



The Vermont ADHD Initiative

A MULTIDISCIPLINARY
APPROACH TO ADHD FOR
FAMILIES/CAREGIVERS,
EDUCATIONAL & HEALTH
PROFESSIONALS



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For more information, please contact the Vermont Child Health Improvement Program (VCHIP) at 802-847-4220 or www.vchip.org





The Vermont Initiative for the Assessment and Treatment of School-Aged Children with Symptoms of **Attention Deficit Hyperactivity Disorder** (ADHD)

A MULTIDISCIPLINARY APPROACH TO ADHD FOR FAMILIES/CAREGIVERS, EDUCATIONAL AND HEALTH PROFESSIONALS WORKING TOGETHER ON BEHALF OF THE CHILD

In March 2003, the Vermont Department of Health (VDH) and Vermont Child Health Improvement Program (VCHIP) organized a meeting to discuss issues related to ADHD. Participants agreed that a standardized multi-disciplinary approach to the assessment and treatment of school-aged children with symptoms of ADHD would be beneficial. It was considered critical that families/caregivers, educational and health professionals work collaboratively to develop this system and that established national guidelines for the diagnosis and treatment of ADHD[†] form the basis of this work.

Subsequently, a working group was organized comprised of individuals representing the Vermont Department of Education (DOE), VDH, VDH Division of Mental Health, VCHIP, Vermont Parent to Parent, Vermont Parent Information Center (VPIC), parents, special educators, school psychologists,

psychiatrists, pediatricians, family medicine providers and neuropsychologists. The final results of the ADHD working group include:

- A **detailed flow chart** which maps the multi-disciplinary approach to the assessment and treatment of school-aged children with symptoms of ADHD. The flow chart arrows depict lines of communication that are essential in working together in a collaborative way.
- An **abbreviated flow chart**, which is a simplified version of the detailed flow chart.
- **Descriptions of family/caregiver, educational and medical professional roles** specifically defining each disciplines' respective components in the assessment and treatment process.

The current ADHD classification system includes all three subtypes as defined by the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM IV):

- ADHD—Predominantly Inattentive Type
- ADHD—Hyperactive-Impulsive Type
- ADHD—Combined Type

[†] *American Academy of Child and Adolescent Psychiatry (AACAP); American Academy of Family Physicians (AAFP); American Academy of Pediatrics (AAP)*

Role of Medical Professionals



INITIAL ASSESSMENT

An initial assessment can be triggered by concerns about a school-aged child in any or all of 5 areas: distractibility, impulsivity, hyperactivity, behavioral or social problems or academic underachievement. Concerns may be raised by any reliable person.

INITIAL MEDICAL CONSULTATION

This consultation usually requires more than one visit.

- The primary care provider (PCP) should explain the assessment process for children with symptoms of ADHD.
- The detailed or abbreviated flow chart may be used to illustrate this process.
- At the initial visit it is appropriate to begin a discussion of the importance of family/caregiver, educational and health professionals working together as a team.
- A yearly consent form must be signed when information sharing is desired.
- The PCP obtains information about the family/caregiver concerns, a medical history and full review of body systems. The information needed includes details about the child's birth, development, temperament, medications, allergies, family and social history and a review of each body system that is related to the evaluation.
- The VT ADHD working group recommends two kinds of screening tools to assist in the diagnosis of ADHD: a DSM IV based screening tool specific for ADHD and a broadband tool that can assist PCPs in identifying children with

symptoms of co-existing conditions.

The tools recommended are the ADHD Rating Scale IV and the Achenbach System of Empirically Based Assessment (ASEBA), respectively.

- It is vital to have information from school regarding the child's strengths, school history, academic profile, social, behavioral and academic function and concerns. In addition, information about educational strategies, modifications and accommodations already provided or tried is helpful for the PCP to know.

FOLLOW-UP MEDICAL VISIT

Following review of all the above items, it is essential the PCP meet with the family to discuss the findings and develop an appropriate treatment plan.

DEVELOPMENT OF A MULTIMODAL ADHD TREATMENT PLAN

The parents, child, school personnel and PCP should collaborate to identify the child's ADHD target symptoms/outcomes and to develop an individualized ADHD treatment plan. Components of an ADHD treatment plan may include the following:

- **Child/family/caregiver education regarding ADHD** promotes understanding, patience and empathy, as well as offering an opportunity to develop creative, family-specific strategies for success.
- **Instructional modifications, accommodations and supports** in school and at home may be informal or involve a

specific 504 Plan or an Individualized Educational Program (IEP) through the school's IEP special education team.

