

# **From Screening to Making the Diagnosis: Tips from a General Pediatrician**

Rachel K. Levin, MD



# Speaker

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# **From Screening to Making the Diagnosis: Tips from a General Pediatrician**

At the end of this session, learners will be able to...

- ▶ Review the initial approach to patients with anxiety and ADHD
- ▶ Discuss school-based supports and accommodations
- ▶ Review different screening tools for generalized anxiety and ADHD
- ▶ Discuss different behavioral tools including cognitive behavioral therapy tools for children with anxiety
- ▶ Review medication options for both anxiety and ADHD
- ▶ Share community resources for anxiety and ADHD

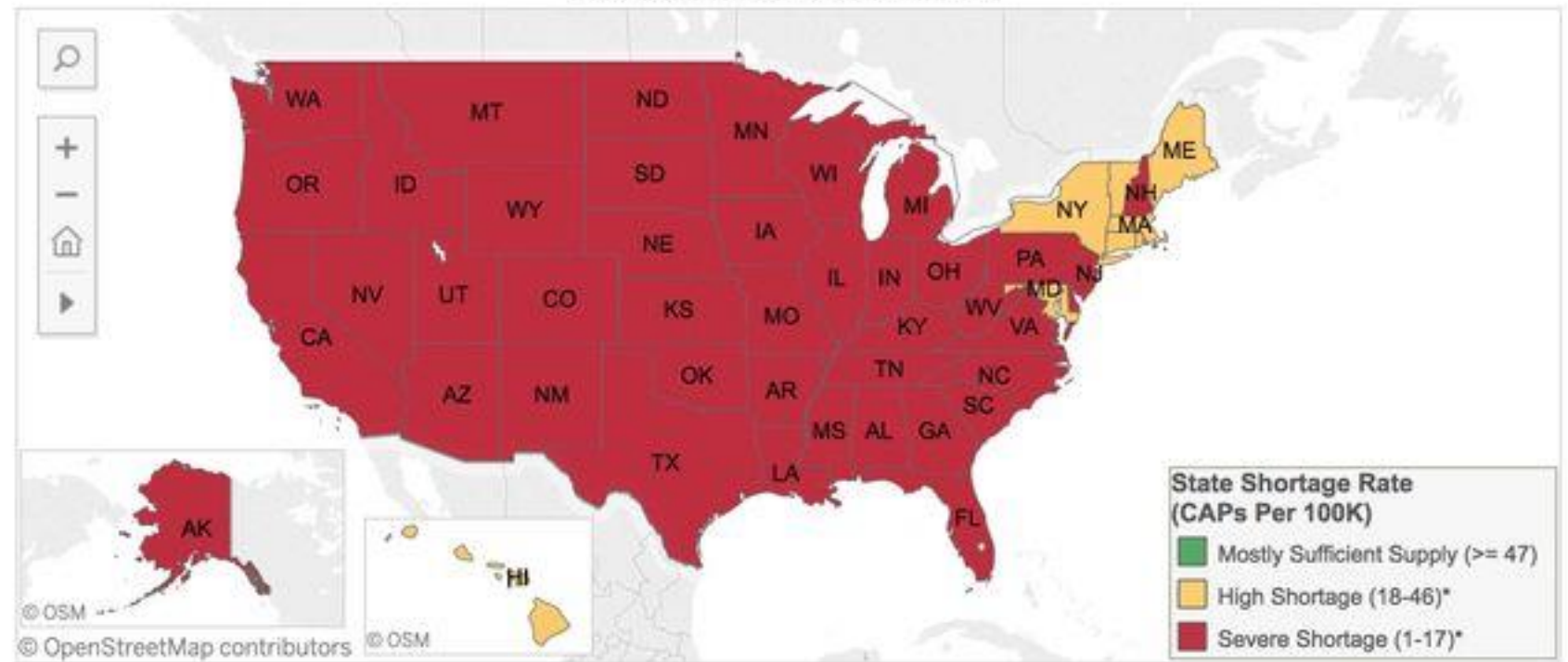


# Objectives

It's up to us!



Practicing Child and Adolescent Psychiatrists by State 2015  
Rate per 100,000 children age 0-17



# Case 1

► Rebecca is a 9-year-old presenting with excessive worry about school performance, despite good grades. She gets distracted in class especially when there is a lot of noise in the classroom. She feels fidgety when called on in class to answer a question. She also reports difficulty falling asleep and has become more irritable than usual. Her parents report that she frequently requests reassurance. She struggles to make new friends.



# An Anxious Child: The Initial Evaluation

## Developmental History

Special attention to speech development and social skills

## Educational History

IEP and 504 information if applicable

## Social History

Home environment  
School safety  
Life changes  
Friendships

## Family History

Anxiety/ Depression  
ADHD  
Learning Disability  
Medication family is on if applicable

# Developmental History

Restricted Interests? Is Anyone  
Listening?



