

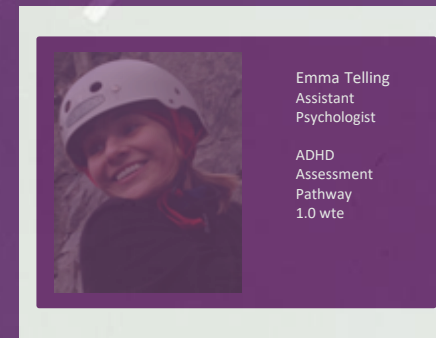
Psychotherapeutic Assessment Approaches in the Diagnostic Assessment of ADHD for Adults with Severe and Multiple Disadvantage (SMD)

What Brings Us Here Today

Our Role within the Field of Neurodiversity

- Who we are.
- About Change Grow Live (CGL).
- ADHD assessment pathway, training, and consultation via a local NHS provider.

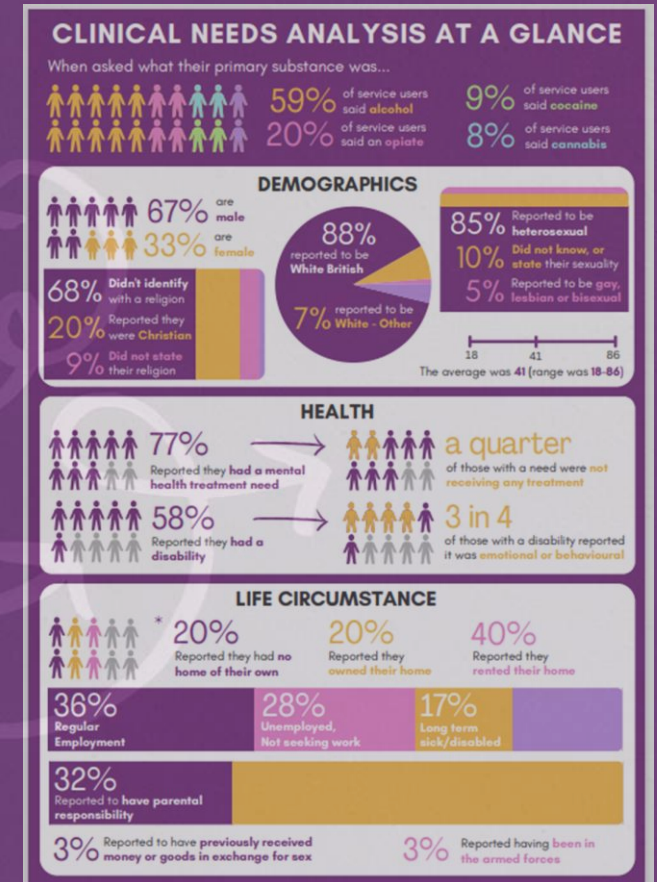
The term neurodiversity refers to the natural differences and variations in the way our brains work.



What Brings Us Here Today

Our Role Working with Severe and Multiple Disadvantage (SMD)

- What we have seen: lots of service users with SMD needs.
- Barriers to access and engagement in the community for service users who may have undiagnosed ADHD.



The term *Severe Multiple Disadvantage (SMD)* refers to individuals who have two or more of the following areas of need: mental health issues, homelessness, offending, and substance use.

Who is this Talk Intended For

How this learning space might be helpful to you

- Anyone with an interest in neurodiversity and SMD. Professionals. Service Users. Diagnosed & Undiagnosed. Family members. Academics.
- Anyone interested in learning more about therapeutic assessment approaches.
- Anyone hoping to increase awareness of issues relating to neurodiversity and SMD.

