

Psychological Assessment of Attention deficit/Hyperactivity Disorder: A Case Study

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Abstract

Attention deficit/ hyperactivity disorder (ADHD), often referred to as hyperactivity is characterized by difficulties that interfere with effective task- oriented behaviour in children particularly impulsivity, excessive or exaggerated motor activity such as aimless or haphazard running or fidgeting and difficulties in sustaining attention. This present case report focus on complete assessment of Attention deficit/ hyperactivity disorder (ADHD).

SOCIO-DEMOGRAPHIC DETAILS

Name : Mr. X

Age/Sex : 9 years /male

Education : 2nd

Occupation : Student

Marital status : Unmarried

Socioeconomic Status : Middle

Background : Urban

Informant : Self and mother (35 years old, 10th pass, house wife)

CHIEF COMPLAINTS

According to informant:

Srart jyada krta hai

Janvro ko pitta hai

School m ldaee krta hai

Neend nai aati hai

} 3 year

Onset : insidious

Course : continuous

Total duration of illness: 9 years

Precipitating Factor: not known

Information is adequate and reliable.

Present History

Child's mother reported that at the age of 3 year child started climbed on the chairs and bed and jumped quickly. He started running in hurry outside the home. He broke the tea cups and pots. He thrown the objects and hit on the wall. He become exited when saw the new toys. He started excessive talk with relative and neighbors. When family member tried to interrupt him he became aggressive and cried loudly. After that he started going to school. His behavior was aggressive with class met and teachers in the school. He quarreled with other children and thrown their books. Many times he bitted the class met and mother. He was not able to complete any task shifts one activity to the next. When relative come home he interrupts among conversations. He was not follow the game rules and showed irritability, do not wait his turn, abuses game met. He cries loudly without any reason. He physically abused the animals, like cat and dog.

Personal History

Birth and development history: Full term normal delivery at hospital

Birth cry was present after immediate birth.

Development milestones normally achieved.

Childhood History:

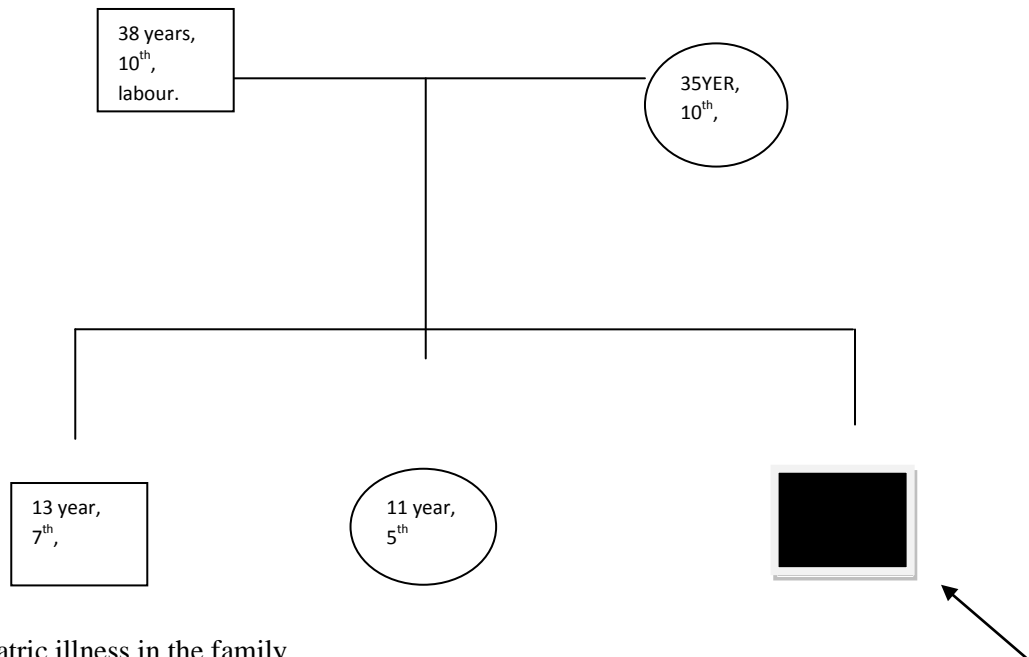
Education History: Pt. went to school at the age of 4 years. Now he is studying in 2nd std. His academic performance is below average. In classroom he had frequent fight with class mate and do not obey the teacher instruction. Many times starts cry excessively in classroom teaching staffs called the parents.

