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Child Planning: A Treatment Planning Overview for Children with Attention Deficit Disorder

A Treatment Overview for Children with Attention Deficit Hyperactivity Disorder (ADHD)

Duration: 3 hours

Learning Objectives:

Obtain a basic understanding of how to identifying, causes, symptoms of children with lying problems or history, and learn different options to complete a treatment plan that includes:

a. Behavioral Definitions
b. Long Term Goals
c. Short Term Goals
d. Strategies to Achieve Goals
e. DSM V diagnosis Recommendations

***For a full list of 22 short term goals with dozens strategies listed next to each goal check the Child Treatment App for Windows or Apple PC and Android Devices, under our main menu Windows-Apple Apps. Download the Free Demo to Evaluate***

Course Syllabus:
Introduction

Symptoms

Probable Causes

Diagnosis and Treatment

Steps to Develop a Treatment Plan that includes Behavioral Descriptors, Long Term Goals, Short Term Goals, Interventions/Strategies and DSM V CODE Paired with ICD_9 and 10-CM Codes for ODD

Sample Treatment Plan

Introduction:

It’s normal for children to occasionally forget their homework, daydream during class, act without thinking, or get fidgety at the dinner table. But inattention, impulsivity, and hyperactivity are also signs of attention deficit hyperactivity disorder (ADHD or ADD). ADHD can lead to problems at home and school and affect your child’s ability to learn and get along with others. The first step to addressing the problem and getting your child the help he or she needs is to learn to recognize the signs and symptoms of ADHD.

What is ADHD or ADD?

We all know kids who can’t sit still, who never seem to listen, who don’t follow instructions no matter how clearly you present them, or who blurt out inappropriate comments at inappropriate times. Sometimes these children are labeled as troublemakers, or criticized for being lazy and undisciplined. However, they may have attention deficit hyperactivity disorder (ADHD), formerly known as attention deficit disorder, or ADD. ADHD makes it difficult for people to inhibit their spontaneous responses-responses that can involve everything from movement to speech to attentiveness.

Is it normal kid behavior or is it ADHD?

The signs and symptoms of ADHD typically appear before the age of seven. However, it can be difficult to distinguish between attention deficit disorder and normal ‘kid behavior.’
ADD – ADHD or attention deficit/hyperactivity affects almost 10% of children in the USA or close to 5 million children and adolescents from three to eighteen years of age. ADD – ADHD is a brain disorder (or as we like to call it a brain difference) that causes kids and teens to experience difficulty with attention, concentration, self-control and self-esteem. A number of causes have been identified and research continues to narrow some of them down.

ADD has many symptoms. Some symptoms at first may look like normal behaviors for a child, but ADHD makes them much worse and occur more often. Children with ADHD have at least six symptoms that start in the first five or six years of their lives.

Causes:

The exact cause is not clear, but ADHD tends to run in families. Because attention deficit hyperactivity disorder (ADHD) symptoms—inattention, impulsivity, and/or hyperactivity—affect a child’s ability to learn and get along with others, some people think an ADHD child’s behavior is caused by a lack of discipline, a chaotic family life, or even too much TV.

In fact, research suggests that ADHD is largely a genetic disorder.

However, some environmental factors may play a role as well. Here, we separate fact from fiction about the causes of ADHD.

Pesticides: A 2010 study in Pediatrics found that children with higher urine levels of organophosphate, a pesticide used on produce, had higher ADHD rates. Another 2010 study showed that women with higher urine levels of organophosphate were more likely to have a child with ADHD.

The studies suggest a possible link, but can’t prove that pesticides cause ADHD. Marcy Rosenzweig Leavitt, PsyD, who works with ADHD patients in private practice in the Los Angeles area, recommends buying organic varieties of fruits and vegetables, especially those prone to high levels of pesticides (or scrubbing nonorganic produce before eating).

Smoking, drinking in pregnancy

Alcohol and Tobacco: Fetal exposure to alcohol and tobacco is thought to play a role in ADHD. Children exposed to tobacco smoke prenatally are 2.4 times as likely to have ADHD
"Fetuses exposed to alcohol can develop fetal alcohol effects or fetal alcohol syndrome, and the prominent features for both are the symptoms you see in ADHD," says Mark L. Wolraich, MD, chief of the section of developmental and behavioral pediatrics at the University of Oklahoma Health Sciences Center, in Oklahoma City.

