

# My Child Just Got Diagnosed with ADHD—Now What?: Nuances of Diagnosis and Implications for Treatment

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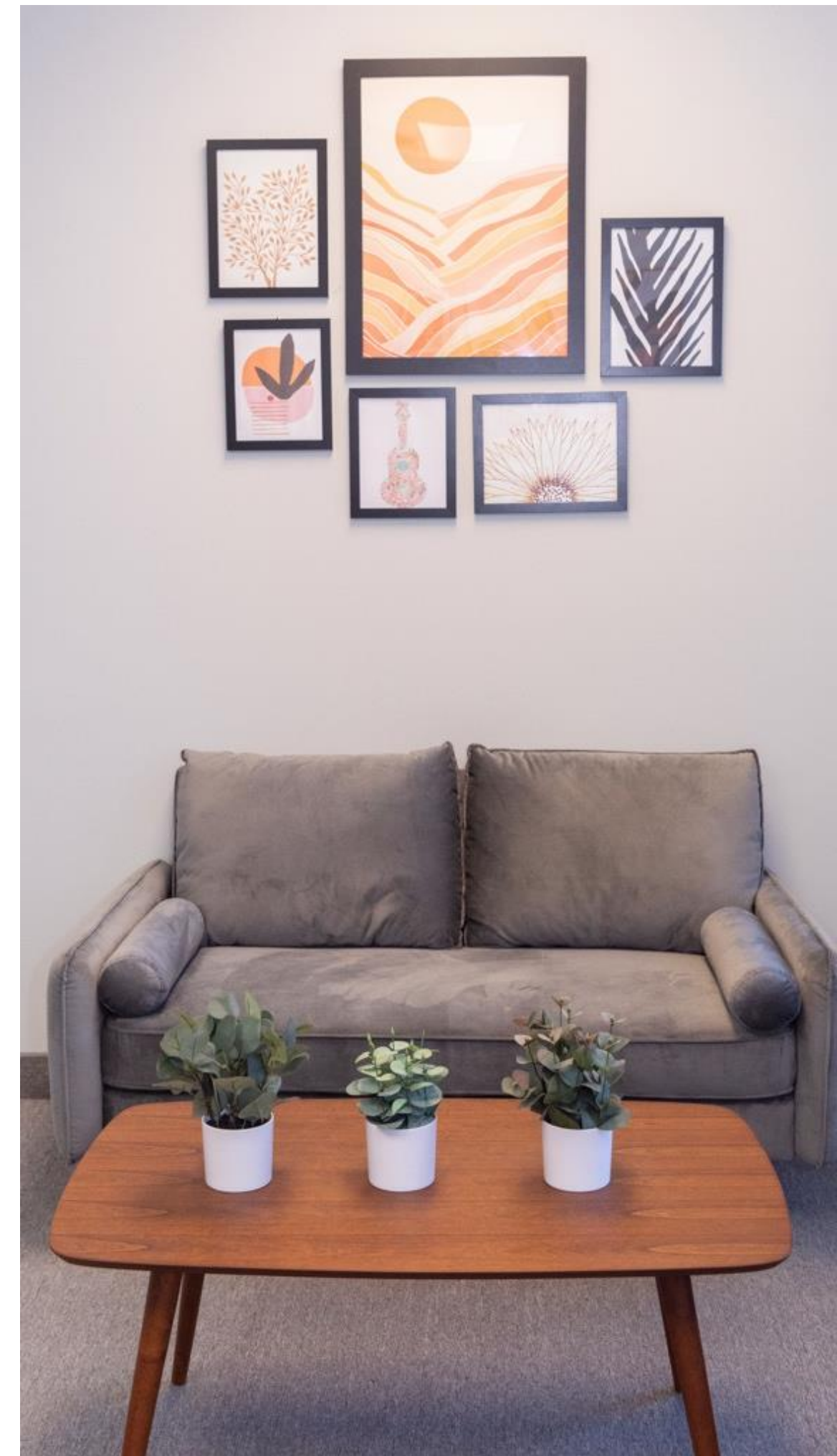
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ADHD, autism, learning differences, giftedness, 2e



## DSM-5 Diagnostic Criteria for ADHD

Symptoms and/or behaviors that have persisted $\geq 6$ months in $\geq 2$ settings (e.g., school, home, church). Symptoms have negatively impacted academic, social, and/or occupational functioning. In patients aged $< 17$ years, $\geq 6$ symptoms are necessary; in those aged $\geq 17$ years, $\geq 5$ symptoms are necessary.	
<b>Inattentive Type Diagnosis Criteria</b>	<ul style="list-style-type: none"> <li>• Displays poor listening skills</li> <li>• Loses and/or misplaces items needed to complete activities or tasks</li> <li>• Sidetracked by external or unimportant stimuli</li> <li>• Forgets daily activities</li> <li>• Diminished attention span</li> <li>• Lacks ability to complete schoolwork and other assignments or to follow instructions</li> <li>• Avoids or is disinclined to begin homework or activities requiring concentration</li> <li>• Fails to focus on details and/or makes thoughtless mistakes in schoolwork or assignments</li> </ul>
<b>Hyperactive/ Impulsive Type Diagnosis Criteria</b>	<p><b><u>Hyperactive Symptoms:</u></b></p> <ul style="list-style-type: none"> <li>• Squirms when seated or fidgets with feet/hands</li> <li>• Marked restlessness that is difficult to control</li> <li>• Appears to be driven by “a motor” or is often “on the go”</li> <li>• Lacks ability to play and engage in leisure activities in a quiet manner</li> <li>• Incapable of staying seated in class</li> <li>• Overly talkative</li> </ul> <p><b><u>Impulsive Symptoms:</u></b></p> <ul style="list-style-type: none"> <li>• Difficulty waiting turn</li> <li>• Interrupts or intrudes into conversations and activities of others</li> <li>• Impulsively blurts out answers before questions completed</li> </ul>
<b>Additional Requirements for Diagnosis</b>	<ul style="list-style-type: none"> <li>• Symptoms present prior to age 12 years</li> <li>• Symptoms not better accounted for by a different psychiatric disorder (e.g., mood disorder, anxiety disorder) and do not occur exclusively during a psychotic disorder (e.g., schizophrenia)</li> <li>• Symptoms not exclusively a manifestation of oppositional behavior</li> </ul>

ADHD is an executive function disorder. Unfortunately, the diagnostic criteria don't tell us about the child's executive function strengths and weaknesses.

