



## ADHD

- *Behavioural deficits*
  - Impairments to meet societal expectations
- Practical definitions to guide assessment
  - Greater understanding of the child
  - Translates data into functional behaviour



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## Practical Definitions

Inattentive → **Combined** ← Hyperactive/Impulsive

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|--|---|
| • Messy  | • Excessive talking/socializing                 |
| • Disorganized   | • Easily frustrated/angry                       |
| • Forgetful  | • Fidgety/restless/moving/out of seat           |
| • Loses things   | • Blames others                                 |
| • Difficulty completing tasks                                    | • Unaware of how their behaviours affect others |
| • Not listening to class-led instruction + needs things repeated | • Rushes through work                           |
| • Withdrawn in class (shy, quiet)                                | • Careless errors                               |
| • Difficulty with 2+-step instructions                           | • Misreads/hears directions                     |
| • Careless errors  | • Interrupts                                    |
| • Difficulties with writing                                      | • Not as motivated to please                    |
| • Daydream   | • Easily bored and looking for fun              |
|  | • Class clown                                   |

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What is the Purpose of Assessment?

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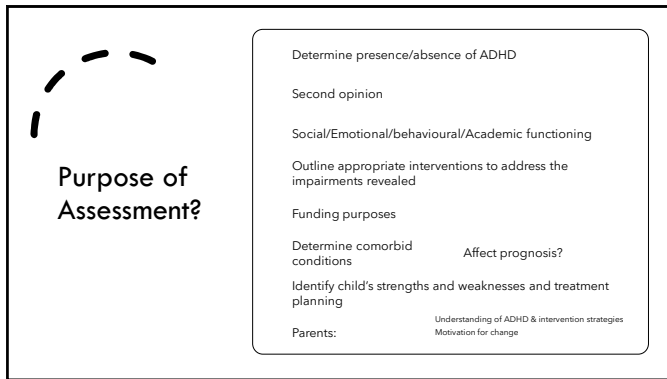
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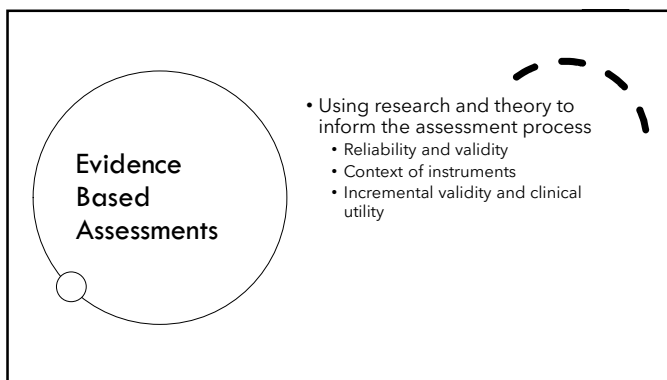
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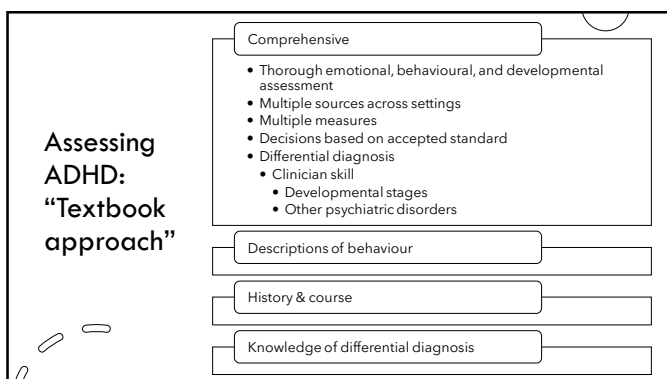
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## Assessing ADHD

**Major Criticisms**

- Too much focus on symptoms/diagnosis
- Little treatment outcomes
- Problems with diagnostic criteria
- Difficulties not about symptoms
- Heterogeneous populations and difficulties manifest differently
- Little information about functional outcomes
- Specificity of needs
- No info on emotional and behavioural outcomes
- Implications for family
- Comorbid diagnoses and poor prognosis
- Ecological validity
- Differential diagnosis



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## Assessing ADHD

- Use criticisms to inform our assessments
  - Why is the child here?
  - Diagnosis (only one piece of the puzzle)

**\*\*Plan for intervention\*\***

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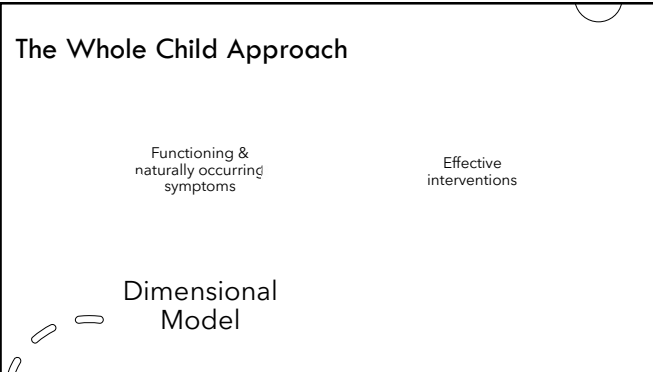
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## The Whole Child Approach



Functioning & naturally occurring symptoms

Effective interventions

Dimensional Model

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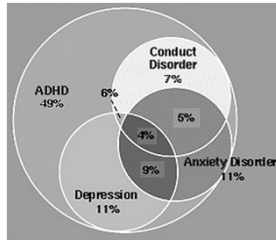
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## Assessing Comorbidities



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## Assessing Comorbidities

- Is a diagnosis the main focus?
  - What is the nature of the impairment? What are the behaviours that need to be targeted?
    - Measures of impairment vs. symptoms
    - Rating scales & FBA
    - Developmental deviance?



