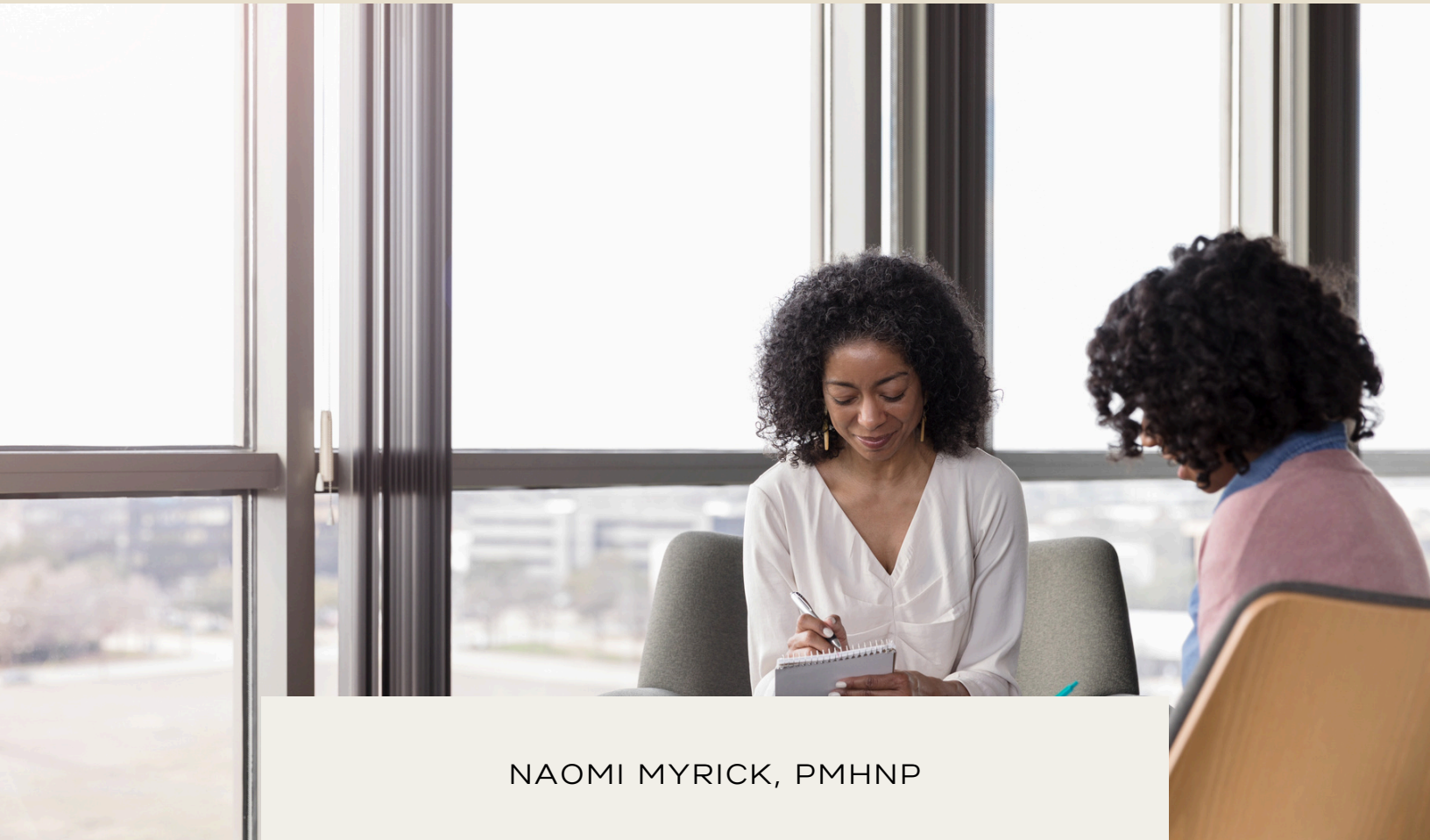
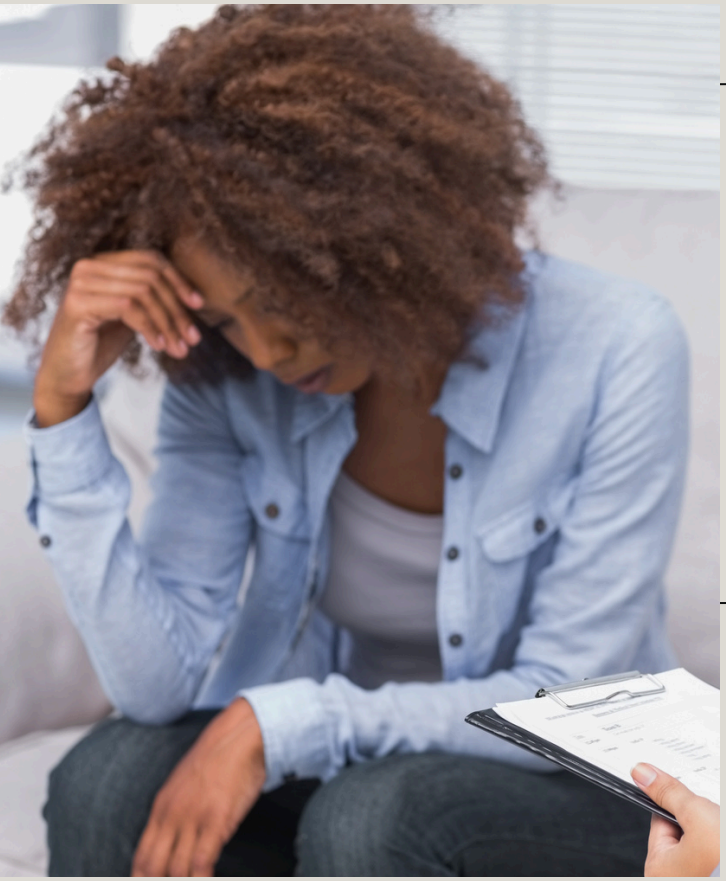
EVIDENCE-BASED ADHD EDUCATION

