Jennifer Kemp.

Identifying and Supporting ADHD

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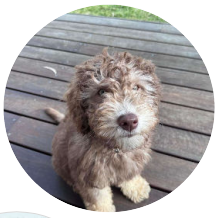
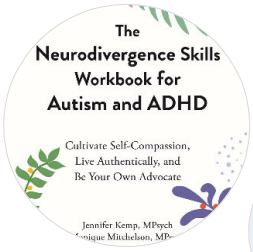
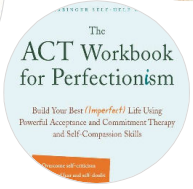
About me

- Clinical psychologist in private practice
- Co-author of 'The Neurodivergence Skills Workbook for Autism and ADHD'
- Author of 'The ACT Workbook for Perfectionism'
- Late-diagnosed Autistic & ADHDer







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Neurodiversity-affirming principles will be applied in this webinar

- Identity-first language
- Avoiding pathologising, medicalised, and ableist language
- Recognising neurodivergent people as the experts on their lives

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ADHD consists of genetic differences in information processing

Oriented toward interests:
Hyperfixations, hyperfocus, novelty

Novelty-seeking, exploratory behaviours in ADHDers may have offered an evolutionary advantage
(Barack et al. 2024)

Executive functioning difficulties

Emotion regulation difficulties

Repetitive behaviours for self-regulation

Executive functioning is 99% genetic:

- Shifting sets & task initiation
- Planning, organising, prioritising & decision-making
- Attention
- Working memory
- Tracking and managing time
- Self-monitoring
- Impulse control
- Emotion regulation

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ADHD fundamentals

- ADHD is 74-90% genetic (e.g. Faraone & Larsson, 2017)
- Shared genetic origins with Autism & Tourette's
- Prevalence = approx. 5% (4 - 12%)
- In adults, difficulties may look different *or be hidden*
  - Compensatory strategies may support functioning (e.g. extensive exercise)
  - External supports may compensate for difficulties (e.g. partners, personal assistants)
  - Unhelpful coping strategies may overshadow ADHD (e.g. addictions, substance use)
  - High intelligence can mask or compensate for ADHD (e.g. Rommelse et al, 2016)

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Overdiagnosed?

- ADHD is not over-diagnosed:
  - In Australia, the diagnostic rate is lower than the population prevalence
- Recent increases in diagnoses reflect:
  - Improved recognition of ADHD in girls and women
  - Improved recognition of inattentive & masked presentations
  - Recognition of the relationship between oestrogen and executive functioning
  - Identifying members of the "lost generation" of adults not identified at school

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ADHD has many friends and rarely arrives alone

- Anxiety
- Autism
- Binge eating disorder
- Bipolar
- Body-focused repetitive behaviours
- Chronic fatigue/myalgic encephalitis
- Chronic pain
- Depression
- Dyslexia, dyspraxia
- Epilepsy
- Foetal alcohol spectrum disorder
- Intellectual disability
- Obsessive-compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)
- Sleep disorders
- Speech & communication disorders
- Substance use disorders
- Tourette syndrome & tics

