

Ten Things You Must Know to Effectively Help People with ADHD



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 Sam Goldstein, Ph.D.
 The Power Of Resilience




ADHD 360
 MORE THAN YOUR DIAGNOSIS

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Relevant Disclosure

- Former Editor in Chief, Journal of Attention Disorders
- Co-author of
 - Comprehensive Executive Functioning Inventory-Child and Adult
 - Cognitive Assessment System –2nd Edition
 - Co-author Attention Disorders in Children 1st and 2nd Editions
 - Co-author Handbook of ADHD in Adults
 - Co-Editor Handbook of Executive Functioning
 - Co-Editor Handbook of Intelligence and Achievement Testing
 - Co-author Raising a Self-Disciplined Child

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Sam obtained his Ph.D. in School Psychology from the University of Utah and is licensed as a Psychologist and Certified School Psychologist in the State of Utah. He is also board certified as a Pediatric Neuropsychologist and listed in the Council for the National Register of Health Service Providers in Psychology. He is a Fellow of the American Psychological Association and the National Academy of Neuropsychology. Sam is an Adjunct Assistant Professor in the Department of Psychiatry at the University of Utah School of Medicine. He has authored, co-edited, or co-authored over 50 clinical and trade publications, three dozen chapters, nearly three dozen peer-reviewed scientific articles, and eight psychological and neuropsychological tests. He is in development for a behavioral assessment tool to evaluate DMDD. His clinical volume about DMDD was just published by Springer. Sam is the former Editor in Chief of the *Journal of Attention Disorders*. Since 1980, he has served as the Clinical Director of the Neurology, Learning, and Behavior Center in Salt Lake City, Utah.

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Dedication



Flo Levy



Dennis Cantwell



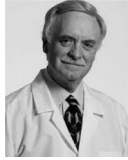
Paul Wender



Bill Pelham



Joe Biederman



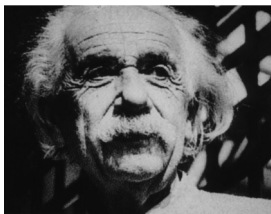
Keith Conners

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Caregivers are the architects of the way in which experience influences genetically preprogrammed but experience dependent brain development.

Daniel Siegel
The Developing Mind

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If great men and women suffered from ADHD their achievements were despite not because of ADHD.

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ADHD reflects exaggeration of normal behavior.

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The symptoms of ADHD lead to a nearly infinite number of consequences

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Self-regulation

- The ability to inhibit
- The ability to delay
- The ability to separate thought from feeling
- The ability to separate experience from response
- The ability to consider an experience and change perspective
- The ability to consider alternative responses

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Self-regulation

- The ability to choose a response and act successfully towards a goal
- The ability to change the response when confronted with new data
- The ability to negotiate life automatically
- The ability to track cues

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Poor self-regulation is synonymous with. . .

Poor self-control

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Poor self-regulation leads to . . .

Impulsive behavior

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Poor self-regulation leads to:

- Knowing what to do is not the same as doing what you know
- Cue-less behavior
- Inconsistent behavior
- Unpredictable behavior
- The illusion of competence
- Riding an emotional roller coaster
- Problems with automatic behavior

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Conditions Under Which Inattention Is Observed

- Repetitive
- Effortful
- Uninteresting
- Not chosen

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Conditions under which problems with consequences are observed

- Delayed
- Infrequent
- Unpredictable
- Lacking saliency

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The consequence is worse than the symptom:

NEGATIVE REINFORCEMENT

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2. ADHD is More Than Inattention or Hyperactivity

ADHD involves more than just attention deficits and hyperactive behaviors. It includes challenges with executive functions, emotional regulation, and impulse control. These difficulties can manifest differently for each individual and impact various aspects of life.

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Endorsed Symptoms of Teens and Adults With ADHD

- Difficulty with directions (98%)
- Poor sustained attention (92%)
- Shifting activities (92%)
- Easily distracted (88%)
- Losing things (80%)
- Fidgeting (70%)
- Interrupting (70%)

(Millstein, et al, 1997)

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Prototypical Adult With ADHD

- Male
- Dysthymic
- More geographic moves
- Employed (90%)
- Less schooling
- Lower Socio-economic status
- More driving problems
- Substance problems
- General neuropsychological weaknesses related to self-regulation and inhibition

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What is the Mindset of Children and Adults With ADHD?

