

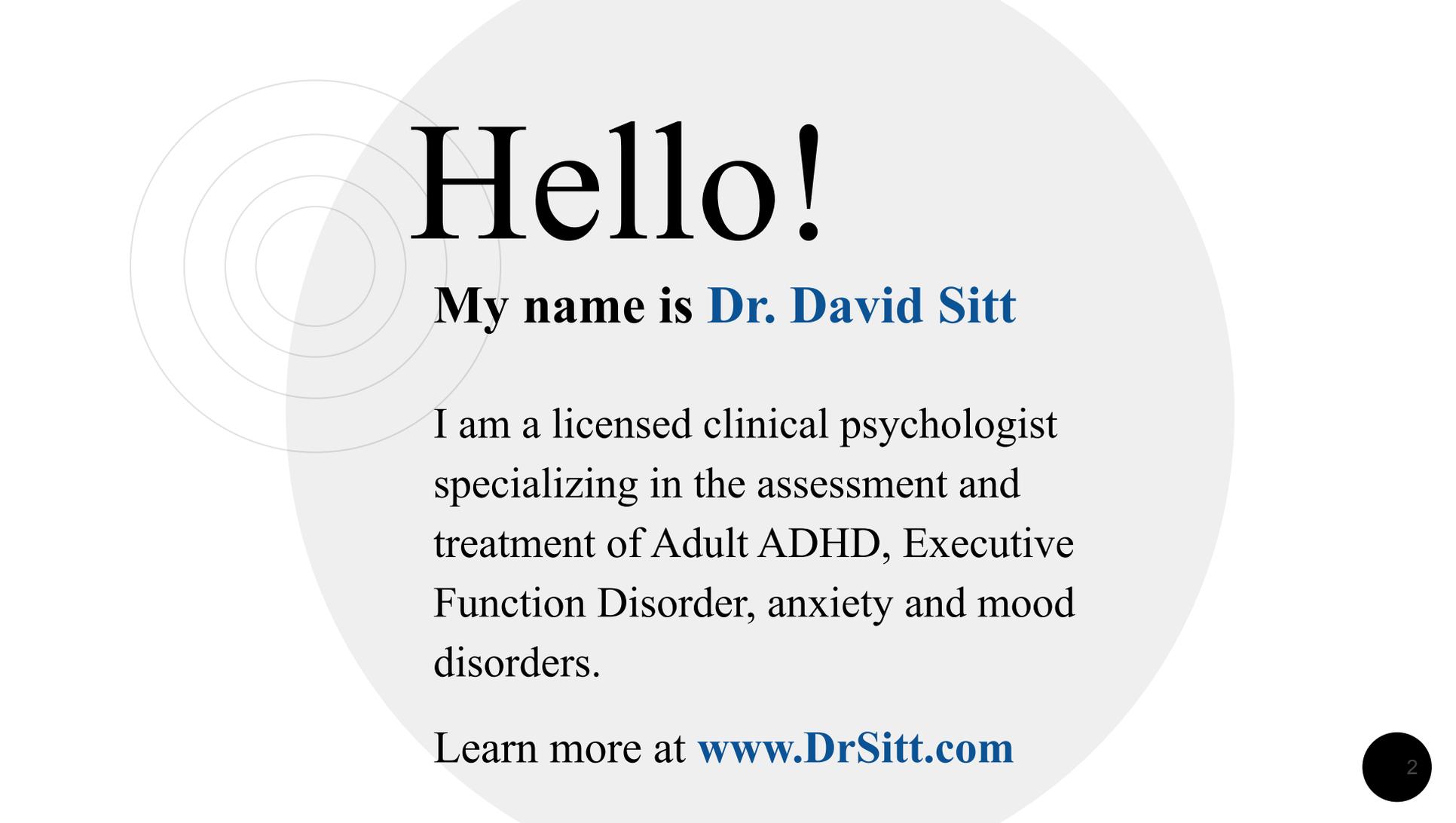


# Reframing ADHD

Mindsets and Methods for Success

PRESENTED BY DR. DAVID SITT

November 9th, 2022



# Hello!

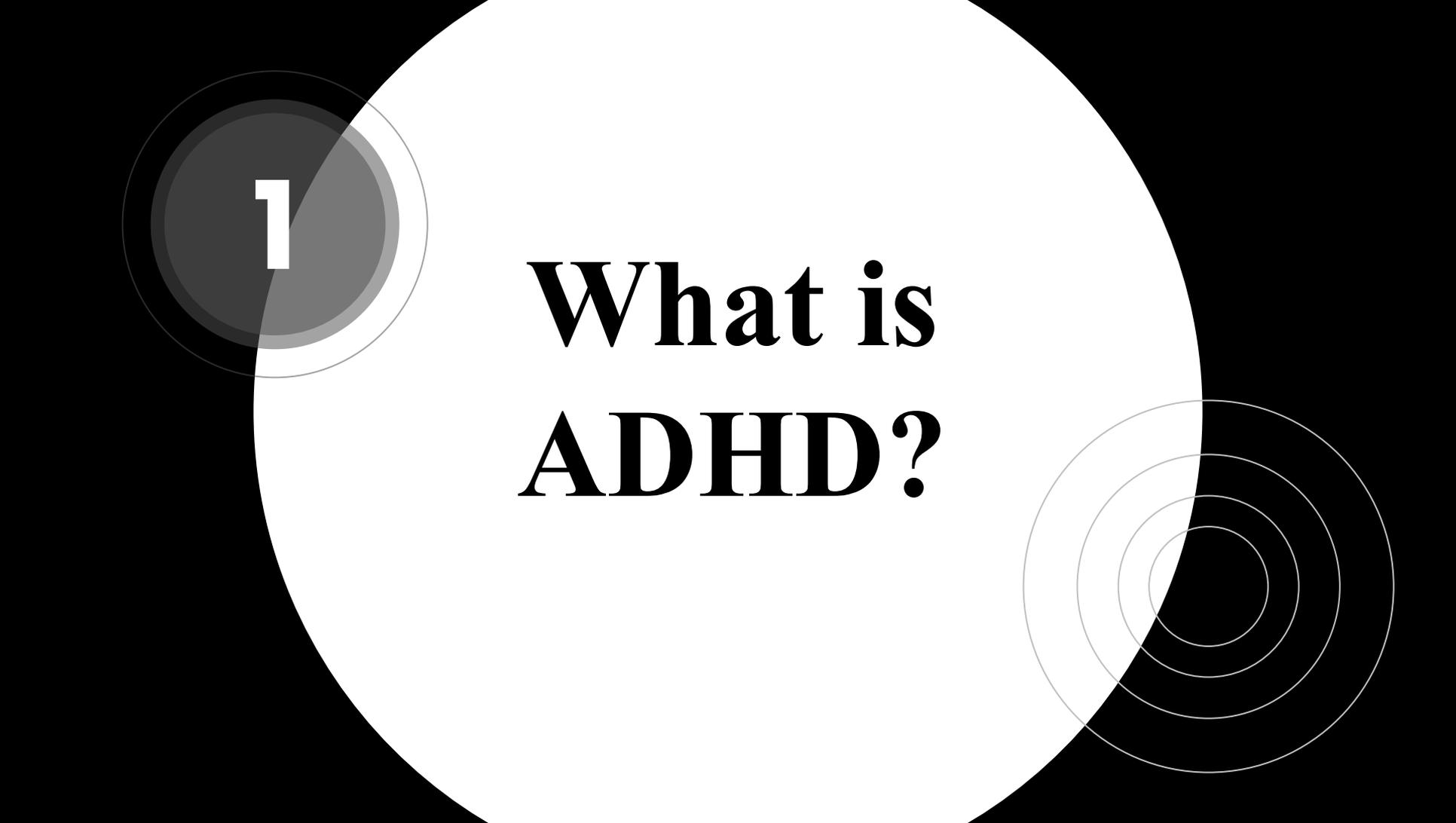
My name is **Dr. David Sitt**

I am a licensed clinical psychologist specializing in the assessment and treatment of Adult ADHD, Executive Function Disorder, anxiety and mood disorders.

