

LET'S TALK ABOUT ADHD IN A CRC.

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Abstract

Increasingly the demanding nature of Attention Deficit Hyperactivity Disorder (ADHD) is being acknowledged as having a lifelong impact. This paper reflects upon two specific areas of communication difficulty often associated with ADHD, which are pragmatic language and dysfluency. Pragmatic language refers to the service user's ability to use appropriate and applicable language. Dysfluency refers not only to a stammer, but difficulties with timing and maintaining a conversational flow. The latter is often hindered by the poor use of pragmatic skills. A small-scale qualitative research study was carried out in a Community Rehabilitation Company (CRC), to explore what support and understanding of ADHD was held by CRC staff and service users with ADHD. One to one semi-structured interviews were carried out with thirteen CRC staff and six service users. The research questions did not specifically target pragmatic and dysfluent language, yet both emerged from the data collection, indicating a relevance to communication style and ability when carrying out probation work. The research highlighted that CRC staff were not always suitably resourced to deal with ADHD service users. Access to suitable training were lacking, and instances of loss of experienced staff were commonplace. Despite the best efforts of the CRC staff, evidence suggested that overall there was poor understanding of ADHD and failure to identify needs. However, there was some evidence of good practice which supported pragmatic language and dysfluent challenges for ADHD service users. As recognition of a more neurodiverse population increases, accommodation within a unified probation services becomes a pressing issue.

Keywords

ADHD; CRC; pragmatic; dysfluency; in/appropriate practise; future implications

Introduction

From May 2014 there ceased to be a unified national probation service (Deering and Feilzer, 2014). In its place the National Probation Service (NPS) oversaw only the highest risk offenders, whilst twenty-one privatised Community Rehabilitation Companies (CRC) worked with those considered to be low to medium risk. Major restructuring occurred across many of the CRC, which for some, continued for a considerable time afterwards. The Transforming Rehabilitation (TR) programme meant that in June 2014 staff were reassigned to either the NPS or a CRC. For the majority of staff this decision was not a choice, nor a consultation. The decisions around which services were kept under the remit of NPS and which were assigned to CRCs was based solely on caseload, with little consideration of staff experience or expertise (Burke and Collett, 2016). Another notable issue for staff arising from the TR process were changes to their employment contracts. Due to the shift from public (NPS) to private (CRC) employers, staff experienced some concerns over future job security, pay and pensions within the private sector. The mass 'haemorrhaging' of staff through resignation (Clare, 2015) highlighted the discontentment over the direction of probation service delivery. In April 2017 the Her Majesty's Prison and Probation Service (HMPP) was created (Ministry of Justice, 2017), further cementing the divide between the two services. Since the introduction of TR there have been many changes in working practices (Burke and Collett, 2016). Those who chose to embrace the new regimes were rewarded with slick corporate images, often undertaken alongside new working partners to deliver their service. How these changes affected the service user during the TR years and what can be learnt is important in developing the probation service once reunification has occurred in June 2021. One aspect of which is the increased awareness of neurodiversity and its implications for probation work.

In the last few years, the term neurodiversity has become somewhat of a buzz word. The over-arching name includes dyslexia, dyspraxia, dyscalculia, autistic spectrum disorders (ASD) and attention deficit hyperactivity disorder (ADHD). It refers to atypical differences in the working of the brain created by a wide and complex set of influences (Hughes, Williams, Chitsabesan et al., 2012). In opposition, the term neurotypical is used to define what society determines to be 'normative' brain function, although the lines are often blurred (Kirby, 2021). Within neurodiverse groups there may also be crossover between the different subgroups with additional mental health issues (Young, Sedgwick, Fridman et al., 2015). This can create a complex picture requiring a distinct set of needs and challenges not only for the individual, but also, for those who seek to support and/or work with them. Each discrete neurodiverse area comes with their own difficulties and idiosyncratic complications. Despite this, there is growing awareness that they can, and perhaps should, be viewed as a continuum with strengths and weaknesses (Kirby, 2020), rather than a collection of distinct subgroups.