## HIGH FUNCTIONING AUTISM SYMPTOMS

Emotional Sensitivity

Fixation on Particular Subjects or Ideas

Linguistic Oddities

Social Difficulties

Problems Processing Physical Sensations

Devotion to Routines

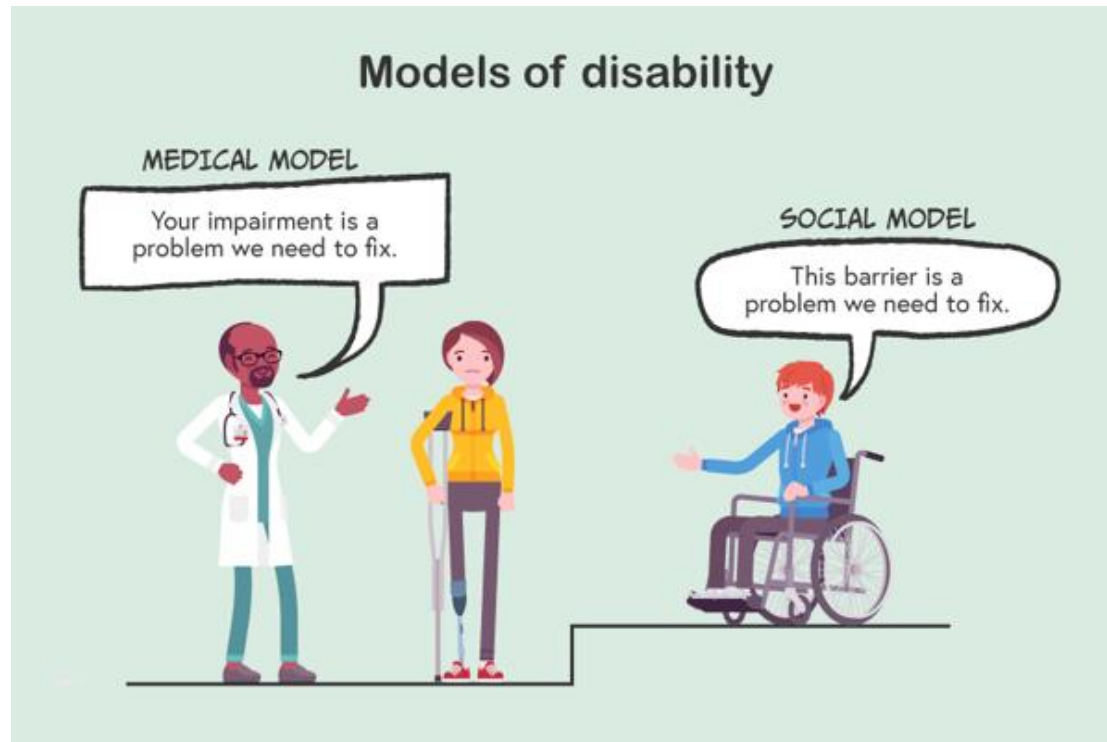
Development of Repetitive Habits

Dislike of Change

Focus on Self

Unusual Movement Patterns

# Medical vs. Social Model of Disability



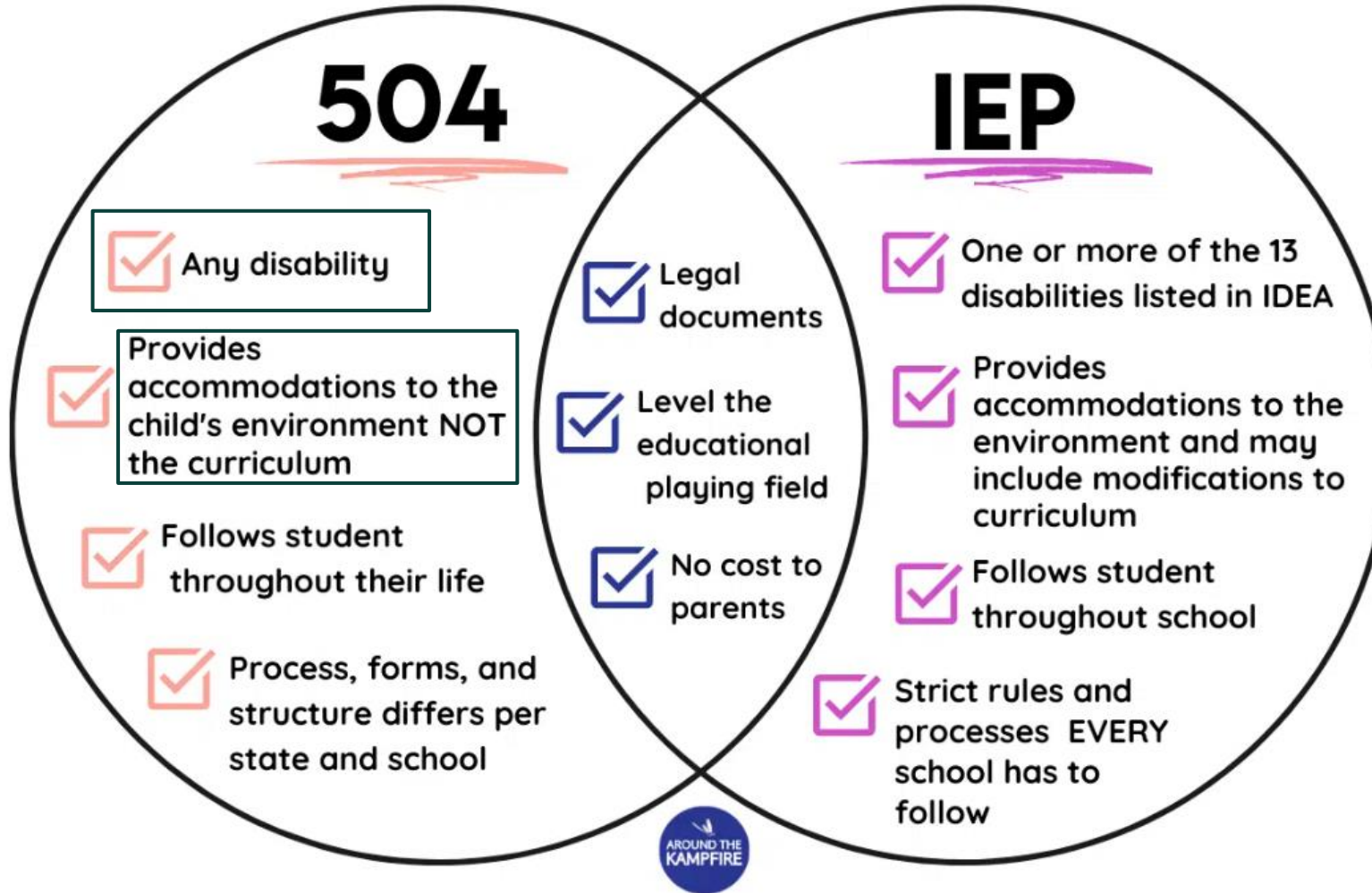
- ▶ The problem in disability is not the disabled person but the lack of civil rights and discrimination/exclusion from society
- ▶ Ex. The wheelchair is not the problem, but the absence of a ramp is the problem

# Educational History

Performance = Ability?



# School Accommodations



# Educational History: IEP

## Disability categories for school-age kids with IEPs



Source: U.S. Department of Education (2023)

Percentages rounded

- ▶ Measurable annual goals
- ▶ Includes school modifications
- ▶ There are 13 disability categories

Any ND Public School  
Special Education Department  
100 North Education St.  
Anywhere, ND 58502

**Individualized Education Program** IEP Meeting Date:  
Age 3-5

A. Student-Last Name		First Name	MI	Birthdate (M/D/YYYY)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Grade	Race		Student's Primary Language or Communication Mode		
Current Address		City	State ND	Zip	Phone Number
Serving School		City	State	Zip	School Phone Number
District of Residence (If different from serving district)		Check items that apply <input type="checkbox"/> Open enrolled in same district <input type="checkbox"/> Agency Placed <input type="checkbox"/> Open enrolled in another district <input type="checkbox"/> Home Education			
B. Name of Parent(s)		Home Phone Number		Other Phone Number	
Guardian/Foster Parent		Primary Lang. Spoken at home		Parent's Email address	
C. IEP Case Manager	Case Manager email address		Phone Number		
IEP TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Annual review/revision		Primary Disability Secondary Disability			
If initial IEP, is this child transitioning from Part C services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Last Comprehensive Individual Assessment Report			
IEP Meeting Date (IEP Created Date)	Names of All Team Members			Indicate Attendance	
Parent *				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administrator/Designee/District Representative (Required)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Education Teacher or Special Education Provider (Required)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
General Education Teacher (Required)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual to Interpret Instructional Implications of Evaluation Results (Required)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
* If the parent did not attend the IEP meeting or the IEP was held late, describe efforts to arrange a mutually agreed upon time and place.					

# What is in an IEP

- ▶ A section that describes the child's academic and functional performance
- ▶ Annual education goals
- ▶ The timing of services
- ▶ Any accommodations
- ▶ Any modifications
- ▶ How the child will participate in standardized tests
- ▶ How the child will be included in general education classes

# Educational Objectives: 504

## Changes in environment

- Preferential seating
- Small group settings
- Motor breaks/ use of manipulatives

## Changes in Instruction

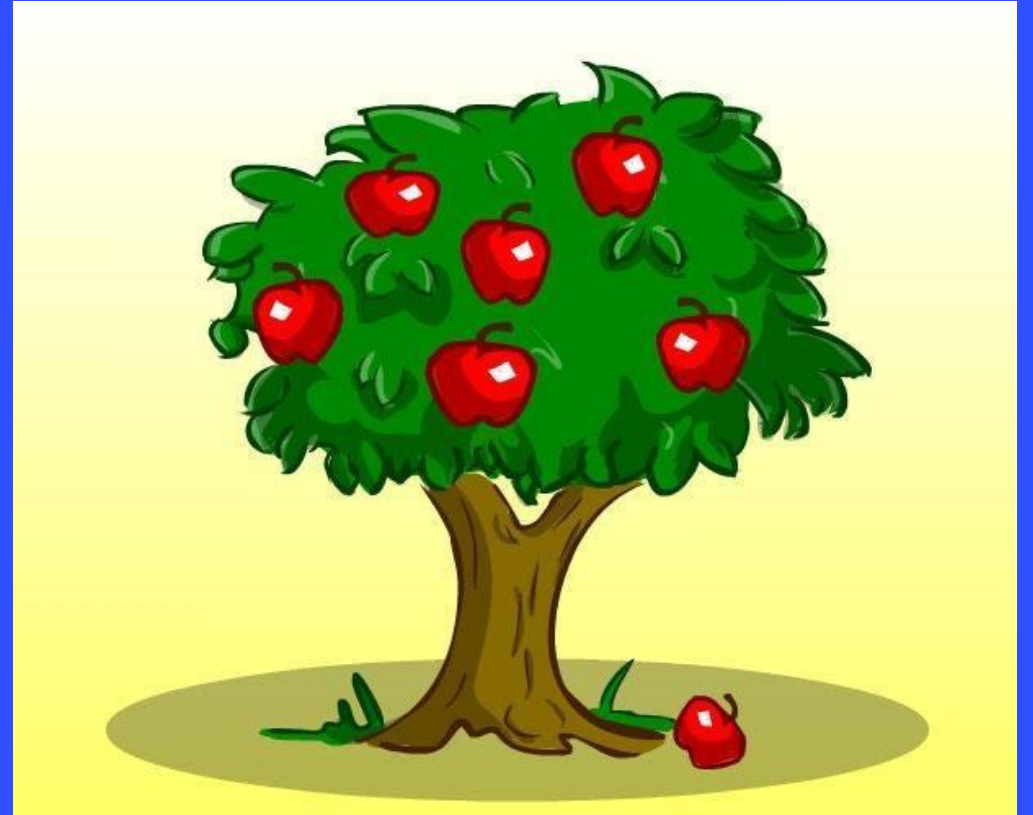
- Extended time for tests and homework
- Breaking down assignments into small parts
- Check in and check out for homework

## Changes to how the curriculum is presented

- Receiving notes or outlines of lessons
- Having tests read to student
- Warnings for changes in routine

# Family History

Genetics matter?



