

Chapter 7

Assessment of ADHD for Children, Adolescents, and Adults

Aarzoo Gupta

Government Medical College and Hospital, Chandigarh, India

Archana Kashyap

Government Medical College and Hospital, Chandigarh, India

ABSTRACT

The chapter highlights the role of comprehensive assessment and its meaningful elements to construe ADHD in terms of diagnosis and management. The cognitive, affective, and behavioral symptoms must not be attributed to emotional or mood disturbance or psycho-social adjustments. The chapter explains an assessment pyramid explaining of multi-level assessment and domains with an acronym of CTP depicting cognitive, temperament, and psychopathology. Assessment may be more precise when a professional has knowledge of developmental theories. Attention hyperactivity disorder (ADHD) entails a detailed assessment, involving varied social agents, to understand the dynamic manifestation of different ages as well as the dysfunction caused by it. The current chapter emphasizes psycho-social factors, comorbidities, and dual-diagnosis issues that may exacerbate or mask the presentation of ADHD in children, adolescents, and adults.

INTRODUCTION

A misdiagnosed condition usually gives rise to divergent management strategies. A comprehensive assessment is key to the treatment, outcome, and rehabilitation. Attention hyperactivity disorder (ADHD) is one such condition that entails a detailed assessment, involving varied social agents, to understand the dynamic manifestation of different ages as well as the dysfunction caused by it. The exhibited signs and ramifications of ADHD may go unnoticed and might gain attention due to its comorbidities as in the case of personality disorders (World Health Organization [WHO], 2004). This simile has greater application

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especially in those cases of ADHD where families displayed tolerance for symptoms in childhood or the individual in his growing years carved out strategies to deal with ADHD and its sequel. This evolving environment during the development years is followed by poorer adjustment to social roles and norms in adulthood. This longitudinal and persistent maladjustment can significantly contribute to comorbid mood and anxiety disturbances (Kooij et al., 2010), being one of the causes for this population to access mental health services. Therefore, a disorder with an externalizing nature transforms into a covert presentation in adulthood. Further, the attention of the professional is concentrated on the management of the comorbidities than exploring underlying psychogenesis requiring a life-span developmental approach. The research and teaching related to ADHD also create the mind-set to explore ADHD in the paediatric population with minimum attention to its identification in adults or individuals having dual-diagnosis or comorbid conditions (Ginsberg, Quintero, Anand, Casillas, & Upadhyaya, 2014).

Many factors determine the course and prognosis of any psychiatric disorder. Intelligence, personality, family practices, choice of occupation, etcetera (etc.) are few such factors that interweave in revealing ADHD and its associated malfunction (Biederman et al., 1996). Therefore, the assessment of ADHD must include these factors that build one's strength or limitation to cope with the condition and subsequent impairments. The overall prognosis of ADHD is reported to be poor in the textbooks and knowing the factors encapsulated in Table 1 may be advisable to grasp the course of ADHD. It is shown in research that ADHD is an either underdiagnosed or over-diagnosed condition (Ginsberg et al., 2014; Paris, Bhat, & Thombs, 2015), this finding also emphasizes the need to review its evaluation process considering theories of factors affecting the clinical indicators or how individuals try to resolve and cope with resulting difficulties.

Another unpinning issue is who all should be involved in the assessment. Does ADHD become a domain of mental health professionals alone? The proportion of inaccuracy in its diagnosis, due to its concealed nature, is the evidence that identification and diagnosis must be multi-disciplinary teamwork. The involvement of a multidisciplinary team approach will facilitate an expansive and in-depth comprehensive assessment. The inputs from class in-charge, extracurricular activity or sports in-charge, school psychologists, special educators, clinical psychologist, psychiatrist, paediatrician, neurologist, are crucial to recognizing ADHD symptoms. A multi-disciplinary team approach might help in early identification and intervention considering the current view of ADHD being a neurodevelopmental disorder. The changes in the structure and functioning of the brain corroborating with the psychological testing and clinical findings can strengthen the reliability of the assessment of ADHD. The intervention should not only be focusing on the management but long-term rehabilitation as ADHD is a chronic causing pervasive impairment. The long-term intervention emphasizing concentration, organizational, and impulse-modulation skills can help an adult with ADHD to function more adaptively (Katya, 2018). Therefore the prognosis and outcome can be determined by programs targeting brain deficits thru brain stimulation therapies based on the principle of brain plasticity (Merzenich, Vleet, & Nahum, 2014); along with individual (van Doren et al., 2019; Catalá-López et al., 2017), school-based as well as parent training intervention programs (Charach et al., 2013; DuPaul & Eckert, 1997; DuPaul, Eckert, & Vilardo, 2012).). A holistic assessment plan for persons having ADHD might help enhance the quality of day-to-day functioning and minimize the disease burden on the healthcare system (Fabiano, Schatz, Aloe, Chacko, & Chronis-Tuscano, 2015).

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