ADHD

in practice

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■ The Functioning Profile allows the user to measure the progress of the child's current situation in both specialised settings and in low-skilled areas, by youth care professionals, parents and teachers.

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ADHD and the Functioning Profile

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Attention deficit hyperactivity disorder (ADHD) has multiple manifestations. It is more than a DSM-5 [1] classification made in a consulting room, and more than adequate medication and psychoeducation given to the child and its parents. The many manifestations of ADHD that are encountered in schools and youth services need to be considered in decision-making about the next steps for the child. This requires putting the additional knowledge and skills from those who work and interact with the children on a daily basis into practice. This article describes the Functioning Profile (FP), [2] an instrument that allows a needs-based assessment in the child's everyday environment, taking into account the multiple manifestations of ADHD and specialist knowledge and skills. The outcomes from the FP assessment contribute to organising support for children in youth care, schools and at home, without the risk of early medicalisation.

The complexity of ADHD

ADHD can be considered a complex disorder because of its varied manifestations and its extensive consequences for development. The support of children with ADHD requires insight into the factors that play a role in their current situation. In order to achieve needs-based support, a specific needs-based assessment of the child needs to be

carried out. This requires the organised handling of a multitude of data.

The complexity of ADHD can be described on different levels:

● symptom level
● developmental level
● contextual level
● organisational level.

The symptom level describes the functioning of the child. This level identifies the possible co-morbidities – the regulatory and other behavioural issues that can manifest themselves in the child.

At the level of development, the various developmental areas of the child and the status of maturational delays are described.

The child's contextual level analyses the interactions of the child with his/her environments, including: home, school and leisure. The cultural background of the child, religion, educational and parenting styles, life events, trauma's and unsafe situations are all considered at this level.

The organisational level of ADHD applies to the micro level of treatment, where it is decided how to address the disorder, developmental delays and interactions, in a methodical coherence. An order needs to be arranged in how to treat or support the child at this level. The organisational level also applies to the meso level of regional co-operation: how is 'who does what' determined, and how

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is adequate communication across the child's support system achieved? At macro level, decisions are made about the allocation of resources. This level demonstrates the need of the government and the municipalities to demedicalise. It is about providing support to children in their living environments without sticking with medical labels. It goes hand-in-hand with the need to save on budgets.

The distinctions between the four levels – symptom level, developmental level, contextual level and organisational level – provide a complex approach to ADHD. All play their role in the daily decision-making about how the child should be supported. A diagnosis and evidence-based treatment from a consulting room is no longer enough and is sometimes no longer accepted. In addition, it must be remembered that many children with ADHD never appear, or appear only briefly, in consulting rooms. Therefore, their behaviour and specific needs are shown and best observed in their living environments. The question now is, how can the child be supported with a complex and changing presentation of ADHD if they are unlikely to present in the consulting room? An additional question is, how can the people who are busy with the specific needs shown by this child on a daily basis be supported? To make a start, it is necessary to make this complex and ever-changing set of factors available for making decisions in the workplace.

Needs-based assessment and support with the FP

To respond adequately to the different needs at a given time and, therefore, to changing manifestations of symptomatology, development and living conditions of the child, it is necessary to be able to portray these. Based on 25 years of clinical experience, a web-based application was developed that takes a survey of the child's current situation in all the areas mentioned – this is the FP. It captures an image of the filler's concerns about a broad spectrum of functioning, and interaction with the child and of any point of concern could also be a stimulating factor. For example, if a child is showing behavioural problems, the appropriate functioning of his conscience can be a stimulating factor. The identified points of concern will be used as the basis for the support that the child will receive. The FP is used to monitor the results of the support given by simply filling out the FP again. By repeating the FP, it is possible to portray the child's progress, but also to assess and correct the effectiveness of actions taken. The FP shows the graphical display of previous results, so that it is easy to monitor the the child's progress. Any outcome of a repeatedly executed FP says something about the progress of the child and about the outcome of the intervention performed.