- Pessimistic
- Negative world view
- External locus of control
- Helpless
- Negotiate daily life through a negative reinforcement model
- Frustrated

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3. Early Diagnosis and Intervention are Crucial

Early identification and intervention are essential to successful ADHD management. Timely support allows individuals and their families to develop coping strategies, helping mitigate long-term academic, social, and emotional difficulties.

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ADHD is a developmental disability with a childhood onset that typically results in a chronic and pervasive pattern of impairment in school, social and/or work domains, and often in daily adaptive functioning.

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Psychiatric Concerns

- Antisocial personality disorder(7-18%)
- Substance use disorders: Alcohol (32-53%), Marijuana (15-21%), Other (8-32%)
- Dysthymia (19-37%)
- Major Depression (16-31%)
- Bipolar Disorder (0-6%)
- Learning Disabilities (0-30%)
- Anxiety (0-20%)

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Emerging Personality Disorders in Teens With ADHD

- Anti-social personality (22%)
- Passive aggressive personality (19%)
- Borderline personality (14%)
- Histrionic (11%)
- Avoidant (11%)

(Barkley et al, 1998)

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Behavior Manifestations

- Trouble focusing/concentrating
- Distractible/sidetracked
- Trouble finishing tasks
- Themes of intense frustration
- Underachievement

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Behavior Manifestations

- Poor organization and planning
- Procrastination
- Mental/physical restlessness
- Impulsive decision making
- Frequent impulsive job changes
- Poor academic grades for ability
- Chronic lateness
- Frequently lose/misplace things

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Work and School Concerns

- Poor self-regulation
- Can't sustain attention to paperwork
- Trouble staying alert and focused
- Poor organization and planning
- Procrastination
- Poor time management
- Subjective sense of restlessness

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Work and School Concerns

- Impulsive decision making
- Unable to work well independently
- Trouble following directions
- Change jobs impulsively
- Often late
- Forgetful
- Poor self-discipline.

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Interpersonal Concerns

- Impulsive comments to others
- Quick to demonstrate emotion
- Stress intolerance
- Poor adherence to obligations
- Viewed by others as immature
- Talk excessively/listen poorly
- Problems sustaining friendships and relationships
- Miss social cues

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Adaptive Behavior Problems

- Trouble with financial matters including checkbooks, money management, debt, and impulsive spending
- Trouble organizing/maintaining the home
- Spouse may feel overburdened
- Inconsistent/unreliable
- Driving problems
- Habit and abuse problems

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Emotional Problems

- Immaturity (50%)
- Low frustration tolerance
- Over-reaction to situations
- Poor self-esteem
- Demoralization

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Females With ADHD

- Similar to clinic referred males for incidence of emotional and learning problems in childhood.
- Fewer disruptive behavioral problems than clinic referred males in childhood.
- Adult studies suggesting fewer anti-social personality problems than males with ADHD but likely similar emotional problems.
- Higher ratio of Inattentive to Combined Type in childhood and likely adulthood vs. males.

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4. Hope and Optimism are Central to Treatment

Maintaining a positive, hopeful outlook is essential in ADHD treatment. Individuals and families must understand that, with the proper support and interventions, they can navigate the challenges of ADHD and lead meaningful and successful lives.

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Why do some with ADHD thrive while others barely survive?

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The pathways that lead to positive adaptation despite high risk and adversity are complex and greatly influenced by context therefore it is not likely that we will discover a magic (generic) bullet.

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Symptom relief is not synonymous with changing long term outcome.

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5. A Strength-Based Approach Matters

It is essential to focus on the strengths and potential of individuals with ADHD rather than solely on deficits. Highlighting positive traits such as creativity, problem-solving abilities, and resilience helps create a more balanced perspective on ADHD and improves treatment outcomes.

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Biology is not destiny but it does effect probability. In every risk group there are those who manage to transition successfully into adult life despite their adversities.



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Resilience

- A process leading to good outcome despite high risk
- The ability to function competently under stress
- The ability to recover from trauma and adversity



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Resilient children are not simply born that way nor are they made from scratch by their experiences. Genetic and environmental experiences loom large as protectors against a variety of risks to healthy development ranging from resistance to bacteria and viruses to resilience to maltreatment and rejection.