- **Behavioral treatment** may involve developing/maximizing the child's coping strategies, personal strengths, addressing social skills issues, time management and organizational skills, strategies for dealing with frustration, anxiety, feeling overwhelmed and transitioning to adulthood, etc.
- **Individual and/or family counseling** can be helpful in addressing the child's behavioral issues, parent/child conflicts, social skills issues, anxiety management strategies, parenting difficulties, etc.
- **ADHD medication** has been clearly demonstrated by research to be helpful in treating the core symptoms of ADHD: inattention, impulsivity and hyperactivity.

If medication is used, the PCP needs to schedule regular medication monitoring visits with the child and family and have ongoing communication/collaboration with school personnel in order to assess the benefits and possible side effects of medication treatment.

ONGOING EVALUATION OF CHILD'S FUNCTION, SYMPTOMS, STRENGTHS, AND RESPONSE TO TREATMENT

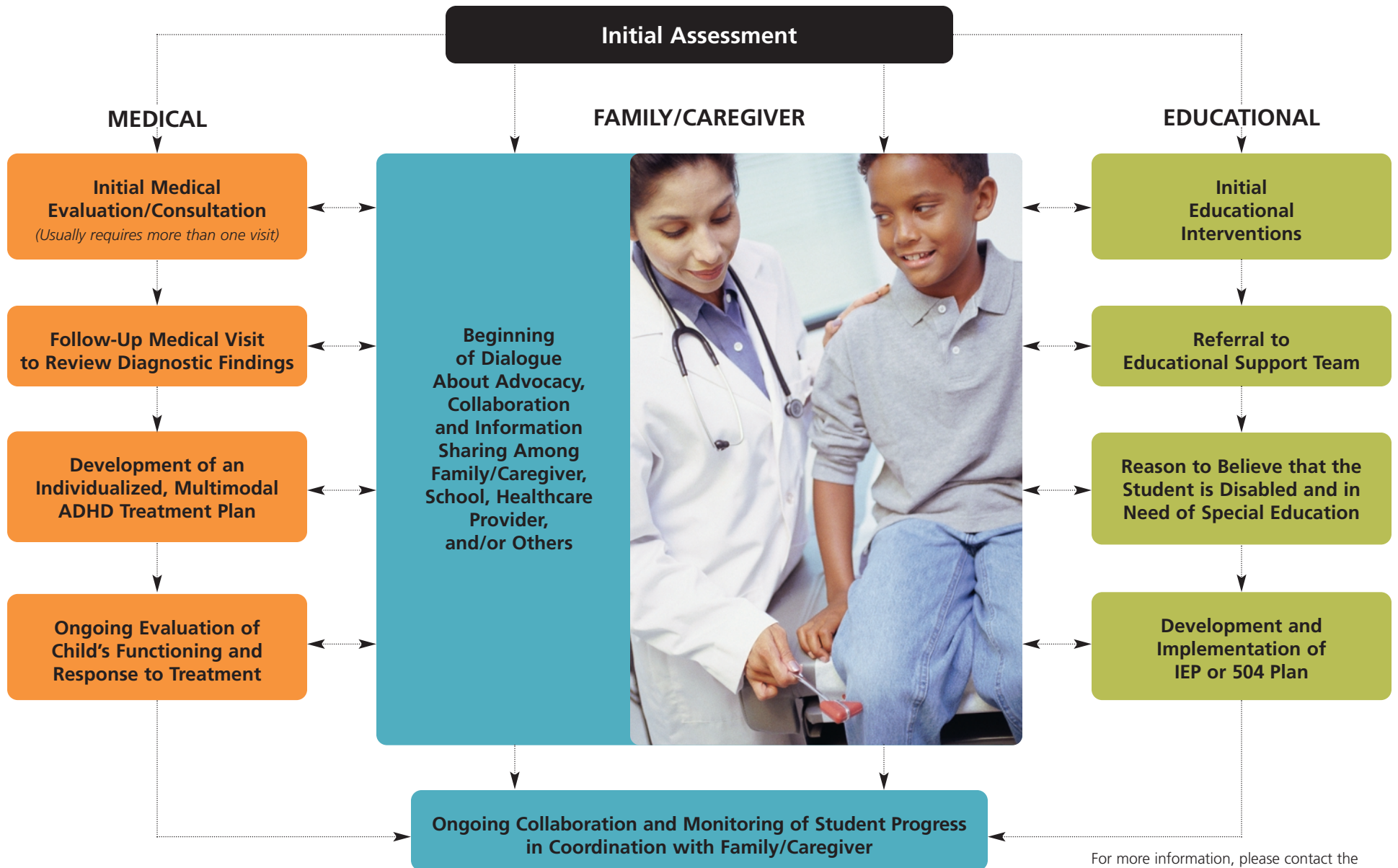
Provide ongoing monitoring of child's ADHD target symptoms and outcomes.