Measuring the progress of a child's current situation in multiple places is important. The FP can be used both in specialised settings and in low-skilled areas by youth care professionals, but also by parents and teachers. The child can also participate in completing their FP from about 12 years of age. With different people contributing to the FP

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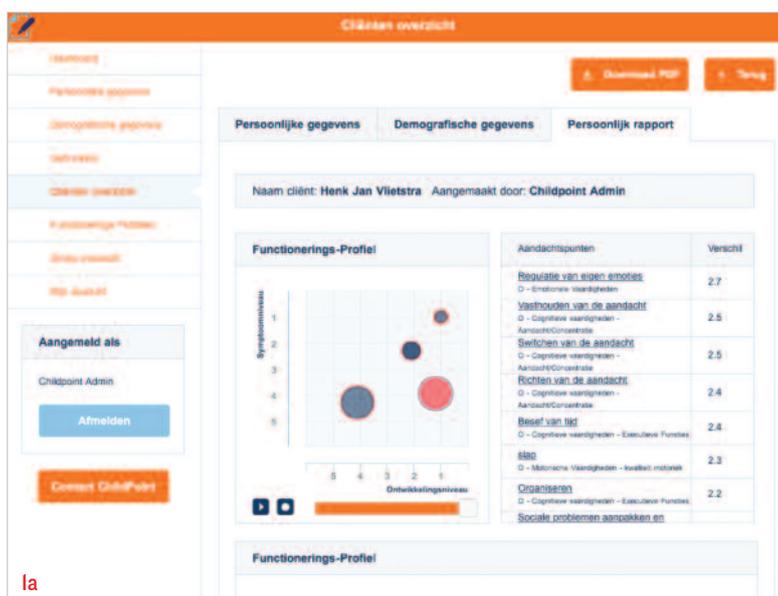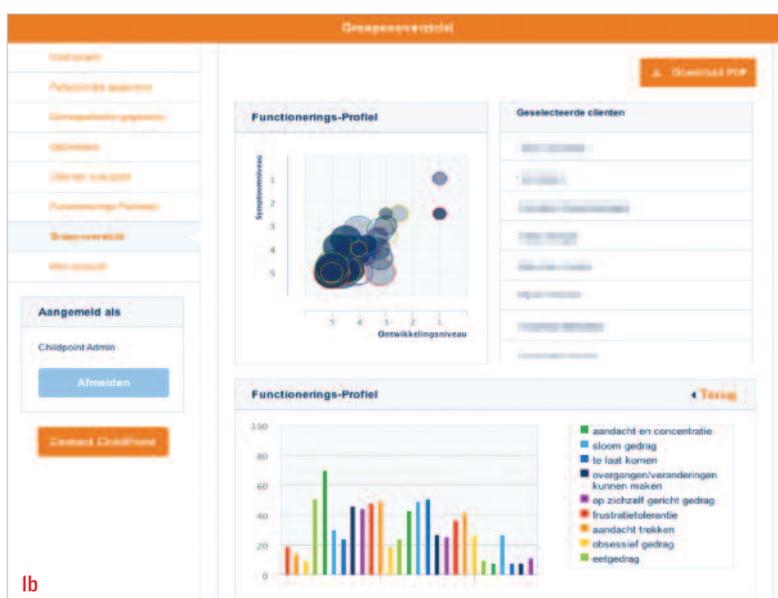
Ib

with a complex disorder like ADHD, ideas on the next steps can differ between contributors, but the FP also facilitates discussion with shared reference points. This is useful in situations where both professionals and non-professionals come together and in which decisions must be made.

The FP can be used as a first measurement (pre-diagnosis) for concerns about the functioning of the child. It enables decisions to be made about whether (over-)medicalisation can be prevented, or whether further investigation of the child is appropriate. If there is prolonged suboptimal functioning in the child, unrecognised relapse in functioning, or if the school teacher is concerned about the progress of development or of the effect of measures taken, the FP can be deployed. The FP can be used to make an inventory of the child's specific support needs in special education upon entry and leaving the class. Both in youth care and at school, the FP helps professionals improve their ability to work around the child with the ability to evaluate and revise decisions earlier. This helps to systematise the care process in sometimes complex circumstances.

