



ADHD Refocused

Loving and Treating an
Underestimated Disorder

Who? What? Why?

- ❑ School Psychologist
- ❑ Postdoc/TASC group co-creator
- ❑ ADHDer
- ❑ ADHD Clinician
 - ❑ Welcome!
 - ❑ Shared Experience
 - ❑ Modeling

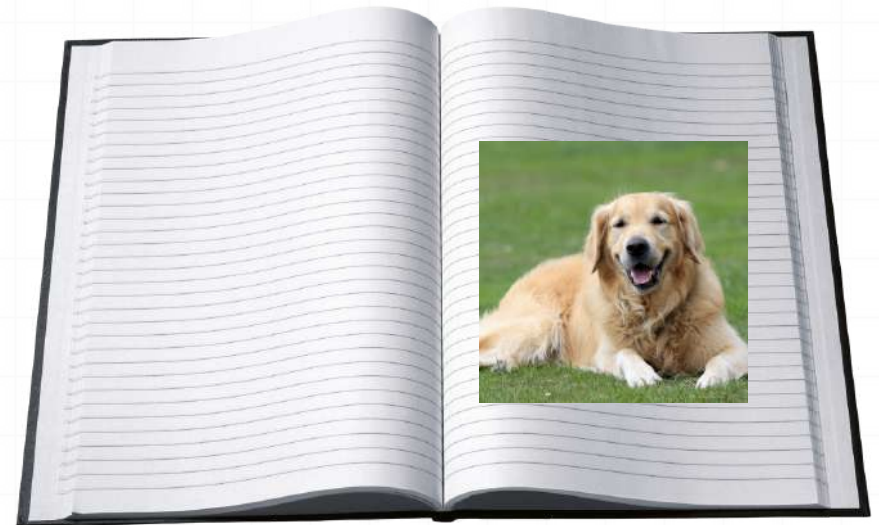


What is ADHD?

- ❑ A Neurodevelopmental disorder with onset in the developmental period, presenting with 6 or more symptoms prior to age 12
 - ❑ Impacts: attention, emotion regulation, social skills, task initiation, task completion, working memory, activity level and impulse control
 - ❑ Developmental Delay
- ❑ ~~Predominantly a condition of childhood~~
 - ❑ 80% won't grow out of it, 20% are up for debate
- ❑ ~~A diagnosis secondary to the presenting problem~~
 - ❑ Occam's razor

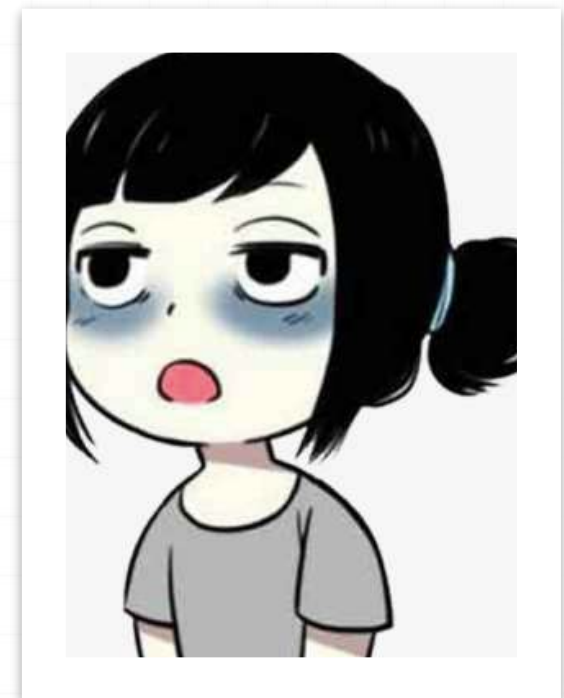
Ok, but really?

□ “ADHD is like having a collage for a brain when the rest of the world got a picture book”



For many, a sleep disorder

- ❑ ADHD is a 24-hours-a-day disorder
- ❑ Organizing and Activating; Sustaining alertness
 - ❑ Falling asleep
 - ❑ Rumination, stimulus-seeking, circadian rhythm
 - ❑ Quality of sleep
 - ❑ Hyperactivity
 - ❑ Difficulty waking up
 - ❑ Intrusive sleep
 - ❑ Sudden, abrupt neurological disengagement—zzzz



