

The multi-level approach in the diagnosis and treatment of Attention Deficit / Hyperactivity Disorder (ADHD)

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Symposium abstract (The presentations are supposed to be in Greek)

Attention Deficit / Hyperactivity Disorder (ADHD) is a widely recognized developmental disorder with neurological underpinnings that usually affects several domains of a child's functionality, like general behaviour, speech and language development, academic performance, relationships with peers and self-esteem level. Several intervention approaches have been proposed and a number of therapeutic techniques have been developed in order to help children with ADHD encompass their difficulties. However, current clinical practice has shown that these approaches are very often employed in isolation, according to the therapist's special training, and usually without any theoretical background, which inevitably leads to the considerable limitation of their effectiveness.

The aim of this symposium is to provide an integrative approach for ADHD, based on the latest research findings and the long clinical experience of the scientific collaborators of the Psychological Center "ARSI". Within the framework of the multi-level approach, ADHD is regarded as a multi-dimensional 'spectrum' disorder regarding its etiology, primary and secondary symptoms, domains affected and outcome. The term 'spectrum' disorder also refers to the view that no absolute limits exist between this and disorders usually called as comorbid. ADHD is also viewed as a developmental disorder with neurological basis whose outcome is highly dependent on the interaction between the child's core symptoms and his / her environment's attitudes and responses, which may lead to a gradual 'epigenesis' of problems.

To conclude, a complete set of guidelines for the diagnosis and treatment of the disorder, which reflect the clinical applications of the above theoretical approach are provided and discussed.

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1. ADHD: a multi-dimensional ‘spectrum’ disorder

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Both clinical practice and research data indicate that children with ADHD form a heterogeneous group with capabilities, difficulties and outcomes that differ a lot across age range, sex, familial environment and culture. This heterogeneity -that is not reflected in the current classification systems (DSM-IV and ICD-10)- may cause several difficulties in the diagnostic procedure, especially for certain subgroups like preschool children and females. Furthermore, it may undermine therapeutic interventions that lack of specificity and fail to recognize the multi-dimensional nature of ADHD and the personalized needs of these children.

In recent years, the categorical perspective of the diagnostic systems has been strongly questioned as they rely on the symptoms rather than the causes of a disorder and propose series of -theoretically- distinct disorders whose symptoms usually overlap or co-exist. In certain cases, like autism, it has been proposed that disorders with similar core symptoms and supposed etiology may be better viewed as grouped under the umbrella of a ‘spectrum’.

In this presentation, we aim to show that similar considerations also apply in the case of ADHD. We propose that instead of following the categorical classification, specialists should consider certain speech problems, difficulties in motor coordination, attention and learning problems as well as behaviour problems as a spectrum of potentially overlapping and interacting symptoms. Within this framework, the limits of the distinction between disorders are not any more absolute, thus facilitating diagnosis and permitting the designation of personalized therapeutic interventions that focus on each child’s needs, personal, familial and school history.

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2. The ‘epigenesis’ of problems in a child with ADHD

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The primary symptoms of ADHD are hyperactivity, impulsivity and inattention. However, research literature also mentions high rates of co-existent disorders, referred to as ‘comorbid’, like oppositional defiant disorder, conduct disorder, speech and language disorders, learning disorders and anxiety disorders. The reasons of the high rates of these comorbidities are not well understood.

From a clinical point of view, it is usually observed that during the developmental course of a child with ADHD, several changes may occur: certain symptoms, like speech problems may diminish, some new ones, like learning difficulties may appear, and others, like behaviour problems may increase in degree and intensity. Although the neurological basis of ADHD is beyond any doubt, it seems that these changes do not simply result from the biological substrate itself but from a complex interaction between the child’s core symptoms and his / her environment’s attitudes and responses.

The aim of this paper is to propose an integrative view of ADHD’s ‘comorbid’ disorders, in which they are considered –rather than simply co-existent- as different manifestations of ADHD’s core symptoms, that gradually differentiate through the procedure of ‘epigenesis’, depending on the child’s age, sex and quality of interactions with his / her environment. ‘Epigenesis’ is the procedure where new behaviours are built upon previous behavioural acquisitions as a result of the transactional nature of the relationship between biological and environmental factors. The importance of the understanding of ‘epigenesis’ of problems for the diagnosis and the effective treatment of ADHD during the lifespan is highlighted.

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The multi-level approach in the diagnosis of ADHD

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The diagnosis of ADHD is recognised as an important step towards effective treatment. This procedure is usually based on the criteria defined in the DSM-IV and its derived structured interviews and standardized rating scales. Currently, the use of these criteria and the assessment methods based on them is effortlessly considered by a lot of mental health specialists as the essential guide for diagnosis.

However, informants often provide different ratings of a child’s behaviour. It may happen that a child does meet or not the criteria for the diagnosis of ADHD dependent upon whether the rating scale is completed by the mother or the father. These phenomena may result from the lack of objective measures for the diagnosis of ADHD and from the overvaluation of rating scales.

In this presentation, we attempt to address the difficulties encountered in clinical practice during the diagnostic procedure of ADHD, due to the fact that the current classification systems fail to take into account a number of important factors, like the etiology of the disorders, the ‘epigenesis’ of symptoms and the effects of gender and socio-economic environment on the development of psychopathology. In our perspective, the diagnosis of ADHD should be based not only on the existence of primary symptoms, but mainly on the evaluation of secondary difficulties that may impede the child’s functionality. Within this framework, qualitative and not quantitative assessment appears more salient. A multi-level approach for the diagnosis of ADHD is described and guidelines for the pertinent diagnostic procedure are proposed.

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The multi-level approach in the treatment of ADHD

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The implementation of any therapeutic intervention in childhood psychopathology relies not only on the diagnosis given but also on the specialist’s theoretical and clinical background. In other words, the diagnosis of a disorder, e.g. ADHD, does not necessarily determine the therapeutic approach. Even most important are the specialist’s beliefs regarding the nature of the disorder, its etiology, its predominant symptoms and the role attributed to certain factors that might maintain maladaptive behaviour.

Within the framework of the multi-level approach to childhood psychopathology, we consider ADHD as a spectrum disorder with neurological substrate, which produces some core symptoms, on the basis of which new symptoms may develop and several changes may occur due to the procedure of ‘epigenesis’.

The aim of this paper is to present the clinical applications of the multi-level approach for the treatment of ADHD. This approach focuses on the primary symptoms of ADHD but also aims at the prevention of the development of secondary symptoms and the replacement of potential maladaptive attitudes in both the child and important adults. Parents and teachers are considered as co-therapists and are aided to form a supportive environment around the child where similar techniques are used in order to help him / her. Finally, specific attention is given not only to the child’s difficulties but to the full development of his /her capacities and strengths and to the built of high-self esteem and a wide range of adaptation abilities. Examples of specific therapeutic techniques derived of the multi-level approach are discussed.

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