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## Assessment considerations

Working understanding of diagnostic criteria

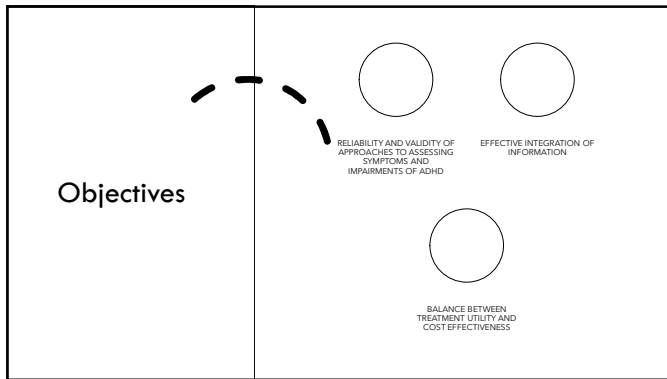
Practical understanding of symptoms' affect individual's functioning

Diagnostic strategy

Multidimensional  
Frequency/severity fluctuate  
across settings and people

Ultimate goal: promoting success

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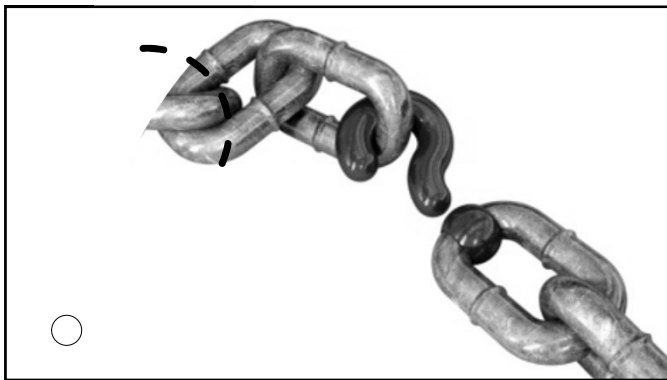
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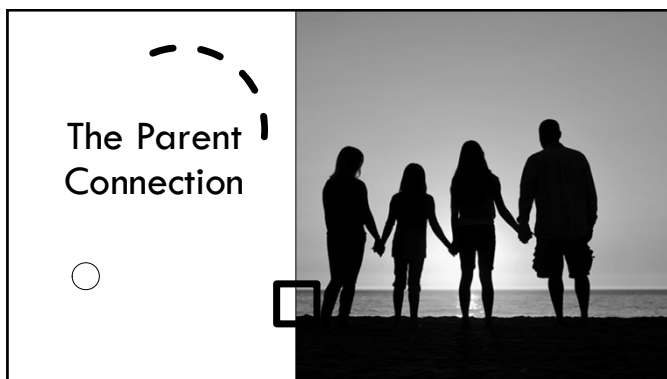
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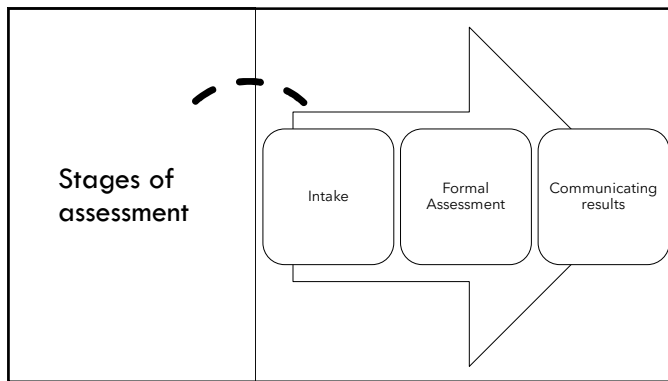
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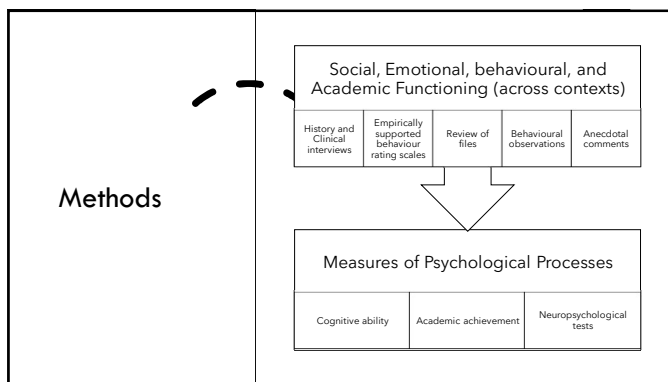
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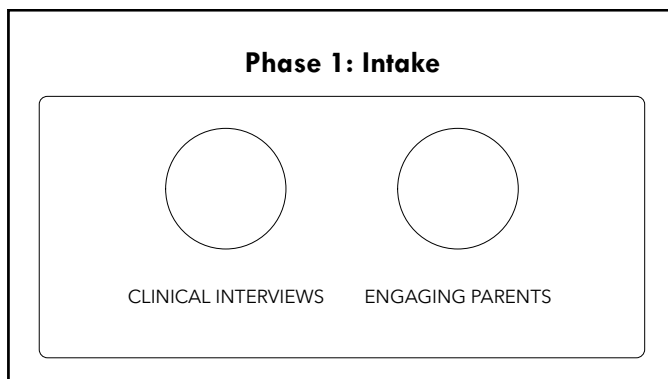
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**Intake: Textbook recommendations**

