



ADHD

Adult ADHD, Autism and Tourette's Team

David A. Walton – Consultant Counselling Psychologist

Attention Deficit Hyperactivity Disorder

Impairment

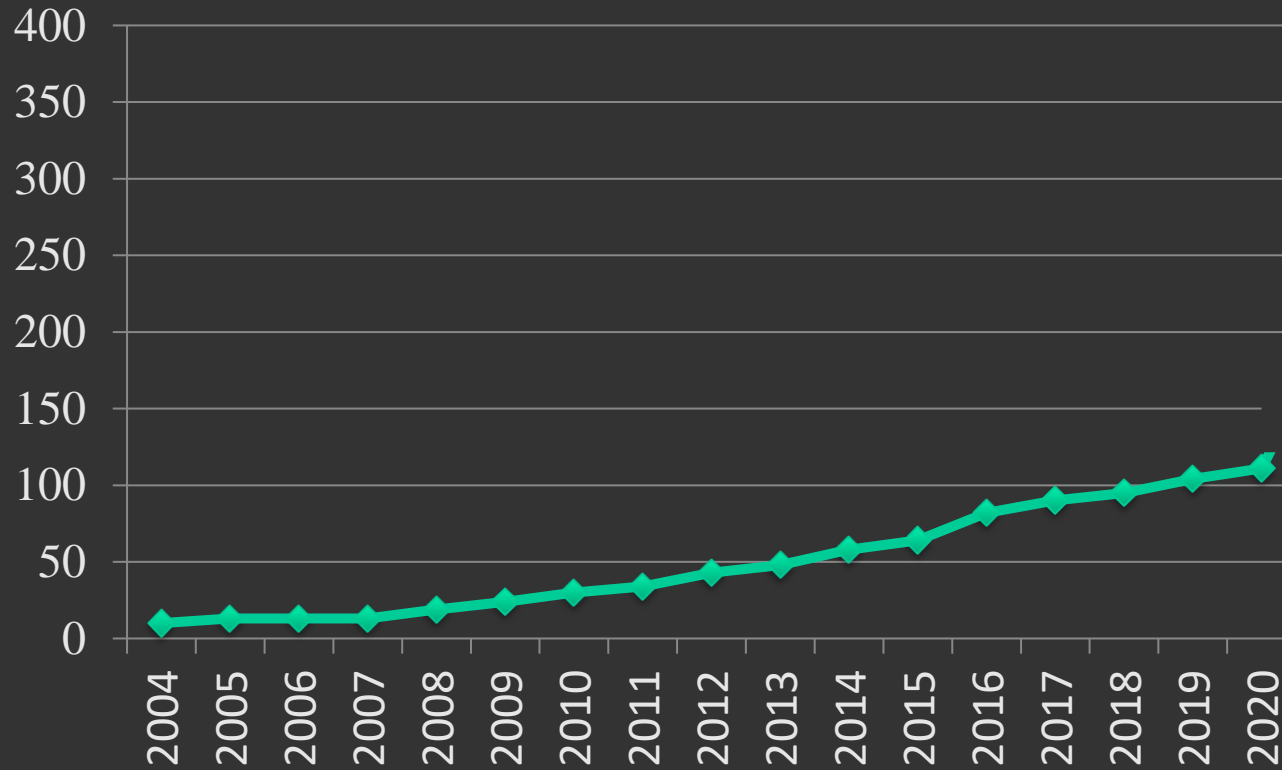
Differential Considerations

Screening Tools

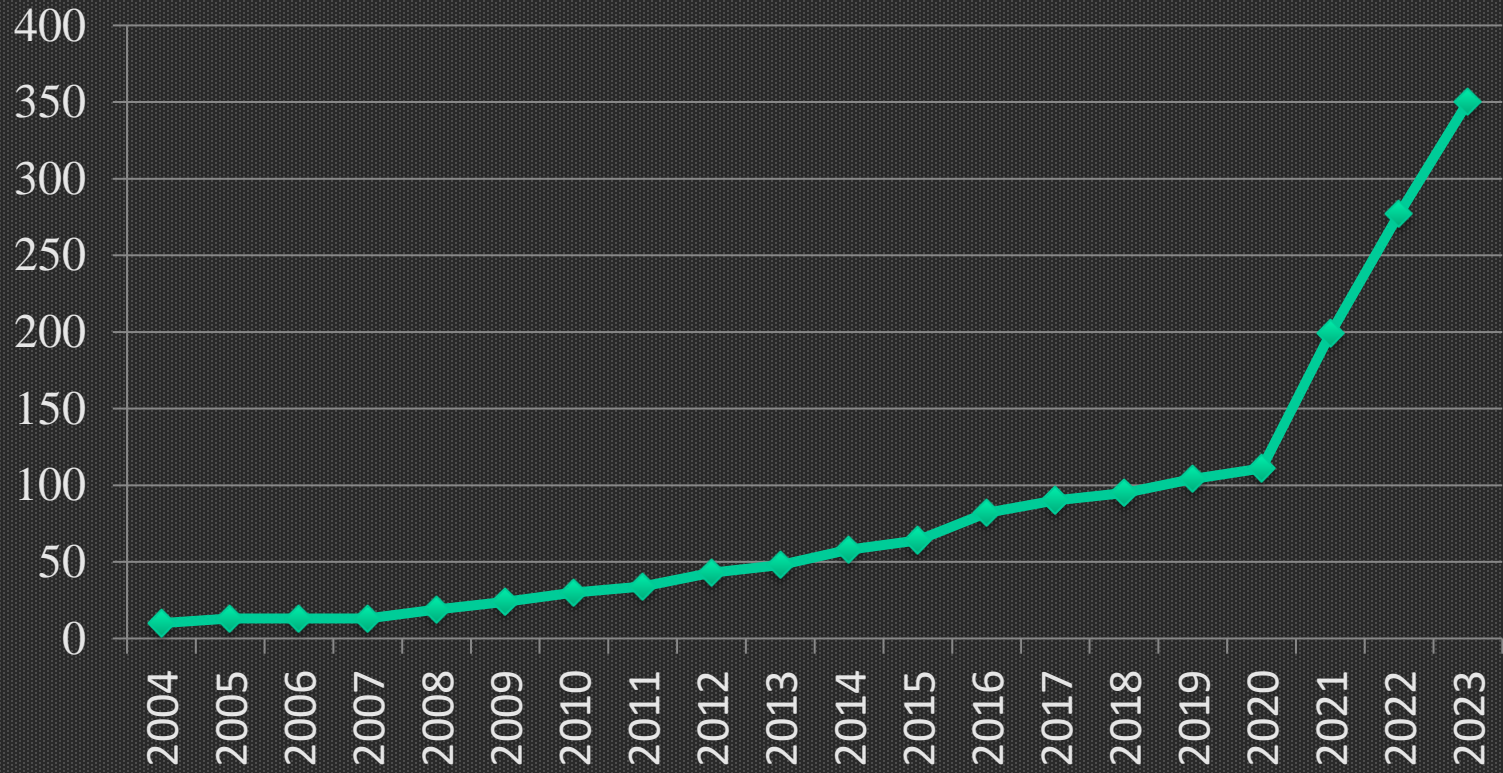
Referrals

Adhd / Asd