Kirby Deater-Deckard

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"I'm not afraid about my girlfriends and myself, we'll squeeze through somehow, though I'm not too certain about my math."

Anne Frank
June 21, 1942



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"I have lots of courage, I feel so strong and as if I can bear a great deal, I feel so free and so young! I was glad when I first realized it, because I don't think I shall easily bow down before the blows that inevitably come to everyone."

Anne Frank
July 15, 1944



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46

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Kirby Deater-Deckard

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Resilience is Predicted By Factors Within:



The Child



The Family



The Culture

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Risk and Protective Factors: In the Individual

Risks

- Female gender
- Early puberty
- Difficult temperament: inflexibility, low positive mood, withdrawal, poor concentration
- Low self-esteem, perceived incompetence, negative explanatory and inferential style
- Anxiety
- Low-level depressive symptoms and dysthymia
- Insecure attachment
- Poor social skills: communication and problem-solving skills
- Extreme need for approval and social support

Protective

- High IQ
- Positive social skills
- Willingness to please adults
- Religious and club affiliations
- Positive physical development
- Academic achievement

Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from:
http://dhs.alaska.gov/dbh/Documents/Prevention/programs/psfig/pdf/ICM_Matrix_8%205x11_FINAL.pdf

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Risk and Protective Factors: In the Individual

Risks

- Low self-esteem
- Shyness
- Emotional problems in childhood
- Conduct disorder
- Favorable attitudes toward drugs
- Rebelliousness
- Early substance use
- Antisocial behavior
- Head injury
- Marijuana use
- Childhood exposure to lead or mercury (neurotoxins)

Protective

- High self-esteem
- Emotional self-regulation
- Good coping skills and problem-solving skills
- Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture

Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from:
http://dhs.alaska.gov/dbh/Documents/Prevention/programs/psfig/pdf/ICM_Matrix_8%205x11_FINAL.pdf

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Risk and Protective Factors: In the Family

Risks

- Inadequate or inappropriate child rearing practices,
- Home discord
- Maltreatment and abuse
- Large family size
- Parental antisocial history
- Poverty
- Exposure to repeated family violence
- Divorce
- Parental psychopathology
- Teenage parenthood
- A high level of parent-child conflict
- A low level of positive parental involvement
- Family dysfunction
- Poor parental supervision
- Sexual abuse

Protective

- Participation in shared activities between youth and family (including siblings and parents)
- Providing the forum to discuss problems and issues with parents
- Availability of economic and other resources to expose youth to multiple experiences
- The presence of a positive adult (ally) in the family to mentor and be supportive
- Family provides structure, limits, rules, monitoring, and predictability
- Supportive relationships with family members
- Clear expectations for behavior and values

Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from:
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Risk and Protective Factors: In Peers

- | | |
|--|--|
| <p style="text-align: center;">Risks</p> <ul style="list-style-type: none"> • Spending time with peers who engage in delinquent or risky behavior • Gang involvement • Less exposure to positive social opportunities because of bullying and rejection | <p style="text-align: center;">Protective</p> <ul style="list-style-type: none"> • Positive and healthy friends to associate with • Engagement in healthy and safe activities with peers during leisure time (e.g., clubs, sports, other recreation) |
|--|--|

Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from: http://dhs.alaska.gov/dbh/Documents/Prevention/programs/igfslg/jdhw/IGM_Matrix_8%20x11_FINAL.pdf

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Risk and Protective Factors: School and Community

- | | |
|---|--|
| <p style="text-align: center;">Risks</p> <ul style="list-style-type: none"> • Poor academic performance • Enrollment in schools that are unsafe and fail to address the academic and social and emotional needs of children and youth • Low commitment to school • Low educational aspirations • Poor motivation • Living in an impoverished neighborhood • Social disorganization in the community in which the youth lives • High crime neighborhoods | <p style="text-align: center;">Protective</p> <ul style="list-style-type: none"> • Enrollment in schools that address not only the academic needs of youth but also their social and emotional needs and learning • Schools that provide a safe environment • A community and neighborhood that promote and foster healthy activities for youth |
|---|--|

Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from: http://dhs.alaska.gov/dbh/Documents/Prevention/programs/igfslg/jdhw/IGM_Matrix_8%20x11_FINAL.pdf

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6. Behavioral and Cognitive Interventions are Essential

Beyond medication, behavioral interventions, cognitive behavioral therapy (CBT), and skill-building are vital for managing ADHD. Structured routines, positive reinforcement, and teaching coping strategies play a crucial role in addressing the day-to-day challenges associated with ADHD.