How is ADHD diagnosed?



ADHD often is diagnosed after parents and teachers complete behavioral rating scales, such as:

ADHD Symptom Checker

Child Behavior Checklist (CBCL 6-18)

ADHD Checklist

BASC-3

Conners-4

NICHQ Vanderbilt Assessment Scale

Per CHADD: The responses and scores are not sufficient for a diagnosis of ADHD but are an important component of the comprehensive evaluation process.



Diagnosis: Does my child have ADHD?

Diagnostic clarity: What else might be going on? How do I help *this* child with *their* ADHD issues?

Parents can get this information via neuropsychological evaluation, psychoeducational evaluation, and working with their child's teachers who know them well. Schools like CBA take individual differences and needs seriously. It isn't enough to have a diagnosis; it's essential to know how that diagnosis affects your child and what he or she needs to thrive.

What else do we need to consider besides the diagnosis of ADHD?



## What are "Executive Functions"?



**Cognitive Flexibility=**  
Shifting between tasks or thinking differently about a task

**Working Memory=**  
Organizing material in short term memory

**Response Inhibition=**  
Thinking before acting

**Novel Problem Solving=**  
Figuring out what's needed to solve a new problem

**Goal Setting & Execution=**  
Coming up with a plan and working toward it

**Task Initiation=**  
Getting started on something that you don't want to do

**Sustained Attention=**  
Staying focused on something that's not attention-grabbing

**Emotional Regulation=**  
The ability to recover from disappointment or to manage strong emotions

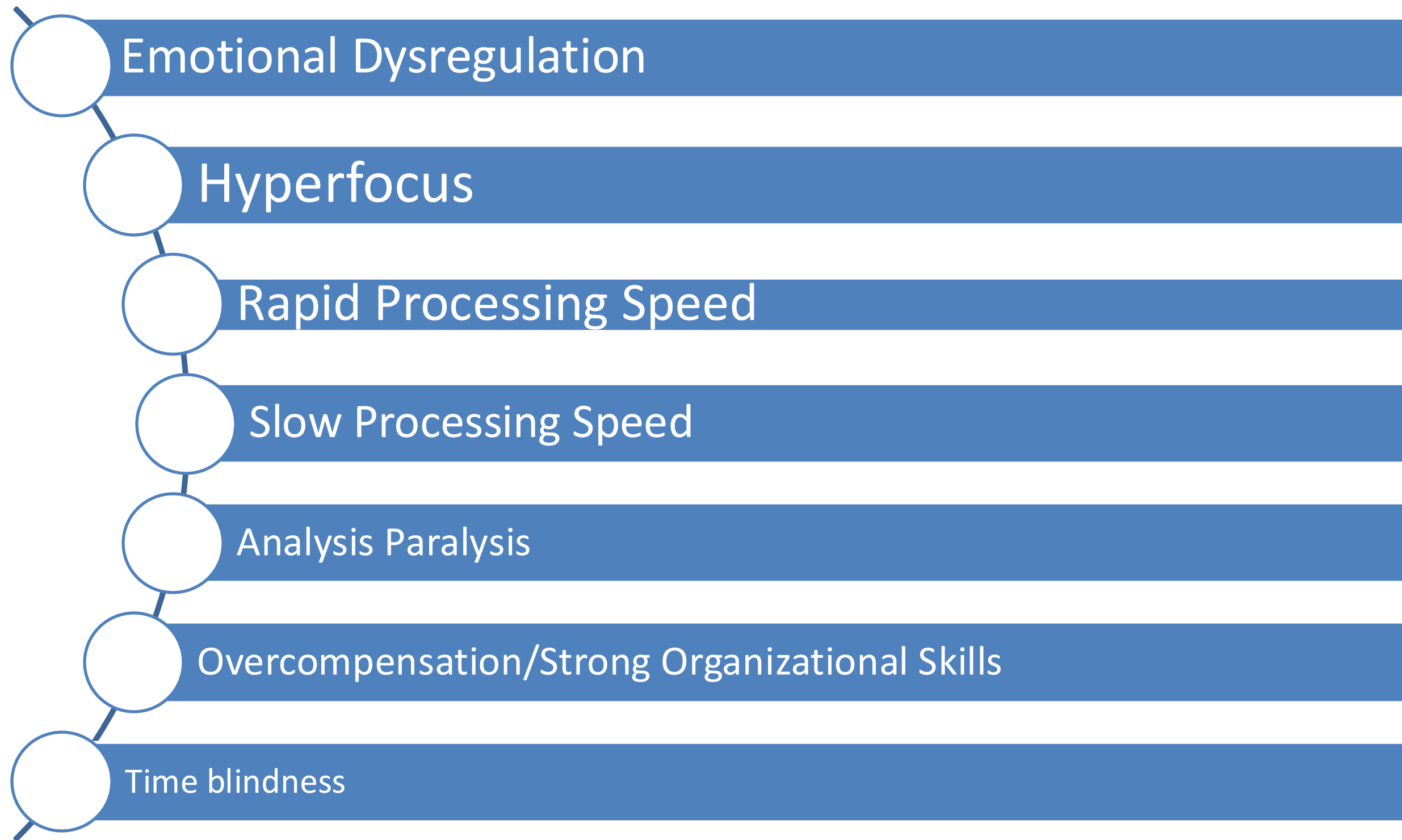
**Organization =**  
Putting things away with some sense of order