Lead exposure: Lead, a neurotoxin, has been removed from most homes and schools, but traces of it are still everywhere. A 2009 study found that children with ADHD tend to have higher blood-lead levels than other kids.

"Lead can be toxic to developing brain tissue and may have sustained effects on the behavior of children exposed to these substances at early ages," says Leavitt, who practices under the supervision of Richard Oelberger, PhD. "Still, it is unlikely that such exposure accounts for differences in brain development in the vast majority of children and adolescents with ADHD."

Food additives: Many European countries have banned certain preservatives after research linked hyperactivity in young children to food with mixtures of some artificial food colors and the preservative, sodium benzoate.

The FDA says food additives are safe when used "properly," and most additives aren't required to be clearly labeled on packaging. Experts think only a small number of children will benefit from avoiding brightly colored processed foods, which tend to have more additives.

"Consult with your child's doctor before putting your child on a particular diet," says Leavitt. Reducing consumption of these additives may or may not help hyperactive behavior; many factors play a role in ADHD.

Sugar: Parents often blame sugar for a child's hyperactive behavior, but it's time to stop. "The overwhelming number of studies have not been able to demonstrate behavior changes due to sugar consumption in children," says Dr. Wolraich.

A study in the Journal of Abnormal Child Psychology found that mothers who thought their children were given sugar rated their children's behavior as more hyperactive than mothers who were told their children were given a sugar substitute-regardless of whether their
children actually consumed real sugar.

Limit sugar if you're concerned about calorie consumption or dental cavities, not because of ADHD.

TV or video games: There's no proof that too much TV or video-game time causes ADHD, although research has found that school- and college-age students who spent more time in front of a screen had more attention problems than those who did not.

In theory, the constant stimulation of TV and video games may make it harder for kids to pay attention. But experts emphasize that screen time alone can't explain ADHD. "There is an association between (ADHD and) the number of hours young children watch TV or play video games, but more study is required to determine if it is a causal relation or it's because children with ADHD gravitate more toward those activities," says Dr. Wolraich.

Bad parenting: ADHD symptoms can be confused with rebellious or bad behavior, so it's not uncommon to try to blame the parents for a child's conduct. But according to the National Resource Center on ADHD, there's no strong evidence that parenting style contributes to ADHD.

"While it's true that parenting style and social circumstances may aggravate ADHD behaviors, parental style is not the cause of ADHD," says Leavitt, who says parents who set consistent behavioral limits, use reward and consequence behavior tools, and provide a clear set of expectations can help reduce ADHD symptoms.

On the other hand, a stressful home environment or parents who refuse to accept ADHD as a diagnosed condition can make the symptoms worse.

Brain injury: "Brain injury that results from a serious blow to the head, a brain tumor, a stroke, or disease can cause problems with inattention and poor regulation of motor activity and impulses," says Leavitt.

And according to the National Institute of Mental Health (NIMH), children who have suffered certain types of brain trauma may show symptoms similar to ADHD. But because only a small portion of children with ADHD have suffered a traumatic brain injury, it's not considered a major risk factor.
Diet: Although it was once popularly believed that food allergies or sensitivities cause ADHD, the research so far has been unable to support the idea that diet plays a significant role in ADHD, Leavitt says.

Still, certain dietary components may affect behavior, and a recent Australian study suggested that adolescents with diets high in fat, refined sugar, and sodium were two times as likely to be diagnosed with ADHD as other kids. Additional studies have also linked diets deficient in omega-3 fatty acids, which are important for brain development and function, to ADHD symptoms.

Genes: The evidence strongly suggests that ADHD is passed down from parents, not parenting style. "There is a very strong heritability to ADHD," affirms Smith. "It may be one of the most heritable psychiatric disorders." In fact, a child with ADHD is four times as likely to have had a relative who was also diagnosed with ADHD, and results from studies of multiple twins indicate that ADHD often runs in families.

Ongoing research is looking to pinpoint the genes responsible for ADHD. A new study by scientists at Cardiff University in Wales found that children with ADHD are more likely to have missing or duplicated segments of DNA.

