

From Assessment to Treatment:

Developing a Comprehensive Plan to Help Your Child with ADHD

The ultimate goal of evaluation is more than diagnosis. It's treatment. Parents are not so much concerned about the specific diagnosis as they are about helping their child with the problems that have led them to seek assessment. Treatments are designed to positively influence symptoms, not change diagnoses. As Dr. Anastopoulos and colleagues pointed out in the last issue of ATTENTION!®, a comprehensive assessment is not only thorough but geared towards defining symptoms, problems, and behaviors in such a way as to facilitate the choice and initiation of medical, educational, behavioral, and psychosocial treatments.

As a parent, you will ultimately act as your child's case manager and, in many cases, treatment provider (e.g., implementing parenting and educational strategies). It is important for you to be included in each step of the evaluation, diagnosis, and development of a treatment plan. Understanding a number of specific skill deficits causing problems in most, if not all, areas of your child's interaction with the environment facilitates your ability to understand the need for specific interventions. The frequent lack of compliance with treatment recommendations is, in part, contributed to by a lack of understanding and involvement in the diagnosis and treatment planning phases. If parents perceive problems of ADHD as apart from them and as internal to their children, they stand little chance of acting as effective change agents. On the other hand, if they recognize that their attitudes, perception, and knowledge of ADHD can facilitate change in their children, treatment will be more effective.

It is important to recognize that ADHD is a disorder that is managed, not cured. Thus, each of your child's problems, whether behavioral, cognitive, or psychological, must be identified and treated. It is rare for an effective management or treatment plan to consist of only one intervention. While medication is often the most effective single treatment, a multi-modal treatment plan, combining behavior management and skill building, is usually the wisest course of action. The secondary by-products of living with ADHD (e.g., low self-esteem) can be addressed through psychotherapy and support.

You and your child, as well as siblings, teachers, and other professionals, must be active participants in the treatment program. It is essential that all involved develop sensitivity to the complex and pervasive impact ADHD has upon daily functioning and how symptoms can compromise your child's ability to meet the expectations of his or her world. Treatment for ADHD must be based upon a partnership between the child, family, school personnel, mental health practitioner, and physician. Thus, the assessment process should not only provide accurate diagnoses and behaviors targeted for change, but facilitate everyone's ability to see the world through the eyes of the child with ADHD.

Choosing the Right Clinician

The majority of clinicians and clinics offering diagnostic and assessment services for ADHD offer treatment planning, case consultation, and direct treatment services. Thus, if you are satisfied with the assessment – if you can see the world through the eyes of your child – then this particular clinician is probably best suited to assist you in making treatment choices.

At our Center, when an assessment is completed, an hour is spent with parents discussing the data and reviewing a day in the life of their child with an emphasis on understanding the forces that affect the child's daily behavior, thoughts, feelings, and achievement. This leads to a discussion of the implications this pattern of strengths and weaknesses holds for treatment choices and selection. We emphasize each child's strengths, as it is well recognized that a deficit-based model, focusing only on what's wrong with a child, may lead to symptom relief, but is not likely to lead to positive long-term outcomes. Treatment planning, then, must not only include identifying strategies to manage problematic symptoms and behaviors, but also finding strategies to build on what's right, to facilitate self-esteem, self-confidence, resilience, and a sense of self-efficacy.

As you listen to the clinician describing your child and his or her problems, use your common sense. Is what you are hearing consistent with what you think and believe? Is the data being presented not only with authority and accuracy, but also with sensitivity and empathy? Do you sense that the clinician likes your child and wants to work with him or her and your family?

In many cases, the clinician helping to develop a treatment plan will be a non-medical professional. Since medication is usually an integral part of treatment for ADHD, you must also identify a physician to provide care for your child. Such a physician must be familiar with ADHD and the use of medications to manage symptoms. It has been my experience that at least half of children with properly diagnosed ADHD can be medically managed by their pediatrician or family practitioner. Approximately 30 percent, due to co-occurring problems, require psychiatric consultation to assist in the choice and administration of medication. These children can then be managed by their primary care physician. The remaining 20 percent, who exhibit a combination of problems, should be closely followed by a child psychiatrist. The clinician responsible for planning treatment will usually consult with your physician to determine the need for, and make a referral to, a child psychiatrist, if necessary.

It is important that the clinician you choose to assist you in the treatment process be a good communicator. He or she must be willing to write letters, speak on the telephone, and otherwise advocate for you and your child with your child's physician, school personnel, and even athletic coaches, when necessary. This person must also be willing to act as a consultant, providing you with guidance, support, and assistance.

Choosing Treatments

that Work

Research data gathered over thirty years find that stimulant treatment by far accounts for the greatest percentage of behavioral improvement in children with ADHD. Non-medication treatments such as educational modification and behavior management for parents and teachers have been demonstrated to be beneficial for most children with ADHD, but to a significantly lesser degree. Taken together, though, they form the foundation for effectively treating ADHD: a multi-modal treatment plan.

The available research data strongly support medication as a first-line treatment for all children and adolescents with ADHD as a primary diagnosis. Education about the disorder and modification of tasks making them more interesting and payoffs more valuable to the child with ADHD should be considered as integral parts of a multi-modal treatment program (see table on page 45). When used alone, medication, behavior management, parent training, cognitive and educational techniques, and social skills building may yield some benefits, but have been considered inadequate to comprise a total treatment plan for children with ADHD.