**Metacognition=**  
"Thinking about your own thinking," or keeping track of progress

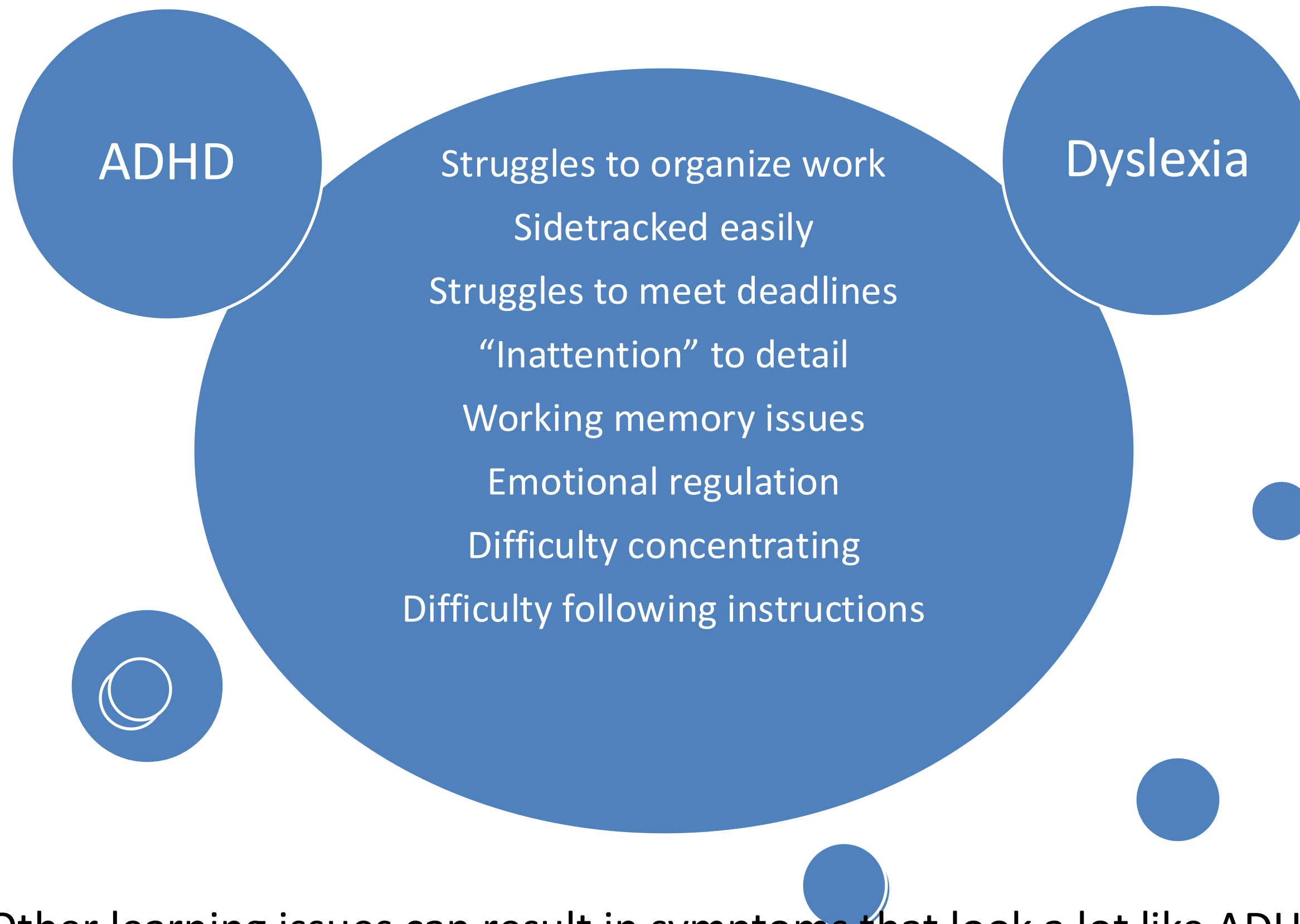
**Perception of Time=** Awareness of how much time has passed and how long things will take



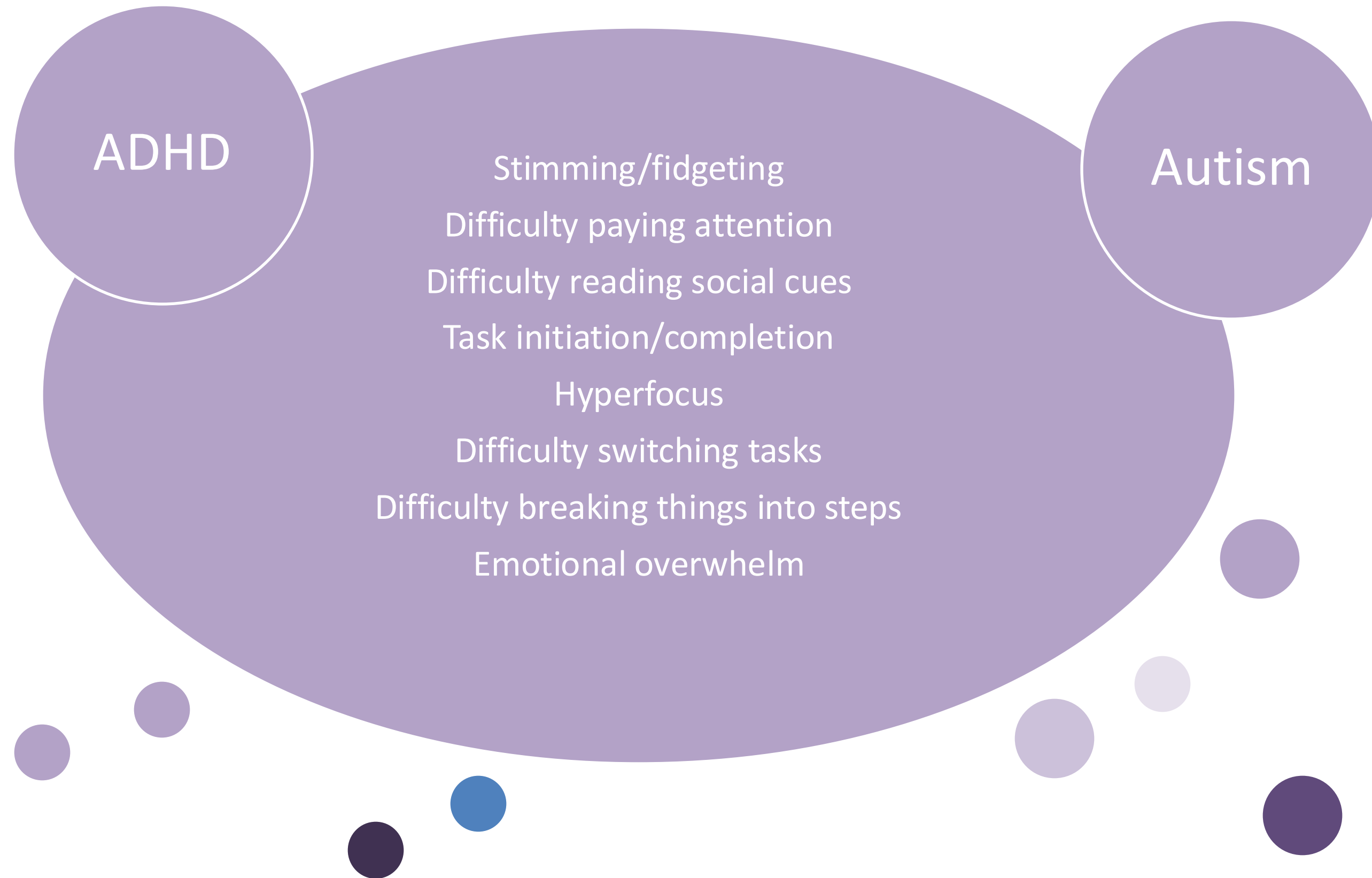
## Additional issues often seen in kids with ADHD:



