***Welcome to Stillman Translations preliminary onboarding assessment!***

*This assessment has 5 sections. Make sure to follow the instructions and complete all the information needed.*

*The goal of this request is to analyze your performance and your potential.*

*Breathe in and out, and do your best. Hope we can count on you soon!*

**SECTION 1. INSTRUCTIONS**

Below you will find a special instruction for section 3:

\*Please make sure target text mirrors source format.

\*Normalize spaces.

**SECTION 2. GLOSSARY**

*In this section, you are required to complete this task:*

*\*Extract four terms (cells 1 to 4) from the text in Section 3 that you consider are worth being in the glossary.*

|  |  |  |
| --- | --- | --- |
|  | **Source** | **Target** |
| 1 | Neurobehavioral disorders | Trastornos neuroconductuales |
| 2 | Attention Deficit Hyperactivity Disorder (ADHD) | Trastorno por déficit de atención e hiperactividad (TDAH) |
| 3 | Comorbid disorders | Trastornos concomitantes |
| 4 | Psychopharmacological treatments | Tratamientos psicofarmacológicos |

**SECTION 3. TRANSLATION**

Please, add your sample translation below (between 300-500 words). Bear in mind this should be the best sample of your work!

|  |  |
| --- | --- |
| **Source** | **Target** |
| **Pharmacological Treatment of Attention Deficit Hyperactivity Disorder in Children and Adolescents: Clinical Strategies**  **Introduction**  ADHD is one of the most commonly diagnosed neurobehavioral disorders of childhood with an estimated prevalence of 6.7% to 12% in the United States.1 Children with ADHD exhibit developmentally inappropriate levels of inattention, hyperactivity, and impulsivity resulting in functional impairment and negative outcomes in academic, family, occupational and social settings, and increased risk for substance abuse disorders.2–4 Validated treatments for ADHD include pharmacological, psychosocial/behavioral and combined treatments.  The primary objective of this paper is to discuss clinical strategies for pharmacological treatment of ADHD in children and adolescents. We provide a brief overview of the neurobiological basis of ADHD, diagnosis, assessment and treatment process of the disorder. The clinical strategies for the first line psychopharmacological treatments are also discussed, as well as when to consider alternate psychopharmacological treatments, and strategies to manage adverse effects and comorbid disorders in children and adolescents with ADHD.  **Diagnosis and Assessment**  The Diagnostic and Statistical Manual of Mental Disorders Fourth Edition-Text Revision (DSM-IV-TR) criteria for ADHD diagnosis requires that patients must show a minimum of 6 of the 9 inattentive or hyperactive/impulsive symptoms for at least 6 months.27 Psychiatric evaluation for a DSM-IV-TR diagnosis of ADHD includes a comprehensive psychiatric history from the caregiver(s) and a mental status examination of the patient. Detailed information should be obtained from the caregiver(s) to review symptoms and behaviors related to inattentive and/or hyperactive/impulsive symptoms, the context in which the symptoms occur, the degree to which these behaviors are inconsistent with the patient’s age, and have led to functional impairment in 2 or more settings, e.g., social, school, and/or home. In addition to the ADHD symptoms, a detailed history regarding presence or absence of any existing comorbid disorders and the patient’s developmental and medical history are required to rule out any developmental and medical conditions and/or medications that may predispose, mimic, or exacerbate ADHD symptoms should be obtained. Any social issues that may have an impact on the child’s ADHD symptom presentation, as well as impact of ADHD symptoms on the child’s social relationships should be explored. Family history for genetic loading of ADHD or other psychiatric disorders should also be obtained. | **Tratamiento farmacológico para niños y adolescentes con trastorno por déficit de atención e hiperactividad: estrategias clínicas**  **Introducción**  El trastorno por déficit de atención e hiperactividad (TDAH) es uno de los trastornos neuroconductuales de la niñez más diagnosticados, con una prevalencia de entre el 6,7 % y el 12 % en los Estados Unidos.1 Los niños con TDAH presentan niveles inapropiados desde el punto de vista del desarrollo de desatención, hiperactividad e impulsividad, lo que da como resultado deficiencia funcional y resultados negativos en situaciones académicas, familiares, profesionales y sociales, así como también eleva el riesgo de sufrir trastornos de abuso de sustancias.2–4 Entre los tratamientos válidos para los pacientes con TDAH se encuentran los tratamientos farmacológicos, psicosociales o conductuales, y combinaciones de ambos.  El objetivo principal de este ensayo es abordar diferentes estrategias clínicas para el tratamiento farmacológico de niños y adolescentes con TDAH. Se brinda un breve resumen de las bases neurobiológicas del TDAH, y los procesos de diagnóstico, evaluación y tratamiento del trastorno. También se debaten las estrategias clínicas para los tratamientos psicofarmacológicos de primera línea, los casos en los que se deben considerar tratamientos psicofarmacológicos alternativos, y las estrategias para gestionar los efectos adversos y trastornos concomitantes en niños y adolescentes con TDAH.  **Diagnóstico y evaluación**  Los criterios para el diagnóstico del TDAH de la cuarta edición revisada del Manual diagnóstico y estadístico de los trastornos mentales (DSM-IV-TR por sus siglas en inglés) indican que los pacientes deben presentar al menos 6 de los 9 síntomas de desatención, hiperactividad e impulsividad por no menos de 6 meses.27 La evaluación psiquiátrica para un diagnóstico del TDAH según el DSM-IV-TR incluye un historial psiquiátrico exhaustivo por parte del (los) cuidador(es) y una evaluación mental del paciente. Se requiere que el(los) cuidador(es) brinden información detallada para estudiar los síntomas y las conductas relacionados con la desatención y/o hiperactividad/impulsividad, el contexto en el que se desarrollan los síntomas, y el grado de inconstancia de estos comportamientos con la edad del paciente y cómo desencadenaron una deficiencia funcional en 2 o más entornos (social, académica y/o familiar). Además de los síntomas propios del TDAH, se debe conseguir un historial detallado que demuestre la presencia o ausencia de cualquier trastorno concomitante y un historial clínico y de desarrollo del paciente para descartar cualquier condición de desarrollo o médica y/o medicamento que pudiera predisponer, imitar o agravar los síntomas del TDAH. Se debe estudiar cualquier problemática social que pudiera afectar la forma en la que se presentan los síntomas del TDAH en el niño y el impacto de los síntomas en sus relaciones sociales. Por último, se debe obtener el historial familiar para verificar la carga genética del TDAH u otros trastornos psiquiátricos similares. |

