

# What's Involved in an ADHD Evaluation?

By **Patrick LaCount, PhD**

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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) IS THE MOST COMMON NEUROBEHAVIORAL DISORDER OF CHILDHOOD, OCCURRING IN APPROXIMATELY SEVEN TO EIGHT PERCENT OF CHILDREN AND ADOLESCENTS. BECAUSE OF THIS, SCHOOLS, PSYCHOLOGISTS, PEDIATRICIANS, OR OTHER PRIMARY CARE CLINICIANS WILL LIKELY WANT TO INITIATE AN EVALUATION FOR ADHD IF A CHILD OR ADOLESCENT PRESENTS WITH ACADEMIC OR BEHAVIORAL PROBLEMS AND INATTENTION, HYPERACTIVITY, OR IMPULSIVITY. BUT WHAT'S INVOLVED IN AN EVALUATION FOR ADHD?

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**There are three key components to evaluating children and adolescents for ADHD:**

**1. SURVEYS FROM PARENTS OR GUARDIANS AND TEACHERS ABOUT SYMPTOMS**

A clinician will want to obtain symptom ratings from parents or guardians and teachers because symptoms have to occur in more than one setting for a diagnosis of ADHD. Parents or guardians and teachers also contribute unique perspectives. Parents or guardians know their child and their child's history the best and can attest to how symptoms have developed over time. However, parents or

guardians may not have as much knowledge about what levels of inattention, hyperactivity, or impulsivity is typical for a child. A lot of parents or guardians who come to me began to realize their child is struggling with attention when the child's younger sibling has an easier time with following directions and staying on task than their older sibling. This is why symptom ratings from teachers are crucial. Teachers know a lot more about what is typical for a child at a given age because they see many more children who are the same age.



## 2. SURVEYS FROM PARENTS OR GUARDIANS AND TEACHERS ABOUT IMPAIRMENT

The focus of any good assessment (or treatment!) should be impairment—the reasons families seek out an evaluation or treatment in the first place! All mental health diagnoses and conditions are defined by symptom-related (in this case ADHD-related) impairment. Impairment among children and adolescents with ADHD often includes difficulty completing tasks and schoolwork, making and keeping friends, and behaviors at home leading to parent and family stress.

## 3. CLINICAL INTERVIEW WITH PARENTS OR GUARDIANS

After a clinician gathers the above data, they will want to complete a clinical interview—a conversation between a clinician and parents or guardians to clarify symptoms, impairment, and the settings and situations in which the child is struggling. This is also when alternative explanations are explored. A lot of stressors or disorders can manifest in a way that looks very similar to ADHD (e.g., learning-specific difficulties, depression, trauma, anxiety). For example, if a child shows consistent inattention symptoms during reading, it would be important for a clinician to ask questions to determine if the cause of these difficulties is ADHD, reading-specific problems, or both.

Some clinicians will incorporate additional neuropsychological testing (e.g., cognitive/IQ, executive functioning) and academic achievement testing. These can be helpful to get a more comprehensive picture of a child or adolescent's learning strengths and weaknesses; however, they have not been found to improve diagnostic accuracy in most cases. A child or adolescent can sometimes be asked to report on their symptoms or impairment; however, reports of their own behaviors often differ from other observers because children tend to have limited insight into their functioning and adolescents tend to minimize their own problematic behaviors.



### References

American Academy of Pediatrics (2019). *Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents*. *Pediatrics*, 144(4), e20192528. <https://doi.org/10.1542/peds.2019-2528>

Pelham, W. E., Jr, Fabiano, G. A., & Massetti, G. M. (2005). Evidence-based assessment of attention deficit hyperactivity disorder in children and adolescents. *Journal of clinical child and adolescent psychology*, 34(3), 449–476. [https://doi.org/10.1207/s15374424jccp3403\\_5](https://doi.org/10.1207/s15374424jccp3403_5)

Thomas, R., Sanders, S., Doust, J., Beller, E., & Glasziou, P. (2015). Prevalence of attention-deficit/hyperactivity disorder: a systematic review and meta-analysis. *Pediatrics*, 135(4), e994–e1001. <https://doi.org/10.1542/peds.2014-3482>



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