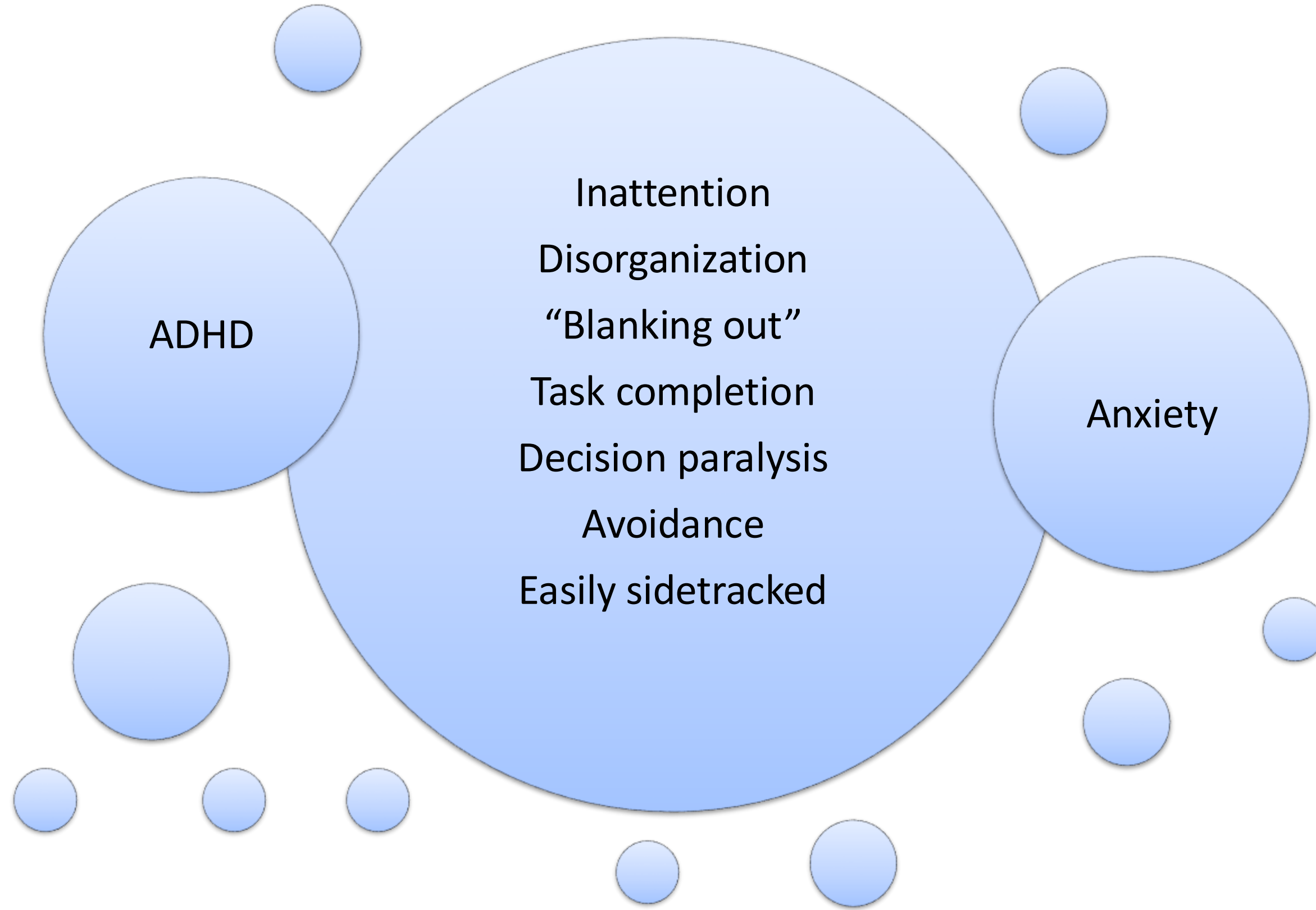




Other learning issues can result in symptoms that look a lot like ADHD. It is important to rule these out..