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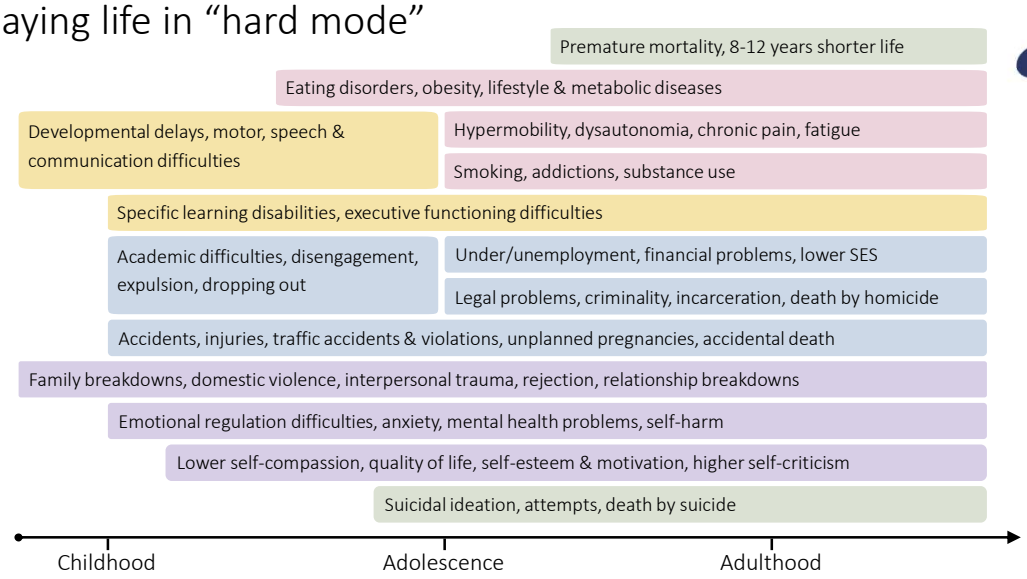
Playing life in "hard mode"



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Adapted & expanded from: Faraone et al (2015)

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DSM-5 defines three presentations of ADHD

1. Predominantly inattentive
2. Predominantly hyperactive–impulsive
3. Combined

Presentations are no longer considered ‘subtypes’ as they can change over time.

“ADD” not diagnosed since DSM-III-R (1987)

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Signs of inattention

- Procrastination
- Needing to do things immediately or potentially not at all
- Needing a deadline to complete tasks
- Reliance on calendars, lists & alarms
- Double-booking or arriving late
- Overlooking important details
- Not reading instructions
- Finding boredom intolerable
- Quickly tiring of new hobbies
- Difficulty completing tasks once the novelty has worn off
- Disorganised home or workplace
- Losing train of thought mid-sentence
- Losing personal items
- Losing track of time

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Signs of hyperactivity & impulsivity

Externalised:

- Always being busy
- Always feeling like you should be doing something
- Difficulty sitting still, needing to fidget or move (may be suppressed)
- Ability to "hyperfocus" & rapidly complete a large amount of work
- Unable to rest or relax, even when tired
- Difficulty waiting in lines, queues or traffic
- Engages in frequent "side-quests"

Internalised:

- Internally restless, agitated
- Rapid, looping, "anxious" thinking, "noisy" chaotic mind
- Feeling like other people are talking too slowly

Verbalised:

- Talking loudly and/or quickly
- Skipping from one topic to the next
- Blurting things out without thinking
- Interrupting, completing others' sentences

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When to screen for ADHD

- ❑ When identified as Autistic (85% likelihood) or when screening for Autism
- ❑ One or more co-occurring mental health diagnosis, esp. chronic anxiety
- ❑ Does not respond to standard therapeutic approaches
- ❑ Reports feeling chronically overwhelmed, disorganised, forgetful (or relies on tight control via compensatory strategies)
- ❑ Difficulty/unable to complete homework
- ❑ Difficulty/unable to establish & maintain routines
- ❑ Difficulty attending appointments, often late
- ❑ Verbal hyperactivity, changes topic quickly, easily distracted

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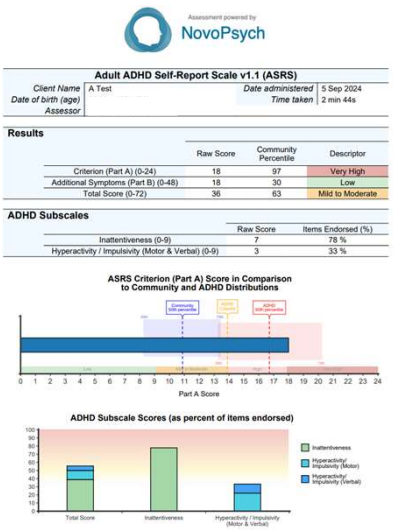
Adult ADHD Self-Report Scale (ASRS)

