



# ADHD and Autism: Assessment, Diagnoses, and Treatment Options

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# What are Neurodevelopmental Disorders?

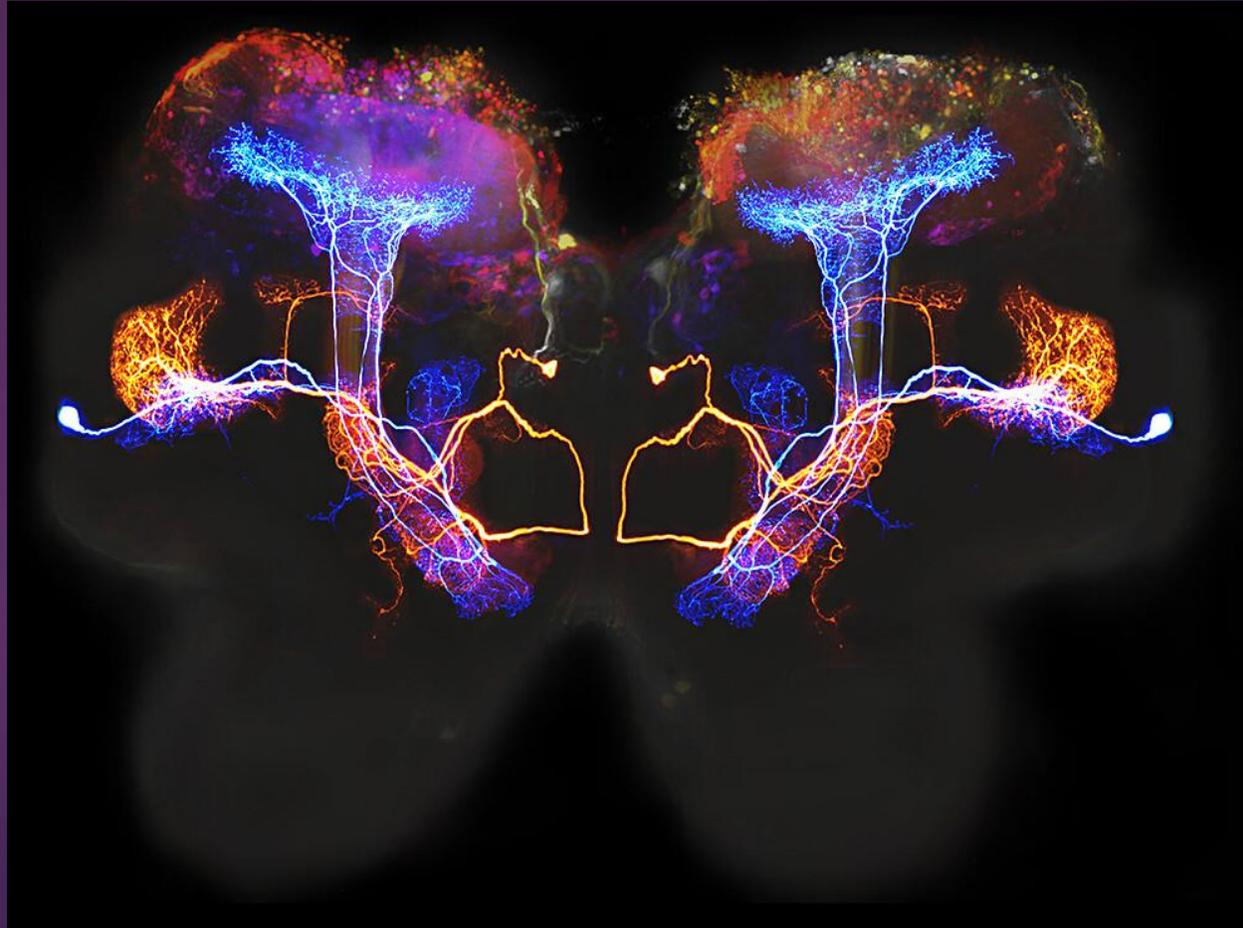


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# What is ADHD? (Source: DSM-5)

- ▶ **People with ADHD show a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development:**

- ▶ **Inattention: Six or more symptoms of inattention for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level:**

- ▶ Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- ▶ Often has trouble holding attention on tasks or play activities.
- ▶ Often does not seem to listen when spoken to directly.
- ▶ Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- ▶ Often has trouble organizing tasks and activities.
- ▶ Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- ▶ Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- ▶ Is often easily distracted
- ▶ Is often forgetful in daily activities.

