



ADHD IN CHILDREN AND ADOLESCENTS INCLUDING THOSE WITH DISABILITIES: MULTIFACETED SUPPORT

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Abstract

A suicidal sixteen years old did not want to be sent to a mental psychiatric institution and committed suicide because of attention deficit hyperactivity disorder (ADHD) and other co-morbid problems such as anxiety and depression. Providing appropriate timely intervention at the primary care clinic by a team of doctors including qualified behavioral health consultants could have helped to manage the situation on an ongoing basis. ADHD and depression in children and adolescents can cause life-disrupting problem. There is a gap in the healthcare system that supports the need for integrating behavioral health clinical and management consultants at the primary care physicians (PCP) office, health homes, hospitals, pharmacies, dental offices, and schools. School counselors and psychologists cannot fill the gap. Managing attention deficit disorder and other comorbid conditions such as anxiety and depression in all individuals including individuals with disability using integrated behavioral health consultants will help in providing high patient centered care that is affordable, and based on population health management. This is a multifaceted approach that involves medical, behavioral, educational awareness, and community support which ultimately helps with effectively integrating into the society at large.

Introduction

ADHD is when children and adolescents have difficulty staying focused and paying attention, difficulty controlling behavior, and hyperactivity (Center for Disease Control [CDC], 2015). However, depression is a severe health issue that disturbs the whole person, it can alter behavior, physical well-being, educational performance, social action, and the capability to control daily decisions (Annals of Internal Medicine [AIM], 2009). Three types of ADHD are diagnosed among children: inattentive type previously known simply as attention deficit disorder, hyperactive-impulsive type, or a combination of both (American Academy of Pediatrics [AAP], 2011). Although anxiety, depression and ADHD in children are different disorders, they can occur together. For children with ADHD, the risk involved in the development of depression is about three times greater than with other children. Research shows that without proper early integrated behavioral health management intervention, school or work can be unsuccessful, family life can be chaotic with disturbance, peer group and sibling relationships can be in conflict (National Resource Center on ADHD [NRCA], 2015). In the United States, the percentage of children estimated to have ADHD has changed over time. As noted by Center for Disease Control (2015): (1) Approximately 11% of children 4-17 years of age (6.4 million) have been diagnosed with ADHD as of 2011; (2) More than 50% have depression; and over 90% will end up having depression if there is no proper continuous behavioral health management intervention provided.

Integrated treatment

Depression and ADHD can be treated in children with the integration of behavioral health services. Moreover, less than one in three children with ADHD received both medication treatment and behavioral therapy, only half of preschoolers ages 4-5 years with ADHD received behavioral therapy, and less than 40% of children receive behavioral health therapy in Texas. There is currently no result for integrated behavioral health services on an on-going basis, as well as results for those receiving treatment according to the 2011 best practices guidelines (CDC, 2015). This shows that there is an urgent market need for behavioral health intervention to fill this gap as part of the medical treatment team in the health care industry.

Although there are treatments to improve ADHD symptoms, less is known about managing ADHD and other associated behavioral conditions as a child ages and reaches adulthood. ADHD is a chronic condition of high prevalence that requires long-term intervention (Brook, Brook, Zhang, Seltzer, & Finch, 2013). Attention-Deficit/Hyperactivity Disorder (ADHD) often occurs with other co-morbid conditions such as depression and anxiety. About half of children with ADHD referred to clinics have behavioral disorders as well as ADHD. Major depressive disorders in children are often termed disruptive. The solution lies in integrated care, the systematic coordination of general and behavioral healthcare (Christensen, Anthony, & Roth, 2013). Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs (Substance Abuse and Mental Health Services Administration [SAMSHA], 2014). There have been changes in the proportion of children projected to have ADHD over time hence the need for integration of behavioral health care services and early intervention is highly needed for improved outcomes. Treating ADHD in



children often involves community support, medical, educational, and behavioral interventions patient centered care for while person wellness (Whalen, Jamner, Henker, Delfino, & Lozano, 2002). This comprehensive approach to treatment is multifaceted.

