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Improving Access to Forensic Psychology Education and Training for learners with Attention Deficit Hyperactivity Disorder (ADHD)

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Abstract

Neurodiversity within education and the workplace has sparked interest as part of the wider Equality, Diversity and Inclusion (EDI) movement. Attention Deficit Hyperactivity Disorder (ADHD) is one aspect of neurodiversity, traits of which can feature as both barriers and strengths within education and training. Current support for learners with ADHD from institutions varies and is often limited. The purpose of this paper will be to re-dress the attendance to deficits in ADHD and to consider some of the strengths that people with ADHD may bring, and specifically how these may apply to forensic psychology. This paper will also consider how the UK training route for forensic psychology provides barriers and opportunities for people with ADHD and make suggestions for ways in which education, training and supervision could be improved to attract and retain a population of learners who could bring value to the profession.

What is ADHD?

ADHD is characterised by a persistent pattern (at least 6 months) of inattention and/or hyperactivity-impulsivity that has a direct negative impact on academic, occupational, or social functioning (WHO, 2018). Under the UK classification system ADHD is defined by 3 types:

- Predominantly Inattentive Presentation
- Hyperactive-Impulsive Presentation
- Combined Presentation

In addition, despite ADHD being historically considered as a disorder of childhood, it is now well accepted that nearly half of all children with ADHD will continue to have symptoms into adolescence and adulthood (ICD-11). Furthermore, whilst the types of ADHD have been

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found cross culturally, it should also be noted that culture may influence how such symptoms are seen and hence the likelihood of an individual being diagnosed.

In terms of symptoms, according to ICD-11 these may consist of the following:

- Difficulty sustaining attention in tasks that do not provide a high level of reward or mental effort
- Easily distracted or appearing as though daydreaming or as though the mind is elsewhere
- Losing things or is forgetful
- Difficulty planning or organising
- Finding it difficult to sit still, fidgeting or feeling physically restless
- Talking too much or too loudly
- Interrupting others, intruding in conversations, blurting out verbal responses without thinking
- Being impulsive or reckless

However, it should be noted that although by definition, diagnostic frameworks attend to the 'deficits' in attention, others have argued that ADHD should not be considered as a deficit in concentration. Rather it should be considered as a disorder of switching attention (Sklar, 2012). This is because research has also shown that people with ADHD may only show deficits in concentration when engaged in tasks that are not mentally rewarding or sufficiently stimulating and that actually people with ADHD can have strengths in their attention when provided with stimulus which is intense and rewarding to them. However, this is the only strength noted in the ICD-11 in relation to ADHD.

Acknowledging ADHD Strengths

Much of the research in forensic psychology pertaining to ADHD focusses on the difficulties ADHD can bring which may result in an increase in convictions for aggressive offenses, motor vehicle accidents and greater financial problems (Adler, 2004; Adler et al., 2003; Fredriksen et al., 2014; Waite & Ramsay, 2010). However, whilst this may be the case for some individuals with ADHD, this pathology focused approach does little to offset pejorative stereotypes in terms of considering the pathways through which ADHD symptoms may manifest for different individuals (Climie & Mastoras, 2015). In addition, whilst research may look at 'protective factors' which reduce the impact of ADHD (e.g. parent training, Deault,

2010) these do little to highlight the strengths and positive qualities that people with ADHD may have. For example, it is noted that very little empirical research exists on positive aspects of ADHD (Sedgwick et al., 2018).

Neurodiversity Paradigms serve to reframe the way neurodivergence is understood through highlighting strengths and challenges someone may experience in the workplace (Neurodiversity at Work Guide, 2018). In addition, strengths based approaches have been used to embrace neurocognitive variation in the workplace with the expectation that this requires a conscious effort by employers to consider the environment.

