

Adult ADHD Assessment

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Prevalence

- Approximately 5% of adults in the USA
- Underdiagnosed in People Of Color
- Underdiagnosed in Females

Signs and symptoms

Core Diagnostic Criteria

1. Symptoms

- Hyperactive, Impulsivity
(in adults, Restlessness; in females, Hypervocal Behavior)
- Inattentiveness

2. Age of Onset 12 and Under (7 and under)

3. Persistence (past 6 months) and Pervasiveness (>1 setting)

4. Not Better Explained

5. Functional Impairment (2+ domains)

Diagnostic Categories

ADHD and the DSM-5

1. 314.00 (F90.0) Predominantly inattentive presentation
2. 314.01 (F90.1) Predominantly hyperactive/impulsive presentation
3. 314.01 (F90.2) Combined presentation
4. 314.01 (F90.8) Other specified ADHD
5. 314.01 (F90.9) Unspecified ADHD

Diagnostic Categories

Specifications

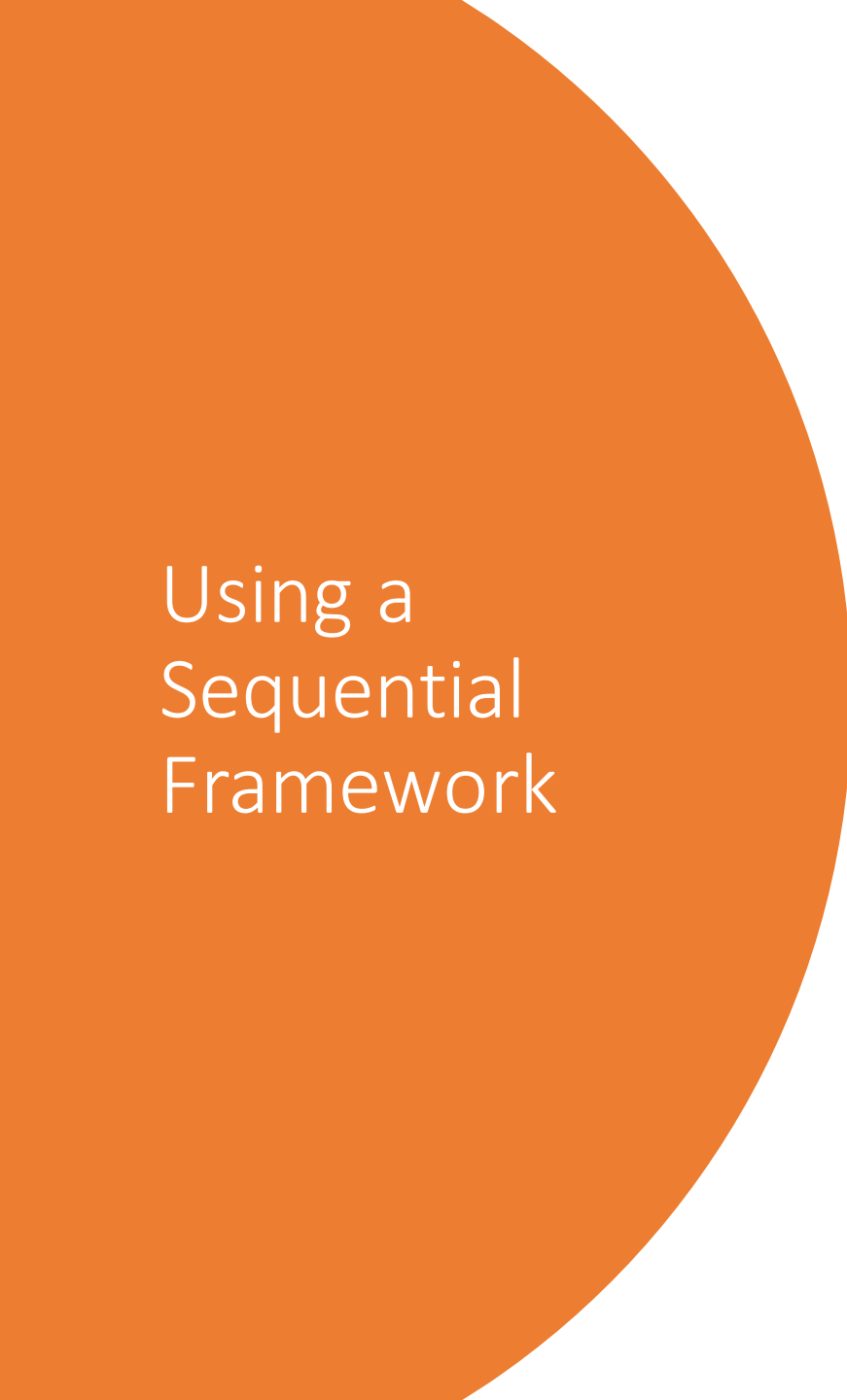
In Partial Remission – fewer than the full criteria have been met for the past 6 months

Current Severity

Mild – few symptoms in excess of minimum requirement; minor impairment


Moderate – in between

Severe – many symptoms in excess of minimum requirement; marked impairment



Using a Sequential Framework

WHY?