Average monthly referrals



Average monthly referrals



Who gets diagnosed?

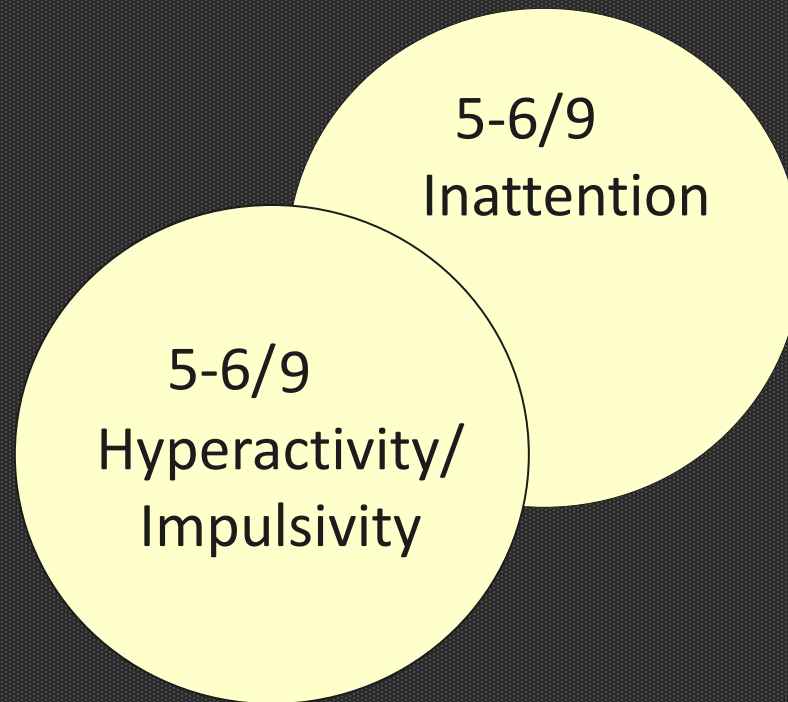
- Only those with significant difficulties
- Some will never get a diagnosis
 - Some of them will cope well
 - others not
- Some will get another diagnosis
 - This diagnosis might be correct
 - or not

