CONFIDENTIAL ASSESSMENT REPORT

NAME: Joel Makk

DATE OF BIRTH: 19/01/2004

AGE AT ASSESSMENT: 21 Years and 3 Months

DATE ASSESSED: Initial Intake (14/04/2025) and ADHD Assessment (05/05/2025)

Assessment Instruments:

Diagnostic Interview for ADHD in Adults (DIVA-5) – Completed with Joel Makk

Behaviour Rating Inventory of Executive Functioning 2nd Edition Adult Version (BRIEF-2A) – Self-Report – Completed by Joel Makk

Behaviour Rating Inventory of Executive Functioning 2nd Edition Adult Version (BRIEF-2A) – Informant – Completed by Kim Makk and Shane Galloway (Parents)

Conners' Adult ADHD Rating Scales Short Version (CAARS-S) – Self-Report – Completed by Joel Makk

Conners' Adult ADHD Rating Scales Short Version (CAARS-S) – Informant – Completed by Kim Makk and Shane Galloway (Parents)

Copeland Symptom Checklist for Attention Deficit Disorders – Self-Report – Completed by Joel Makk

Depression, Anxiety, and Stress Scales 21 Items (DASS-21) – Self-Report – Completed by Joel Makk

Social Responsiveness Scale 2nd Edition – Self-Report – Completed by Joel Makk

Social Responsiveness Scale 2nd Edition – Informant – Completed by Kim Makk and Shane Galloway (Parents)

CLINICAN: Sravya Chintalapudi (Provisional Psychologist)

Reason for Referral

Joel was referred for an assessment of Attention Deficit Hyperactivity Disorder (ADHD) by his GP following concerns noticed by himself and raised by previous treating psychologists. Joel reported difficulty focusing ("long drives and tasks at work feel like walking through honey"), forgetfulness ("always late and losing things"), constant daydreaming, tiredness from "masking" and endless thoughts, emotional meltdowns, poor organisation, frequent fidgeting, reduced sleep, sensory overstimulation with difficulty regulating himself (e.g. wet clothes, harsh textures in clothing, flashing lights), and challenges socialising due to rejection sensitivity, interrupting people, and struggle

to make eye contact ("no friends my own age"). Joel stated presenting issues are currently having a negative impact at work, home with family, leisure activities ("can't even sit down to play Valorant sometimes"), personal hygiene (e.g. brushing teeth, going to the toilet, eating), during social conversations, his ability to make and maintain friends or romantic relationships, and his self-esteem. Joel described first noticing presenting issues and problems with his daily functioning in primary school and early high school.

Joel reported trying many strategies and visiting many psychologists for intervention and support to manage presenting issues since the age of 13 but reported that "nothing is working". Joel expressed that his "dream would be to have advanced AI in [his] brain to help navigate everything and shut off [his] thoughts to lock in and be present". Joel described completing "lots of research" from social media and research papers available online before coming to the first appointment and prepared a comprehensive list of examples on his iPad of ADHD symptoms in his own life to discuss. Joel outlined that a diagnosis and following recommendations for support would be a "relief" and very validating because it would "finally" provide an explanation for years of difficulties.

Background Information & Developmental History

Joel is a 21 year old man of European descent who lives at home with his parents (Kim Makk and Shane Galloway) and younger sister (Pryia, 17). He reported a very supportive and strong relationship between all his immediate family members currently but worries that he cannot return their love at the same level. Both his parents work full time. His sister cannot not work due to mental health issues. He stated that his parents frequently express concern for his wellbeing and attempt to motivate him to continue working so that he can purchase a home. Joel reported his family follows a matriarchal structure with his mother in charge and closer relationships with extended family on his maternal side. His grandmothers helped raise him and his sister. Both grandfathers were not present. His maternal grandfather passed way before he was born and his paternal grandfather was absent. His maternal step grandfather passed away when he was 10 or 12 years old of cancer. He described witnessing arguments between his parents and friction with the in laws as a child and noted the family faced financial struggles but this was concealed from the children. He recalled that the main form of discipline used by his parents growing up included setting clear boundaries and expectations but eventually his behaviour was too difficult to manage and his parents resorted to intense verbal reprimand with yelling, confiscation of privileges, and long periods of time in the naughty corner. His mother recalled family violence since Joel was 10 years old. His father was physically aggressive towards him throughout his adolescence. His mother noted that "things are better now" though and his father "has done a lot of work on himself" over the years and Joel continues to have a relationship with him.

Joel reported previous diagnoses of C-PTSD, depression, and anxiety. He has faced domestic violence at home as a teenager and was physically assaulted twice during high school for wearing nail polish by his peers. He has visited 6 psychologists since age 13 who have primarily used CBT and hypnosis. He tried antidepressants in 2024 but has discontinued these. He recently completed 6 sessions of therapy with a psychologist at Graham Psychology and is waiting to continue following the assessment. His current psychologist reported that Joel has a strong interest in social justice and has completed extensive research about ADHD and relates to the symptoms. She identified that he provides limited eye contact in sessions and misses social cues at times. She noted frequent fidgeting, restlessness, and trouble focusing in sessions that still occurs but has reduced in frequency after rapport

was built. Joel consumes high amounts of caffeine every day (300mg +) and has asthma, hypermobility issues, and migraines. He uses cannabis and smokes cigarettes intermittently and takes medicinal cannabidiol (CBD) and tryptamine for migraines, sleep, and anxiety. He struggles with sleep, diet, and daily self-care activities. He has had his stomach pumped once at a hospital and had multiple ear infections as a child.