Chemical exposure: While smoking, alcohol, and pesticides may be a problem, researchers are looking at other toxins too. For instance, Boston University School of Public Health researchers found a link between polyfluoroalkyl chemicals (PFCs)-industrial compounds widely used in products like stain-resistance coatings and food packaging-and ADHD. Phthalates-found in items like toys, food packaging, and cosmetics-have also been linked to ADHD.

Symptoms:

The three types of ADHD symptoms include:

1. Trouble paying attention. People with ADHD are easily distracted and have a hard time focusing on any one task.

2. Trouble sitting still for even a short time. This is called hyperactivity. Children with ADHD may squirm, fidget, or run around at the wrong times. Teens and adults often feel restless
and fidgety and are not able to enjoy reading or other quiet activities.

3. Acting before thinking. People with ADHD may talk too loud, laugh too loud, or become angrier than the situation calls for. Children may not be able to wait for their turn or to share. This makes it hard for them to play with other children. Teens and adults seem to "leap before they look." They may make quick decisions that have a long-term impact on their lives. They may spend too much money or change jobs often.

The primary characteristics of ADHD

When many people think of attention deficit disorder, they picture an out-of-control kid in constant motion, bouncing off the walls and disrupting everyone around. But this is not the only possible picture.

Some children with ADHD are hyperactive, while others sit quietly—with their attention miles away. Some put too much focus on a task and have trouble shifting it to something else. Others are only mildly inattentive, but overly impulsive.

The three primary characteristics of ADHD are inattention, hyperactivity, and impulsivity. The signs and symptoms a child with attention deficit disorder has depends on which characteristics predominate.

Which one of these children may have ADHD?

The hyperactive boy who talks nonstop and can’t sit still.
The quiet dreamer who sits at her desk and stares off into space.
Both

The correct answer is “Both.”

Children with ADHD may be:

Inattentive, but not hyperactive or impulsive.
Hyperactive and impulsive, but able to pay attention.
Inattentive, hyperactive, and impulsive (the most common form of ADHD).

Children who only have inattentive symptoms of ADHD are often overlooked, since they’re not disruptive. However, the symptoms of inattention have consequences: getting in hot water with parents and teachers for not following directions; underperforming in school; or clashing with other kids over not playing by the rules.

Spotting ADHD at different ages: Because we expect very young children to be easily distractible and hyperactive, it’s the impulsive behaviors—the dangerous climb, the blurted insult—that often stand out in preschoolers with ADHD. By age four or five, though, most children have learned how to pay attention to others, to sit quietly when instructed to, and not to say everything that pops into their heads. So by the time children reach school age, those with ADHD stand out in all three behaviors: inattentiveness, hyperactivity, and impulsivity.

Inattentiveness signs and symptoms of ADHD: It isn’t that children with ADHD can’t pay attention: when they’re doing things they enjoy or hearing about topics in which they’re interested, they have no trouble focusing and staying on task. But when the task is repetitive or boring, they quickly tune out. Staying on track is another common problem. Children with ADHD often bounce from task to task without completing any of them, or skip necessary steps in procedures. Organizing their schoolwork and their time is harder for them than it is for most children.

Kids with ADHD also have trouble concentrating if there are things going on around them; they usually need a calm, quiet environment in order to stay focused. Symptoms of inattention in children:

- Has trouble staying focused; is easily distracted or gets bored with a task before it’s completed
- Appears not to listen when spoken to
- Has difficulty remembering things and following instructions; doesn’t pay attention to details or makes careless mistakes
- Has trouble staying organized, planning ahead, and finishing projects
- Frequently loses or misplaces homework, books, toys, or other items

Hyperactivity signs and symptoms of ADHD

The most obvious sign of ADHD is hyperactivity. While many children are naturally quite active, kids with hyperactive symptoms of attention deficit disorder are always moving.
They may try to do several things at once, bouncing around from one activity to the next. Even when forced to sit still which can be very difficult for them their foot is tapping, their leg is shaking, or their fingers are drumming. Symptoms of hyperactivity in children:

Constantly fidgets and squirms

Has difficulty sitting still, playing quietly, or relaxing

Moves around constantly, often runs or climbs inappropriately

Talks excessively

May have a quick temper or “short fuse”

Impulsive signs and symptoms of ADHD

The impulsivity of children with ADHD can cause problems with self-control. Because they censor themselves less than other kids do, they interrupt conversations, invade other people’s space, ask irrelevant questions in class, make tactless observations, and ask overly personal questions.