dx

ADHD

DSM-5 - ADHD DIAGNOSIS

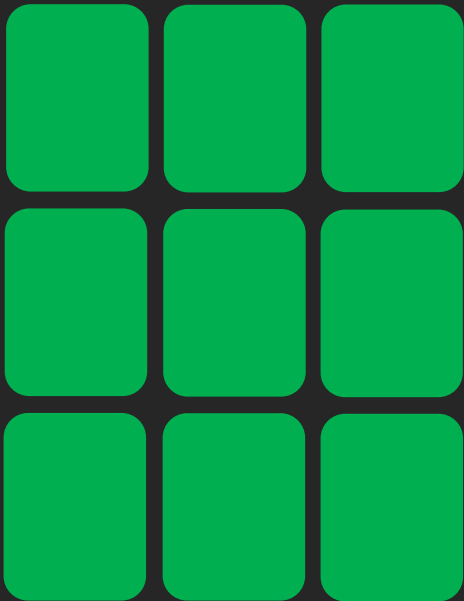
Understanding and recognising ADHD requires a good appreciation of the **onset, course and specific symptoms** that characterise the disorder



ADHD Symptoms (DSM-5)

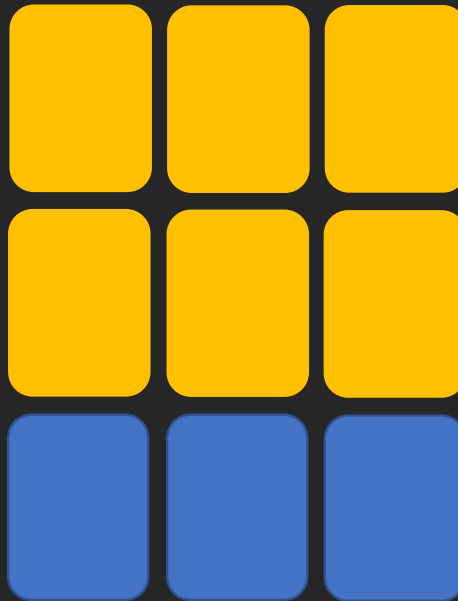
Impairment

INATTENTION



5/9 for 6 months or more

HYPERACTIVITY



IMPULSIVITY

5/9 for 6 months or more

B: Before 12 years

C: Present in 2 settings or more

Home / school / work

Friends / Activities

D: Interfere with / reduce:

1. Social
2. Academic or
3. Occupational functioning

E: Differential explanations (psychosis, mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal)

Diagnosing ADHD: DSM-5 Criteria

- The essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and more severe than is typically observed in individuals at a comparable level of development
- **Some** symptoms are present before the age of **12** years
- **Significant impairment** must be present in at least **2** settings (e.g. home, work, school)
- Symptoms **interfere and impact** on social, occupational, and/or academic functioning
- Symptoms must not occur exclusively during the course of schizophrenia or another psychotic disorder or better explained by another mental disorder

DSM-5 ADHD Symptoms of Inattention¹

For age ≥ 17 must have ≥ 5 symptoms of inattention for ≥ 6 months to a degree that is maladaptive and that impacts directly on activities

- a. **Lack of attention** to details
- b. **Difficulty sustaining attention**
- c. **Does not listen** when directly spoken to
- d. **Lack of follow-through** on tasks
- e. **Difficulty organising** tasks and activities
- f. **Avoids tasks** requiring sustained mental effort
- g. **Often loses things** necessary for tasks or activities
- h. **Easily distracted** by extraneous stimuli
- i. **Forgetful** in daily activities

DSM-5 ADHD Symptoms of Hyperactivity / Impulsivity

For age ≥ 17 must have ≥ 5 symptoms of hyperactivity/impulsivity for ≥ 6 months to a degree that is maladaptive and that impacts directly on activities

Symptoms of Hyperactivity

- a. Often fidgets, taps, squirms
- b. Struggles to stay seated when remaining seated is expected
- c. Easily bored / restless
- d. Struggles to cope with silence
- e. Constantly “on-the-go”
- f. Talking excessively

Symptoms of Impulsivity

- a. Completes sentences
- b. Difficulty awaiting turn / impatience
- c. Often interrupting or intruding (butts into conversations)

When to confirm ('count') a symptom?

