The OT Practitioners Role in Treating Adults with ADHD

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- Owner and sole OT at Authentic Living, LLC since August 2022
- Currently working in outpatient/community based private practice treating adults with ADHD and autism
- Experience in pediatric inpatient and outpatient skilled nursing acute care and school-based settings
- Neurodivergent practitioner



Objectives

- 1. Describe the impact that adult ADHD has on occupational performance
- 2. Describe the benefits of occupational therapy interventions in addressing deficits in occupational performance
- 3. Describe ways to adapt interventions across settings to meet the needs of adults with ADHD

"Adhd, autism, and other neurodevelopmental differences do not magically go away when we become adults. People need new strategies to adapt to new roles environments and demands"

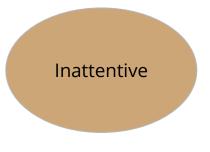
Overview of ADHD

- "Persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development" (American Psychiatric Association; 2013
- Neurodevelopmental disorder that typically starts in childhood
- Gap between ability and performance
- Generally impaired executive function



Overview of ADHD

Three Possible Presentations



- Easily Distracted
- Difficulty sustaining attention
- Loses things
- Difficulty with organization
- Forgetful in daily activities

Hyperactive-Impulsive

- Talks Excessively
- Difficulty engaging in activities quietly
- Often interrupts
- Often feel as if they are driven by a motor

Combined Type

Meets Criteria for Both

Prevalence of ADHD

- Overall, more males are diagnosed than females
- Inattentive most common presentation in adults
- 7.2% of children worldwide (Thomas et al. 2015)
- 3.2% of adult worldwide (Fayyad et al. 2007)
- New dx of ADHD have increased in all age groups
- Percentage of women diagnosed with ADHD nearly doubled from 2020-2022

Co Occurring Disorders in Adults

- Disruptive Behavior Disorders
 - Conduct Disorder 20-25%
- Mood Disorders
 - o **38%**
 - Depression
 - Children 14%
 - Adults 47%
 - Bipolar 20%
- Anxiety
 - 30% of children
 - \circ 53% in adults
- Tics and Tourette Syndrome

- Learning Disorders
- Sleep disorders
- Substance abuse
- Autism

Long-Term Outcomes

- ADHD symptoms persist into adulthood
 - 30% of adults who were diagnosed with ADHD as children continue to fulfill criteria for ADHD (Barbaresi et al. 2013)
- Boys with significantly more impaired in psychosocial, education, and neuropsychological functioning than neurotypical peers. (Biederman et al. 2012)
- Girls with higher risks for antisocial disorders, major depression, and anxiety disorders as adults (Biederman et al. 2012)

- ↑ rates of dropping out of high school
- Less likely to enroll in college
- More likely to be unemployed
- ↑ rates of being fired, layed off, and quitting jobs due to dislike
- Earn less money than their peers (Kuriyan et al; 2013)

Common Treatments for Adults with ADHD

- Medication
- Mental health counseling
- Coaching
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OCCUPATIONAL THERAPY!!!!!!

Gap in services

- Role of OT for adults with ADHD is poorly documented
- OT is frequently recommended for children with ADHD but not adults
- Limited understanding of the impact that ADHD has on occupational performance across health care
- Limited research on interventions or assessments specific to this population

Occupational Therapy's Unique Role

- Profession rooted in mental health
- Recommendations for addressing ADHD in adults include:
 - Developing health habits/routines
 - Using accommodations for deficits in executive functioning
 - Breaking large tasks into smaller tasks
 - Engaging in healthy behaviors
 - Modifying the environment
- Unique understanding of how cognitive function, sensory processing, and mental health impact daily living
- Ability to meet clients where they are at and translate theory and medical recommendations into actionable steps
- Less biases toward ADHD

 Health management interventions focus on "developing, managing, and maintaining health and wellness routines, including self-management, with the goal of improving or maintaining health to support participation in other occupations" (American Occupational Therapy Association [AOTA], 2020b, p. 32)

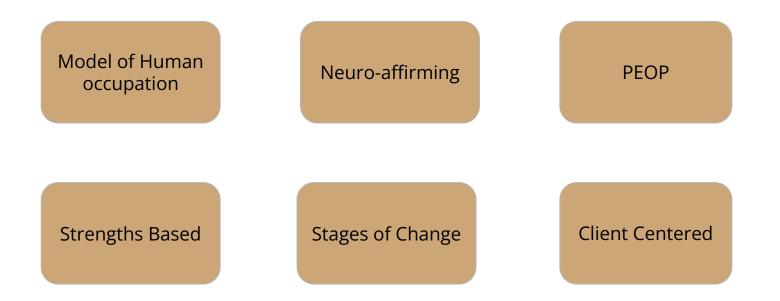
Well-Being



Occupational therapy practitioners recognize that health is supported and maintained when clients are able to engage in home, school, workplace, and community life. Thus, practitioners are concerned not only with occupations but also with the variety of factors that disrupt or empower those occupations and influence clients' engagement and participation in positive health-promoting occupations (<u>Wilcock & Townsend, 2019</u>).