Joel is currently employed fulltime at a trailer yard as a junior manager responsible for graphic design, IT, first aid, and coordination between all employees and general maintenance. He described work as "depleting emotional, cognitive, and physical energy levels intensely" and very difficult to maintain balance. He struggles with poor punctuality, inability to complete tasks quickly due to getting distracted constantly, and challenges with organisation. He has had 6 jobs since turning 15. Joel reported to dislike school throughout his entire childhood but had an innate level of intelligence that allowed him to get by and pass. His strongest subject at school was English due to his interest in reading but still faced difficulties with structure, handwriting, grammar, and punctuation. He stated Maths and Science were challenging due to the need to memorise many terms and times tables. He recalled physical education classes were enjoyable until high school when theory was introduced. He never attended tutoring but recalled that teachers suggested it to his parents. He repeated Grade 6 and stayed at the Year 10 level of Maths in Year 11. He noted his primary school was small and included many supports for neurodivergent children. He attended 2 different high schools and dropped out at the beginning of Year 12. Joel expressed difficulties with attention, concentration, organisation, and restlessness as a child that made school challenging. He described himself as a child who would always get distracted in class and disrupt others leading to frequent reprimanding by teachers. He outlined difficulties with carrying out basic day to day multiplication problems in his mind having to add the numbers instead and trouble speaking or expressing ideas concisely due to limited support during schooling. He reported present feelings of regret about his educational development growing up and not reaching his desired level of education wishing he could attend University.

Joel described his current day self as insightful and explorative but nihilistic, unreliable, unclean and angry at the world, unable to enact change despite motivation. He stated strengths of his include creative thinking, problem solving, self-reflection, video games, and trade labouring. He reported weaknesses of his include maintaining relationships, going to work, maintaining a balanced and organised life, emotional understanding and regulation, saving money, and following through with long term plans. His interests are Valorant, MMA, history, and understanding the mechanisms behind the complex system of society. He regulates his emotions through distraction and escapism, often in books. He outlined difficulties with relating to others, making and maintaining friendships, and starting conversations. Joel expressed preferring alone time ever since childhood. He recalled biting issues, delayed speech development, anger problems, and impulse control problems that led to other children getting hurt that impacted his psychosocial development growing up.

Joel was born full-term and his mother faced no complications with the pregnancy and birth. His mother and father described loving the transition to parenthood. His mother went back to work when he was 13 years old. Joel was breast fed and did not sleep independently during infancy. His parents reported his temperament as a baby as fairly happy and normal but noticed he was a light sleeper and were worried he was "always very much in [his] body". His parents identified concerns with language development with first word and joining words together at 1 year and 18 months. His parents said gross and fine motor skills developed typically with walking at 12 months and holding a

pincer grip at 3 years. Joel described the initial transition to primary school as helpful because the environment was more stimulating than home. His parents reported early educational milestones including spelling, reading, writing, and foundational maths skills developed similarly to his peers at the beginning but gradually decreased along with his attitude and disruptive behaviours as his schooling continued. His parents noticed that he would typically only have one friend at a time at school preferring alone time, become fixated on one or two specific topics at a time that would routinely change, have trouble with changes in plans, and say inappropriate things very loudly without understanding why it was not socially appropriate. His parents were concerned about difficulty concentrating, expressing feelings, restlessness, toileting issues, resistance to change, emotional meltdowns ("sitting next to the wall and banging his head in kindergarten"), and lack of self-awareness during his childhood. His mother recalled that Joel frequently wet himself throughout primary school until the age of 12.

Joel reported his relationship with his parents was strong until adolescence when it significantly decreased due to him becoming very combative. His parents described him as an aggressive, rebellious, defiant, and impulsive teenager. He continued to have only 1 or 2 friends at a time during high school, engaged in risk taking behaviours (e.g. smoking, vaping, putting himself in dangerous situations), and faced academic challenges leading to frequent friction at home and family stress as social and educational demands increased for him naturally in adolescence. He began questioning his sexuality as a teenager reporting difficulties being himself to his current psychologist. His mother recalled that difficulties with focusing, restless, and inability to sit still faced by Joel begun in Kindergarten but believes his increasing substance use and domestic violence at home exacerbated his challenges in adolescence. Joel described the relationship with his parents and family has become strong again in adulthood. His parents reported his temperament now as introverted, disorganised, and relaxed with coping strategies and increasing self-awareness leading to a decrease in disruptive moods. He expressed difficulties with organising his space at home, completing chores, and contributing to responsibilities at home leading to friction at times though. He is concerned about his ability to stay at his current job and find a romantic partner presently in his transition to adulthood. His mother reported current worries that Joel is "deeply affected by things out of his control" and cares about topics and people intensely.

