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PSYCHOLOGICAL ASSESSMENT

Confidential

Name:	Nathan Rashleigh
Date of Birth:	10/05/1989
Age:	34 years
Date of Assessment:	25 January 2024
Assessor:	Neetha Thampy (Clinical Psychologist)
Tests Administered:	Diagnostic Interview for ADHD in Adults (DIVA v.5) Conners Adult ADHD Rating Scales (CAARS; Self/Observer) Clinical Interview (Client)

Background Information

Reason for Referral

Nathan Rashleigh self-referred to Ramsay Psychology for an assessment to investigate the presence of Attention-Deficit/Hyperactivity Disorder (ADHD).

Presenting Problems

Nathan, a 34-year-old male, reported several issues currently affecting his daily functioning. Nathan reported struggling to maintain focus and attention to complete tasks. He often forgets to carry out essential household chores, such as doing the laundry, and frequently misplaces items such as headphones and phones. He engages in the practice of habitual list-making as a proactive measure to combat forgetfulness. Despite his efforts to address time management challenges, he often finds himself running late, compensating by allocating double the necessary time for tasks. Nathan mentioned at times, he tended to operate on autopilot, occasionally leading to moments of inadvertent carelessness.

Planning ahead poses a notable challenge for Nathan, and he reported this contributes to a sense of unpreparedness. Nathan noted a consistent pattern of missing or being late for work meetings but has implemented strategies such as utilising calendars and other reminder systems.

Relevant Background History

Nathan's mother reported a prolonged pregnancy, reaching 42 weeks, necessitating an induced delivery. The labour duration extended to 14.5 hours. There were no other reported complications, and Nathan met all major developmental milestones within the expected age. Nathan completed a Wechsler Preschool and Primary Scale of Intelligence (WPPSI) when he was in preschool. He was referred by his teacher due to concerns with concentration, distractibility, and following directions. The letter from the guidance officer highlighted that the WPPSI assessment revealed a superior range of intellectual ability and suspected the presence of ADHD based on the WPPSI profile and observational data. However, formal testing for ADHD was not conducted.

Nathan shared there were more prominent behaviours he used to engage in the past, such as interrupting people, but has actively worked to address and manage them. In addition to these personal efforts, he expressed a keen interest in exploring new places and meeting new people. However, he noted that this interest has somewhat diminished in recent times. Nathan draws support from his girlfriend and maintains a network of friends. His recreational pursuits include engaging in gym workouts, playing golf, and dedicating time to personal

projects, with a particular focus on game development. Nathan was previously involved in rock climbing; however, this activity was discontinued due to health issues.

Educational/Employment History

Nathan's struggles with attention and focus have been persistent throughout his life. Nathan described his academic performance as average, revealing a pattern where his teachers had noted there was potential, but the level of effort invested was contingent on the subject aligning with his interests. Nathan demonstrated a remarkable capability to achieve high grades when he was interested in the topics. He reported excelling in practical learning rather than theoretical concepts.

Nathan currently works in the field of computer programming. He reported enjoying his field of work and finds it stimulating. Nathan stated that he held multiple jobs within the field, typically relocating in case of disagreements where the company values did not align with his or pursuing more stimulating opportunities. At present, he is in the process of job-searching due to redundancy in 2023.

Mental Health History

Nathan reported psychological engagement on the background of cumulative situational stressors (workplace conflict, and relationship breakdown) in 2023. Aside from this, he did not report formal mental health history and there is no known family psychiatric history. Nathan has an unremarkable AOD use and denied any risk concerns.

Observations

Nathan presented as well-groomed and engaged readily with the assessment process. He appeared euthymic and his affect was congruent with his mood. Nathan maintained an appropriate rate, tone, and volume. No abnormalities were observed in other cognitive domains, such as perception, mood, affect, insight, or judgment. Nathan was observed to occasionally fidget during the interview. His responses were appropriate and congruent with the topics discussed. Nathan denied any acute suicidal or self-harm risk during the assessment.