A Disorder of Chronic Stress

❑ Core features

- ❑ Emotional Dysregulation, EF Deficits, Always Late but Worth the Wait

❑ Negative Feedback

- ❑ Peer rejection (54% vs 14%, Mrug, et al 2012)
 - ❑ Negative screams, positive whispers (van Meel, et al. 2005; Babinski 2019)

- ❑ Parent feedback

- ❑ 20,000 papercuts

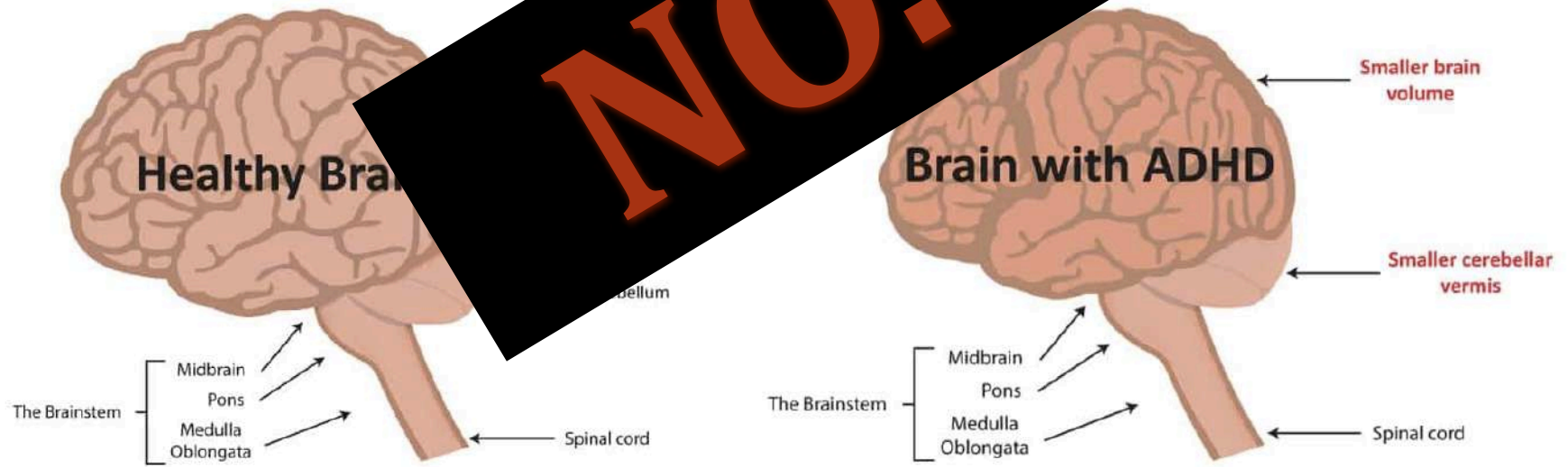
❑ “Comorbidity is the rule rather than the exception”

- ❑ Teen-onset Bipolar I, DMDD, ODD/CD, Anxiety, Depression, OCD, Tic Disorders, LD (plus sensory processing, motor delays)

An oversimplified developmental delay

8 Ways to Beat ADHD

(Without ~~Time~~)



Oh look, a dog!



- Intuitive
- Curious
- High Energy (seemingly)
- Talkative
- Loyal
- Stubborn
- Humorous
- Hyperfocused/Distractible
- Empathic
- Stimulus-seeking
- Optimistic
- Strong sense of justice and fairness

Low Tolerance for Boredom

- ❑ “The most riveting stimulus is physical pain. Worry and anxiety are the mental equivalent” –Hallowell
- ❑ In ADHD:
 - ❑ Alcohol abuse is 3x the general population
 - ❑ About 22% have a substance abuse disorder
 - ❑ BPD: 14%
 - ❑ But, in BPD 38% with 60% meeting criteria in childhood



Concrete and Optimistic

“The test of a first-rate intelligence is the ability to hold two opposed ideas in the mind at the same time and still retain the ability to function. One should, for example, be able to see that things are hopeless and yet be determined to make them otherwise.” –F. Scott Fitzgerald

- Empathy
- Emotional dysregulation
- Hyperfocus
- Distractibility
- Cognitive rigidity
- Time blindness
- Stimulation seeking

A Note About Notes

- ❑ If you have enough data to support it, PLEASE put it in the chart
 - ❑ The Paper Trail helps the client
 - ❑ Validate and Remind Yourself
 - ❑ ADHD is part of the whole person you're treating

Assessment: Getting Started

□ Diagnosing

- This is not a simple diagnosis, it's ok to consult and refer
- To test or not to test?