Learn more at [www.DrSitt.com](http://www.DrSitt.com)

# Big Concepts

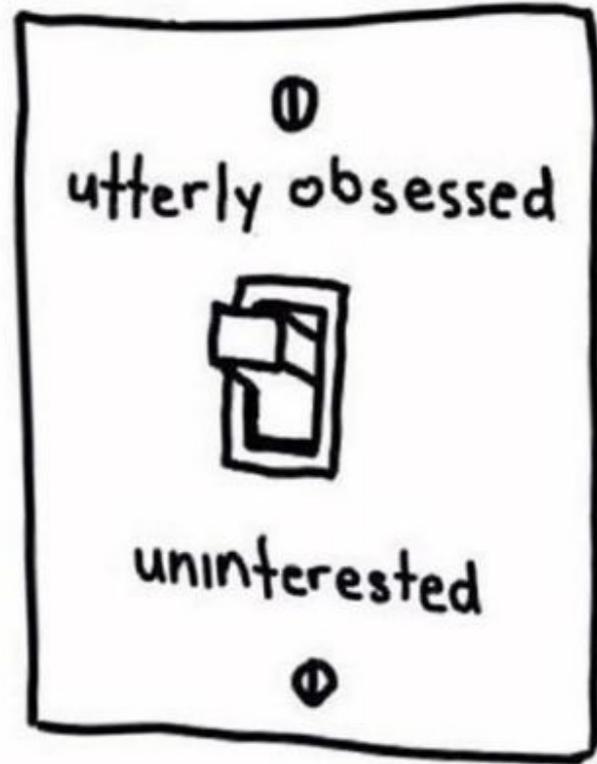
- ▷ *What is ADHD?*
- ▷ *Assessment & Diagnosis*
- ▷ *Differential Diagnosis, Comorbidity & Malingering*
- ▷ *Treatment Approaches*
- ▷ *Impacts of Technology*



**1**

# **What is ADHD?**

# How my brain works



# Prevalence: Children

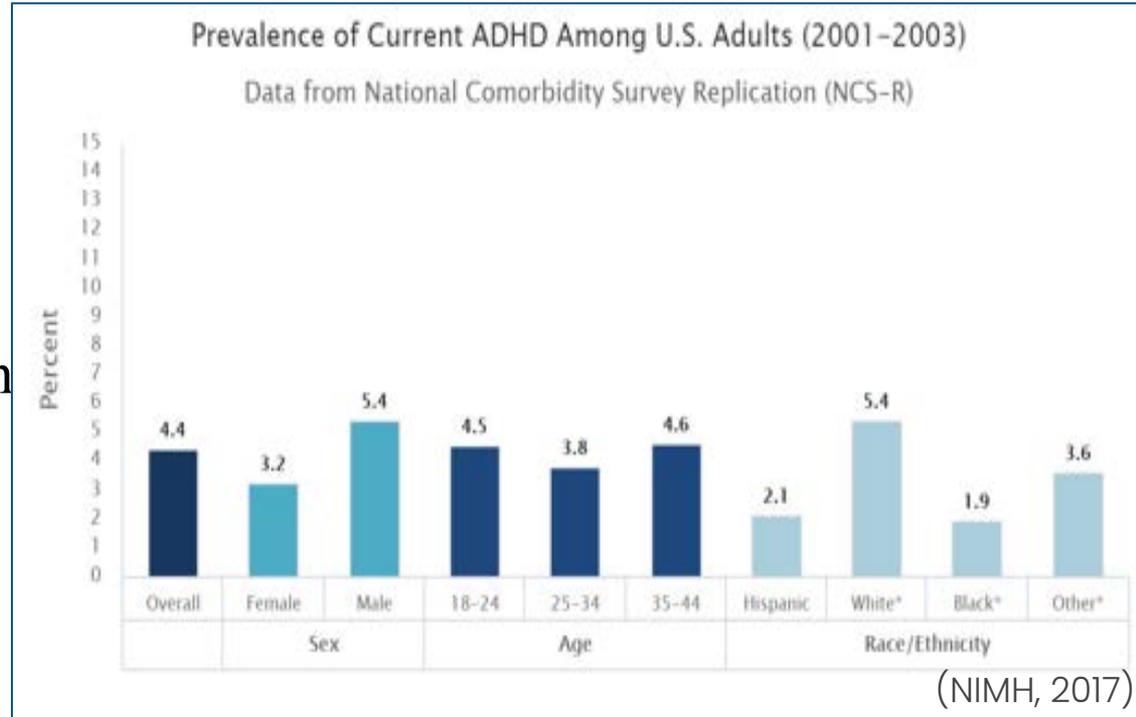
- *2013* - DSM-5 cited a 5% prevalence of ADHD in childhood. Other studies estimate higher rates...
- *2016* - CDC estimated 9.4% prevalence for ages 2 to 17
- *2018* - National Health Interview Survey estimated 10.2% prevalence for ages 4 to 17



