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ADHD and related Child Behavior Problems - Issues to be Considered

1) Complications in diagnosis:

- Children may exhibit a variety of disruptive, impulsive, or emotional symptoms in response to a variety of issues
- Attention Deficit Hyperactivity Disorder (ADHD), a biological condition, may coexist with emotional problems or environmental stressors, and may be reactive to both
- Child depression may also be manifest through irritability
- Children with ADHD often have difficulties with peers, leading to emotional distress which complicates the ADHD
- Children with emotional problems may exhibit behaviors that look very similar to ADHD
- Similar behaviors may derive from a variety of causes, and may be responsive to different types of treatment
- A child with mild or moderate ADHD who previously functioned without medication may be unable to do so as academic demands increase, or when emotional or environmental stress are present
- ADHD, and the appropriate role of medication for children, have become political issues

- Poor parenting, and parental difficulty in limit setting, may complicate all of these issues. Children's behavior may be different in different settings, despite the presence of ADHD. Assessment of behavior in various settings, and by various observers, is essential
- 2) School difficulties may lead to referral and increase pressure for medication
 - 3) Treatment is not an exact science - trials of various medications, and interventions, may need to be attempted
 - 4) Resource issues:
 - Some children qualify for special education assessment or services
 - Groups for children of divorce are offered by some school systems, some HMO's. May also be available at moderate cost in the community.
 - Community groups, CHADD <http://www.chadd.org>
 - Direct parents to make specific inquiries re available resources and report back, or consider appointment of minor's counsel
 - Assess priorities - some parents who claim inability to afford treatment can nevertheless fund litigation
 - Consider specialty assessment based on insurance or regular care providers, custody evaluator to integrate reports and address custody issues
 - 5) Key Questions to Ask:
 - Were these concerns raised before the parental separation?
 - Does either parent, or a sibling, have a history of Attention Deficit Disorder, learning disabilities, or similar problem?
 - Does the child have a history of other emotional or behavioral problems?
 - What prompted the referral to the pediatrician or therapist?
 - Was the child's regular pediatrician consulted? Was adequate appointment time scheduled?
 - How many physicians were consulted?
 - Were both parents involved? Was information sought from both parents?
 - What was the assessment process?
 - How is the child functioning in school? Has a school assessment or IEP been requested? Were both parents involved? What were the results?

- Exactly what has the pediatrician recommended? If medication has been prescribed, is it part of an ongoing plan, or a brief trial pending further evaluation?
- Has the child been in therapy?
- Have both parents been involved in treatment?
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5) Key Questions to Ask (cont.):

- What is the focus of the child's treatment? (The more severe or biological the problem, the greater the importance of behavioral interventions.)
- What recommendations, besides medication, have been made to the parents?
- How well have the parents cooperated with those recommendations?
- What is the follow up plan?

6) Consider the risks of not treating

- Treatment plans must be considered based on the risks and benefits of the proposed treatment, as well as the risks/benefits of not providing treatment
- Children with untreated ADHD may experience greater difficulties with learning, peer relationship, conduct disorders
- Children with untreated depression or emotional disorders may remain symptomatic or fail to learn the coping skills necessary for successful adjustment
- If parents are in dispute regarding medication, psychotherapy, or other interventions, request a letter from the treatment provider:
 - Assessment (even if preliminary)
 - Recommended treatment or assessment plan
 - Risks of treating, risks of failing to treat

7) Considerations in parenting plans

- General parenting recommendations, such as consistency and emotional responsiveness, may have varying definitions
- Single parenting of these children may be overwhelming; shared responsibility may make both parents more effective
- Consistency of contact with both parents may aid emotional issues, if relationships are healthy
- Parents may need to participate in parent education, family counseling

- Parents may need to cooperate with consistent behavioral plans - disengaged parenting less effective for these children
- Consider parents' flexibility, ability to be authoritative, ability to assimilate new information, willingness/ability to support treatment
- Establish a structured decision-making plans in the event of disputes over treatment