Important Caveats

- Scope of Feedback
- Remit for Diagnostic Assessment
- SMD populations
- Forensic Considerations
- Substance Use
- Comorbidity
- Age Groups

Insights to be Shared

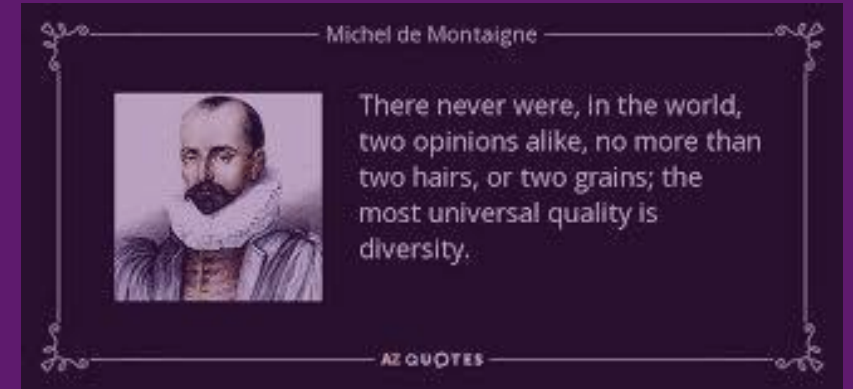
Topics for review

- Key Learning Point 1: Understanding ADHD and the Diagnostic Assessment Process.
- Key Learning Point 2: Understanding the Role of Psychotherapeutic Assessment within ADHD Assessment for SMD Populations.
- Key Learning Point 3: Psychotherapeutic Assessment Strategies within ADHD Assessment for S/Us with SMD



Why is this topic Important

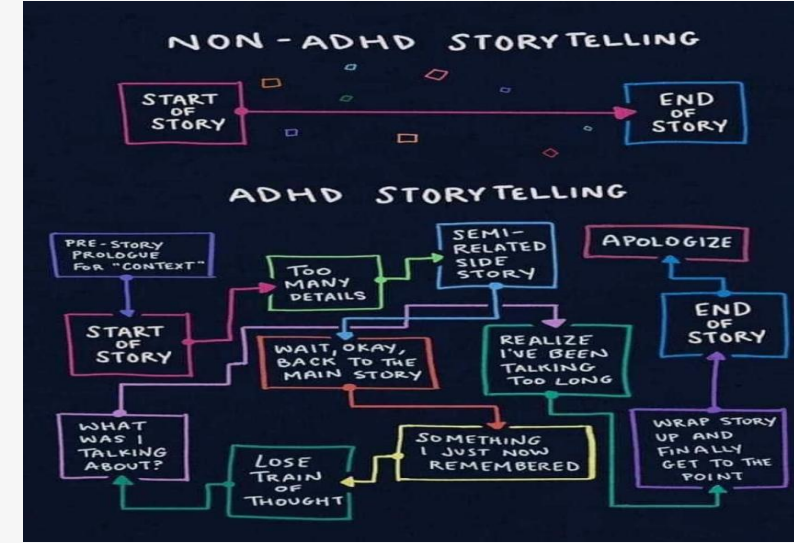
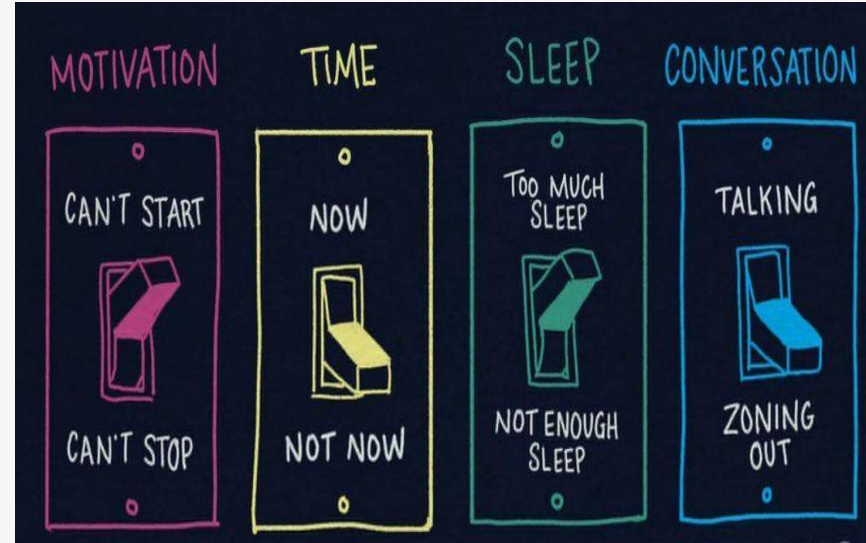
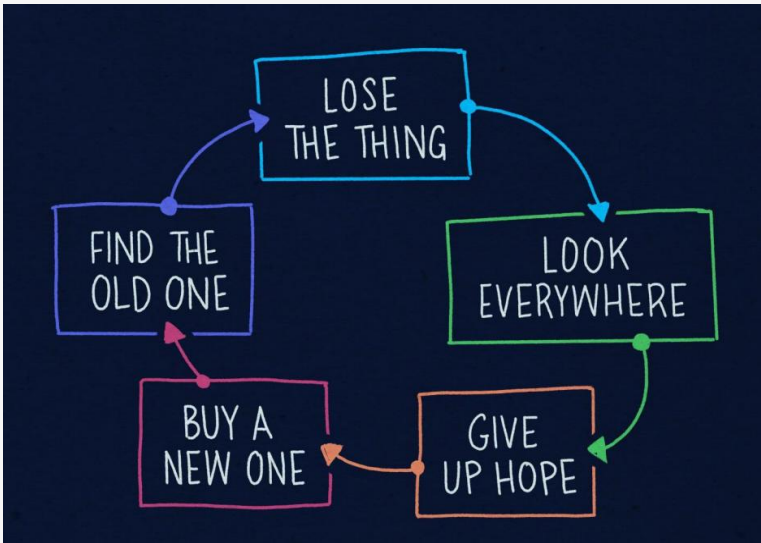
Our Key Message



