Assessment of Attention Deficit Disorders: A Team Approach

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The primary characteristics of Attention Deficit Hyperactivity Disorder (ADHD/ADD) are not difficult to spot in a classroom. However, not all children who are inattentive, impulsive, or overactive have ADD. These same symptoms can be a result of other factors such as: frustration with difficult schoolwork, lack of motivation, emotional concerns, or other medical conditions. A comprehensive assessment by a team of professionals working in conjunction with the parents and the child can usually determine whether problems are the result of ADD or other factors. Members of this assessment team usually include physicians, psychologists, social workers, and school personnel such as teachers, guidance counsellors, or learning specialists.

The Physicians Role

Routine Physical examinations of children with ADD are often normal, but they are needed to rule out the unlikely possibility of there being a medical condition, which could cause ADD-like symptoms. Tests such as chromosome studies, electroencephalograms (EEGs), magnetic resonance imaging (MRI), or computerized axial tomograms (CT scans) are not used routinely for evaluation of ADD. Child and adolescent psychiatrists and paediatric neurologists may play an important part in identifying this condition as well as other possible related conditions such as learning disabilities, Tourette syndrome, pervasive development disorder, obsessive compulsive disorder, anxiety disorder, depression or bipolar disorder.

The Psychologist’s Role

Clinical or school psychologists administer and interpret psychological and educational tests of cognition, perception, and language development (such as intelligence, attention span, visual-motor skills, memory, impulsivity) as well as tests of achievement and social/emotional adjustment. Psychologists and other mental health professionals often interpret data collected from parents and teachers who complete behaviour rating scales about the child in question. Results of such tests can provide important clues as to whether a child’s difficulties are related to having ADD and/or other problems with learning, behaviour, or emotional adjustment. Such scales offer quantifiable, descriptive information about the child, thus providing a means by which to compare the child’s behaviour to that of others of the same sex and age. Some of the more popular rating scales used in the assessment of ADD are: Conners Teacher Rating Scale (CTRS) and Conners Parent Rating Scale (CPRS), ADD-H: Comprehensive Teacher Rating Scale (ACTeRS), ADHD Rating Scale, Child Attention Profile, Child Behaviour Checklist (CBCL), Home Situations Questionnaire, School Situations Questionnaire, and Academic Performance Rating Scale (APRS).

The School’s Role

Assessments for ADD should always include information about the student’s current and past classroom performance, academic skills strengths and weaknesses, attention span, and other social, emotional, or behavioural characteristics. Such information can be gathered through teacher
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Interviews, review of cumulative records, analysis of test scores, and direct observation of the student in class. The student’s adjustment in class should relate to aspects of the instructional environment, namely: the curriculum in which the student is working; teacher expectations for the class and for the individual student; methods of instruction employed by the teacher; incentives for work completion; methods of teacher feedback to students; and comparative performance of other students in the class.

The Parent's Role

Having witnessed the child in a variety of situations over a number of years, parents have the unique perspective on their child’s previous development and current adjustment. Information from parents is usually acquired by interview or through questionnaires completed by parents. The focus is usually on obtaining overall family history, current family structure and functioning, and to document important events from the child’s medical, developmental, social, and academic history relevant to the assessment of ADD.

The Child’s Role

An interview with the child offers the clinician the opportunity to observe the child’s behaviour and can yield valuable information as to the child’s social and emotional adjustment, feelings about themselves and others, attitudes about school and other aspects of their life. However, even children with ADD often behave well during such interviews. Therefore, observations of a child’s behaviour, level of activity, attentiveness, or other compliance made during the interview sessions should not be taken as true of the child in other settings. Normal behaviour in a one-on-one setting does not diminish the likelihood of the child having ADD.

The Team’s Role after the Assessment

Ideally, after all the data has been collected, members of the assessment team should collaborate to discuss their findings. This should lead to a thorough understanding of the child’s strengths and areas of need physically, academically, behaviourally, and emotionally. If a diagnosis of attention deficit disorder (and/or other conditions) is established, treatment planning should be done in all areas where interventions are recommended. The physician may discuss appropriate medical interventions with the child and parents. The psychologist or other mental health professional may discuss counselling, behaviour modification, or social and organizational skills training options. The school may set up classroom interventions to accommodate the child’s areas of need in school or may provide special education or related services. Once the initial assessment is completed and appropriate treatment is instituted, there should be routine follow-up by members of the assessment and treatment team to determine how the child is progressing. ADD, being a chronic condition, will often require long-term care and monitoring on a regular basis. Obviously, parents play a key role in encouraging members of the assessment and treatment team to maintain close collaboration and to work together consistently for the best interests of the child. Coordination of all this, whether it be by a parent or a professional, is no easy task, but the outcome is usually well worth the effort.