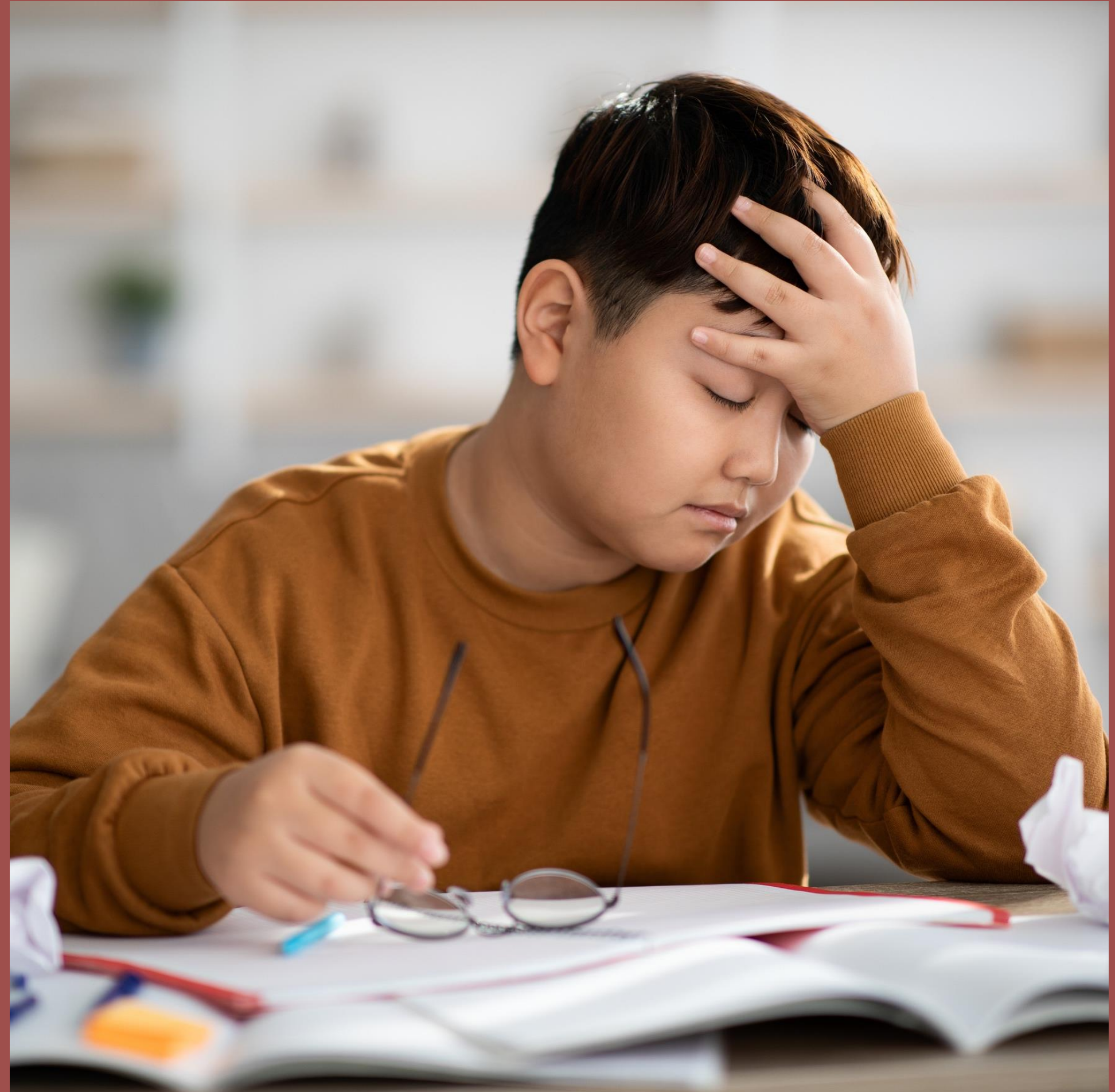






"ADHD is not a disorder of not knowing what to do, but a disorder of not doing what you know."

Russell A. Barkley





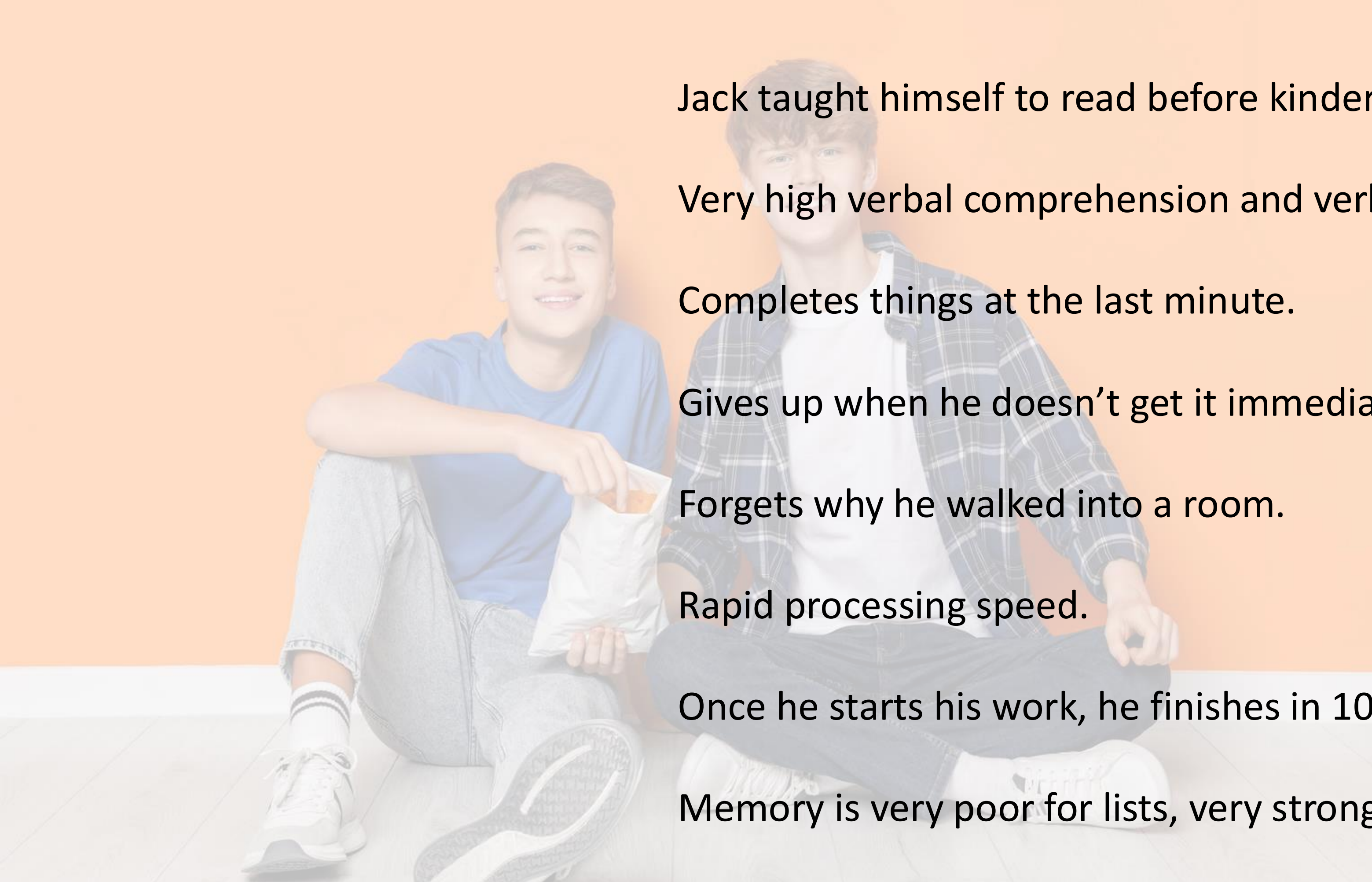


Example of how ADHD can present differently in different kids: Two boys with similar scores on the Vanderbilt but with very different patterns of strengths and weaknesses.



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Jack taught himself to read before kindergarten.

Very high verbal comprehension and verbal expression.

Completes things at the last minute.

Gives up when he doesn't get it immediately.

Forgets why he walked into a room.

Rapid processing speed.

Once he starts his work, he finishes in 10 minutes.