ONGOING ADVOCACY, COLLABORATION AND INFORMATION SHARING WITH FAMILY/CAREGIVER

Communication should take place regularly during the ADHD evaluation process and follow up.

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FAMILIES/CAREGIVERS, EDUCATIONAL AND HEALTH PROFESSIONALS WORKING TOGETHER ON BEHALF OF THE CHILD



* ADHD refers to the DSM-IV criteria for the 3 subtypes: ADHD-Inattentive; ADHD-Hyperactive/Impulsive; and ADHD-Combined

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Role of Family/Caregiver



INITIAL ASSESSMENT

This section lists the types of concerns that would prompt a family/caregiver or educational and/or health professional to seek an assessment for the child. If a family member or caregiver is the first one to have concerns about the child, a good first step is to discuss these concerns with the child's teacher and primary care provider (PCP).

BEGINNING OF DIALOGUE ABOUT ADVOCACY, COLLABORATION AND INFORMATION SHARING

All parties involved in the assessment of a child with symptoms of ADHD should recognize that the assessment is a process requiring the collection and review of a wide range of information to make an accurate diagnosis. A diagnosis of ADHD can be made by a psychologist or a physician in order to provide the child with appropriate school services. The medical diagnosis of ADHD is usually made by a physician. All of these professionals use a standard set of diagnostic criteria defined by the Diagnostic Statistical Manual (DSM IV). These criteria assess whether the child has significant difficulties with distractibility, impulsivity, and hyperactivity leading to longstanding impairment in function in two or more settings.

The following is a sample of the type of information the family/caregiver can expect to be asked to share with educational and medical professionals in the process

of an assessment for ADHD:

- Family/caregiver concerns, goals, and ideas
- Child's strengths, interests, concerns, and difficulties
- Family composition
- Prenatal and birth history
- Child's development and temperament
- Child's medical history
- Extended family history
- Family strengths, stressors and/or traumas;
- Child's past and present school performance
- Modifications/supports that have been used to assist the child
- Effective and non-effective strategies used for the child (What has/hasn't worked?)

ONGOING ADVOCACY, COLLABORATION AND INFORMATION SHARING WITH FAMILY/CAREGIVER

Families/caregivers also have an important role as their child's advocate. An advocate looks out for the child's interests and makes sure the child gets an appropriate assessment and services. The Vermont Parent Information Center (VPIC) and Vermont Parent to Parent are both family advocacy organizations. These organizations have developed fact sheets that offer the family/caregiver information on ADHD, as well as recommendations for developing productive working relationships on behalf of the child. A yearly written consent from the child's family/caregiver is required for health care providers, school and other professionals to share information about the child.

FAMILY/CAREGIVER IS AWARE OF AND INVOLVED IN TREATMENT PLANS

If a diagnosis of ADHD is made, the family/caregiver and educational and health professionals should all participate in the development of the treatment plan. The treatment plan should meet the child's and the family's/caregiver's concerns and needs and take advantage of the child's strengths, interests, learning style, temperament and developmental level. If medication is part of the treatment plan, it must be prescribed and monitored by a medical professional licensed to dispense medications. The treatment plan should also include regular exchanges of information between families/caregivers and other team members.