Test Results

The following tests were administered adjunct to the clinical interview:

- Diagnostic Interview for ADHD in Adults (DIVA v.5)
- Conners Adult ADHD Rating Scales (CAARS) Self Report and Observer

Diagnostic Interview for ADHD in Adults (DIVA v.5)

The DIVA-5 is based on the criteria for ADHD in DSM-5 and asks about the presence of ADHD symptoms in adulthood as well as childhood, the chronicity of these symptoms, and significant impairments due to these symptoms.

	INATTENTION (Only behaviours occurring for 6 months, or more are ticked)	Yes (✓)
A1	Often fails to give close attention to details or makes careless mistakes	✓
A2	Often has difficulty sustaining attention in tasks or play activities	✓
A3	Often does not seem to listen when spoken to directly	✓
A4	Often does not follow through on instructions and fails to finish schoolwork, chores, orduties in the workplace	
A5	Often has difficulty organizing tasks and activities	✓
A6	Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	✓
A7	Often loses things necessary for tasks or activities	✓
A8	Is often easily distracted by extraneous stimuli	✓
A9	Is often forgetful in daily activities	✓
	YES TOTAL	**8**

	HYPERACTIVITY AND IMPULSIVITY (Only behaviours occurring for 6 months or more are ticked)	Yes (✓)
A10	Often fidgets with or taps hands or feet or squirms in seat	✓
A11	Often leaves seat in situations when remaining seated is expected	
A12	Often runs about or climbs in situations where it is inappropriate, or feels restless	✓
A13	Often unable to play or engage in leisure activities quietly.	
A14	Is often "on the go," acting as if "driven by a motor	✓
A15	Often talks excessively.	
A16	Often blurts out an answer before a question has been completed	
A17	Often has difficulty waiting their turn	✓
A18	Often interrupts or intrudes on others	
	YES TOTAL	**4**

	Clinically significant symptoms	Yes	NA
B	Have the several inattentive or hyperactive-impulsive symptoms been presentprior to age 12 years?	✓	
C	Are the several inattentive or hyperactive-impulsive symptoms present in two or more settings	✓	
D	Is there clear evidence that the inattentive or hyperactive-impulsive symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning?	✓	
E	Do the symptoms occur exclusively during the course of schizophrenia or anotherpsychotic disorder; and/or are not better explained by another mental disorder		✓

Five or more symptoms on the inattentive scale and five or more symptoms on the hyperactivity are required for adults to have persisted for a duration of at least 6 months that has significantly impacted on functioning. Nathan exhibited symptoms meeting 8 out of 9 criteria on the inattentive scale, and 4 out of 9 on the hyperactivity scale.

Conners Adult ADHD Rating Scales (CAARS)

The CAARS is a 66-item standardised instrument on nine empirically derived scales to assess symptoms and behaviours related to ADHD through self-reporting and observer input.

Self-Report

Conner Subscales	T-Score*	Clinical category
Inattention/Memory Problems	62	Mildly atypical
Hyperactivity/Restlessness	50	Average
Impulsivity/Emotional Liability	58	Slightly atypical
Problems with Self-Concept	54	Average
DSM-5 Inattentive Symptoms	70	Moderately atypical
DSM-5 Hyperactive-Impulsive Symptoms	52	Average
DSM-5 ADHD Symptoms Total	63	Mildly atypical
ADHD Index	60	Slightly atypical

**T-scores >65 deemed to be clinically significant*

Observer Report

Observer reports completed by both Nathan's mother and girlfriend noted mildly atypical inattentive symptoms. An examination of the individual item responses reveals a relatively consistent response style, and the results can be considered as likely valid. Based on Nathan's self-report and observer report, one or both sets of criteria are not met for Inattentive Presentation of ADHD and the Hyperactive-Impulsive Presentation of ADHD. It is unlikely, then, that Nathan would qualify for Combined Presentation of ADHD.

