4th Annual Michael Golds Memorial AD/HD Conference

BASICS FOR INDIVIDUALS WITH AD/HD AND THEIR FAMILIES

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Note: *This session is designed to provide an introduction to adult AD/HD- how we conceptualize it, how we diagnose it, and how we deal with it. It is not focused on child and adolescent AD/HD.*

I. Classic View of Attention/ Deficit Hyperactivity Disorder (AD/HD)

A. Inattention
B. Impulsivity
C. Hyperactivity

II. An Executive Functioning Re-Conceptualization of AD/HD

A. Executive functions of the brain are cognitive functions that activate, integrate, and control other functions of the mind.

B. Just as the conductor of an orchestra selects the piece to be played and then organizes the musicians- starting, integrating, and stopping their playing, the executive functions of the brain control specific behaviors and learning.

C. If the conductor doesn't do his/her job effectively, the orchestra does not play harmonious music. If the brain's executive functions don't operate efficiently, the person experiences significant problems with learning, getting tasks done, emotions, social functioning, and self-esteem.

D. Attention, impulsivity, and hyperactivity can be understood as executive functions. In individuals with AD/HD, the following important executive functions of the brain are not operating efficiently:

1. **Organizing, prioritizing, & activating to work-** difficulties getting organized and started on work-like tasks. Includes difficulty with arousal. Organizing homework and getting started on it. Excessive procrastination, difficulty prioritizing assignments. Difficulty getting up and going in the AM. Difficulty self-activating for daily routines.

2. **Focusing, sustaining, and shifting attention to tasks-** difficulty sticking to tasks such as homework or chores. Excessive distractibility. Reading and not grasping the main idea because of daydreaming. Not sustaining attention in class or lectures.

3. **Regulating alertness, sustaining effort, and processing speed-** Problems staying alert and sustaining sufficient effort to complete work-related tasks. Slow processing of information, inadequate task completion, and inconsistent task performance. Includes problems of daytime drowsiness and not completing tasks within the allotted time.

4. **Self-control over Emotions- difficulties managing and modulating emotions.** Includes modulating emotions of frustration, anger, sadness, hurt feelings, etc. Emotions take over too much of what the individual is thinking or doing. Losing one's cool, blowing up, giving up in frustration, etc.

5. **Utilizing working memory-** forgetfulness, holding things in mind that you just saw or heard. Short-term memory problems. Difficulties following through on actions, losing or misplacing possessions, not remembering assignments or to hand them in, memorizing things at home and forgetting them in school, remembering daily routines, etc. Modulates our sense of time, the past, and the future. Person with AD/HD has a poor sense of time and does not learn from experience well.

6. **Inhibitory control over actions-** difficulty inhibiting the urge to move (hyperactivity) or to act (impulsivity). A stimulus takes the person over and s/he just reacts. Difficulty stopping long enough to size up the situation and decide what is the best action. Rushing through things, blurting out or interrupting, impatience, poor judgement.

E. Etiology- AD/HD is an inherited condition based on differences in brain functioning. The brains of individuals with AD/HD don't make sufficient dopamine and/or other chemicals available when and where the are needed for good inhibitory control and attention.

III. How does ADHD Impair the fabric of daily life for adults?

A. Poor school/work performance related to:

1. Not completing paperwork
2. Easily bored by tedious material
3. Poor organization and planning
4. Procrastination until deadlines are imminent
5. Trouble staying in a confined place (beach is not favorite vacation spot)
6. Impulsive decision making
7. Cannot work well independently
8. Doesn't listen carefully to directions
9. Often late for work/appointments.
10. Frequently misplaces things
11. Trouble thinking clearly
12. Generally poor self-discipline

B. Marital, Family, Interpersonal Difficulties

1. Tactless, critical communication style
2. Short fuse or easily frustrated with spouse, kids
3. Verbally abusive to spouse, children
4. Poor follow though on commitments
5. Selfish, immature
6. Doesn't listen to spouse, kids
7. Trouble keeping friends or relationships going
8. Fails to see others' needs as important

C. Antisocial Behavior

1. Full Antisocial Personality Disorder (25%)
2. Substance use/abuse (>25%)
3. More frequent lying, stealing
4. Greater verbal/physical aggression

D. Adaptive Behavior Problems

1. Poor money management; excess debt
2. Frequent traffic violations
3. Poor parenting
4. Trouble organizing/maintaining a home

E. Emotional Impairments- poor self-esteem, depression

IV. Diagnostic Methods- there is no single test for AD/HD.

A. Three Basic Questions

1. Does the individual meet the diagnostic criteria for ADHD at the present time? (e.g. Inclusionary Criteria) e.g., Is there credible evidence that ADHD symptoms are present and cause impairment across a variety of settings?