Instructions like “Be patient” and “Just wait a little while” are twice as hard for children with ADHD to follow as they are for other youngsters.

Children with impulsive signs and symptoms of ADHD also tend to be moody and to overreact emotionally. As a result, others may start to view the child as disrespectful, weird, or needy.

Symptoms of impulsivity in children:

Acts without thinking

Guesses, rather than taking time to solve a problem or blurts out answers in class without waiting to be called on or hear the whole question

Intrudes on other people’s conversations or games

Often interrupts others; says the wrong thing at the wrong time

Inability to keep powerful emotions in check, resulting in angry outbursts or temper tantrums

Also check for:
Difficulty waiting turn
Blurts out answers or Frequent intrusions
Consistent regular disruptive behavior
Aggressive behaviors
Negative attention-seeking behaviors
Difficulty accepting responsibility for actions
Projects blame for problems onto others
Fails to learn from experience
Does not follow instructions unable to sustain attention
Incomplete assignments or chores
Poor organizational skills losses item
History of forgetfulness
History of inattention
High energy levels- Restlessness
Difficulty sitting still
Loud or excessive talking
Low self-esteem
Low social skills
Short attention span
Susceptible to extraneous stimuli or internal thoughts

Diagnosis and Treatment:

Is it really ADHD?

Just because a child has symptoms of inattention, impulsivity, or hyperactivity does not
mean that he or she has ADHD. Certain medical conditions, psychological disorders, and stressful life events can cause symptoms that look like ADHD. Before an accurate diagnosis of ADHD can be made, it is important that you see a mental health professional to explore and rule out the following possibilities:

Learning disabilities or problems with reading, writing, motor skills, or language.

Major life events or traumatic experiences (e.g. a recent move, death of a loved one, bullying, divorce).

Psychological disorders including anxiety, depression, and bipolar disorder.

Behavioral disorders such as conduct disorder and oppositional defiant disorder.

Medical conditions, including thyroid problems, neurological conditions, epilepsy, and sleep disorders.

Positive effects of ADHD in children. In addition to the challenges, there are also positive traits associated with people who have attention deficit disorder:

Creativity &ndash; Children who have ADHD can be marvelously creative and imaginative. The child who daydreams and has ten different thoughts at once can become a master problem-solver, a fountain of ideas, or an inventive artist. Children with ADHD may be easily distracted, but sometimes they notice what others don’t see.

Flexibility &ndash; Because children with ADHD consider a lot of options at once, they don’t become set on one alternative early on and are more open to different ideas.

Enthusiasm and spontaneity &ndash; Children with ADHD are rarely boring! They’re interested in a lot of different things and have lively personalities. In short, if they’re not exasperating you (and sometimes even when they are), they’re a lot of fun to be with.

Energy and drive &ndash; When kids with ADHD are motivated, they work or play hard and strive to succeed. It actually may be difficult to distract them from a task that interests them, especially if the activity is interactive or hands-on. Keep in mind, too, that ADHD has nothing to do with intelligence or talent. Many children with ADHD are intellectually or artistically gifted.

Overdiagnosis: Because there’s no objective ADHD test, parents, doctors, and educators continue to debate over whether ADHD is overdiagnosed. Some say doctors are too quick to diagnose a child’s behavioral problems as ADHD without considering other possible causes. North Carolina State University researchers found that children who are several months
younger than their peers could be mistakenly diagnosed with ADHD when, in fact, they are just less mature than their classmates. Nonetheless, according to Dr. Wolraich, "most of the evidence is that ADHD is underdiagnosed and undertreated."

How is ADHD diagnosed?

ADHD is often diagnosed when a child is between 6 and 12 years old. Teachers may notice symptoms in children who are in this age group.

