Screening Questions for Adult Attention-Deficit/ Hyperactivity Disorder

OVERVIEW

Unfortunately, while the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text revision; DSM-IV-TR; American Psychiatric Association, 2000) allows for the possibility of adult attention-deficit/hyperactivity disorder (ADHD), it provides little effective guidance toward making the diagnosis (Resnick, 2007). The criteria are worded in such a way that they are developmentally inappropriate for adults for example, "runs and climbs excessively" and "has difficulty playing…quietly" (McGough & Barkley, 2004). The Structured Clinical Interview for the DSM-IV-TR, an important structured diagnostic interview, has no module for adult ADHD (M. First, personal communication, May 3, 2007).

Estimates of the proportion of childhood ADHD that persists to adulthood vary from 36 percent to 80 percent (Kessler, et al, 2005; McGough & Barkley, 2004). These adults with ADHD have continued interpersonal, vocational, and educational impairment. The rate of adult ADHD has been assessed as 4 percent of the U.S. population (R. C. Kessler, Chiu, Demler, & Walters, 2005). Effective behavioral and pharmacotherapy treatments are available that will help the client cope with symptoms (Ramsay & Rostain, 2005; Solanto, 2011). Therefore, here are some tips gleaned from the literature on identifying adult ADHD.

ADULT BEHAVIORAL CORRELATES WITH ADHD

Adults with ADHD often present for treatment with anxiety and/or depression (Ramsay & Rostain, 2005). Research has found that the problems listed in the following are more common in adults with ADHD (McGough & Barkley, 2004; Ramsay & Rostain, 2005; Weiss & Murray, 2003). When you see these problems in clients, consider evaluating for adult ADHD:

- Relationship problems
- Unsafe driving history, perhaps including a motor vehicle crash
- Substance abuse

- Chronic academic and/or vocational problems and possibly having been fired
- Affective instability and poor emotional regulation
- Feels like a failure and has low self-esteem
- Loses track of details, has difficulty keeping up with the daily demands of life, and has poor time management
- Poor medical health, probably due to poor follow-through with appointments and treatment
- Family history of ADHD

Note that clients with ADHD are distractible only when they are bored and not fully engaged in a task, and they are unlikely to be bored during individual psychotherapy sessions. Thus, in many cases, you will not observe significant distractibility during the session and will need to rely on the client's report of behavior out of the session.

CORE SYMPTOMS

Some individuals may have all three types of symptoms, while others may be of the mainly inattentive type and others of the impulsive-hyperactive type. I have included some adult behavioral examples for each core symptom (informed by R. J. Resnick, 2007):

- Inattention: Forgets appointments or family activities, is often late for meetings, doesn't get refills of medications in a timely manner, has poor attention to personal health care issues, partner complains that client does not listen, has poor attention to social cues, personal finances are a mess, and has inability to sustain attention on boring tasks
- Impulsivity: Takes first action that comes to mind instead of carefully considering all alternatives, blurts out inappropriate comments during social situations, makes "careless errors" frequently, has temper outbursts, shows inappropriate irritability toward others at work, and has low frustration tolerance
- Hyperactivity: Leaves tasks in the middle and may never finish, talks excessively without listening to others, gets frustrated when has to wait, and feels "squirmy" or restless during long meetings, especially when bored, has higher energy level than others of the same age.

DIAGNOSTIC TIPS

Adults with ADHD must have had ADHD as a child, whether diagnosed or not. A third party, such as a parent, can provide valuable information about the client's behavior as a child (McGough & Barkley, 2004). When evaluating for adult ADHD, consider all settings for behavior, not just work and school settings as specified by the DSM-IV-TR criteria but also dysfunction in any setting that the adult may be in, including financial management, child rearing, relationship with

significant other, following through on health maintenance behaviors, and so on (McGough & Barkley, 2004). In addition, adults with fewer than six symptoms (the threshold for the diagnosis of ADHD) may still have significant impairment and need treatment (McGough & Barkley, 2004).

Web Resource

http://www.hcp.med.harvard.edu/ncs/asrs.php
The National Comorbidity Survey at Harvard University has posted self-report screening questionnaires for adult ADHD that were developed in conjunction with a World Health Organization work group. This symptom checklist (the Adult ADHD Self-Report Scale) is in the public domain. There is a 6-item and an 18-item version, and it is in many different languages. This checklist operationalizes ADHD symptoms in terms of adult behaviors, assisting the clinician in making a diagnosis. I strongly recommend that you use it when you suspect adult ADHD. Administer the questionnaire, then follow up by asking the client for examples of each problematic item.

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