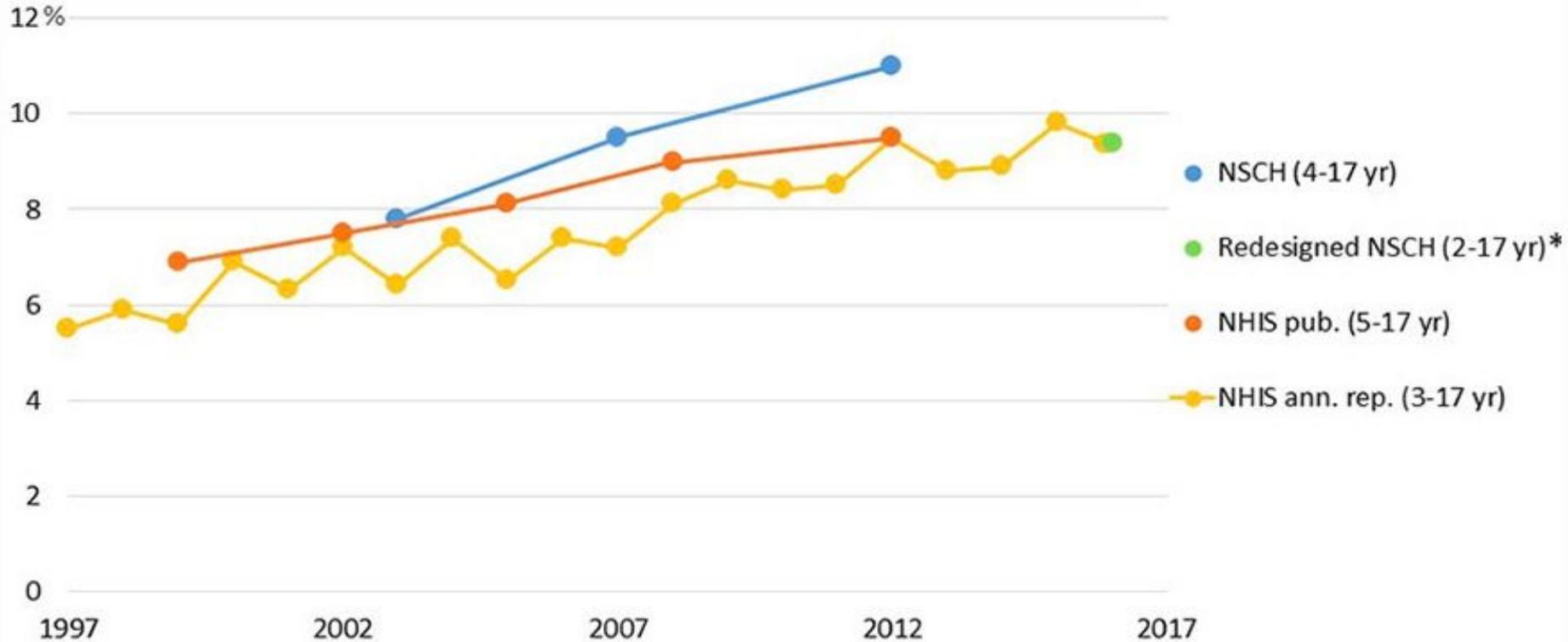
# Prevalence: Adults

- 5% of adult population
- ~12 mill. of US population
- 30-50% of children diagnosed with ADHD retain the diagnosis into adulthood

(Pediatrics, 2013; Willcutt, 2012; Zylowska & Mitchell, In Press)



# ADHD Diagnosis Throughout the Years: Estimates From Published Nationally Representative Survey Data



(CDC, 2018)

# DSM-5 Presentation Types

## 1 Predominantly Inattentive

Symptoms include:

- wandering off task
- careless errors
- procrastination
- being disorganized.
- misplace/lose things

## 2 Predominantly Hyperactive/ Impulsive

Symptoms include:

- excessive fidgeting, squirming, or tapping
- inability to delay gratification; making decisions without consideration of long term consequences
- cutting others off in conversation

## 3 Combined Presentation

When a person meets criteria for both types they fall under the category of “Combined Presentation”

# DSM-5 Criteria

Requires 5 symptoms of either inattention or hyperactive-impulsive behavior (6 for children)

## *Symptoms are:*

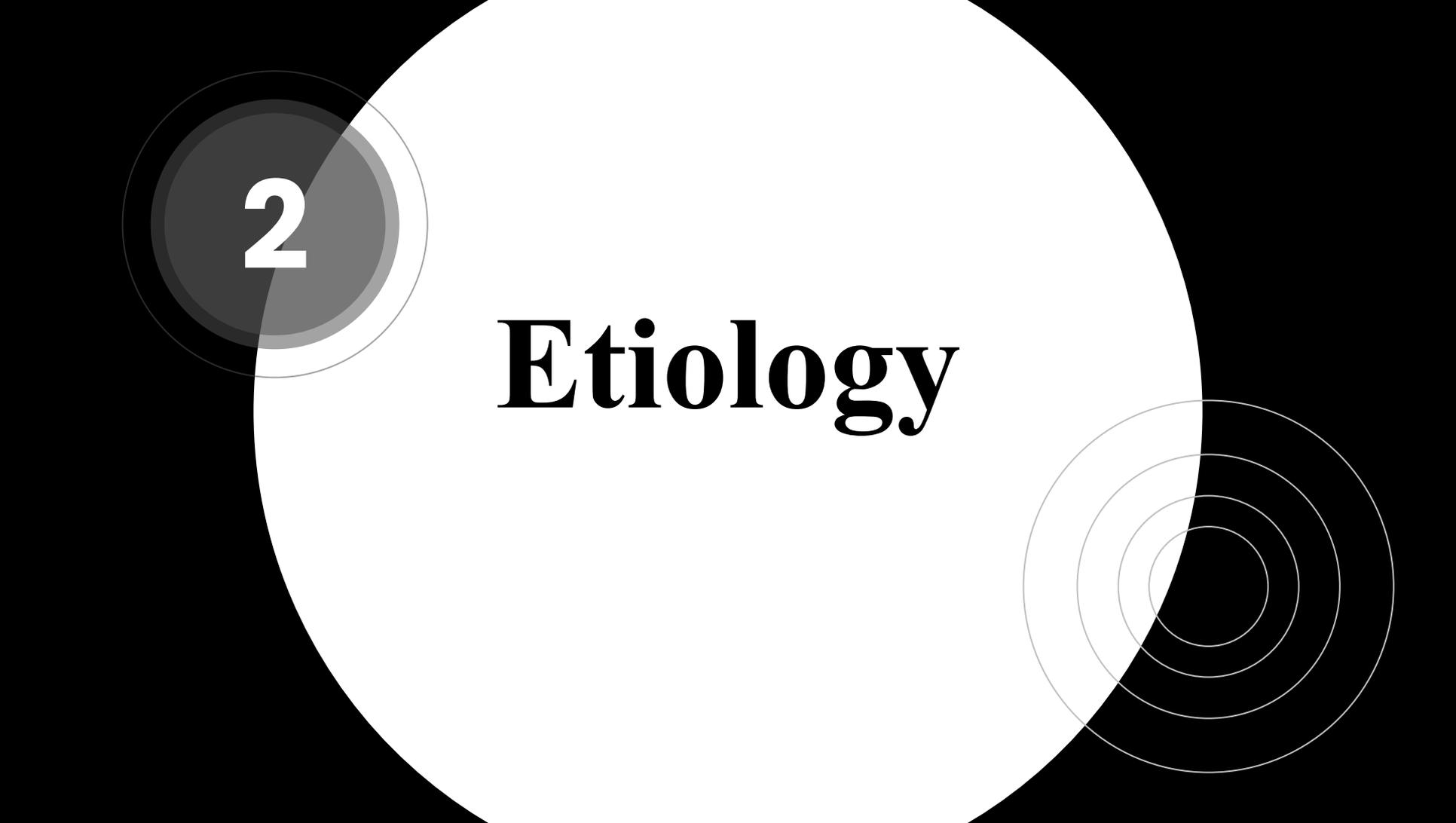
- I. developmentally inappropriate
- II. occur across 2 or more settings
- III. persist for at least 6 months
- IV. result in functional impairment
- V. not best explained by another disorder
- VI. developed by age 12
- vii. self-reports should be corroborated by another source of information



# Features NOT Listed in DSM-V

- Time Blindness
- Emotional Dysregulation
- Rejection Sensitivity Dysphoria
  - Low Frustration Tolerance
- Hyperfocus



