

Attention-deficit hyperactivity disorder (ADHD)

Module 2 (continued)



Attention-deficit hyperactivity disorder (ADHD)

Part III.

Aligning Assessment with Treatment

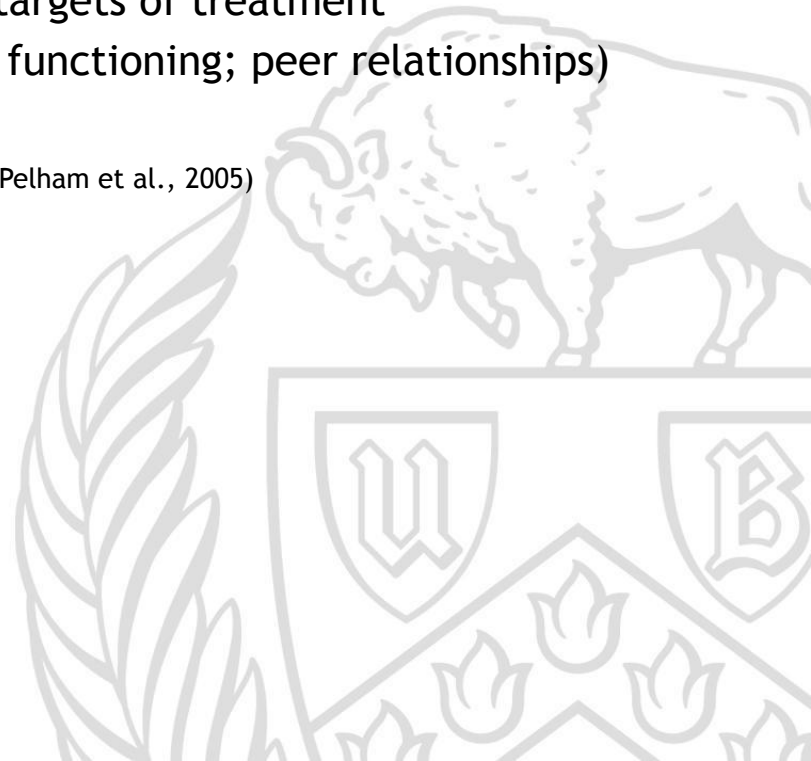


Impact of ADHD - Impairment

Assessment of impairment is a critical part of ADHD diagnosis and treatment:

- Impairment is integrated into every aspect of a DSM diagnosis
- Impaired areas of functioning predict referral to treatment providers
- Impaired areas of functioning are socially valid targets of treatment
- Improvement in impaired areas (e.g., academic functioning; peer relationships) mediates positive outcomes

(Anastopoulos & Shelton, 2001; Evans et al., 2005; Fabiano et al., 2006; Pelham et al., 2005)



Impairment Measures

Columbia Impairment Rating

(Bird et al., 1993, 1996)

Children's Global Assessment of Functioning

(Bird et al., 1987, 1990; Shaffer, 1983)

Child and Adolescent Functional Assessment Scale

(Hodges et al., 1999; Hodges & Wong, 1996)

Impairment Rating Scale

(Evans et al., 2005; Fabiano et al., 2006; Pelham & Hoza, 1996; Wolraich et al., 1998)

Plus many measures of individual domains of impairment (e.g., academic achievement, peer relationships/social skills, parenting, family fx).



Impairment Rating Scale

Raters (parents and teachers) describe what they see as the child's primary problems in narrative format. Raters then rate how the child's symptoms have affected each of the following domains:

- (1) relationship with peers/siblings
- (2) relationship with parents or teachers,
- (3) his or her academic progress,
- (4) your classroom/family in general
- (5) his or her self-esteem , and
- (6) overall problem/need for treatment

(1) How does your child's problems affect his or her relationship with playmates

No Problem | _____ | Extreme Problem
Definitely does not need treatment or special services | _____ | Definitely needs treatment or special services

Assessments Beyond Diagnosis

Diagnosis is only one aspect of assessments for ADHD.

With the assessment technology available, diagnosing ADHD has become relatively efficient and it is backed by a strong psychometric evidence base.



Once a diagnosis is established, the focus should shift to the rest of the assessment process including:

- Identifying impaired areas of functioning
- Operationalizing target behaviors within these domains
- Conducting a functional analysis of the antecedents, settings, and targets of the target behavior(s)
- Implementing treatment and constructing measures to monitor and evaluate treatment progress

(Pelham, Fabiano, & Massetti, 2005)



Identifying Impaired Areas of Functioning/Operationalizing Target Behaviors



Presenting Problems (complete one page for each problem; continue on back if necessary). Begin by giving a brief explanation of how antecedents and consequences affect behavior, and explain that you will be asking about antecedents, behaviors and consequences, all defined very specifically and objectively.

Problem (define specific behavioral target from the Impairment Rating Scale):

Homework not completed within expected time.

When was the problem first noted, and by whom? (Include age/grade, sudden or gradual, noticed personally or brought to attention by someone else)

First noticed in second grade. The teacher sent home notes stating seatwork was incomplete and needed to be completed at home.

How often does the problem occur, and in what settings? What is the intensity/severity of the behavior?

-Home This problem occurs on an almost daily basis at home. Generally, it takes 4-5 times as long to complete the work as it should. We are often surprised by unfinished long-term projects, which send us scrambling to the store at 8:00 at night (i.e., to buy posterboard or markers for his projects).