ADHD assessment will often look different for service users with SMD – there is no “one size fits all” approach.

What is ADHD?

ADHD comprises of three sub-types;
Inattentive, Hyperactive-Impulsive and Combined



How ADHD is Diagnosed

UKAAN AQAS Consensus Statement:

To complete an adequate assessment for adult ADHD there needs to be sufficient time for the following:

- to take an adequate developmental history
- to obtain a full psychiatric/personal/family/relationship/work/forensic/ alcohol and substance use history, and carry out a risk assessment
- to elicit both a current and retrospective account of ADHD symptoms and impairments
- to screen for associated co-morbidities
- to discuss the assessment outcome, allowing time for the patient to reflect and ask questions
- to provide some initial psychoeducation
- to overview treatment options

DSM-5 criteria for ADHD

≥5 symptoms per category in adults, ≥6 months; age of onset ≤12 years; noticeable in ≥2 settings; impact on social, academic or occupational functioning; not better accounted for by another mental disorder



Inattention

- (a) Lack of attention to details / careless mistakes
- (b) Difficulty sustaining attention
- (c) Does not seem to listen
- (d) Does not follow through on instructions (easily side-tracked)
- (e) Difficulty organising tasks and activities
- (f) Avoids sustained mental effort
- (g) Loses and misplaces objects
- (h) Easily distracted
- (i) Forgetful in daily activities

Hyperactivity / Impulsivity

- (a) Fidgetiness (hand or feet) / squirms in seat
- (b) Leaves seat frequently
- (c) Running about / feeling restless
- (d) Excessively loud or noisy
- (e) Always "on the go"
- (f) Talks excessively
- (g) Blurts out answers
- (h) Difficulty waiting his or her turn
- (i) Tends to act without thinking

Image Source: <https://pmhealthnp.com/adult-adhd/>

What is the 'cost' of ADHD?