Strengths of employees with ADHD consist of: being comfortable taking risks; feeling at ease with uncertain situations; being insightful; creativity in thinking and problem-solving; multi-tasking in changing environments; being composed in pressure situations; and being able to concentrate intensely when in a state of flow (Neurodiversity at Work Guide, 2018). This has been referred to as the 'Gift of ADHD' (Honos-Webb, 2010) which applies in practice to various professions and occupational roles. For example, as noted by Velissaris (2017) people with ADHD with increased intellectual abilities may learn to implement efficient compensatory behaviours for their 'deficits' in attention switching. One example of this has been termed 'hyperfocus' whereby the individual is able to intensely focus on a rewarding task for extended periods of time resulting in an exceptional ability to cope with poor time management, reducing procrastination and increasing productivity (Wiklund et al., 2016).

Other cross-cultural research has shown evidence that people with ADHD have strengths in terms of creativity (White & Shah, 2011), hyper-focus, putting in twice as much effort (Lesch, 2018) energy, drive, agreeableness, empathy and willingness to help others (Mahdi et al, 2017). Furthermore, Sedgwick, Merwood & Asherson (2018) found in their qualitative study of successful adults with ADHD that participants showed resiliency, social intelligence, integrity and curiosity. Furthermore, they found that not only did participants with ADHD have Character Strengths and Virtues (CSV) seen in people without ADHD, they also had additional strengths not seen in the neurotypical population which included: emotional empathy; honesty; and an adaptive mechanism for survival which offsets stress. Brody & Mills (1997) termed this ability as people being 'Twice Exceptional' or '2e' in that the

individual may be atypical from the typical population in two ways, they have ADHD and additional skills and these may also include higher intelligence. Hence, these papers highlight the positive human qualities, assets and attributes in people with ADHD (Sedgwick et al., 2018) across a variety of professions, including the wide-ranging areas within psychology.

In terms of employment, it is noted that to flourish people with ADHD should have a good 'role-fit' which provides stimulation rather than routine (Neurodiversity at Work Guide, 2018). As noted in the BPS Guide to Psychology 'A Day in the Life of a forensic psychologist' "*There's no such thing as a typical day in forensic psychology –my working week is extremely varied*" (p21). The challenging aspects of forensic psychology were noted to be "*balancing competing demands*" and that "*it can be emotionally demanding*" (p21). According to the National Careers service, a forensic psychologist is required to have 'the ability to accept criticism and work well under pressure'. In addition, a recent HMPPS campaign for the recruitment of trainee forensic psychologists noted the following skills as being required for the role:

- Communicating and Influencing
- Making Effective Decisions
- Developing Self and Others
- Delivering at Pace
- Working Together

Thus, ADHD skills such as enjoying novelty rather than routine, multi-tasking in changing environments; being composed in pressure situations; creativity in thinking and problem-solving; 'putting in twice as much effort', high productivity, hyper-focus, empathy and self-acceptance may all be regarded as positive career qualities that would provide a good role-fit for a career in forensic psychology. What can be seen is that people with ADHD may present with at least the same skills as people without ADHD, and they may also bring additional skills which are highly applicable to the job requirements of a forensic psychologist. However, they may also have additional challenges and what is unclear is whether the route to training acts to facilitate people with ADHD being able to access such roles.

Access to Support in Higher Education and Employment

Research exploring pedagogies for people with ADHD show that in the right environment learners with ADHD can flourish (Renshaw, 2019). Specifically, when the right emotional and relational scaffolding is provided by teachers in caring ways this has been shown to facilitate learners to engage in reflective awareness and improve their learning. As a result, it is recommended that ADHD pedagogies should include providing teachers with professional development to understand ADHD (Renshaw, 2019). When a lack of guidance exists for effective ways of teaching learners with ADHD teachers may inadvertently adopt unhelpful methods (Mohammadhasani et al., 2018).