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# **Etiology**

# Neurological Causes of ADHD

I. Abnormal activity in frontal lobes (Rubia, Smith, Brammer, Toone, & Taylor, 2005)

- Organization, planning, working memory, attention

II. **Heredity** estimated between **60 and 70%**

(Barzman, Fielder, & Sallee, 2004; Curran, 2012)

III. Under production by **dopaminergic** branches

- attentional network less stimulated

IV. Imbalances in **noradrenergic** systems

- norepinephrine impacts stimulus modulation

V. **Cortical thinning** in the prefrontal cortex and **smaller volumes** in the frontal cortex, cerebellum, and subcortical structures (Castellanos et al., 2002; Shaw et al, 2006)



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**3**

# **Assessment**

# Methods

*Clinical  
Interviews*

*Neuropsych  
Testing*

*Testing  
Tools*

*Rating  
Scales*



# Clinical Interview

- Most common diagnostic method
- Requires astute knowledge of both childhood and adult ADHD
- DSM-V based symptom review
- Include self-report, other report, and clinician rating scales
- Must rule out differentials and establish comorbidities



# DSM-5 Based Measurements

- Assessment measures
  - Frequency or severity of ADHD symptoms
  - Impact on quality of life and finances.
- DSM-5 levels of functional impairment:
  - **Mild:** Few symptoms beyond the required for diagnosis, and symptoms result in minor impairment in social, school, work settings
  - **Moderate:** Symptoms or functional impairment between “mild” and “severe” are present
  - **Severe:** Many symptoms are present beyond the number needed to make a diagnosis; or symptoms result in marked impairment in social, school or work settings

# Sample Adult Self Report Scale

Answer the questions, rating yourself own conduct over the past 6 months.....

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist					
Patient Name	Today's Date				
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.					
	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					
Part A					

# Neuropsychological Evaluations

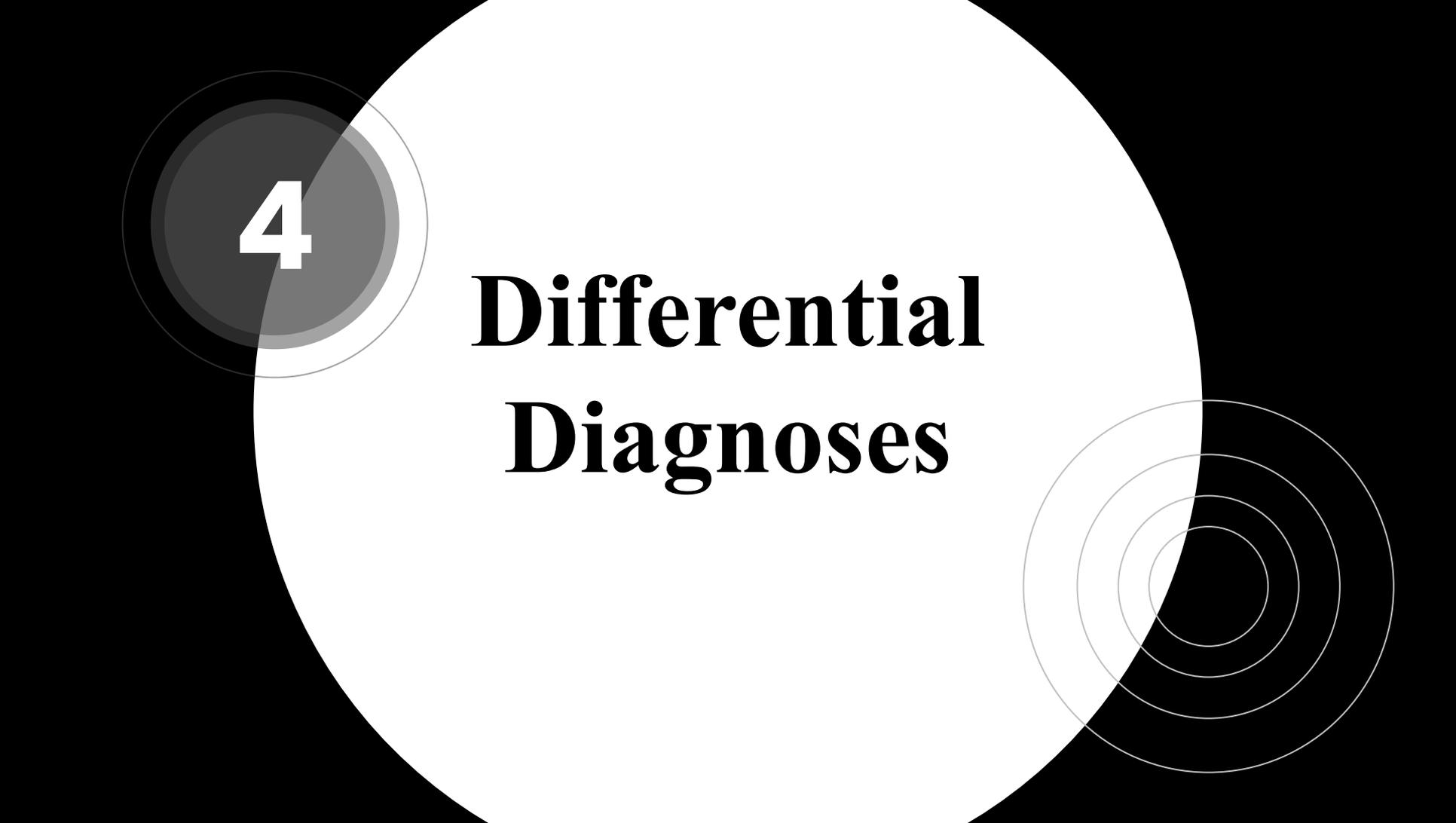
- I. In-depth assessment of skills and abilities linked to brain function.
- II. Neuropsych is not required to diagnose ADHD
- III. Costly: \$5,000 - \$8,000 (\*NYC Prices)
- IV. Indications for neuropsych evaluation:
  - Accommodations for School/Exams
  - Workplace - American Disabilities Act justify disability relation to population



# Sample Battery for Adult ADHD

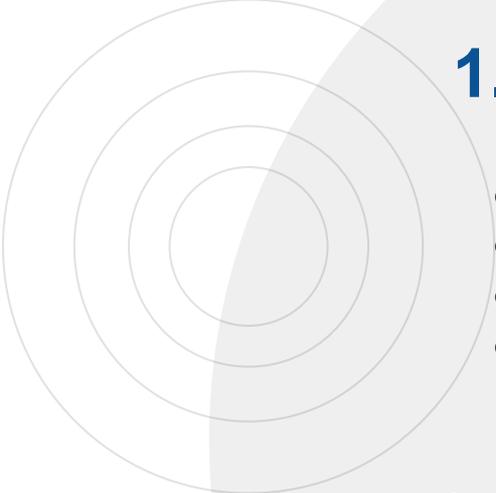
- I. Clinical Interview
  - Structured Interview Mini (brief SCID)
  - Onset / Duration
  - Psychosocial
  - Hx of Sxs, LDs
  - Sx Checklist 90-R
- II. Cognitive Functioning
  - WAIS
  - BRIEF
  - Woodcock Johnson
- III. Achievement Testing (if needed)
  - Woodcock Johnson
- IV. ADHD Self-Report / Ratings
  - Barkley's AARS-V
  - Alt: Brown's Scales
- V. ADHD Other Report
  - Barkley Other-Report
- VI. Exec Functions
  - DKFES - eg Stroop
  - NEPSI
  - BRIEF
  - CPT 3 / Stop Signal / Go No Go