ADHD ASSESSMENT GUIDE FOR PROVIDERS

How to identify real-life functional impairment
(not just symptoms)



NAOMI MYRICK, PMHNP



WHY THIS MATTERS

Many patients can describe symptoms.

Far fewer can clearly describe **functional impairment**.
Yet per diagnostic criteria, **impairment is required** for diagnosis.

If you don't explicitly assess it, you risk:

- Missing ADHD entirely
- Mislabeling anxiety/depression as primary
- Treating symptoms instead of root cause

Bottom line:
Symptoms tell you what exists.
Functional impairment tells you what matters.

THE CLINICAL GAP

PATIENTS OFTEN SAY:

"I'M FORGETFUL"

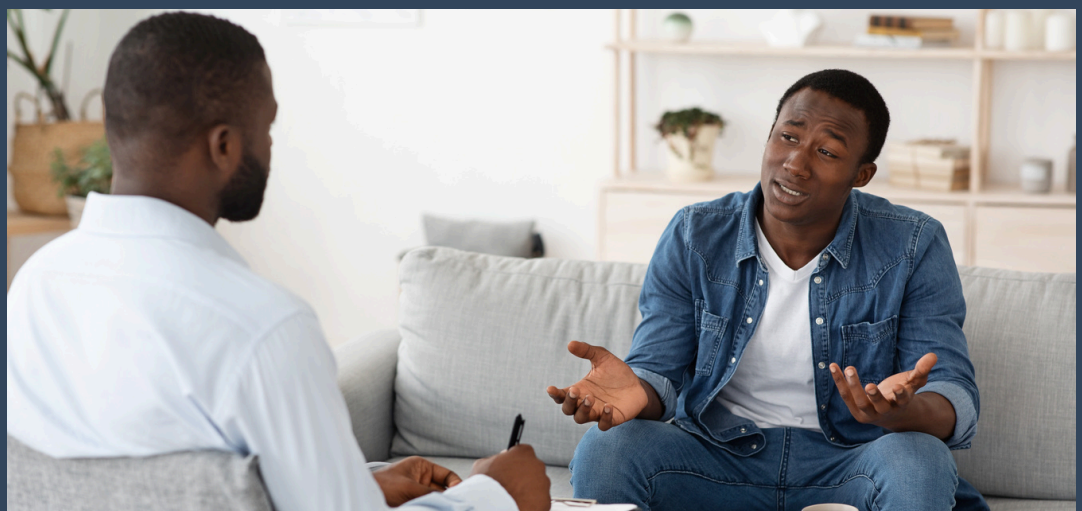
"I CAN'T FOCUS"