Furthermore, difficulties may become more obvious during transitions into further education such as University or work as the individual becomes more independent in managing their choices without the scaffolding of parents. For example, managing attendance at lectures/work, sleep, meals, washing clothes etc. As noted by Velissaris (2017) the consequences of not succeeding in these tasks become more serious as the individual transitions into adulthood. For example, non-attendance at work or lectures could result in being suspended. Honos-Webb (2010) also noted that methods of academic assessment often focus on the ability to repeat and memorise small details of abstract processes and regurgitating information or presenting this in a rigid format. However, none of these assessment methods capture the strengths of people with ADHD such as creativity in problem solving, enthusiasm for new ideas, flexibility of thought, intuition, insight, inspiration and imagination which are all deemed as strengths in people with ADHD (Honos-Webb, 2010).

Developmental-Contextual Models of career development show that people with ADHD build their career outcomes based on multiple factors such as family, school and perceptions of themselves (Park, 2021). Positive perceptions of the learning climate in which they are taught can also promote better engagement in education and learning and career planning (Crespo et al., 2013). As noted in the Neurodiversity at Work Guide (2018) people with ADHD may also experience challenges in work such as: feeling restless; distracted; bored with monotonous tasks; difficulties screening out sensory input; and struggling to

switch to necessary but less interesting tasks. Deep concentration on rewarding tasks may also impair performance on less interesting demands (Grotewiel et al., 2001). At present the impact of these on the pathway to a career in forensic psychology is unknown. For example, it is unclear what adaptations have been made to stage 1 and stage 2 routes for training in forensic psychology for ADHD learners.

As noted in the Neurodiversity at Work Guide (2018), employers have a responsibility to ensure reasonable adjustments are made for people with ADHD. Examples of these may include: providing assistance with self-organisation (setting goals, priorities and to-do lists); allowing breaks; encouraging physical activity; coaching and mentoring. In addition, the BPS Diversity and Inclusion Taskforce and the Division of Forensic Psychology (DFP) have indicated the importance of tackling a lack of diversity in the workforce (Rhodes & Brookman-Byrne, 2020).

Number of forensic psychologists with ADHD

A Freedom of Information Request to the HCPC revealed the total number of forensic psychologists who report having a disability (ref: FR07639). Of the 1,703 registered practitioner psychologists who hold the modality of forensic psychologist on the register, 479 (equivalent to 28%) have provided EDI information on their disability status. Of these 43 stated they had a disability and 9 preferred not to say. There was missing data for 1481 forensic psychologists as the portal for the EDI survey had only just been opened. No individual data was collected on the nature of the disability thus it is unknown how many Forensic Psychologists may have ADHD. In addition, the BPS is exempt from Freedom of Information requests therefore this data is unknown.

Access to Training and Education in forensic psychology for students with ADHD

The route to becoming a forensic psychologist in the UK requires the individual to complete two stages of training. Stage 1 is obtaining a BPS Accredited Masters in forensic psychology and Stage 2 is successful completion of a HCPC approved programme in forensic psychology. These will now be explored in terms of their accessibility for people with ADHD.

Stage 1 (BPS Accredited Masters in forensic psychology)

In the UK there are 33 Universities that offer MSc forensic psychology Stage 1 programmes that are accredited by the BPS. In order to explore the ways in which these may facilitate students with ADHD attending the programmes, a basic search was conducted of the University webpages. This was undertaken using the following method³:

1. ADHD was typed in the search function to see if this identified what support was available to students with ADHD at the University. This was done in order to explore the ease with which a person could find information.
2. Where no information appeared after typing in 'ADHD' in the search, the term 'disability support' was entered to explore if the general disability support page was easily accessible. If this was identified then further exploration of the disability support pages were undertaken to see what was identified in relation to ADHD.
3. If no disability support page was identified in the general search function and/or if there was no information in relation to ADHD on the disability support page then the term SpLD (Specific Learning Disability) was entered in the search function on the main page. This is because although ADHD may be classified as a disability under the Equality Act 2010 and a mental health disability under the Mental Health Act (1990), it is often referred to as a Specific Learning Disability (SpLD).