<p><b>Initial questions:</b></p> <ul style="list-style-type: none"> <li>• Referral question &amp; purpose of the assessment</li> <li>• Previous assessments?</li> <li>• Other diagnoses?</li> <li>• Medications?</li> <li>• If so, possible to withhold for testing?</li> </ul>
<p><b>Initial paperwork:</b></p> <ul style="list-style-type: none"> <li>• Information forms/demographic information</li> <li>• Developmental/medical forms</li> <li>• behaviour rating scale (e.g., BASC-2)</li> <li>• Rating scale for ADHD symptoms</li> <li>• EF rating scale</li> <li>• Adaptive functioning checklist</li> <li>• Home/school situations questionnaire</li> <li>• Previous reports/records</li> </ul>

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<b>Intake: Clinical interviews</b>	<p>With parents</p> <ul style="list-style-type: none"> <li>• Purpose           <ul style="list-style-type: none"> <li>• Child's development and behaviour</li> <li>• General descriptions and presenting problems               <ul style="list-style-type: none"> <li>• Get specifics</li> <li>• Range of behaviours and settings</li> <li>• EF and manifestations at home and school</li> <li>• Rule out alternative explanations</li> </ul> </li> </ul> </li> </ul>
	

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**Intake: Clinical interviews**

<p><b>Functioning in developmental domains</b></p>	<ul style="list-style-type: none"> <li>• Academic, intellectual, language, motor, emotional</li> <li>• Consideration of differential diagnosis</li> <li>• Social           <ul style="list-style-type: none"> <li>• Trouble making/keeping friends?</li> <li>• Interactions/behaviours with peers? Relationships with classmates?</li> </ul> </li> <li>• Recreational activities</li> </ul>
<p><b>School History (preschool to present)</b></p>	<ul style="list-style-type: none"> <li>• Relationships with teachers/classmates, academic functioning, accommodations/strategies, comments from teachers about performance/behaviours</li> </ul>

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## Intake: Clinical interviews

- Extended family history
  - Sibling development, parent development, psychiatric difficulties in the child/family, medical history, developmental disorders or tic disorders
- Family relations & other parental factors
  - Employment problems
  - Family functioning (e.g., stress, parent-child interactions, child compliance, marital difficulties, parent and child's social network)
  - Parent psychopathology, knowledge and skills
  - Previous treatment
  - Parent understanding of ADHD



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## Intake: Clinical interviews



Medical history



Significant events

Obtain impressions  
on child and parent  
functioningParent-child  
interactions

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## Intake: Clinical interviews

With teachers

- Symptoms and associated impairments
- Productivity
- Behaviours and environmental influences
- Relationships (teacher/peers)
- Academic skills and challenges
- Learning to learn skills/EF skills
- Strategies

Obtain benchmark samples of behaviours

- Degree of problems/success with task, influences on behaviour in the task, developmental appropriateness of the behaviour

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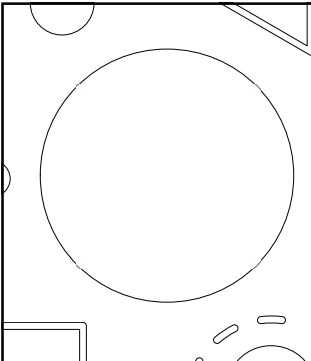
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- Range of behaviours:
  - When does student pay attention?
  - When does student have trouble paying attention?
  - Why do you think there is a difference between these situations?
  - What typical activities do you share/direct with this student?
    - e.g., Classroom lectures vs. interactive hands-on activities; chores and homework vs. leisure activities

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### Intake: Clinical Interviews



- Unstructured
  - Allows for flexibility
  - Can be useful for treatment planning
 BUT
  - Questionable reliability and validity
  - Influence of personal biases
- Structured
  - Reliability/validity
  - Map onto DSM criteria
 BUT
  - Limited utility for treatment planning
  - Time-consuming, rigid

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### Additional Information



- Anecdotal information
- School records
  - Report cards
  - Group achievement testing
  - Individualized education program
  - Assessment data