- ▶ **Hyperactivity and Impulsivity: Six or more symptoms of hyperactivity-impulsivity for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and**

- inappropriate for the person's developmental level:**

- ▶ Often fidgets with or taps hands or feet, or squirms in seat.
- ▶ Often leaves seat in situations when remaining seated is expected.
- ▶ Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- ▶ Often unable to play or take part in leisure activities quietly.
- ▶ Is often "on the go" acting as if "driven by a motor".
- ▶ Often talks excessively.
- ▶ Often blurts out an answer before a question has been completed.
- ▶ Often has trouble waiting his/her turn.
- ▶ Often interrupts or intrudes on others (e.g., butts into conversations or games)

- ▶ **In addition, the following conditions must be met:**

- ▶ Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- ▶ Several symptoms are present in two or more setting, (e.g., at home, school or work; with friends or relatives; in other activities).
- ▶ There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.

The symptoms do not happen only during the course of schizophrenia or another psychotic disorder. The symptoms are not better explained by another mental disorder (e.g. Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

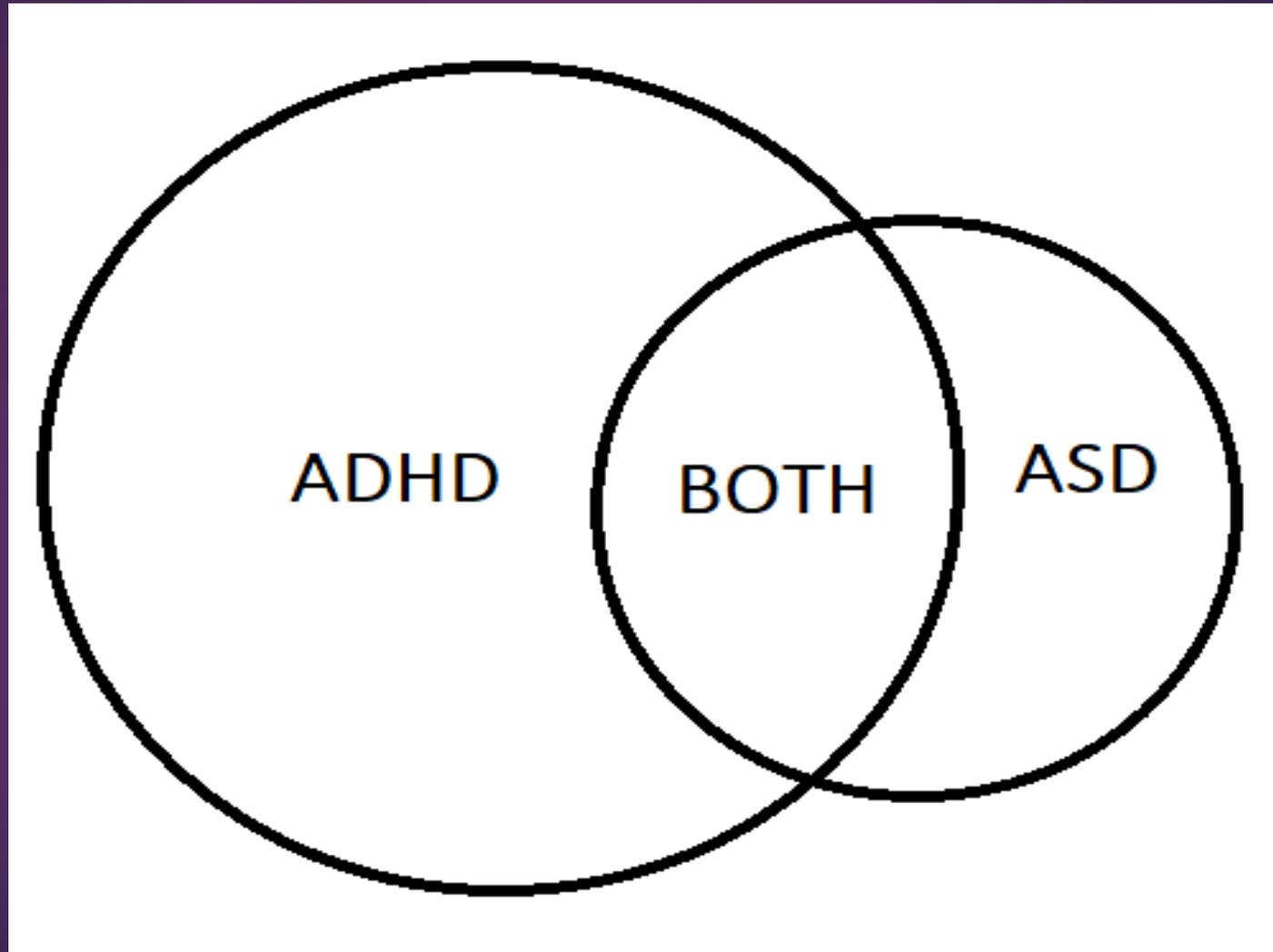
# What is Autism Spectrum Disorder?