From the Literature:

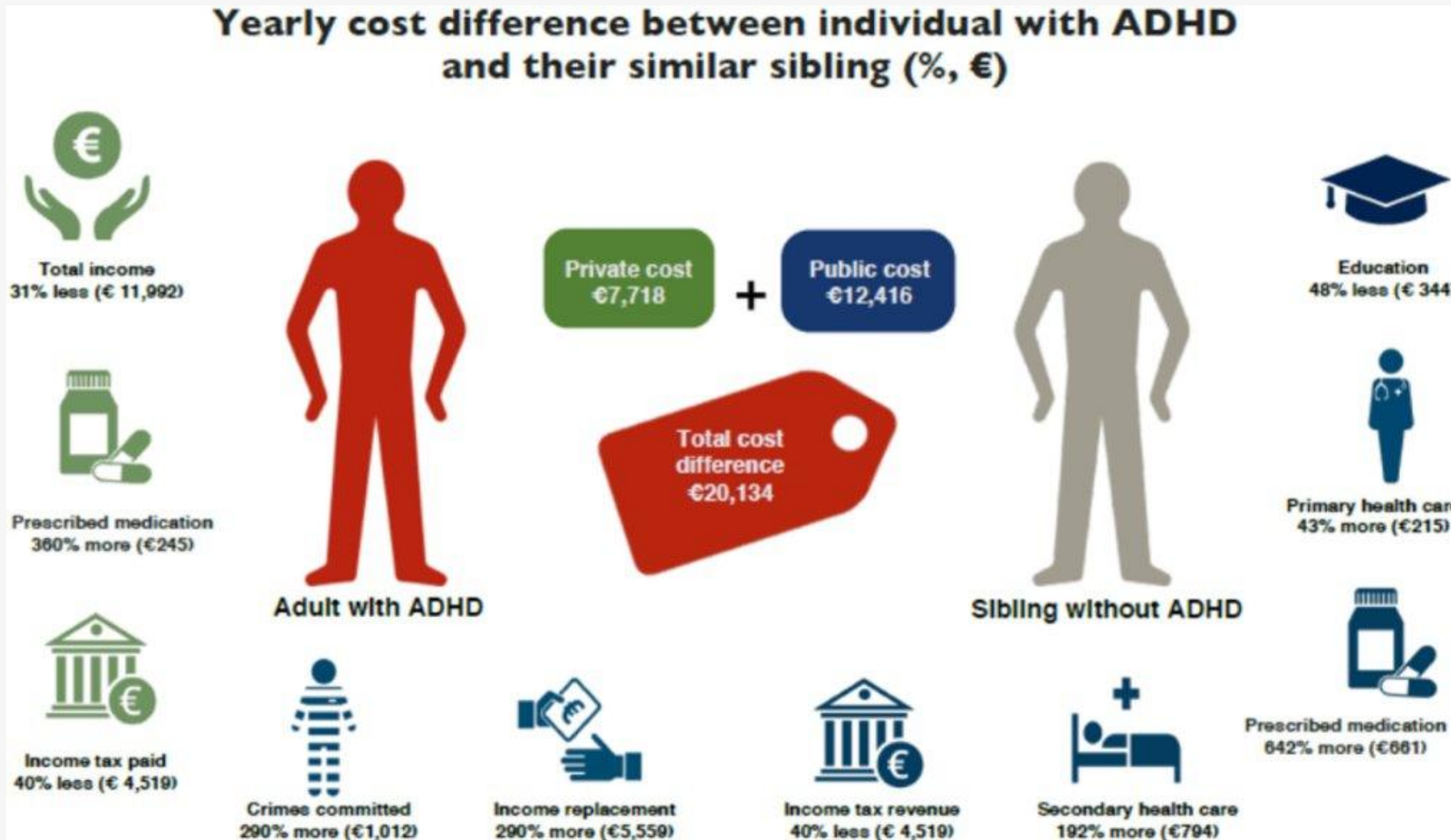
- 50-90% of children with ADHD have at least one comorbid condition [47].
- Approximately half of all children with ADHD have at least two comorbidities [47].
- 85% of adults with ADHD meet criteria for a comorbid condition [50, 51].