2. Is there credible evidence that the individual experienced ADHD symptoms in early childhood that, at least the middle school years, led to impairment across a variety of settings?

3. Are there explanations other than ADHD that better account for the clinical picture? Are there comorbidities in addition to ADHD?

B. What is sufficient and cost-effective to answer these questions?

1. Thorough clinical interview with the patient

2. Clinical interview with a significant other who knows the person now, and if possible, one who knew the person as a child.

3. Reliable and valid questionnaires and rating scales- individual and significant other.

4. Assessment of comorbidity or co-existing conditions through an interview.

5. Formal testing- depends. If the adult is planning more education or suspects a learning disability, I give the WAIS-III IQ test and an achievement tests. Otherwise, I don't give any tests.

C. It takes 3 hours without IQ/achievement testing and 5-6 hours with such testing to conduct a thorough evaluation.

V. Treatment of ADHD Adults: What Do We Do?

A. Instill Hope & Provide Education

B. Maximize Medication

C. Achieve Balance/ Establish Long-Term Goals

D. Learn Life Management Skills- time management, organization

E. Nurture relationships

VI. Medical treatment of adult ADHD

A. Medical treatment in adults is similar to that in children and adolescents.
B. The medications used are the generally the same with some distinctions.
C. Adults are more likely to have psychological comorbidities and are more often treated with combinations of medications. In addition, they also may have medical conditions which complicate the treatment of ADHD.

D. Stimulants

1. Methylphenidates
   a. Ritalin- 3-4 hour length of action
   b. Focalin- d- methylphenidate. More potent than Ritalin
   c. Metadate CD: biphasic, 8 hours
   d. Ritalin LA: biphasic, 8 hours
   e. Concerta: Oros methylphenidate. 10-12 hours

2. **Amphetamines**
   a. Adderall- 5-6 hours
   b. Adderall XR: biphasic, 8-9 hours
   c. Dexedrine: 4-5 hours
   d. Dexedrine Spansule. 8-9 hours

E. Atomoxetine (Strattera)- a norepinephrine reuptake inhibitor

1. Once per day dosing
2. Effective in adults. Tested for up to 34 weeks.
2. Side-effects: dry mouth (21%) insomnia (13%), nausea (12%), constipation (10%), appetite decreased (10%)

F. Anti-depressants

VII. Maximizing Medication- many physicians don't have the time to do this; it behooves the mental health professional to help the patient in this area.

A. Medication Myths: Some adults with ADHD have the misconception that they will take stimulant medication and "all will be well." This is not true. Medication will help the majority of adults, but the effects may not be dramatic and the individual needs to know how to maximize the effects in areas where medication is needed.

B. Develop realistic knowledge about the effects of medication

1. It is realistic to expect stimulant medication to enhance performance on tasks which require planning, organization, prioritization, time management, sustained attention, working memory, attention to detail, repetition and monotony, and resisting distraction.

2. Such tasks might include reading, writing, typing, following multi-step verbal directions, paperwork, mathematical calculations, data entry, listening at meetings or in conversations at home, and sticking to a schedule.

3. It is also reasonable to expect stimulant medication to enhance performance in interpersonal interactions which require frustration tolerance, anger management, tact, patience, consistent follow-through, waiting one's turn, sensitive listening, intimate communication, attending to subtle social cues, managing restlessness, and generally any other type of inhibitory control.

4. Such interactions occur daily in friendships, marriages, intimate relationships, parenting, and family settings.

C. List specific medication target behaviors which occur at work and at home. Examples:

1. Work on organizing the den for one hour.
2. Write up patient charts without getting distracted for 2 hours.
3. Read a boring book for 2 hours.
4. Stick to one project at a time at the office without getting bored or interrupted for more than a few seconds.
5. Listen attentively to your spouse at home
6. Resist the impulse to interrupt your spouse repeatedly in conversations
7. Stick to the priorities on your daily "to do" list.
8. Maintain your cool while helping your ADHD child do his homework
9. Sit through a long business meeting without getting restless

D. Discuss the timing of the medication with the patient to make sure the individual is "covered" by medicine during the times of the day when the target behaviors will be performed.

E. Develop a simple measurement system to record the effect of stimulant medication on the target behaviors.

1. Written record preferable to verbal report due to memory problems.

2. Assign the task of carrying the recording sheet and doing daily medication ratings

3. Arrange for a spouse/ significant other to rate the patient daily on relevant target behaviors too.

IX. Achieve Balance/ Establish Long-Term Goals.

A. Adults with ADHD need a "balance" between work, play, relationships, family, and health (nutrition, sleep, exercise). All to often, they "hyper-focus" on one or two to the exclusion of the others. Then, they are unhappy and not fulfilled.

