

DIAGNOSIS: MOXO D-CPT, SDQ, CONNERS3

CASE STUDY CURTOESY OF DR: MILLER EXPERT EDUCATIONAL PSCOLOGIST, ISRAEL

BACKGROUND:

Adel a 5th grade girl, slightly taller than average and more developed than her age, wears glasses and is somewhat overweight. Demonstrates ongoing excessive mobility.

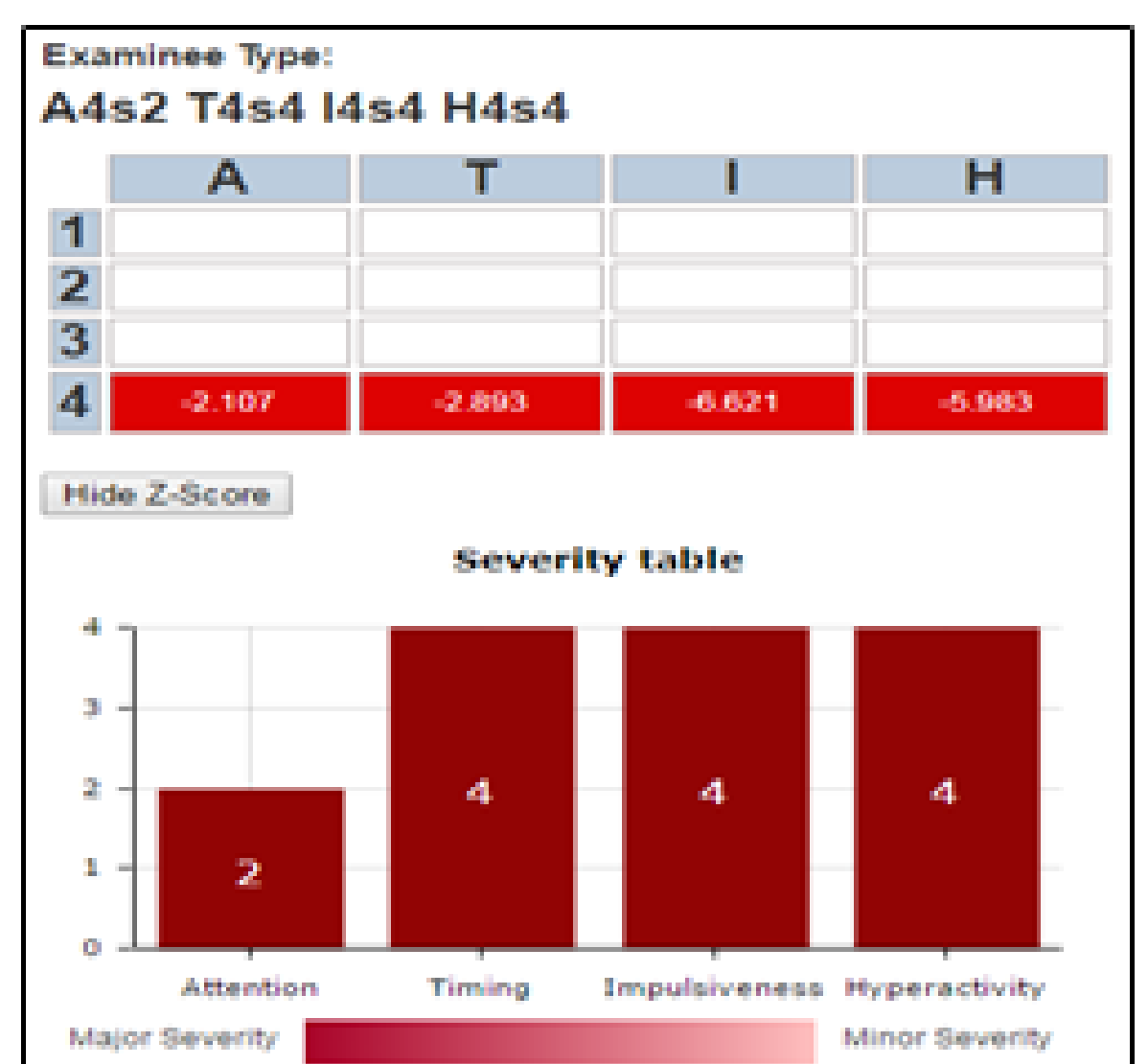
Adel is intelligent and mature with high language skills and good verbal ability. She studies once a week at a gifted children's center. Her parents reported significant and persistent difficulty in attentional functions: distractibility, difficulty persistent attention and maintaining attention. She displays significant difficulty in writing functions - her writing is slow & cumbersome, and there is significant slowness in copying. In addition, social difficulties were reported, she has difficulty in contacting peers in the classroom.

