



# OVERVIEW OF ADHD

## DIAGNOSIS, COMORBIDITY AND SUPPORTS

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# What is Attention-Deficit / Hyperactivity Disorder?

ADHD is diagnosed as one of three types:

- *Combined Presentation*: if enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months
- *Predominantly Inattentive Presentation*: if enough symptoms of inattention, but not hyperactivity-impulsivity, were present for the past six months
- *Predominantly Hyperactive-Impulsive Presentation*: if enough symptoms of hyperactivity-impulsivity, but not inattention, were present for the past six months.

*A diagnosis is based on the symptoms that have occurred over the past six months*

Information based on criteria noted in the Diagnostic and Statistical Manual, Fifth edition (DSM-5)

# Inattentive type

Six or more symptoms of inattention for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- Often has trouble holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- Often has trouble organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted
- Is often forgetful in daily activities.

# Hyperactive and Impulsive Type

Six or more symptoms of hyperactivity-impulsivity for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level:

- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often “on the go” acting as if “driven by a motor”.
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting their turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games)

# Additional Diagnostic Notations

In addition, the following conditions must be met:

- Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- Several symptoms are present in two or more settings, (such as at home, school or work; with friends or relatives; in other activities).
- There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.
- The symptoms are not better explained by another mental disorder (such as a mood disorder, anxiety disorder, dissociative disorder, or a personality disorder). The symptoms do not happen only during the course of schizophrenia or another psychotic disorder.

# Obtaining a Diagnosis

- Does not require lab tests.
- Input from parents, educators (or representatives from another setting) and the child/teen.
- Rule out of other medical concerns through evaluations (including vision and hearing screening).

# Who Can Diagnose?

- Licensed Psychologist
- Licensed Psychiatrist
- Pediatrician/Primary Care Physician with training and access to tools to evaluate ADHD
- Mental health professional with training and access to tools to evaluate ADHD

# What to Expect During Testing?

- Clinical interview with parent(s) and child
- Behavioral/Symptom based Questionnaires:
  - *Child Behavior Checklist (CBCL/6-18)*
  - *Conners' Rating Scales*
  - *Conners' Parent Rating Scale-Revised for parents/caregivers*
  - *Conners' Teacher Rating Scale-Revised for teachers*
  - *Conners-Wells' Adolescent Self-Report Scale for teenagers*
  - *Vanderbilt ADHD Rating Scales*
  - *Vanderbilt ADHD Parent Rating Scale (VADPRS)*
  - *Teacher Rating Scale (VADTRS)*
  - *ADHD Rating Scale-IV (ADHD-RS-IV)*
- School observation
- Psychoeducational – IQ and Achievement evaluations



# Understanding Development

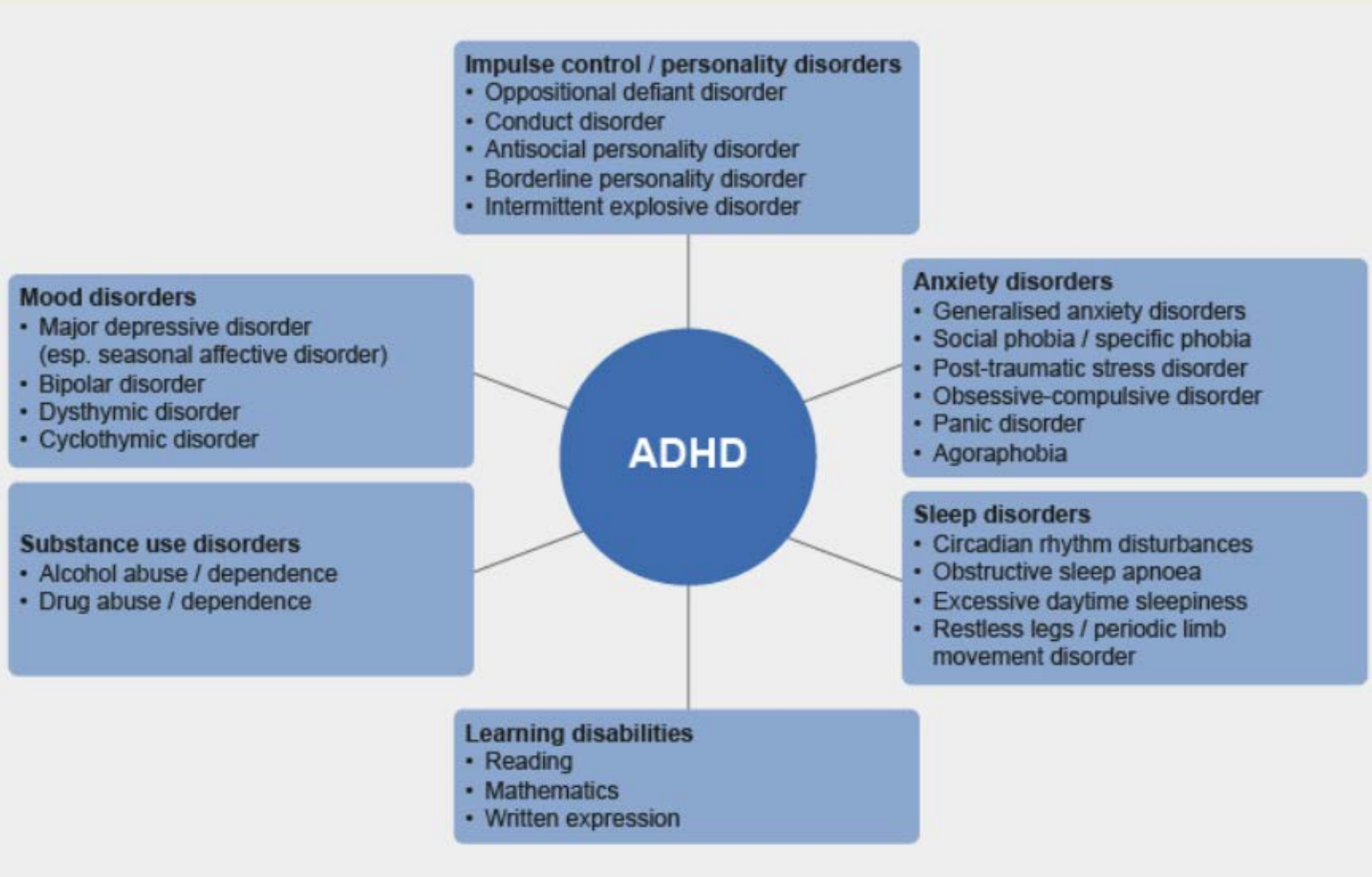
- 3 years – 250 word vocabulary, asking questions about word meanings, using adjectives, 3 word sentences, answering ‘What’ and ‘When’ questions, knowing gender
- 4 years – Knowing adjectives, answering judgement based questions (receptive language) (What is a house built of?, what do you when you are hungry?)
- 5 years – Identifying some coins, following a 3 step unrelated command, providing last names, answering questions related to quantity (which one is bigger?)
- 6 years – Answering more advanced judgement questions (receptive language) (What do you do if you find a letter on the ground near a mailbox?), beginning subtraction