Each of the 33 Universities were coded according to a scale of 1-5.

- 5/5 = Clear and easily accessible information is provided on how students with ADHD can access support and how they should apply for this.
- 3/5 = Mentions the term ADHD under SpLD but no information specific to ADHD in terms of how the person would be supported or access advice or assessments.
- 1/5 = No information is provided on how students with ADHD could be supported at the University.

Findings

³ The authors acknowledge that some learners with ADHD might not have been as persistent in their search and may have adopted a more simple method. For example, searching in google 'top 10' universities for ADHD. However, this only produced a list of the top London Universities which were not ranked in order and hence, the authors used the alternative method.

Seven universities scored 5 out of 5. These universities provided clear links from the main page to access on how students with ADHD could be supported. They also provided practical support and suggestions from the outset with clear specific information pertaining to ADHD. For example, apps students could access to help with time management and ways students with ADHD could use Moodle (the learning platform) if they had ADHD. Videos were also provided by students with ADHD who had attended the University and video guidance on what students could do to obtain support. Some also mentioned how students could get an assessment for ADHD if they did not have one and how they could be supported to apply for money to fund this. One of the Universities had a clear focus on celebrating strengths of students with ADHD and a clear visual timeline of what students needed to do (e.g. before they enrol, when they arrive in the first month etc).

Twelve Universities scored 3 out of 5. Examples in this category included the term ADHD being used in student wellbeing support or learning disability support but with no information on how a student would be supported. For example, ADHD would often be given a cursory mention under Specific Learning Differences (SpLD) but put together with other learning needs such as (e.g. Dyslexia, Dyspraxia, Dyscalculia, Dysgraphia, ADHD). Others had a link to click for more guidance on supporting students with ADHD but this took the reader to information on dyscalculia or dyslexia. In addition, if information was provided on where a student could get SpLD assessments' when the link was clicked for this it led to dyslexia assessments and not for ADHD.

Fourteen Universities scored 1 out of 5. They provided no information relating to ADHD at all including this not being listed under SpLD.

Stage 2 (Approved Practitioner Training Programmes for forensic psychology)

There are currently six Stage 2 routes to qualify as a forensic psychologist with the HCPC. These consist of the BPS Qualification in forensic psychology, and five university approved programmes providing both Doctorate and Post-Graduate Diploma training in forensic psychology (HCPC, 2022). Out of the five universities, four were universities who also offer

accredited MSc forensic psychology courses. All six programme providers were coded for support for ADHD using the same method as the MSc courses had been above.

Two providers scored 5/5, clearly citing support available to prospective students with ADHD. Three providers scored 3/5 for the same reasons they were rated this score for the MSc courses. One provider scored 1/5, with no guidance on how prospective students with ADHD would be supported.

Thus, what can be seen is that large variation exists in the active inclusion of students with ADHD seeking to undertake Stage 1 in forensic psychology training. Whilst it is positive that 7 out of the 33 Universities provided clear evidence of active inclusion, unfortunately twice as many Universities provided no information at all. Furthermore, there was room for improvement in the support communicated to students with ADHD seeking to undertake Stage 2 training.

Professional Bodies

Students seeking to qualify as a forensic psychologist may also seek guidance from professional bodies related to the profession. These consist of the British Psychological Society (BPS) through its role in accrediting Stage 1 programmes and the Health & Care Professions Council (HCPC) for its role in approving Stage 2 programmes. A search of these professional bodies' websites was undertaken in order to explore what support was available for forensic psychology students with ADHD.

A search of the BPS website found 535 hits for ADHD. This consisted of 8 'General' links, 1 'news' link, 208 links for 'Psychmag' and 318 'Journal' links. No information was provided under the 'Education' link. The Division of Occupational Psychology had produced a document entitled 'Psychological assessment of adults with specific performance difficulties at work', part of which focuses on ADHD (British Psychological Society, 2017). This guidance promotes the use of performance assessments that can identify ways of working with the learner for employers.