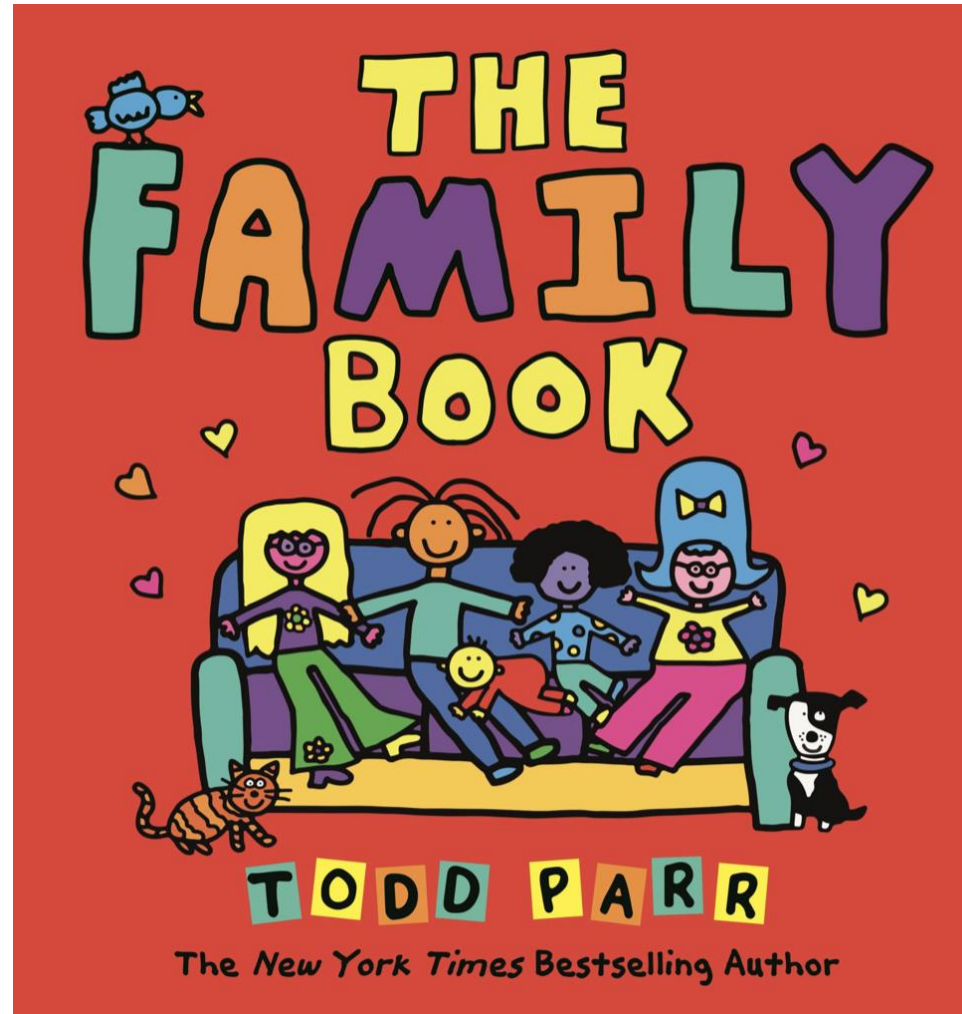


# Family History

- ▶ Anxiety
- ▶ Depression
- ▶ ADHD
- ▶ Learning Disability
- ▶ Autism
- ▶ Medication response

# Social History

- ▶ Who lives at home?
- ▶ Trauma history?
- ▶ Bullying? Why?
- ▶ Recent life changes?
- ▶ Friendships?



# Screening Tools

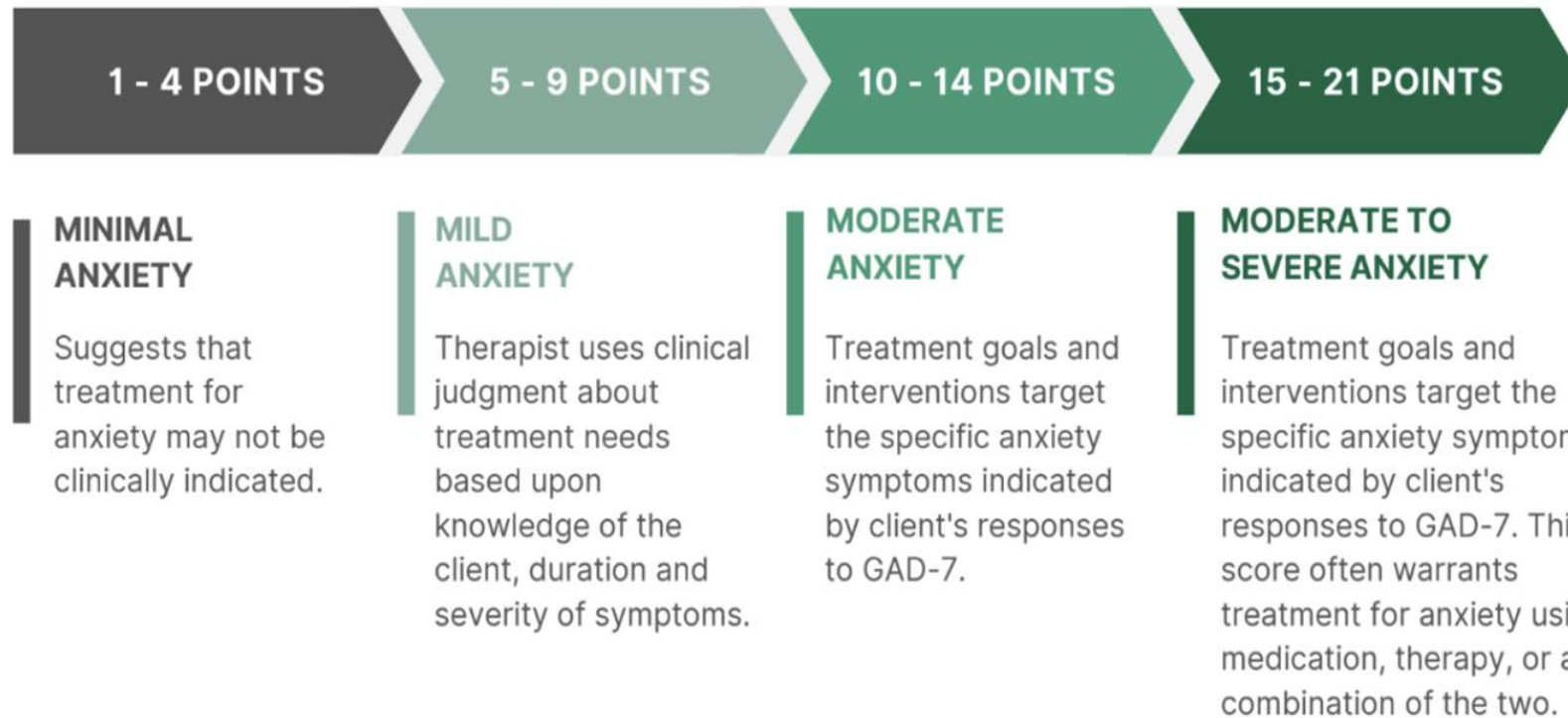


# Screening Tools: GAD-7

GAD-7				
Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>(For office coding: Total Score T____ = ____ + ____ + ____ )</i>				

# Screening Tools: GAD7

## CLINICAL BENCHMARKS



# Screening Tools: Vanderbilt

## NICHQ Vanderbilt Assessment Scale – PARENT Informant\*

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ 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 (i.e. "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
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

NICHQ Vanderbilt Parent, 2003/06/02

\* Copyright 2002 American Academy of Pediatrics and National Initiative for Children's Healthcare Quality. Revised 1102

Parent Assessment Scale	Teacher Assessment Scale
<b>Predominantly Inattentive subtype</b> <ul style="list-style-type: none"> <li>• Must score a 2 or 3 on 6 out of 9 items on questions 1–9.</li> <li>AND</li> <li>• Score a 4 on at least 2, or 5 on at least 1, of the performance questions 48–54.</li> </ul>	<b>Predominantly Inattentive subtype</b> <ul style="list-style-type: none"> <li>• Must score a 2 or 3 on 6 out of 9 items on questions 1–9.</li> <li>AND</li> <li>• Score a 4 on at least 2, or 5 on at least 1, of the performance questions 36–43.</li> </ul>
<b>Predominantly Hyperactive/Impulsive subtype</b> <ul style="list-style-type: none"> <li>• Must score a 2 or 3 on 6 out of 9 items on questions 10–18.</li> <li>AND</li> <li>• Score a 4 on at least 2, or 5 on at least 1, of the performance questions 48–54.</li> </ul>	<b>Predominantly Hyperactive/Impulsive subtype</b> <ul style="list-style-type: none"> <li>• Must score a 2 or 3 on 6 out of 9 items on questions 10–18.</li> <li>AND</li> <li>• Score a 4 on at least 2, or 5 on at least 1, of the performance questions 36–43.</li> </ul>
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# Vanderbilt Scoring

# Back to our patient: Next Steps

## GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals  $0 + 2 + 6 + 6 =$   
Total score 14

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?			
Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at [rs8@columbia.edu](mailto:rs8@columbia.edu). PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission



## Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of "not at all," "several days," "more than half the days," and "nearly every day." GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

# Screening Tools: GAD7

## CLINICAL BENCHMARKS



### MINIMAL ANXIETY

Suggests that treatment for anxiety may not be clinically indicated.

### MILD ANXIETY

Therapist uses clinical judgment about treatment needs based upon knowledge of the client, duration and severity of symptoms.

### MODERATE ANXIETY

Treatment goals and interventions target the specific anxiety symptoms indicated by client's responses to GAD-7.

### MODERATE TO SEVERE ANXIETY

Treatment goals and interventions target the specific anxiety symptoms indicated by client's responses to GAD-7. This score often warrants treatment for anxiety using medication, therapy, or a combination of the two.

