Women's Health Tasmania
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Introduction to working with women with ADHD

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Aims for this webinar

1. Understand why women are increasingly being diagnosed with ADHD

2. Increase understanding of good practice for working with women with ADHD, including:
   - recognising when referral for ADHD support may be of use
   - navigating the system
   - responding in an 'ADHD-informed' manner

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Understanding increasing ADHD diagnosis in women

Diagnosis rates

ADHD medication use in Australia nearly doubled from 2013 to 2020

HOWEVER,

Australia is still under-diagnosing and under-treating…

Natural prevalence: 5%

Australians accessing ADHD medication in 2020: 1%

i.e. 1/5 Australians with ADHD

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Understanding increasing ADHD diagnosis in women

Gender effects on ADHD recognition

Girls and women:

- may be more likely to have undiagnosed ADHD
- less likely to be referred for assessment
- may be more likely to be misdiagnosed

Underestimation of ADHD is due to:

- Symptoms presenting differently
- Impairment presenting differently

Note:

- *Impacts of gender for non-binary people and people assigned a different gender at birth are currently unknown*
- *Greater gender diversity amongst people with ADHD is noted (anecdotally)*

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Understanding increasing ADHD diagnosis in women

Gender effects on ADHD recognition

Problems with recognising ADHD in girls:

1. Diagnostic criteria developed around boys
2. Less likely to have hyperactivity and impulsivity, and/or these are 'less disruptive' to others
3. Compensatory efforts and masking – develop earlier, and are encouraged by norms and socialisation
4. Symptoms and/or impairment may not be evident until adolescence
   – if hormonal changes at puberty increase the cognitive impacts of ADHD
   – when compensatory efforts become insufficient for the demands

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Understanding increasing ADHD diagnosis in women

Gender effects on ADHD recognition

Problems with recognising ADHD in women:

5. With age, ADHD can be increasingly smoke-screened by secondary impacts e.g.
   - co-occurring mental health conditions (80%)
   - maladaptive coping
   - maladaptive interpersonal dynamics
   - longer-term consequences on all facets of quality of life
6. Hormonal changes across the menstrual cycle, and at other life stages increase complexity in presentation

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Recognising ADHD

DSM5 diagnostic criteria

A. Symptoms of **inattention** and/or **hyperactivity and impulsivity**

B. …present before 12 years of age

C. …present in two or more settings

D. …interfere with functioning

E. …are not better explained by another mental disorder

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Recognising ADHD

DSM5 - symptoms (summarised)

Inattention:

- Has trouble with staying focussed and being distracted, avoids tasks requiring concentrating for long periods
- Doesn't seem to listen, doesn't follow through on instructions, fails to attend to details, makes careless mistakes
- Is disorganised, forgetful, loses things

Hyperactivity and impulsivity:

- 'On the go', as if 'driven by a motor', unable to do things quietly, fidgets, taps, squirms, leaves seat, runs about or climbs (or feels restless)
- Talks excessively, interrupts/intrudes on others, has trouble waiting their turn, blurts out answers before the question has been completed

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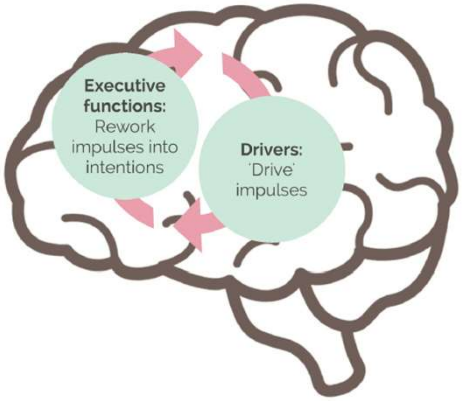
Recognising ADHD

Beyond DSM5 criteria – self-regulation framework

Self-regulation: "The ability to control one's behaviour, emotions, and thoughts in the pursuit of long-term goals"

- Gilbaart, 2018



ADHD = reduced and inconsistent capacity for self-regulation

Acting with full intention occurs inconsistently

Knowledge, values and goals, that the individual holds, are not always able to be used

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Recognising ADHD

Beyond DSM5 criteria – lived experience reports

Contradictory to 'inattention':

- Hyperfocus
- Intense focus on details

Contradictory to 'hyperactivity' and 'impulsivity':

- Feeling paralysed and unable to start a task or make a decision
- Feeling overwhelmed by stimuli and needing to withdraw

Leads to dichotomous performance i.e. "all on or all off"

Influential factors:

- whether a tasks/situation is novel/interesting/rewarding vs not

- whether a task is immediately necessary or has an imminent deadline vs not

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Recognising ADHD

Beyond DSM5 criteria – development of secondary impacts

Misinterpreted intentions and actions

Negative/ punitive consequences

Unsustainable compensatory efforts and masking

i.e. leading to anxiety and burnout

+ Maladaptive coping

e.g. hypervigilance to criticism/rejection, people pleasing, learned helplessness, avoidance, self-medicating, cover-up habits