In 2017 research was carried out to discover the level of understanding and support available for young adults with ADHD whilst carrying out court orders at a CRC. This short paper focuses on issues relating to communication, and areas highlighted during previous research into ADHD service user support in a post-TR environment. The key areas of interest here are pragmatic language and dysfluency.. The issues discussed here could well have broad application beyond ADHD contexts, and be appropriate for supporting a range of different physical and mental health conditions.

ADHD Overview

ADHD was originally considered to be childhood limited, but is now increasingly recognised as having lifelong persistence (Franke, Michelini, Asherson et al., 2018; Asherson, 2016). ADHD can have physical, mental, and emotional impacts upon many areas of the everyday lives of its sufferers.. The core underlying features of ADHD are perpetuated by poor executive functioning (Barkley, 2005; Strayhorne, 2002) which include poor attention, hyperactivity and impulsivity. Being easily distracted and unable to attend to a task, resolving problems or making decisions, are all associated with inattentiveness (European Consensus Statement, 2019).

Conversely, 'hyperfocus' is common in ADHD. This is an over recruitment of attention for long periods, where the person may not have the ability - or know how - to switch their focus (Langley 2018). The hyperactivity element of ADHD seen in adults can often be quite different to the hyperactivity seen in children. Rather than the hyper behaviours being physically displayed, although they can be, they are often experienced as an inner restlessness (Kooij, Asherson and Rosler, 2018). 'Mind wandering' is associated with overactive mental exertion from hyperfocus, which may result in agitation and consequentially physical movement. For example, getting up and moving around inappropriately at a cinema, during dinner or in group work. The last core feature is impulsivity, which is characterised by the lack of control to stop any number of activities or to defer gratification; it is this overriding component which becomes more heightened in adulthood (Barkley, 1997). Perhaps most dangerously for young adults are sensation seeking behaviours which are often ill-judged, risky and sometimes illegal. Impulsivity may lead to overeating, gambling, poorly considered sex, illicit drug use, driving too fast and over consumption of alcohol.

The poor functioning of these areas can lead to parallel issues with social and communicational aspects of daily life. ADHD is frequently associated with disorganization, poor relationships, addictions and engagement with the Criminal Justice System (Weiss, 2015; UK Adult ADHD Network, 2013). Thus, people with ADHD are over represented in the criminal justice system of England and Wales (Young, Adamsou, Bolea et al., 2011). In youth offending institutions 30.1% of people have ADHD; this is five times greater than the general population. Similarly, 26% of the adult prison population has ADHD, a figure that is ten times higher than the rest of the UK population (Young, Moss, Sedgwick et al., 2015). That is not to say that ADHD or other neurodiverse disorders cause criminality, but rather the deficits that sufferers experience may produce certain patterns of behaviour more likely to lead to criminality and criminalisation (Hughes, 2015a). Consequently, the behavioural triggers of ADHD can, and often do, lead to arrest, prosecution, community and custodial sentences. For instance, a common pathway into the criminal justice system often starts following school exclusion due to behavioural issues (Department of Education, 2019; Department of Health, 2013).

In terms of communication risk factors, language problems such as speech, language and comprehension often occur in ADHD, issues that are not necessarily a result of ADHD or intrinsically linked. There are two main areas of communication that may be described as discrete issues pertaining to ADHD; pragmatic use of language and dysfluency.

Pragmatic Language

Within linguistics there are three key components that combine to produce language; semantics (the meaning of it), grammar (the structure of it) and pragmatics (the social use of the language) (McLaughlin, 1998). Unlike semantics or, phonology the speech sounds or, syntax the building blocks of the sentences (Camarata and Gibson, 1999), pragmatics refers to the ability to use appropriate and applicable language. It is the functional use of language resulting in the listener understanding the point of the interaction (Green, Johnson and Bretherton, 2014).