The Health & Care Professions Council (HCPC) developed 'Health, disability and becoming a health and care professional' (HCPC, 2015). Although it does not explicitly refer to ADHD, it acts as a guide for people with disabilities as well as education providers. This includes the legal obligation to offer reasonable adjustments to people with disabilities so they can access an education "that is as close as is reasonably possible to that offered to people who are not disabled". This promotes the importance of inclusivity for those with disabilities.

It is prudent to acknowledge that the above guidance from professional bodies refers to neurodivergence as a whole as opposed to ADHD specifically.

Summary

What can be seen is that there is room for improvement in terms of how students with ADHD seeking a career in forensic psychology could be provided with access to information on how the route to training could provide them with support. At present there is limited information on what support is available for people seeking a career in forensic psychology with ADHD. It should be noted that it is also possible that that course providers and training routes provide excellent support to learners with ADHD but their forward facing documents and information online does not capture this. In addition, this paper only addresses current MSc forensic psychology courses, and the support provided to learners of previous programmes is unknown.

The quality and type of support provided during periods of forensic psychology training for learners with ADHD is an area for future research. It could be postulated that certain aspects of the training route may require intense periods of hyperfocus (e.g. during submissions/examinations for qualification) resulting in a reduction of attention to other tasks. This could impact on the learner's resilience and wellbeing and could also impact on their progress within a qualification. At present no guidance exists for supervisors of trainee forensic psychologists with ADHD. It would be beneficial for the profession to raise awareness of how the supervision process can be responsive in maximising the development that learners can gain during their training. In conjunction with learners with ADHD understanding their traits and how to manage them, it is equally important for supervisors to be responsive and adaptive within supervision methods.

At present it is also unknown as to what forensic psychology students/learners with ADHD may want in terms of information seeking and support in their studies. The authors of this paper are currently undertaking research in relation to this and anyone interesting in taking part are welcome to contact the authors. However, in the interim the following recommendations are made:

Recommendations

- Training routes should consider in what ways the information they provide to prospective students communicates a message of active inclusion for learners with ADHD.
- Selection onto training routes (both Stage 1 and Stage 2) should also consider how reasonable adjustments could be made for learners with ADHD. Although it is important to remember that these should be personalised there are some general suggestions for these at: <https://attentionuk.org/about/the-state-of-current-provision/university-support-for-students-with-adhd/>
- Research would benefit from exploring forensic psychology student experiences of routes to training.
- Forensic psychology training routes should be required to evidence how they support learners with ADHD as part of the accreditation process.
- In the interim people working with forensic psychology students with ADHD could consider the following general guidance in terms of supporting both Stage 1 and Stage 2 learners:
 - The learner could complete the Twice Exceptional Scale for Adults to explore their areas of strength and areas where they may need support. This could be discussed with their supervisor/lecturer to develop collaborative plans for task completion.
 - Supervisors and Lecturers could watch the following video to learn more about the experience of learning with ADHD: <https://studentspace.org.uk/wellbeing/adapting-to-university-life-with-adhd>

- The supervisor/lecturer should work with the learner to explore what supervisory methods they could adopt to get the best out of the learner to maximise: attention skills; organisational skills and memory; and increasing self-esteem.
- AADD-UK has developed guidance on how to support adults at University/Adult Studies: <https://aadduk.org/living-with-adhd/university-college-issues/academicstudy-issues/supporting-students-with-adhd/>.
- There is also some useful guidance on studying provided by the University of Bath on their website: <https://www.bath.ac.uk/publications/supporting-students-with-adhd/attachments/supporting-students-with-adhd.pdf>
- The following document may be useful to support forensic psychology learners undertaking Stage 2: <https://www.adhdfoundation.org.uk/wp-content/uploads/2022/03/An-Employers-Guide-to-ADHD-in-the-Workplace-Scottish-ADHD-Coalition-1.pdf>

Future Research

At the time of writing, the authors are undertaking a piece of research exploring the experiences of learners with ADHD within Stage 1 and Stage 2 forensic psychology qualifications. It is hoped that this will identify any barriers which may exist in the route to training, how these could be addressed and to also identify any strengths experienced by learners. If any readers would be interested in receiving the advert with more information relating to how to participant in this research then please email the primary author.

