

# **MENTALIZATION IN ADULTS SUFFERING FROM ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)**

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# INTRODUCTION

- 5 to 7% in childhood
- Persists in adulthood in 60-70% (prevalence of 4% of adults)
- Impact personality development through possible disruption of the interaction with the caregivers.
- In this perspective, ADHD is considered as risk factor for borderline personality disorder (BPD)



# INTRODUCTION

Childhood

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Adulthood



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# IMPAIRED SOCIAL FUNCTIONING

Deficits in ToM

Impaired emotion recognition

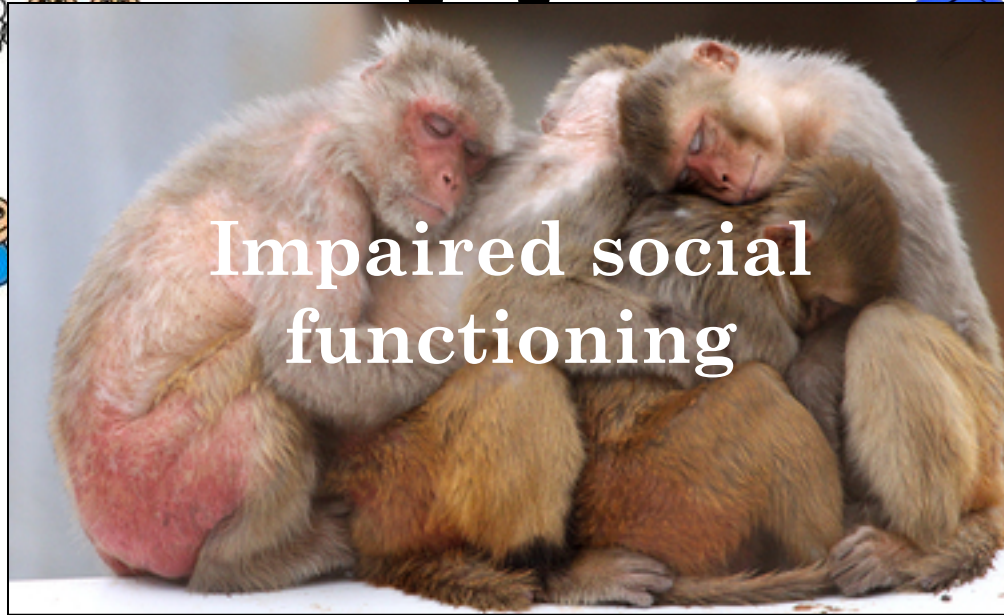
first-order



second-order



third-order



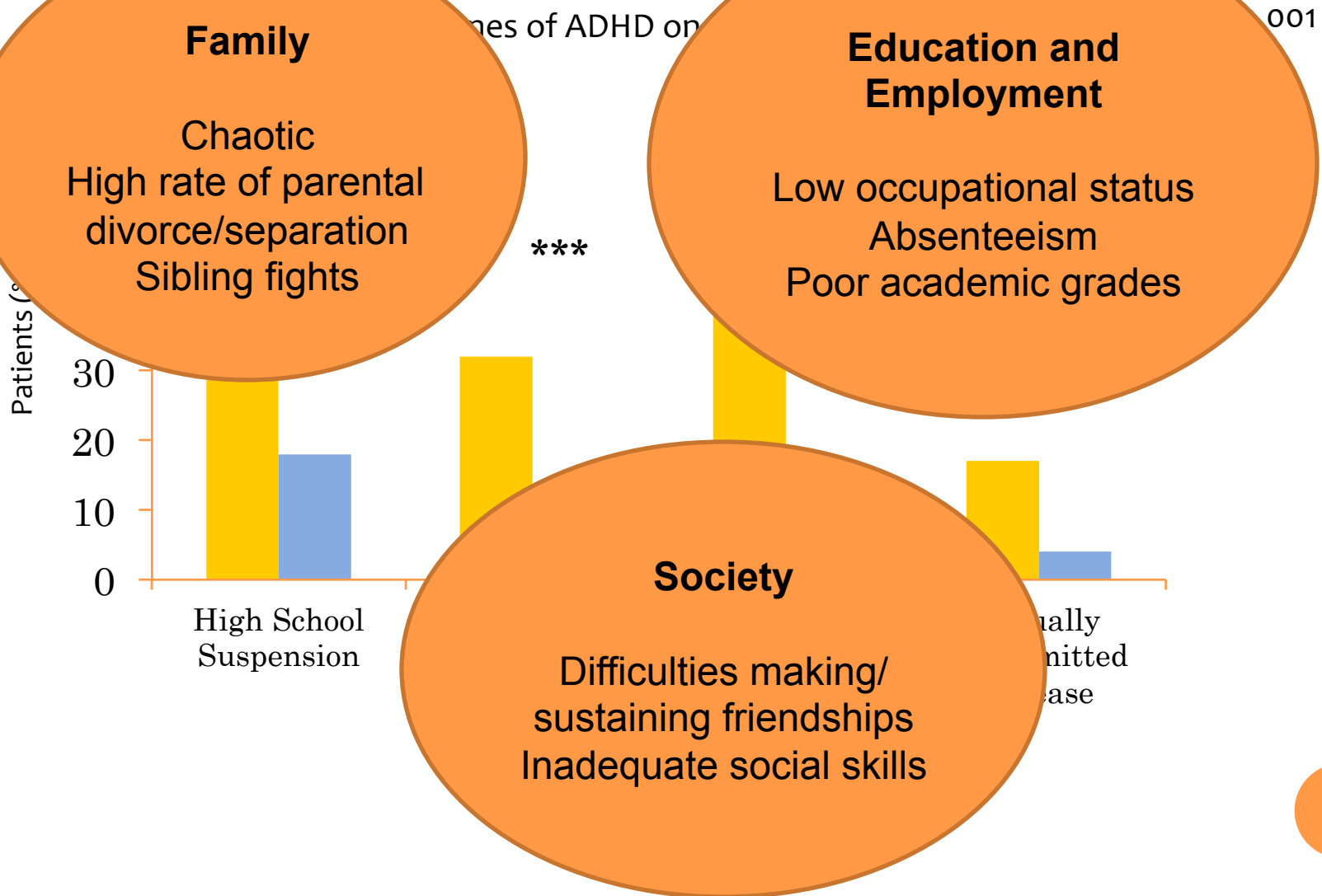
Mind Full, or Mindful?