Client Observations

Joel presented as a friendly but nervous young man who was eager to chat and participate in the assessment. He arrived early to his appointments dressed in oversized clothing and sunglasses. He was cooperative throughout the assessment. He came to appointments with a comprehensive list of experiences and symptoms that could be relevant on his iPad to ensure important information was not forgotten. He provided limited eye contact, looking to the side, the ceiling, the paintings in the room, and outside the windows. He frequently expressed discomfort about difficulties maintaining eye contact. Joel reported an "anxious" mood and "panic attack" that occurred immediately before the first session but feeling "better" once assessment began. His demeanour in session was consistent to mood with frequent fidgeting, slumped posture, and hands crossed in his lap. His facial expressions were restricted and mostly covered by his hoodie and glasses. He forgot his phone and car keys in the therapy room after the first session. Joel had soft and slow speech with long pauses in between and occasional increases in volume to express intensity of emotions and importance of examples provided. The content of his thoughts included themes of hopelessness with treatment not working and unhappiness with his life currently. His thoughts were coherent

with events and examples from primary school to adulthood described in chronological order. His stories were tangential at times though with him often losing track of thoughts mid conversation and shifting the topic. He frequently clarified questions due to loss of focus by the time he thought of answers ("What was the question again?" and "What was I talking about again?"). Joel was aware of presenting concerns and the negative impact on his daily life indicating some insight but struggled to identify helpful coping strategies to manage symptoms.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) ASSESSMENT

Attention Deficit Hyperactivity Disorder (ADHD) is a neurological disorder with a biological basis that is characterised by symptoms of inattention, impulsivity, and hyperactivity. ADHD can present mainly as inattentive or hyperactive and impulsive, or a combination of both, with severity classified as either mild, moderate, or severe. The behaviours and difficulties associated with ADHD interfere significantly with daily functioning and may include poor academic performance, interpersonal relationship problems, and employment problems. Environmental forces influence presentation and individual expression of symptoms. It is not uncommon for ADHD presentations to change with age, with hyperactivity often presenting more as impulsivity in adults. Furthermore, through living with ADHD individuals can learn certain behaviours not socially acceptable, often resulting in different or less severe presentation in adulthood. Despite changes in presentation the impact of ADHD can still be far reaching.

Given the implications ADHD can have on an individual's life, accurate diagnosis and subsequent treatment can improve quality of life and overall day to day functioning. To form a diagnosis of ADHD among adults it is important to ascertain symptoms were present before the age of 12, as such requiring insight from parents or other informants. In order to diagnose ADHD a comprehensive assessment was conducted, including a structured interview with Joel Makk and standardised questionnaires completed by Kim Makk and Shane Galloway (Parents).

DIAGNOSTIC INTERVIEW FOR ADHD IN ADULTS (DIVA-5)

A1 – Inattention

Joel reported to make frequent careless mistakes and struggle to pay close attention to details. He described messing up at work often by not collecting all the tools needed before starting a task, leaving half empty drink bottles in the way, forgetting to hook up the chains on the trailers, and getting injured as a result of working too quickly with constant cuts and callouses on his hands. He expressed that having more time is supportive, but he can still get easily overwhelmed by all the details of tasks. He stated that during high school and primary school, teachers would frequently make comments about careless mistakes in his school-work, forgetting to bring back homework, not remembering to bring pencils, spelling errors, missing questions on tests, and multiplication mistakes. He recalled constantly getting into trouble and detentions as a result. Joel described difficulty sustaining attention during tasks. He reported getting easily distracted by his own thoughts or the environment while completing tedious activities at work, movies, and during conversations. He expressed worry about others potentially disliking him because he frequently asks questions about topics that have already been discussed. He noted that since reading is his hobby and provides a good escape, books are not a problem. He outlined challenges staying focused on schoolwork and classroom tasks during childhood becoming bored of activities quickly even fun tasks and distracting other students.

He recalled that his primary school was neuroaffirming and provided structure that supported him and managed distractions enough to engage.

Joel explained that others often think he is not listening when they are speaking to him directly. He reported that since primary school teachers, his parents, and now his boss at work have all said that his mind always seems elsewhere and preoccupied. He consistently identified difficulty concentrating on conversations especially long ones, zoning out and forgetting the topic discussed, and changing the subject often. He recalled getting into trouble frequently by teachers and his parents for having to be addressed repeatedly. His mother identified that he could not focus on eating either as a toddler. Joel reported challenges following through with instructions especially for tasks with more than one step and failure to finish assigned duties at work now and during school. He described starting tasks but then losing focus and activities getting muddled up together easily and procrastinating for long periods of time as a result. He expressed that during school having structure from his parents and getting extended time at work to finish activities is supportive though.

Joel described difficulty organising tasks and activities within his life since childhood. He explained that his room has always been consistently messy and identified daily struggles with personal hygiene that create friction at home with his parents and make dating challenging ("remembering everything in relationships [personal hygiene and details about girls he has dated] feels like a job"). He reported challenges with time management, keeping track of a planner or diary, often arriving late to obligations, completing tasks in a muddled up way instead of sequentially, creating lists and schedules but not using them, losing belongings, double booking things, and missing deadlines at work now and with homework back during school. He expressed that when there are many obligations at once organisation is especially difficult and frequently needing his mothers support to structure his life. Joel outlined a strong dislike and avoidance of activities requiring sustained mental effort. He reported to prefer completing easier tasks first and procrastinating boring or difficult tasks and missing deadlines as a result. He described reluctance towards administrative tasks at work, social activities, homework during his schooling, and personal hygiene. He noted difficulties with wetting himself in primary school due to postponing toileting and not paying attention to his body needs.