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# Differential Diagnoses



# 1. Teasing out Similar Disorders

- Anxiety
- Bipolar
- Depression
- Executive function disorders
- Learning disabilities
- OCD
- ODD
- Sleep Issues
- Tic disorders

# 2. Comorbidities

50 percent of people with ADHD also suffer from one or more comorbid condition

- Anxiety (47%)
- Mood Disorders (38%)
- Impulse Control (20%)
- Substance Abuse (15%)

# Differential Diagnostic Tips

- ADHD has an earlier onset than most disorders (<12-16)
  - Children aged 3 to 10 years (10.1%) were less likely to ever be diagnosed with ADHD compared with children aged 11 to 17 years (18.1%) - NHIS
  - Global prevalence of ADHD increases up to age 9 and then decreases in both sexes (Erskine et al., 2013)
- ADHD is chronic, not episodic
  - Impairment may fluctuate dependent on setting demands and accommodations but symptoms are unremitting



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# **Reframing ADHD**

# Prominent Symptoms of Adult ADHD



## Procrastination, distractibility, and forgetfulness

- Difficulty prioritizing tasks, organizing thoughts, and focusing
- Biproducts: Shame, anxiety, depression, overwhelm, and deep intellectual insecurity.....
- Inability to perform effectively=self-blame



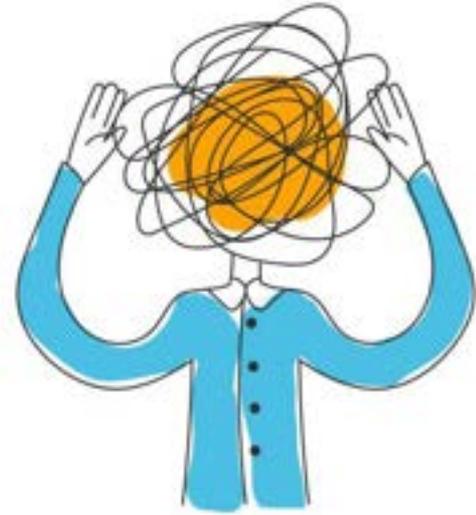
# Criticism Perpetuates Self-blame

- “How did you forget that? I just told you 5 minutes ago!”
- “Are you listening to me? Can you hear?”
- “Why didn’t you do what I asked? I told you 10 times!”
- “You’re smart, but you just need to apply yourself”



# Imposter Syndrome: High-achieving people who struggle to recognize their accomplishments

- Constant fear of failure
- Meet deadlines by pulling all-nighters
- Intense anxiety
- Avoid challenges and new goals
- Feel like a fraud
- Do not celebrate success
- Do not attribute accomplishments to intelligence or hard work

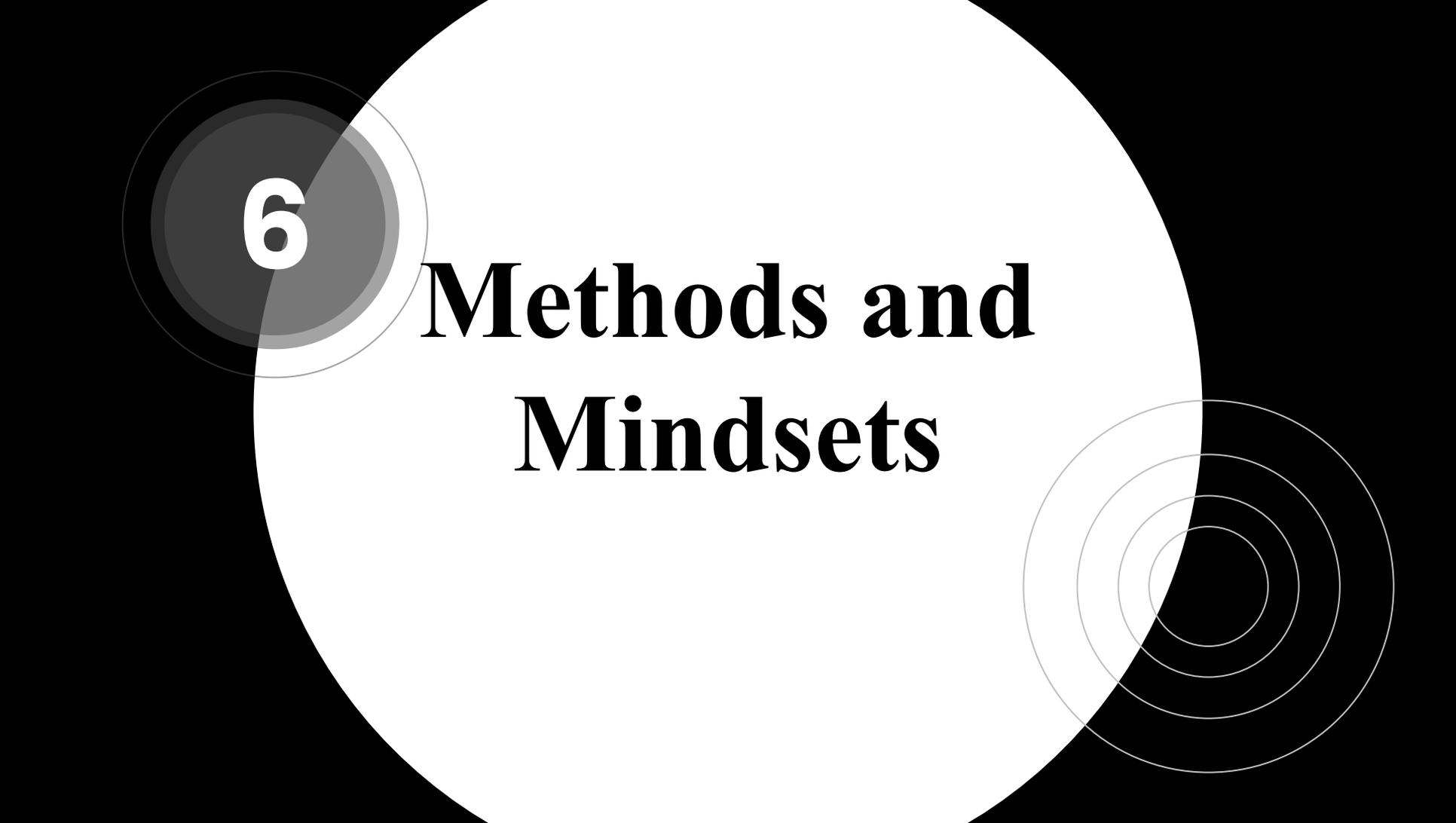


# Benefits of ADHD

Research shows:

- Out-of-the-box, original thinkers
  - Imaginative, inventive
- Hyperactivity and distractibility facilitates creativity
- Impulsivity enables decisiveness
- Hyperfocus allows for very quick work



A large white circle is centered on a black background. To its left, there are several overlapping circles of varying shades of gray, with the number '6' in white on the largest one. To its right, there are several concentric white circles of varying sizes.

