



# ADHD Assessment and brief Intervention service: a multi-disciplinary perspective

**Kapil Sayal**

## Outline & Objectives

- To be aware of the service context and development
- To understand these aspects of service provision:
  - Screening
  - Assessment
  - Formulation
  - Intervention



## Context

NICE ADHD Guidelines (2008)

The image shows the front cover of a NICE clinical guideline. The background is white with teal and light blue curved accents. In the top right corner is the NHS logo and the text 'National Institute for Health and Clinical Excellence'. The main title 'Attention deficit hyperactivity disorder' is centered in a large, dark blue serif font. Below it, 'Implementing NICE guidance' is written in a smaller, dark blue sans-serif font. The year '2008' is positioned in the bottom left. At the bottom center, it says 'NICE clinical guideline 72'. In the bottom right corner, there is a circular logo for 'Clinical Guideline Implementation Tools' featuring three interlocking gears.

NHS  
National Institute for  
Health and Clinical Excellence

# Attention deficit hyperactivity disorder

Implementing NICE guidance

2008

NICE clinical guideline 72

Clinical Guideline  
Implementation Tools



## Key priorities for implementation

- Assessment and diagnosis of ADHD
- Training and the role of specialist teams
- Parent-training/education
- Comprehensive treatment plans
- Drug treatment

## Context

- NICE Guidelines (2008)
- ADHD provision piecemeal - no dedicated or co-ordinated service for children and young people
- Care pathways unclear
- Receipt of and quality of service dependent on the level of clinician interest in ADHD
- Local recognition rates (administrative prevalence) lower than the national average



## Problem(s)

- CAMHS not sufficiently staffed or resourced to fully deliver the evidence-based care for ADHD as recommended in the NICE guideline.
- Without a dedicated multi-disciplinary service, inequities in the recognition, diagnosis and treatment of ADHD likely to persist.
- Vital to get the diagnosis right and minimise the impact of missed or untreated ADHD.

## Problem(s)

Needs will not be adequately met, leading to risks:

- additional mental health problems
- potentially vulnerable young people more likely to present in crisis
- impact on clinical, social, and educational outcomes
- poor treatment outcomes in childhood and ongoing difficulties will impact on need for services in adulthood



## The service development

NICE guideline recommends:

- Mental health trusts should form local specialist multi-disciplinary services for people with ADHD.
- These teams should have expertise in the diagnosis and management of ADHD.

## The service development

- Proposal to Trust NICE funding group to set up a multi-disciplinary clinic in a community CAMHS
- Small resource – 0.8 wte for total population >1 million
- Focus – provision of multi-disciplinary input and non-pharmacological interventions.



## The CAMHS ADHD Specialist Team (CAST)

- Clinicians with expertise in neuro-developmental conditions – well-placed to set-up this multi-disciplinary service.

The team is:

- Consultant Psychiatrist (0.2 wte)
- Clinical Psychologist (0.2 wte)
- Nurse (0.4 wte)
- Administrator (0.2 wte)

## The components

Provision of evidence-based assessments and treatments:

- Multi-disciplinary assessment
- Parent education and training programmes
- Liaison with schools
- Medication advice/initiation
- Short-term psychological interventions



## Monitoring – NICE Quality Standards

- Children and young people with symptoms of ADHD are referred to an ADHD specialist for assessment – **Fully compliant**
- Parents or carers of children with symptoms of ADHD who meet the NICE eligibility criteria are offered a referral to a parent training programme – **Fully compliant**

## Monitoring – NICE Quality Standards

- Children and young people with moderate ADHD are offered a referral to a psychological group treatment programme - **Mainly Compliant**

We offer individual psychological intervention approaches as this makes better use of resources, is individually tailored and reduces waiting times.