# SOCIAL-COMMUNICATION DIFFICULTIES

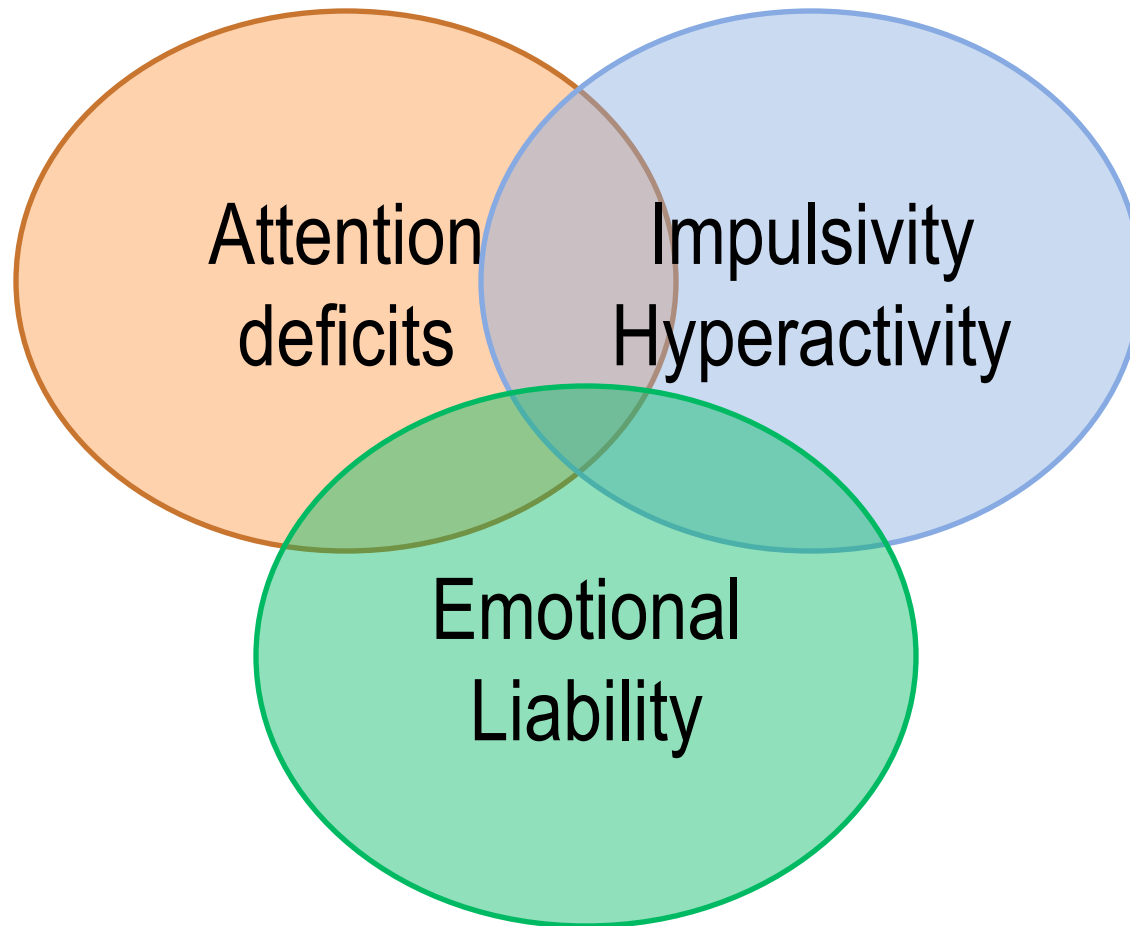
- 50–60% of ADHD children experience rejection by their peers
  - Inattentive behaviors may lead a child to miss social cues
  - Impulsiveness may result in upsetting peers
  - Hyperactivity hinders participation in organized activities and leads to avoidance of peers.



# IMPACT OF ADHD BEYOND CORE SYMPTOMS



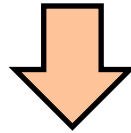
# EMOTIONAL DYSREGULATION IN ADHD





# ADHD: A DEFICIT IN MENTALIZATION

Mentalization rely on attentional control, on ToM  
Is closely linked to Mindfulness and Emotion regulation



ADHD have mentalization deficits  
Difficulties in understanding self and other's behavior as linked to intentional  
mental states



# OBJECTIVES OF OUR STUDY

1. Examine reflective functioning (RF) in adults suffering from ADHD by comparing them to a control group and a group of BPD patients
2. Assess whether or not a mentalisation-based treatment (MBT) for adults ADHD may be of interest?



# PHARMACOLOGICAL TREATMENT: WHY LOOK FOR OTHER THERPAUETIC STRATEGIES?

- Some patients will respond poorly or not at all to medication
- Even in remission, some patients still have to cope with many ADHD-induced difficulties that have accumulated over the years
- Most guidelines recommend a stepwise approach to treatment, beginning with non-drug interventions
- the long-term effectiveness of pharmacological treatment for ADHD remains in doubt and functioning outcomes often fail to normalize



# PSYCHOLOGICAL TREATMENT: WHY LOOK FOR OTHER THERAPEUTIC STRATEGIES?

- The only non-pharmacological interventions that currently form a core part of treatment guidelines are behavioral interventions
- Pharmacological and behavioral treatments for ADHD have focused on symptomatic relief of the core symptoms: benefits seem to be short-lived
- Treatment begins after a child has already begun to fail across multiple domains. Many features remain problematic long term even after behavioral treatments



# METHODS

- 101 adults ADHD
- 108 BPD (40 subjects had a comorbid disorder (BPD+ADHD) )
- 236 controls
- Impulsivity: motor, attentional and non-planning
- Experience and expression of anger
- Current severity of depression (BDI)
- Hopelessness (BHS)
- Mindfulness Skills (KIMS)



# METHODS

- The *Reflective Functioning Questionnaire* (RFQ)  
8 items rated on a 7-point scale
- Two subscales:
  - *Certainty*: how confident one is that actions are intrinsically motivated by internal mental states, such as emotions, thoughts or needs. High scores designate people who engage in thinking about how mental states influence behaviours.
  - *Uncertainty*: how doubtful one is that actions are intrinsically motivated by internal mental states. High scores signal individuals who do not typically link mental state knowledge to understand actions.