# Back to Our Patient: Next steps

**NICHQ Vanderbilt Assessment Scale—PARENT Informant**

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 Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of your child.  
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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
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12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
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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. Wolnick, MD.  
 Revised - 1102

Parent Assessment Scale	Teacher Assessment Scale
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# Vanderbilt Scoring

# Anxiety Presentations: Examples



- ▶ A toddler who is toilet trained for urine but still insists on stooling in a diaper
  - ▶ A preschooler with frequent and extreme temper tantrums
  - ▶ A school aged child who has persistent separation anxiety
  - ▶ A middle schooler who refuses to try new foods
  - ▶ A high schooler who is a model student but a terror at home
-

# What do all of these kids have in common?

Symptoms of emotional  
@mentalwellnessformoms  
dysregulation:



# What Contributes to Childhood Anxiety?

## Parent Factors

- Parenting Style
- Socio-cultural assumptions or traditions
- Personal/ Family Anxiety
- Unhealed wounds from childhood

## Child Factors

- Temperament
- Genetic Predisposition
- Life Experience
- Social Media

# What Skills Are Reduced in Childhood Anxiety?

## Distress Tolerance

- The ability to be brave
- Can present as refusal

## Self Regulation

- The ability to gain control over oneself when overwhelmed
- Tantrums

## Cognitive Flexibility

- The ability to think of a situation differently, try something new
- Rigidity

## Emotional Insight and Emotional Expression

- The ability to recognize and express feelings
- Frustration

# How do we Build These Skills

## Distress Tolerance

- Encouraging bravery with positive reinforcement

## Self Regulation

- Emotional insight and de-escalation strategy

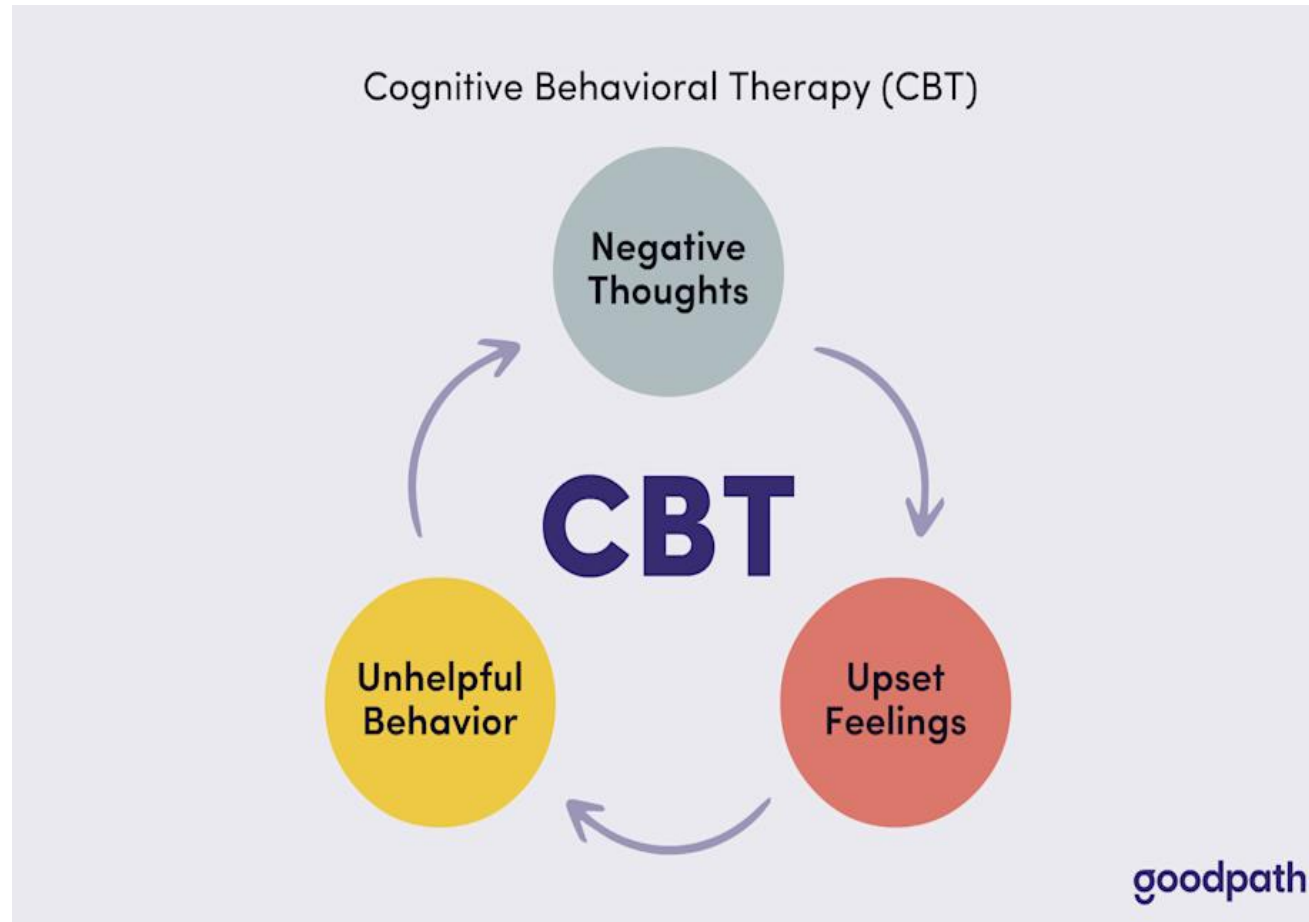
## Cognitive Flexibility

- Thinking through the “what ifs”

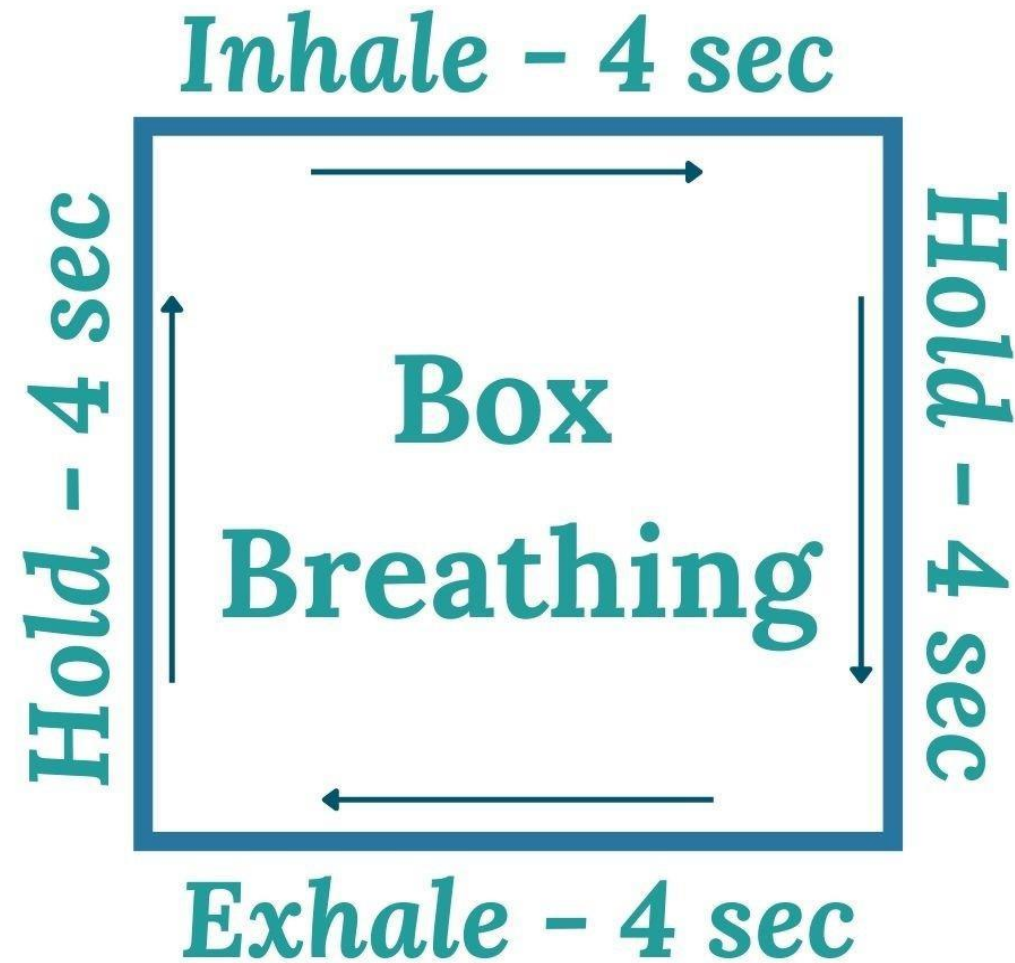
## Emotional Insight and Expression

- Locus of control

# CBT Tools



# CBT Tools



# CBT Tools

DBT skills

## T.I.P.P.

Four skills for managing overwhelming feelings

### Temperature

Change your body temperature e.g. have a cold shower



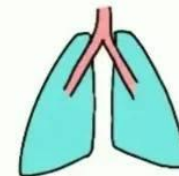
### Intense exercise

e.g. 100 Star jumps or go for a run



### Paced breathing

Breathe in slowly and deeply for a count of five, hold and release



### Progressive muscle relaxation

Squeeze and release muscles one by one



## The 5-4-3-2-1 Grounding Technique

Ease your state of mind in stressful moments.