□ When to refer for evaluation (not an exhaustive list)

- Challenges with Executive Function are interfering with:
 - Treatment or
 - Daily living
 - Self-concept
- You want to refer for a medication evaluation
- Your client would benefit from school or workplace accommodations
- Your client requests it/wants validation
- Treatment is stuck

Treatments: Getting Started

❑ Treating ADHD

- ❑ Behavioral Interventions: Behavior planning, visual supports, self-monitoring, video/self-modeling
- ❑ CBT
- ❑ Mindfulness

❑ Treating ADHDers: CBT, ACT, DBT, Mindfulness, CPT, ERP

❑ Adapt/Accommodate

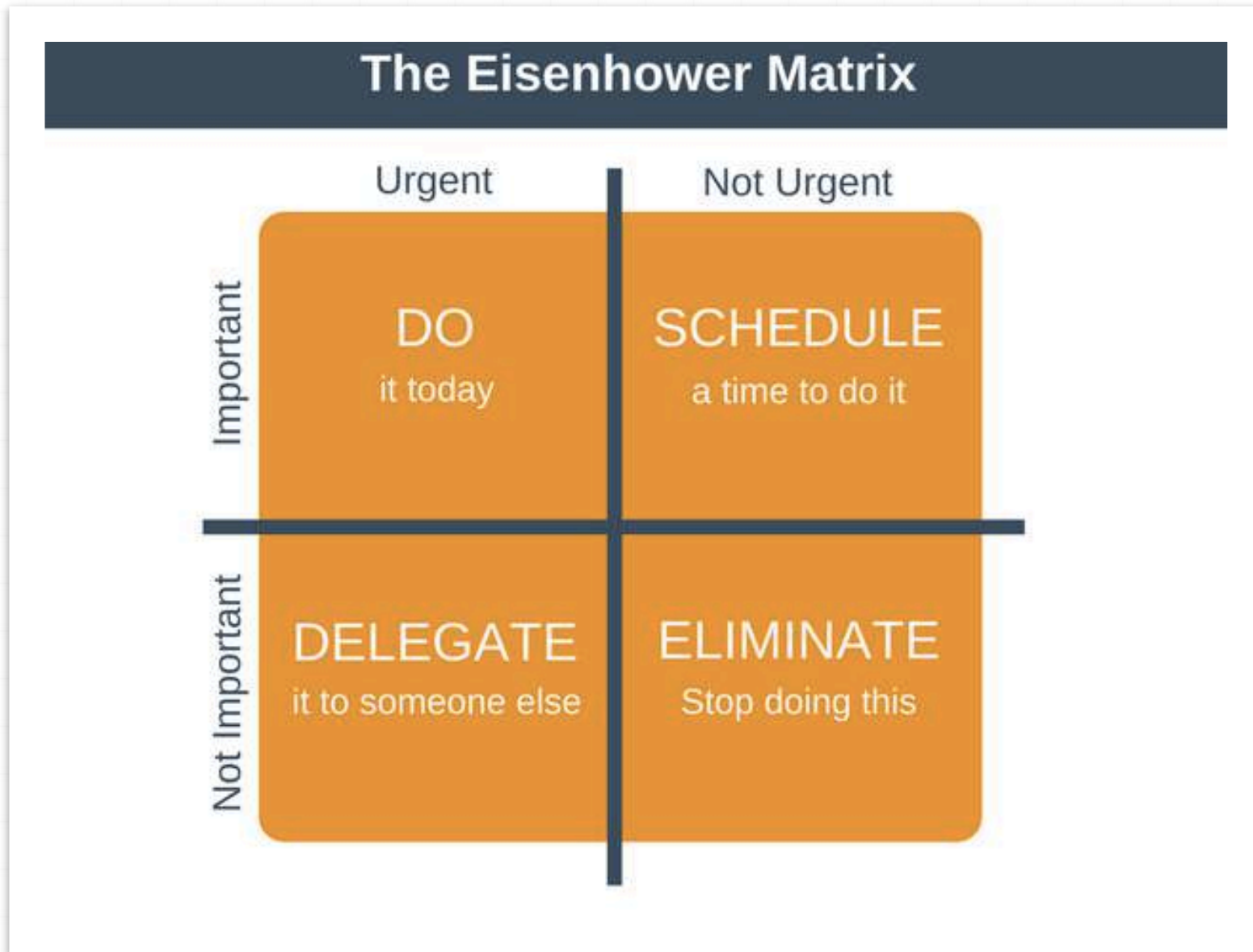
- ❑ Expect response latency
- ❑ Concrete, explicit, VISUAL expectations where appropriate
- ❑ More repetition
- ❑ Visual Supports
- ❑ Integrate psychoeducation/basic principles