If the child is found eligible for special education, the family/caregiver has the right to ensure a regular exchange of information

between the family/caregiver and the school. The family/caregiver must be invited to participate in the development of an Individualized Education Program (IEP), which is a written plan for a child that describes the services a child will receive. Based on the federal Individuals with Disabilities Education Improvement Act (IDEIA) and the Vermont Department of Education's Special Education Regulations, the family/caregiver can expect to receive information from the school describing their rights in special education. Children with a diagnosis of ADHD who are not eligible for special education services may be found eligible for accommodations and/or services under Section 504 of the Rehabilitation Act. The family/caregiver should participate in the development of the child's 504 plan or special education plan (IEP).

Role of Educational Professionals



INITIAL EDUCATIONAL INTERVENTIONS

If a student experiences significant and persistent difficulties with distractibility, impulsivity, hyperactivity, behavioral/social problems and/or academic underachievement in the classroom setting, the classroom teacher should provide interventions and instruction designed to meet the needs of the student. Classroom teachers have been trained to provide modifications to classroom routines for students with these difficulties. Part of this process includes regular communication with the family/caregiver and school staff with expertise in these areas. In addition, educational professionals may want to encourage families to inform their PCP about this process. If the teacher's accommodations do not adequately address the student's needs, the teacher will then make a referral to the child's educational support team (EST).

REFERRAL TO EDUCATIONAL SUPPORT TEAM (EST)

An EST exists in each school and consists of a variety of school staff (administrator, school counselor, behavioral specialist, nurse, special educator, classroom teachers) who meet regularly to discuss student needs and help create plans for students at risk. Many students with attentional issues are likely to be referred to this team for help from teachers and support staff in understanding and planning to meet the students' needs.

- EST planning requires observation and data collection and an informal evaluation of the student's learning profile. EST plans include

further data gathering and immediate interventions. If, over time, these interventions do not result in improved performance based on continuous progress monitoring, the EST may refer the child for a special education evaluation. This referral is made if there is reason to believe that the student is disabled and in need of special education.

- If a family/caregiver or teacher believes the child has a disability and is in need of special education, the family/caregiver or teacher may make a direct referral to the school principal or special education administrator at any time.

REASON TO BELIEVE THAT THE STUDENT IS DISABLED AND IN NEED OF SPECIAL EDUCATION

The special education evaluation process is clearly defined by state and federal regulations. The evaluation and planning process includes the following steps:

- With family/caregiver participation, a plan for comprehensive evaluation is designed to identify areas of concern and outline evaluation procedures for determining the student's skills and challenges in each identified area as they relate to the educational environment. These areas include the basic academic skills in reading, writing, speaking, listening, math and motor skills.
- Once parental consent is obtained, the evaluation should be conducted within 60 calendar days. For students with suspected ADHD, a physician and, when appropriate, a school psychologist must play an active role in making this determination. A student

ance, annual goals and objectives to meet the student's learning needs and special education services to be provided by the school. The IEP is updated annually and a reevaluation of special education eligibility may occur at least once every three years. Ongoing assessment of identified educational goals informs the team, as well as other health professionals, involved in related aspects of the student's life.

For students diagnosed with ADHD

is eligible for special education when these three criteria are met:

1. The presence of a disability is identified by the evaluation and planning team;
2. Three out of five assessment measures used by the evaluation and planning team indicate the disability has an adverse effect on educational performance in one or more of the basic skill areas;
3. The student needs specialized instruction to benefit from his/her educational program and this support cannot be provided through the educational support system, standard instructional conditions or supplementary aids and services provided in the school.

DEVELOPMENT AND IMPLEMENTATION OF IEP OR 504 PLAN

If the student is found eligible for special education, an individualized educational program (IEP) is written by the team. This plan details the student's present levels of perform-

who are not found eligible for special education, accommodations that provide equal access to school activities are usually outlined in a plan format as described in The Vermont DOE booklet Section 504 of the Rehabilitation Act of 1973 and Vermont Schools (11/2002). The team will provide recommendations to the classroom teacher and family/caregiver for continued interventions.

ONGOING COLLABORATION AND MONITORING OF STUDENT PROGRESS

At any of the previous levels of intervention, appropriate school personnel are available to interact with family and medical personnel in order to provide ongoing monitoring of student progress. The lead individual for the school may be any of the following: classroom teacher; school administrator; educational support team coordinator; school guidance personnel; school nurse; special education case manager; or section 504 case manager.