Someone who has ADHD, in all likelihood, will have poor pragmatic skills and therefore may *not*:

- Adapt to the listener or conversational partner to make appropriate language choices.
- Respond to verbal cues that imply the conversation has finished or a lack of interest or shock or another reaction.
- Be aware of over using stereotypical phrases or stock phrases such as 'I know what you mean'.
- Be able to appropriately take turns in the conversation and, not be aware of over talking.
- Be able to demonstrate a lack of coherence and organisation when speaking.
- Have self-control to stop, before 'blurting' something out.
- Understand sarcasm, jokes, metaphors or implied meanings such as 'the bin's full' meaning empty the bin.

(Bignall and Cain 2007; Camarta and Gibson 1999; Perkins 2010; and Russell 2007.)

These are part of the executive function's role which allows adaptability for conversational content and appropriateness. In this sense, the executive function guides the speaker to control inhibition or impulsivity. It gives the speaker an overview of the situation, context and organisational ability to be coherent. It allows flexibility in responding by recalling from memory what has gone before. This requires attention, which can be challenging for people with ADHD because of the need for concentration and control of impulsivity. For this reason ADHD sufferers conversational skills can lack coherence. Conversations can frequently lack adherence to social parameters due to the impaired function of the executive function.

Dysfluency

The second significant communication difficulty is dysfluency. Dysfluency does not simply refer to those who stammer but also timing difficulties and or a disruption to the flow of a conversation (Turnbull and Stewart 1996). (Notwithstanding the challenges outlined above

regarding a smooth conversation style.) Freezing mid-sound or sentence, giving the appearance of being stuck and using fillers such as extra sounds and words (for example, “I erm want a erm...erm”) and gestures in the face and/or of the body to accompany sounds or words are examples of overt dysfluency (Turnbull and Stewart, 1996). Arguably a lot of people use fillers and gestures in everyday speech (Fromkin and Rodman, 1993), but it is the overuse of fillers and empty gestures that makes the conversation feel different during interaction. There can also be covert effects of dysfluent speech in the avoidance of sounds, words and or phrases. There can be the need to hide or avoid situations; people and stress, for fear of having to talk.

Adults with ADHD are more likely to have speech dysfluency than not (Englehardt, Ferreira and Nigg, 2011). Evidence from childhood ADHD studies suggest that motor sequencing problems can contribute to dysfluency, for example deficits in the coordination of fine motor skills used to articulate words can impact upon an individual’s speech (Barkley, 2005). Dysfluency is also considered to be the result of a poor executive function, creating difficulty in finding the sound or word quickly enough from memory to create a smooth conversation. This means that there tends to be a lot of repetition and unfilled pauses while the retrieval of the sound or word is sought. The nature of people with ADHD being inattentive, hyperactive, impulsive and disorganised also contributes to dysfluency and ineffective communication (Englehardt, Ferreira and Nigg, 2011).

Recommendations in the Bradley report (2009) were to improve the criminal justice system’s ability to engage with a more diverse populace. The guidelines suggested improved support for those with communication difficulties, learning disabilities, learning difficulties, and for people with social and health disadvantages (Department of Health, 2011), Although the terminology used may be contentious, it does include ADHD. Furthermore, training specifically in ‘learning disability’ for just one single three-hour session shows probation staff to be “significantly more knowledgeable” (Townsend, Henry and Holt 2020; p.122). However improved support for service users has been, it has been slow and patchy at best (Criminal Justice Joint Inspection, 2015). Additionally, the Criminal Justice Joint Inspection (2015) found that staff could not identify the needs of service users, did not use or know about tools to identify learning disability in early contact, and were not supported enough themselves by policy protocol. This study concurred with the Criminal Justice Joint Inspection findings of 2015, which suggested that probation staff were over reliant on personal disclosure by the service user. The lack of awareness of the service user’s needs meant that reasonable adjustments were not always made in line with Equality Act 2010. The Criminal Justice Joint Inspection concluded that engagement with services and not meeting equity lowered the likelihood of a positive outcome and desistance for the service user. There was however some evidence of positive practice; probation staff reaching out to external bodies for support and service users with learning disability reporting that they felt supported by their officer (Townsend, Henry and Holt, 2020).