Memory is very poor for lists, very strong for stories.



Kyle has been a “dreamy” kid since kindergarten.

Difficulty regulating his emotions.

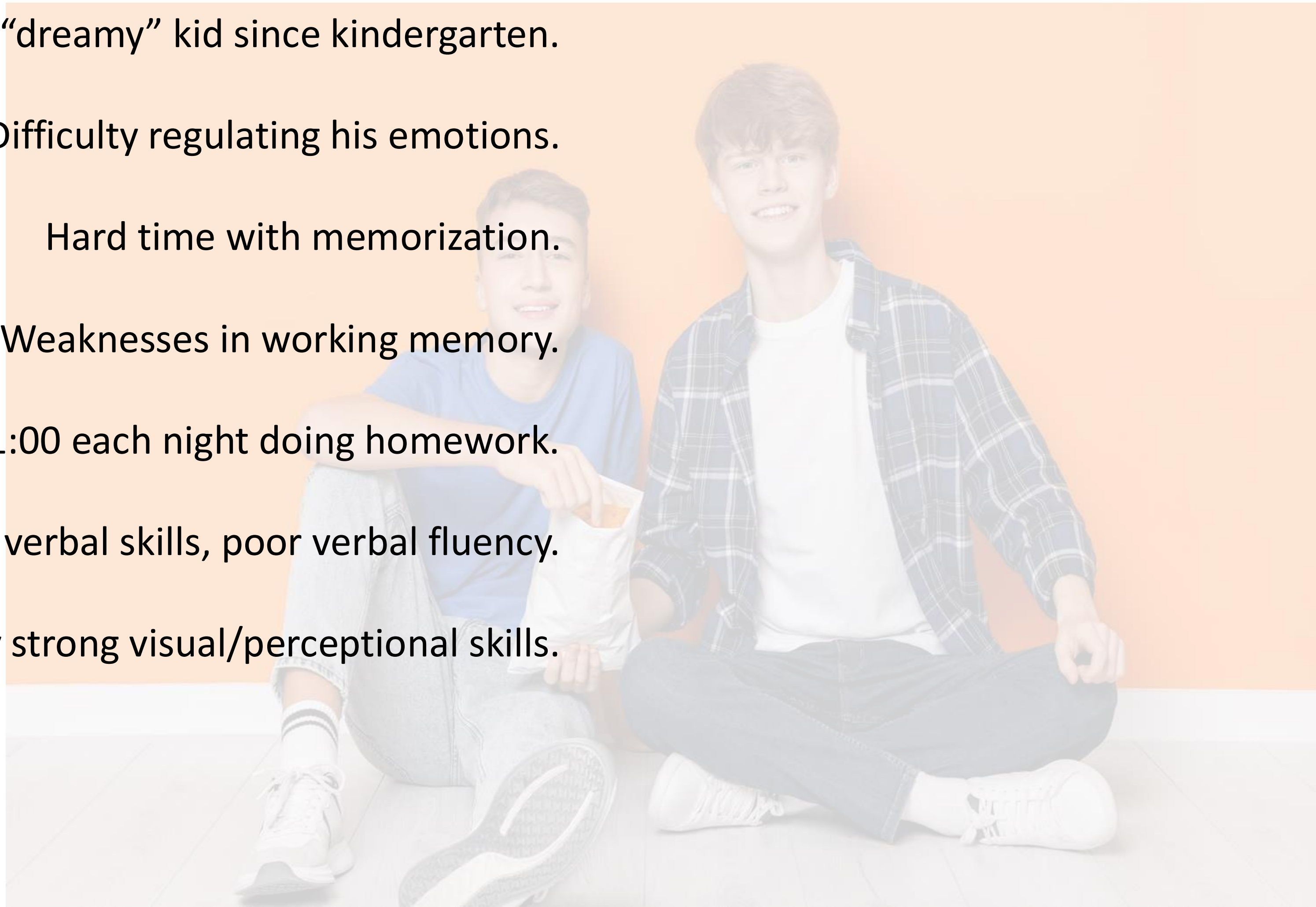
Hard time with memorization.

Weaknesses in working memory.

Up until 11:00 each night doing homework.

Average verbal skills, poor verbal fluency.

Very strong visual/perceptual skills.





Standard ADHD accommodations in public schools include:

Extra time

Preferential seating

Frequent breaks

Headphones/quiet area

Organizational tools

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These accommodations might not be enough, and sometimes they are actually the wrong ones for a child with ADHD:

Extra time...not beneficial for the kid who day dreams and “zones out”

Preferential seating....not ideal for a child with coexisting anxiety

Frequent breaks...definitely a good idea, but pay attention to hyperfocus

Headphones/quiet area....late selection attention issues more distracted in quiet environments

Organizational tools.....need to help teach maintenance strategies

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Other strategies to consider:

Breaking tasks down...microsteps!

Hands on learning

Oversight and planning/visual organizers

Contextual memory strategies...narratives, pneumonic devices

Talking through problem solving for a highly verbal kid

Drawing through problem solving for a visual kid

Teaching brief notetaking strategies

Voice to text

Is your child being challenged enough? Boredom causes distraction.

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What else might help?

Modeling behaviors

Pretest/posttest to provide familiarity with the test structure

Linking concepts....how do today's lessons connect with yesterday's?