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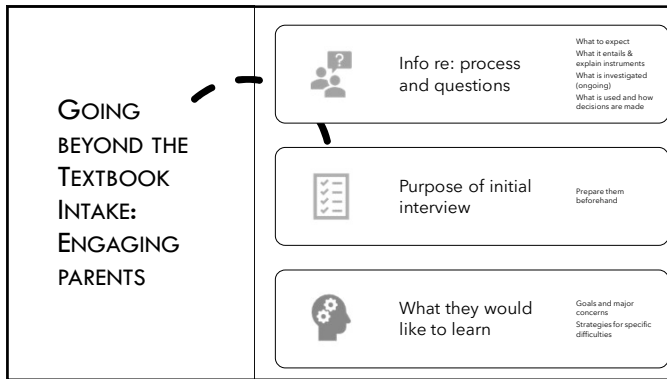
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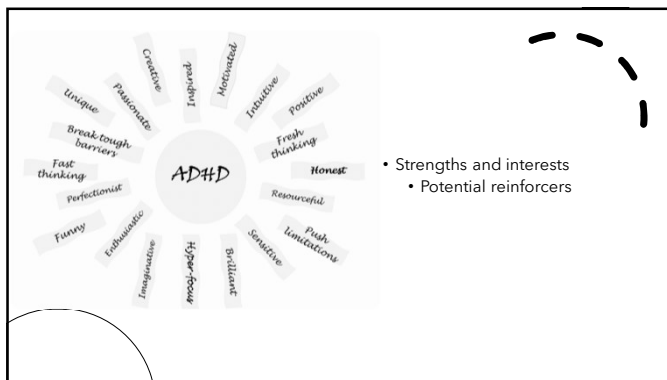
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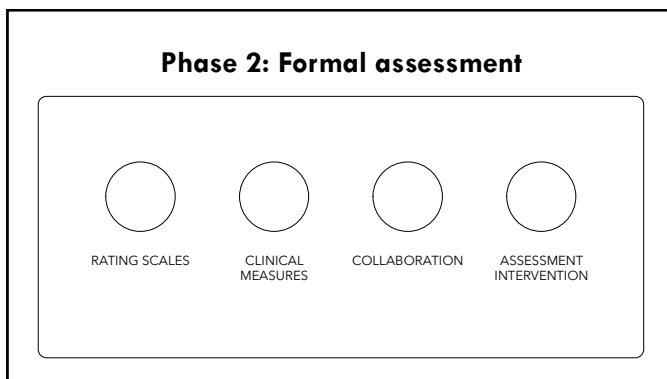
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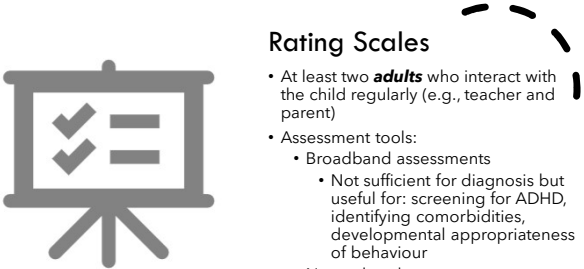
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### Rating Scales

- At least two **adults** who interact with the child regularly (e.g., teacher and parent)
- Assessment tools:
  - Broadband assessments
    - Not sufficient for diagnosis but useful for: screening for ADHD, identifying comorbidities, developmental appropriateness of behaviour
  - Narrowband
  - Non-DSM based ADHD rating scales

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### Rating Scales

- Symptom count and pervasiveness of difficulties at home and school
- Measuring impairment
  - Teacher and parent report
  - Can provide information on key impaired functional domains (for further assessment/treatment)
  - Parent functioning



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### Rating Scales

- Consider:
  - Purpose of instrument
  - Choice of respondents
    - Length of time
    - Familiarity
    - Interrater reliability
  - Reliability/validity of instruments
    - Incremental validity
    - Clinical utility

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## Rating Scales

- Advantages:
  - Easy to administer and score
  - Cost and time effective
  - Covers a broad range of symptoms
  - Information from multiple raters across settings
  - Psychometrically Sound
  - Sensitive to treatment effects

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## Rating Scales

- Disadvantages:
  - Insufficient
    - Lack of information
    - Insensitive
    - Limited treatment utility
  - Rater bias
  - Core symptoms of ADHD not specific to ADHD
    - Heterogeneous samples

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## Rating Scales: Engage parents

Explanations of purpose

Amount expected to complete

Extended Inquiry!!!

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## Behavioural Observations



### Within clinic (analog)

Two children may obtain similar scores, but one may respond impulsively without checking his answer, whereas the other one takes her time and second guesses herself



### Within classroom (natural)

Independent observer

- Supplemented by teacher or parent implemented frequency counts

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## Behavioural Observations

### Advantages

- Objective information
- Avoid biases
- Unique information not garnered from ratings alone

### Disadvantages

- Time and cost
- Training
- Multiple ratings across days and settings
- Efficiency
- Limited validity and utility of unstructured observations

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## Functional Behaviour Analysis



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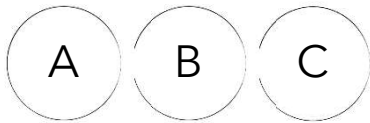
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### Functional Behaviour Analysis