The multi-modal treatment model offers a combination of interventions for the effective management of a wide range of problems children with ADHD experience. While it has not been demonstrated that any single treatment or combination of treatments leads to significantly better outcome for individuals with ADHD as they move into adulthood, it is my belief that, eventually, such data will be generated, particularly when the myriad of additional life issues and factors that affect all children's outcomes are better defined and understood. It has been my experience as a clinician that over the short-term, the suggested combination of treatments in this article offers significant symptom relief and the promise of greater progress than the use of any single treatment alone.

The Components of an

Effective Treatment Plan

As it is the rule rather than the exception for children with ADHD to experience co-occurring disorders, such as learning disorders, anxiety, or depression, parents must be prepared to include additional components in their child's treatment plan. Treatment for ADHD is not a panacea and is not likely to resolve many of the problems caused by these other disorders.

An effective treatment plan for children with ADHD must take into account the pervasive nature of symptoms and the severity of the disorder. It also must be feasible and manageable over a long period of time, since it is likely that treatments for the child will continue throughout his or her school career, and possibly into adulthood. Developing a transition treatment plan for adolescents with ADHD progressing into adulthood will be

the subject of a future article.

An effective treatment plan

for children with ADHD includes:

Education. Gather as much information as you can about ADHD and effective treatments. The right clinician can provide such resources as well as suggestions for future reading. Parent support groups such as CHADD often offer members lending libraries providing a myriad of resources. Education about the disorder and its treatments is a parent's best ally.

Medication. The judicious, reasoned, and reasonable use of medication to alleviate symptoms of ADHD is an essential treatment component for most children with the disorder. Monitor three to five behaviors on an on-going basis to get a good picture of the benefits medication can provide.

Parent training. A behaviorally-based management system that increases motivation by making tasks more interesting and/or payoffs more valuable in a consistent, structured, planned way is also essential. These strategies will not change symptoms, but they do act to modify the behavioral problems associated with these symptoms. In the absence of these management strategies, the behavior of children with ADHD quickly regresses.

School. An increasing volume of research literature is being generated to define the types of educational strategies and environments that are best for children and teens with ADHD. Creating the best educational climate for your child requires first creating a working alliance with your child's educational team. Fortunately, educators are becoming increasingly aware of ADHD and have many more resources available to them. In some circumstances, given the co-occurrence of specific learning disabilities and the fact that children with ADHD often fall behind in academic subjects such as spelling and written language, identifying a community-based educational specialist well-versed in ADHD is recommended. Such an individual might work with your child on a regular basis or be consulted as needed.

The family climate. Successful treatment requires a stable, consistent environment. As you are your child's case manager and treatment provider, it is important that your mental health be stable and that other family issues and problems be attended to. It has been repeatedly demonstrated that even the best of ADHD treatments fail when placed within chaotic or non-supportive home and educational settings.

Building self-esteem. I frequently remind parents and their children that it is more often the case that our strengths and assets, rather than our weaknesses and liabilities, best predict what happens to us in life. Therefore, in a balanced, strength-based model, it is equally important to identify and build upon your child's intellectual, artistic, athletic, and

other strengths. As Dr. Bob Brooks so eloquently reminds us, if one has a bigger sea of dysfunction to swim through then one must possess larger islands of competence to rest upon.

Summertime. Plan, in advance, summer activities for your child with ADHD. A number of summer treatment programs have been developed that were actually researched with children and teens who have ADHD. Many communities are now offering such programs. Make certain, however, that you understand the philosophy of the program, staff involved, and the daily schedule of activities prior to enrolling your child. While many children with ADHD may not require a specialized summer program, they should, at the very least, be kept busy in organized activities. The topic of ADHD likely will continue to be the most widely researched and argued area in child development and psychopathology. New ground is broken daily. We are increasingly coming to recognize the multiple forces that shape the lives of all children, including those with ADHD. Our emphasis on the best interests of children, their rights, and their dignity, represents a bright star in our passage into the twenty-first century. For in the end, no matter how effective and efficient our treatments are for ADHD, it is the course of society and the outcome for all children that will best predict and contribute to the successful life outcome for children with ADHD.

For indepth information concerning developing and implementing effective treatment for children with ADHD, interested readers are referred to the following trade and professional texts:

Barkley, R. (1995). *Taking Charge of ADHD: The Complete, Authoritative Guide for Parents*. New York, NY: Guilford.

Barkley, R. (1997). *Attention Deficit Hyperactivity Disorder, 3rd Edition*. New York, NY: Guilford.

Garber, S.W. (1997). *Beyond Ritalin*. New York, NY: Villard Books.

Goldstein, S. (1992). *Why Won't My Child Pay Attention?* New York, NY: Wiley.

Goldstein, S. & Goldstein, M. (1998). *Attention Deficit Hyperactivity Disorder, 2nd Edition*. New York, NY: Wiley.

Ingersoll, B. (1998). *Daredevils and Daydreamers*. New York, NY: Doubleday.

Mather, N. & Goldstein, S. (1998). *Overcoming Underachieving: An Action Guide to Helping Your Child in School*. New York, NY: Wiley.

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A Multi-modal Model

Multi-modal treatment approaches and combinations of interventions researched include:

Behavioral parent training combined with self-control therapy for the child

Modifying the environment and using medication

Medication and self-control training for the child

Medication and behavioral management at home and school

Medication and family therapy

Medication, self-control training for the child

Teacher and parent behavior management training

The five year, multi-site, multi-modal ADHD treatment study underway at this time by the National Institute of Mental Health, aims to provide even better defined answers concerning the benefits of single and combined treatments, as well as the impact comorbid conditions, gender issues, family history, home environment, and age variables hold for children with ADHD. This knowledge will impact diagnosis and treatment in the short and long term.

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