

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

CURRENT DIAGNOSIS AND TREATMENT PRACTICES
FOR ATTENTION-DEFICIT HYPERACTIVITY
DISORDER WITH CHILDREN

A thesis presented in partial fulfillment of
the requirements for the degree of
Master of Arts in Psychology
at Massey University.

Denise A. Kingi

2000

ABSTRACT

Attention-Deficit Hyperactivity Disorder (ADHD) is a condition that affects many children and their families. Given the severity and pervasiveness of ADHD, diagnosis requires a thorough and comprehensive evaluation procedure along with multimodal treatment strategies tailored to the specific needs of the individual child. The present study aimed to identify the current diagnostic and treatment practices for ADHD with children to ascertain their consistency with current scientific research and recommendations. Additionally, the study aimed to highlight cultural issues surrounding the diagnosis of ADHD with Maori and Pacific Islands children. The research was conducted in two stages consisting of two separate samples. First, data were collected from parents/guardians of 47 children currently diagnosed with ADHD via survey based questionnaires. Second, information was elicited, also via questionnaires, from practitioners who provided data for 19 of the children participating in the stage one of the study. Overall, findings from the present study reveal inconsistent application of the recommended diagnostic procedures as well as discrepancies between parent and practitioner reports. In addition, results clearly identified stimulant medication as the main treatment prescribed for children with ADHD. However, the establishment of appropriate ongoing monitoring for treatment effectiveness and possible side effects was lacking. The underuse of systematic behavioural treatments evident from the findings is of concern given that empirically-based literature emphasises the importance of multimodal therapy. Cultural differences identified in the study are discussed and limitations of the research are noted, along with suggestions for future research.

ACKNOWLEDGEMENTS

I am grateful to a number of people who helped and encouraged me during the course of this research. Special thanks to Dr Kevin Ronan, my supervisor, whose enthusiasm, guidance, and unfailing confidence in my ability enabled me to complete this research.

This research would not have been possible without the time and effort of the participants and the dedicated members of ADHD support groups in Rotorua, Palmerston North, Fielding, Levin, and Auckland – many thanks.

To Paul Hirini and Mahalia Paewai for their advice and encouraging comments. To John Spicer, for his assistance in the data analysis, and to the ladies in the Psychology office Malanie, Anne, Heather, and Robyn for their invaluable assistance.

I would like to acknowledge the support of my colleagues and friends, particularly Liz, Robyn, Julie, Trish, Veronique, and Kirsty for doing what friends do best in difficult times.

To Mum, my sisters Karen and Tanya, Tuti Katene, and other whanau who supported and encouraged me during this time.

Finally, special thanks to my children Sione, Renei, and Raniera for their love and patience, and most importantly, to my husband Tanira who always believed in me and provided the guidance, encouragement, and love that gave me the strength and confidence to complete this project.

TABLE OF CONTENTS

	Page
Abstract	ii
Acknowledgements.....	iii
Table of Contents	iv
List of Tables	vi
List of Figures	vii
CHAPTER ONE: INTRODUCTION	1
1.1 Aims of the study	4
1.2 Objectives of the study	4
CHAPTER TWO: LITERATURE REVIEW	5
2.1 Primary Symptoms	5
2.2 Etiology	9
2.3 Diagnostic Criteria	13
2.4 Differential Diagnosis.....	16
2.5 Prevalence	19
2.6 Comorbidity	20
2.7 Developmental Factors	21
2.8 Gender Differences	23
2.9 Assessment	24
2.9.1 Current diagnostic practices for ADHD.....	31
2.10 Cultural Issues In Assessment	34
2.11 Treatment	39
2.11.1 Pharmacotherapy	39
2.11.2 Psychoeducational treatment	42
2.11.3 Psychosocial intervention	43

CHAPTER THREE: METHOD	50
3.1 Participants	50
3.2 Procedure	52
3.3 Instruments	56
3.4 Data Analysis	64
CHAPTER FOUR: RESULTS	65
4.1 Parent/Guardian Data	65
4.2 Practitioner Data	77
4.3 Comparison of parent and practitioner-reported diagnostic and treatment practices for ADHD	82
CHAPTER FIVE: DISCUSSION	86
5.1 Summary	86
5.2 Major Findings	88
5.3 Specific Findings.....	92
5.4 Limitations	98
5.5 Future Directions	100
REFERENCES	103
APPENDICES	
APPENDIX A: Parent/Guardian Information Sheet	122
APPENDIX B: Consent Form	123
APPENDIX C: Parent/Guardian Questionnaire	124
APPENDIX D: Covering Letter to Practitioner	132
APPENDIX E: Practitioner Questionnaire	133

LIST OF TABLES

	Page
Table 1: Demographics of children diagnosed with ADHD.....	51
Table 2: Age of child when first diagnosed with ADHD.....	66
Table 3: Parent reported diagnostic practices for ADHD.....	67
Table 4: Parent reported comorbid conditions present in children with ADHD	69
Table 5: Parent reported treatment modalities for children with ADHD.....	70
Table 6: Side effects present in children prescribed medication for ADHD	72
Table 7: Practitioner reported diagnostic practices for ADHD with children.....	77
Table 8: Clinical characteristics of children with ADHD	79
Table 9: Treatment strategies employed for children with ADHD.....	80

LIST OF FIGURES

	Page
Figure 1: Parent reported level of satisfaction with information on support systems or resources available	75
Figure 2: Parent reported level of satisfaction with the school system	75