- Simple, fast, affirming
- Two useful subscales:
  - Inattentiveness
  - Hyperactive/Inattentive (motor & verbal)
- Compares to ADHD and non-ADHD samples



Assessment powered by NovoPsych

Adult ADHD Self-Report Scale v1.1 (ASRS)

Client Name	A Test	*Date administered*	5 Sep 2024
Date of birth (age)		*Time taken*	2 min 44s
Assessor			

Results

	Raw Score	Community Percentile	Descriptor
Criterion (Part A) (0-24)	18	97	Very High
Additional Symptoms (Part B) (0-48)	18	30	Low
Total Score (0-72)	36	63	Mild to Moderate

ADHD Subscales

	Raw Score	Items Endorsed (%)
Inattentiveness (0-9)	7	78 %
Hyperactivity / Impulsivity (Motor & Verbal) (0-9)	3	33 %

ASRS Criterion (Part A) Score in Comparison to Community and ADHD Distributions

Part A Score

ADHD Subscale Scores (as percent of items endorsed)

Total Score · Inattentiveness · Hyperactivity / Impulsivity (Motor & Verbal)

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Strategies to support ADHD

Look beyond neuro-normative strategies:

"Why don't you use a diary?"

"Why don't you write a list?"

Clients have heard this countless times before. If it was going to help, it would have done so by now.

Many people set up elaborate systems but lack the executive functioning to maintain them.

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Scaffold difficulties & harness strengths

ADHD

Oriented toward interests:
Hyperfixations, hyperfocus, novelty

Executive functioning difficulties

Emotion regulation difficulties

Repetitive behaviours for self-regulation

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Scaffold difficulties & harness strengths

Scaffold & Support

Executive functioning difficulties

Emotion regulation difficulties

Harness

Oriented toward interests:
Hyperfixations, hyperfocus, novelty

Repetitive behaviours for self-regulation

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Scaffold & support executive functioning

1. Reduce mental load by re-evaluating priorities, reducing decisions & simplifying life
2. Overcome reluctance to ask for help
3. Build emotional awareness & regulation skills
4. Support executive functioning in therapy

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Support executive functioning in therapy

- Manage verbal hyperactivity:
  - Clients can pre-prepare talking points
  - Set an agenda
  - Ask permission to interrupt—and do it
- Support working memory & planning:
  - Avoid long-winded explanations
  - Provide structured information using visual cues
  - Provide a written summary
  - Make tasks simple and clear
  - Set homework reminders in session

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"Support Swapping" by Betsy Selvam

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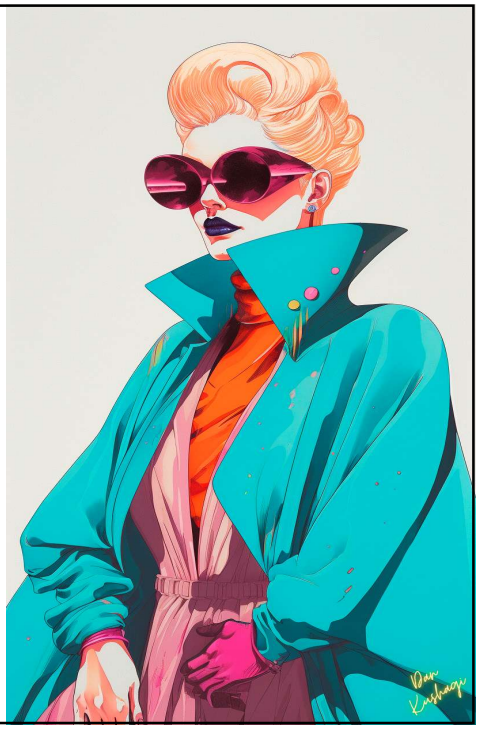
Harness strengths

