Calyce, Stephanie, and Chais present

The Tiktok Famous... ADHD

CFT-5500: SYSTEMIC ASSESSMENT AND TREATMENT PLANNING
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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

The Nature of the Disorder - A

Attention-Deficit/Hyperactivity Disorder is characterized by an ongoing pattern of inattention and/or hyperactivity-impuslivity which creates difficulty across all areas and seasons of life.

(American Psychiatric Association [APA], 2022, p. 68).

The Nature of the Disorder - B

Attention-Deficit/Hyperactivity Disorder is not willfull or rebelious behavior, or a lack of understanding or lower intelligence. Its behavioral manifestations include getting away from a task, difficulty finishing things, trouble remaining focused, and impulsivity.

(American Psychiatric Association [APA], 2022, p. 70).

The Nature of the Disorder - C

Attention-Deficit/Hyperactivity Disorder may be associated with multiple executive functioning deficits. They may present as deficits in, "working memory," "reduced inhibitions," "set-shifting," "variability of reactions times," and having emotional reactions that are not proportional to the situation.

(American Psychiatric Association [APA], 2022, p. 70).

The Nature of the Disorder - D

ADHD may affect school achievement, maintaining employment, interactions with family and friends negatively, increase risk to injury, and increase suicidal ideations and behaviors.

(American Psychiatric Association [APA], 2022, p. 70).

ADHD

Reminders for DSM-5-TR Criteria

P.S.I.N.C.

Persistent pattern of at least 6 months

Symptoms present before age 12

In 2 or more settings

Noticibly inteferes with functioning

Can't be explained by other mental disorders.

"A. Persistent pattern of inattention and/or hyperactivity-imulsivity that interferes with functioning or development, as characterized by inattention and/or hyperactivity."

"B. Several inattentive or hyperactive-impulsive **symptoms were present prior to age 12."**

"**C.** Several inattentive or hyperactive-impulsive symptoms are **present in two or more settings."**

"**D.** There is **clear evidence** that the symptoms **interfere with**, or reduce the quality of, social, academic, or occupational **functioning**."

"E. There is **clear evidence that the symptoms do not occur exclusively** during the course of **schizophrenia** or another **psychotic disorder** and are **not better explained** by another **mental disorder."**

(American Psychiatric Association [APA], 2022, p. 68-70).

DSM-5-TR Criteria

Codes and Specifications

F90.2 "Combined Presentation" (both Inattention and Hyperactivity-Impulsivity are present for 6 months or more)

F90.0 "Predominantly Inattentive Presentation" (the inattention criteria is met but not Hyperactivity-Impulsivity for the past 6 months)

F90.1 "Predominantly Hyperactivity-Impulsivity Presentation" (the hyperactivity-impulsivity criteria is met but not the inattention for the past 6 months)

In Partial Remission: (1) "When full criteria was previously met," (2) "fewer than the full criteria were met for the past 6 months," (3) "and the symptoms still result in impairment in social, academic, or occupational function."

Specify Severity: Mild, Moderate, Severe

(American Psychiatric Association [APA], 2022, p. 69-70).

Cultural Concerns & Prognostic Factors

- Different diagnostic tools and methods obfuscate prevalence of ADHD
- Racism and ethnocentrism play a role in under-diagnosing socially oppressed groups
- Children from non-Latinx White families may receive greater access to diagnosis due to social, systemic and economic privilege.

- Low birth weight
- Prematurity
- Prenatal exposure to smoking
- Having a parent with ADHD

(American Psychiatric Association [APA], 2022, p. 71-72).

ADHD

A Disorder Defined by Oftens

Often fails at being attentive to details

Often makes careless mistakes

Often struggles to sustain attention

Often doesn't appear to be listening

Often doesn't follow through on things

Often avoids tasks requiring mental effort

Often loses important things

Often distracted

Often Interupts

Often forgetful

Often fidgets

Often leaves seat

Often runs about

Often doesn't play quietly

Often "on the go"

Often talks more than appropriate

Often blurts out

Often difficulty waiting

(American Psychiatric Association [APA], 2022, p. 681-72).

ADHD

Case Study

Emily, 19 year old cis female, began therapy after having trouble at school. She is in her first year of college at an out of state school. She explains that she lives on campus so this is the longest she has been away from family. She reports that she has been having trouble academically. She gets bored in her classes quickly because the lectures are too long and they are general classes, not classes towards her major. Frequently she has missed assignment or class due to confusing times and dates causing her grades to suffer. A lot of her assignments recently have been turned in last minute so she misses parts of it also leading to bad grades. Emily explains it makes her feel stupid and overall really hopeless about school. She also reports issues with her roommate. Reports that her roommate is frequently upset with how messy the room is kept. Emily says she tries to keep things clean but gets distracted while cleaning or forgets to finish a task and just moves on to the next chore. She wants to just drop out of school because of the problems she's been having but her parents discourage her from doing that. Emily's parents recommended she tries therapy to help.