## Who have we seen?

	Male (%)	Female (%)
2012-2013	70	30

Age	<13 (%)	13+ (%)
2012-2013	33	67

## Who have we seen?

	Male (%)	Female (%)
2012-2013	70	30
2014-2016	45	55

Age	<13 (%)	13+ (%)
2012-2013	33	67
2014-2016	21	79



## ADHD Service Process

- Referrals from CAMHS clinicians
- Pre-assessment screening
- Pre-assessment case discussion
- Direct assessment
- Post-assessment case discussion
  - Psychological formulation
  - Diagnostic decision
- Feedback with family and referrer
- Recommendations
- Interventions

## Pre-assessment Screening

- Strengths and Difficulties Questionnaire (SDQ; Goodman) – parent, self, teacher
- Conners' Teacher rating scale
- Teacher Development And Well-Being Assessment (DAWBA; Goodman)
- Anything else available
- Case discussion



## Strengths and Difficulties Questionnaire

### Strengths and Difficulties Questionnaire

T<sup>4-16</sup>

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name .....

Male/Female

Date of Birth .....

Not True    Somewhat True    Certainly True

## Teacher DAWBA

### Development and Well-being Assessment (Teacher Version)

Student's Name .....

Male / Female

Date of Birth .....

Form or Class .....

Teacher (form, year, subject etc.) .....

Signature .....

Today's Date .....



## Pre-assessment Screening: Evidence

*Child and Adolescent Mental Health*  
a journal for all professionals working with children and young people

Child and Adolescent Mental Health Volume 13, No. 1, 2008, pp. 41-46

doi: 10.1111/j.1475-3588.2007.00463.x

**Evaluation of Screening in Children Referred for an ADHD Assessment**

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Although guidance from the National Institute for Clinical Excellence recommends the improved identification of children with ADHD, clinical resources are limited. Amongst children ( $n = 119$ ) referred over the question of ADHD, we evaluated the utility of screening (using parent and teacher questionnaires) prior to offering an ADHD assessment. The introduction of screening contributed to an increase in the proportion of assessed children receiving a clinical diagnosis of ADHD. Although screening of referred children prior to assessment can optimise the use of specialist clinical resources in the identification of children with ADHD, false positives remain common.

## Pre-assessment Screening: Evidence

- Feasible to screen all referrals for an ADHD assessment using parent and teacher SDQ & Conners' scales (Sayal et al, 2008).
- Introduction of screening led to an increase in the rate of diagnosis of ADHD amongst children referred with this diagnostic question.
- Can optimise the use of limited specialist resources.
- However, false positives remain common because symptoms of ADHD overlap with other disorders and developmental problems.



## Assessment

- Start all together with parent/carer and young person, then complete two simultaneous, separate assessment sessions
- Parent Session:
  - Assessment of ADHD symptoms using PACS (Parental Account of Child Symptoms; Taylor) and Parent DAWBA (Goodman)
  - Other concerns
  - Family genogram and family history
  - Developmental history
  - Educational history
  - Past medical history
  - Social circumstances

## Assessment – Young person session

- Key point – there is an assessment opportunity at every step!
- Need to be flexible and adaptable
- Informal assessments: clinical interview of ADHD symptoms, family (genogram), 'All About Me', emotional wellbeing, school, relationships, games!
- Formal assessments considered: Wechsler Abbreviated Scales for Intelligence (WASI), Diagnostic Interview for ADHD in Adults (DIVA), Qb test, other tests of executive function.
- Clinician observation of young person



## Post-Assessment

- Review of Annual school reports, particularly useful to look at primary school reports of teenagers – establish that symptoms were present before the age of 12 (DSM 5).
- Any other background information