**SECTION 4. QUESTIONS AND COMMENTS**

We also need to check your capacity to spot potential issues beforehand.

In the table below, please list your questions and comments in relation with this test:

1. Challenging sections from the source text or sections you are unsure of should be copied or inserted into the **Source Text** column.

2. Write your translation in the **Target Text** column.

3. Doubts and comments should be written in English.

|  |  |  |
| --- | --- | --- |
| Source Text | Target Text | Question / Comment  (in English) |
| (…) when to consider alternate psychopharmacological treatments, and strategies to manage adverse effects and comorbid disorders in children and adolescents with ADHD. | (…) los casos en los que se deben considerar tratamientos psicofarmacológicos alternativos, y las estrategias para gestionar los efectos adversos y trastornos concomitantes en niños y adolescentes con TDAH. | There are two similar translations for this term: “efectos adversos” and “eventos adversos”. I have chosen the first one because it refers only to side-effects related to the treatment or the drug used, while the latter one includes any unexpected situation that can occur during treatment and which does not necessarily have a causal relationship with this treatment. |
| The Diagnostic and Statistical Manual of Mental Disorders Fourth Edition-Text Revision (DSM-IV-TR) criteria for ADHD diagnosis | Los criterios para el diagnóstico del TDAH de la cuarta edición revisada del Manual diagnóstico y estadístico de los trastornos mentales (DSM-IV-TR por sus siglas en inglés) | Even though most of the time proper names should not be translated, in this case there is an official translation for the book’s title. I have rearranged some of the information so it is clearer in Spanish. |
| In addition to the ADHD symptoms, a detailed history regarding presence or absence of any existing comorbid disorders and the patient’s developmental and medical history | Además de los síntomas propios del TDAH, se debe conseguir un historial detallado que demuestre la presencia o ausencia de cualquier trastorno concomitante y un historial clínico y de desarrollo del paciente | Another possible translation is “trastorno comórbido”, calqued from English. After researching the use of both options in Google Trends, and consulting medical encyclopedias, I came to the conclusion that “trastorno concomitante” is a recent and more accurated translation. |

**SECTION 5. REFERENCES**

In the table below, please list the reference material you have consulted to carry out this test.

1. Please introduce the **Reference source** (including publisher and full title as appropriate) in the first column.
2. Specify if your reference source is general or specific. If specific, clarify which term or section the reference covers.

|  |  |
| --- | --- |
| Reference Source | General / Specific (Term) |
| American Academy of Pediatrics. (2019, September 30th). *Medicamentos y tratamientos comunes para niños con TDAH*. Retrieved from HealthyChildren.org: <https://bit.ly/3hQBUre> | Specific reference. Vocabulary. |
| American Psychiatric Association. (1995). *DSM-IV Manual diagnóstico y estadístico de los trastornos mentales*. Barcelona: MASSON, S.A. | Specific reference. Vocabulary corresponding to section “Diagnosis and Assessment”. |
| Anna C. Shier, T. R. (2013, May). *Pharmacological Treatment of Attention Deficit Hyperactivity Disorder in Children and Adolescents: Clinical Strategies*. Journal of Central Nervous System Disease, pp. 1-17. | General reference. Understanding of the subject and the source material. |
| Centro Nacional de Defectos Congénitos y Discapacidades del Desarrollo de los CDC, C. p. (2020, September 10th). *Trastorno por Déficit de Atención e Hiperactividad (TDAH)*. Retrieved from CDC: <https://bit.ly/3bSHG7J> | General reference. Understanding of the subject and the source material. |

Thanks!