CADDRA, 2018

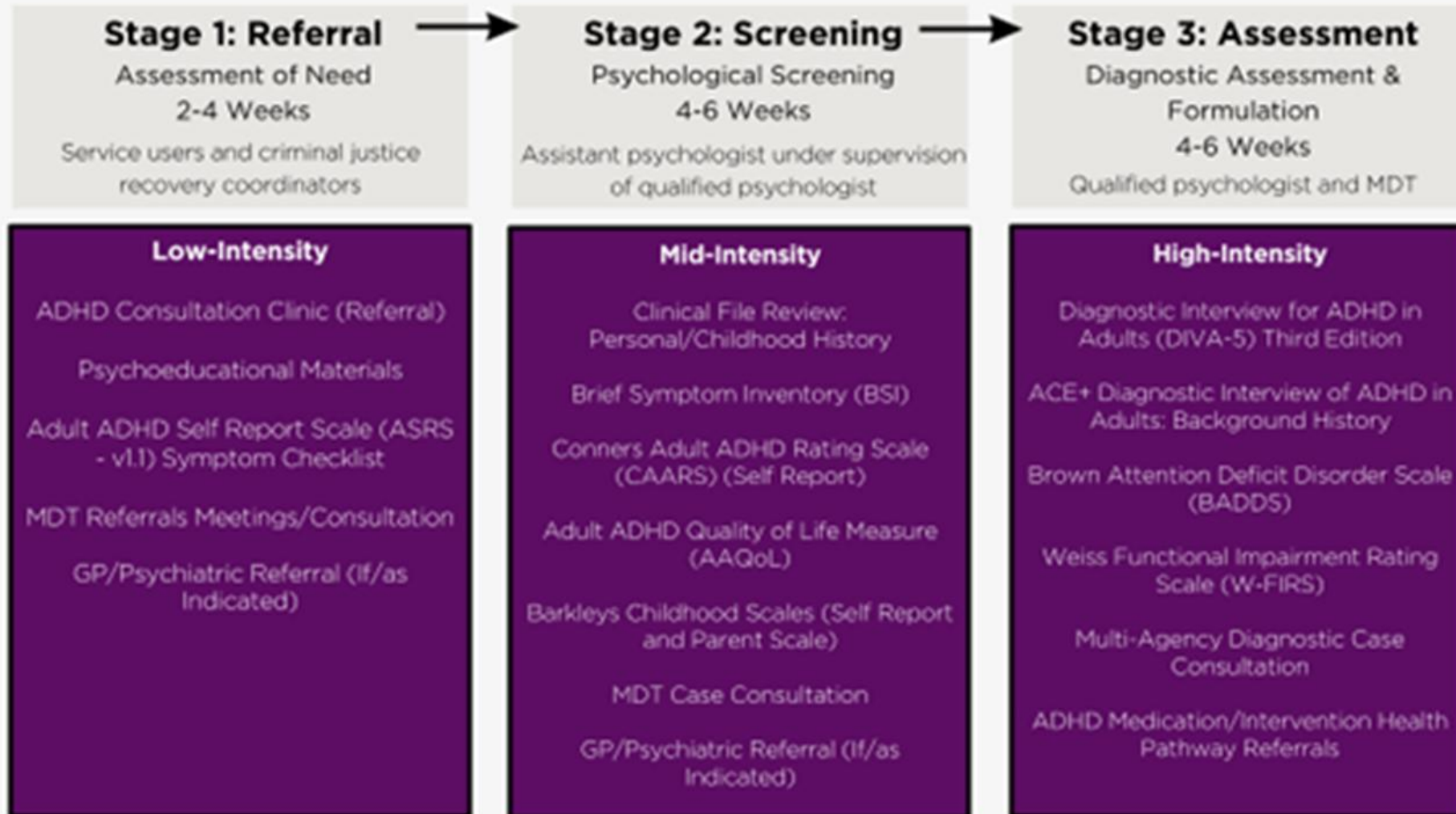


**Change
Grow
Live**

What is the cost of ADHD?



