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Is it ADHD: The Essence of Verification

by Gary Thompson, Ph.D.

I recently stumbled upon a quote that struck me: “The essence of verification is the convergence of multiple lines of reasoning at a singular point.” At the time, I thought that it was catchy and might come in handy one day. Then it dawned on me: “That’s exactly the approach that I use to diagnose ADHD.”

ADHD, or attention deficit hyperactivity disorder, is “a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.” (American Psychiatric Association, *Diagnostic and Statistical Manual-5 (DSM-5)*)

The term has become so common

If misdiagnosed as ADHD, mood and behavior problems can be worsened.

that many people casually describe themselves or someone they know as having ADHD. However, an accurate diagnosis is not a simple process because a multitude of moods and behaviors can mimic ADHD. If misdiagnosed as ADHD, mood and behavior problems can be worsened by inappropriate use of medications most frequently used to treat ADHD.

Ten Criteria for Assessment

Over years of testing clergy and religious during evaluation and treatment, I have identified a number of attributes to look for when a diagnosis of ADHD is under consideration. Most people who are accurately diagnosed with ADHD are positive on six or more of these.

1. They meet the DSM-5 criteria, with at least five of the nine characteristics described for either inattentiveness or hyperactivity/impulsivity (e.g., frequently being easily distracted, poor listeners, forgetful, difficulty organizing tasks, fidgety, impatient, excessively talkative, etc.).

They also meet three supplementary criteria: symptoms present as early as age 12, symptoms evident in multiple settings, and symptoms causing clinically significant impairment in interpersonal, academic or occupational functioning. However, an individual reporting he or she has all of these criteria does not mean conclusively that he or she has ADHD.

2. Adults who actually have ADHD are much more consistent in reporting the presence of ADHD-like symptoms across multiple symptom checklists than adults who report having ADHD-like symptoms, but subsequently are found not to have ADHD.

3. Individuals report a positive history of perinatal and/or early development risk factors (e.g., illnesses or in-

juries during mother’s pregnancy, birth complications such as breech birth, lack of oxygen, prematurity, mother drinking alcohol or smoking during pregnancy, etc.).

4. They are likely to identify one or more relatives as either having ADHD or displaying symptoms that suggests the likely presence of that disorder.

ADHD is a highly heritable disorder that tends to run in families. A person with ADHD is likely to have a first-degree relative with ADHD. (van den Berg et al, *American Journal of Medical Genetics*)

5. They report having, or display, symptoms of psychiatric conditions (e.g., depression, anxiety, bipolar disorder, substance abuse, etc.) that tend to co-occur with ADHD. For example, 33 percent of individuals with ADHD also suffer from depression; 33 percent, anxiety; and 28 percent, impulse control disorder. (Abel, et al, *Psychological Medicine*)

6. Their histories are positive for medical conditions that tend to co-occur with ADHD, such as sleep apnea, thyroid conditions, restless leg syndrome, irritable bowel syndrome and multiple ear infections during early childhood. In my experience, untreated sleep apnea can double the number and/or intensity of ADHD symptoms. Treating sleep

continued on page 3

Case Study Father Alex

by Kathleen Glufling, Psy.D.

Father Alex came to Saint Luke Institute for an evaluation at the request of his diocese's vicar for clergy. Father had gone to him, feeling his priesthood was falling apart. He was stressed, could not seem to manage time, kept jumping between projects, and felt completely overwhelmed.

During his evaluation, the 42-year-old priest's speech was rambling and a little impulsive. He had a clinical interview, psychosocial interview and spirituality assessment, allowing the evaluation team to gather a thorough history.

School had always been relatively difficult for him. Though he never got into trouble, teachers consistently complained of his inattention and disorganization. Summer school and tutors

This was the first time anyone had suggested autism.

helped him stay on course through high school. In college, he struggled and ended up on academic probation one semester after getting an incomplete and failing grades. He had missed many classes and turned in assignments late, if at all. What he did hand in was poorly done and incomplete.

With the help of more tutoring and coaching on organization techniques, Fr. Alex graduated and went to seminary. He again struggled, but did well enough to complete his studies.

Shortly after he arrived at his first parish assignment, the pastor started getting complaints from the parish staff and several parishioners that Fr. Alex



was often late, forgot to make important phone calls and left the parish office a disorganized mess. The staff liked him and would remind him of appointments and help him out when they could.

His struggles with organization - in the office and rectory - continued after he was made a pastor three years later.

Issues with the parish staff and with some of the parishioners continued to mount. Fr. Alex was confronted several times because he was late, missed deadlines and generally was perceived as being unreliable and even incompetent as an administrator. Twice, he also blurted out harsh criticisms about the parish director of religious education.

Fr. Alex shared that he smoked two packs of cigarettes per day, a habit he had since high school, and drank caffeinated coffee throughout day. He said he nearly was charged with a DUI and had reduced his alcohol consumption.

Depression or ADHD?

Fr. Alex described himself as unpredictably irritable. He felt like a failure and was not sure what to do. He felt little energy for anything but his work.

His primary care doctor thought he

might be depressed and tried an antidepressant medication, with little relief.

He was vague during his Saint Luke evaluation when the physician asked if he had taken the medication regularly. The physician suspected that Fr. Alex did not have an adequate therapeutic trial of antidepressants. Progress notes from his primary doctor's record confirmed the suspicion of noncompliance. Still, he slept well and maintained a good appetite.