# ADHD and Emotions

- [ADHD and Emotional Dysregulation Video](#)



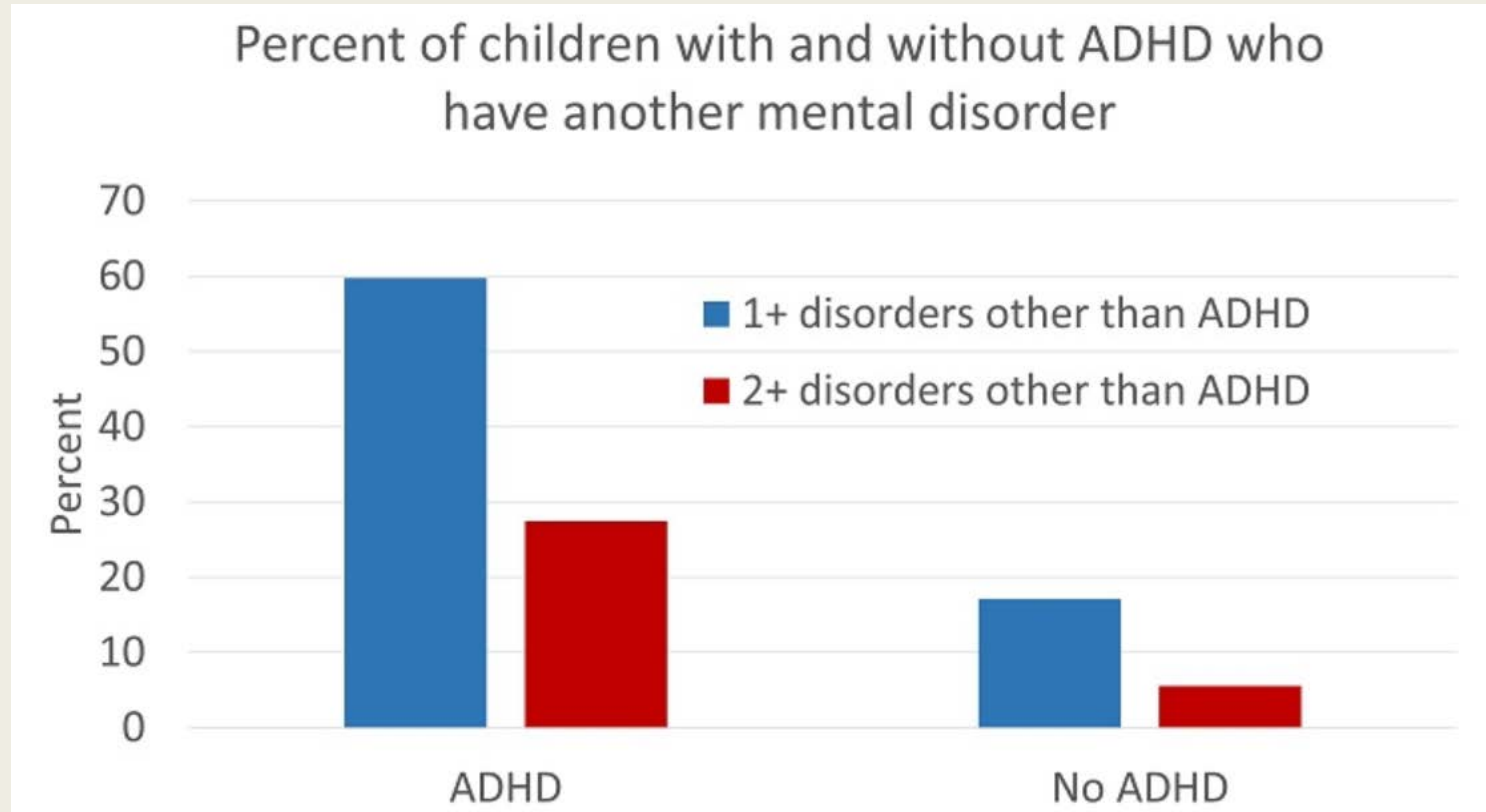
# Comorbid Conditions



# Project to Learn about ADHD in Youth (PLAY) Study

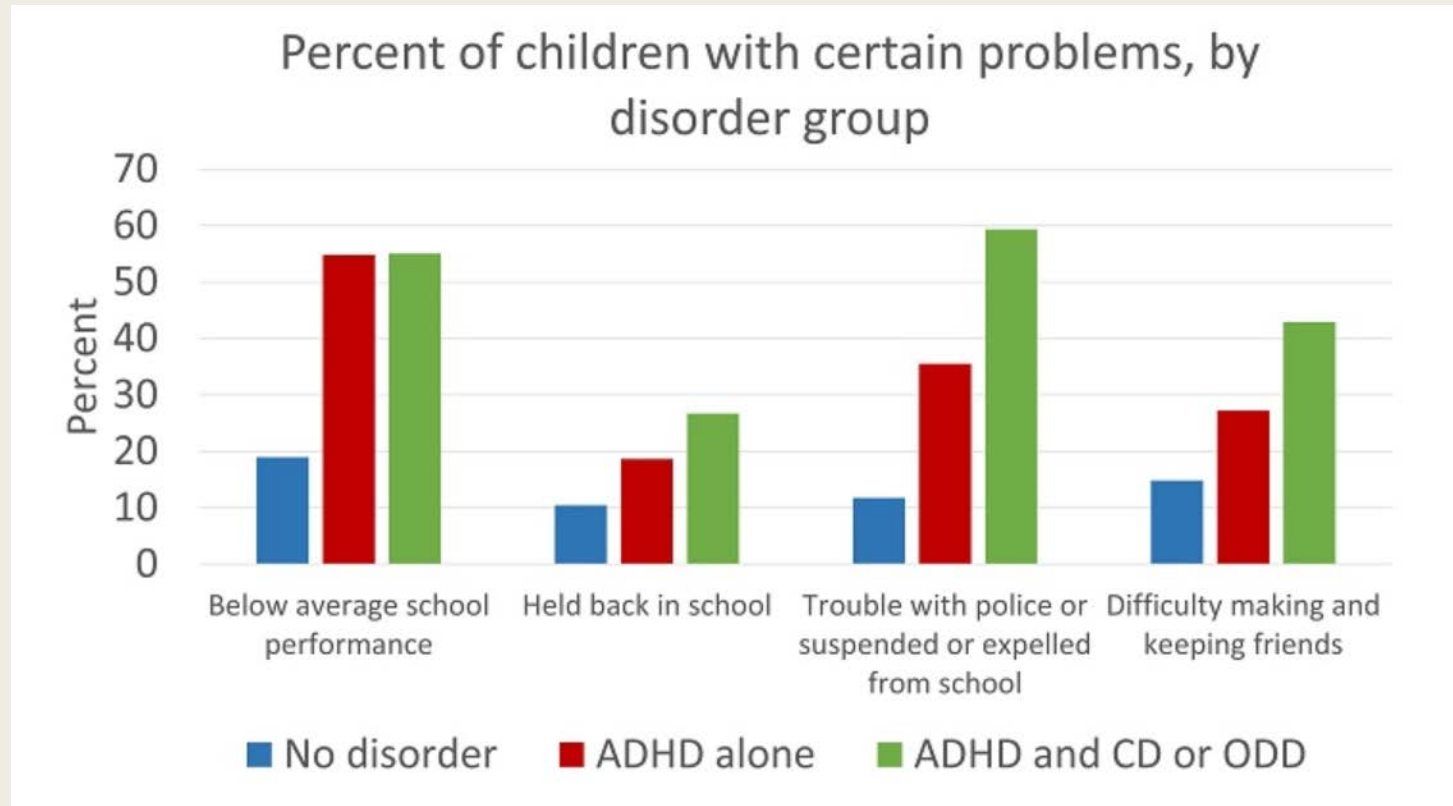
- PLAY is a population-based project that screens schoolchildren for mental and behavioral problems and then invites some of these children in for a diagnostic evaluation. The goal of this project is to learn more about children with ADHD, the, causes, co-occurring conditions, factors that increase the risk for having ADHD, and treatment of ADHD among school-aged children.
- Two PLAY study sites followed children from elementary school (age 5-13 years) through adolescence (up to age 19) to investigate the short- and long-term outcomes of children with ADHD.
- These studies provide information on ADHD symptoms and diagnosis, and track children's development over time. Using a community-based approach (for example, screening and recruiting children and their parents from schools) makes it possible to find children who are likely to have ADHD, but have not yet been diagnosed with the condition. The approach also helps us learn more about the development of children with ADHD over time.