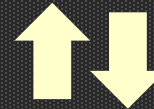


Associated symptoms

- Ceaseless mental activity (distracted mind) ↑



- Mood lability / emotional dysregulation



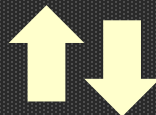
- Low tolerance of frustration ↓



- Low self-esteem ↓

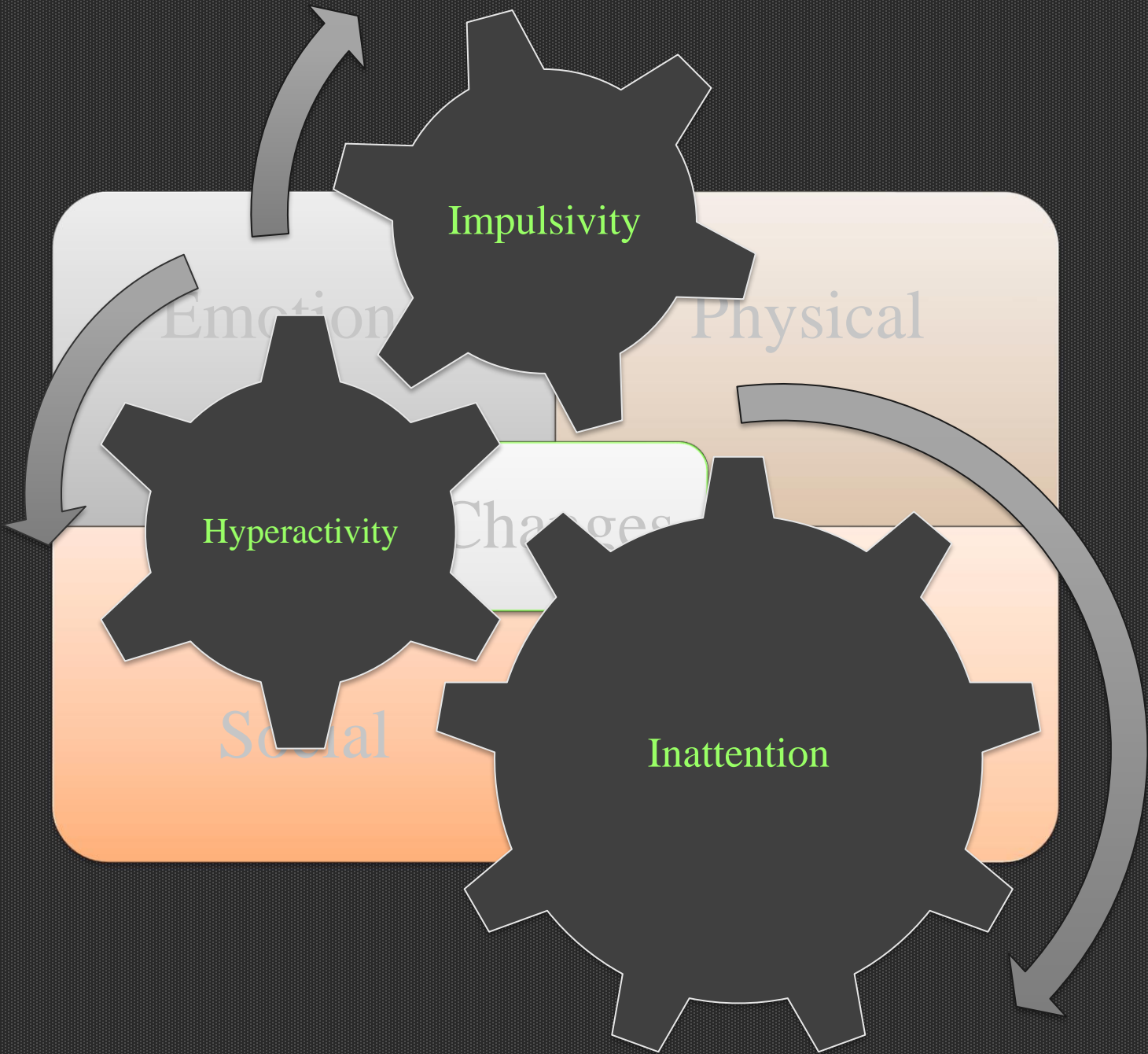


- Variable performance



- Failure to live up to potential (especially academically)





Impulsivity

Emotion

Physical

Hyperactivity

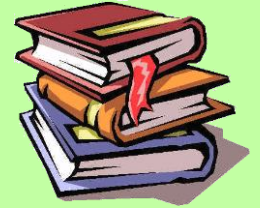
Changes

Social

Inattention

Understand what is typical of ADHD!

- (Almost) never read a book cover to cover
 - » Forgets what's been read straight away



- (Almost) always takes a detour when stuck in traffic
 - » To move is more important than getting there on time



- Needs to be productive (almost) all of the time
 - » Cannot just do nothing, has to be doing something



Understand what is typical of ADHD!