1. Harness hyperfocus by making tasks NICE:
   Novel, Interesting, Challenging, Emergency
2. Structure environment to allow hyperfocus
3. Harness repetitive behaviours for emotion regulation & impulse control:
   Intentional stimming



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Tracking progress towards therapeutic goals: Emotional & behavioural regulation

ADHD Clinical Outcome Scale (ACOS-Self/Clinician)

- Attention & functional difficulties, hyperactivity/impulsivity & emotional dysregulation, co-occurring mental health problems, risk behaviours & interpersonal problems

Executive Skills Questionnaire –Revised (ESQ-R)

- Plan management, time management, organisation, *emotional regulation, behavioural regulation*

Difficulties with Emotion Regulation Scale (DERS)

- Nonacceptance of emotional responses, difficulties engaging in goal-directed behaviour, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, lack of emotional clarity

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Options for formal assessment

- Psychologists
- Psychiatrists
- General practitioners
  - From 2026 in NSW, WA, ACT & SA; QLD already offers for children

Wender Utah Rating Scale (WURS-25) retrospectively identifies childhood ADHD behaviours and can support diagnosis

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ADHD medications

- For children, early intervention & access to education can offer life-long benefits
- For adults, medications can also be life-changing
- Stimulant medications (methylphenidate, dexamphetamine):
  - Recommended first-line treatment
  - High efficacy rates, generally well-tolerated
  - Can support executive functioning – effects are individual, monitor for burnout
  - Immediate effect, wears off quickly
  - Associated with lower mortality rates, including lower rates of accidental deaths & suicide
- Non-stimulant medications (atomoxetine, guanfacine and clonidine) are generally less effective

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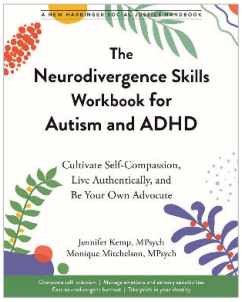
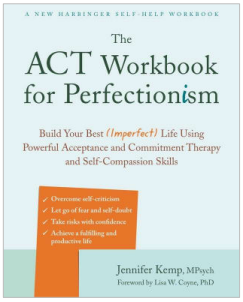
Access free worksheets, e-books and client handouts





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Upcoming live online training

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Praxis CET: Working with Neurodivergent Adults Series

Building Self-Compassion and Self-Acceptance in Autistic Adolescents and Adults

4 weeks x 2-hours commencing: *5th September 2025*

https://www.praxiscet.com/events/working-with-neurodivergent-adults-series-sep-2025/

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Upcoming live online training

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Supporting Clients with Rejection Sensitivity

2-hour online workshop, two options: *9th or 11th September 2025*

15% discount of professional tickets: **novo15**

(50 tickets available, valid until 15 August)

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Upcoming live online training

Jennifer Kemp.

Delivering Neurodiversity-Affirming Therapy: A Skills Framework

2-hour online workshop, two options: *6th & 7th November 2025*

15% discount of professional tickets: **novo15**

(50 tickets available, valid until 15 August)

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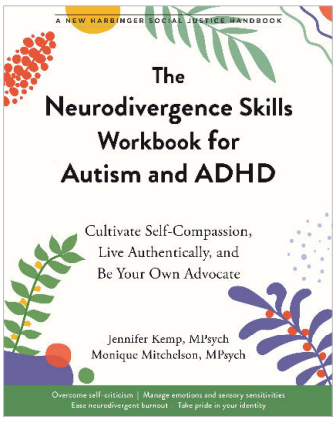
Resources: Recommended books

Kemp, J., & Mitchelson, M. (2024). *The Neurodivergence Skills Workbook for Autism and ADHD: Cultivate Self-Compassion, Live Authentically, and Be Your Own Advocate.* New Harbinger Publications.