- ▶ Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):
  - ▶ Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
  - ▶ Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
  - ▶ Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.
- ▶ Specify current severity:
- ▶ **Severity is based on social communication impairments and restricted, repetitive patterns of behavior.**
- ▶ Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):
  - ▶ Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
  - ▶ Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
  - ▶ Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
  - ▶ Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).
- ▶ Specify current severity:
- ▶ **Severity is based on social communication impairments and restricted, repetitive patterns of behavior.**
- ▶ Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
- ▶ Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- ▶ These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

# ADHD, ASD, or Both?

- ▶ According to Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD), more than 50% of Autistic individuals also meet diagnostic criteria for ADHD, and approximately 25% of those with ADHD are also Autistic.
- ▶ Both diagnoses have to do with brain development rather than chemicals; both are lifelong; and both can impact social and academic functioning.
- ▶ Autistic individuals and those with ADHD can struggle with focus, communication, hyperactivity, sensory issues, and difficulty with executive functioning.

# So, What's The Difference?



# Assessment and Diagnosing: Children and Adolescents

## ▶ ASD

- ▶ Diagnostic interview with caregiver, including detailed information about early development
- ▶ Autism Diagnostic Observation Schedule
- ▶ Autism Spectrum Rating Scale
- ▶ Observations from parent, teacher, and evaluator

## ▶ ADHD

- ▶ Diagnostic interview with caregiver
- ▶ Test of Variable Attention
- ▶ Conners Comprehensive Behavior Rating Scale
- ▶ Vanderbilt Assessment Scale
- ▶ Observations from parent, teacher, and evaluator

# Assessment and Diagnosing: Adults

## ▶ ADHD

- ▶ Diagnostic interview with the client
- ▶ Review of relevant records, if available
- ▶ Test of Variable Attention
- ▶ Conners Adult ADHD Rating Scales (self-report and observer)

## ▶ ASD

- ▶ Diagnostic interview with the client
- ▶ Review of relevant records, if available
- ▶ Personality assessments: MMPI-2-RF, MCMI-IV, etc

# Treatment Recommendations, Goals, and Outcomes



Image credit: amenclinics\_photos

# Making the Decision to Be Evaluated

## ▶ Pros of Diagnosis

- ▶ Access to resources
- ▶ Higher life expectancy
- ▶ Higher quality of life
- ▶ Informs treatment planning
- ▶ Improves self-understanding
- ▶ Improves others' understanding of individual needs

- ▶ Early diagnosis linked to lower comorbidity of anxiety or depression
- ▶ Lower risk for self-harm and suicide
- ▶ Empowering
- ▶ Necessary to have proper diagnosis if seeking medication
- ▶ Unlocks individual strengths