+ Low self-concept

i.e. efficacy, esteem, worth

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Recognising ADHD

Beyond DSM5 – common in ADHD presentations in women

- Dichotomous experiences, performance and presentation (all on or all off)
- Inconsistent connection between intention and outcome
- Not having met potential, and unexplained barriers to this
- Not making sense, to self and others
- Unsettled/unsatisfied and searching for a cause
- Atypical presentation, or unexpected treatment-resistance for, anxiety or depression

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Navigating the system

Screening prior to referral for diagnostic assessment

Screening questionnaires should be used cautiously

- Validity is poor in clinical populations
  - false positives may arise due to impacts of ongoing high stress on executive functions
  - false negatives may arise due to potential response styles e.g. averaging across inconsistency; interest-driven performance; compensatory strategies or avoidance; comparison to others with ADHD
- Relatively good options are *ASRS-5* self-report for adults and *SNAP IV* parent-report for children and adolescents

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Navigating the system

Referral for diagnostic assessment

Australian Clinical Guideline Recommendations

Nb: All international guidelines are in consensus

Recommendations for

- Clinical interview
- Rating scales
- Multiple informants

No recommendations for

- Cognitive/neuropsychological testing
- Neuroimaging or EEG

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Navigating the system

Referral for diagnostic assessment

- There are no public health services for adults with ADHD (only for children/adolescents)
- Most Tasmanians are needing to access mainland providers currently
- Clinicians with sufficient ADHD expertise will list ADHD as an interest/service on their website
- Assessments by psychiatrists, paediatricians and psychologists cross over, but also differ due to the treatment planning needs
- A prescriber will always do their own assessment, whether diagnosed elsewhere or not (prescribing requirements; medico-legal needs)
- Documentation provided by other clinicians (e.g. assessment reports, clinical impression, treatment summary etc.) *may* make for a more efficient assessment process

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Navigating the system

Referral for ADHD-specific intervention

Australian Clinical Guideline Recommendations

	Non-pharmacological treatment	Pharmacological treatment
Sufficient evidence	• CBT-based intervention *nb: Aim is to improve functionality*	• Stimulants – (first and second line) • Non-stimulants (third line or adjunct) *nb: Aim is to reduce ADHD symptoms*
Insufficient evidence	• Neurofeedback • Cognitive training	***'Multi-modal' intervention is considered best practice***

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Navigating the system

Referral for ADHD-specific intervention

Pharmacological intervention:

- Prescribing regulations differ state to state.
- Prescriptions for stimulant medications can only be filled in Tasmania if the prescriber is based in Tasmania
- Shared care between psychiatrists and GPs is viewed by many as the best solution to address the shortage in psychiatry for ADHD

Shared care is the only option for the vast majority of adults in Tasmania currently

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Navigating the system

Referral for ADHD-specific intervention

Components of ADHD-specific cognitive-behavioural intervention:

- education
- environment modifications
- behavioural modifications
- psychological adjustment and cognitive restructuring

	Intervention likely to be offered:
Psychologists	All components, comprehensively
Psychiatrists	All components, to some extent - some more comprehensively than others
Social workers, OTs, nurses and GPs, with additional mental health credentials	
Counsellors, with Masters level qualifications	
ADHD coaches, with ICF-credentialled training	Some components, to some extent

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Navigating the system
Self-help resources

Tips for avoiding traps

Ensure any books or online programs:

- are developed by health professionals with ADHD expertise
- have lived experience input
- specify being neurodiversity-affirming

Be wary of paid products advertised on social media, particularly productivity apps, and products promising to change cognitive performance

Recommended:

www.adhdguideline.aadpa.com.au

– Australian ADHD Guideline: consumer companions and fact sheets

www.howtoadhd.com

- Educational resources

- Also delivered via YouTube, social media channels and book (April launch)

www.additudemag.com

- Educational resources
- Be mindful of sponsor-influence (the section '*For professionals*' is best)

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ADHD-informed responding
Support post-diagnosis

A roller coaster ride is the norm…

- Grief and shifting blame – 'what could have been'
- Re-interpretation of events and relationships from the past
- Disruption to current relationships
- Oscillation in their belief of the credibility of the diagnosis

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ADHD-informed responding
Neurodiversity-affirming practice

✓ **Applies the Social Model of disability**

and the Human Rights Model of disability

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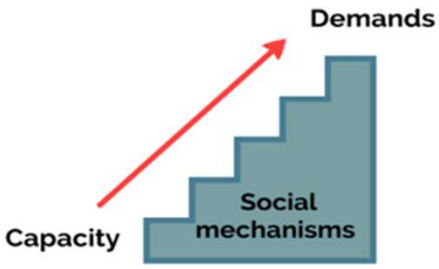
ADHD-informed responding
Neurodiversity-affirming practice

✓ **Applies the Social Model of disability**

and the Human Rights Model of disability

- Respects and values neurodivergence
- Free from 'ableism'
- Inclusive
- Advocates for all being responsible for ensuring 'environment-fit' is optimised (i.e. for equity)