B. Estimate and record in writing the percentage of time currently spent on each of these aspects of life.

C. Then, record, ideally, how much time you wish to spend on each.

D. Subtract B from A and discuss the changes that you need to make to start moving towards your ideals.

X. Learn to use a Planner to Navigate Towards your Goals.

A. The core symptoms of ADHD- inattention and poor behavioral inhibition- predispose adults with ADHD to have difficulties planning, organizing, and managing time.

B. For most busy non-ADHD adults, a key element of effective time management is the use of a day planner.

C. Our patients lament, "But I have owned hundreds of day planners, calendars, etc., and I can never get myself to use them, if I can even find them."

D. This may be because they went about using a day planner in the wrong way

E. We need to break the task down into small steps, and help our patients successfully achieve one step at a time

F. Present each of the following steps to your patient. Discuss it with them. Have them select extrinsic reinforcements which they earn for successfully completing each step. Have them practice each step for at least one week, or until they are successful with it. Help them with any failure. Customize the steps to their specific needs, combining several or dividing some into even smaller steps. Talk to them between sessions by E mail to coach them to stay on track, if necessary.

G. **Select a compatible day-planner**. At a minimum, a day-planner is a device that includes a calendar, space to write "to-do" lists, and space to write telephone numbers, addresses, and other basic identifying/ reference information. It can be a paper-and-pencil model, as with Franklin Planner or Day Timer brands. It can be a fancy electronic organizer such as a Palm Pilot, or it can be time management software on a laptop or desktop computer.

1. If you are a gadget-oriented person who learns new technology easily, pick an electronic organizer.

2. If you are not technology oriented, pick a paper and pencil model.

3. Go on an outing to an office supply store and carefully review a number of different types of day planners to pick one you feel most comfortable with.

H. **Find a single, accessible place to keep your day-planner at home and at work.** It should be clearly visible from a distance, even in a cluttered area. Convenient locations might be next to the telephone, on a table near the front door, on the desk at the office. Carry to and from work, and practice keeping it in the designated locations for a week.

I. **Enter basic information into your day-planner.** Names, addresses, phone numbers, insurance policy numbers, computer passwords, equipment serial numbers, birthdays and anniversaries.

J. **Carry your day-planner at all times.** "At all times" means whenever you leave the car to go into a store or whenever you leave your desk to attend a meeting.

K. **Refer to your day-planner regularly.** Start by checking it at least 3 times per day- in the morning, in the middle of the day, and in the evening. Use reminders to get yourself into the habit of checking the planner- alarm watches, notes, associating it with common activities, keeping where you can't avoid noticing it.

L. **Use your day-planner as a calendar, writing in appointments and time-locked activities.** Make a list of all the appointments which you have scheduled. Write these appointments in the appropriate time slots in the planner. Review the scheduled appointments for that day each time you check the planner. As you go through your day, write in any additional appointments as soon as you schedule them.

M. **Construct a daily to-do list and refer to it often.** During the first review of your planner in the morning, make a list of everything you need to get done that day. Keep the list relatively short, e.g. 5-8 items, so that you can experience success completing all of the items. State the items in language which clearly tells you the action you need to take. Refer to your list often as you go through your day. Schedule time to do items on the last. Check off any completed items and review the items which remain to be completed. At the end of the day, see what you have completed. If only a few items are left, move to the next day. If many left, re-evaluate the length of your lists.

N. **Prioritize your daily to-do list and act in accordance with your priorities.**

1. There are many ways to prioritize a "to do list." You could number all of the items on the list in order of decreasing priorities. Alternatively, you could classify the items into one of three categories: "Essential," "Important," and "Do only if I have extra time."

2. Pick the method that fits your style best. Begin prioritizing your "to do" list.

3. Go through your day, carrying out the items on your "to do" list in order of decreasing priorities.

O. **Conduct daily planning sessions.** Consider the time when you construct and prioritize your lists as your daily planning session. Plan the upcoming day's activities and develop a plan of attack to carry them out. Consider exactly how each task will be accomplished. What materials will be needed? What individuals will have to be consulted? What obstacles are likely to be encountered? How can these obstacles be overcome?

P. **Incorporate long-term goals. Break your long-term goals into small, manageable chunks, and allocate these chunks to the monthly and weekly task lists and planning sessions.**

1. Review and update the list of long-term goals constructed earlier in therapy. These are broad goals which you want to accomplish over many months and years.