Research rationale

There are three key premises for undertaking this research. Firstly, the creation of the CRC offered an opportunity to carry out a study in the probation services during the new era of their history. There have been many changes for staff during the change in ownership including delivery partners, work locations, company ethos and work practice specifically in

terms of case notes. It is therefore important to capture a sense of what support was available for those service users with ADHD especially given the criticisms levelled at TR from bodies such as HMI Probation or the Justice Select Committee.

Secondly, the recognition that ADHD persists into adulthood is relatively new and may not have been a consideration for an adulthood service provider. Until fairly recently ADHD was considered, across various different professions, to be a childhood limited disorder. It would be fair to say that there still remain sceptics, which includes some GPs, to the existence of ADHD in adulthood (Tatlow-Golden et al., 2016). Therefore, the research was designed to explore how probation staff perceive ADHD and how service users with ADHD would be supported whilst carrying out their orders.

Thirdly, a lot of attention has been placed upon the transition from youth to adult services in the criminal justice, which has been central to the work of several organisations including the Transition to Adulthood Alliance (2017; 2015) and the Criminal Justice Alliance (2013). The fields of social care and medicine have also recognised the importance of some additional support for those aged 18 to 25 years (Expert Policy Paper, 2017), and are beginning to act accordingly. It is particularly salient for young adults with ADHD to be prone to increased immaturity, hence the research was designed so as to understand whether service users receive supplementary support whilst carrying out orders and shed light on any acknowledgement of the challenges that they face whilst under the supervision of probation services.

Research methods

Qualitative research was carried out in 2017 in one of the twenty-one Community Rehabilitation Companies in England and Wales. The small-scale study involved face-to-face one-to-one semi structured interviews with 19 participants (6 service users and 13 members of staff). Standard ethical conduct were sought, accepted and adhered to. Special consideration was given to the service users to ensure consent was well defined and accessible in its clarity. Taking part in the data collection were 13 members of CRC staff whose roles included general case load probation officers, probation service officers, unpaid work supervisors and health workers. All of the CRC staff were engaged with service users and familiar with their roles having worked in probation services from 2 to 30 years. Recruitment for CRC staff was undertaken via email and through cooperation of the CRC management.

Service users were identified by staff members, some of whom participated in the study themselves, others did not. The CRC staff were asked to find suitable participants from their caseloads that fitted the following criteria:

1. In line with research rationale on maturity the service user was between the ages of 18 and 25 years old.
2. The service user was in contact with the CRC as all of the interviews were conducted at CRCs places of work.

3. The service user had a basic level of communicative ability so that there could be mutual understanding between researcher and participant. This would avoid any ethical complications in participation, safety of both parties and the researcher could represent the views accurately.
4. The service user believed that they have ADHD or, the referring professional thought that the person had ADHD. There did not have to be a formal diagnosis from a medical profession as many young adults who have ADHD fall out of mainstream services and a diagnosis is not pursued.

Six service users took part in the study, four of whom had a formal diagnosis. The overarching enquiry was regarding “what support was available for young adults with ADHD whilst carrying out their court orders.” The specific nature of the service user’s pragmatic and dysfluency skills formed part of the overall enquiry into the CRCs staff understanding of ADHD and any impact on their work. However, for the purposes of this paper the focus is on how pragmatic and dysfluency skills impacts the service user and support at the CRC. (Overall findings from the research will be disseminated in due course, but these findings were salient to practice in the CRC.) Four research questions were posed around how ADHD was understood by the CRC staff, what support was on offer for service users, how their role might be affected by this group and what support was available to them to support people with ADHD. The service users interview schedule was designed to elicit answers regarding two main questions; what they understood ADHD to be and how had ADHD been supported while at the CRC. All of the interviews were recorded and analysed using thematic analysis (Braun and Clark, 2006).