-School Some of the same problems occur at school because the unfinished work gets sent home to be completed.

-With peers N/A

-Other (describe) N/A

What are the typical antecedents to the behavior? Is the behavior usually in response to some event or provocation (e.g., person, setting, situation, time of day, event), or does it appear to happen for no reason? What is the variability in the behavior across time, settings, people, etc. (e.g., preset, cyclic)?

Command to get started on homework; Peter is more resistant if the homework includes writing; He appears to get the work done faster if it is done right after school rather than later in the evening; problem is worse if parents are rushed.

What typically happens after the behavior occurs? What are the typical consequences? What have the parents tried to do to modify consequences and what have been the results? How consistent have the parents' reactions been?

Peter avoids having to concentrate on and complete his work; parents get very frustrated and upset; homework time often includes multiple arguments/shouting matches between the parent and Peter; schoolwork incomplete; have tried time outs and grounding and it does not work.

Current level of competency/strengths related to target behavior:

Peter is good at math - these assignments tend to get done quicker; Can persist in a homework activity if it is really engaging (e.g., searching for different types of leaves for a science project).

Example of Teacher Progress Monitoring Measure

Sample Daily Report Card
 Child's Name: _____ Date: _____

	<u>Special</u>	<u>Language Arts</u>	<u>Math</u>	<u>Reading</u>	<u>SS/Science</u>
	Y N	Y N	Y N	Y N	Y N
Follows class rules with no more than 3 rule violations per period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completes assignments within the designated time.	Y N	Y N	Y N	Y N	Y N
Completes assignments at 80% accuracy.	Y <input type="radio"/>	Y <input type="radio"/>	Y <input type="radio"/>	Y <input type="radio"/>	Y <input type="radio"/>
Complies with teacher requests. (no more than 3 instances of noncompliance per period)	Y <input type="radio"/>	Y <input type="radio"/>	Y <input type="radio"/>	Y <input type="radio"/>	Y <input type="radio"/>
No more than 3 instances of teasing per period.	Y <input type="radio"/>	Y <input type="radio"/>	Y <input type="radio"/>	Y <input type="radio"/>	Y <input type="radio"/>
OTHER					
Follows lunch rules (no more than 3 violations).	Y <input type="radio"/>	N <input type="radio"/>			
Follows recess rules (no more than 3 violations).	Y <input type="radio"/>	N <input type="radio"/>			
Total Number of Yeses	_____				
Total Number of Noes	_____				
Percentage	_____				
Teacher's Initials: _____					
Comments:					

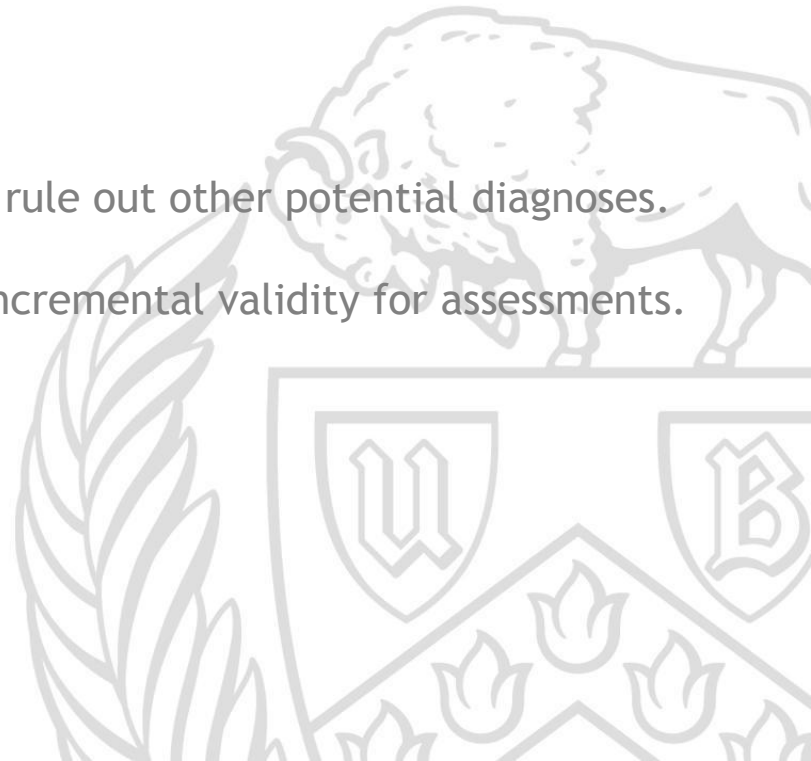
23/27 = 87%

Summary and Recommendations

There is considerable psychometric information available to support ADHD assessments.

Diagnostic procedures for ADHD can be conducted relatively easily using evidence-based methods.

- Parent and Teacher Rating Scales
- Clinical interview to determine onset of symptoms and rule out other potential diagnoses.
- Structured diagnostic interviews for ADHD do not add incremental validity for assessments.



Summary and Recommendations

Clinicians and consumers should be mindful of incremental validity.

Assessments should emphasize an accounting of key domains of functioning, focusing on areas of competency and impairment.

Assessments should emphasize a careful analysis of the context of impaired behaviors

- Antecedents
- Consequences
- Settings

Focus of assessment activities is weighted toward those that facilitate treatment planning.

