



Behavioral Health Associates

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Policy on Attention Deficit Hyperactivity Disorder Evaluation

Attention Deficit Hyperactivity Disorder (ADHD) is a developmental/neurological disorder that has become an area of controversy among parents, educators, and health care professionals. With no definitive lab test or other measure for ADHD the diagnosis is made on the basis of clinical judgment.

In determining whether a child or adult has ADHD I rely on standards set by national agencies such as the National Institutes of Health and the Department of Education. The evaluation conducted in my office is designed to distinguish ADHD from other explanations for poor academic or vocational performance such as learning disabilities, oppositional/defiant disorder, conduct disorder, poor study skills, alcohol or other drug use, or problems in motivation or other personality factors.

In describing symptoms that meet the criteria for the diagnosis of ADHD I follow the guidelines used by colleges and universities in qualifying students for special services. In order to be given the diagnosis of ADHD my evaluation gathers the following information:

1. Evidence demonstrating significant symptoms of ADHD before age 7. A comprehensive family and developmental history is taken. There must be convincing evidence that ADHD symptoms appeared early in childhood and at least by middle school caused a demonstrable interference in the student's overall functioning. The only exception to this is if the ADHD symptoms are a result of a head injury or other similar physical trauma. Examples of the data required includes:
 - a. Copies of school report cards (many years worth)
 - b. College, medical, or law school transcripts
 - c. Prior psychiatric evaluations
 - d. Prior psychological test reports
 - e. Prior educational testing reports
 - f. Prior standardized test scores
 - g. Evidence of prior academic accommodations
 - h. Performance evaluations
2. My evaluation must be able to describe and explain the presence of relative temporal stability of the symptoms of ADHD across multiple domains (e.g., school, home, work, social interactions with friends). There needs to be a reasonable explanation for the periods when symptoms seem to abate.

3. There must be evidence that the person has a history of poor self-control and disinhibition (i.e., impulsive behavior that is/was clinically significant and represents a severe departure from normal developmental functioning). The symptom of inattention alone is a common symptom of nearly every psychiatric disorder and not by itself sufficient for a diagnosis of ADHD.
4. My evaluation must provide evidence ruling out other psychiatric conditions including but not limited to mood disorder, anxiety disorders, dissociative disorders, personality disorders, learning disorders, sleep disorders, and substance abuse issues. It is also necessary to rule out academic problems as a result of poor education, poor motivation or study skills, physical problems, and/or cultural or language differences.

Paired with the collection of information from the person, their family, the school and other sources I may require that a behavior modification program be established and operated for a time. Such a program usually takes one of two forms:

1. For children (ages 1 to 18): I will meet with the parents and provide extensive handouts and training in the area of learning principles and Parent Effectiveness Training (PET). Here the parents are taught how to develop *Consistency*, *Persistency*, and *Quickness* to ensure that the child has well-defined structure and consequences for their behavior across their various environments. Usually the program will be followed for 4-6 weeks and is coordinated with the school in addition to at home.
2. For adults (ages 18 and up): I will meet with the person and set up a method of review that allows me to monitor their performance. Typically this will require that I be given consent to speak with professors, instructors, and other supervisors of the individual. If available the person is encouraged to seek out academic support services such as study skill and time management programs. The weekly sessions are used to identify problems in lifestyle habits (poor sleep hygiene, use of alcohol or other drugs, motivation) and offer guidance for self-discipline and goal-setting.

As the behavior modification program is operated the effect is the reduction of other variables outside of ADHD which might explain the observed poor performance. Although complicated such an approach reduces the likelihood that a person is misdiagnosed. For those individuals who do receive a diagnosis of ADHD from my office the referring physician can be sure that the evidence for this is substantial and other causes have been ruled out.

My approach to diagnosing ADHD may not be greeted with enthusiasm by those individuals who are seeking an "easy fix" for their poor performance through the use of medication or attributing their problem to a neurological cause. It does however allow for the correct diagnosis and offer to provide counseling and other psychological services for what is found to be the central cause of their problems.