When asked about what it was like at home before moving away to college, Emily reports she's very close with her family. She is an only child and her mother and father are married. Since she is an only child, her parents have been very involved in her life. Emily explained that her parents frequently helped her with stuff, like reminding her of her homework or helping her pack her backpack so she wouldn't forget things. During middle and high school if Emily did forget something, which happened often, her parents would just drop things off at school for her. Her parents regard her as forgetful, careless most times, and spacey. As a younger child, Emily says she did get in trouble a bit because she never really wanted to sit still, fidget a lot, and talked a lot during class. Her parents enrolled her in a lot of sports to "help get her energy out." Emily was diagnosed with ADHD when she as 10 years old but never took medication or went to therapy. Emily explains she wasn't expecting moving away from home, not having her parent's help would impact her this much so she's been homesick.

Assessments

Considerations:

- Accessibility to assessments
- Culture bias in assessments
- Perceptions of ADHD

For Children, Parents, and Teachers	For Adults
Vanderbilt ADHD Teacher Rating Scale	*Adult ADHD Self-Report Scale (ASRS) v1.1*
Vanderbilt ADHD Parent Rating Scale	*Adult ADHD Self-Report Screening Scale for DSM-5 (ASRS DSM-5) Screener.*
Behavior Assessment System for Children	*ADHD Rating Scale IV (ADHD-RS-IV) With Adult Prompts*
Child Behavior Checklist/ Teacher Report Form	*Brown Attention-Deficit Disorder Symptom Assessment Scale (BADDS) for Adults*
Conners' Parent and Teacher Rating Scales	*Conners' Adult ADHD Rating Scale*

Self-of-the-therapist Considerations

-Racial Bias, Socioeconomical, Ethnic, Age Bias
-Considering the angle of struggling with feeling overwhelmed with heightened energy from the client or struggling with following the clients train of thought.

Recommended Treatments

-CBT: Calendar, Task List, Problem Solving, Distractibility, Environmental Strategies, Adaptive Thinking

-DBT: Distress Tolerance, Mindfullness, Emotional Regulation and Interpersonal Effectiveness

-MED MANAGEMENT: If a client prefers

Treatment Plan

Goal #1: x1 per week Emily will attend individual counseling to learn and begin to exercise new coping skills to manage her daily life tasks and learn new life skills.

Objective #1: Emily will create a list of daily tasks to organize how much time she spends on the tasks and when she completes the task.
Objective #2: Emily will create a daily and weekly schedule to structure her daily time for work, school, self-care and house care.
Objective #3: Emily will practice using her new schedule 4 out of 7 days of the week.

Intervention #1: Emily will meet with her individual clinician x1 per week to discuss and discover what her daily tasks are and begin to create a daily schedule that works for her.
Intervention #2: Clinical will provide psychoeducation on ADHD, its impacts on how people function and the importance of a structured schedule.
Intervention #3: Clinician will brainstorm with Emily to identify what is working and what is not working for her daily schedule and then adjust the schedule accordingly.

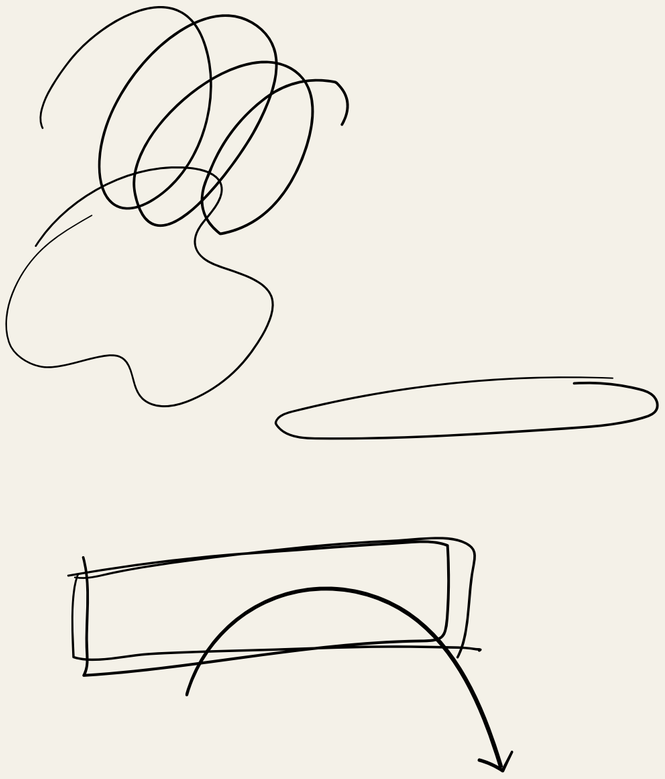
Treatment Plan

Goal #2: Emily will practice advocating for self via meet within her school disabilities office to learn more about the support she may be able to receive from the school.

Objective #1: Emily will discuss with her clinician x1 per week to discover what she thinks she needs for accommodations from the school disabilities office.
Objective #2: Emily will journal x1 per week about her experience of living with ADHD as a college student.

Intervention #1: Clinician will provide psychoeducation on self regulation and advocation to aid Emily in speaking up for what she is needing from her school for accomodations.
Intervention #2: Clinician will discuss the journal answers with Emily to enhance confidence in speaking up for her needs.

References



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