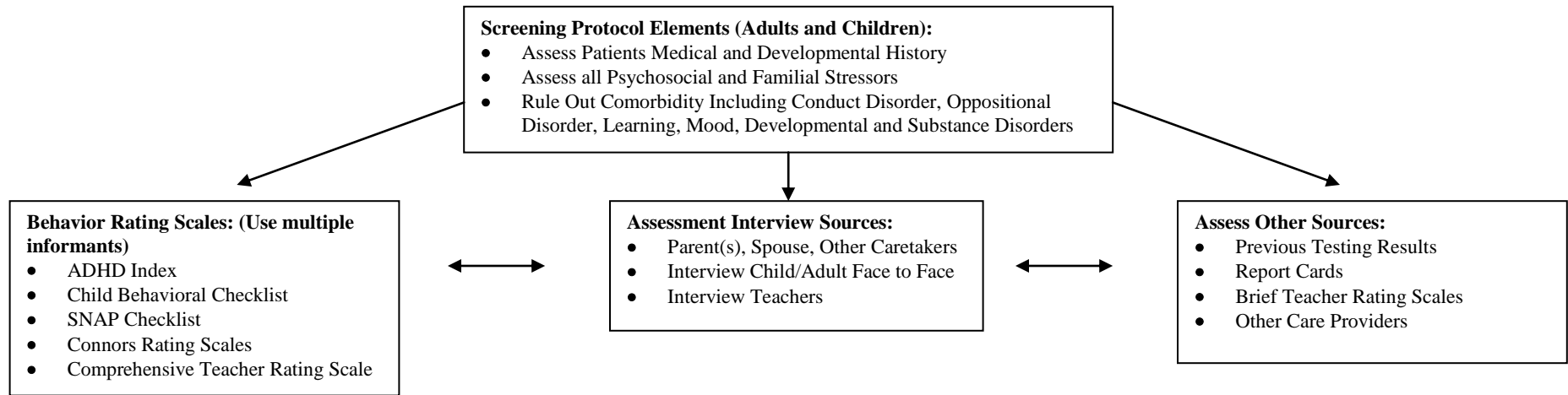


Mercy Managed Behavioral Health

ATTENTION DEFICIT DISORDERS

[BEST PRACTICE SCREENING & TREATMENT PROTOCOL]



Required Diagnostic Criteria

Inattention

- Lacks close attention to details, makes careless mistakes
- Difficulty sustaining attention in tasks/play
- Does not appear to listen
- Struggles to follow through with instruction
- Has difficulty with organization
- Avoids tasks requiring sustained mental effort
- Loses things necessary for tasks
- Easily distracted
- Often forgetful in daily activities

Hyperactivity

- ◆ Fidgets with hands/feet, squirms in chair
- ◆ Difficulty remaining seated
- ◆ Runs about or climbs excessively
- ◆ Difficulty engaging in activities quietly
- ◆ Acts as if driven by a motor; on the go
- ◆ Talks excessively

Impulsivity

- ◆ Blurts out answers before question is completed
- ◆ Difficulty waiting or taking turns
- ◆ Interrupts or intrudes upon others

1. 6 or more symptoms,
2. Persisting ≥ 6 months,
3. Symptoms present < age 7 yrs,
4. Symptoms present in two or more settings.

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2. Persisting ≥ 6 months,
3. Symptoms present < age 7 yrs.
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If Symptoms Do Not Meet DSM Criteria:

1. Continue assessment for differential diagnosis; Oppositional Disorder, Conduct Disorder, Anxiety, Mood, Learning Disorder, Anxiety, Developmental
2. Evaluate need for further medical diagnostic assessment for other neurological and thyroid conditions through PCP
3. Consider referral or consultation to physician specialist with your evaluation

Symptoms Meet DSM Criteria:

1. Establish target symptoms, baseline impairment, co-morbid conditions, and goals.
2. Implement both medication and psychosocial interventions, including education about the treatment process and parent training/coaching techniques.
3. Psychosocial interventions focus on education, parental response to symptoms, structure of environment, (i.e. home, and school...). Therapeutic strategies include; Positive Reinforcement, Time-Out, Response Cost, and Token Economy. * See **Attached Therapy Guideline**
4. Medication options to consider: Stimulant, Amphetamine, Antidepressant, and other (i.e. Clonidine, Guanfacine, and Strattera). * See **Attached Medication Guideline**
5. Monitor effects of treatment and developmental changes in target symptoms.

RESOURCES:

1. American Academy of Pediatrics: **ADHD Practice Guideline.** <http://www.aap.org/policy/ac0002.html>
 2. Children and Adults with ADHD (CHADD). <http://www.chadd.org/>
- Updated 7.2012