▶▶ **Figure I.**
Screenshots from the Functioning Proile showing the use of the moving bubble, with the desired situation highlighted in pink and action points to achieve the goal on the right (Ia) and an example of a group report (Ib)

Information and Communications Technology (ICT) makes it possible to carry out a group analysis of a class or department and of children in a particular district, school or region. A group analysis gives an indication of the complexity of a group problem and helps in designing group interventions. On a larger scale, the group analysis helps allocate resources and assess their impact.

Using the 'moving bubble', another feature of the FP (see Figure 1), scenarios can be discussed with those involved with the child. If a bubble in a graphical representation of the results is moved to a more desired location, the programme immediately calculates what prevents the child from functioning at that level. Its use makes it possible to discuss the feasibility of an idea or plan with all concerned.

The FP shows the child's actual level of functioning, which may be at a high (green), moderate (yellow) or low (red) level. These three levels of functioning each have their own support guidance. For example, at green level a simple consultation is often enough, while adequate support at the red level requires more effort across the child's whole support system. The results from the advice at red level are difficult to predict, require more involvement from professionals and will be more expensive to obtain.

Whem the FP indicates areas or points that require support, the level of functioning shows the feasibility of a plan of action. Using the FP, therefore, can play a role both in conducting a needs-based assessment and planning needs-based support. A link is made between a broad inventory of factors and the organisation of the approach to support the child.

The FP and ADHD

If a child has an ADHD diagnosis, it does not mean that there is a clear indication of how support will be provided. Although we have to use DSM-5 to classify ADHD unambiguously,[1] there is no uniform manifestation of the disorder – either with the same child over time or with different children at the same time. The consequence of repeated application of a wide profiling with the FP is that, even in complex ADHD, there are no actions that are not

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specifically aimed at the needs of the child in his/her context. In addition, the measures taken can be corrected as necessary.

If the child presents his/her ADHD in a series of manifestations, that do not lead to an adequate diagnosis, or if there is no longer adequate care or support, the child, parents and school can be under great pressure. Over time, separate measures can be taken to focus on isolated problems, such as: behavioral, anxiety and mood problems or disadvantages in development and school performance, without the connection with ADHD. This usually does not improve the child's prognosis.

Group analysis

In a group analysis at a special education school, the FP was used in 15 boys aged 13–17 years old, as the school was concerned about them and asked for advice. Eight of them showed the following combination: attention problems, poor executive functions, learning problems, acting out and acting in and regulatory problems of emotions and aggression. All were not, or no longer, in care and their behaviour posed serious problems to the school. Although it was not possible to get them all to the outpatient clinic for an adequate diagnosis and treatment, it was possible to advise the teachers how to deal with each of them better, based on their own specific FP.

Conclusion

Profiling and determining a child's level of performance is useful in the light of needs-based assessment and needs-based support. The FP is an ICT tool that gives a broad picture of the current situation of a child or group of children. It illustrates the concerns of one or more fillers about a child, as well as the stimulating factors, in many areas of functioning and interaction. The FP gives handles for making decisions on support at the youth care or school or workplace or home or sports club. This helps in systematising decisions about a child. It can be used as a tool for pre-diagnosis, and it helps to prevent over-diagnosis and unnecessary medicalisation. The FP also helps to prevent missing a diagnosis. If ADHD is established, the FP can provide advice to skilled and non-skilled people involved in the child. With the 'moving bubble' technology, scenarios can be made and tested for feasibility. Group analysis enables the evaluation of data on a larger scale ■

References
1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 5th edn. Washington, DC: American Psychiatric Association, 2013.
2. Child Point. The Functioning Profile. www.functioneringsprofiel.nl (last accessed 26/10/17)

To access the Functioning Profile website, please go to **www.functioneringsprofiel.nl** (available in Dutch only). The Functioning Profile is available in English and will soon be available in German. Please contact the helpdesk for information about the possibilities or for further information: **info@functioneringsprofiel.nl**

Key points

▸▸ The Functioning Profile (FP) is a web-based application that surveys the child's current situation to contribute to organising support for children in youth care, at school and at home to avoid early medicalisation.

▸▸ The FP can also be used to track the child's progression and to ensure the support recommended is having the desired effect.

▸▸ The FP prevents missing a diagnosis as it can be used by professionals the child encounters in their every day situation, and does not rely on the child presenting in clinic.