First, the child will have a physical exam to make sure that he or she does not have other problems such as learning disabilities, depression, or anxiety disorder. The doctor will use guidelines from the American Psychiatric Association to diagnose ADHD. The doctor may also look at written reports about the child's behavior. Parents, teachers, and others who have regular contact with the child prepare these reports.

How is it treated?

There is no cure for ADHD, but treatment may help control the symptoms. Treatment may include medicines and behavior therapy. Parents and other adults need to closely watch children after they begin to take medicines for ADHD. The medicines may cause side effects such as loss of appetite, headaches or stomachaches, tics or twitches, and problems sleeping. Side effects usually get better after a few weeks. If they don't, the doctor can lower the dose.

Therapy focuses on making changes in the environment to improve the child's behavior. Often, counseling and extra support at home and at school help children succeed at school and feel better about themselves.

How does ADHD affect adults?

Many adults don't realize that they have ADHD until their children are diagnosed. Then they begin to notice their own symptoms. Adults with ADHD may find it hard to focus, organize, and finish tasks. They often forget things. But they also often are very creative and curious. They love to ask questions and keep learning. Some adults with ADHD learn to manage their lives and find careers that let them use those strengths.

But many adults have trouble at home and work. As a group, adults with ADHD have higher divorce rates. They also are more likely to smoke and have more substance abuse problems than adults without ADHD. Fewer adults with ADHD enter college, and fewer graduate.
Treatment with medicine, counseling, and behavior therapy can help adults with ADHD.

Steps to Develop a Treatment Plan:

The foundation of a good treatment plan is based on the gathering of the correct data. This involves following logical steps the built-in each other to help give a correct picture of the problem presented by the client or patient:

The mental health clinician must be able to listen, to understand what are the struggles the client faces. this may include:

- issues with family of origin,
- current stressors,
- present and past emotional status,
- present and past social networks,
- present and past coping skills,
- present and past physical health,
- self-esteem,
- interpersonal conflicts
- financial issues
- cultural issues

There are different sources of data that may be obtained from a:

- clinical interview,
- Gathering of social history,
- physical exam,
- psychological testing,
contact with client’s or patient’s significant others at home, school, or work

The integration of all this data is very critical for the clinician’s effect in treatment. It is important to understand the client’s or patient’s present awareness and the basis of the client’s struggle, to assure that the treatment plan reflects the present status and needs of the client or patient.

There are five basic steps to follow that help assure the development of an effective treatment plan based on the collection of assessment data.

Step 1, Problem Selection and Definition:

Even though the client may present different issues during the assessment process, it is up to the clinician to discern the most significant problems on which to focus during treatment. The primary concern or problem will surface, and secondary problems will be evident as the treatment process continues. The clinician may need to plan accordingly and set some secondary problems aside, as not urgent enough to require treatment at this time. It is important to remember that an effective treatment plan can only deal with one or a few problems at a time. Focusing on too many problems can lead to the loss of direction and focus in the treatment.

It is important to be clear with the client or patient and include the client’s or patient’s own prioritization of the problems presented. The client’s or patient’s cooperation and motivation to participate in the treatment process is critical. Not aligning the client to participate may exclude some of the client’s or patient’s needs needing immediate attention.

Every individual is unique in how he or she presents behaviorally as to how the problem affects their daily functioning. Any problems selected for treatment will require a clear definition of how the problem affects the client or patient.

It is important to identify the symptom patterns as presented by the DSM-5 or Diagnostic and Statistical Manual or the International Classification of Diseases (ICD).

ATTENTION DEFICIT BEHAVIORAL DESCRIPTORS
1. Impulsive behavior having difficulty waiting turn in group situations blurts out answers to questions, and frequent intrusions into others' personal business.

2. Consistent regular disruptive, aggressive, or negative attention-seeking behaviors, or has difficulty accepting responsibility for actions, projects blame for problems onto others, and fails to learn from experience.

3. Tends to be careless on potentially dangerous activities.

4. Failure to follow through on instructions or complete assignments or chores in a timely manner.

5. Poor organizational skills showed by forgetfulness, inattention, and losing items necessary for tasks.

6. High energy levels, restlessness, difficulty sitting still, or loud or excessive talking.

7. Low self-esteem and low social skills.

   Short attention span; unable or difficulty to sustain attention on a regular basis.