- Avoids silence at all cost

» Keeps TV on in the background, often at bedtime



- Postpones/delays (almost) everything

» Unless they are highly interested in something



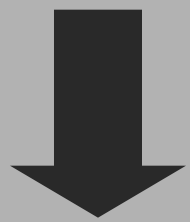
- Often need to say what's on their mind

» Otherwise it's "lost"/forgotten it



DIAGNOSIS

Misperceptions –
“grow out of it”



Hyperactivity
decreases



Inattention
remains

Adults referred
following dx of child

Never recognised

Misdiagnosed

Diagnosis in Adolescence

- ADHD features may appear like “normal” adolescent behaviour
- But they are **persistent** and **extreme**
- Adolescents with ADHD :

Have **MORE**
difficulty
staying
focused

Distracted
and bored
MORE
easily

MORE
impulsive
than their
peers

Adolescence with ADHD (Lara, 2009)

MORE likely
fail
academically

MORE likely to
drop out of
school

MORE likely
to be
suspended

MORE likely to
have serious
injuries

In their own words...

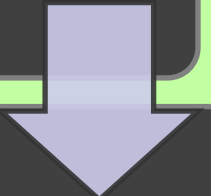
- “If I don’t say it, I’ve lost it”
- “I cannot cope with silence”
- “I have to be doing something”
- “I’d rather go the long way round than wait”



Constantly unable to
focus

A blue downward-pointing arrow with a white outline, indicating a flow from the first box to the second.

Never fully master
whatever they attempt

A blue downward-pointing arrow with a white outline, indicating a flow from the second box to the third.

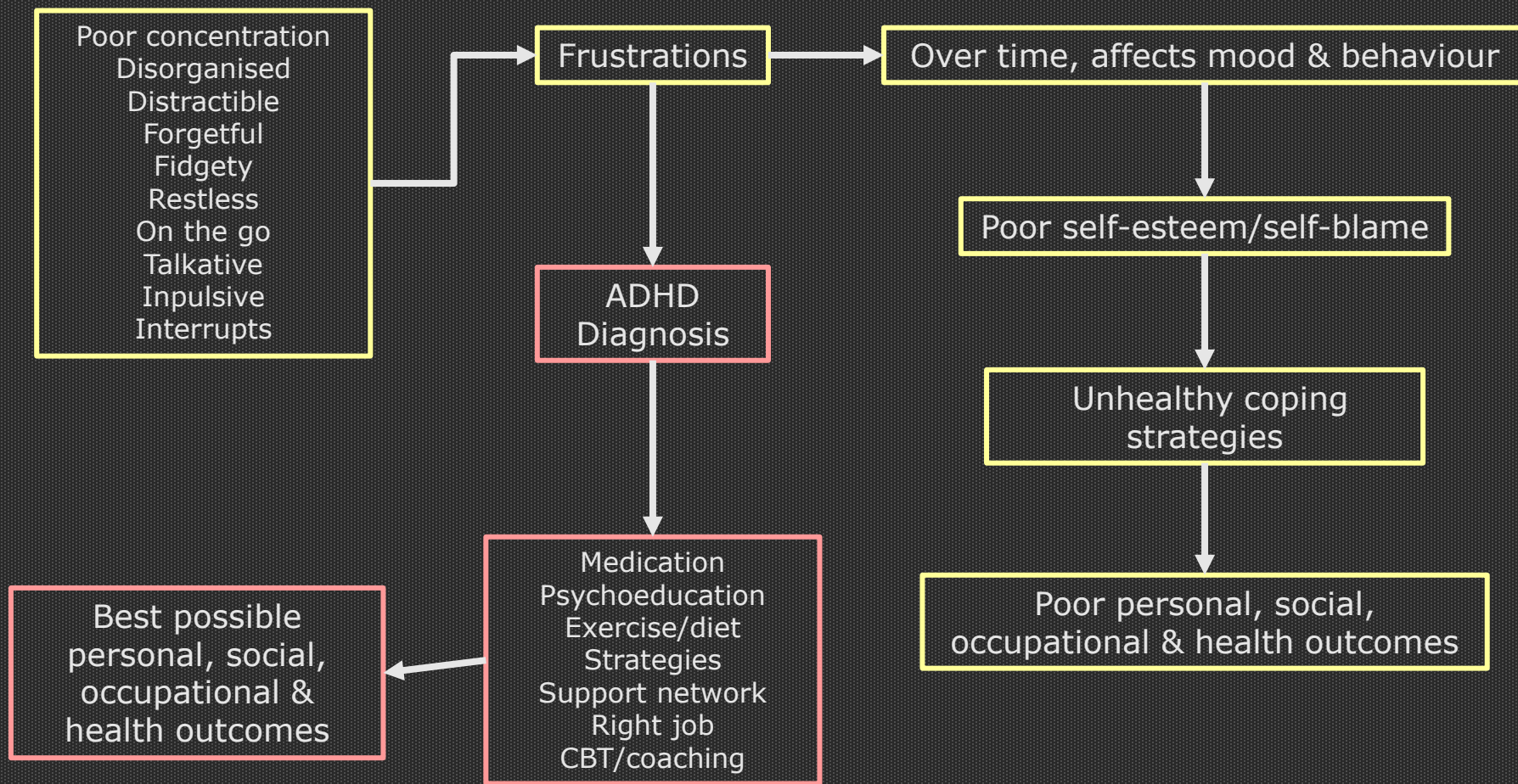
... and this severely
affects their self-esteem

