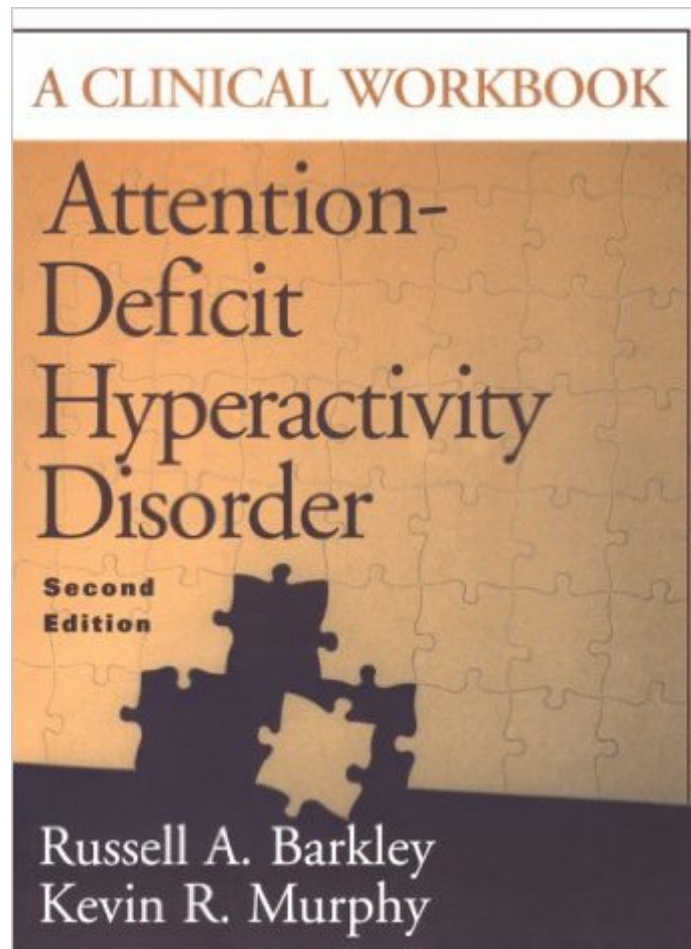


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# Attention-Deficit Hyperactivity Disorder: A Clinical Workbook, Second Edition



## Synopsis

This 8 1/2 x 11 comb-bound workbook provides a master set of the assessment and treatment forms, questionnaires, and handouts recommended by Barkley in *ATTENTION-DEFICIT HYPERACTIVITY DISORDER: A HANDBOOK FOR DIAGNOSIS AND TREATMENT, SECOND EDITION*. Formatted for easy photocopying, many of these materials are available from no other source. All child and adult interview forms and rating scales have been completely revised for DSM-IV and new norms for many of the scales have been provided. Also included are a fact sheet for parents and teachers of children with ADHD, as well as ADHD-diagnosed adults; daily school report cards for monitoring academic progress; and more.

## Book Information

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Average Customer Review: 4.9 out of 5 stars [See all reviews](#) (13 customer reviews)

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## Customer Reviews

I'm a patient. Self-help books written for a general audience can be great, but if you find yourself on the last page with too many unanswered questions about details or causes or evidence - if you want the final word (insofar as there can be one) - and you can deal with college-level material and some jargon, then this book is what you need. At least it's the best such book. You may find yourself reading several "textbooks" after this, as I did, but this is the best. Barkley is probably the single most respected and cited expert in the field. He wrote more than a third of the book and selected the best people in the field to write the other chapters. This is a summary and overview of all that was known scientifically as of 2006, and there's nothing newer that's nearly as comprehensive. As an academic work should, it has all the citations of peer-reviewed journal articles etc. that you'd need to

get even further into the subject. For an adult patient or the parent of an affected child, the knowledge you can gain here will allow you to better understand the particular form/nature of the disorder you're facing. It's said that every case of ADD is different - really different. No self-help book can address the nuances and peculiarities of an individual case. But armed with the scientific data in this book you can both get a more clinical look at your own case and be better able to read those self-help books with insight and a critical eye. For primary care practitioners, mental health and social work professionals, educators, caregivers in specialized fields related to ADD, and any other professionals who might run into ADHD kids or the 4% to 8% (or so) of adults who have some form of the disorder: a plea from a patient who wasn't diagnosed until age 54. Please read this book.

One of the most frequent and important topics of concern is medication for ADHD. Barkley stresses the efficacy of pharmacotherapy among three chapters under the following headings: 1) stimulants, 2) antidepressants, modafinil, and anti-hypertensives, and 3) others. Although psycho-social interventions are invariably recommended to accompany pharmacotherapy, treatment with stimulants alone results in reported behavioral improvement in 70% to 90% of students diagnosed with ADHD, and all three subtypes (Inattentive, Hyperactive-Impulsive, and Combined) respond well. Barkley stresses that stimulants should be used first before other medications. In fact, he recommends prescribing various stimulant medications before trying other forms of medication. What is very important is that the variability of outcome is largely due to the presence of co-morbid disorders. For example, among children with major depressive disorder (15% to 30% of children with ADHD), a favorable response to stimulants may be reduced. The same is indicated with children with co-morbid anxiety disorders (25% to 30% of children with ADHD). However, stimulant medication should be administered first because it generally does not exacerbate the anxiety, and its efficacy can be assessed very quickly. It appears that the fear of a student developing tics or Tourette's Syndrome is unfounded. Even if tics appear or increase, they almost always return to the pre-medication level in a couple of months, even when medication is continued. In addition, the author believes that the scare from 12 deaths of children who were taking Adderall XR is also unfounded.

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