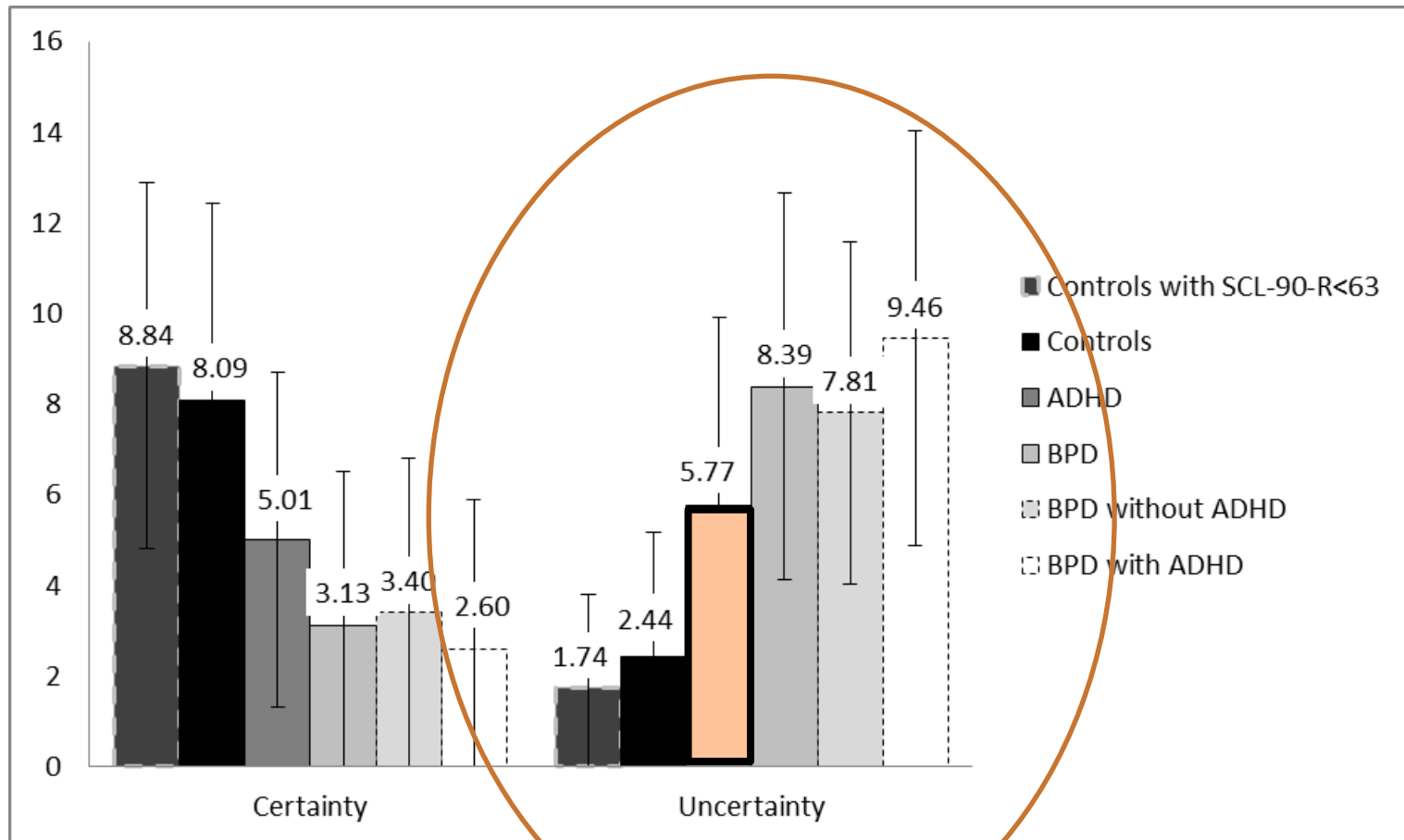


# METHODS

- *I don't always know why I do what I do*
- *When I get angry I say things that I later regret*
- *If I feel insecure I can behave in ways that put others backs up.*
- *Sometimes I do things without really knowing why*
- *When I get angry I say things without really knowing why I am*
- *People's thoughts are a mystery to me*
- *Strong feelings often cloud my thinking.*
- *I always know what I feel*