Other difficulties at school

- Poor self-regulation
- Can't sustain attention to paperwork
- Trouble staying alert and focused
- Poor organisation and planning
- Procrastination
- Poor time management
- Subjective sense of restlessness



Typical ADHD pre- and post Dx formulation



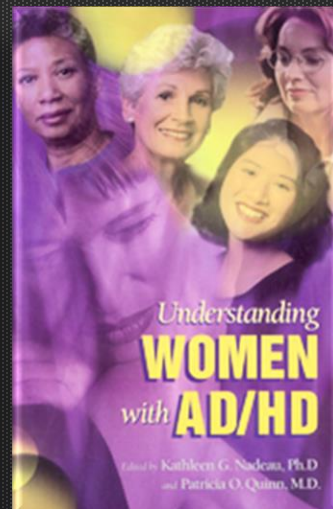
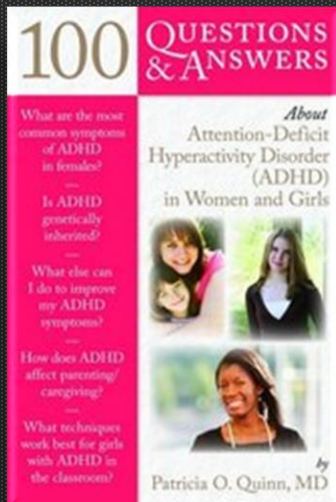
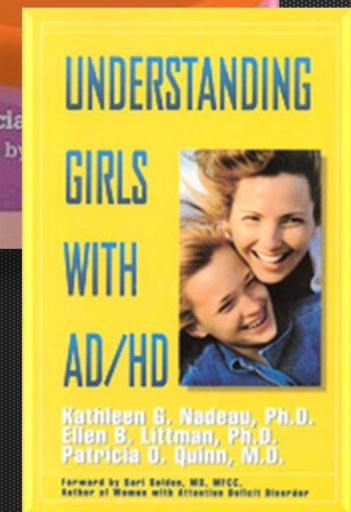
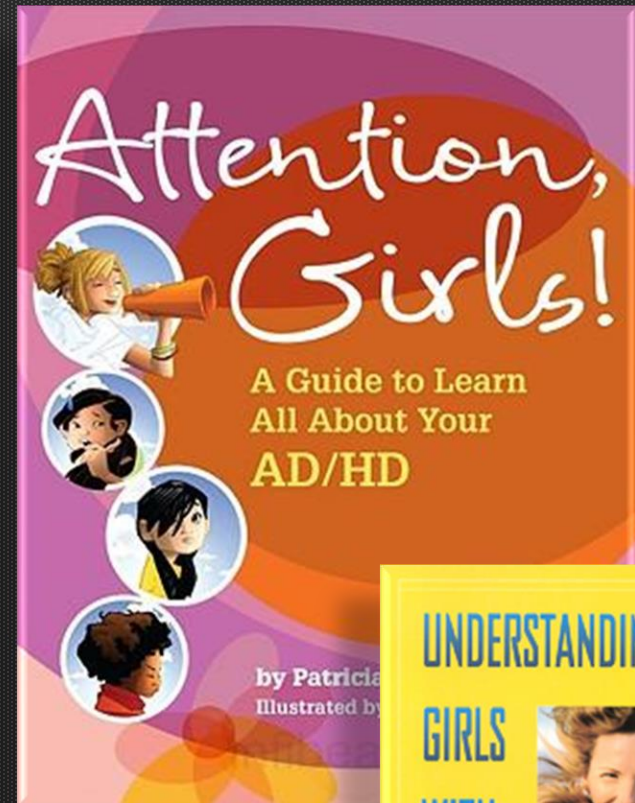
Barkley (1997)

“ADHD is not a disorder of knowing what to do but one of doing what one knows”

- ...could try harder
- ...not achieving potential
- ...not motivated/bothered



Girls with possible
ADD/ADHD are
very often
not recognised



So what does this mean for someone with ADHD?