Emotional regulation strategies

Teaching self-monitoring

Teaching active reading strategies

Right environment

Accountability strategies

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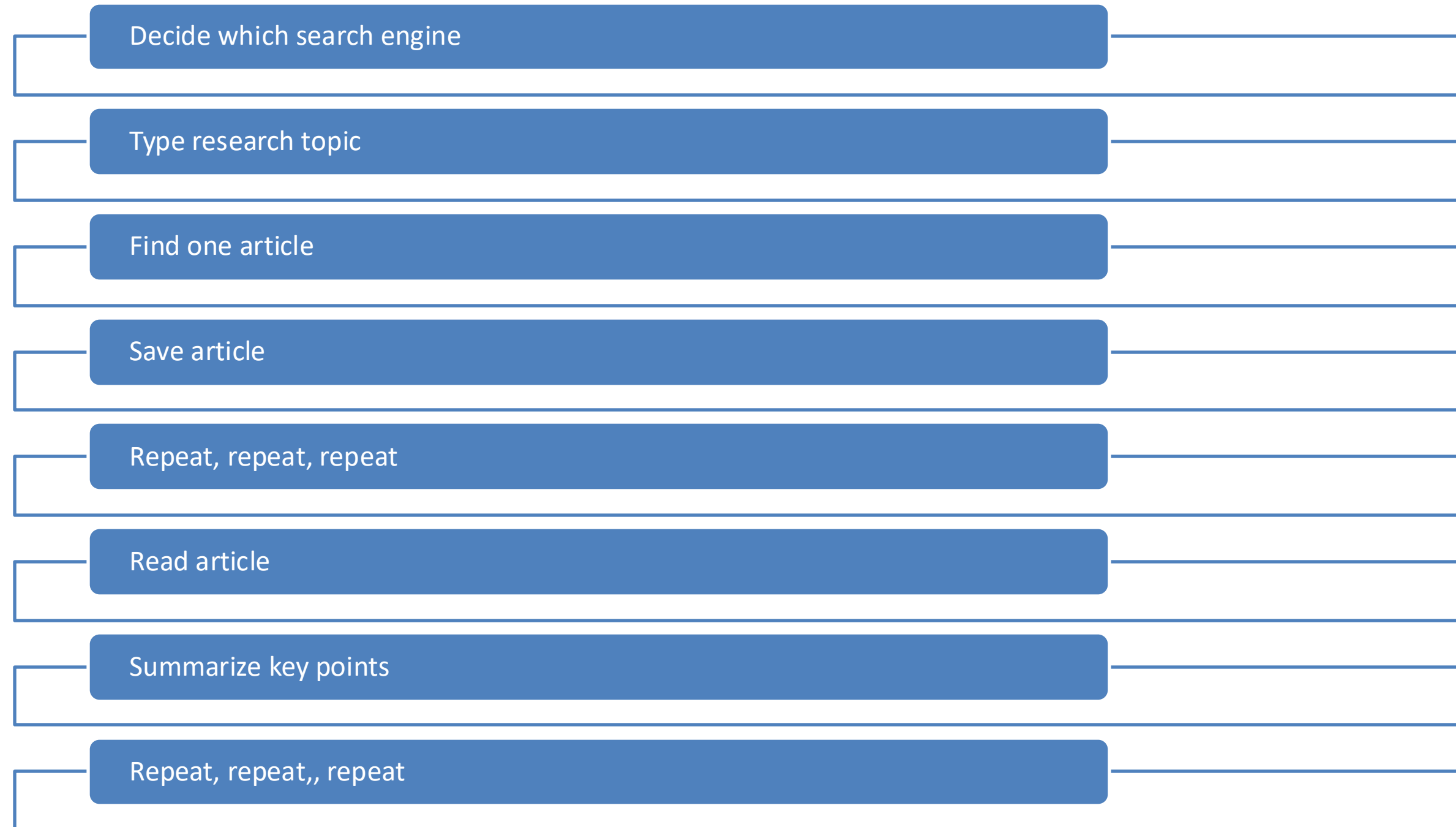
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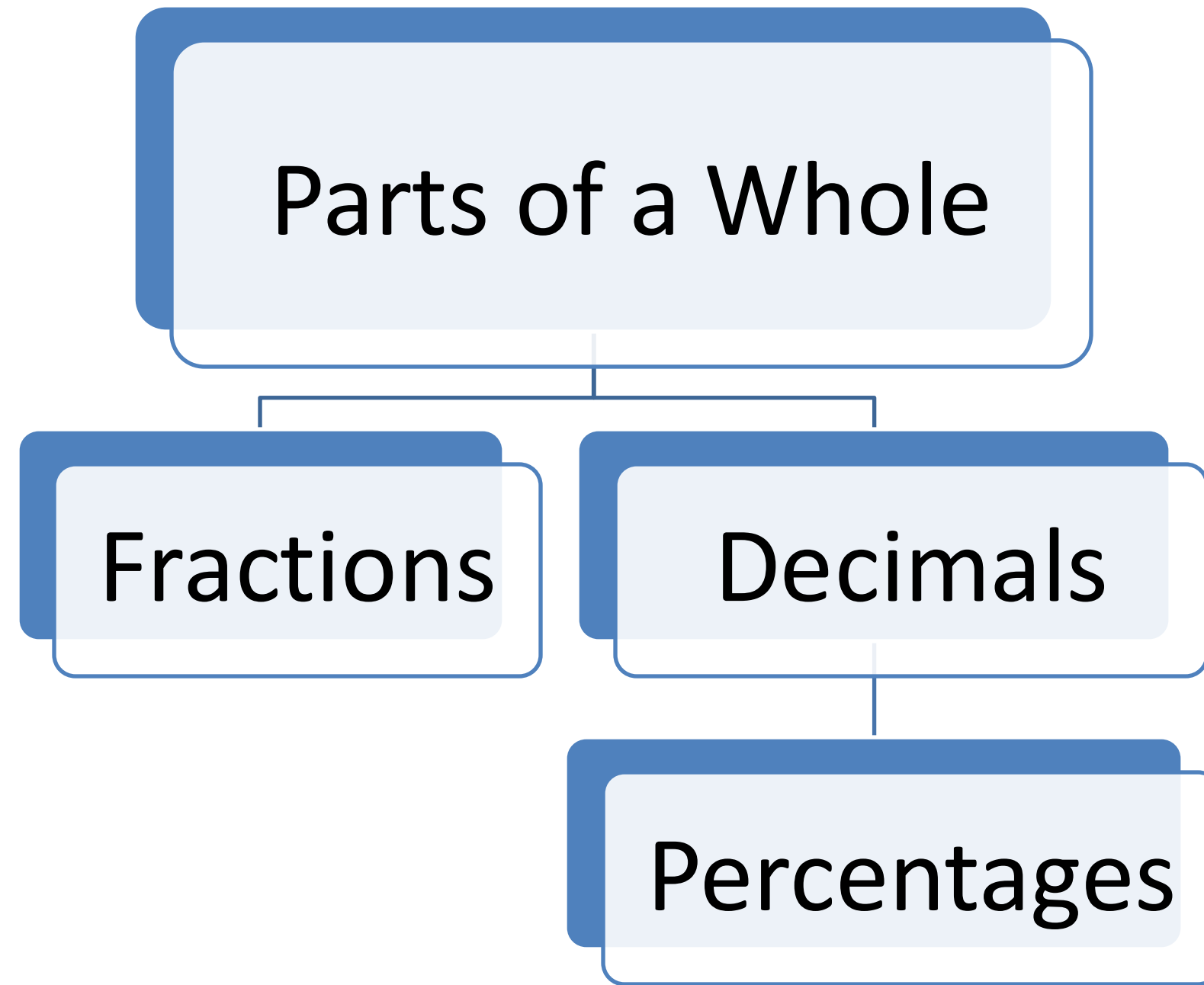
## An AI description of the steps to follow when writing a paper:

