper and pencil tests is an important feature of any evaluation. However, parents and schools need to have some perspective about the degree of inattention. Many children are restless or daydream, but it is the inability to maintain focus on a single task despite distraction that is one of the key features of this diagnosis. Thus, a measure which allows for comparison to a standard sample gives parents and school perspective. Cognitive measures can also be repeated over time which is important when measuring the effectiveness of treatments. For example, physicians, psychiatrics and parents should be able to make decisions regarding medication of a child with ADHD pragmatically. Offering some perspective about the degree of impairment as well as a method for tracking responses to medications allows professionals and parents to make their decision based on facts.

**Measures of other behaviors which may impede socialization or academics** — Children with ADHD may or may not be oppositional toward authority; however opposition is a discrete issue which may interfere with the ability to treat the symptoms of inattention. Thus, behaviors beyond inattention should be addressed. In particular the evaluation should cover the child's response to inattention. Children who are troubled by their variability in attention are more likely to want to participate in treatment to reduce their inattention. Questions regarding the impact of inattention on self-esteem and social contacts are invaluable when creating a treatment plan for the disorder.

**Direct observation in school** — Many schools dismiss evaluations of inattention because the diagnostician never observed the child in school or acquired a direct account of the child in the classroom. In most evaluations the child is tested under an ideal situation. The child is getting individual attention from an adult, the diagnostician works to reduce distraction and the tasks are novel and interesting. A classroom is not always as ideal. Therefore, it is incumbent upon the diagnostician to observe the child outside of the office setting in order to assess his/her response to the environment. If a child is inattentive in the office it can be interpreted that he/she is inattentive even in the best of situations. However if the child's performance on cognitive measures is within the average range when tested in the office but there are concerns in the classroom, the diagnostician should attempt to explain these differences in their report.

**Finally recommendations should be specific to the individual child** — Parents need to be aware of the most effective treatments for their child diagnosed with ADHD. However, there is no single intervention that works well for all children. Age, reaction to the diagnosis, intelligence, and other strengths should be taken into account when the diagnostician offers recommendations. Common recommendations such as preferential seating, assistance with organization, and adult prompts would be beneficial to almost any child in a classroom; regardless of diagnosis. However, after a lengthy evaluation that covered all of the areas addressed in this article, the diagnostician should be able to address issues that are specific to the child. For example, what is the expected level of independence with regard to accommodations? Some children need to be taught a specific method to help with homework organization, while others just need a teacher to check that they wrote the assignment correctly. Using the child's strengths to help strengthen his/her weakness is the most efficient means empowering a child to learn useful coping strategies.

The Help Group in coordination with UCLA has developed a neuropsychology evaluation unit to diagnose ADHD as well as other childhood disorders. The goal of the clinic is to provide families and schools with an understanding of the way the child learns, what inhibits their learning and what enhances learning. To get more information about the clinic please call Dr. Philip Levin at (818) 779 – 5158.

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