2. Take one goal at a time and break it into small chunks or sub-goals which might be accomplished on a monthly basis.

3. Assign one sub-goal to each month of the year. At the beginning of the month, you conduct a monthly planning session, during which you decide how to accomplish the sub-goal over the course of the month. You assign various tasks to each week of the month.

4. At the beginning of each week, you conduct a weekly planning session, during which you decide how to assign aspects of that week's sub-goal to the daily task lists for the entire week.

5. During each daily planning session, you plan the details of the assigned task, which you then carry out that day.

XI. Nurture Relationships: Making Sure Your Marriage Survives ADHD (Best book**:** Haverstadt, J. S. (1998). A.D.D. & Romance: Finding fulfillment in love, sex, & relationships. Dallas, Texas: Taylor Publishing Company**)**

A. Meet Three Nice Couples- we will use them to illustrate how to help couples

1. Paul came home 2 hours late for the 15th time this month; he forgot to pick up the dry cleaning, missed dinner and his son's soccer game. Earlier that day, he had invited his wife Brenda to meet him for lunch and then forgot to show up. At home Paul has started many projects such as wallpapering the kitchen and repainting the kids' room, but he has never finished them. Brenda is frustrated and enraged at Paul's inconsideration and irresponsibility; to her, this is one more sign that Paul does not care about her and the kids. ADHD is causing Paul to "cop out."

2. Donna feels like she is falling apart at the seams. She "zones out" while her husband, Todd, is talking to her. She rarely "hears" what Todd says and often does not do the things which he asks. She is unable to keep the house neat and organized. She gets distracted, overwhelmed, and gets very little done throughout the day. Todd can't understand why Donna doesn't listen better, organize things more, or get more done around the house; these things infuriate him. After all, if Donna really loved him, she would overcome these seemingly minor problems. Todd is beginning to think that he married an "air head." ADHD is causing Donna to "zone out."

3. Melanie is emotionally numb and wary from dealing with her husband, Michael's severe tantrums. Every time some little thing with the kids or the house goes wrong, Michael blows up, cursing, yelling, screaming, and blaming everyone but himself. Five minutes after a blow-up, Michael acts as if it never happened and can't understand why Melanie "holds a grudge." This pattern has damaged the marriage so much the couple rarely go out and do not have any intimate moments together. ADHD is causing Michael to "blow out."

B. Paul, Donna, and Michael's predicaments illustrate three types of problems that adults with ADHD have in their marriages: "copping out," "zoning out," and "blowing out."

1. "Copping out" refers to difficulty completing projects, sticking to plans, remembering things, fulfilling commitments, getting places on time, attending to details, and generally planning and organizing one's work and family life.

2. "Zoning out" refers to difficulty listening to your spouse, becoming distracted while doing tasks, daydreaming for long periods of time, being chronically disorganized and easily overwhelmed, and going through life without really noticing what is happening around you.

3. "Blowing out" refers to having impulsive emotional outbursts, during which you say very hurtful things or even physically attack your spouse; these outbursts are often overreactions to minor events which could have easily been handled in a more appropriate manner.

C. Impact of ADHD characteristics on Marriage

1. Deficits in executive functioning, attentional processes, and inhibitory control which are the core characteristics of ADHD predispose adults to "cop out," "zone out," and "blow out" in their intimate relationships.

2. In a couple with undiagnosed ADHD, the non-ADHD partner inevitably interprets the ADHD partner's failure to carry out commitments, difficulty with listening, and impulsive emotional outbursts as evidence that the ADHD partner does not care or love the partner.

3. Attempts to communicate about or resolve the issues fail because the ADHD partner "keeps making the same mistakes" and cannot communicate effectively.

4. Eventually, the partners burn out and the relationship ends in failure and/or divorce.

5. Even in a couple where ADHD has been diagnosed, it takes a great deal of love, patience, understanding, structuring, and an effective dose of stimulant medication, for the marriage to succeed.

D. A Downward Spiral

1. ADHD partner fails to attend to needs of non-ADHD spouse, rushes through life, doesn't take time needed for intimacy and sexuality, has outbursts.
2. Non-ADHD partner burns out emotionally. Misattributes behaviors to "he doesn't love me."
3. Neither expresses or gets needs met.
4. Relationship deteriorates into common role-patterns:
   a. Messmaker--- cleaner up
   b. Daydreamer--- pest
   c. Master--- slave

E. Teach the couple to recognize when ADHD is "doing in" their marriage.

F. Teach the couple to deal with "the ADHD moments." Don't cop out, zone out, or blow out

G. Plan ahead to deal with "ADHD moments."

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H. Maximize medication to help your marriage.

I. Keep the lines of communication open.

K. Cultivate romance and intimacy.

L. Practice forgiveness.