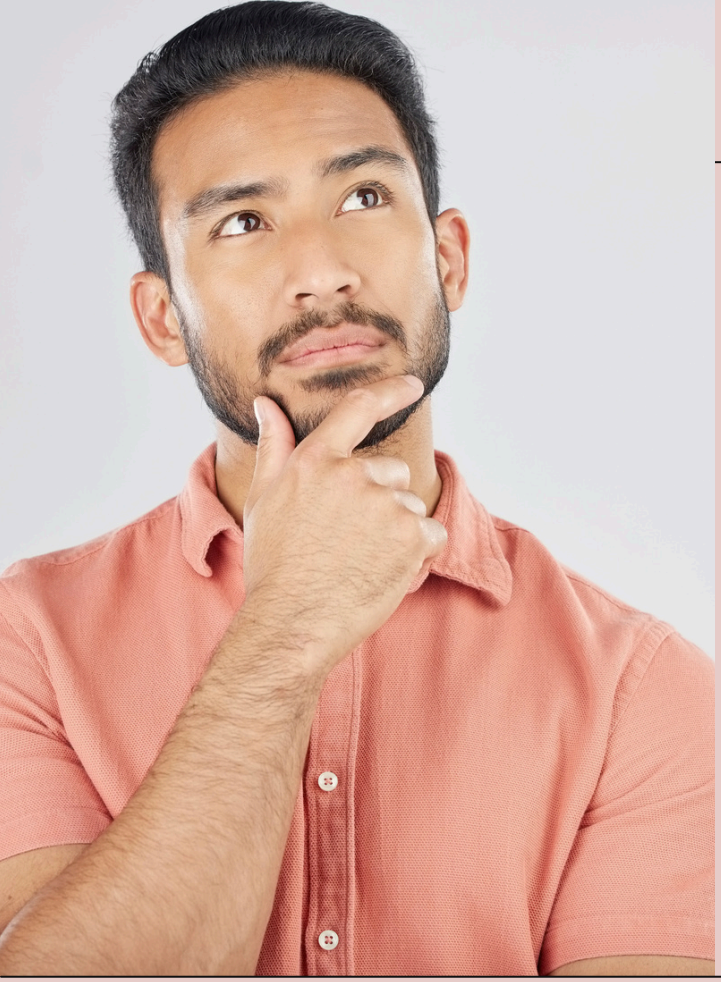
"I FEEL OVERWHELMED"

BUT WHAT YOU ACTUALLY NEED TO KNOW IS:

- Is their job at risk?
- Are relationships deteriorating?
- Are finances unstable?
- Is safety impacted?

Your job is to translate symptoms → life impact.





THE ONE QUESTION THAT CHANGES EVERYTHING

Instead of stopping at symptoms, ask:

👉 **“What in your life is not working because of this?”**

Then go deeper:

“How is this affecting your work performance?”

“Has this caused problems in relationships?”

“Are there financial consequences?”

“What does a bad day actually look like for you?”

FUNCTIONAL DOMAINS TO ASSESS

Use this as a quick framework during interviews:

1. **Occupational / Academic**

- Missed deadlines?
- Performance warnings?
- Underachievement despite ability?

2. **Relationships**

- Conflict due to forgetfulness or inconsistency?
- Partner frustration?
- Social withdrawal?

3. **Daily Functioning**

- Bills unpaid?
- Chronic disorganization?
- Difficulty completing basic tasks?

4. **Emotional Impact**

- Shame, frustration, burnout?
- Repeated “why can’t I fix this?” cycles?

