

# Attention-deficit hyperactivity disorder (ADHD)

---

## Module 2

**Gregory A. Fabiano, Ph.D.**  
**University at Buffalo**  
**Graduate School of Education**  
**Department of Counseling, School, and Educational Psychology**



# Module 2- Overview

- ADHD diagnostic guidelines and criteria
- Evidence-based assessment tools
- Focus on impairment in functioning
- Aligning assessment with intervention



# Attention-deficit hyperactivity disorder (ADHD)

---

## Part I.

# Diagnostic criteria



# What are the Current Guidelines?

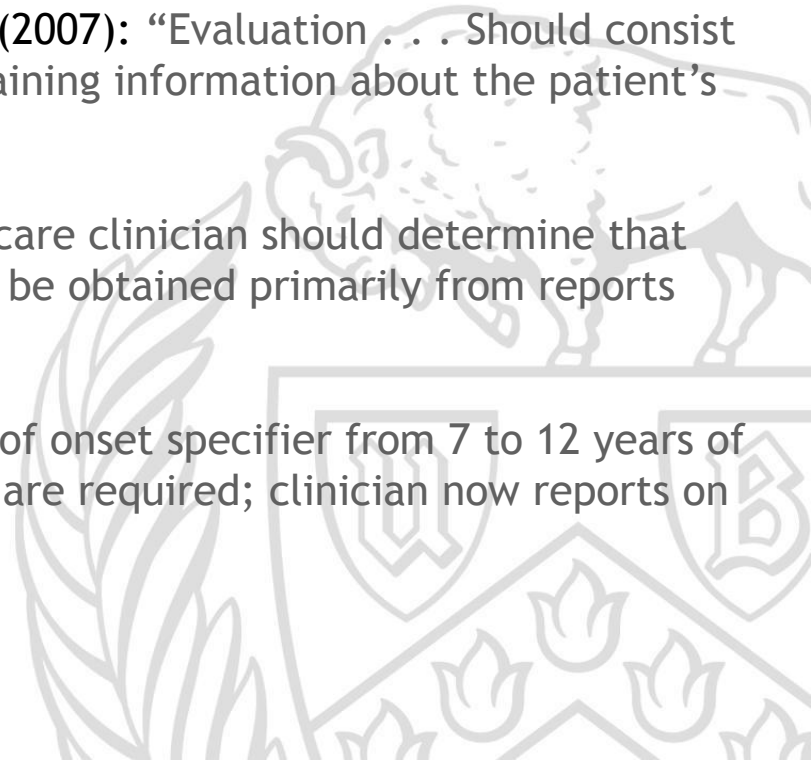
**U.S. Department of Education (2003):** “The criteria set forth by the fourth edition of the DSM-IV are used as the standardized clinical definition to determine the presence of ADHD”

**Pelham, Fabiano, & Masetti (2005):** “Diagnosing ADHD is most efficiently accomplished with parent and teacher rating scales”

**American Academy of Child and Adolescent Psychiatry (2007):** “Evaluation . . . Should consist of clinical interviews with the parent and patient, obtaining information about the patient’s school or day care functioning...”

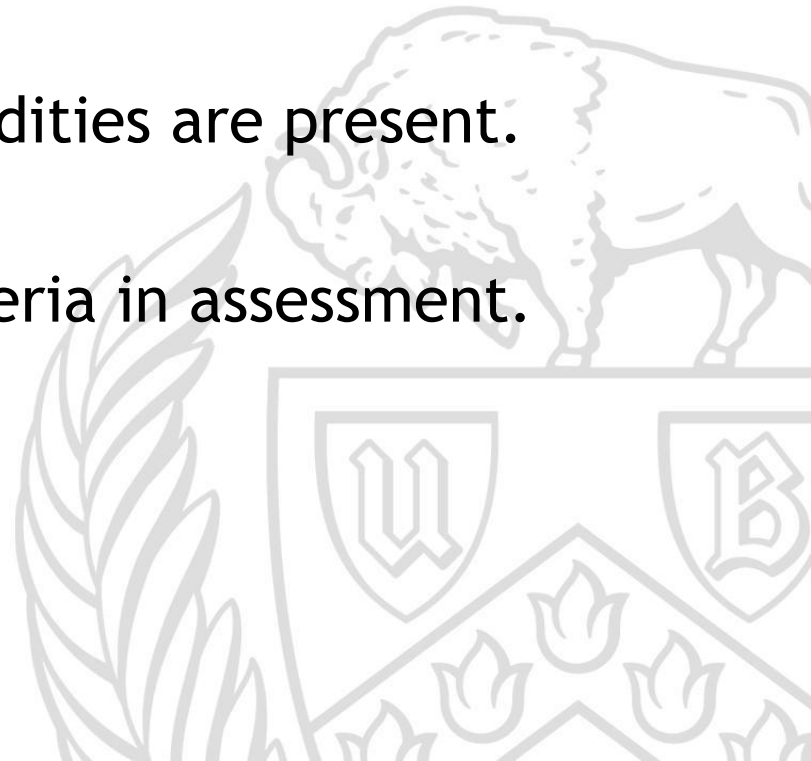
**American Academy of Pediatrics (2011):** “The primary care clinician should determine that DSM-IV-TR criteria have been met... Information should be obtained primarily from reports from parents or guardians, teachers...”

**DSM-V** is now used - modifications include moving age of onset specifier from 7 to 12 years of age; for older adolescents and adults only 5 symptoms are required; clinician now reports on presentation and severity



# Other Commonalities

- Must assess for impairment in functioning across settings.
- Should evaluate whether comorbidities are present.
- All emphasize the use of DSM criteria in assessment.