## ▶ Cons of Diagnosis

- ▶ Medication can have side effects
- ▶ Risk for insurance coverage
- ▶ Issues with joining the military
- ▶ Stigma

# Questions?

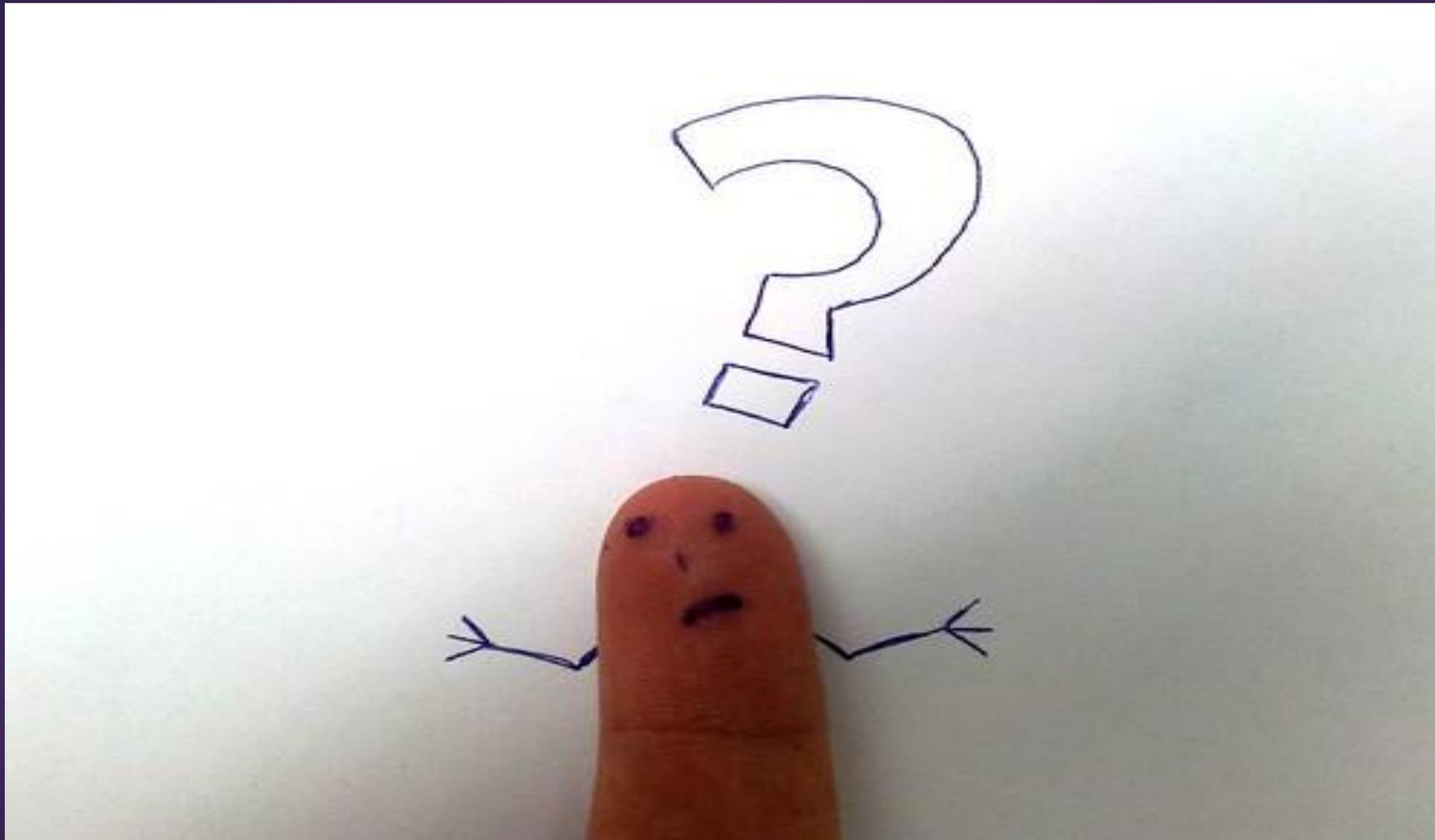


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