During his evaluation he participated in a neuropsychological assessment that indicated a diagnosis of ADHD. During the clinical and psychosocial interviews, he self-reported symptoms of ADHD. Collateral information regarding observed ADHD symptoms was gathered from his contact person.

Fr. Alex was diagnosed with depression and ADHD. ADHD treatment for adults requires a multi-pronged approach that addresses the symptoms and the skills needed to organize life and to work on the emotional issues that often accompany this diagnosis.

While in residential treatment, Fr.

continued on page 3

Father Alex, *continued*

Alex was prescribed a stimulant medication to treat his ADHD. He engaged in individual and group therapies, including Cognitive Behavioral Therapy (CBT) that helped him learn time management and how to cope with emotions and handle stress. He began to address a negative self-image that resulted from years of feeling that he did not measure up to expectations and to learn how to think things through before acting.

Saint Luke's physical therapist and registered dietician helped him learn

other ways of managing his symptoms of ADHD and depression. These included eating healthy meals, getting regular exercise and plenty of sleep, and finding ways to manage stress.

As he prepared to return home, he and his primary therapist developed an aftercare plan that would mimic some of these treatment modalities. He received help setting up a group of peers to give him feedback on signs of lapses with his ADHD or depression, and help with finding a local therapist and a psychiatrist to manage his medications. He also found a support group that allowed him

to connect with other adults who are living with ADHD.

With this holistic treatment approach and new lifestyle in hand, Fr. Alex felt more confident and encouraged about his prospects for successful ministry upon his return home.

Kathleen Glufling, Psy.D., is a therapist for the residential program at Saint Luke Institute. To ensure confidentiality, names, identifying data and other details of treatment have been altered.

ADHD, *continued* from page 1

apnea through consistent use of a CPAP machine has, in some cases, reduced ADHD-like symptoms by 50 percent.

7. Individuals report struggling with numerous problems indicative of executive dysfunction (i.e., with abilities that give organization and order to our actions and behavior, such as planning, prioritizing, initiating, inhibiting, shifting, completing tasks, etc.), even if they perform completely within normal limits on neurocognitive tests that assess executive functions.

8. They frequently display impaired performance on computerized continuous performance tests (CPTs) that assess the vigilance aspect of attention. Individuals with ADHD often demonstrate excessive variability, slower than normal response times and negative attention comparison scores on CPTs. ADHD may cause larger than normal shifts in attention from moment to moment, resulting in the marked fluctuations in response speed.

Diagnosing ADHD

- Meets criteria established by American Psychiatric Association
- Self- and observed reporting of symptoms
- Presence of common co-occurring conditions
- Family history of ADHD; early development risk factors
- Impaired performance on computerized and other performance tests

9. Individuals who know them well, and for a long time, report having observed numerous symptoms suggestive of ADHD.

10. When reflecting on moods and behaviors that were present during their childhood, adults with ADHD typically endorse many more ADHD-related symptoms than adults with no significant psychological or neurological problems and adults with major depression.

The likelihood an individual has ADHD is substantially increased when he or she is positive on six or more of these characteristics. However, other conditions such as major depression, bipolar disorder and sleep apnea, when

untreated, can look very much like ADHD. In fact, in some cases, they can be completely indistinguishable. Thus, it is vitally important to identify and adequately treat such conditions, and then reassess for ADHD. If strong evidence of ADHD remains at that point, a firm diagnosis can be made with confidence.

Using multiple lines of reasoning as described above markedly reduces the likelihood of over- or under-diagnosing ADHD.

Gary Thompson, Ph.D., is a psychologist and coordinator of neuropsychological services at Saint Luke Institute.

Remembering Bill Mann, Instrumental in Establishing Saint Luke

William Mann, founding board member of Saint Luke Institute and chairman of the board for 29 years, died at home in Florida on August 27.

He was instrumental in the vision and early development of Saint Luke Institute and continued, with his wife Anna, to encourage and support our mission.

In the 1970s, he joined the board of the Marsalin Institute in Massachusetts, a new Catholic treatment center for priests. The center struggled, but Bill's commitment to the mission never

wavered. In 1977, he approached a priest psychologist who was starting an outpatient center in the Archdiocese of Washington with the approval of Cardinal William Baum.

The two collaborated and Marsalin became part of the Maryland-based Saint Luke Institute.

Bill Mann remained Saint Luke's biggest champion. In 2006, as he reflected upon his 29 years of service on Saint Luke's board, he said, "This experience has been truly a great privilege and a joy."



William Mann

It was our privilege and joy to have Bill Mann at our side and on our side for the past 40 years.

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Honor a priest or religious who is or was important in your life with a gift to Saint Luke Institute. Your support will help us provide quality, specialized care to another priest or religious in need.

Visit sli.org/donate or call Annie Ducote at 301-422-5405. On behalf of those we serve, thank you.

Make a Life-Changing Gift

We often are asked, "How can I help support Saint Luke Institute's mission?" One way to make a lasting impact is a planned gift of securities or mutual funds.

Through your securities or mutual funds you can support our ministry while realizing important benefits for yourself. When you donate appreciated securities or mutual funds you have held for more than one year to us in support of our mission, you can eliminate federal capital gains taxes on the transfer. You are also entitled to a federal income tax charitable deduction based on the fair market value of the securities at the time of the transfer.

Making a gift of securities to support our mission is as easy as instructing your broker to transfer the shares. For more information, please contact Gail Battle at 301-422-5404.



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