SCREENING:

MOXO d-CPT™, SDQ, Conners3 PT Questionnaire

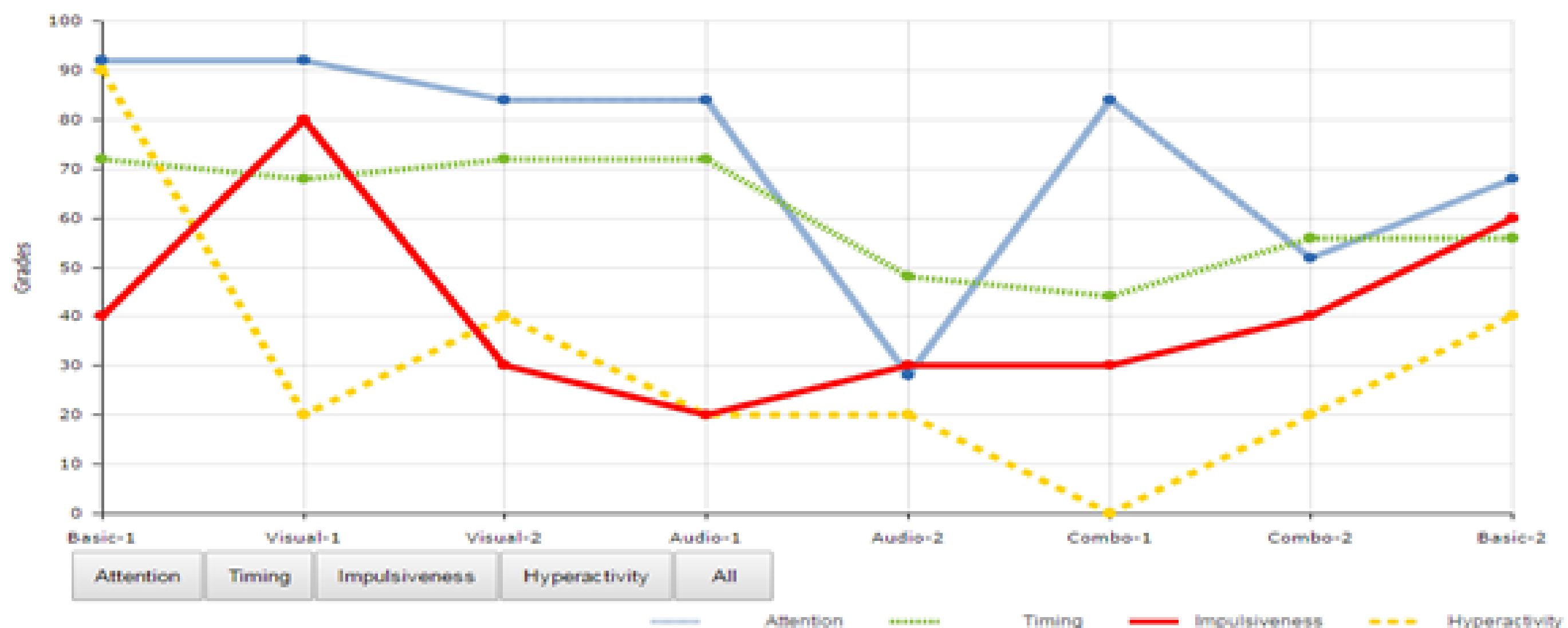
During the MOXO, attentional fluctuations were displayed mainly with the appearance of significant auditory distractors and with the appearance of combined distractors (significant auditory & visual).