Overview of the ADHD Assessment Pathway



What is Psychotherapeutic Assessment

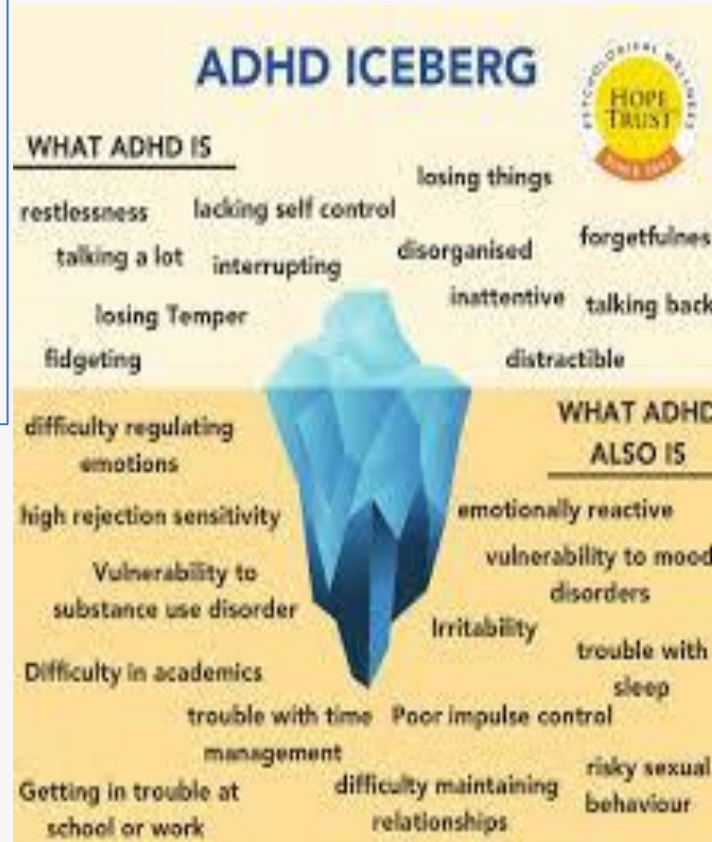
- Defining psychotherapeutic assessment.
- Interpreting and understanding the psychotherapeutic assessment process.
- Safety and Stabilisation: Judith Herman's (1992;1997) 3 step Phase Oriented Treatment model.
- Person-Centred Therapy Principles (Carl Rogers, 1951)
- Trauma Informed Care (TIC) (SAHMSA, 2014)
- Multimodal treatment approaches.



According to the American Psychological Society (APA), psychotherapy can be understood as “a collaborative treatment, based on the relationship between an individual and a psychologist”

Psychological Manifestations and Vulnerabilities of ADHD

- Inattention
- Hyperactivity
- Impulsivity
- Emotional dysregulation/lability
- Executive dysfunction



- Low self-esteem
- Social challenges
- Academic/occupational difficulties
- Mental health difficulties
- Risky behaviour



Case Study, Service User A

Consent provided

Male, 30s, unemployed

History of alcohol use:
Alcohol misuse starting at the age of 14

Prolific Offending History: violent and non-violent offences, first offence at the age of 14

Complex Psychiatric Needs: mood disorder, anxiety, complex trauma symptoms, and historical suicide risks.

Childhood diagnosis of Autism

History of street homelessness

Victimisation: numerous assaults and witness to extreme violence

Had been admitted to hospital for psychiatric care following suicide attempt

Adverse Childhood Experiences

Week 1	Handover from RC
2	Client cancelled
3	CAARS
4	CAARS
5	Therapist handover
6	Therapist scheduled non-clinical day
7	Personal history
8	Therapist in training
9	W-FIRS
10	BSI
11	BSI/DIVA
12	Child behaviour scale self-report & partner current behaviour report
13	Cancelled by client - illness
14	Therapist unavailable
15	Therapist A/L
16	Multi-disciplinary discharge