# CDC PLAY Study



- Children with ADHD were more than twice as likely as children without ADHD to have another mental disorder.
- More than half of children (60%) with ADHD had another mental disorder (blue vertical bar for children with ADHD in the chart), most often conduct disorder (CD) or oppositional defiant disorder (ODD).
- One in four children (25%) with ADHD had two or more other mental disorders (red vertical bar for children with ADHD in the chart).

# CDC PLAY Study



- The researchers also found that children with ADHD, CD, or ODD often had more difficulties in school, problems with making and keeping friends, and getting in trouble with the police
- Children with ADHD often had trouble with police, or were suspended or expelled from school.
- Children with ADHD and CD and/or ODD were the **most likely** to have difficulties in school, problems with friendships, and get in trouble with the police

# Medical Interventions

- Medication management

- Stimulant*

- *Increases neurotransmitter levels, heart rate, and blood pressure. Decreases appetite and sleep.*

- Cognition-enhancing medication*

- *Improves mental function, lowers blood pressure, and may balance mood.*

- Antihypertensive drug*

- *Lowers blood pressure.*

# Therapeutic Interventions

- **Support group**: A forum for counseling and sharing experiences among people with a similar condition or goal, such as depression or weight loss.
- **Cognitive behavioral therapy**: A talk therapy focused on modifying negative thoughts, behaviors, and emotional responses associated with psychological distress.
- **Anger management**: Practicing mindfulness, coping mechanisms, and trigger avoidance to minimize destructive emotional outbursts.
- **Counseling psychology**: A branch of psychology that treats personal problems related to school, work, family, and social life.
- **Psychoeducation**: Education about mental health that also serves to support, validate, and empower patients.
- **Family therapy**: Psychological counseling that helps families resolve conflicts and communicate more effectively.
- **Applied behavior analysis**: A teaching method that helps autistic children learn socially significant skills by encouraging positive behavior.



# References and Resources

- How To ADHD: Youtube Channel
- Emotion Tracker: <http://bit.ly/HTADHDEmotionTracker>
- The American Psychiatric Association (APA)
- Centers for Disease Control and Prevention: Attention-Deficit/Hyperactivity Disorder and Psychiatric Comorbidity: Functional Outcomes in a School-Based Sample of Children



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# A review of tips and strategies to promote organizational success for students with ADHD and Executive Functioning Deficits

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# UF Health Developmental Pediatric Center Programs

Insurance-Based Clinics	Self-Pay Clinic	
<p><b>Neurodevelopmental Pediatrics</b></p> <p>Dr. David Childers, Jr. Dr. Rohan Dial</p> <p>Jeannie Potthast - Administrator Karen Mullin – Clinical Office Manager</p>	<p><b>Neurology</b></p> <p>Dr. Carmela Tardo</p> <p>Jeannie Potthast – Administrator Karen Mullin – Clinical Office Manager</p>	<p><b>Pediatric Assessment and Intervention Program</b></p> <p>Marlena Jenkins – Lead</p> <p>Jeannie Potthast – Administrator Karen Mullin – Clinical Office Manager</p>
<p><b>Neurodevelopmental/ Developmental Evaluations</b></p> <p>This division brings together various specialists to work with children at risk for learning, behavioral or developmental delays. They serve children with a variety of disorders, ranging from developmental delays that may be overcome with early care and treatment to lifelong conditions that may be alleviated with ongoing support and appropriate care regimens.</p>	<p><b>Child Neurology</b></p> <p>Our child neurology services include Cerebral Palsy; Neurodegenerative conditions; Neuromuscular conditions; Hypotonia; Premature follow-up; Autistic Disorders; Developmental Delays; Headaches and Movement Disorders</p>	<p>Educational, Academic Assessment and Consultation</p> <p>Food Over-Selectivity Clinic</p> <p>Year round tutoring for Reading and Math</p> <p>Summer Reading Intensive</p> <p>Targeted Parent Training</p> <p>Behavior Boot camp</p> <p>Study and Organizational Strategies</p> <p>Theme-based social skills groups</p> <p>PEERS Social Skills Group</p> <p>Too SCARED To Try</p>

# UF Health Neurodevelopmental Pediatric Center Programs

## Grant-Funded Programs

### Center for Autism and Related Disabilities (CARD)

Elise Summa – Lead  
 Jeannie Potthast – Asst. Director  
 Dr. David Childers, Jr. – Executive Director  
 Dr. Maria Tapia, PhD. – Licensed Clinical Psychologist  
  
 Karen Mullin – Clinical Office Manager

### Florida Diagnostic Learning and Resource System Multidisciplinary Center (FDLRS-MDC)

Marlena Jenkins – Lead  
 Jeannie Potthast – Asst. Director  
 Dr. David Childers, Jr. – Executive Director  
 Dr. Valerie Buckley – School Psychologist  
  
 Karen Mullin – Clinical Office Manager

Works with children and adults with an autism spectrum disorder, dual sensory impairment or sensory impairment combined with another disabling condition.

Parent/Caregiver Consultations

Family Support: counseling, support groups and Sibshops.

Teacher consultations and trainings.

Technical Assistance for functional behavioral assessment and behavior support plans.

Public Awareness Events

Annual Statewide Conference

Serving families in Duval, Clay, St. Johns, Nassau, Baker and Flagler counties.