Research Findings

The results from the small-scale study highlighted a lack of understanding by the CRC staff, particularly in terms of recognition of social and communication skills. One of the staff referred to “*mumbling words*” as a sign that the service user had ADHD. Whilst another had noticed that “*poor eye contact*” was common place in this group. There was also one reference to social skills being “*poor*”, but none of these were considered to be primary indicators of ADHD or common assumptions amongst the CRC staff. In fact, none of the CRC staff mentioned communication issues directly nor cited social skills as being a major issue or signal of ADHD, in any of their descriptions.

Impact of Dysfluency and pragmatic Language on Probation Work

Although the six research questions did not focus specifically on pragmatic and dysfluent language, the data collection from the service users brought it into focus. The findings concur with the literature review that certain aspects of communication and social interaction can be challenging to those with ADHD.

Four of the service users started a lot of their responses with “Don’t know.” This stock response was sometimes followed by the actual answer or, by an answer but not to the question that had been asked. This was not quite the same as the pragmatic or dysfluent language as discussed in the literature review although Harpin and Young (2012) suggest that this can be understood as a stock response. Importantly, such a response can be misconstrued not only during probation work but may also be taken as evasive under police

interviewing, or uncompliant during court cases. People with ADHD can be misunderstood because their behaviour can be misinterpreted (Hughes, 2015b) and, by extension, their communication style. However the reasoning behind the 'don't know' response can also be attributed to be a lack of memory recall due to poor executive functioning, particularly when under pressure (Gudjonsson, Young and Bramham, 2007). Although efforts were made to make the interviews as low stakes as possible, they were conducted in a formal surroundings and answers were anticipated. The stock response may have the effect of making the service user appear unhelpful, but until the transcription of the interview had been carried out, there had not been any suggestion that any of the participants had been anything less than compliant. It was thus interesting to hear back these minor digressions, which were probably the service users grappling with the situation. For example, "*don't know, for me it's hard to be engaged*". The flow of the conversations was not obviously disrupted at the time, as the statements of 'Don't know' were followed up either by further clarified answers, or at least a continuation of speech.

The continuation of the conversation after the use of 'don't know' could be interpreted as a stalling technique, employed by service users, as they think (executive functioning), which would be related to dysfluency of speech. The flow of the interaction was disrupted by using fillers, such as 'I don't know', 'erms', or inaudible utterances, whilst the service user formulated the next speech act. This dysfluency may also relate to the impulse to say something without forethought and therefore words or sounds were already coming out before they had been formulated. The latter is rather like playing catch up with one's self or, described another way, as 'verbal fidgeting'. This could also be a physical manifestation of disorganisation, an outward clue to what is going on inside their heads especially considering disorganisation is one of the diagnostic markers and life challenges associated with ADHD.

Another way to look at both the verbal fidget and the over talking (although the two are not necessarily mutually exclusive) is as a result of poor pragmatic skills. The continuation of the conversational turn, frequently extended beyond what might be expected and not allowing for interjection. There was little opportunity for a conversational turn from the researcher as the service user continued with their dialogue. There were many occasions when the service users talked without taking a breath for 2 minutes or more. The service user's responses may have been engaged and excited, but were they in control or, were they just unable to put the brakes on? Such illustrations of the service user not being aware of the conversational partner, or their lack of awareness about when to stop talking, are indications of the service user's poor pragmatic skills. These skills are often associated with the challenges of ADHD and can be problematic because of what can be missed by the person with ADHD in terms of the content of their speech. Often there can be a disruption to the sense and flow of the conversation, resulting in jumping from one thing to another. As a consequence, an overall lack of input from the conversational partner makes the interaction less of an enjoyable joint experience. Despite the often one-dimensional nature of exchanges, these conversations provided a lot of information, in a very short time. As well as giving lots of opportunities for observation of communication.

CRC Provision of Support For ADHD Service Users

There were three pertinent points where the CRC were weak or failing to give appropriate support to ADHD service users. Firstly, CRC staff had some overall understanding of ADHD, but not a depth of knowledge. It was found that there was not a great deal of awareness of communication issues. Although there was some recognition of the hyperactive and impulsive nature of ADHD, there was less acknowledgement of poor attention and disorganization. In the context of the CRC, both knowledge about ADHD, and knowledge about skills on how to address and access resources for ADHD were lacking.