**6**

# **Methods and Mindsets**

# Pharmacological Treatments

- Stimulants can be effective in reducing many (not all) ADHD symptoms
- Most adults w/ADHD do Not take Rx (10.9%)
- 20-50% of adults with ADHD are non-responders to stimulants
- Among those who do respond, adults with ADHD exhibit 50% (or less) ADHD symptom reduction.

(Kessler et al, 2006; Zylowska, 2012)



# Adverse Effects of Medication

	Decreased appetite	Nausea	Headache	Insomnia	Dizziness	Irritability	Abdominal pain
Stimulants	28.6%	7.9%	14.5%	12.3%	5.1%	9.3%	7.8%
Non-stimulants	14.2%	10.3%	20.8%	8.6%	10.0%	6.9%	11.5%

# Exercise

- Exercise improves your short term focus for two to three hours.
- The hippocampus responds well with aerobic exercise
- Exercise helps trigger endorphins, which improve the prioritizing functions of the brain
- Meta-analytic research shows improvements in executive functioning following acute exercise



# Mindfulness Based Training & Meditation

- 49% improvement in symptoms in some studies of mindfulness based interventions
- Improves emotion regulation & impulsivity
- Train brain to better concentrate and hold focus. (Zylowska, 2012)
- mindfulness and ADHD are inversely associated
- Is there still a benefit even if you can't keep your mind focused?



# Cognitive Behavioral Therapy

- Aims to...
  - change negative patterns of thinking
  - change the way a patient feels about their self, their abilities, and future
- Cognitive Distortions
- All-or-nothing thinking
- Magnification and minimization
- Comparative thinking
- “Should” statements

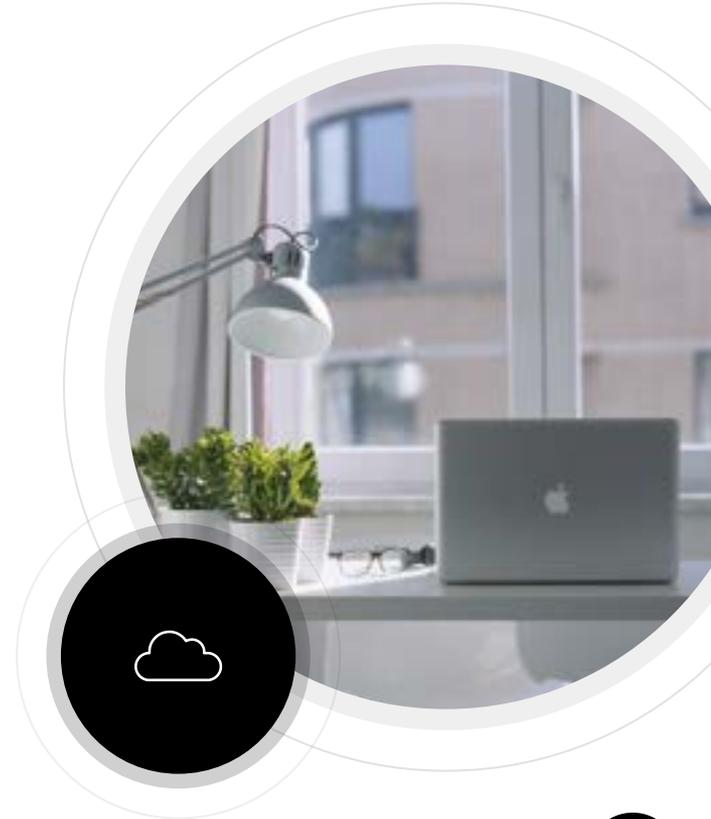


# CBT for ADHD

## Focus on:

- Time Management
- Self-Organization
- Problem solving
- Emotional self-regulation
- Self-motivation

(Ramsay & Rostain, 2007; Safren, Perlman, Sprich, & Otto, 2005; Solanto et al, 2010)



# Executive Function Training / Coaching

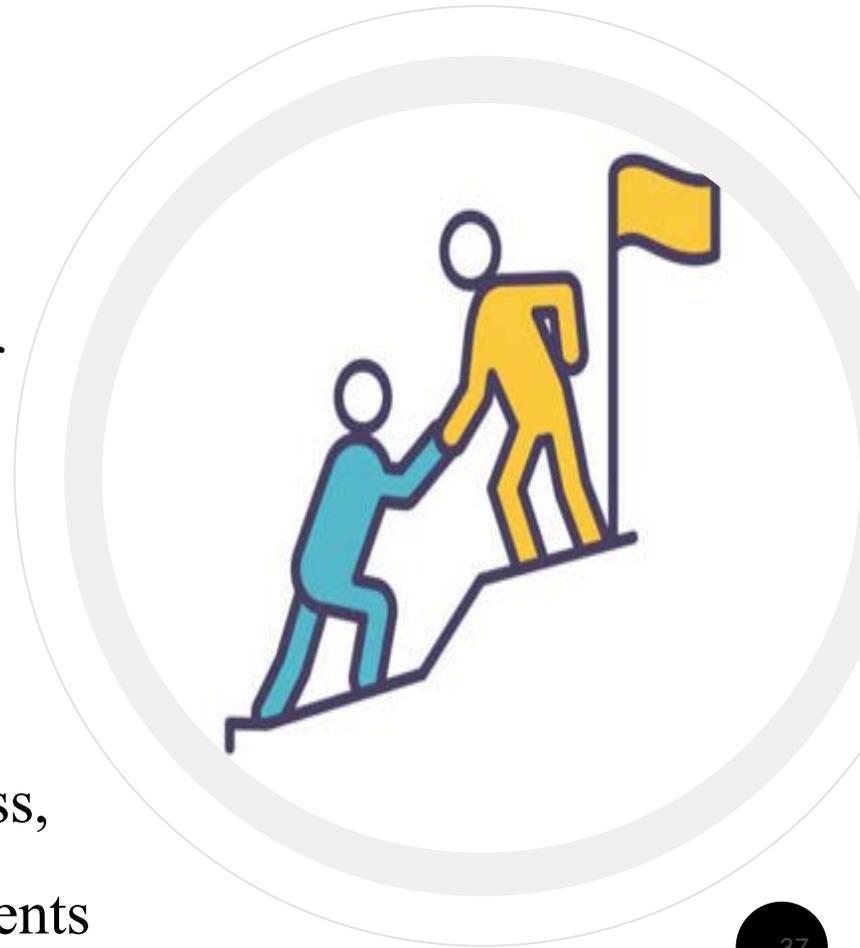
“Their problems lie not so much in assessing what they should do as in following through. Most individuals with ADHD can tell you what they would like to do, their problem lies in doing it.” Dr. Edward Hallowell

- Poor organizational skills lead to overload
- Self care and life planning skills limited
- Transitions are challenging as responsibilities change