Joel reported to frequently leave things behind and lose items needed for tasks or activities including tools for work, clothing, shoes, homework or required reading books and pencil case during school, his phone, and car keys. He described spending lots of time looking for his belongings and panicking when items are lost. He recalled teachers and his parents having to provide repeated reminders throughout his childhood. Joel outlined persistent challenges with attention and distraction from extraneous stimuli since his schooling. He described difficult shutting off from his surrounding environment, often getting distracted by objects, sounds, or textures, and challenges regaining focus after attention is lost. He expressed frustration about constantly missing important information due to frequently "zoning out" at work now and back during school. Joel noted difficulties with forgetfulness in daily activities. He noted frequently forgetting appointments, shifts at work, paying fines, job interviews, returning phone calls or texts, and running errands as an adult. He recalled challenges remembering to complete chores, instructions from teachers or his parents, and plans with friends during his schooling. He expressed that his mother would become frustrated at times but is supportive in helping him stay organised.

A2 – Hyperactivity and Impulsivity

Joel reported to frequently fidget by skin picking, cracking knuckles, moving his legs, and playing with his hands. He described difficulty staying still and restlessness that was difficult to control, creating stress and anxiety as a result. He recalled his parents and teachers during school telling him to constantly "sit still" and getting in trouble for fidgeting and moving around in his chair. Joel noted challenges staying seated in situations where it is expected of him to remain still and noted that it "feels like I'm vibrating inside". He expressed worry about having to get up frequently during his favourite video game Valorant which was impacting his progress. He reported choosing a "hands on" job that involves often moving around to manage restlessness and avoids participating in activities such as movies that require sitting still for long periods. He stated that during school he would often stand while eating, make excuses to walk around, and disrupt the class due to difficulties staying seated. Joel expressed that staying relaxed has always been difficult and that he has struggled with increasing restlessness, anxiety, and the constant need to be doing something since childhood ("had more freedom back then to move but not anymore"). His mother described that as a toddler he started "climbing before walking" and was often jumping and climbing all over the furniture.

Joel described difficulties engaging in leisure activities quietly. He reported being loudly spoken during school, unable to watch movies, and getting told off for being too loud in public or disruptive in the classroom. He currently expressed challenges completing tasks quietly at home and work and becoming very loud when it is inappropriate for example when his father is working from home. Joel identified difficulties with constantly needing to be on the go. He reported to always be busy doing something since childhood and never taking time to rest due to having too much energy. He discussed being constantly tired as a result. He described struggling to wind down and let things go for example repeatedly talking about his topic of interest until it causes friction with his family. He recalled his grandmother crying once as a result. Joel expressed worry about people finding him tiring due to talking excessively. Joel described challenges with talking too much, speaking concisely, not knowing when to stop, and not giving others room to speak. He remembered that teachers and his parents often told him to be quiet during his school and constantly being punished for talking too much.

Joel reported challenges with blurting out answers to questions without thinking first, completing others sentences, and offending people as a result. He recalled saying things without thinking and asking unnecessary questions very often in the classroom at school leading to many punishments and detentions. Joel expressed difficulty waiting his turn. He identified challenges with risky driving, speeding, and driving related fines as an adult. He remembered that during school he struggled with waiting his turn in group activities and headbanging or punching the bed when frustrated. Joel reported difficulties with interrupting or intruding on others. He described being very blunt and immediately expressing his opinions without thinking first, disturbing family activities in the middle, and crossing boundaries of his family by taking their belongings. He recalled frequently taking his sister's toys as a child, interrupting games of other children at school, cutting a classmate's skin through the shirt in Grade 1, biting other children, and being very reactive to experiences during school often crying and screaming.