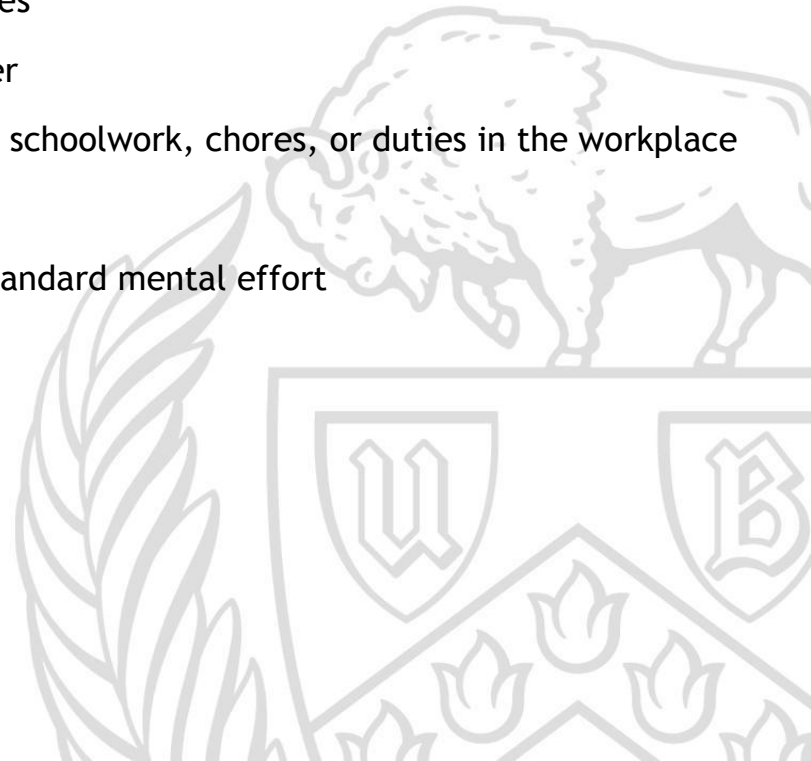
# DSM-IV Definition for Attention Deficit/ Hyperactivity Disorder

## A. Six Symptoms of either Inattentive or Hyperactive/Impulsive

### (1) Inattention:

- often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- often has difficulty sustaining attention in tasks or play activities
- often does not seem to listen to what is being said to him or her
- often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace
- often has difficulties organizing tasks and activities
- often avoids or has difficulties engaging in tasks that require standard mental effort
- often loses things necessary for tasks or activities
- is often easily distracted by extraneous stimuli
- often forgetful in daily activities

(APA, 2013)



# DSM-IV Definition for Attention Deficit/ Hyperactivity Disorder

## (2) Hyperactivity-Impulsivity:

- often has difficulty playing or engaging in leisure activities quietly
- is always "on the go" or acts as if "driven by a motor"
- often talks excessively
- often blurts out answers to questions before the questions have been completed
- often has difficulty waiting in lines or awaiting turn in games or group situations
- often interrupts or intrudes on others (e.g. butts into other's conversations or games)
- often runs about or climbs inappropriately
- often fidgets with hands or feet or squirms in seat
- leaves seat in classroom or in other situations in which remaining seated is expected

(APA, 2013)

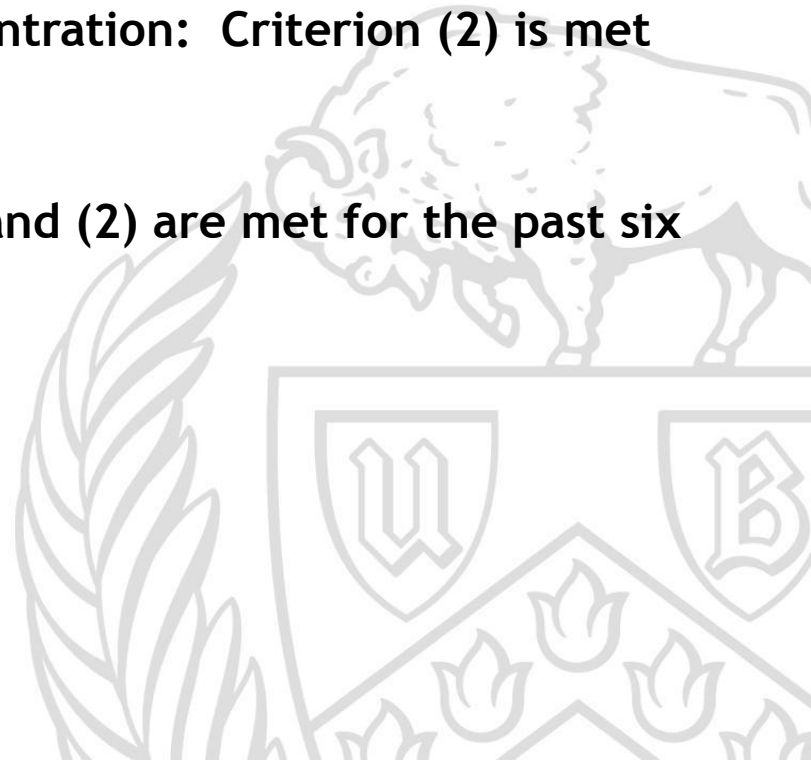


# DSM-V Definition for Attention-Deficit/ Hyperactivity Disorder-Concentrations

**Predominantly Inattentive Concentration: Criterion (1) is met but not criterion (2) for the past six months**

**Predominantly Hyperactive-Impulsive Concentration: Criterion (2) is met but no criterion (1) for the past six months**

**Combined Concentration: Both criteria (1) and (2) are met for the past six months**





# What is NOT Evidence-based

Medical Tests

Allergy Tests

CAT/PET scans, MRI scans

Asking the child about symptoms