8. Highly susceptible to extraneous stimuli and internal thoughts.

   Gives the impression that is not listening well.

Step 2, Long Term Goal Development:

This step requires that the treatment plan includes at least one broad goal that targets the problem and the resolution the problem. These long term goals must be stated in non-measurable terms but instead indicate a desired positive outcome at the end of treatment.
LONG TERM GOALS

1. Instruct and show parents or teachers how to successfully use a reward system, or contingency contract, or token economy to reinforce positive behaviors and reduce negative behaviors.

2. Instruct parents how to set firm, consistent limits and maintain parent-child boundaries.


4. Learn to maintain attention and concentration for longer periods of time than usual.

5. Augment frequency of on-task behaviors.

6. Show a marked improvement in controlling impulses.

7. Take medication as prescribed to reduce impulsivity, hyperactivity, and distractibility.

8. Use positive social skills to help maintain lasting friendships.

Step 3, Objective or Short Term Goal Construction:

Objectives or short term goals must be stated in measurable terms or language. They must clearly specify when the client or patient can achieve the established objectives. The use of subjective or vague objectives or short term goals is not acceptable. Most or all insurance companies or mental health clinics require measurables objectives or short term goals.

It is important to include the patient’s or client’s input to which objectives are most appropriate for the target problems. Short term goals or objectives must be defined as a number of steps that when completed will help achieve the long-term goal previously stated in none measurable terms. There should be at least two or three objectives or
short-term goals for each target problem. This helps assure that the treatment plan remains dynamic and adaptable. It is important to include Target dates. A Target day must be listed for each objective or short-term goal.

If needed, new objectives or short-term goals may be added or modified as treatment progresses. Any changes or modifications must include the client’s or patient’s input. When all the necessary steps required to accomplish the short-term goals or objectives are achieved the client or patient should be able to resolve the target problem or problems.

If required all short term goals or objectives can be easily modify to show evidence based treatment objectives. The goal of evidence based treatment objectives (EBT) is to encourage the use of safe and effective treatments likely to achieve results and lessen the use of unproven, potentially unsafe treatments. To use EBT in treatment planning state restate short term goals in a way that steps to complete that goal and achieve results. For example, the short term goal “13. Increase positive self-descriptive statements.” Can be restated as; “By the end of the session the patient or client will list at least 5 positive self descriptions of himself or herself, and assess how they can help alleviate the presenting problem” Remember, that it must be stated in a way one can measure effectiveness.

It is important to note that traditional therapies usually rely more heavily on the relationship between therapist and patient and less on scientific evidence of proven practices.

EXAMPLES OF SHORT TERM GOALS

1. Parents set firm limits and use natural, logical consequences to deter the client’s impulsive behaviors.

2. Allow minor to properly express feelings through controlled, respectful verbalizations and healthy outlets.

3. Identify and list effective problem-solving strategies.

Increase oral verbalizations of accepting responsibility for impulsive behavior.
4. Refer or complete for psychological testing to confirm attention-deficit/hyperactivity disorder (ADHD) and rule out emotional factors.

5. Monitor that prescribed medication is taken as directed by the physician.

Step 4, Strategies or Interventions:

Strategies or interventions are the steps required to help complete the short-term goals and long-term goals. Every short term goal should have at least one strategy. In case, short term goals are not met, new short term goals should be implemented with new strategies or interventions. Interventions should be planned taking into account the client’s needs and presenting problem.

EXAMPLES OF INTERVENTIONS

1. Teach minor effective assertiveness skills to express feelings in a controlled fashion and meet needs through more constructive actions.

2. Teach minor and parents the therapeutic game Stop, Relax and Think (Bridges) (it is available at Childswork/Childsplay) to help develop self-control.

3. Teach effective problem-solving skills (such as, identifying the problem, implementing a course of action, and evaluating, brainstorming alternative solutions, selecting an option, ).

4. In therapy use Let’s Work It Out: A Conflict Resolution Tool Kit (Shapiro) (available at Childswork/Childsplay) to teach the client effective problem-solving skills.