Negative History

- No history suggestive of any head injury, seizure or high grade fever, fetes like episodes.
- No h/o suicidal attempt in the past.
- No history suggestive of over familiarities big talk, over religious, over grooming and elevated mood.
- No h/o any repetitive or intrusive thoughts, images or impulses or repetitive behaviours / acts.

- No h/s/o any specific irrational fears of any specific objects, situations or open spaces.
- No history suggestive of panic attacks.
- No history of any other substance abuse.

Family History:



No h/o of psychiatric illness in the family.

No h/o of physical illness in the family.

Mental Status Examination

General appearance and Behaviour:

Child entered the interview room with in hurry during interview waking here and there. He is not well grooming. Pt. is conscious and alert. He is co-operative and rapport was established. Eye to eye contact was established and not maintained. Psychomotor activity increased and reaction time decreased.

Speech – Tone/Rate/Volume is adequate

Mood – (S) theek hu

(O) euthymic and recative

Cognitive function

Oriented to time, place and person

Attention and Concentration: 5 Digits (F) and 4 Digits (B)

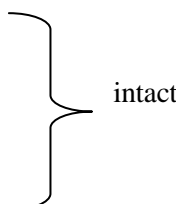
Child is not able to 100-7

40-3 and 20-1 done in 1 minute or 50 sec

Impression: Attention is aroused and sustained

Judgment:

Personal
Social
Test



intact

Insight- 1/5

Diagnostic Formulation

Child X 9 year old unmarried male, studied in 2nd std. Hindu belongs to low social- economic status and urban background, presented with complaint of increased physical activity, quarrelling with others, excessive talk. On mental status examination child was co-operative and rapport was established. Child was oriented to time, place and person. Attention was aroused and sustained memory was intact, inadequate higher cognitive function and impaired social and test judgement.

Psycho-diagnostic Assessment:

Behaviour Observation

Child entered interview in hurry with normal gait, he was conscious and alert, and he sat offered chair and many time stand up between the interviews. He was cooperative and rapport was established. He was attentive, eye to eye contact established and not maintained. His attention is aroused and sustained.

Test/Scales administered:

1. **Eysenck Series Digit Span Test:** to assess the attention and concentration of the pt. during testing.
2. **Colour Progressive Murtix:** to assess the intellectual level of the patient.
3. **Attention –Deficit/Hyperactivity Disorder Test:** to assess the attention deficit and hyperactivity.

Test finding:

Eysenck Series Digit Span Test

Child scored 6 digit forward and 5digit backward. It indicates the attention level of the patient was aroused.

Colour Progressive Matrix:

Child scored 19 on CPM that indicate patient I.Q is 85 which suggest below average intellectual functioning.

Attention- Deficit/ Hyperactivity Disorder

Child scored high on hyperactivity and impulsivity that indicate patient is hyper and impulsive.

Summary

Child scored 6 digit forward and 5digit backward. It indicates the attention level of the patient was aroused. Child scored 19 on CPM that indicate child I.Q is 85 which suggest below average intellectual functioning. Child reported high on hyperactivity and impulsivity. Overall finding indicate that child has below average intellectual functioning with ADHD trait (hyperactivity and impulsivity).

Impression

Overall test finding indicate that patient has below average intellectual functioning with ADHD trait.

REFERENCES

1. Raven, J., Raven, J.C., & Court, J.H. (2003) Manual for Raven's Progressive Matrices and Vocabulary Scales, San Antonio, TX: Harcourt Assessment.
2. Baddeley, A.D. Eysenck, M.W., & Anderson, M.C. (2014). Memory (2nd edition). Hove, U.K: Psychology Press
3. American Academy of Pediatrics, Committee on Quality Improvement and Subcommittee on Attention-Deficit/ Hyperactivity Disorder and Evaluation of the Child with Attention-Deficit/ Hyperactivity Disorder. Pediatrics. 2000 105(5):1158-1170.