# Executive Function Training / Coaching

- Learn intentional self-regulation
- Visualize time blocks onto a calendar
- Schedule productive breaks
- Separate tasks into chunks
- Gauging what is achievable
- Check-in sessions to measure progress, provide feedback, and guide adjustments



# Task Management Systems

- Addressing Executive Dysfunction of Self-organization:
  - Reduce dependence on working memory
  - Externalize Information
  - Outsource to external systems
  - Break large tasks down to smaller parts
  - Integrate feedback loop with dopamine-rewards
  - A simple “check-mark” can go a long way



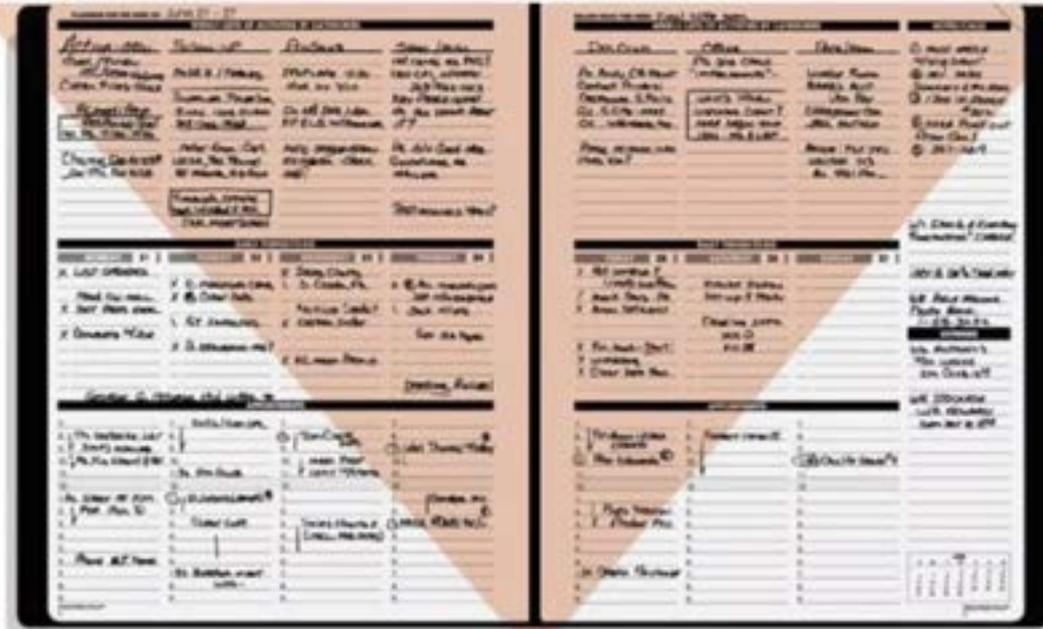
# Task Management

## *PlannerPad.com*

1

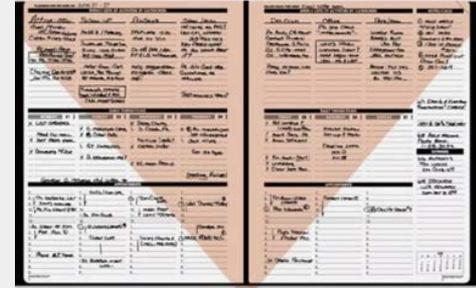
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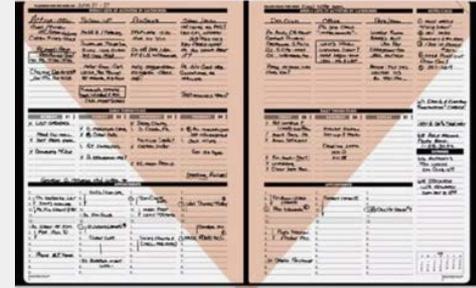
# Task Management Systems

- Planner Pad™ or alternative
- Dashboard Approach
  - **Level 1:** 1-2 week of tasks organized by category
  - **Level 2:** Daily List of *Intended* Tasks (from Level 1)
  - **Level 3:** Hour-by-Hour (with flexible buffers)
    - Can use index card for hourly



# Task Management Tips

- Redefine Definition/Expectation of Success
  - 80% is the new 100%
  - Expand Bullseye
  - Redefine what a “Win” is
- Encourage to make changes as needed, without ruining the big picture - can return to skipped tasks during later time buffers (see Time Mgt slide)



# Time Management Tips

- EF Difficulties with time, timing, and timeliness
- “*Temporal Myopia*” = behaviors driven more by here and now rather than by internal information that pertains to longer-term, future events.
- EF Interventions aim to make time itself more externally represented
- Focus on smaller chunks of time  
Strive for immediate feedback and incentives



# Time Management Tips

- Shift Language around Time
  - e.g. “goal is to leave btwn 8:45a - 9am”
- Realistic goals: Expand the bullseye/target and redefine what a win is
- If needed, increase expected times for activities by 20-25%
- Avoid overwhelm: Try to start task for 10 minutes
  - See how you feel, then you can either stop or add 10
  - Low commitment!



# Time Management Tips

- Immediately enter events into calendar, setting multiple reminders
- Invite any pertinent people who are involved in that event to reduce chance of forgetting
- Reduces issue of out of sight out of mind



# Time Management Tips

## *Back to Planner Pad...*

For hourly level, create  
buffers in time

e.g.

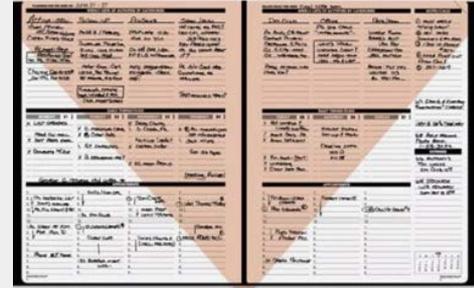
9am-10:30am - *tasks A,B,C*

10:45am-11:30am - *email*

*persons 1 & 2*

12pm - 2pm - *write blog post*

\*\*\*Buffers help  
avoid sense of  
perfection that  
often paralyzes  
those with  
ADHD



# Communication Management



## Use of reflective listening

- Art of listening to someone, prior to giving own response or opinion
- FIRST quote or summarize what the other person said
  - “I believe what i heard you say is X, Y, and Z, and that you are feeling A,B, and C. Is that correct? Did i hear you correctly?”