Activation

Trouble getting started on work
Difficulty organising tasks
Misunderstands directions 1

Focus

Loses focus when trying to
listen or plan; forgets what was
read, needs to re-read 2

Effort

Difficulty regulating sleep and
alertness; quickly loses interest;
Difficulty completing task on time 3

Emotion

Emotions impact too much on
thoughts and actions; can't put things
to "back of mind" 4

Memory

Forgets to do planned tasks
Difficulty recalling learned 5
material; loses track of papers

Action

Does tasks too fast, not careful
enough; difficulty adjusting
actions to setting 6

Differential diagnosis - Symptoms common to ADHD in other disorders

- **Anxiety:**¹

- Ceaseless thoughts, avoidance behaviour

- **Depression:**¹

- Unstable mood, impatience, irritability, insomnia during episode, low self-esteem

- **Personality disorder:**¹

- Antisocial, borderline, emotionally unstable, poor social interactions, impulsive, adulthood instability trait-like quality. Tendency to emotional focus and feelings of emptiness / abandonment

- **Hypomania, bipolar II disorder, cyclothymia:**²

- Differentiated by grandiosity, clear focus of thoughts, reduced need for sleep, psychosis, not presenting traits consistently, more episodic

1. Asherson. 1st European Network Adult ADHD Conference. London, 2011.

2. Babcock and Ornstein. *Postgraduate Medicine*. 2009;121(3):73-82.

Differential diagnosis - Symptoms common to ADHD in other disorders

- **ODD**

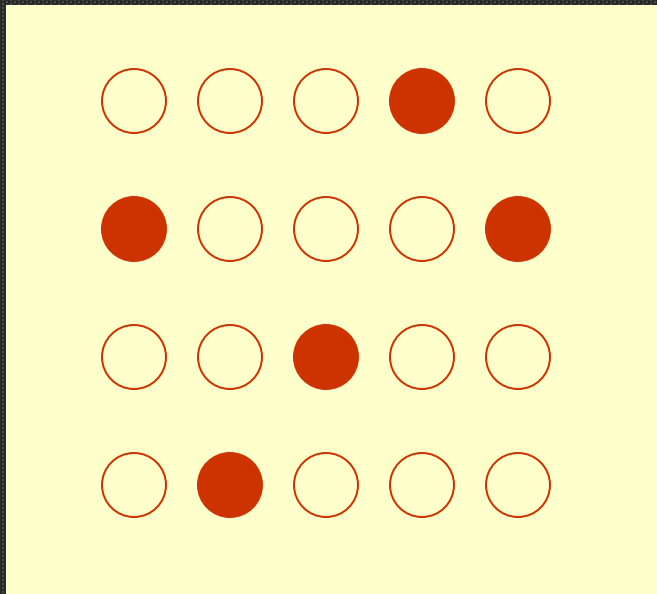
- Pattern of negative, hostile and defiant behaviour
- Behaviours tend to be deliberate and willful (C8 Sciences, 2016)
- Problem of starting tasks rather than completing (Russell Barkley)
- Acts of defiance or refusing to follow rules, or be cooperative
- Losing temper regularly, quick to anger, lose patience easily and will defend behaviour relentlessly, seeking conflict (Rodden, 2019)

- **DDD**

- Deficient Dad Disorder (not a diagnostic term!)
- Lack of adequate parenting, or overly negative factors leading to individual's lack of ability to self-regulate / self-boundary (Stephen Bidulph – Raising Boys)

ADHD:

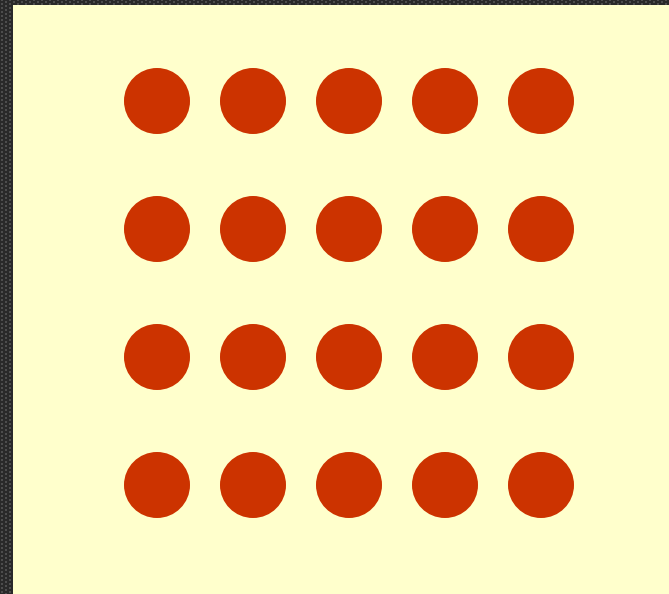
Scan the environment



struggle to delay

Asperger's:

Record everything



struggle to filter

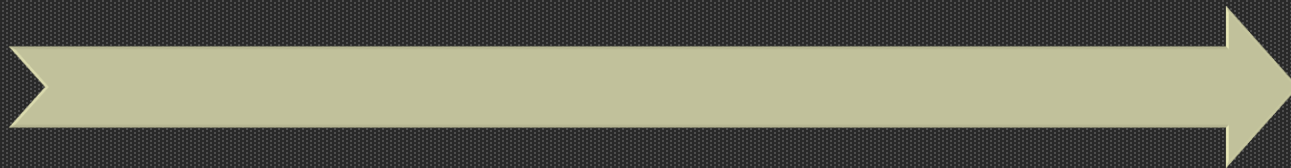
Response to a neuro-developmental diagnosis

Huge sense of
relief

Sense of
anger
for not being
diagnosed earlier

Sense of intense
sadness
for all missed
opportunities

Need for
integration
to plan for the future



Referring to AAAT

- Identification of significant diagnostic markers (DSM-5, ICD-11)
- Indicators of impairment in relation to NDC
- Use of screening tools:
 - ASD:
 - Questions related to AS (based on AQ10 with explanations)
 - ADHD
 - ASRS – 18 Symptom Checklist (with explanations for often or very often scores)

When to consider referring?

- Is a NDC relevant to client?
- Is the client invested in this?
- Reason / justification for consideration of a referral?
- Consultation with AAATT if particularly uncertain

Screening Tools - ADHD

- ASRS (with space to explain 'often' and 'very often' responses)

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name	Today's Date				
<p>Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.</p>					
	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					
Part A					
7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					
18. How often do you interrupt others when they are busy?					
Part B					

Number	If often or very often, please give specific examples of how this is relevant to you
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	

Screening Tools – General Guidance

- Best to go through the forms WITH the client
- Additional information, particularly the ‘way’ they answer
- Forms can be seen as vague / contradictory, so completing in person can help to increase understanding / avoid false positives
- How often is ‘often’?

Referral Form

- As much as possible indicate what factors suggest possible Autism and/or ADHD traits
- Indicate level of impairment, how links to traits
- Why is assessment needed now?
- Massively increased waiting times across UK
(world?)

ANY QUESTIONS

References

- **ADDISS** are an organisation that supports individuals and families with ADHD, their website is addiss.co.uk. They also have annual conferences and a helpline.
- **ADDERS.org** offers advice and support on ADHD and promote awareness of ADHD
- **ADDitude** – this is an online magazine that has considerable information, much of which is based closely on current research, but also user-based information from those who have ADHD. Website:
<https://additudemag.com>
- **ADHD and You** – Internet resource for adults, young people, carers, and teachers in how to better understand ADHD:
<https://www.adhdandyou.co.uk>
- **‘How to ADHD’** – This is a You Tube channel by Jessica McCabe offering a place to keep all the strategies she has learnt about ADHD and living with ADHD.
- For information from the team’s own web page:
<https://www.nhft.nhs.uk/adhd-aspergers/>

References

Recommended books about coping with ADHD:

- **Taking Charge of Adult ADHD**

by **Russell A. Barkley**

Help for adults with ADHD and how to cope with attention, planning, problem solving and controlling emotions.

- **Cognitive-Behavioural Therapy for Adult ADHD. Targeting Executive Dysfunction.**

By **Mary V. Solanto**

Techniques and strategies based on a group approach for managing ADHD issues, most particularly regarding organisation and time-management.

- **Driven to Distraction**

by **Ed Hallowell, M.D. and John Ratey, M.D.**

Recognising and Coping with Attention Deficit Disorder from Childhood through Adulthood Written by two experienced psychiatrists who themselves have ADHD, this is an excellent introduction for adults

Books to help with mood and anxiety issues:

- **The Little ACT Workbook** by Dr Michael Sinclair and Dr Matthew Beadman (Crimson

Publishing – ISBN-10 1780592434)

- **The Happiness Trap** by Russ Harris (Robinson Publishing)

- **Mind Over Mood** [CBT workbook] by Dennis Greenberger and Christine A. Padesky

(Guilford Press – ISBN-10 1462520421)