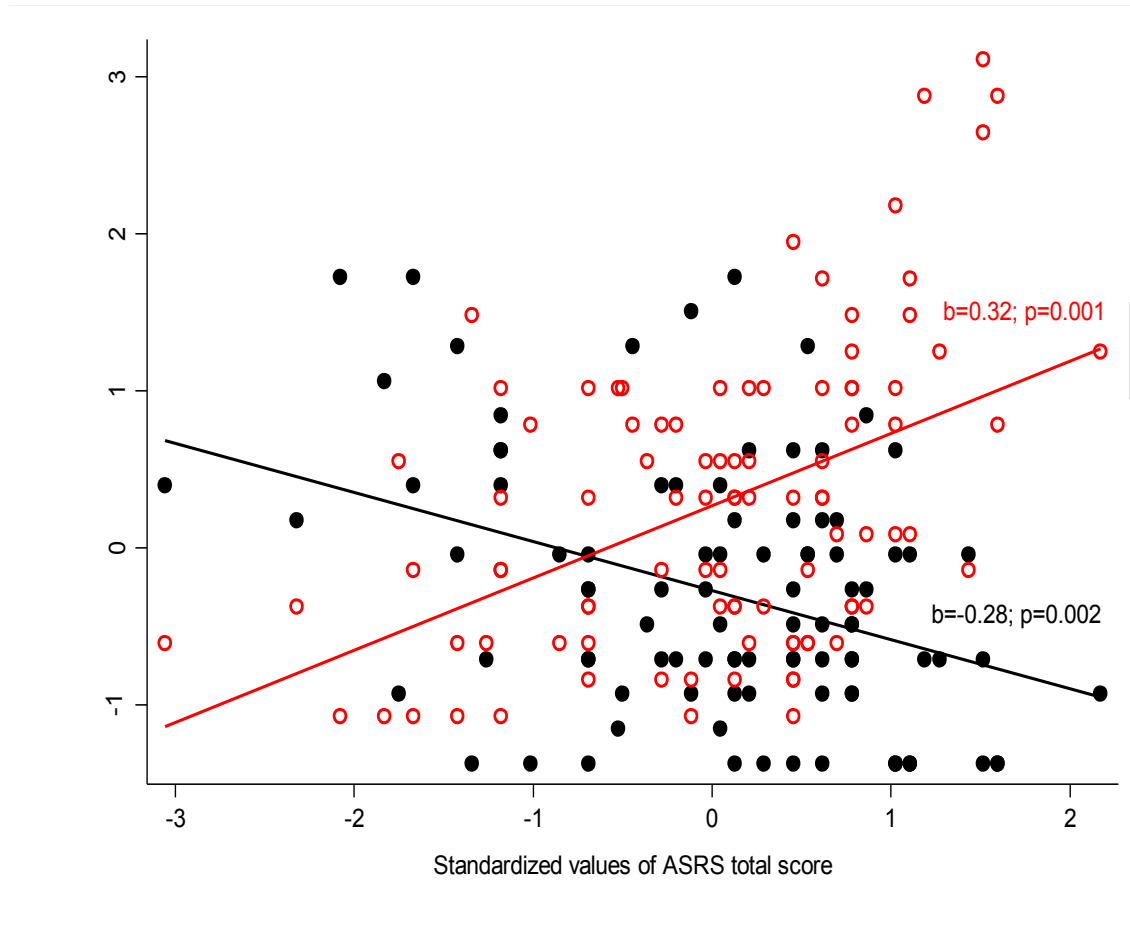


# RESULTS





# RESULTS



Uncertainty



# RESULTS

	ADHD+BPD				ADHD				BPD			
	Certainty		Uncertainty		Certainty		Uncertainty		Certainty		Uncertainty	
	b	p*	b	p*	R	p*	R	p*	R	p*	R	p*
ASRS Total Score	-0.21	0.002	0.3	0.0001	-0.24	0.008	0.32	0.001	-0.12	0.107	0.28	0.015
ASRS Attentional	-0.18	0.009	0.24	0.003	-0.21	0.029	0.28	0.009	-0.07	0.245	0.21	0.046
ASRS Hyp/impul	-0.19	0.004	0.3	0.0001	-0.2	0.016	0.27	0.003	-0.17	0.066	0.37	0.0001
STAXI Trait Anger	-0.39	<0.0001	0.4	<0.0001	-0.39	<0.0001	0.41	<0.0001	-0.37	<0.0001	0.4	<0.0001
STAXI State Anger	-0.23	0.003	0.26	0.004	-0.15	0.198	0.07	0.604	-0.28	0.003	0.41	<0.0001
STAXI Anger In	-0.14	0.026	0.18	0.014	-0.14	0.199	0.13	0.151	-0.11	0.249	0.19	0.098
STAXI Anger Out	-0.36	<0.0001	0.46	<0.0001	-0.47	<0.0001	0.62	<0.0001	-0.29	0.0003	0.36	0.0001
STAXI Anger Control	0.32	<0.0001	-0.35	<0.0001	0.35	<0.0001	-0.39	<0.0001	0.28	0.002	-0.32	0.001
BIS Motor	-0.35	<0.0001	0.37	<0.0001	-0.4	<0.0001	0.39	<0.0001	-0.27	0.002	0.36	0.002
BIS Attentional	-0.21	0.001	0.18	0.016	-0.17	0.089	0.06	0.569	-0.21	0.012	0.28	0.009
BIS Non-planning	-0.15	0.021	0.12	0.113	-0.01	0.919	0.1	0.301	-0.3	0.001	0.15	0.23
BIS Total	-0.32	<0.0001	0.31	<0.0001	-0.3	0.002	0.32	0.003	-0.31	<0.0001	0.3	0.004

# DISCUSSION

- ADHD poor RF capacities: difficult to recognize that self and other actions are driven by mind states.