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### Clinical Measures

- Generally not assumed to be valid for purpose of diagnosis
- MUST have a specific goal for using a measure before you begin
  - Explore extraneous factors or coexisting conditions
  - Potential causes of attention problems
  - Clarify nature and extend of child's difficulties

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### Psychological Processes

- Cognitive capacity
- Executive functions



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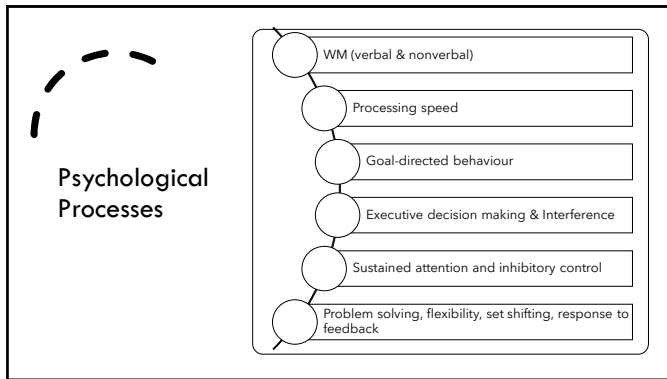
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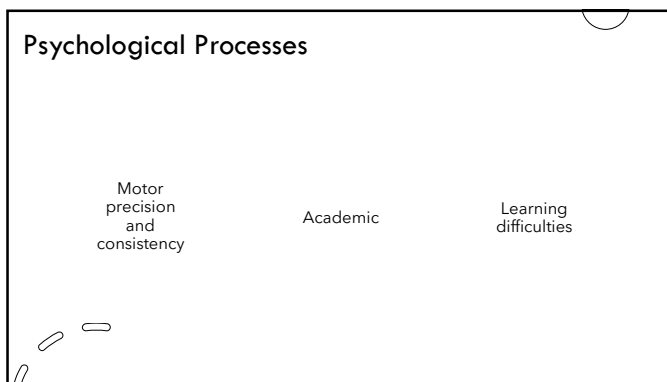
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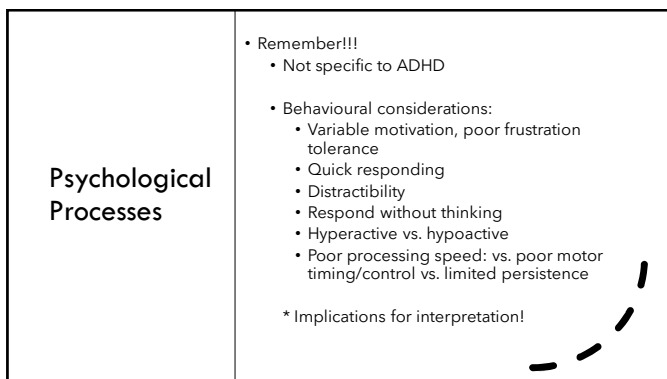
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**Considerations**

- Determine the processing demands of the tasks
- Psychometric properties
- Context being used
- Incremental validity
- Clinical utility
- Child's age
- Area of difficulty
- What was already given

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**Considerations**

Consider level of performance, pattern between measures, and manifestation in real world

- E.g., *Functional working memory*

Careful with interpretation!

- Medications
- Provision of prompts and reinforcement

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**Good Clinicians  
Good Detectives**

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## Incremental Validity

- How to conduct the most efficient and effective assessment?
  - Child's age
    - Useful informants
    - Relevant constructs



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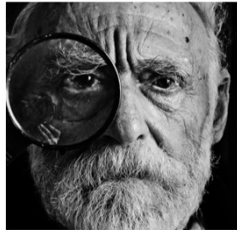
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## Incremental Validity

- Uses of information
  - Clinical utility
  - Purpose of assessment
  - Full measure vs. subtests
  - Beyond rating scales
  - FBAs & functioning vs. symptoms



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## Going beyond Textbook: Assessment intervention

- Purpose:
  - Engage in meaningful discussions about student concerns
  - Test items can be used to invoke the issues found relevant through prior discussion/testing
  - Test hypotheses
  - Practice potential intervention strategies
    - CPS



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**ENGAGE  
PARENTS:  
COMMUNICATE  
THROUGHOUT**

**Ongoing collaboration**

- Feel one-sided - problematic
- Extended inquiry

**Be transparent**

- What is tested at each step (to prepare for diagnostic outcomes)
- Purpose and relevance of each test
- Purpose of all data collected