5. Confront impulsive behaviors, pointing out consequences for self and on others.
Step 5, Diagnosis:

The diagnosis is based on the evaluation of the clients present clinical presentation. When completing diagnosis the clinician must take into account and compare cognitive, behavioral, interpersonal, and emotional symptoms as described on the DSM-5 Diagnostic Manual. A diagnosis is required in order to get reimbursement from a third-party provider. Integrating the information presented by the DSM-5 diagnostic manual and the current client’s assessment data will contribute to a more reliable diagnosis. It is important to note that when completing a diagnosis the clinician must have a very clear picture all behavioral indicators as they relate to the DSM-5 diagnostic manual.

DSM V CODE Paired With ICD_9-CM Codes (Parenthesis Represents ICD-10-CM Codes Effective 10-2014):

Possible Diagnostic Suggestions for Children Suffering ADD Type Disorder:

Attention-Deficit/Hyperactivity Disorder

Specify whether:

314.01 (F90.2) Combined presentation
314.00 (F90.0) Predominantly inattentive presentation
314.01 (F90.1) Predominantly hyperactive/impulsive presentation

Specify if: In partial remission

Specify current severity: Mild, Moderate, Severe

314.01 (F90.8) Other Specified Attention-Deficit/Hyperactivity Disorder
314.01 (F90.9) Unspecified Attention-Deficit/Hyperactivity Disorder

Specific Learning Disorder

Specify if:

315.00 (F81.0) With impairment in reading (specify if with word reading with accuracy, reading rate or fluency, reading comprehension)
315.2 (F81.81) With impairment in written expression (specify if with spelling accuracy, grammar and punctuation accuracy, clarity organization of written expression)
315.1 (F81.2) With impairment in mathematics (specify if with number sense, memorization of arithmetic facts, accurate or fluent calculation, accurate math reasoning)

Specify current severity: Mild, Moderate, Severe

313.81 (F91.3) Oppositional Defiant Disorder

Specify current severity: Mild, Moderate, Severe

312.34 (F6381) Intermittent Explosive Disorder

Conduct Disorder

Specify whether:

312.81 (F91.1) Childhood-onset type

312.32 (F91.2) Adolescent-onset type

312.89 (F91.9) Unspecified onset

Specify if: With limited prosocial emotions

Specify current severity: Mild, Moderate, Severe

Problems Related to Family Upbringing

V611.20 (Z62.820) Parent-Child Relational Problem

V61.8 (Z62.891) Sibling Relational Problem

Sample Treatment Plan:

Present Behavioral Descriptors of Problem:

1. Impulsive behavior having difficulty waiting turn in group situations blurts out answers to questions, and frequent intrusions into others personal business.

2. Poor organizational skills showed by forgetfulness, inattention, and losing items necessary for tasks.
3. High energy levels, restlessness, difficulty sitting still, or loud or excessive talking.

4. Gives the impression that is not listening well.

Long Term Goals:

1. Instruct parents how to set firm, consistent limits and maintain parent-child boundaries.
2. Augment frequency of on-task behaviors.
3. Use positive social skills to help maintain lasting friendships.

Short Term Goals Objectives:

1. Develop an organized system to keep track school assignments, chores, and household responsibilities.
2. Teach effective study skills on a regular basis to better academic performance.

Strategy or Intervention for Goal 1:

1. Teach minor effective assertiveness skills to express feelings in a controlled fashion and meet needs through more constructive actions.
2. Confront impulsive behaviors, pointing out consequences for self and on others.
3. Confront statements of blames on others for annoying or impulsive behaviors, and failure to accept responsibility for actions.
4. Probe and identify and list stressful events or factors that elicit increase in impulsivity, hyperactivity, and distractibility.

Strategy or Intervention for Goal 2:

1. Teach effective problem-solving skills (such as, identifying the problem, implementing a
course of action, and evaluating, brainstorming alternative solutions, selecting an option).

2. Encourage parents and teachers to maintain regular communication about academic, behavioral, emotional, and social progress.

3. Teach minor effective study skills (such as, clearing away any distractions, studying in quiet places, planning breaks in studying).

DSM V Diagnosis:

Attention-Deficit/Hyperactivity Disorder - Combined presentation - Severe

313.81 (F91.3) Oppositional Defiant Disorder - Severe