1. *Choosing a topic.* A compelling paper starts with an intriguing topic aligning with students' academic pursuits. The subject should strike a balance between being engaging and academically challenging.
2. *Conducting preliminary research.* An initial overview of existing literature aids in understanding the subject's landscape and revealing unexplored areas ripe for research.
3. *Formulating a thesis statement.* A clear, concise, and arguable thesis statement is crucial as it directs the course and scope of the research.
4. *Drafting an outline.* A structured outline is instrumental in arranging thoughts, claims, and proofs logically. It simplifies the process into digestible sections, maintaining a steady flow of ideas.
5. *Writing and revision.* Writing isn't just a record of thoughts; it involves sculpting a compelling narrative supporting the thesis, followed by diligent editing for lucidity, consistency, and grammar.
6. *Citation and formatting.* Proper citation of evidence ensures academic integrity, while adherence to a standard format guarantees a neat and professional presentation.
7. *Final review and submission.* A meticulous review and proofreading prepare the paper for submission.



“Conducting preliminary research” is not one step and can feel very overwhelming.  
How can we break this down?





Provide oversight with visual/conceptual models of how concepts connect. This might not be obvious, which makes learning harder.



## **Active learning strategies:**

**“I don’t understand” vs. “I understand this part but not that part”**

**Hands on learning/manipulatives**

**Contextual memory strategies: creating stories or images**

**Talking/drawing through problem solving**

**Teaching brief notetaking strategies**

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**Novelty based strategies:**

**Rotating subject matter/study areas**

**Who says you need to start at the beginning?**

**Use of metaphors and analogies**

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## **Repetition based strategies:**

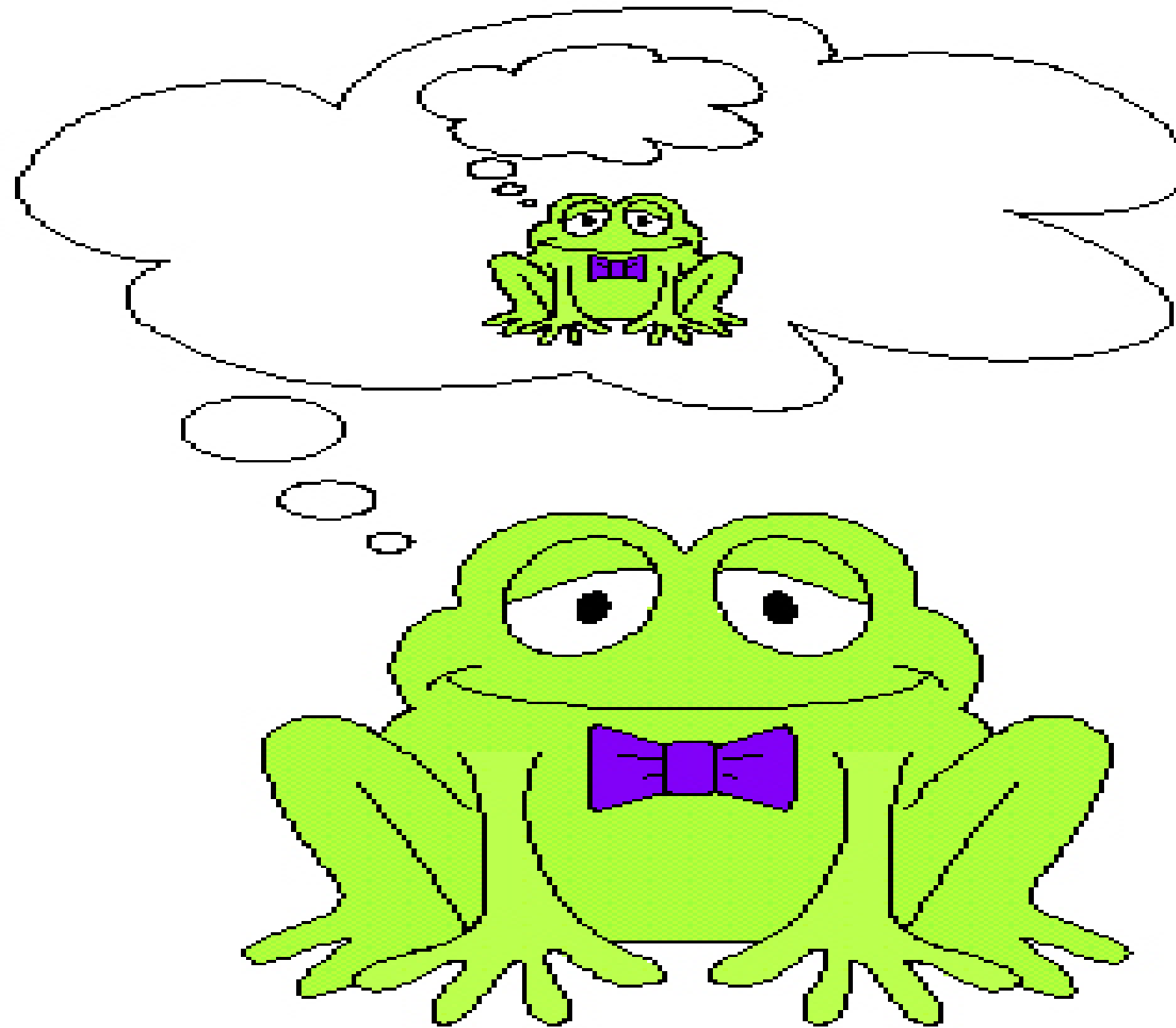
**Pretests, test, posttest review**

**Linking concepts/review prior to teaching**

**Emphasis on extensions**

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Teaching your child to think about their thinking (e.g., how they approach tasks, what's easy, what's not) can make all the difference.



Resources:

<https://chadd.org/>

<https://www.smartbutscatteredkids.com/>

<https://neurodivergentinsights.com/misdiagnosismonday/>

<https://www.theneurodiversitycollective.com/noon-podcast>

<https://childmind.org/article/helping-kids-who-struggle-with-executive-functions>

<https://cba-va.org/>

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