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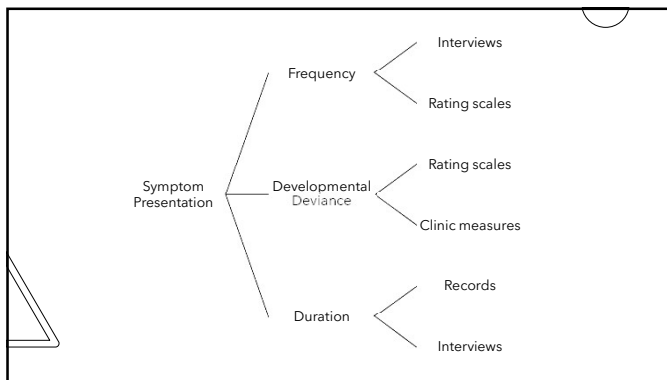
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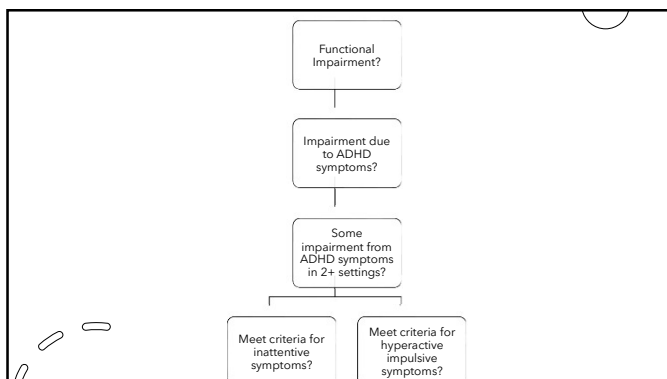
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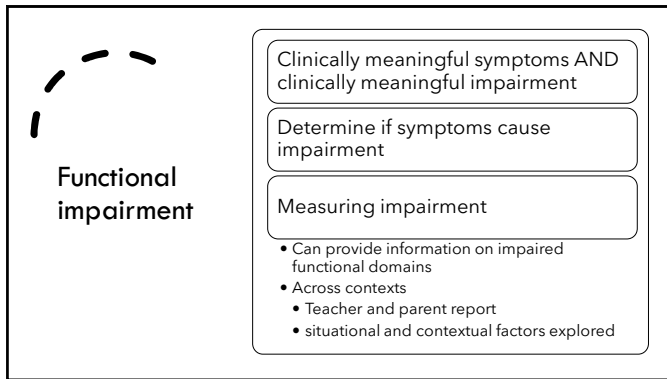
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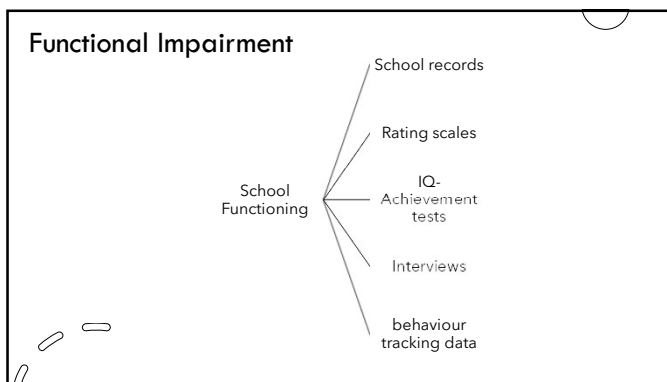
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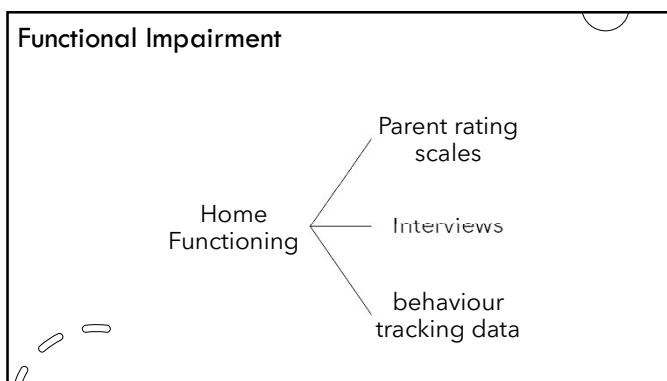
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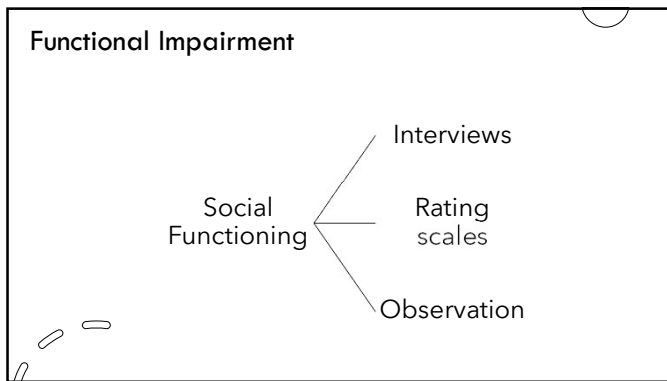
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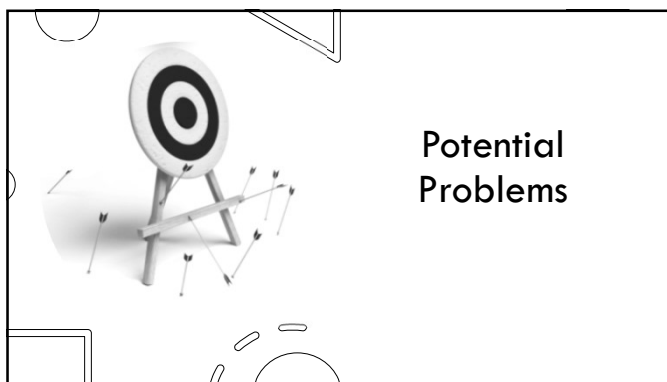
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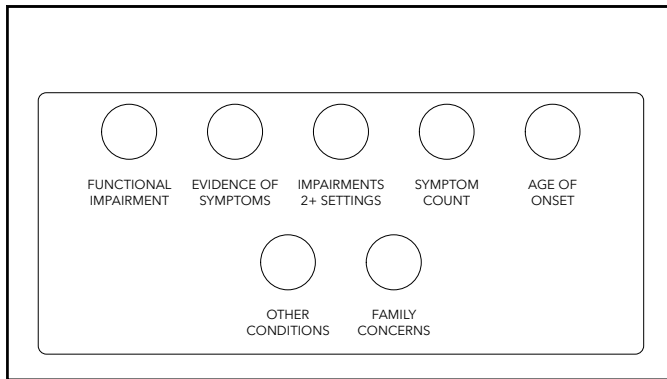
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### Integrating data