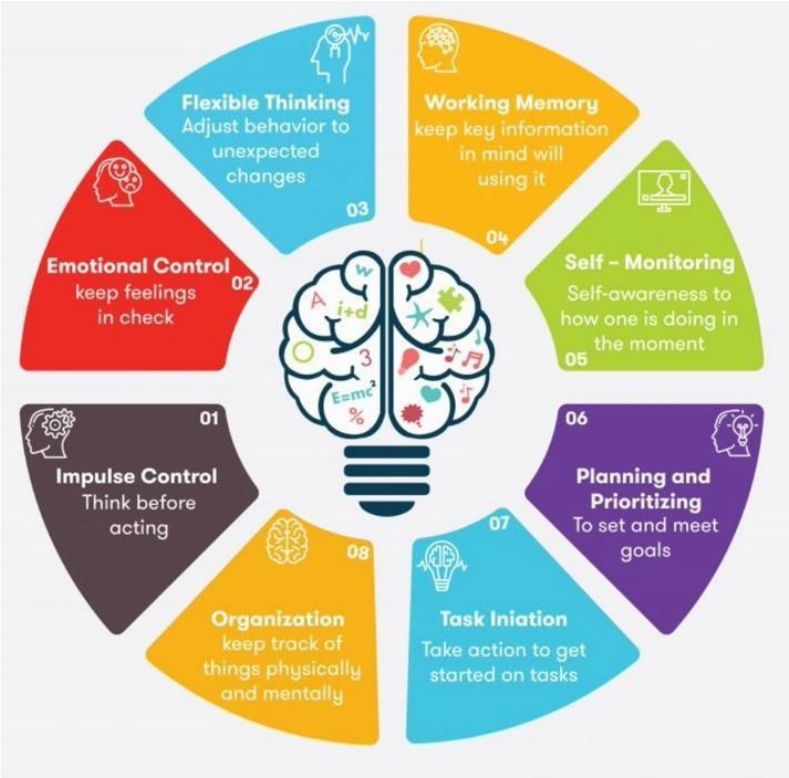
IMPACT

Joel reported that presenting issues are having a significant impact on his daily life at home, work, his self-esteem, and social relationships. He experiences friction at home with his family frequently although they are supportive and expressed difficulty finding a partner due to difficulties with inattention and personal hygiene. He described dissatisfaction with his education and wishes he could have finished Year 12 and gone to University. He struggles to complete tasks at work safely and tires quickly of workplaces. He has tried 6 jobs from the ages of 15 to 21. Symptoms impacted his functioning at school with poor grades, repeating Grade 6, frequent punishments from his teachers and parents in response to disruptive behaviour and inattention, and leaving school early in Year 12. He noted struggles with assertiveness, making and maintaining social contacts, challenges with anxiety and inability to relax, finding hobbies and interests that last, perfectionism, and low confidence due to symptoms and negative comments from others since childhood. Joel recalled that presenting concerns have been occurring since the beginning of primary school at approximately age 4 or 5 with early developmental delays and signs during toddlerhood as noticed by his parents.

ADHD ASSESSMENT – STANDARDISED QUESTIONNAIRES

Behaviour Rating Inventory of Executive Function 2nd Edition – Adult Version (BRIEF-2A)

The Behaviour Rating Inventory of Executive Function 2nd Edition – Adult Version (BRIEF-2A) is a questionnaire based assessment which measures and compares executive functioning to other peers of the same age and gender. Executive functions are a set of mental skills that make possible playing with ideas and completing tasks by taking time to think and plan before acting, organise and anticipate challenges, resist temptations, and stay focused to complete tasks. The BRIEF-2A combines scores as well to give an overview of behavioural regulation and metacognition (awareness of thought process and understanding of the pattern behind them). The below diagram illustrates the domains of executive function, all of which are essential for mental and physical health; success in school and in life; and cognitive, social, and psychological development. The BRIEF-2A was completed by Joel and his parents (Kim Makk and Shane Galloway). Refer to Appendix A and B for BRIEF profiles.



The BRIEF-2A results were consistent with details provided within the structured diagnostic interview by Joel and observations of him in session. Joel and his parents both recorded challenges with impulse control (Inhibit), awareness of the impact of his behaviour in social settings on others (Self-Monitor), flexible thinking (Shift), reacting to situations appropriately (Emotional Control), starting tasks (Initiate), remembering things in the moment (Working Memory), planning and prioritising (Plan/Organise), double checking work (Task

Monitor), and keeping belongings required for activities safe (Organisation of materials). The Global Executive Score (GEC) for Joel was highly elevated as rated by his parents at the 99th percentile compared to peers of a similar age and gender. The Behaviour Regulation Index (BRI), Emotional Regulation Index (ERI), and Cognitive Regulation Index (CRI) were all rated within the elevated range by his parents at the 97th, 98th, and 99th percentiles respectively. Joel recorded consistent scores with GEC highly elevated at the 99th percentile, and BRI, ERI, and CRI all elevated at the 99th, 97th, and 99th percentiles respectively.

Conners' Adult ADHD Rating Scales – Short Version (CAARS-S)

The Conners' Adult ADHD Rating Scales – Short Version (CAARS-S) is an assessment tool used to obtain self-report and informant observations of patterns in inattention, hyperactivity, impulsivity, and problems with self-concept. The instrument is designed to identify the presence of ADHD symptoms and severity among individuals aged 18 years and older. The CAARS-S was completed by Joel and his parents (Kim Makk and Shane Galloway). Results indicate 'Above average' difficulties ADHD symptoms overall and with inattention, hyperactivity, and impulsivity individually. Problems with self-concept and were rated as 'Average' compared to adult men of a similar age. Findings from the CAARS-S were consistent with interview and observations and across both Joel and his parents.

Version	Self-Report	Parents
Scale	**Range**	**Range**
Inattention/Memory Problems	Very much above average	Very much above average
Hyperactivity/Restlessness	Much above average	Much above average
Impulsivity/Emotional Lability	Above average	Above average
Problems with Self-Concept	Average	Average
ADHD Index	Much above average	Much above average

Copeland Symptom Checklist for Attention Deficit Disorders – Adult Version

The Copeland Symptom Checklist for Attention Deficit Disorders – Adult Version is a self-report questionnaire used to measure the presence of behavioural, cognitive, and emotional characteristics commonly observed among individuals with ADHD. The screening tool is used to identify the presence of ADHD symptoms and severity among people aged 18 years and older. The Copeland was completed by Joel. He endorsed items including but not limited to challenges with distractibility, restlessness, lethargy, irritability and unpredictable moods, and following rules of social interactions. Results indicate 'Major Interference' and difficulties with inattention, hyperactivity, and impulsivity on daily functioning for Joel which is consistent with in session observations and interview. Relationships with family were not identified as being impacted by presenting symptoms though.