Acknowledge **5** things  
that you can see  
around you.

Acknowledge **4** things  
that you can touch  
around you.

Acknowledge **3** things  
that you can hear  
around you.



Acknowledge **2** things  
that you can smell  
around you.

Acknowledge **1** thing  
that you can taste  
around you.

# CBT Tools

#DeStressMonday

DeStressMonday.org

DE STRESS  
MONDAY

# Back to our patient

► Patient comes back 2 months later for follow up...

► What would you do next?

## GAD-7 Anxiety

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
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5. Being so restless that it is hard to sit still	0	1	2	3
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Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at [ris8@columbia.edu](mailto:ris8@columbia.edu). PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

## Scoring GAD-7 Anxiety Severity

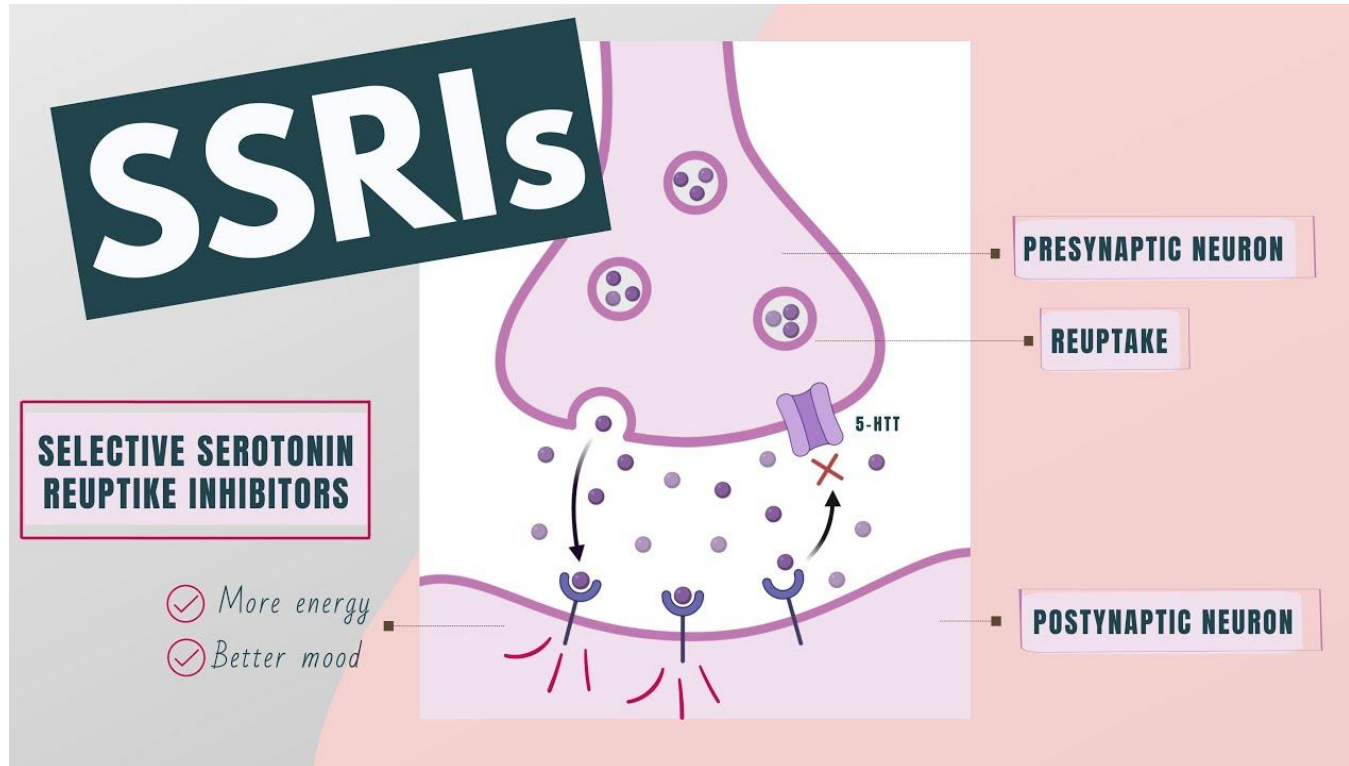
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0–4: minimal anxiety

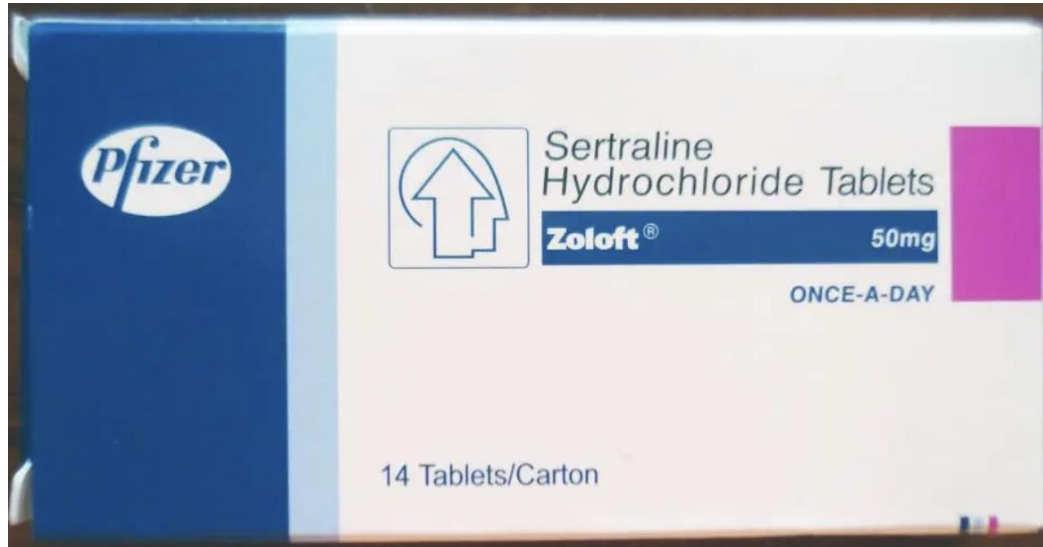
5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety



# Anxiety Medication



## Medication

► When deciding which SSRI to start, consider half life of the medication, family history and if the patient has GI symptoms at baseline.



# Black Box Warning

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## Antidepressants' Black-Box Warning — 10 Years Later

Richard A. Friedman, M.D.

In 2004, the Food and Drug Administration (FDA) issued a black-box warning on antidepressants indicating that they were associated with an increased risk of suicidal thinking, feeling, and behavior in young people. The agency's decision was immediately controversial: many members of the medical community worried that this warning would do more harm than good because it would discourage depressed patients from seeking help and discourage doctors from pre-

issue its black-box warning. The agency had conducted a series of meta-analyses of 372 randomized clinical trials of antidepressants involving nearly 100,000 participants, which showed that the rate of suicidal thinking or suicidal behavior was 4% among patients assigned to receive an antidepressant, as compared with 2% among those assigned to receive placebo,<sup>1</sup> although none of the suicide attempts documented in the trials were fatal. Subsequent age-stratified analyses showed

lar, some experts questioned the validity of the assessment of suicidality in the trials that were included, which were generally not designed to prospectively assess suicidality.

The FDA was obviously mindful of the need to balance the small risk associated with antidepressant treatment against its proven benefits: an expanded black-box warning issued in 2007 stated that depression itself was associated with an increased risk of suicide. Has this well-intended

## Case 2:

Sarah is a 10-year-old girl in the 4th grade described by her parents as easily distracted and struggling to complete tasks that she finds boring. In school, she gets easily overwhelmed with schoolwork and often seems "lost" when trying to organize her thoughts and belongings. She continues to have good grades but teachers have also noted that she could perform better if she tried. She worries about school all the time and has a hard time falling asleep because she can not turn off her brain. She has friends but often feels that they don't like her.



# GAD7

## GAD-7 Anxiety

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals 0 + 3 + 2 + 3 =  
Total score 8

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at [ris8@columbia.edu](mailto:ris8@columbia.edu). PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

## Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of "not at all," "several days," "more than half the days," and "nearly every day."  
GAD-7 total score for the seven items ranges from 0 to 21.