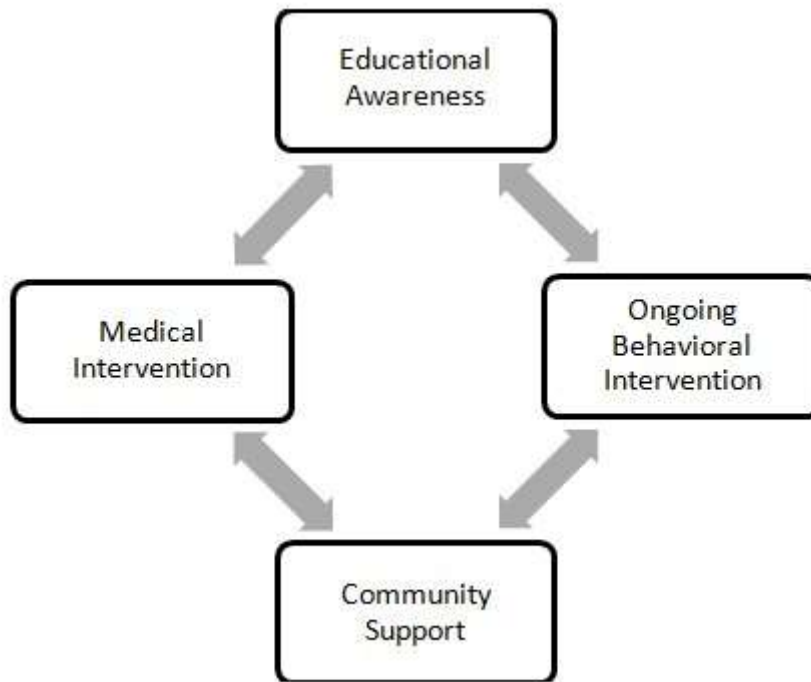


Figure 1: ADHD: Multifaceted Intervention Approach

It involves parent and child education about diagnosis and treatment, specific behavior management techniques, stimulant medication, appropriate school programs and community support. Hence, treatment should be individualized to meet the unique needs of each child and family. Some common misconceptions about ADHD are that it is caused by eating too much sugar, watching too much television, poor parenting, or a chaotic family environment (CDC, 2015). This means that a team of care givers will consist of doctors, behavioral health consultants, nurses, psychologist, care-manager and other mental health professionals all closely working together.

Technology integration

Although in the past, medical drugs were usually prescribed, however, the various risky side effects of antidepressants put a doubt on the effectiveness of treatment from the public at large. Integrated behavioral health care with the use of technology can be used to track and predict patients’ problems and to transform healthcare industry. For example, neurologists have known that brain wave analysis is abnormal in those with attention and hyperactivity problems since the late 1960s; however, this process is no longer favored for evaluating inattentive and hyperactive kids, except to rule out epilepsy. There have been many changes over time, now ADHD is considered to be a problem with function, not a physical disease, and psychiatrists have taken over the treatment (CDC, 2012).

Integrated Behavioral Health Services (IBHS) is an exclusive and innovative way to provide behavioral health services to children and adolescents and the primary care physician (PCP) office with a collaborative team of professionals where they normally get routine health check-ups. Many families are not aware of this low cost, high quality patient centered type of services that does not need referral to a specialist outside of the PCP office for improved population health (Institute of Medicine [IOM], 2012). Largely, being able to provide behavioral health services using motivational interviewing and questionnaires that defines and categorizes behavioral problems relating to mood and attention issues with each child and family makes this project particularly different. According to Escolano, Navarro-Gil, Garcia-Campayo, Congedo, and Minguez (2014) standardized neuro feedback procedures comprehensively assessed in ADHD disorder showed that improvement of the individual upper alpha power is effective in the development of numerous measures of clinical outcome and cognitive performance in ADHD. Hence, motivational interview based on protocols will utilize the Neuro- Matrix, Neuro-Feedback Training (NMNFT) technology which has greater scientific validity than any other therapy for mental fitness and dysfunctional brain conditions. All protocols utilized have shown the



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capability to normalize dysfunctional brain wave patterns, thereby reducing or even eliminating a variety of symptoms (Escolano et al. 2014). This test serves not only to define present abilities but also to suggest areas of brain dysfunction and to serve as a baseline to determine progress.

Conclusion

Families do not usually like getting treatment at mental health facilities because of the stigma associated with traditional settings, and affordability is also a problem. Integrated behavioral health services is not trying to replace psychological intervention, but working as a team, would allow for immediate routine screening, early intervention, open discussion, continuous support, and monitoring until patients can self-manage themselves (SAMHSA, 2014). This means that a team of care givers will consist of doctors, behavioral health consultants, nurses, psychologist, care-manager and other mental health professionals all closely working together. A treatment that includes behavioral health intervention is still lacking and further research in this area is needed (IOM, 2010).

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