5. **Safety**

- Driving issues?
- Medication mismanagement?
- Risk-taking behaviors?

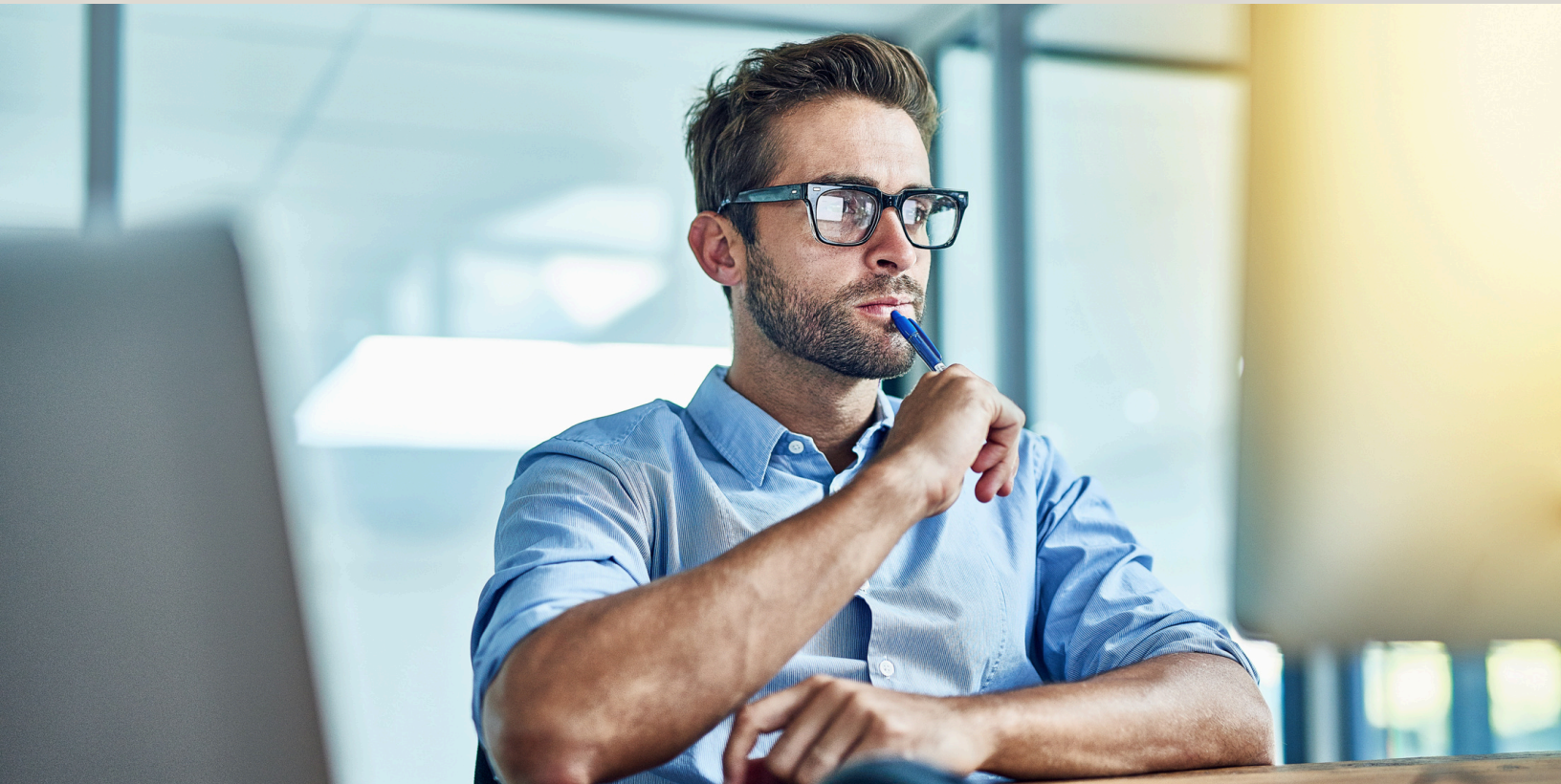
WHAT PATIENTS OFTEN DON'T SAY (UNLESS ASKED)