- Need to have enough information for:
  - Diagnostic accuracy
  - Diagnostic certainty
- Move beyond symptom count
  - What are kids referred for?
  - Specific areas of impairment
- Highlight strengths and challenges

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### Linking to intervention

- Using data to inform interventions
- Understanding impairment & real world outcomes
- Linking results to specific difficulties the child has, family needs, and referral question

Reduce  
symptom  
severity

Develop  
relevant life  
factors

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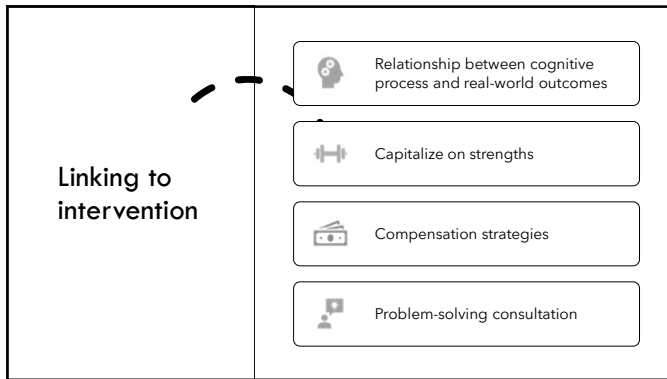
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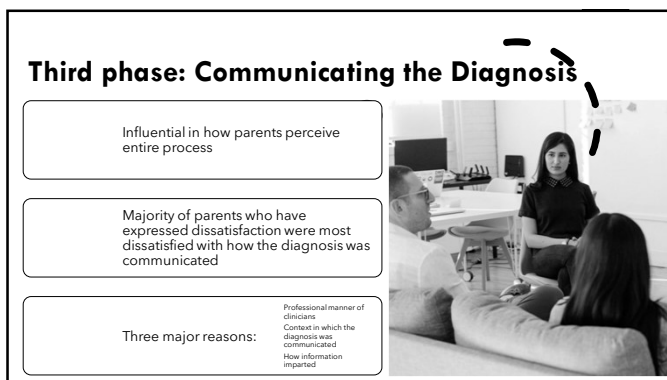
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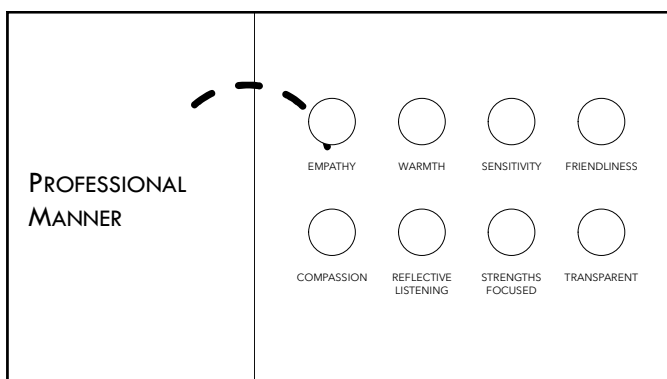
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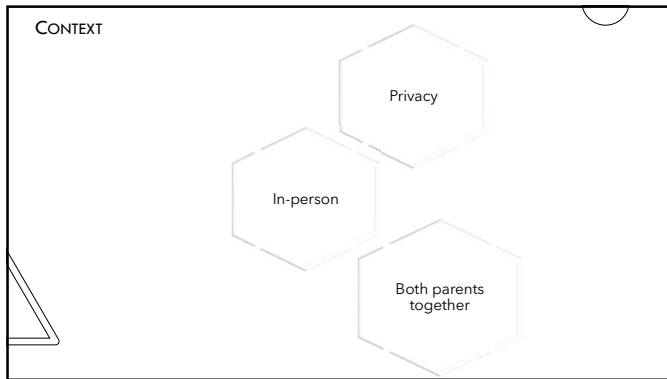
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**Communicating the results**

- Acknowledge anxiety/worries, questions/concerns
- Collaborative summary discussion
  - Describe the measure overall
  - No need for detailed review of test scores

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**Communicating the results**