0-4: minimal anxiety

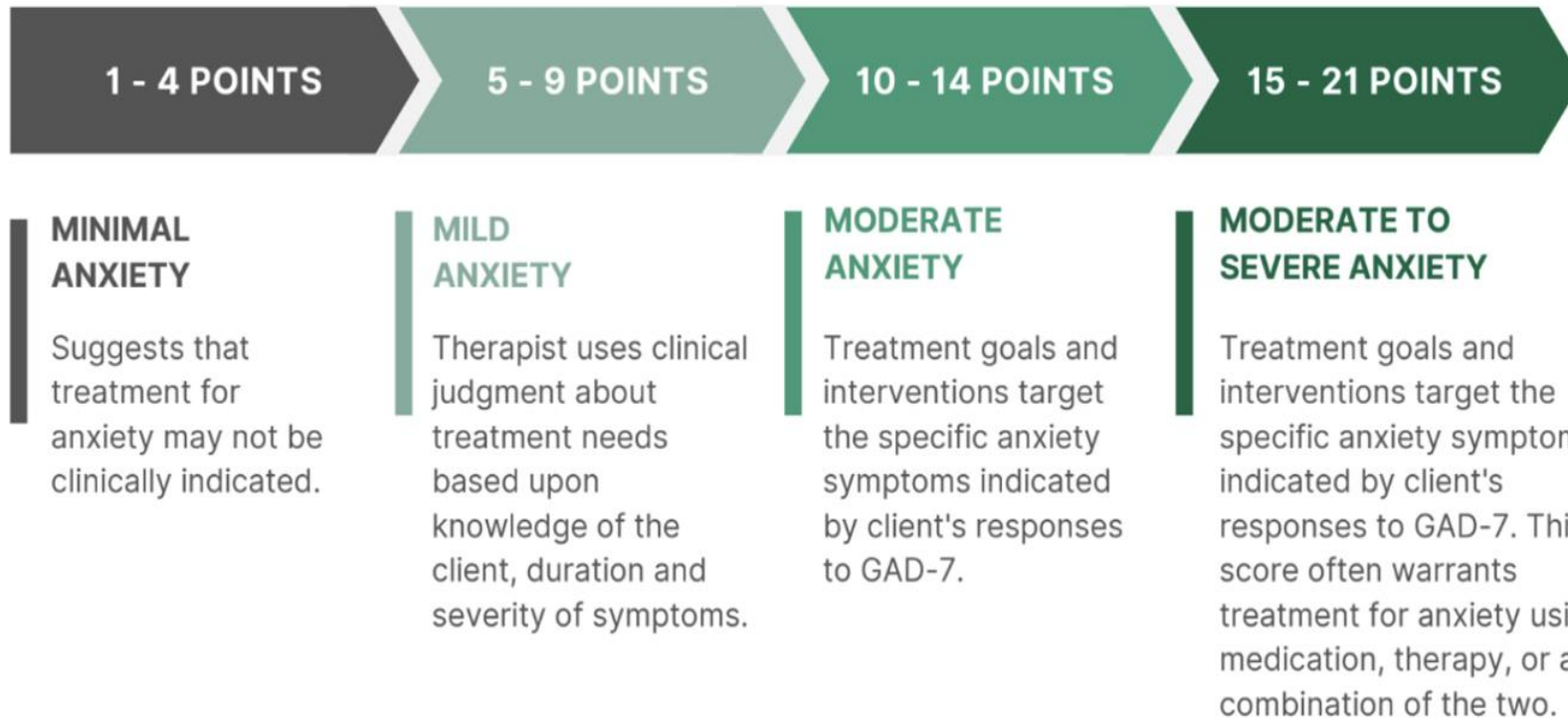
5-9: mild anxiety

10-14: moderate anxiety

15-21: severe anxiety

# Screening Tools: GAD7

## CLINICAL BENCHMARKS



# Vanderbilt

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

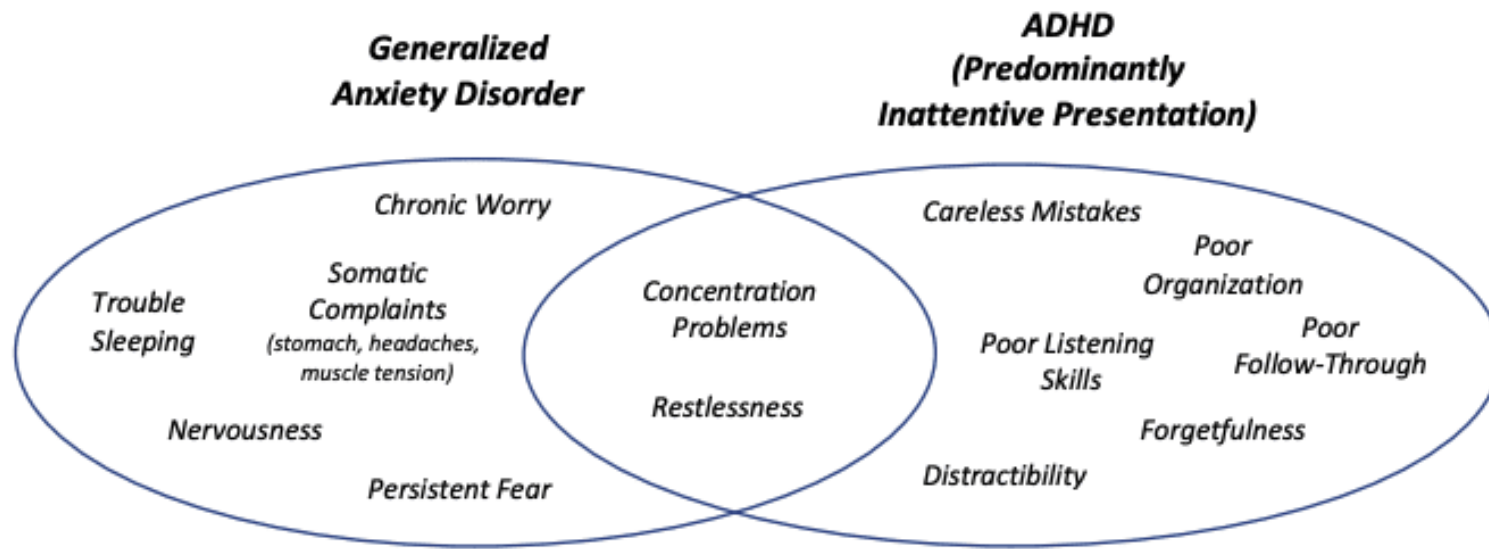
7/9

2/9

= 27

Parent Assessment Scale	Teacher Assessment Scale
<b>Predominantly Inattentive subtype</b> <ul style="list-style-type: none"> <li>• Must score a 2 or 3 on 6 out of 9 items on questions 1–9.</li> <li>AND</li> <li>• Score a 4 on at least 2, or 5 on at least 1, of the performance questions 48–54.</li> </ul>	<b>Predominantly Inattentive subtype</b> <ul style="list-style-type: none"> <li>• Must score a 2 or 3 on 6 out of 9 items on questions 1–9.</li> <li>AND</li> <li>• Score a 4 on at least 2, or 5 on at least 1, of the performance questions 36–43.</li> </ul>
<b>Predominantly Hyperactive/Impulsive subtype</b> <ul style="list-style-type: none"> <li>• Must score a 2 or 3 on 6 out of 9 items on questions 10–18.</li> <li>AND</li> <li>• Score a 4 on at least 2, or 5 on at least 1, of the performance questions 48–54.</li> </ul>	<b>Predominantly Hyperactive/Impulsive subtype</b> <ul style="list-style-type: none"> <li>• Must score a 2 or 3 on 6 out of 9 items on questions 10–18.</li> <li>AND</li> <li>• Score a 4 on at least 2, or 5 on at least 1, of the performance questions 36–43.</li> </ul>
<b>ADHD Combined Inattention/Hyperactivity</b> <ul style="list-style-type: none"> <li>• Requires the criteria on Inattentive <u>AND</u> Hyperactive/Impulsive subtypes</li> </ul>	<b>ADHD Combined Inattention/Hyperactivity</b> <ul style="list-style-type: none"> <li>• Requires the criteria on Inattentive <u>AND</u> Hyperactive/Impulsive subtypes</li> </ul>

# Vanderbilt Scoring



# GAD vs. ADHD

# What would you do next?

- A. Start CBT tools we reviewed
- B. Start Anxiety Medication
- C. Write a letter to the school about 504/IEP support
- D. Start a stimulant
- E. C and D

---

# What is your comfort level with prescribing medication for ADHD?

- A. I don't treat ADHD with medication
  - B. I have 1-2 medications I am comfortable using
  - C. I am pretty comfortable using stimulant medication and can move between classes but not as comfortable with the non-stimulants
  - D. Honestly, I should give this lecture
-

# What is ADHD?

Performance  
Disorder

Boredom  
Disorder

Organization  
Disorder

Frustration  
Disorder

Self Control  
Disorder

Time  
Disorder

Self  
Awareness  
Disorder

Motivation  
Disorder

# Treatment Approach

Facilitate coordination of services

- 504 Plan/ IEP

Provide linkages to other families with similar experiences.

- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD): [www.chadd.org](http://www.chadd.org)

Making goals for treatment

- Treatment of ADHD should be directed at maximizing function, rather than eliminating symptoms.
- Examples
  - Improved ability to complete homework
  - Enhanced safety in the community (such as crossing streets or riding bicycles)

# Intervention for Executive Function Deficit

## Initiation Deficit

- Break down assignments into chunks, review big picture

## Attention Regulation Deficit

- Eliminate distractions from devices

## Attention shifting Deficit

- Plan transitions, 5 minute warnings

## Organization Deficit

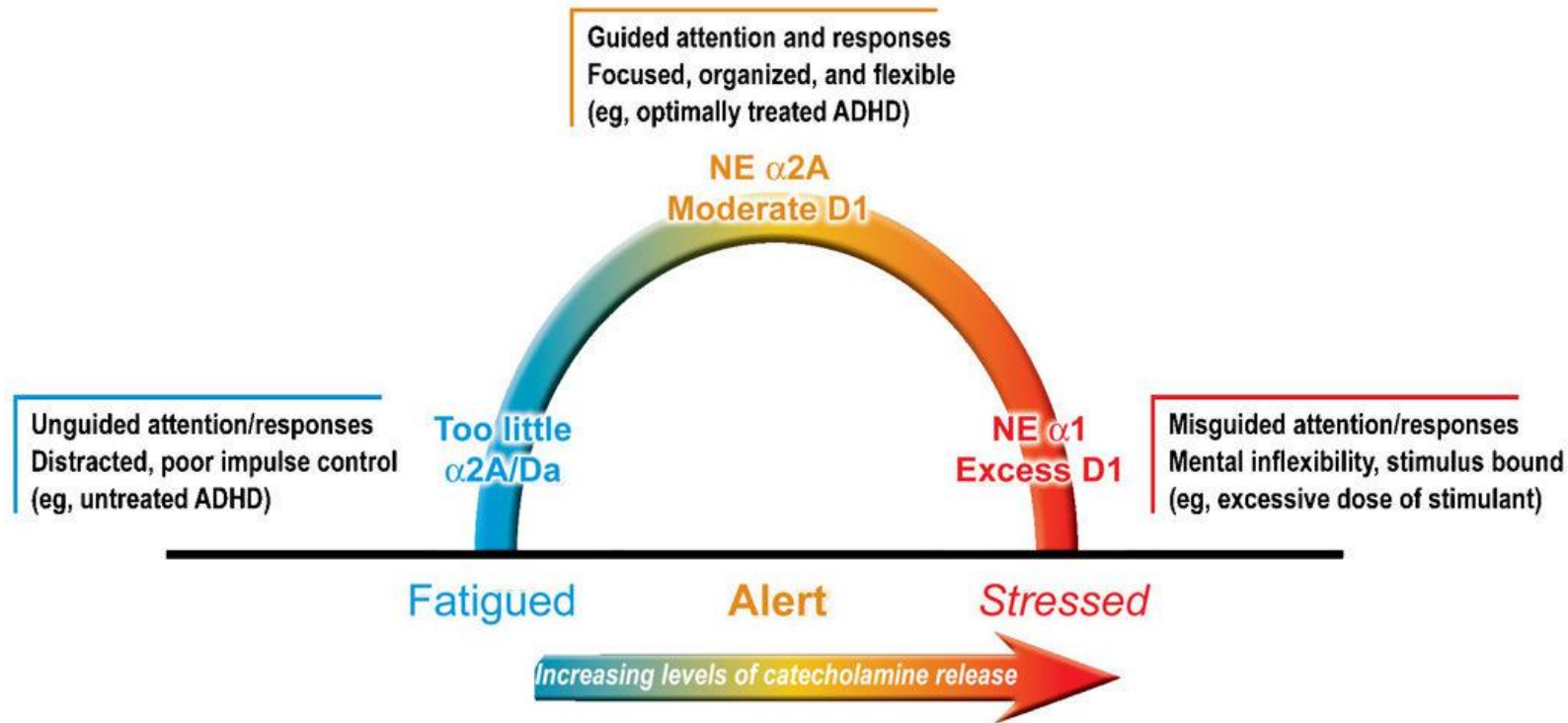
- Minimize clutter, color code materials, establish a daily routine

## Time management Deficit

- Visual schedules, calendars, planners, to do lists, set alarms on phones

## Working Memory Deficit

- Provide written directions, practice note taking and outlining through educational support



## Norepinephrine and Dopamine in the Prefrontal Cortex

# Choosing a Starting Medication

## Drug Class

- ▶ Stimulants are the first line for treating ADHD and are the most efficacious

## Duration of Action

- ▶ Consider the timing and length of time the patient needs the medication working

## Formulation

- ▶ Consider what the patient can realistically take (liquid, chewable, capsules to open and sprinkle, pills)

## Potential Side Effects

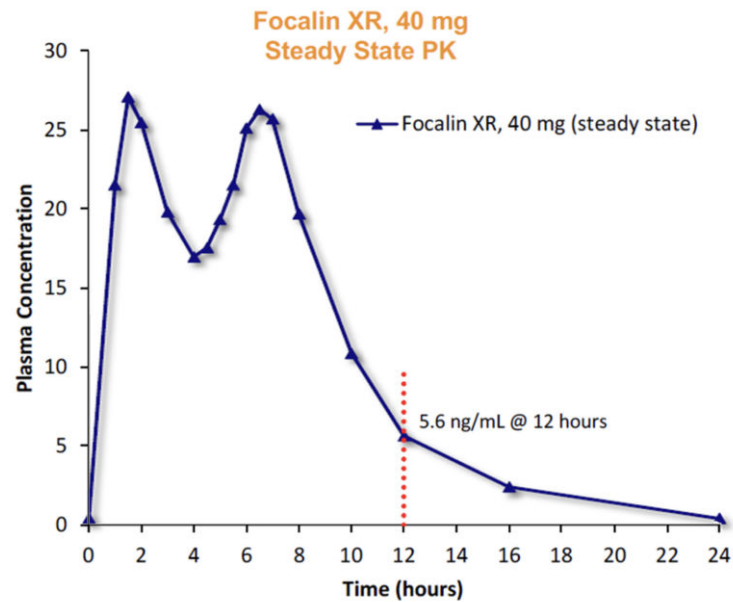
- ▶ Appetite Suppression
- ▶ Aggression or Irritability (consider comorbidity of anxiety)
- ▶ Motor Tics

# Stimulants

- ▶ Immediate release- 3-5 hours
- ▶ Sustained release- 6-12 hours
- ▶ Dosing is not weight based but is based on differences in metabolism so target dose cannot be predicted
  - ▶ Start at lowest possible dose and titrate monthly with goal of maximizing effects and stopping when there are concerning side effects
  - ▶ Inattention usually improves before hyperactivity/ impulsivity

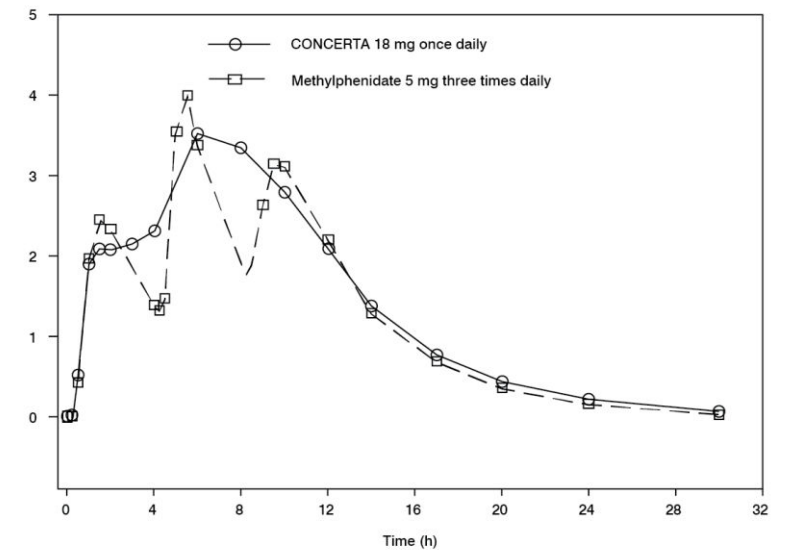
# Methylphenidates

## Focalin



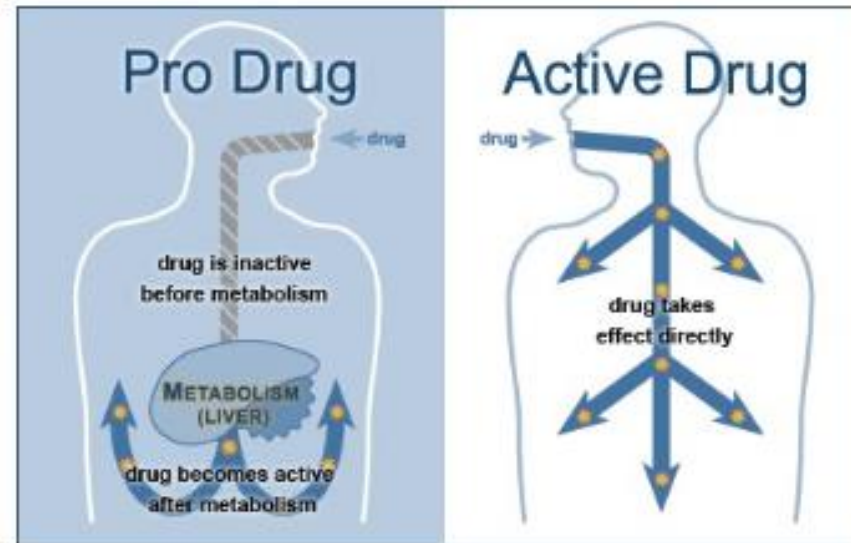
## Concerta

Figure 3. Mean methylphenidate plasma concentrations in 36 adults, following a single dose of CONCERTA 18 mg once daily and immediate-release methylphenidate 5 mg three times daily administered every 4 hours.