Self-Report	
Scale	**Range**
Inattention/Distractibility	Major Interference (86%)

Impulsivity	Major Interference (79%)
Activity Level Problems (Overactivity/Hyperactivity and Underactivity)	Major Interference (78%)
Noncompliance	Major Interference (100%)
Underachievement/Disorganisation/Learning Problems	Major Interference (97%)
Emotional Difficulties	Major Interference (70%)
Poor Peer Relations	Major Interference (87%)
Impaired Family Relations	Within Normal Range (33%)

ADDITIONAL INFORMATION

Depression, Anxiety, Stress Scales – 21 Items (DASS-21)

The Depression, Anxiety, Stress Scales – 21 Items (DASS-21) is a short, self-report questionnaire designed to measure the severity of symptoms related to depression, anxiety, and stress. Joel completed the DASS-21. Results are consistent to the long term challenges with anxiety reported within his developmental history.

Self-Report		
Scale	**Score**	**Range**
Total Distress	29	Severe (26 – 29)
Depression	4	Normal Range (0 – 4)
Anxiety	12	Extremely Severe (10 +)
Stress	13	Severe (13 – 16)

Social Responsiveness Scale – 2nd Edition (SRS-2)

The Social Responsiveness Scale – Second Edition (SRS-2) is a 65-item assessment questionnaire that identifies the presence and severity of Autism Spectrum symptoms as they occur in natural settings. The SRS-2 provides a picture of social impairments an individual has by exploring social awareness, social cognition, social communication, social motivation, restricted interests, and repetitive behaviours. The SRS-2 was completed by Joel and his parents (Kim Makk and Shane Galloway). Results are consistent with social difficulties described in session and observed. Scores indicate clinically significant and severe challenges in reciprocal social behaviour and daily social interactions. Joel and his parents both endorsed items including but not limited to challenges with initiating conversations, making eye contact with others, relating to others, comforting others, and confidence.

Version	**Self-Report**	**Parents**
Scale	**Range**	**Range**
Social Awareness	Severe	Moderate
Social Cognition	Severe	Severe
Social Communication	Severe	Severe
Social Motivation	Moderate	Severe
Restricted Interests and	Severe	Severe

Repetitive Behaviour		
Social and Communication	Severe	Severe
SRS-2 Total	Severe	Severe

DSM-5-TR ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) CRITERIA

A1. Inattention Criteria

a. Often fails to pay close attention to details or makes careless mistakes in schoolwork, work or during other activities.	✓
b. Often has difficulty sustaining attention in tasks or play.	✓
c. Often does not seem to listen when spoken to directly.	✓
d. Often does not follow through on instructions and fails to finish schoolwork, chores.	✓
e. Often has difficulty organising tasks and activities.	✓
f. Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort.	✓
g. Often loses things necessary for tasks or activities.	✓
h. Often easily distracted by extraneous stimuli.	✓
i. Often forgetful in daily activities.	✓

A2. Hyperactivity / Impulsivity Criteria

a. Often fidgets with hands or feet or squirms in seat.	✓
b. Often leaves seat in classroom or in other situations in which remaining seated is expected.	✓
c. Often runs about or climbs excessively in situations in which it is inappropriate (restlessness)	✓
d. Often has difficulty playing or engaging in leisure activities quietly.	✓
e. Is often on the go or often acts as if "driven by a motor".	✓
f. Often talks excessively.	✓
g. Often blurts out answers before questions have been completed.	✓
h. Often has difficulty awaiting turn.	✓

i. Often interrupts or intrudes on others.	✓

B. Several inattentive or hyperactive symptoms were present prior to age 12 years	**MET**
C. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities)	**MET**
D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.	**MET**
E. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).	**MET**

SUMMARY

Joel Makk is a 21 year old man who was referred to Graham Psychology for an assessment by his GP following concerns about inattention, emotional dysregulation, restlessness, impulsivity, and difficulties making eye contact and relating to others. Symptoms were noticed the have a significant negative impact on his daily functioning at home, work, his self-esteem, and social relationships by his parents, previous psychologists, and himself. The assessment explored whether presenting issues for Joel may be explained by Attention Deficit Hyperactivity Disorder (ADHD). Joel and his parents (Kim Makk and Shane Galloway) participated in the assessment. The results of the intake session, semi-structured interview, and assessment questionnaires completed indicate **Joel's presentation is consistent with the diagnostic criteria outlined in the Diagnostic and Statistical Manual for Mental Disorders – Fifth Edition Text Revision (DSM-5-TR) (APA, 2022) for Attention Deficit Hyperactivity Disorder, Combined Type (ADHD-C).**

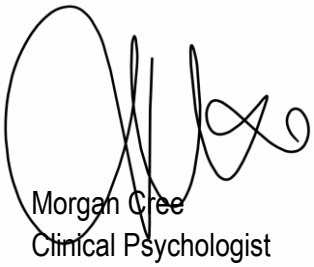
RECOMMENDATIONS

1. Joel would benefit from consultation with a psychiatrist to consider whether medical intervention is something that would support with managing his current symptoms.
2. Joel would benefit from continued treatment and intervention with a psychologist to manage anxiety, emotional dysregulation, increase self-confidence, and to find strategies to cope with ADHD symptoms on a daily basis. Additional mental health challenges can increase or exacerbate symptoms of ADHD.
3. Joel would benefit from further assessment of Autism Spectrum Disorder (ASD) to better understand his social communication difficulties to ensure adequate support and accommodations can be made if neurodivergent traits outside of ADHD are identified. Developmental history, observations in session, and questionnaires completed provide strong evidence in favour of this recommendation.