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ADHD-informed responding
Neurodiversity-affirming practice

✓ Strengths-focused

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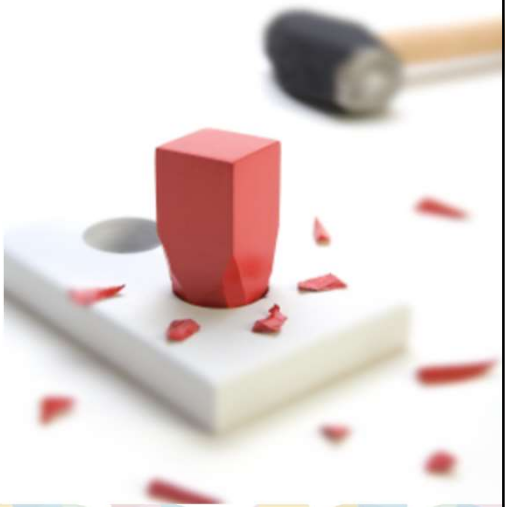
ADHD-informed responding
Neurodiversity-affirming practice

✓ Trauma-informed



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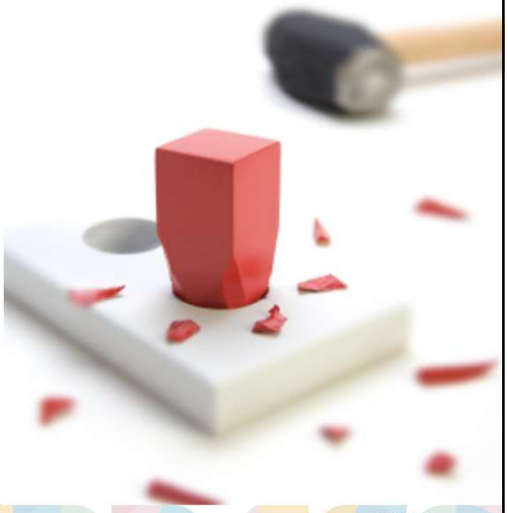
ADHD-informed responding
Neurodiversity-affirming practice

Supporting with creating 'square holes'

- Being wary of unintentionally colluding with stigma and misunderstanding
- Ensuring work with the individual/family is a 'good-fit' environment
- Supporting the individual's self-advocacy

Supporting to prevent/repair damage to the 'square peg'
i.e. Assisting the individual to take a neurodiversity-affirming approach towards themself



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ADHD-informed responding
ADHD-affirming language in a clinical setting

...as at March, 2024

Safe to use	Use with care	Avoid
Person-first, They have ADHD		Identity-first, They suffer from/live with ADHD
Neurodivergence	Neurological/Mental health condition, Disability	Neurodevelopmental delay, Disorder, Disease, Illness
Strengths and challenges, Responses, Experiences, Actions	Behaviour, Symptoms	Deficits
Support	Management, Treatment, Intervention	Cure

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References

ADHD Guideline Development Group. (2022). Australian evidence-based clinical practice guideline for ADHD. Melbourne: Australian ADHD Professionals Association.

Bruno C, Havard A, Gillies MB, et al. (2023). Patterns of attention deficit hyperactivity disorder medicine use in the era of new non-stimulant medicines: A population-based study among Australian children and adults (2013–2020). *Australian & New Zealand Journal of Psychiatry*. 2023;57(5):675-685. doi: 10.1177/00048674221114782

Fraticelli S, Caratelli G, De Berardis D, Ducci G, Pettorruso M, Martinotti G, Di Cesare G, di Giannantonio M. Gender differences in attention deficit hyperactivity disorder: an update of the current evidence. *Riv Psichiatr* 2022;57(4):159-164. doi 10.1708/3855.38380

Gillebaart M. (2018). The 'Operational' Definition of Self-Control. Front Psychol, 9:1231. doi:10.3389/fpsyg.2018.01231.

Razzak H, Ghader N, Qureshi A, Zafar M, Shaijan J, Al Kuwari M. (2021). Clinical Practice Guidelines for the Evaluation and Diagnosis of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents: A systematic review of the literature. Sultan Qaboos Univ Med J. 2021 Feb;21(1):e12-e21. doi: 10.18295/squmj.2021.21.01.003. Epub 2021 Mar 15. PMID: 33777419; Ustun B, Adler L, Rudin C, Faraone S, Spencer T, Berglund P, Gruber M, Kessler R. (2017). The World Health Organization Adult Attention-Deficit/Hyperactivity Disorder Self-Report Screening Scale for DSM-5. JAMA Psychiatry. 2017 May 1;74(5):520-527. doi: 10.1001/jamapsychiatry.2017.0298. Erratum in: JAMA Psychiatry. 2017 Dec 1;74(12):1279. Erratum in: JAMA Psychiatry. 2019 Nov 1;76(11):1213.

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