

## ***The Distracted Student***

### Attention Deficit Hyperactivity Disorder

#### Materials for Learners

Packet should include the following:

- Handout #1: Diagnostic Features of ADHD (Adapted from DSM V)
- Handout #2: Parent and Teacher Completed Vanderbilt Rating Scales
- Clinical pearls
- Knowledge questions and answers
- References

## *The Distracted Student*

Attention Deficit Hyperactivity Disorder

### **Handout 1: Diagnostic Features of ADHD (Adapted from DSM V)**

<b>INATTENTION</b>	<b>HYPERACTIVITY/IMPULSIVITY</b>
Fails to give close attention to details, makes careless mistakes	Fidgets and/or squirms in seat
Difficulty sustaining attention in work or play	Leaves seat in classroom
Doesn't seem to listen	Runs about or climbs when inappropriate to do so
Cannot follow instructions, fails to complete work	Has difficulty playing quietly
Has difficulty organizing tasks and activities	Always "on the go" or acts as if "driven by a motor"
Avoids tasks that require concentration (schoolwork)	Talks excessively
Loses things needed for tasks and activities (books, assignments)	Blurts out answers before questions have been completed
Easily distracted by extraneous stimuli	Has difficulty awaiting turn
Forgetful in daily activities	Interrupts or intrudes on others

## NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: 3/20/2012 Child's Name: Emily Bishop Date of Birth: 01/05/2002  
 Parent's Name: Susan Bishop Parent's Phone Number: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of your child.  
 When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

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Consumer & Specialty Pharmaceuticals

## NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: 3/20/2018 Child's Name: Emily Bishop Date of Birth: 01/05/2002  
 Parent's Name: Susan Bishop Parent's Phone Number: \_\_\_\_\_

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

**Comments:**

**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1–9: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10–18: \_\_\_\_\_

Total Symptom Score for questions 1–18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19–26: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 27–40: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 41–47: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 48–55: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

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Teacher's Name: Linda Potts Class Time: all day Class Name/Period: \_\_\_\_\_  
 Today's Date: 3/29/2018 Child's Name: Emily Bishop Grade Level: 4<sup>th</sup> grade

**Directions:** Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: 7 months

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	(3)
2. Has difficulty sustaining attention to tasks or activities	0	1	2	(3)
3. Does not seem to listen when spoken to directly	0	1	(2)	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	(2)	3
5. Has difficulty organizing tasks and activities	0	1	2	(3)
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	(2)	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	(1)	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	(3)
9. Is forgetful in daily activities	0	1	(2)	3
10. Fidgets with hands or feet or squirms in seat	(0)	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	(0)	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	(0)	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	(0)	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	(0)	1	2	3
15. Talks excessively	(0)	1	2	3
16. Blurts out answers before questions have been completed	(0)	1	2	3
17. Has difficulty waiting in line	(0)	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	(2)	3
19. Loses temper	(0)	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	(0)	1	2	3
21. Is angry or resentful	(0)	1	2	3
22. Is spiteful and vindictive	(0)	1	2	3
23. Bullies, threatens, or intimidates others	(0)	1	2	3
24. Initiates physical fights	(0)	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	(0)	1	2	3
26. Is physically cruel to people	(0)	1	2	3
27. Has stolen items of nontrivial value	(0)	1	2	3
28. Deliberately destroys others' property	(0)	1	2	3
29. Is fearful, anxious, or worried	(0)	1	2	3
30. Is self-conscious or easily embarrassed	(0)	1	2	3
31. Is afraid to try new things for fear of making mistakes	(0)	1	2	3

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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HE0351

Teacher's Name: Linda Polts Class Time: all day Class Name/Period: \_\_\_\_\_  
 Today's Date: 3/29/2012 Child's Name: Emily Bishop Grade Level: 4<sup>th</sup> grade

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
<b>Academic Performance</b>					
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

**Comments:**

Please return this form to: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 \_\_\_\_\_  
 Fax number: \_\_\_\_\_

**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1–9: \_\_\_\_\_  
 Total number of questions scored 2 or 3 in questions 10–18: \_\_\_\_\_  
 Total Symptom Score for questions 1–18: \_\_\_\_\_  
 Total number of questions scored 2 or 3 in questions 19–28: \_\_\_\_\_  
 Total number of questions scored 2 or 3 in questions 29–35: \_\_\_\_\_  
 Total number of questions scored 4 or 5 in questions 36–43: \_\_\_\_\_  
 Average Performance Score: \_\_\_\_\_

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Attention Deficit Hyperactivity Disorder

### **Clinical Pearls:**

- Health care providers should initiate an evaluation for ADHD for any child ages 4 through 18 years of age who presents with academic or behavioral problems and symptoms of inattention, hyperactivity, or impulsivity.
- At least 6/9 symptoms of inattention and/or hyperactivity must be present in 2 or more settings and cause impairment in functioning to meet criteria for ADHD.
- Always look for co-morbid conditions in a child with ADHD and monitor over time.
- First line treatment for ADHD varies by age; preschoolers should first have behavioral interventions while school aged children and adolescents should be given medication as first line treatment.
- Stimulant medications will often be very effective in managing ADHD but several different doses or types of medication may need to be tried before the one is found that controls ADHD symptoms without significant side effects.
- ADHD is a chronic condition. Families and children should be informed of this from the beginning so that they are aware that treatment for ADHD will require ongoing interventions and medications to help the child reach his/her full potential.