4. Support from work is recommended with adjustments made in the work environment if possible by supervisors to manage difficulties faced by Joel. For example, more frequent breaks, breaking down tasks into smaller chunks, written instructions in addition to verbal ones, and task reminders or visual schedules.
5. Regular consultation with supervisors at work to ensure supports are effective in helping Joel and continuously adapting them to his needs in the workplace context is recommended.
6. Exploring pathways to complete VCE as an adult through Adult and Community Education (ACE) providers such as Box Hill Institute, Kangan Institute, and Melbourne Polytechnic and using special provisions and adjustments offered by these services
7. Supports to consider at home include (but are not limited to):
    a. Following a set routine after work and for weekly chores and activities that is consistent and supports engagement in obligations and responsibilities. Finding a suitable weekly exercise regimen to manage restlessness and anxiety even if it is just 5 to 10 minutes a day
    b. Making changes in the environment as much as possible to minimise distractions. Using external organisation tools (e.g. whiteboards, sticky notes, phone) and timers. Shared visual reminders that the family can participate in could be useful
    c. Taking short purposeful breaks to maintain attention while completing in housework and engaging in hobbies. Break down tasks into small manageable chunks
    d. Creating scripts for conversations or prewritten text messages for what to say to friends and family when social battery is too drained to go out
    e. Setting alarms for personal hygiene tasks or building them into a daily routine. For example, setting a reminder to go to the bathroom before leaving for work or straight after eating lunch
    f. Family learning more about ADHD and providing genuine encouragement and appreciation for small wins Joel gains each day to support the increase of his self-esteem and confidence
    g. Positive self-talk by Joel himself by celebrating ADHD related strengths and giving himself permission to be different

It has been a pleasure to assess you Joel. If you have any questions about the information contained within this report please do not hesitate to reach out on sravya@grahampsychology.com.au via email.