Davis, K. C. (2022). *How to Keep House While Drowning: A Gentle Approach to Cleaning and Organising.* Penguin Random House.

Barkley, R. A. (2020). *Executive Functions: What They Are, How They Work, and Why They Evolved.* Guilford Press.



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Resources: Clinical practice guidelines

Australian ADHD Professionals Association (aadpa)

Australian Evidence-Based Clinical Practice Guideline For Attention Deficit Hyperactivity Disorder (ADHD) 1st edition (2022)

https://adhdguideline.aadpa.com.au/

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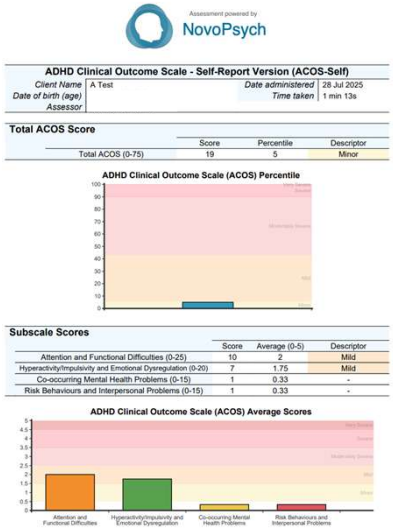
ADHD Clinical Outcome Scale (ACOS-Self/Clinician)

- Simple, fast, affirming
- Tracks broader range of challenges in ADHD:
  - Attention & Functional Difficulties
  - Hyperactivity/Impulsivity & Emotional Dysregulation
  - Co-occurring Mental Health Problems
  - Risk Behaviours & Interpersonal Problems



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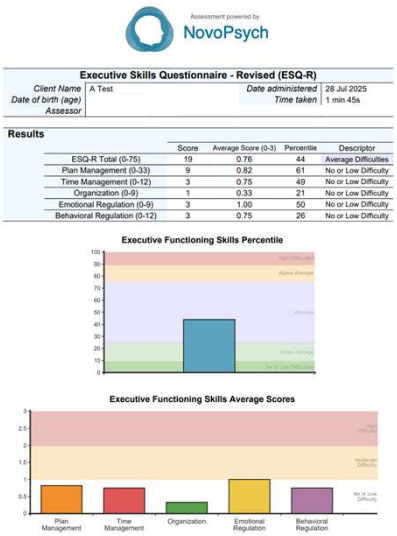
Executive Skills Questionnaire – Revised (ESQ-R)

- Simple, fast, affirming
- Measures executive functioning *skills*:
  - Plan management
  - Time management
  - Organisation
  - Emotional Regulation
  - Behavioural Regulation
- Can track changes over time



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Resources: Examples of stimming (sensory self-stimulation)

Sight	Watching your favourite TV show on repeat, YouTube, TikTok, lights, fans…
Sound	Listening to your favourite song on repeat, white/brown noise, tapping fingers, sound of fan/motor, popping bubble-wrap, clicking a pen, humming, whistling, singing…
Smell	Favourite scents, coffee, perfumes, candles…
Taste	Favourite foods, "same foods", spicy foods, strong flavours…
Touch	Stroking soft fabrics or smooth stones, being in water, under the shower, patting the dog or cat…
Proprioception	Bouncing your legs, tensing/relaxing muscles, twirling your hair, tapping your fingers…
Vestibular	Spinning around, dancing, swinging your legs…
Interoception	Giving/receiving a firm hug, wearing tight clothes, eating crunchy foods…

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Resources: General Practitioners diagnosis and prescribing

- In QLD, GPs have been initiating and continuing stimulant medications to children aged 4–18 since 2017
- In NSW, WA, ACT & SA, GPs will be able to diagnose & prescribe from 2026
  - Tier 1: GPs continue prescribing for patients already stabilised on medication
  - Tier 2: GPs assess, diagnose and initiate treatment for ADHD

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