- Offer a "day in the life" of the child
  - Extent and severity of problems experienced in different areas of functioning
  - Relationship of one problem to another
  - Hypothesized reasons for problems
  - How these problems affect the child

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## Communicating the results

- Clear information about diagnosis
  - How diagnosis was made (explain process etc.)
- Common sense definitions (i.e., what parents already likely know)
- Immediate and long-term implications of diagnosis
- Relationships between diagnoses



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## Communicating the results

### Relates to their child

- Relevant information about how child's presenting difficulties relates to diagnosis
- What are the child's needs/target problems
- Describe child vs. label

### Relates to their family

- Issue concerning the affect on families (e.g., stress, marital conflict, parent psychopathology)
- Help them understand they may operate differently

### Highlight child's strengths and abilities

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## Communicating the results

- Specific information about best supports
  - Appropriate, individualized, specific treatment recommendations
  - Specific behaviour management strategies etc.
- **How** recommendations to be implemented
- What can be done to further insulate the child from additional problems
- Help them to understand the forces that affect their child

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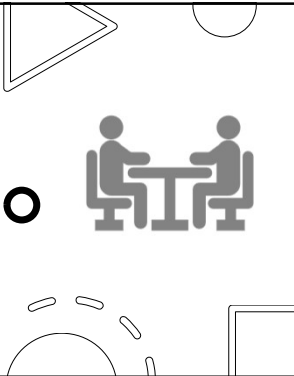
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**Communicating collaboratively**

- Parents reflect on how the results fit their own experience and understanding
  - Give real-life examples to help refine the meanings of the assessment findings
  - Through collaborative dialogue, the meaning of test results is reached
- By the end of the meeting, there are joint answers to the assessment questions



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**Communicating collaboratively**


Parents to take an active role, primary role for creating change

Parent assessment about ADHD

Identify specific and useful information how to best support the child

- Empower parents to accept their responsibility for supporting/managing child's problems
- Highlight family variables that can promote child development, such as lifestyle, emotional support...

Brainstorm Interventions



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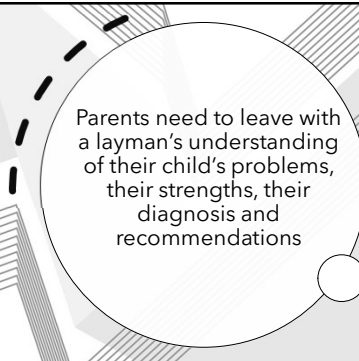
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Parents need to leave with a layman's understanding of their child's problems, their strengths, their diagnosis and recommendations



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## Ordering Feedback

Level 1:  
Most congruent

Level 2:  
Mildly discrepant

Level 3:  
Highly discrepant



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Parent Recommendations  
Summary:  
**Use the assessment  
to help the child  
and family**

### Applications

- Provide more than one feedback session
- Offer follow-up sessions to review the results and questions.
- Offer intervention sessions to give parents strategies to use with their child.
- Implement follow up measures to ensure children and families are well supported.
- Identify what types of recommendations and supports will be most useful for the family.
- Offer feedback and specific strategies for the school.
- Offer practical information and goals for the school IPP
- Advocate for parents
- Connect parents to community resources (e.g., support groups)
- Offer packages and resources about ADHD and effective treatment

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Parent Recommendations:  
**Look at the  
whole child**

### Applications

- Identify the child's strengths. Start with the positives.
- Observe and investigate the child's functioning across contexts (e.g., at home, at school, socially), with different people and in different situations
- Collect information from multiple sources of informants including parents and teachers

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**Parent Recommendations:**  
**Look at the entire family**

Applications
▪ Include both parents throughout the assessment process
▪ Consider the effect the child's difficulty has on his sibling(s)
▪ Investigate the effects of the child's behaviour on the entire family
▪ Investigate parental well-being and skills and resources to cope and manage with their child's difficulties

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**Parent Recommendations:**  
**Foster the working alliance**

Applications
▪ Educate the child about the assessment process
▪ Regular check-in's before and after sessions
▪ Explain the relevance, rational, and purpose of tests
▪ Refer as needed
▪ Identify what will be most helpful for parents
▪ Identify structures increase parent
▪ Validate parents' experiences
▪ Respect parents' expertise on their child
▪ Fully understand parents' perspectives
▪ Attend to what parents have to say
▪ Demonstrate compassion and empathy
▪ Time for parents to share their story
▪ Acknowledge parents' anxiety coming into the assessment
▪ Understand that it is hard to hear their child's diagnosis and that there is a grief process

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**Parent Recommendations:**  
**Effective Communication**

Applications
▪ Address parent fears and anxiety
▪ Provide honest, straightforward information
▪ Break the information down
▪ Confirm accuracy of the findings and report
▪ Use clear, simple, and meaningful language
▪ Offer information that is useful for parents
▪ Put recommendations up front in the written feedback
▪ Include practical strategies that are easy and feasible
▪ Identify what the test results mean with examples
▪ Discuss how conclusions/diagnosis was made
▪ Educate parents about "normal" developmental expectations and where their child fits
▪ Check-in with parents to explain what they understand
Explain the root difficulties the child is experiencing to promote parent understanding and shift their understanding of presenting behaviours

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