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## **EVALUATING CHILDREN FOR ATTENTION DEFICIT DISORDER: WHAT THE DOCTORS REALLY NEED TO KNOW**

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**Is there evidence of task impersistence?** Children with attention deficit are youngsters who struggle with task persistence. The children may start off with a willing attitude, but they typically have trouble following through with daily routines and responsibilities. Parents describe their children as easily sidetracked and distractible, readily bored, and generally disorganized.

**Is the pattern of inattention and task impersistence evident in different situations?** Although ADD youngsters typically have more difficulty in the classroom, where task demands are frequent and distractions prevalent, there should be indications of task impersistence, distractibility, forgetfulness, etc. outside of the school. Although parents may not always perceive it as a problem, they typically find themselves reminding or prompting or supervising ADD children in their daily routines and responsibilities. Although the youngsters may do better in extracurricular activities that they enjoy, they also can have problems following directions or sticking with the activity unless they are in the "center of the action."

**Do the child's symptoms stand out among peers?** Would the child be noticeable to a classroom observer or to someone watching a soccer game or swimming class or at a family gathering?

**Were there indications of task impersistence when the child was young?** Although symptoms of hyperactivity are usually more evident in preschoolers, any evidence of problems with inattention or task impersistence or distractibility helps confirm the diagnosis.

**Do other people see this style in the child?** Although people have very strong feelings about the label "Attention Deficit," the style of a child with Attention Deficit Disorder is generally evident in situations where the children are expected to complete tasks.

**Is there a family history of inattention, task impersistence, daydreaming, distractibility, etc.?** A positive family history, even without formal diagnosis or treatment, is helpful in making a diagnosis.

**Are there learning factors that might be affecting the child's behavior?** Children with learning disabilities, fine motor problems, or auditory processing disorders sometimes have difficulty with their classroom performance and productivity. We must make sure that is not the basis for the child's self-control problems, remembering that it is common for a child to have both ADD and learning weaknesses.

**Are there emotional or family factors that might be affecting a child's behavior?** Are there family stresses or adjustment pressures that might be affecting a child's mood or behavior? Are there parenting or marital issues that might be creating anxiety which in turn affects attention and concentration?

**Are there health factors that might affect behavior?** Is the child getting enough sleep and eating regularly? Is there evidence of seizures or allergies or other medical problems that might explain the difficulties that we see? Are there hearing or vision problems? Are there signs of tics or other neurological symptoms?

**Do the problems with inattention affect the child's learning, peer relationships, family relationships or happiness? Are the weaknesses in self-control limiting the child's potential?** There are many active children who do well socially, perform readily in the classroom, and are generally happy. A clinical definition of attention deficit must involve some notion of how the problems are affecting the child.

**What are the child's interests and talents?** The treatment of an ADD child is far more effective when we connect with a child's interests and build upon his talents. It is impossible to teach effectively or develop a child's ability to concentrate and complete tasks without knowing what the youngsters enjoy doing and what they do well.

**Where can the child pay attention?** Contrary to popular notions, ADD youngsters usually have many situations where they can focus quite nicely (e.g., video games, Legos, reading books, playing sports). Knowing what a person can stick with and pay attention to is instrumental in developing a diagnosis and treatment plan.

**What are the family/school resources?** Who is available to support the child/family/teacher? Are there resource room resources or counselors or neighbors or extended family who can be of help? Does the family/teacher have the time to coach and support the youngster? Do they have the financial resources that might be necessary? Are there factors that might limit their effectiveness as a treatment helper?