Patients rarely volunteer:

"My marriage is struggling"
"I'm about to lose my job"
"I can't manage my finances"

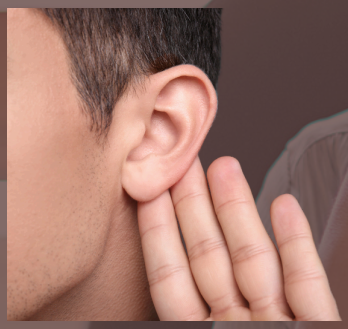
They say:
"I'm just bad at remembering things"

👉 Your role is to uncover the **impact beneath the symptom.**

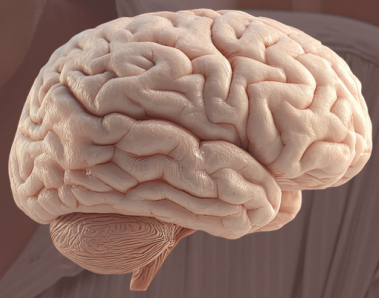


CLINICAL REFRAME

WHEN YOU HEAR



TRANSLATE TO:



"I'M FORGETFUL"

"Is this impairing occupational, relational, or financial stability?"

"I CAN'T FOCUS"

"What are the real-world consequences of this?"

COMMON MISSED PATTERN

Patients presenting with:

- Anxiety
- Depression
- Burnout

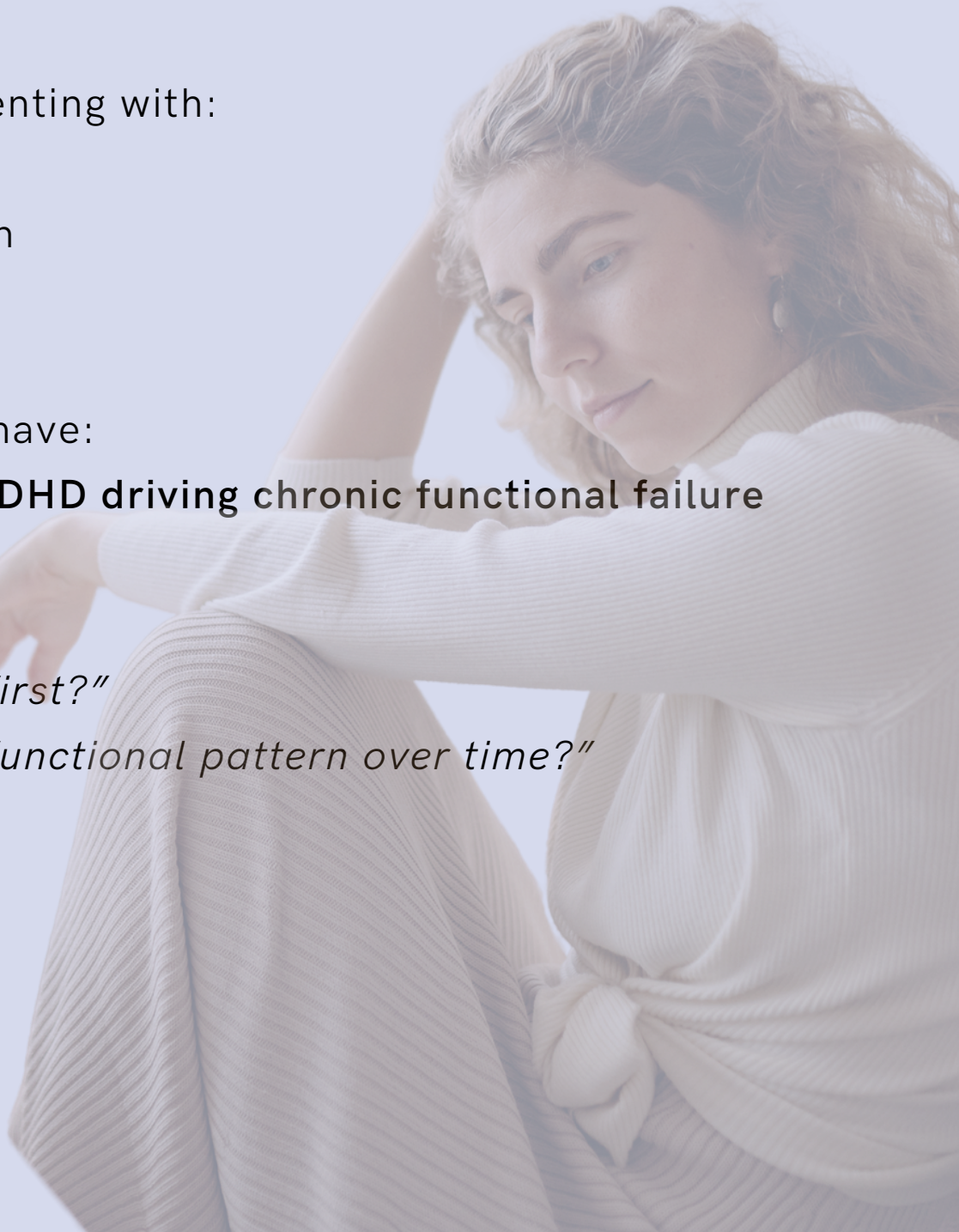
May actually have:

Untreated ADHD driving chronic functional failure

Always ask:

“What came first?”

“What is the functional pattern over time?”



QUICK ASSESSMENT FLOW

1. Identify symptoms
2. Map symptoms → real-life consequences
3. Confirm impairment across settings
4. Rule out alternative explanations
5. THEN consider diagnosis

Where Most Providers Struggle

- Staying at symptom level
- Not probing functional impact
- Time constraints in visits
- Lack of structured framework

This is not a knowledge issue

It's a structure issue.

IF YOU WANT A STRUCTURED, STEP-BY-STEP FRAMEWORK FOR

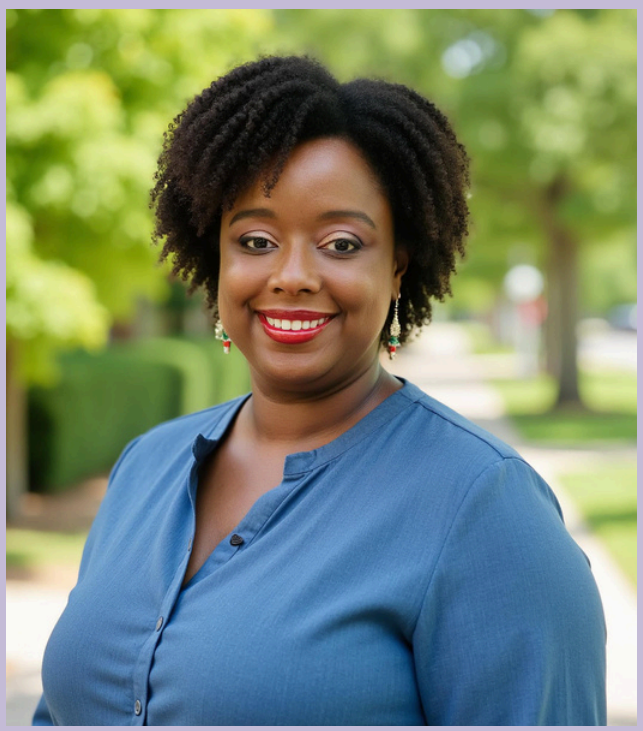
- ADHD assessment
- Functional evaluation
- Medication decision-making
- Clinical nuance (including comorbidities)

I TEACH THIS IN-DEPTH INSIDE MY FULL COURSE.

YOU CAN FIND IT HERE

Includes:

- 8+ hours of training
- CE credits
- Real clinical frameworks you can use immediately



THIS RESOURCE IS FOR EDUCATIONAL PURPOSES ONLY AND DOES NOT REPLACE CLINICAL JUDGMENT OR INDIVIDUALIZED PATIENT CARE.