Models and Approaches



Occupational Performance Deficits

ADL/Self Care Personal hygiene and grooming IADL

Caregiving, financial management, household maintenance, meal preparation/cleanup, financial management, safety, shopping,

Health Management

Social and emotional health promotion, medication management, physical activity, personal care device management, nutrition management

Rest and Sleep Sleep preparation and participation Education and work (paid or underpaid

Leisure, play and social participation

Skills and Factors Affecting Performance

Emotional Regulation

 Intense emotions, increased frustration, trouble modulating emotions and emotional responses

Psychosocial

• anxiety , depression, stress management

Executive functioning skills

• Task initiation, Time management, organization, problem solving, planning, working memory, flexibility,... Communication

• Challenges attending to conversation, interrupting, impulsivity, self advocacy, written communication

Energy

Sensory Processing

• Heightened sensitivity, challenges with interoception

Interventions

Intervention Techniques

- Reflection on current performance
- Education
- Goal setting
- Modifying the task and/or environment
- Adaptive strategies
- Interventions:
 - Combination of remediation and compensatory

Self Care Interventions

Identification of obstacles to self-care routines

• Sensory, time, energy, motivation...?

Identification of self-care needs

Visual schedules for self-care routines placed in visible places

Routine playlists

IADL

Household Maintenance/Management

- Prioritizing household chores
- Education on the impact that environment has on occupational performance, attention, and mental health
- Engaging in cleaning tasks during therapy with assistance for redirection and grading of activity
- 15 minutes!!

Meal Planning/Preparation

- Education on the impact of diet/nutrition on energy, mental health and cognition
- Simplify!
 - Al- <u>https://goblin.tools/</u>



IADL

- Engaged pt in planning dinners
 - Grade down: plan 1-2 meals; provide recommendations for setup/materials
 - Grade up: plan 1-2 weeks worth of meals; help with initiation

Shopping

- Assistance with setting up/learning to use grocery "Pick-up"
- Working memory
- Sensory education/strategies

Caregiving

- Education on co-regulation
- Identification of meaningful activities

Energy cycles for best time of day for certain activities

Health Management

Social Emotional Health

- Stages of Emotional Regulation
 - Regulated, Slightly dysregulated, Dysregulated
- Honoring the sensory system
- Regulating activities
 - Deep breathing, progressive relaxation, bilateral tapping, stretches

Physical Activity

- Impact on mental health and cognitive functioning
- Identification of meaningful activity
- Recommendations for appropriate physical activity given physical limitations
- Creating plans/goals

Eating Routines

- Blood sugar regulation
- Food choices

Medication Management

- Pairing medication times with appropriate habits/routines
- Alerts and visual reminders
- Environmental supports



Rest and Sleep

Evaluate current sleep routines and participation

Education on sleep recommendations

Sleep hygiene, nutrition, and physical activity

Environmental modifications to promote sleep

- Room temperature
- Bedding
- Limit distractions, sound, blue light

Recommendations for sleep study

Relaxation Techniques



Education/Work

Self Advocacy/Assertive Communication

Accomodations

Time management strategies:

- Strategies for getting to work on time
- Pomodoro technique
- Time chunking/boxing

Body Doubling

Specific strategies for note taking

Fidgets

Checklists for checking work

Setting up environment for learning/working

• Reducing distractions

Taking care of basic needs to improve productivity and attention

• Hyperfocus

Leisure, Play, and Social Participation

Education on the importance of play

Communication strategies/goals

- Strengths Focus
- Reducing interruptions
- Writing down thoughts on sticky notes

Strategies to reduce social anxiety

Finding neurodivergent friends

Identification of meaningful leisure activities



Case Study

23 yo with diagnosis of ADHD and anxiety

- Newly diagnosed with ADHD
- Recently married and moved to new home with spouse
- Works full-time in social services
- Hx of family trauma and challenges with setting boundaries with family
- Irregular eating routines and symptoms of low blood sugar
- Struggles to get to work on time, makes several mistakes at work
- High levels of anxiety around work-related communication and assertiveness
- Lack of community and engagement in leisure activities
- Trouble falling asleep due to anxiety

Case study Evaluations

Client Interview

RAND 36-Item Health Survey

COPM

Case Study Interventions/Activities

Time management:

- Created more structured AM routine (showering, identifying time to leave home)
- Gather work materials in same place in PM

Sleep:

- Education on sleep hygiene and impact that sleep has on anxiety and executive functioning
- Journaling at night to reduce anxiety

Assertive Communication:

- Educated on types of communication
- Practiced communication

Work participation:

- Created checklists to reduce mistakes
- Scheduled breaks
- Use of fidgets to maintain attention

Leisure/Social/Physical

- Educated on benefits of physical activity
- Identified preferred types of activity
- Explored reasons behind social anxiety

Case Study

65 yo female with hx of falls and ADHD

- Setting: Mobile outpatient
- Retired educator with hx of being laid off
- Enjoys playing music and creating
- Multiple falls resulting in shoulder injury
- Hoarding behaviors
- Received outpatient PT for LE weakness and pain, but no follow-through with HEP
- Concerns for falls, memory, and poor sleep

Case Study Interventions/Activities

Education on the impact that ADHD has on task initiation, planning, and organization

Household Management:

- Identified problem areas and prioritized areas to clean
- Educated on strategies for task initiation, grading the activity down,
- Making concrete goals and plans for engaging in cleaning

Self-Care:

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• Energy conservation for self-care tasks

Safety:

- Coaching on identification of safety concerns
- Education on fall prevention strategies

Home Exercise Plan:

- Engaged in teach back method
- Assisted pt in identifying rewards for engaging in HEP
- Explore her "why" and encouraged pt to use for motivation

Parent in Peds Case study Let's do this one together!!

Questions/Discussion...

Thank you!

References

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