# Amphetamines

- ▶ Vyvanse (prodrug)
  - ▶ Can improve effectiveness, reduce certain side effects, more gradual onset, reduce potential for abuse
- ▶ Adderall (active drug)



# Nonstimulants: Strattera (atomoxetine)

SNRI

Must be given daily (no drug holidays)

Can take 2-4 weeks to notice an effect

GI side effects

Have to swallow pills

# Nonstimulants: Qelbree (Viloxazine)

SNRI

Similar to Strattera

Historically used as an antidepressant and now approved for ADHD with comorbid anxiety

Can be effective in 1 week

Can be opened and sprinkled

---

# Nonstimulants: Intuniv (Guanfacine ER)

Alpha-2 agonist

Can be sedating

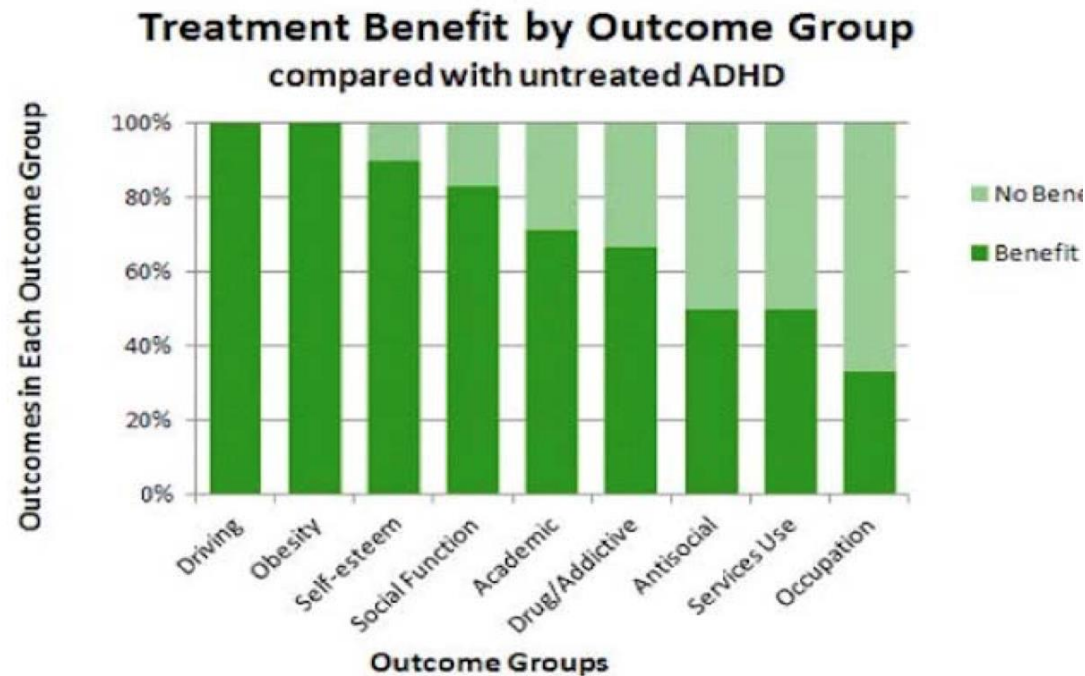
Helps with hyperactivity and impulsivity mainly

Adjunct to stimulant therapy

Helps tics

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# Long Term Outcomes in ADHD



Real Psychiatry 2015.

- ▶ Increased risk of...
  - ▶ Antisocial behavior
  - ▶ Criminality
  - ▶ Alcohol or other substance abuse
- ▶ Stimulant therapy in childhood was associated with a reduced risk for subsequent drug and alcohol use disorders

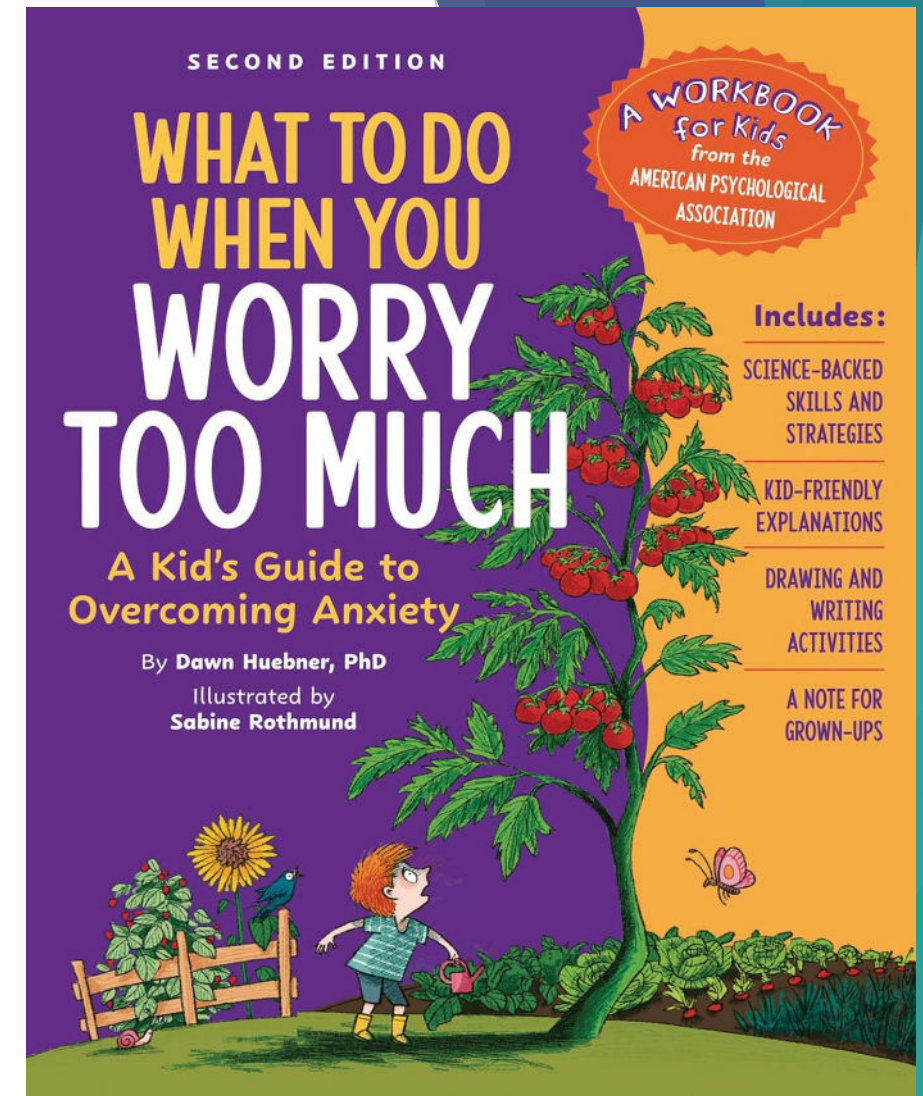
# Know Your Resources: Anxiety

For Parents

- ▶ SPACE - Parent-Based Treatment Program for Childhood Anxiety
- ▶ [worrywisekids.org](http://worrywisekids.org)

For Kids and Parents Together

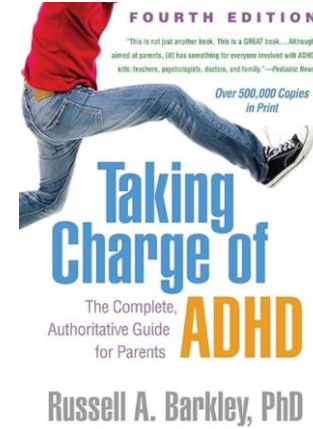
- ▶ Youtube videos- ex. Elmo series
- ▶ Workbooks- ex. What to do when you worry too much












# Know Your Resources: ADHD

Parent training

Executive Function  
Coaching



## My Morning Routine

1. Wake Up  <input data-bbox="1108 792 1184 871" type="checkbox"/>	2. Meditate  <input data-bbox="1406 792 1482 871" type="checkbox"/>	3. Eat Breakfast  <input data-bbox="1702 792 1778 871" type="checkbox"/>
4. Brush Teeth  <input data-bbox="1108 963 1184 1049" type="checkbox"/>	5. Play with Toys  <input data-bbox="1406 963 1482 1049" type="checkbox"/>	6. Snack Time  <input data-bbox="1702 963 1778 1049" type="checkbox"/>
7. Art  <input data-bbox="1108 1149 1184 1235" type="checkbox"/>	8. Lunch  <input data-bbox="1406 1149 1482 1235" type="checkbox"/>	9. Nap Time  <input data-bbox="1702 1149 1778 1235" type="checkbox"/>

**Questions?**

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