## School Reports

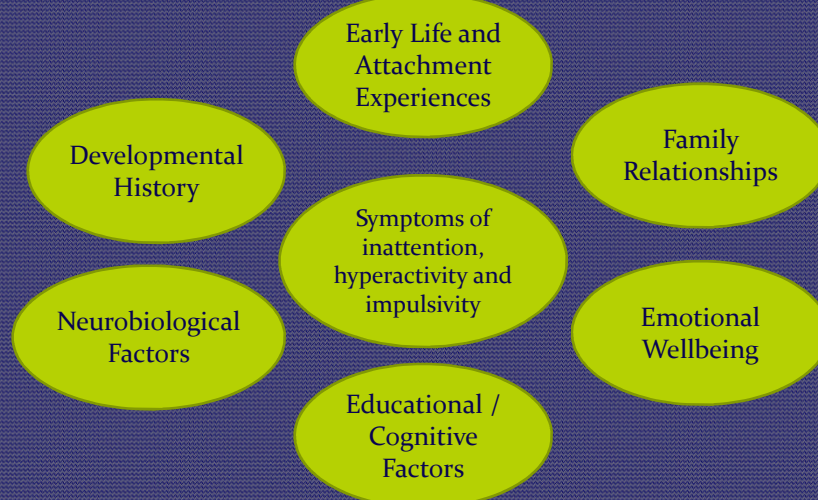
Source of Information	ADHD indicators/comment
Age 9	Ensure that you: <i>“focus at all times”</i> .
Age 11	<p>“Mistakes occur when he <i>loses focus or rushes</i>, or does not read the question carefully”.</p> <p>Target: “Try to thoroughly <i>check work</i>”.</p> <p>Need .... “a few more <i>organisation skills</i>”.</p>



## Post-Assessment Case Discussion

- All aspects of assessment drawn together
- Evidence for symptoms of inattention, hyperactivity and impulsivity assessed
- Psychological formulation method used to pull together ideas and consider alternative hypotheses, used to inform treatment
- DSM criteria used re: ADHD diagnosis
- Use of ICD-10 Multi-axial classification system
- Where evidence of symptoms is inconsistent, consider gathering further information and alternative formulations

## Psychological Formulation





## Interventions

- Psycho-education
- School-based interventions
- Time-limited psychological work
- Specialist ADHD Parenting Interventions
- Advising on medication
- Advice / Consultation to other professionals

## Psycho-education

- Often the most important part of treatment
- Offered to young person, family and school
- Aim - understanding of the difference between a mental health condition and “bad” behaviour

*Condition* → *Empathy* → *Adaptations*  
 (**Not** Bad Behaviour → Intolerance → Exclusion)



## Psycho-education

- What is ADHD (symptoms, impairment and science)
- Prevents internalisation of difficulties
- Helps the young person to recognise their strengths.
- Helps set realistic expectations.
- Provide information about other resources

## School-based Interventions

- Direct liaison with the school, 45-60 minute session with the Form Tutor and Specialist Educational Needs teacher (or Head of Year).
- Focus on executive function difficulties and how this affects working memory and organisation, and how this impacts in teenage years.





## School Information

- Strategies for supporting young person with ADHD in classroom setting
- We provide an information package written by the team that includes:
  - ADHD – diagnostic criteria – what it is and what it is not.
  - The Brain and the science behind ADHD
  - Classroom-based strategies
  - Embracing the positives

School based interventions for children with ADHD



## Parenting Interventions

- ADHD-focused
- Using behavioural strategies primarily e.g. using *123 Magic* and *surviving your Adolescents* (Phelan).
- Parents can also be sign-posted to other parenting groups / interventions



## Parenting Session - Sample structure

- Similar to *123 Magic* structure which includes 3 sessions (of 2 hrs) focusing on parental strategies:
- Week 1 – Reducing negative behaviour
- Week 2 – encouraging good behaviour
- Week 3 – developing the relationships
- Often focus on the interactions between the parents and the child. How to adapt parenting style as child gets older and developmental needs change.

## Individual Psychological Sessions

- Brief, time-limited intervention
- Initial session with the young person used to identify aims of therapy
- Use the formulation to guide the therapeutic approach
- Drawn from CBT-based work for symptoms of ADHD (Young and Bramham, 2012)



## Summary

- Multi-disciplinary assessment approach to identify ADHD, associated complexities and comorbidities.
- Appropriate recommendations founded on evidence-based approaches recommended by NICE.
- Tailored short-term behavioural interventions for the young person, family and school.

## Summary

- Advice (or initiation and stabilisation) on the use of medication.
- Use appropriate resources (some developed in-house) to improve the experience for the young person, school and families.
- Very positive feedback from schools, young people and families.



## ADHD Assessment and brief Intervention service in CAMHS: a multi-disciplinary perspective

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## Thank you for listening

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