Secondly, there was not any formal protocol to identify ADHD. Rather, this relied on the staff member asking, or the service user to volunteer the information. There may be scenarios in which service users do not have a formal diagnosis, but feel that they have ADHD. Quite often this information is based on historical experience through school or family yet, for whatever reason, a formal diagnosis has either not been sought or they have not met the thresholds to attain one (Thapar and Cooper, 2016). If the staff ascertained that the service user may have ADHD, whether formally or intuitively (assuming they had some background knowledge of ADHD), support and advice from colleagues and other professionals was hard to find. Indeed, there was not a pathway to understand how the ADHD affected the service user and how that might impede carrying out their court orders. Some of the CRC staff reported that prior to TR there had been experts available such as psychologists to contact for advice, but since the 'split' such assistance was no longer available.

Referencing the previous two points regarding service users who has ADHD and struggles with their pragmatic language skills and/or dysfluency, engagement in a group environment can be difficult. Consequently leading to reduced participation or the service user completely shutting down. The opportunity for the service user to participate and gain from the rehabilitative programme in a group setting is reduced/inhibited if they are unable to communicate effectively. The research also noted the CRC was keen to group as many people as possible. Yet there was no protocol available for identifying, supporting and engaging with service users with ADHD. Without some kind of recognition and additional targeted support, the service user who has ADHD may not be able to gain from or, complete the rehabilitative process.

Thirdly, to highlight a service user as having ADHD may be seen as a labelling exercise, perhaps the medicalisation of difference. However, without a label there is often no recognition that support is required. So how then, without protocol or training, does a CRC staff member know if there is a possibility that a service user may require additional support? Especially given that repeatedly during data collection the lack of time available to interact with service users was emphasised. Importantly, participants stressed that finding time give to all clients was difficult, let alone someone with extra needs such as ADHD. Since part of the rationale for TR was that CRCs would be paid for their results, CRC staff said that one to one engagement between themselves and service users with ADHD would be undertaken if needed for support. However, the staff consensus indicated that not everyone was 'groupable'. Whether this was because of ADHD or other neurodevelopmental disorders, drug and/or alcohol issues, difficulty with literacy and or mental health issues. In other words, there are many different reasons why the group

setting is unhelpful or unsuitable for certain individuals. At the time of data collection, the CRC was aiming to make as much use of groups as possible without allowing time for one to ones or a separate section on induction forms to highlight ADHD. It would certainly look like, on the face of it, as though this group of service users were not being best catered for.

Good practice at the CRC

Even though the CRC did not always have appropriate measures in place, there were examples of staff using their skills and initiative to assist service users with ADHD and complete their court orders. In relation to expressive language, none of the probation staff interviewed flagged this up as an issue. This does not mean that expressive issues were not present. It may have been due to a lack of knowledge on the part of the staff. Despite this, the probation staff recognise several salient points connected to communication, whether knowingly or not, which influenced how they worked.

Firstly it was suggested by a couple of CRC staff that it had been possible to tailor an accredited programme specifically to the suit the needs of the ADHD service user. The probation staff then worked through the programme on a one-to-one basis. This decision was based on whether the CRC staff felt that the service user would be unable to cope in a group and so, an alternative one to one environment was sought as described below by a CRC staff member:

“I would not refer someone with ADHD to an accredited programme...I wouldn't send them to one, I don't think it would be fair on the group or the tutor or the young person...or if I wasn't able to do it on a one to one try and get that person on a one-to-one programme through the accreditation, so get a tutor to do it on a one to one, if that's possible. I've done that before.”(Barbara Probation Officer)

Also, an understanding of ADHD would be useful when considering whether the service user was being awkward or making excuses for not engaging in a group. By having the knowledge and time to get to know the service user, probation staff can judge what is justified more effectively.