References

Act, E. (2010). Equality act. *The Stationary Office, London*.

Adler, L. A. (2004). Clinical presentations of adult patients with ADHD. *Journal of Clinical Psychiatry, 65*, 8-11.

Adler, L. A., Kessler, R. C., & Spencer, T. (2003). Adult ADHD self-report scale-v1. 1 (ASRS-v1. 1) symptom checklist. *New York, NY: World Health Organization*.

British Psychological Society (2017). *Psychological assessment of adults with specific performance difficulties at work*. <https://cms.bps.org.uk/sites/default/files/2022-06/DOP%20Psychological%20Assessment%20of%20Adults%20with%20Specific%20Difficulties.pdf>

Brody, L. E., & Mills, C. J. (2004). Linking assessment and diagnosis to intervention for gifted students with learning disabilities. In *Students with both gifts and learning disabilities* (pp. 73-93). Springer, Boston, MA.

Deault, L. C. (2010). A systematic review of parenting in relation to the development of comorbidities and functional impairments in children with attention-deficit/hyperactivity disorder (ADHD). *Child Psychiatry & Human Development, 41*(2), 168-192.

Climie, E. A., & Mastoras, S. M. (2015). ADHD in schools: Adopting a strengths-based perspective. *Canadian Psychology/psychologie canadienne, 56*(3), 295.

Fredriksen, M., Dahl, A. A., Martinsen, E. W., Klungsoyr, O., Faraone, S. V., & Peleikis, D. E. (2014). Childhood and persistent ADHD symptoms associated with educational failure and long-term occupational disability in adult ADHD. *ADHD Attention Deficit and Hyperactivity Disorders, 6*(2), 87-99.

HCPC (2015). *Health, disability and becoming a health and care professional*. <https://www.hcpc-uk.org/globalassets/resources/guidance/health-disability-and-becoming-a-health-and-care-professional.pdf>

Honos-Webb, L. (2010). *The gift of ADHD: How to transform your child's problems into strengths*. New Harbinger Publications.

Mahdi, S., Viljoen, M., Massuti, R., Selb, M., Almodayfer, O., Karande, S., ... & Bölte, S. (2017). An international qualitative study of ability and disability in ADHD using the WHO-ICF framework. *European child & adolescent psychiatry, 26*(10), 1219-1231.

Sedgwick, J. A., Merwood, A., & Asherson, P. (2019). The positive aspects of attention deficit hyperactivity disorder: a qualitative investigation of successful adults with ADHD. *ADHD Attention Deficit and Hyperactivity Disorders, 11*(3), 241-253.

Seligman, M. E. (2012). *Flourish: A visionary new understanding of happiness and well-being*. Simon and Schuster.

Velissaris, N. G. (2017). *Twice Exceptional Scale for Adults (TESA) for Assessment of Attention-Deficit Hyperactivity Disorder in Adults with Above Average Intelligence* (Doctoral dissertation, Rosalind Franklin University of Medicine and Science).

Waite, R., & Ramsay, J. R. (2010). Adults with ADHD: Who are we missing?. *Issues in mental health nursing*, 31(10), 670-678.

Wiklund, J., Patzelt, H., & Dimov, D. (2016). Entrepreneurship and psychological disorders: How ADHD can be productively harnessed. *Journal of Business Venturing Insights*, 6, 14-20.

White, H. A., & Shah, P. (2011). Creative style and achievement in adults with attention-deficit/hyperactivity disorder. *Personality and individual differences*, 50(5), 673-677.

World Health Organization. (2018). ICD-11 for mortality and morbidity statistics (2018).