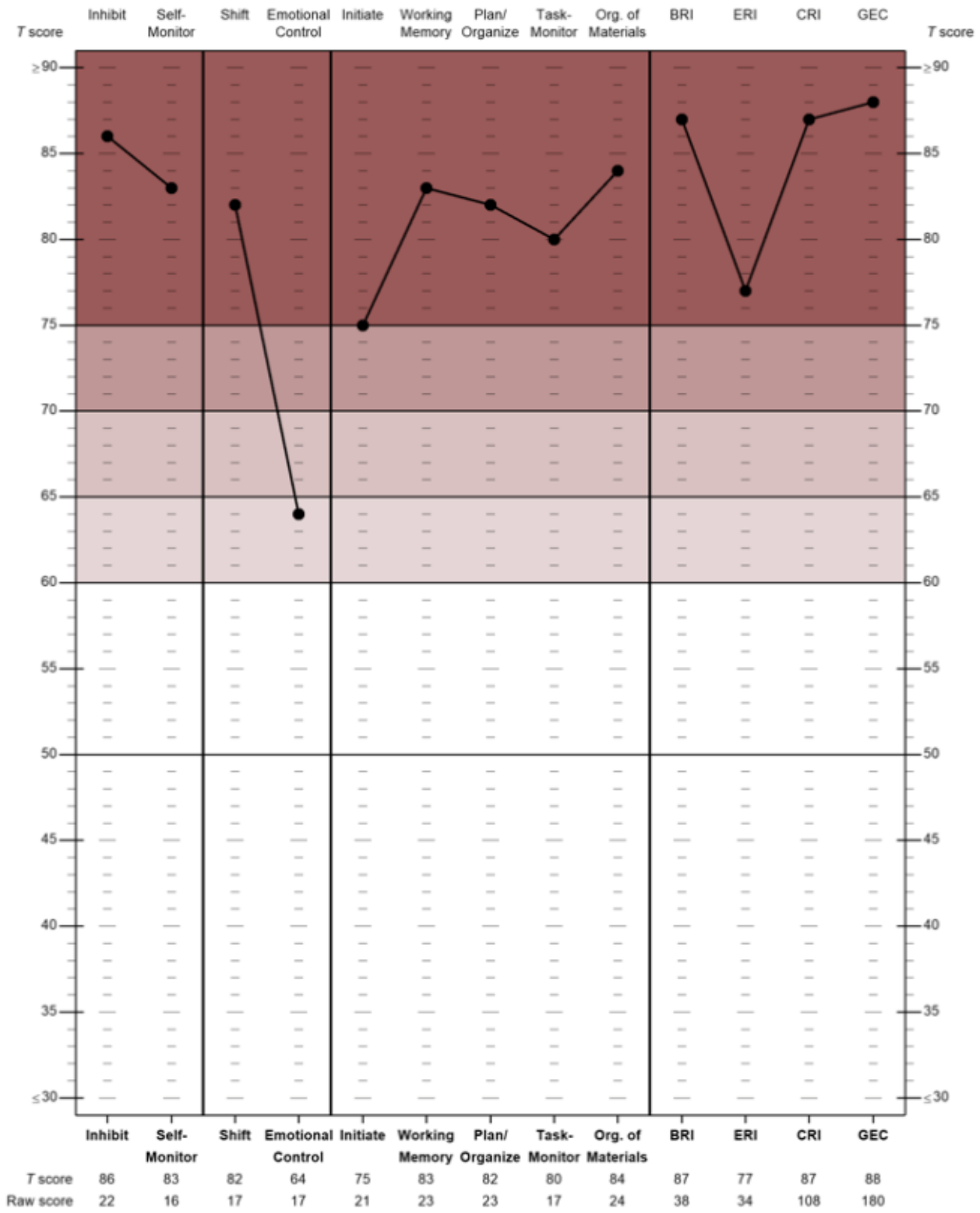
Kind regards,



Sravya Chintalapudi
Provisional Psychologist

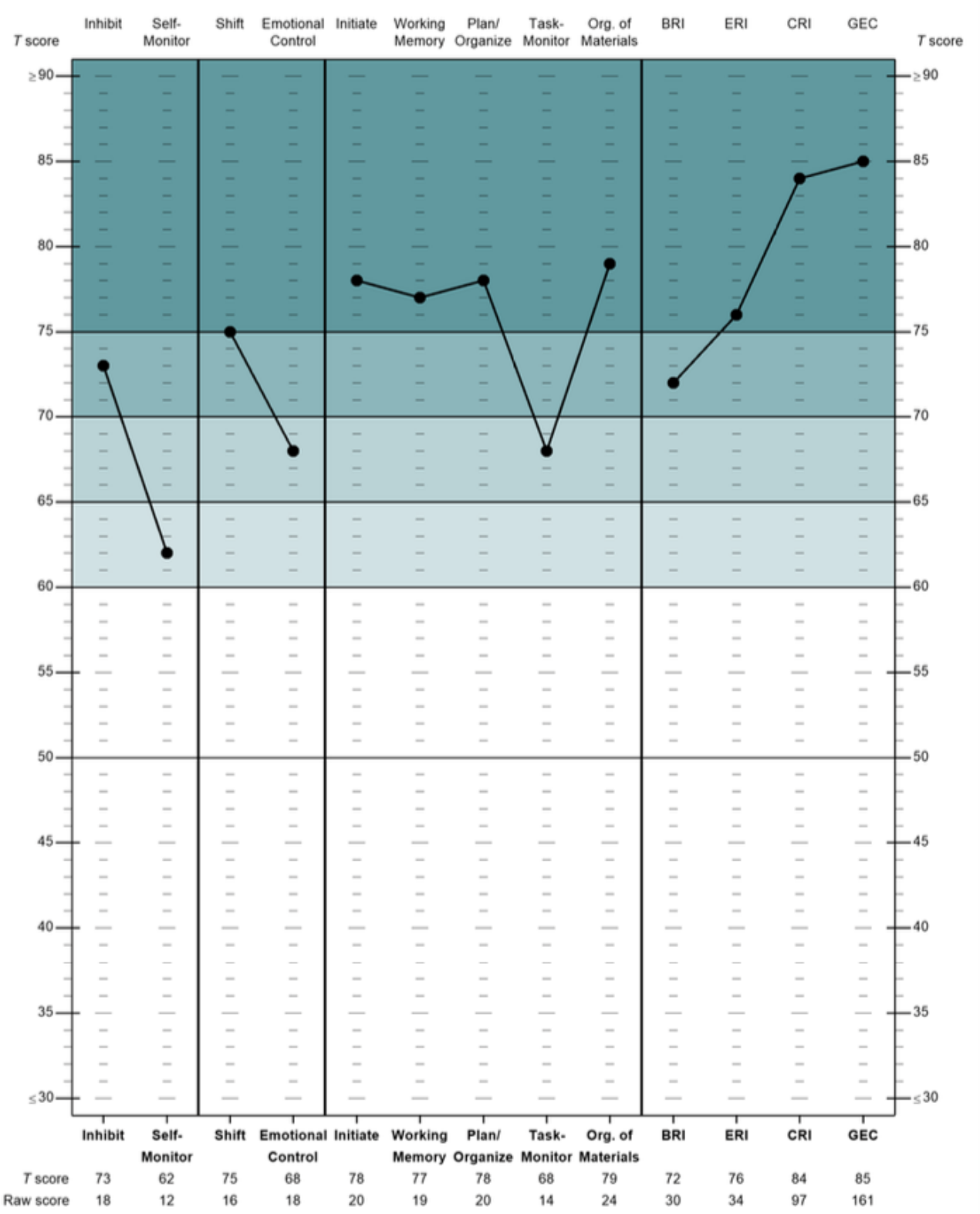
Morgan Cree
Clinical Psychologist

APPENDIX A: BRIEF-2 GRAPH OF SELF-REPORT RESULTS



	Inhibit	Self-Monitor	Shift	Emotional Control	Initiate	Working Memory	Plan/ Organize	Task-Monitor	Org. of Materials	BRI	ERI	CRI	GEC
T score	86	83	82	64	75	83	82	80	84	87	77	87	88
Raw score	22	16	17	17	21	23	23	17	24	38	34	108	180

APPENDIX A: BRIEF-2 GRAPH OF INFORMANT RESULTS



	Inhibit	Self-Monitor	Shift	Emotional Control	Initiate	Working Memory	Plan/ Organize	Task-Monitor	Org. of Materials	BRI	ERI	CRI	GEC
T score	73	62	75	68	78	77	78	68	79	72	76	84	85
Raw score	18	12	16	18	20	19	20	14	24	30	34	97	161