Psychoeducational, psychological, speech and/or language, and neurodevelopmental evaluations for children 3 to 22 years, providing they are still in high school, who are struggling in school due to complicated medical, behavioral, developmental and/or social histories.

Feedback session and report detailing findings, including and diagnoses made.

Consultations with families to assist in planning for your child's educational and psychological needs.

Sibling Support Groups.

Educational consultation and support services, including collaboration with school personnel to facilitate provision of intervention services.

Trainings for teachers, students, family and other professionals.

Public Awareness Events

Serving families in Duval, Clay, St. Johns, Nassau, Baker and Flagler counties.

# What is Executive Functioning?

- A set of brain based skills that are required for humans to execute, or perform, tasks.
  - *Involve decision making, planning, management of all of kinds of data*

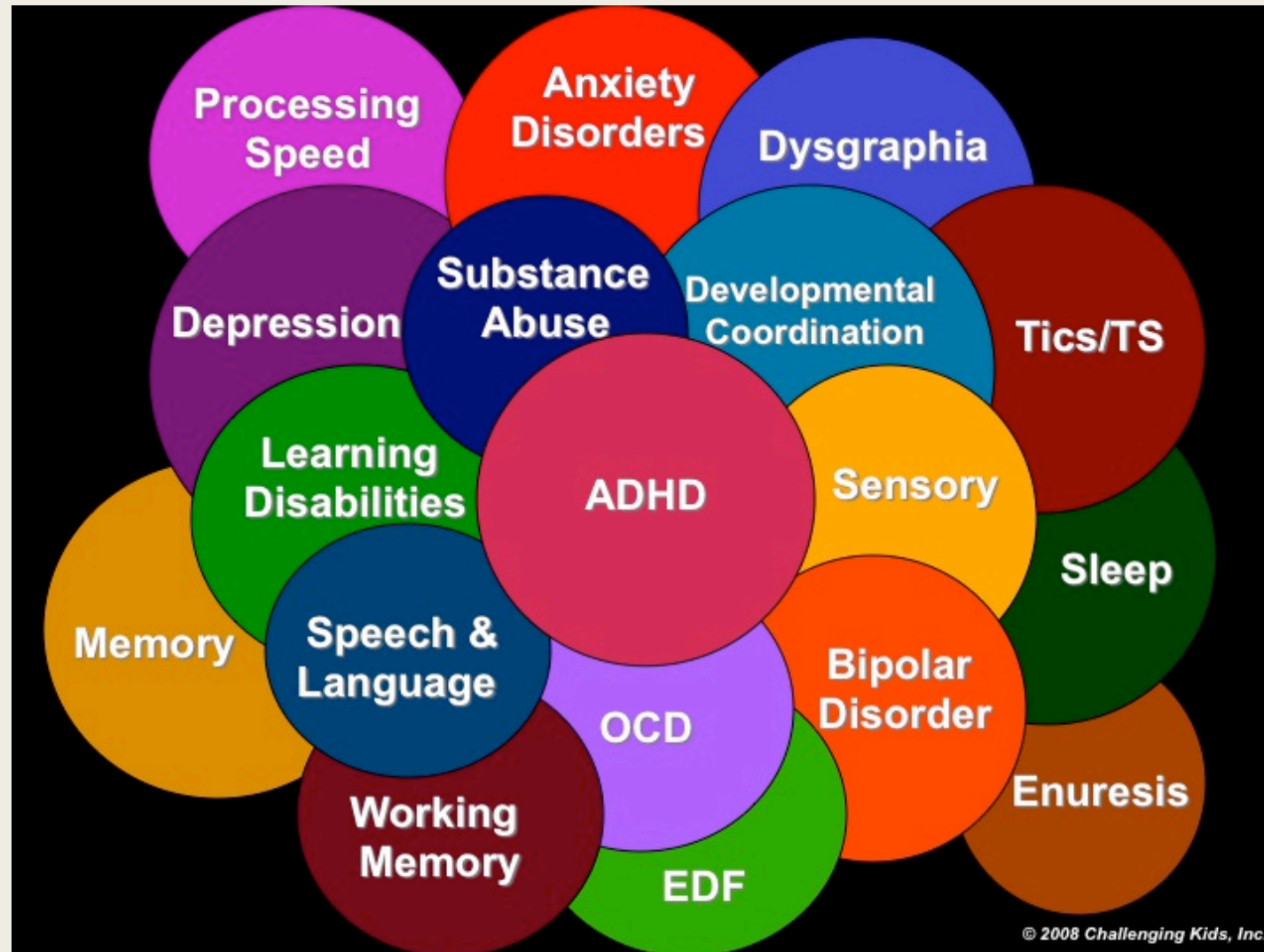
## *11 Executive Skills (Developmental Progression)*