- Consistent with impaired capacities in ToM, mindfulness and emotion recognition
- One explanations for the impaired social abilities
- Appearing early in life: will impact the interaction with the caregivers (cf: BPD)
- A destabilized development of RF capacities due to these adverse life events will weaken self-development and capacity to regulate emotions and impulsivity



# DISCUSSION

- Severity of ADHD was negatively correlated with mentalizing capacities
- Attentional symptoms and not only hyperactive/impulsive ones were associated with RF deficits.
- Mentalizing deficits are associated with emotion dysregulation (anger) in ADHD subjects as in BPD ones.
- Emotion dysregulation is hypothesized to be a consequence of mentalizing deficits. This dimension is now considered has an additional dimension in ADHD



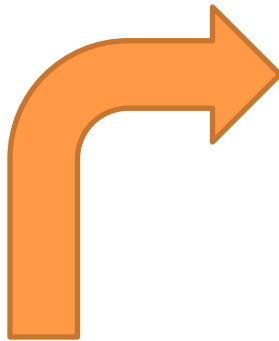
# CONCLUSIONS

- Our results strongly argue for the assessment of mentalizing capacities in ADHD
- Improvement in holding attention and impatience possibly by the means of mentalization-based therapies could lead to better skills in social situations and professional performance
- Future studies are clearly needed in this field in order to validate such a hypothesis

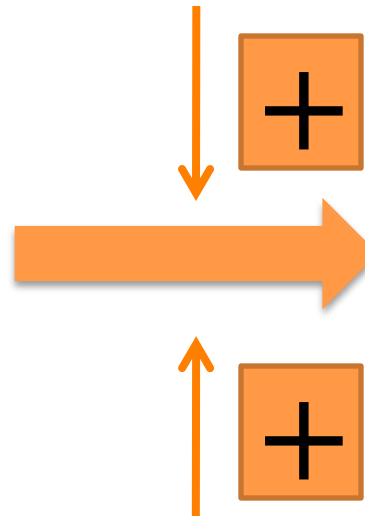


THANK-YOU FOR YOUR ATTENTION





ADHD in childhood



Persistence of  
ADHD in  
adulthood