Barriers to Therapeutic Assessment

- Symptom Overlap/co-morbidity
- Potential substance-induced symptoms
- Stigma and misdiagnosis
- Patient non-disclosure/trust of services
- Service user motivation
- Potential barriers with initial ASRS screening
- Remembering appointments
- Chaotic lifestyle
- Engagement with wider CGL services
- Time-keeping



- **Key Learning Point 3: Psychotherapeutic Assessment Strategies within ADHD Assessment for S/Us with SMD**

Priorities for Psychotherapeutic Assessment: Safety & Stabilisation

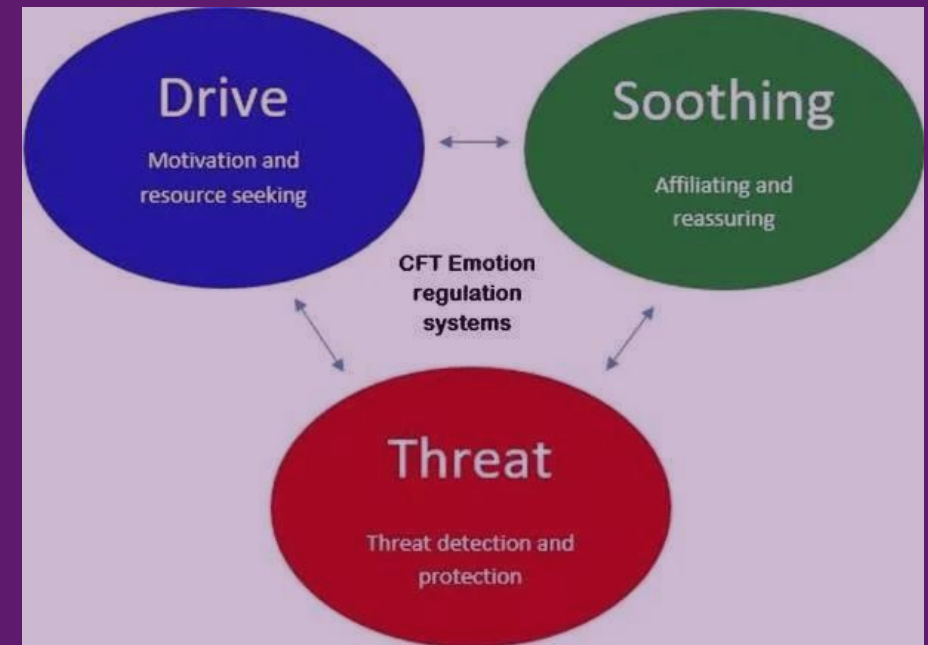
- Attendance (initial appointment and staying in appointment).
- Build Working Relationship (Trust).
- Build Motivation.
- Active Engagement.
- Maintain Stability – including coming back....
- Boundaries & Limits.
- Consider interpersonal style – narcissistic traits will require a different approach.



Psychological Processes within ADHD Assessment

Considering the role of relational trauma in SMD

- Prevalence (El Ayoubi, 2021)
- Avoidance
- Emotional vulnerabilities - Imbalance re Threat System (fight, flight, freeze, appease)
- Shame (criticism)
- Attachment: Mistrust & Rejection



Relational trauma refers to traumatic experiences (e.g. emotional abuse, neglect, physical abuse, sexual abuse, coercive & controlling behaviour which occurs within a relationship.

What Clinical Approaches might be Helpful

- Motivational Interviewing (MI)
- Trauma Informed Care (TIC)
- Compassion Focused Therapy (CFT)
- Cognitive Behaviour Therapy (CBT)
- Dialectical Behaviour Therapy (DBT)
- Mentalisation Based Therapy (MBT)