A decline was seen during the appearance of significant auditory distractors, which also continued with the appearance of combined distractors (mild and significant), with some improvement with the disappearance of the distractors in the last stage.



NORM COMPARATIVE CHART

From the first stage (without distractors) great impulsivity was observed with a significant improvement in the subsequent stage, and again a significant decrease with from the third stage (slight auditory distractors), and an increase or improvement in the degree of impulsivity only when with the distractors disappear.



INDIVIDUAL PERFORMANCE CHART

There was a significant increase in hyperactivity from the second stage to the sixth stage (combined distractors with a slight degree). There is a certain improvement precisely with the appearance of significant combined distractors and then with the disappearance of the distractors in the last stage.



ATTENTIONAL MATCHING AGE - 8

TIMING MATCHING AGE - 9

IMPULSIVITY MATCHING AGE - 6

HYPERACTIVITY MATCHING AGE - 6

CHILD ATTENTIONAL AGE REPORT

According to the mother report using the Strengths and Difficulties Questionnaire (SDQ), there are signs at some level of distress, significant difficulty in the social sphere, and a great impact of these difficulties on her life. However, no significant difficulties in attention and concentration were reported.

Strengths and Difficulties Questionnaire		youthinmir
Age 10, Female, born 16th March 2005		
Parent SDQ for 4-17 year olds, informant = mother, completed 9th November 2015		
Score for overall stress	14 (14 - 16 is slightly raised)	
Score for emotional distress	2 (0 - 3 is close to average)	
Score for behavioural difficulties	2 (0 - 2 is close to average)	
Score for hyperactivity and concentration difficulties	4 (0 - 5 is close to average)	
Score for difficulties getting along with other children	6 (5 - 10 is VERY HIGH)	
Score for kind and helpful behaviour	6 (6 is LOW)	
Score for the impact of any difficulties on the child's life	5 (3 - 10 is VERY HIGH)	
Diagnostic predictions		
Any disorder	Low risk	
Emotional disorder (anxiety, depression etc.)	Low risk	
Behavioural disorder	Low risk	
Hyperactivity or concentration disorder	Low risk	

	Overall attentiveness	Hyper reactivity / Impulsiveness	Educational problems/ Executive functions	Educational problems	Executive functions	Aggressive behaviours	Social connection
Parent	73	70	53			47	≥90
teacher	81	66		45	77	46	≥90

CONNERS3 PT QUESTIONNAIRE

SUMMARY:

Adel was referred to get evaluated for ADHD. The observation during the diagnosis as well as during treatment sessions indicated restlessness and hypermobility. The diagnostic findings indicated difficulty in all 4 areas examined: attention, response time, hyperactivity, and impulsivity. The SDQ parent questionnaire indicated a significant difficulty, especially in the social field. The Conners3 Questionnaire indicated significant difficulty in the area of attention and hyperactivity / impulsivity, as well as in the social area. In addition, the teacher pointed to a significant difficulty in organizational skills.

RECOMMENDATIONS:

Referral for neurological evaluation and consideration of drug treatment by a pediatric and referred neurologist.

- ★ **25% extra time** in tests, quizzes and class assignments.
- ★ Examination in a **quiet room**, due to high distractions and a significant effect of distractors on her attentional, hyperactive and impulsive functions, as well as on slowing down in response time.
- ★ In light of Adel’s significant and ongoing difficulties in writing, the rapid fatigue and the great effort she puts in, it is recommended that she perform class and homework **using a laptop, having acquired and practiced fast typing through sites such as SNOPI or SENSE-LANG**.
- ★ **Dividing class assignments** into smaller components to maintain attention.

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