- *Response initiation: Capacity to think before you act*
- *Working memory: Ability to hold information in memory while performing complex tasks; ability to draw from past learning experiences to apply to the situation at hand*
- *Emotional control: Ability to manage emotions to achieve goals, complete tasks, or control and direct behavior*
- *Sustained attention: Capacity to keep paying attention to a situation or task in spite of distractibility, fatigue, or boredom*
- *Task initiation: Ability to begin projects without undue procrastination, in an efficient or timely fashion*
- *Planning/prioritization: Ability to create a roadmap to reach a goal or to complete a task*
- *Organization: Ability to create and maintain systems to keep track of information or materials*
- *Time management: Capacity to estimate how much time one has, how to allocate it, and how to stay within time limits and deadlines*
- *Goal-directed persistence: Capacity to have a goal, follow through to the completion of the goal, and not be put off by or distracted by competing interests*
- *Flexibility: Ability to revise plans in the face of obstacles, setbacks, new information, or mistakes*
- *Metacognition: Ability to stand back and take a bird's-eye view of yourself in a situation, to observe how you problem solve*

# A Little About Attention Deficit Hyperactivity Disorder

- A very common diagnosis for both children and adults
- Counseling and medication can provide the best intervention
- Lifelong condition, although symptoms can wax and wane
- Results in difficulties with, relationships, social skills, performance (work , community and home), functions of daily living and self-esteem/social emotional health

# ADHD and Comorbid Conditions





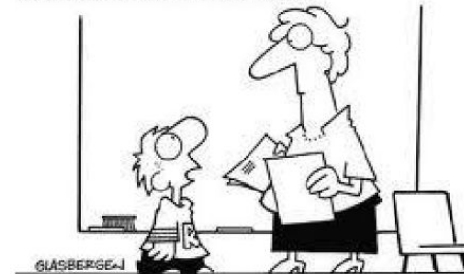
# Task Escape Task Avoidance



The school's new hall passes proved to be extremely effective in discouraging frivolous trips to the rest room.

## NO HOMEWORK

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"I couldn't do my homework because my computer has a virus and so do all my pencils and pens."

## BINDER

# What do Task Escape and Task Avoidance Behaviors Look Like?

- Latency with task initiation
- Frequent question asking (not for comprehension or clarification)
- Requesting or sneaking breaks
- Refusal/Debating/Delaying
- Absenteeism
- Illness related to specific tasks or groups of skills
- Intentional incorrect responding (delays the onset of more difficult content)

# Ways to Address Task Escape and Task Avoidance

- Rule out medical conditions
- What's in it for me?: It starts with reinforcement
  - *Conduct a preference assessment to determine what motivates the student*
  - *Allow the student to select their reinforcement in advance (working for what you want is better than being surprised by what happens to be available)*
  - *Outline verbally and in writing the details of the task*
    - What should be completed
    - What is needed to complete the task (materials/skills)
    - How the task should be completed (smaller steps for students with attention difficulties, processing deficits, low average or low IQ, executive functioning deficits, etc.)
    - How long will the task take to complete
    - When the task is due
    - To whom or where it should be submitted
- You are less likely to avoid what you know how to do
  - *Know the student's functioning and support level*

# If it is not readily accessible, it is not organized...



# Getting Organized: School Success

- Define the task
  - *Classwork: Any assignment or activity that requires actions on behalf of the student and/or collaborative partners and produces a permanent product or change in knowledge level*
  - *Homework: Any assignment or activity that requires action on the part of the student and/or the parent, and produces a permanent product or knowledge level*
- Plan ahead
  - *Notate assignments and their due date*
  - *Log a daily count down to monitor the # of days until the assignment is due*
  - *List midway points or partial task completion dates (helpful when pacing progress on larger or more complex assignments)*

Long-term Project Planning Sheet		
Step 1: Select Topic		
What are possible topics?	What I like about this choice:	What I don't like:
1.		
2.		
3.		
4.		
5.		
<i>Final topic choice:</i>		
Step 2: Identify Necessary Materials		
What materials or resources do you need?	Where will you get them?	When will you get them?
1.		
2.		
3.		
4.		
5.		
Step 3: Identify Project Tasks and Due Dates		
What do you need to do? (List each step in order)	When will you do it?	Check off when done
Step 1:		
Step 2:		
Step: 3		
Step 4:		
Step 5:		
Step 6:		
Step: 7		
Step 8:		
Step 9:		
Step 10:		

*Smart but Scattered* by Peggy Dawson and Richard Guare, 2009 The Guilford Press

Fri.	Sat.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.
- English essay assigned 7 days until due date	- English essay 6 days until due date	- English essay 5 days until due date	- English essay 4 days until due date - Rough draft due today	- English essay 3 days until due date	- English essay 2 days until due date	- English essay 1 day until due date	- English essay due today

- Appropriate for students who:
  - Complete assignments but need reminders to turn them in by the due date
  - Students who procrastinate on beginning or completing tasks
- Build in reinforcement for:
  - Task completion (prior to the due date)
  - Task submission (prior to the due date)



[Robertgoodman.wordpress.com](http://Robertgoodman.wordpress.com)



# Organize Your Materials

- *Color or number code materials associated with a specific subject or class period*



Science:  
Yellow book cover  
Yellow spiral notebook  
Yellow folder



Science: Color coded **YELLOW**  
Math: Color coded **GREEN**  
English: Color coded **BLUE**  
Geography: Color coded **PURPLE**