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7. Medication is Not a Cure-All

While medication can be an effective tool for managing ADHD symptoms, it is not a cure. A comprehensive treatment plan often includes medication but must also incorporate behavioral interventions, therapy, and lifestyle adjustments for optimal results.

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Key Goals of Intervention

- Instill hope and empowerment
- Educate
- Reframe
- Build self-esteem and self-acceptance

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Key Goals of Intervention

- Form a partnership
- Reduce discouragement through setting realistic goals
- Address and rewrite negative scripts
- Focus on strengths
- Build resilience

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Is Counseling for ADHD Non-Traditional?

- Active role of therapist
- Cognitive behavioral model
- Similar to working with individual's with neurological conditions. Therapist takes an active even directive role.
- Involve support system
- Offer guidance and advice.

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“Make the work interesting and the discipline will take care of itself”

E. B. White

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What teachers want from children with ADHD

- TO THINK
- TO START
- TO STOP in concert with all students

60

What teachers want from children with ADHD

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- TO START
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Keys for the Education of Children With ADHD

- MAKE TASKS INTERESTING
- MAKE PAYOFFS VALUABLE
- ALLOW MORE TRIALS OVER LONGER TIME PERIODS
- FOCUS ON ASSETS
- ADOPT A LONG TERM PERSPECTIVE

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Focus on Well Being!

- COMPETENCE in academic, social and vocational areas
- CONFIDENCE or a positive identity
- CONNECTIONS or healthy relations
- CHARACTER or positive values, integrity, and values
- CARING and compassion

(Lerner et al, 2000)

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We must possess the courage, integrity, patience and knowledge to help those in need regardless of the current state of scientific and political affairs.

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“The secret of education lies in respecting the student”
Ralph Waldo Emerson

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Why is Diagnosis Complex?

- Symptoms represent excess of normal behavior
- Criteria have changed, particularly impairment requirements
- Symptoms are common to many diagnoses
- Continuum – clinical judgment critical

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ADHD is NOT:

- A simple matter of symptom endorsement.
- Simply the identification of certain personality traits.
- A poor performance on a clinical test.
- Advantageous to have.

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Key Questions to Consider in the Diagnostic Process

- Are key symptoms clearly present?
- Is there objective evidence that these symptoms cause significant impairment in multiple domains of daily adaptive functioning?
- Have these symptoms been unremitting since childhood? If not, why?
- Have these symptoms been chronic and pervasive? If not, why?

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Key Questions to Consider in the Diagnostic Process

- What evidence exists that these symptoms are not primarily or exclusively due to other factors such as lack of effort, secondary gain, etc.
- Is the individual putting forth best effort?
- Are the person's symptoms better explained by another psychiatric or medical condition?
- Is there evidence of comorbidity?

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8. Collaboration Between Home, School, and Clinicians is Key

Effective ADHD management requires a collaborative approach. Parents, teachers, and clinicians must collaborate to provide consistent support across different environments, ensuring a cohesive strategy, especially during critical developmental periods.

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9. ADHD Impacts the Entire Family

ADHD affects not only the individual but also family dynamics. Parenting a child with ADHD can be particularly challenging, and family members need support to develop resilience, patience, and understanding. Educating families and providing strategies to improve relationships is essential for fostering healthy family functioning.

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10. ADHD Does Not Define a Person

ADHD is just one aspect of a person and should not be seen as their defining characteristic. Individuals with ADHD can still lead fulfilling, successful lives, and the diagnosis should not limit their potential. Encouraging resilience and self-belief is a critical component of effective treatment.

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No, so called parents,
I hate your fucken guts
Rob, You lied and said that
you would spend time
with me.
Kathleen,
Same with you

73

I am not
going to do
my homework
until i have a
toy in my hand.

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DEAR GOD,
I wish I could be
better in School.
Can you help me.

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Adopt a Learning to Ride a Bicycle Mindset!



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Through intelligent and ethical educational and therapeutic practices, we can foster self-discipline, mental health, resilience and build educational proficiency in all children without stealing away their dignity and hope.



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Questions?

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