- To avoid Type 1 errors
 - To avoid Type 2 errors
 - To perform a good differential diagnosis
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Using a Sequential Framework

- Step 1: Gather historical and current symptom data
- Step 2: Rule out alternative explanations
- Step 3: Rule in co-morbidities
- Step 4: Verify functional impact

Strategies

- Client Interview
- Parent (Older Siblings, Extended Family) Interview
- Record Review
- Testing

Strategies

Interviews with Client

Structured Interview of Symptoms + History

- **Educational History**
 - Focus on Grades 1 through 7
- **Trauma History**
 - If there was trauma, focus on the emergence of ADHD symptoms BEFORE the age of 7

Strategies

Interviews with Parent(s)

Structured Interview regarding Symptoms + History

(age of onset; detailed pregnancy issue, especially maternal consumption of alcohol, traumatic events, obesity/Type 2 diabetes; details of delivery, especially with regard to prematurity and delivery (e. g. forceps); detailed family history, including parents' ages at time of client's conception, and other family members with ADHD and/or dyslexia; detailed educational history; detailed medical history especially with regard to concussions, number of surgeries that involved general anesthesia, lead poisoning, seizures, other exposure to pesticides/toxins)

Strategies

Record Reviews (to the extent available)

- Educational records
- Work records
- Criminal/Driving record
- Medical Records
 - (a) concussions (b) sleep issues, specially OSA/Central Sleep apnea, insomnia, sleep deprivation, circadian rhythm disorder (c) general anesthesia during surgeries

Tools

CHOOSE TOOLS WITH.....

Positive Predictive Power (good sensitivity)

Negative Predictive Power (good specificity)

Tools

STRUCTURED INTERVIEW (e. g. DIVA-5)

BEHAVIORAL RATING (e. g. BRIEF-ADULT)

STROOP TEST (e. g. DKEFS Color Word Interference Test)

VERBAL FLUENCY TEST (e. g. DKEFS Verbal Fluency Test)

AUDITORY-VERBAL LIST LEARNING – e. g. WRAML-2 List Learning)

Tools

ADDITIONAL TOOLS USED AS NEEDED

CONTINUOUS PERFORMANCE TEST (e. g. TOVA-9)

INTELLIGENCE (e. g. WAIS-IV)

ACADEMIC ACHIEVEMENT (e. g. WJ-IV or WIAT-4)

PERSONALITY TESTS (e. g. *MCMI-IV or PAI, MACI-II, MMPI-2 or 3*)

SLEEPINESS TESTS (e. g. Epworth Sleepiness Scale)

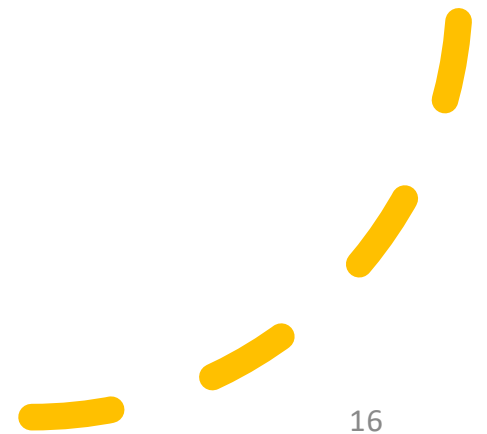


Tools

DIVA-5

EXAMPLES of SYMPTOM PRESENCE

DURING ADULTHOOD AND CHILDHOOD



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Break





Trans- diagnostic nature of Attention Deficits

Causes of Off-Task Behavior and Inattention (Greenberg et. al., 2022)

- Normal behavior
 - Medical problems
 - Medications
 - Toxic conditions
 - Sensory deficits and hypersensitivities
 - Neurological problems other than ADHD
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Trans- diagnostic nature of Attention Deficits

- Traumatic brain injuries, Concussions
- Family style and organization
- School readiness
- Learning style and Motivation
- Trauma
- Stress
- Intellectual Impairment and Precocity
- Psychiatric Conditions
- Substance use, abuse, withdrawal
- ADHD

Differential Diagnosis

Comorbidities

- Friedrichs et. al. (2012): adults with ADHD-C or ADHD-I have higher rates of comorbidity relative to adults with ADHD-H/I
- 80% of those with ADHD have at least one comorbidity
- 50% have two or more comorbidities

Common Comorbidities

- Learning Disorders – 30%
- Substance Abuse – 25-35%
- Serious Sleep Disruption – 40%
- Autism Spectrum Disorder – 50-75%
- Epilepsy – 30-40% (minimally, some say as high as 77%)
- Road Rage – 45-50% (Barkely, 2/22/22)
- Anxiety – 35-50% (Barkely, 2/22/22)
- Internet Addiction (Barkely, 2/22/22)
- Intimate Partner Aggression (Barkely, 2/22/22)



Functional Impairment

How do symptoms manifest

- In the workplace
- At home
- Socially



Functional Impairment

Tools to Assess Functional Impairment

- DIVA-5
- Ari Tuckman's Areas of Impairment Form

Additional Reading

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Q & A

If we run out of time, feel free to follow up with me....

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