# Organize Your Work Space: SCHOOL

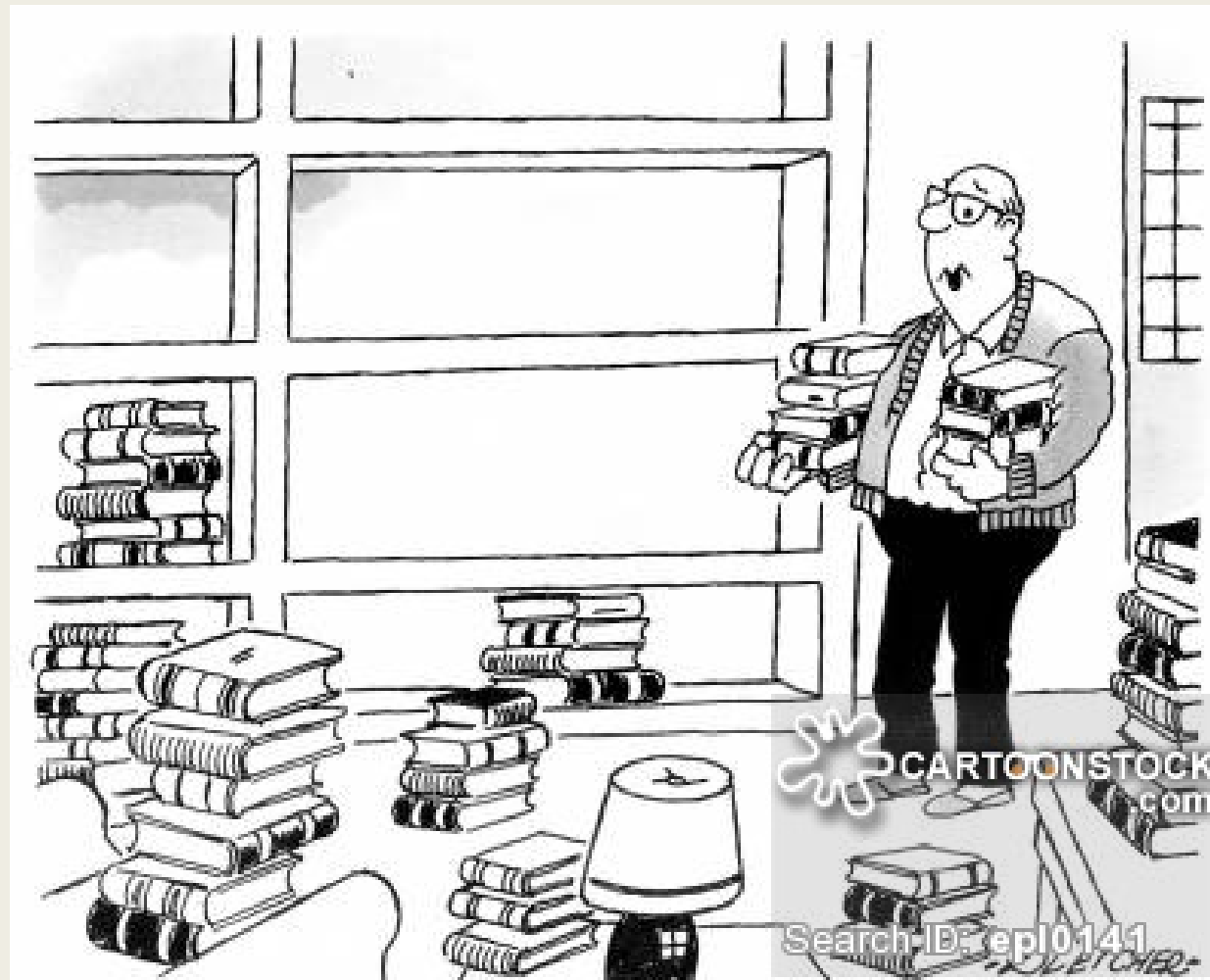
- *Place frequently used materials in the front of your backpack for accessibility*
  - *Speak with your teacher about leaving frequently used items in class*
- *Items in lockers should be stacked in order of class period*
- *When you are done with it, put it away*
- *Break materials should only be out during the break*
- *Request seating away from distractions, near the board, or less stimulating area of the classroom*
  - *Practice self control and impulse control techniques*
- *Develop a plan for requesting and accessing accommodations and monitoring their effects on behavior and task completion*

## MENU OF STUDY STRATEGIES

Check off the ones you will use.

___ 1. Reread text	___ 2. Reread / organize notes	___ 3. Read / recite main points
___ 4. Outline text	___ 5. Highlight text	___ 6. Highlight notes
___ 7. Use study guide	___ 8. Make concept maps	___ 9. Makes lists / organize
___ 10. Take practice test	___ 11. Quiz myself	___ 12. Have someone else quiz me
___ 13. Study flash cards	___ 14. Memorize / rephrase	___ 15. Create a "cheat sheet"
___ 16. Study with friend	___ 17. Study with study group	___ 18. Study session with teacher
___ 19. Study with a parent	___ 20. Ask for help	___ 21. Other: _____

STUDY PLAN			
Date	Day	Which strategy will I use? (write #)	How much time for each strategy?
	4 days before test	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
	3 days before test	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
	2 days before test	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
	1 day before test	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
Posttest Evaluation			
<p>How did your studying work out? Answer the following questions:</p> <ol style="list-style-type: none"> <li>1. What strategies worked best?</li> <li>2. What strategies were not so helpful?</li> <li>3. Did you spend enough time studying? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>4. If no, what more should you have done?</li> <li>5. What will you do differently the next time?</li> </ol>			



"WHERE IN THE WORLD DID I PUT THE BOOK,  
"HOW TO ORGANIZE YOUR HOME LIBRARY"?"