Basic Principles

- ❑ Be Excited. Make friends with it.
- ❑ Psychoeducation might feel too easy, but it's one of the most powerful tools in your ADHD kit
 - ❑ The Eyeball Rule
 - ❑ EF Support with their history in mind (remember that skewed perception of consequences)
 - ❑ Novelty, irreverence and humor
 - ❑ "The world wasn't built for us, but we have to figure out how to navigate it anyway"

Basic Principles

- The venn diagram of urgent and important is one concentric circle



Basic Principles

- ❑ Be mindful of history-heavy language and assumptions
 - ❑ Inattention vs. attention dysregulation
 - ❑ Procrastination vs. avoidance
 - ❑ Dramatic vs. stimulus-seeking/emotion dysregulation
 - ❑ Noncompliant vs. struggling to organize the task
 - ❑ Resistant vs. difficulty with change (cognitive rigidity)

Resources

- ❑ Additude Mag (additudemag.com)
- ❑ “Driven to Distraction” by Ned Hallowell, MD
- ❑ Youtube: HowToADHD
- ❑ Bulletjournal.com
- ❑ Adhddd.com (thoughtful comics about ADHD by an ADHDer)
- ❑ CBT for Adult ADHD by Mary Solanto
- ❑ Tackling Avoidance with Skills and Compassion (TASC) group at UCEBT
- ❑ For Kids:
 - ❑ “On Task in a Box” by King, et al.
 - ❑ For parents/teachers: Barkley, Tough Kid Series
 - ❑ Wrightslaw.com (504 guide)

Questions

- ❑ Thoughts about differentiating ADHD and childhood trauma
- ❑ Incorporating stimulant treatment with behavioral interventions
- ❑ Preferred way of including parents/families in ADHD treatment for teens
- ❑ Skills for supporting families when frustration is creating family friction

What do I wish parents and clinicians understood?

	Urgent	Less Urgent
Important	<ul style="list-style-type: none"> • Dialectic, not defect • Your modeling IS the intervention • Rejection/self-judgment can worsen symptoms • No silver bullets • Chronic stress <p>Get to it</p>	<ul style="list-style-type: none"> • Commonalities like empathy and intolerance for injustice • Individual cognitive profile • Common comorbidities • Accommodations in school/work/treatment <p>Plan on it</p>
Less Important	<ul style="list-style-type: none"> • Reduced consequence encoding/prediction • Sleep problems <p>Know it</p>	<ul style="list-style-type: none"> • ADHD is for kids • ADHD is an excuse for meds • Meds are for the weak • ADHD comes from bad parenting <p>Myths Chuck it</p>

References

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).

Babinski DE, Kujawa A, Kessel EM, Arfer KB, Klein DN. Sensitivity to Peer Feedback in Young Adolescents with Symptoms of ADHD: Examination of Neurophysiological and Self-Report Measures. *Journal of Abnormal Child Psychology*. 2019;47(4):605-617.

Hale, J., Reddy, L., Wilcox, G., McLaughlin, A., Hain, L., Stern, A., Henzel, J. & Eusebio, E. (2010). Assessment and intervention practices for children with ADHD and other frontal-striatal circuit disorders. In D. Miller (Ed.). *Best practices in school neuropsychology: Guidelines for effective practice, assessment and evidence-based intervention* (p. 225-279). John Wiley & Sons, Inc: Hoboken, NJ.

Hallowell, E. & Ratey, J. (2011). *Driven to distraction: Recognizing and coping with Attention Deficit Disorder*. Random House Publishers: New York, NY.

Mrug S, Molina BS, Hoza B, et al. Peer rejection and friendships in children with Attention-Deficit/Hyperactivity Disorder: contributions to long-term outcomes. *Journal of Abnormal Child Psychology*. 2012;40(6):1013-1026.

Solanto, M. (2011). *Cognitive behavioral therapy for adult ADHD: Targeting Executive Dysfunction*. The Guilford Press: New York, NY

van Meel C, Oosterlaan J, Heslenfeld D, Sergeant J, Telling good from bad news: ADHD differentially affects processing of positive and negative feedback during guessing, *Neuropsychologia*, 2005; 43(13), 1946-1954.