Clinical Interpretation

The clinical interview and the assessment findings suggest that Nathan presents with behaviours and symptoms which meet the DSM-5-TR diagnostic criteria for:

F90.2 Attention-Deficit/Hyperactivity Disorder; Inattentive Presentation

Nathan has persistent struggles with attention and focus corresponding with the diagnostic criteria for the inattentive presentation of Attention-Deficit/Hyperactivity Disorder. There is evidence that Nathan's functioning difficulties have been present since childhood. Consistent findings across all assessments reinforce the reported behavioural tendencies, offering a more comprehensive and validated perspective on the presence of ADHD-related challenges. While there are indications of hyperactive traits, it is important to note that these characteristics are less pronounced and, although observed, do not meet the established criteria required for a conclusive diagnosis of a hyperactive-impulsive presentation.

The identified ADHD-related symptoms significantly impact Nathan across multiple domains of his life. In the workplace, challenges with time management, forgetfulness, and occasional carelessness are noted, whereas, in personal life, the struggles with planning and misplacing items may also lead to increased stress and strain in interpersonal dynamics. These symptoms have implications for self-management, as evidenced by the need for compensatory strategies such as habitual list-making and allocating double time for tasks. Nathan's proactive efforts, like using visual reminders, suggest a conscious attempt to mitigate challenges, but the overall impact on self-management and daily functioning remains considerable.

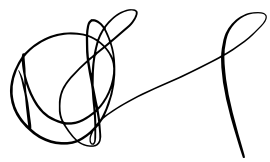
Recommendations

1. Accessing information to better understand the condition and obtain support: ADHD Australia (www.adhdaustralia.org); Children and Adults with ADHD (https://chadd.org); and ADHD Foundation (www.adhdfoundation.org.au) have resources to support individuals living with ADHD.
2. Guidelines recommend considering medication as a potential intervention for treating adult ADHD. It's advisable to discuss this option with a psychiatrist or GP and undergo a thorough medical assessment before initiating any medication treatment.
3. Given Nathan's psychological profile, he would benefit from ongoing engagement in therapy to address his emotional well-being and develop effective strategies to address his symptoms.
4. In context of Nathan's organisational challenges, here are some additional strategies that might assist in self-management.
    - **Designated Spaces:** Create specific spots for frequently misplaced items like keys, wallet, phone, etc. Consistently placing these items in the same location can help develop a habit that reduces the chances of misplacing them.
    - **Organisational Tools:** Use organisers, baskets, labels, or colour-coding systems to categorise and store items. This visual organisation can make it easier to remember where things belong.
    - **Reminders and Alerts:** Set alarms or reminders on your phone or use reminder apps to prompt you to check for items before leaving a location.
    - **Checklists:** Make a habit of using checklists for daily tasks, including item checks before leaving places. It can help reinforce the routine of checking for essential items.

- **Mindfulness and Focus Techniques:** Practice mindfulness exercises or techniques that improve focus.
- **Technology Assistance:** Consider using tracking devices or apps that help locate commonly misplaced items.
- **Routines and Habits:** Establish consistent routines for chores, allocating specific times or days for each task. This routine can help in setting expectations and creating a habit.
- **Break Tasks into Smaller Steps:** Divide larger tasks into smaller, more manageable parts. This can help in starting tasks more easily and maintaining focus.
- **Minimise Distractions:** Create a workspace conducive to focus. Utilising existing strategies such as noise-cancelling headphones is great, along with blocking distracting websites, disabling notifications or request a quieter workspace if possible.
- **Time Management Techniques:** Try time-blocking or the Pomodoro Technique (working in intervals with short breaks) to structure your workday and manage attention spans effectively.
- **Prioritise Tasks:** Use to-do lists or task prioritisation methods like the Eisenhower Matrix (urgent vs. important) to focus on high-priority tasks and deadlines.

Please do not hesitate to contact me on 1300 171 715 if you have any queries or require further information.

Yours Sincerely,



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