# Organize Your Work Space: HOME

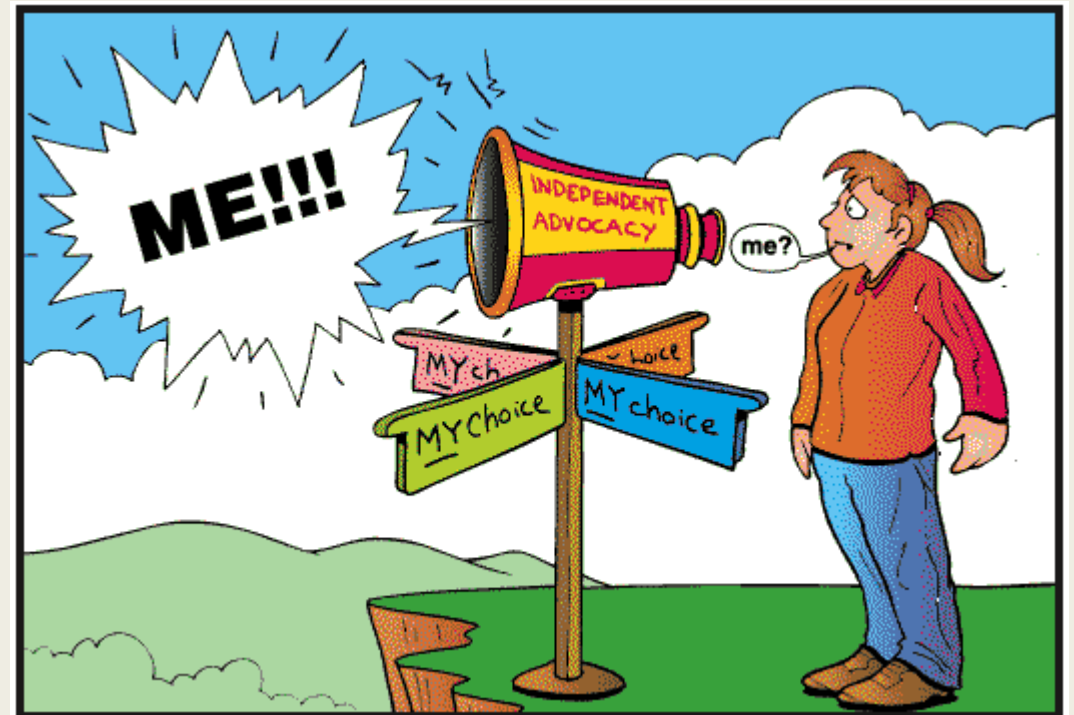
- Request home copies of the textbooks (home copies remain at home for the duration of the school year)
- Designate a work area in your home
  - *Free from distractions*
    - Practice self-control and impulse control techniques
  - *Plenty of labeled storage*
    - Clearly label drawers and arrange in order of class period or subject area
    - Match color coding of drawers to subject areas
    - Place paperwork to be signed by a parent in a slotted mail bin divided by day of the week
  - *Close proximity to a bathroom (walking across the house increases the likelihood that you will get distracted by a family member, pet, or other activity)*

<b>Maintaining A Notebook/Homework Management System</b>					
<b>Task</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Clean out “to be filed” folder					
Go through notebooks and books for other loose papers and file them					
Do homework					
Place all assignments (both finished and unfinished) in appropriate places					

*Smart but Scattered by Peggy Dawson and Richard Guare, 2009 The Guilford Press*

# Support = Success

- Select an accountability partner (parent, teacher, sibling, peer, etc.)
  - *Someone the student is comfortable talking with in an open fashion*
    - Discuss strengths and weaknesses
    - Assist with advocating on behalf of the student
    - Available to talk through ideas, trouble shoot and provide feedback on progress/regression
  - *Responsible for helping to redirect the student back to the task at hand*
  - *Responsible for verbally and tangibly reinforcing the student*



Dessa.ie



# Resources and References

- *Smart but Scattered* by Peg Dawson and Richard Guare.  
Copyright 2009 by The Guilford Press

- Supply images (colored spiral notebooks)  
<https://www.amazon.com/>

## Other Text Resources:

- *The ADHD Workbook for Kids* by Lawrence Shapiro, PH.D  
Copyright 2010 by Instant Help Books A Division of New Harbinger Publications Inc.
- *The ADHD Workbook for Teens* by Lara Honors-Webb PH.D  
Copyright 2010 by Instant Help Books A Division of New Harbinger Publications Inc.
- *The Working Memory Advantage: Train Your Brain to Function Stronger, Smarter, Faster*  
by Tracy and Ross Alloway  
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## Cartoons:

- [Robertgoodman.wordpress.com](http://robertgoodman.wordpress.com)
- [Cartoonstock.com](http://cartoonstock.com)
- [PHDComics.com](http://phdcomics.com)
- [Glassbergen.com](http://glassbergen.com)
- [Dessa.ie](http://dessa.ie)

# Contact me...

For follow-up questions, comments (fan mail/hater mail), other training requests:

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