

childPSYCH News

A newsletter for professionals and parents

Inside this issue:

The Evaluation of AD/HD	1/2
Being a Dad	2

You maybe able to see us under Medicare
See our website for more information

Special points of interest:

At *childpsych* only psychologists who are registered teachers Educational Psychologists will write the report on learning difficulties

All *childpsych* psychologists have a minimum of masters level training in psychology

To unsubscribe from this newsletter at any time, either email or call *childpsych*

The Evaluation of AD/HD

Feature article by Philip Gosschalk MAPS, Director & Psychologist at *childpsych*

There has been a lot of concern raised in the popular media lately about the diagnosis of AD/HD - part of it justified and part of it from a lack of understanding. This article is to stimulate thought and to outline *childpsych's* approach to diagnosis of this condition.

What is AD/HD?

It is important to first truly understand what AD/HD is. AD/HD is actually two possible disorders. AD/HD stands for "Attention Deficit and/or Hyperactivity Disorder". The "AD" part is commonly referred to as "ADD" by the lay person. The attention deficit part refers to problems with being organised, forgetfulness and so on. The "HD" part refers to problems with keeping still, a tendency to fidget and be restless and so on. It is possible to only have an attention problem, or just to have a hyperactivity problem or both. Most individuals diagnosed with AD/HD tend to have problems with attention and hyperactivity.

AD/HD is a neurological disorder. In other words, it is NOT caused by poor parenting, "naughty" children, diet etc. Though these factors can worsen the symptoms of AD/HD. In other words, an AD/HD child who is allergic or sensitive to certain foods will be more hyperactivity and impulsive. It is for this exact reason that a thorough assessment is necessary.

What constitutes a thorough assessment of AD/HD?

Unfortunately there is no



The complex interplay between neurological, behaviour and environment require a thorough evaluation.

gold standard or single test! Different professional groups will argue for different approaches. The predominant approach is the use of what's called the clinical or psychiatric interview. This is an interview process which examines the individuals birth history, family history, symptoms and so on in order to look at a group of symptoms to see if they meet the criteria for AD/HD. This process usually takes 1- 1 1/2 hours. The only problem here is that the clinical interview has been shown to be an unreliable mode of gaining information as it depends highly on the expertise of the person conducting it. Dr Boyd at the University of Ballarat has reported that two people conducting an interview on the same person can only agree between 4% and 40% of the time depending on the type of interview and problem being investigated. This is a major reason why professionals can disagree on whether someone has AD/HD or some other mental health issue when the only source of information is the clinical/psychiatric interview. So

does this mean that the clinical interview is the worst way of assessing for AD/HD. The answer is no.

At *childpsych* the clinical interview is an important part of establishing any diagnosis. Note how the emphasis here is on "establishing". We believe that in order to **strengthen** any diagnosis of neuro developmental conditions such as AD/HD and Autism, further objective information must be gathered. This involves the conducting neuropsychological tests, not only to help strengthen the diagnosis but also to see if there are other neurological conditions such as a learning disorder.

The complex interplay between neurological, behaviour and environment require a thorough evaluation. A recent case may help illustrate this point.

A Case Study

A teenager was seen in our practice for behavioural problems at school. The clinical interview, reports from his mother and use of rating scales suggested that he was suffering from depression. However, his mother also noted that he had long standing problems with attention and learning. We conducted more assessments (once his depression was being treated) and found that he had Dyslexia as well as pre existing AD/HD (the "ADD" type). A referral to a psychiatrist for a medical opinion corroborated these diagnoses. What

Continue over ...

Evaluation of AD/HD con't

had occurred is that he was a sensitive child, often anxious, who found it hard to reach his goals at school because of these attention problems. Like most sensitive children he had blamed himself for these failures and as his self esteem dropped and he experienced teasing he developed depression. As depression in adolescents is often expressed as irritability, he was often arguing with teachers. We were able to provide psychological counselling for his depression and anxiety, as well as advise the school on his learning needs. Many experienced psychologists such as Dr Hale from Temple University in the USA have argued that neuropsychological testing is essential when the condition being assessed is a neuropsychological disorder.

What specific neuropsychological areas need to be evaluated?

As AD/HD is a neuro developmental problem, it makes sense that neuropsychological assessments should be used to help establish the diagnosis. The areas of neuropsychological functioning that are often involved in problems with AD/HD are to do with behavioural inhibition, executive functioning and motor output. These areas are often impaired to varying degrees in those with AD/HD. For example, those individual's with AD/HD who have greater attention prob-

lems ("ADD") will have more problems on executive functioning tasks and motor planning tasks such as working memory, processing speed and so on. Not surprisingly, individuals with this sort of AD/HD often have learning difficulties as well.

What else is needed in the Assessment of AD/HD

Child psychologists are advised to use what's called a multi-informant, multi-modal and multi-method approach to diagnosis. This approach is considered the "gold standard" in child psychology. It means that it is important to get a picture of the individuals behaviour from different people and contexts, as well as use a variety of information such as interviewing teachers and parents, observing the child, completing rating scales and conducting neuropsychological tests.

The rating scales recommended for use are those that have been "standardised". This means the rating scales have been developed in such a way that they give an indication of whether the individual's behaviour is "normal" as well as the chances that the individual is likely to have AD/HD or some other condition. Note how these rating scales help in working out what's going on. Rating scales do not diagnose they help to "strengthen" a diagnosis.

It is also important to get an idea of an individual's behaviour in different settings, so it

is necessary to collect information off other informants such as teachers, scout leaders and so on. Actual observation of the child may be important also. This is because a child's behavioural problem in one setting may be worse because of the demands of that environment. For example, many AD/HD children can sustain attention on tasks such as playing computer games and watching television but not when it is repetitive. This may give rise to the child being disruptive in the school setting but not home.

Who is qualified to make the diagnosis?

The Australian Psychological Society and British Psychological Society's believe that a medical professional such as a psychiatrist or paediatrician should be involved in the diagnosis of AD/HD. The British Psychological Society concludes that "a diagnosis [AD/HD] can only be considered valid if it is made on the basis of evidence from a multi-modal assessment". A multi modal assessment refers to a holistic evaluation we have outlined here - a clinical interview, neuropsychological testing, the ruling out of medical problems that can "look" like AD/HD, different perspectives of the child's behaviour and so on.

At *childpsych* we believe that a medical professional and child psychologist are best placed to establish the diagnosis of AD/HD together.

Being a Dad

It is important that fathers think about what qualities they liked in their own father. As a dad, consider these points:

Spend time with your daughters. You are the first man that your daughters will know. It will help them to feel good about being female if they enjoy their time with you. Show your sons the ways that you would like them to be as men. They will learn much more from what you

do than from what you say.

Take your children to work with you sometimes (if you can). Let them get to know how you spend your days. Comfort your children. Children get a sense of security from being comforted when they are upset. Dads have an important role here. Play with your children.



Your children will learn that you can get excited but also control yourself before things get out of hand (try not to do what the dads do on

Funniest home

videos however).

Teach your children about the rules and laws of society.

Encourage your children to stick at a problem.

4 / 671 Sherwood Road
Sherwood Q 4075

DIRECTOR: PHILIP O. GOSSCHALK MAPS

Phone / Fax: 07 3716 0445
Email: admin@childpsych.net.au
Web: www.childpsych.net.au

childpsych's
**NeuroEducational
Evaluation™**
evaluates for AD/HD and
learning problems
See our website for more
information

"At *childpsych* we believe that a medical professional and child psychologist are best placed to establish the diagnosis of AD/HD together."


PSYCHOLOGY PRACTICE

They're the most
important thing
in your life
and sometimes they need our help