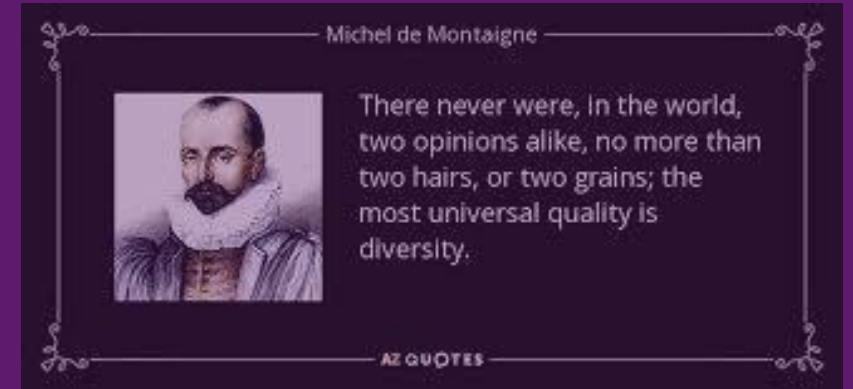


Key Clinical Strategies

- Practicalities/Logistics (e.g. venue, time, text reminders, environment, travel, people accompanying, drug use, breaks, duration).
- Pre-empting Avoidance & Fear (MI approaches).
- Engage with emotions and state of mind (check-in & connect) – e.g. CFT & MBT – be mindful of window of tolerance.
- Validation (DBT).
- Work with ADHD not against – avoiding criticism, rejection, and shame.
- Weave-in coping strategies, guidance, or psychoeducation towards the end of the session (e.g. grounding skills, distress tolerance skills).



Our Key Message



ADHD assessment will often look different for service users with SMD – there is no “one size fits all” approach.

References

- Adamou, M. et. al. (2024). The Adult ADHD Assessment Assurance Standards (AQAS). The UK Adult ADHD Network (UKAAN). London.
- Canadian ADHD Resource Alliance (CADDRA). Canadian ADHD Practice Guidelines, Fourth Edition, Toronto, ON; CADDRA, 2018.
- El Ayoubi H, Brunault P, Barrault S, Maugé D, Baudin G, Ballon N, El-Hage W. Posttraumatic Stress Disorder Is Highly Comorbid With Adult ADHD in Alcohol Use Disorder Inpatients. *J Atten Disord*. 2021 Sep;25(11):1594-1602. doi: 10.1177/1087054720903363. Epub 2020 May 12. PMID: 32396413.
- Fitzgerald C, Dalsgaard S, Nordentoft M, Erlangsen A. Suicidal behaviour among persons with attention-deficit hyperactivity disorder. *British Journal of Psychiatry*. 2019;215(4):615-620. doi:10.1192/bjp.2019.128
- French B, Nalbant G, Wright H, Sayal K, Daley D, Groom MJ, Cassidy S and Hall CL (2024) The impacts associated with having ADHD: an umbrella review. *Front. Psychiatry* 15:1343314. doi: 10.3389/fpsy.2024.1343314
- Herman, J.L. (1992). *Trauma and Recovery*. New York: Basic Books. Herman, J.L. (1997). *Trauma and Recovery: The aftermath of violence from domestic abuse to political terror*. New York: Basic Books.
- Rogers, C. R. (1951). *Client-centered therapy; its current practice, implications, and theory*. Houghton Mifflin
- Shen, Y., Chan, B.S.M., Huang, C. et al. Suicidal behaviors and attention deficit hyperactivity disorder (ADHD): a cross-sectional study among Chinese medical college students. *BMC Psychiatry* **21**, 258 (2021). <https://doi.org/10.1186/s12888-021-03247-6>
- Substance Abuse and Mental Health Services and Administration (2014). *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) 57.
- Kaye, S., Darke, S., & Torok, M. (2013). Attention deficit hyperactivity disorder (ADHD) among illicit psychostimulant users: a hidden disorder?. *Addiction*, *108*(5), 923-931.
- Young, S., Moss, D., Sedgwick, O., Fridman, M., Hodgkins, P. A. (2015). meta-analysis of the prevalence of attention deficit hyperactivity disorder in incarcerated populations. *Psychol Med*. 2015;45(2):247–58.