## ***The Distracted Student***

Attention Deficit Hyperactivity Disorder

### **Knowledge Questions:**

- 1. Which of the following statements regarding a school aged child presenting with school related problems are true?*
  - A. The differential diagnosis should include developmental, mental health, medical and medication related conditions.
  - B. If a child is diagnosed with a learning disorder, he or she can NOT also meet criteria for a diagnosis of ADHD.
  - C. Most often, children with school related problems should try a different classroom first to see if that helps improve their performance.
  - D. You should not take parents' concerns about school functioning serious because they may not understand how the child is really doing in class.
  
- 2. After a thorough history and exam in a school aged child presenting with attention problems, your NEXT STEP should include:*
  - A. Call the principal to find out the qualification of the classroom teacher
  - B. Recommend family therapy to improve behavior
  - C. Obtain behavioral rating scales from parents and teachers
  - D. Perform IQ testing
  
- 3. In which type of patient should your first line of therapy be behavioral interventions alone?*
  - A. 8 year old girl with predominantly inattentive ADHD
  - B. 5 year old boy with ADHD
  - C. 10 year old boy with co-morbid ADHD and Oppositional Defiant Disorder
  - D. 15 year old girl with ADHD
  
- 4. Which of the following statements about stimulant medications is correct?*
  - A. common side effects include decreased appetite and sleep difficulties
  - B. stimulants can reduce core symptoms of ADHD
  - C. stimulants are recommended as first line therapy for school aged children and adolescents with ADHD
  - D. all of the above



## ***The Distracted Student***

Attention Deficit Hyperactivity Disorder

### **Answers to Knowledge Questions:**

*1. Which of the following statements regarding a school aged child presenting with school related problems are true?*

**Preferred response: A “The differential diagnosis should include developmental, mental health, medical and medication related conditions”**

There is a broad differential diagnosis for a school aged child presenting with school problems and it should include developmental, mental health, medical and medication related conditions. The majority of children who meet criteria for ADHD also have another co-morbid condition such as a learning disorder so one diagnosis does not preclude another. In general the child should be assessed first and a placement into another classroom is not made routinely. Parents’ concerns should always be taken seriously.

*2. After a thorough history and exam in a school aged child presenting with attention problems, your NEXT STEP should include?*

**Preferred response: C “Obtain behavioral rating scales from parents and teachers”**

The use of standardized behavioral rating scales obtained from both parent and teacher is recommended as part of the usual work-up for a school aged child who presents with attention problems. Other recommendations for testing or behavioral interventions are made after these rating scales are obtained if further diagnostic clarification and/or intervention are needed.

*3. In which type of patient should first line therapy be implementation of behavioral interventions alone?*

**Preferred response: B “5 year old boy with ADHD”**

The American Academy of Pediatrics 2011 clinical practice guideline for ADHD states that for children ages 4-5 years old first line therapy for ADHD should be behavioral interventions alone and stimulant medications should be included in first line therapy for school aged children and teenagers. Children with co-morbid ADHD and Oppositional Defiant Disorder should be treated medically for ADHD since decreasing core ADHD symptoms can often improve their behavioral functioning.

*4. Which of the following statements about stimulant medications is correct?*

**Preferred response: D “all of the above”**

Stimulant medications are recommended as first line therapy for school aged children and adolescents with ADHD because they can reduce the core symptoms of ADHD. Common side effects include decreased appetite and sleep difficulties. The usual course of action is to start with the lowest dose of a given stimulant medication and increase the dose as needed, carefully monitoring for side effects and effectiveness of reducing ADHD symptoms.

## ***The Distracted Student***

### Attention Deficit Hyperactivity Disorder

#### **References**

1. Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management. ADHD: Clinical practice guideline for the diagnosis, evaluation, treatment of Attention-Deficit/Hyperactivity Disorder in children and adolescents. *Pediatrics* 2011;128:1007.
2. Attention-deficit/Hyperactivity Disorder. In: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association, Washington, DC, 2013. p.59-60.
3. Barbaresi W, Katusic S, Colligan R, et al. How common is attention-deficit/hyperactivity disorder? Towards resolution of the controversy: results from a population-based study. *Acta Paediatr Suppl* 2004; 93:55.
4. Millichap GJ. Etiologic classification of Attention-Deficit/Hyperactivity Disorder. *Pediatrics* 2008;121:e358.
5. Wilms Floet AM, Scheiner C, Grossman L. Attention-Deficit/Hyperactivity Disorder. *Pediatrics in Review* 2010;31:56.
6. Lindstrom K, Lindblad F, Hjern A. Preterm Birth and Attention-Deficit/Hyperactivity Disorder in Schoolchildren. *Pediatrics* 2011;127:858.
7. American Academy of Pediatrics. Caring for Children with ADHD: A Resource Toolkit for Clinicians, 2<sup>nd</sup> Edition.

#### **Educational Resources for Families and Clinicians:**

##### **Books**

1. *ADHD: A Complete and Authoritative Guide (American Academy of Pediatrics)* by Michael Reiff
2. *Learning to Slow Down and Pay Attention: A Book for Kids About ADHD* by Kathleen Nadeau and Ellen Dixon (2004)
3. *Putting on the Brakes: Young People's Guide to Understanding Attention Deficit Hyperactivity Disorder* by Patricia Quinn and Judith Stern (2001)
4. *Understanding Girls with ADHD*, by Patricia Quinn, Kathleen Nadeau (2002)

##### **Websites**

1. Children and Adults with Attention Deficit/Hyperactivity Disorder National Organization website: <http://www.chadd.org/>
2. The American Academy of Pediatrics Healthy Children website has information about ADHD: <http://www.healthychildren.org/English/health-issues/conditions/adhd/Pages/ADHD-Basics.aspx>