Secondly by creating a bespoke package aimed at the needs of the individual ADHD service user, a supportive environment assisted the service user to succeed and complete their orders. By offering specific support tailored to the service user was one of the ways of doing that, as suggested below;

“So, it would be about talking to them as well and asking them, what things are going to help you to get through this order and make your order a success? How do we need to work this together? So, try to do a joint plan with them, really, because nobody's going to know their ADHD better than themselves. So, it would be to do some joint sort of planning really.”(Gaynor Probation Officer)

Establishing the service users learning style and using joint planning helped them carry out their orders. Organising the sessions where applicable into short blocks , with breaks and

going back over things helped the service user to engage and have some ownership on how the tasks were carried out.

Although the study found that some of the CRC staff were creating joint plans, bespoke packages and working one to one with ADHD service users, these measures may also support a variety of social, communication and other neurodiverse challenges. Still working with ADHD service users using individual tailored support will assist with pragmatic language in the following ways:

- The service user would not be shouting out or, talking over others and causing disruption to the group.
- Between the service user and the probation staff time can be spent to help give clarification of what is being said.

In terms of dysfluency:

- Allowing time for the service user to speak and to work without being rushed.
- To assist with the service users working memory by repetition and personalised note taking for the service user by the staff.

Future Implications

In order to support service users with ADHD and expressive language issues it would be useful to identify how the service user works and or, how they manage themselves. CRC staff are already trained to be aware of responsivity, that is to adapt to each individual service user needs to enable the best participation in probation services (Dominey, 2007). Responsivity can be extrapolated across a wide range of differences but an understanding of the breadth of ADHD would be important to ascertain the best way of engaging with people. Therefore, prior knowledge of the challenges faced by those service users with ADHD and what specifically each person struggles with would be important.

This information can then be used to inform the staff and assist in the creation of a joint plan of how they both need to work to progress through the court orders and or, unpaid work. Joint planning not only gives insight to the probation staff about the needs of the service user, but also offers the opportunity for the service user to have ownership of their journey through the probation service. This sense of ownership has said to be fundamental to desistance (McNeill, 2006). The plan helps to ensure suitability for group or individual work by identifying deficits such as low expressive language and the need for support if required.

Further staff training and or supervision is generally welcomed (Raynor, 2019) and it forms an important link in providing support for those who need it. Training would enable staff to recognise when a referral needs to be made or further support from in or outside the service is required. Access to an expert or professional in the field of ADHD or neurodevelopmental disorders would be a beneficial tool in supporting the work of probation staff.

Conclusions

This article on ADHD, dysfluency and pragmatic language skills in the context of probation supervision has presented findings from a small-scale study with service users and staff in a CRC. It is acknowledged that the study is small and so is not generalisable. However, given what is already known about poor social and communicational skills with ADHD, the study adds to this knowledge with specificity and within the environment of the CRC.

The importance of communication is paramount in any relationship, but fundamental in terms of probation practice (Dominey 2019). A working relationship with vulnerable members of society who are facing enormous challenges and are aspiring to change is a significant interaction. The bedrock of a suitable working relationship in probation has to be one of trust and mutual respect, based on open communication. Therefore, in order to work effectively with people with ADHD as well as with other neurodiverse groups, an understanding of the challenges facing each individual is key. At the very least staff need a basic understanding of what the potential impacts of ADHD might be on service users. There needs to be an awareness of what or, how, are the best ways to interact with each service user with ADHD. These measures - such as clarity and succinctness in compliance letters - should then be used in all communication with them, not just face to face. Furthermore, it is timely that support for ADHD across the whole of the criminal justice system should be addressed, and the reunification of the probation service presents an opportune moment to do this. The shortcomings in practice laid out here indicate that there is considerable room for improvement. They also point to the need for the NPS to take this lack of knowledge into account when staff move from CRCs to the NPS.

Neurodiversity colours, enriches and complicates the lives of those it touches and those around them. Engagement with the probation service could be more worthwhile if people under probation supervision with ADHD have ownership of their pathway through probation. A better understanding of ADHD and support by probation staff should help to create a more engaging and rehabilitative probation service into the future.

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