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# **Technology and ADHD**

# Are Smartphones Hijacking Our Brains?

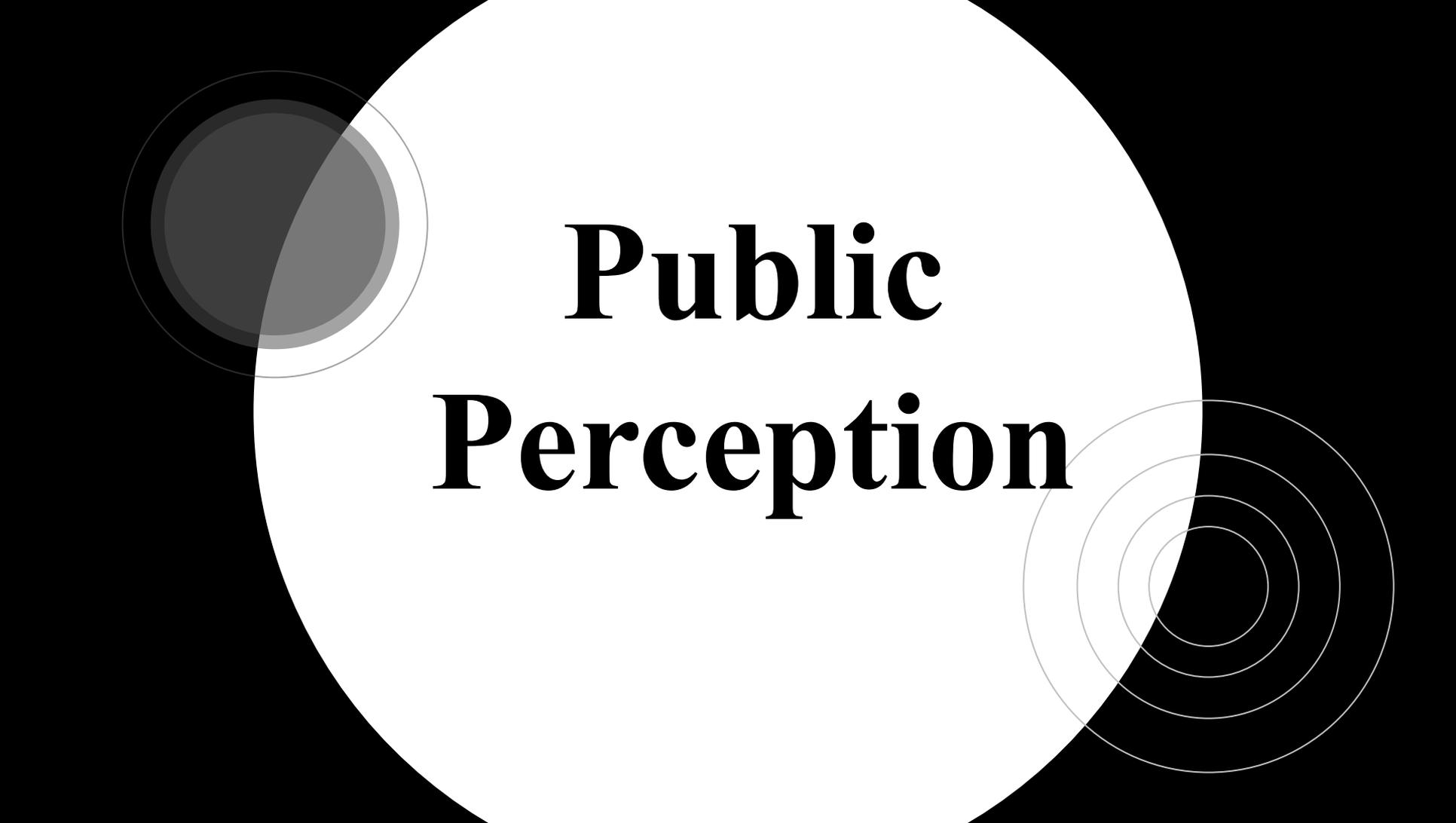
- Unfolding Research suggests potential academic, psychosocial, attention, and distractibility impacts resulting from technology misuse
- We know that Technology has the potential to trigger short-term symptoms which may look like ADHD in some, but what is being affected?

# How Tech Can Help People with ADHD

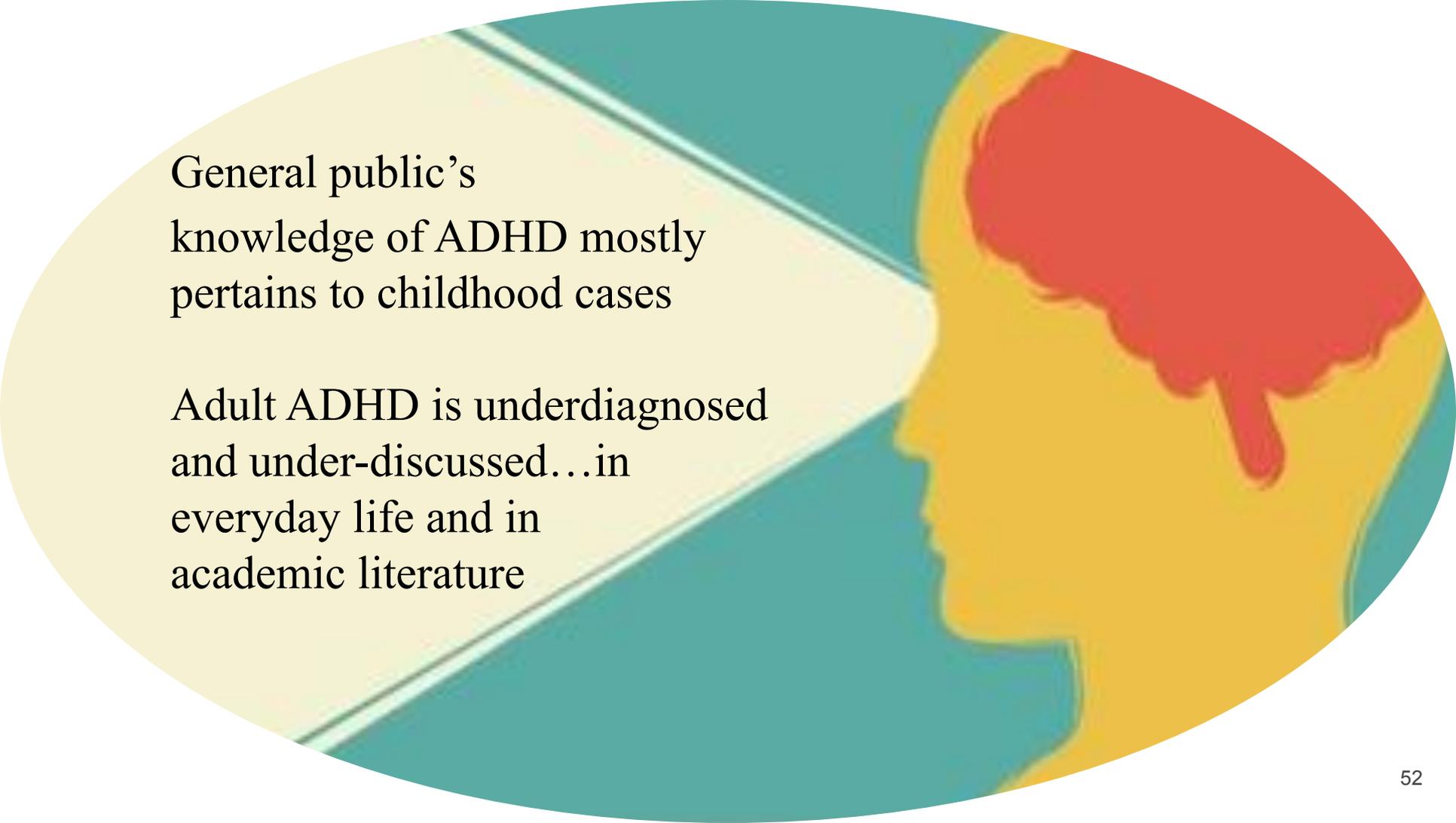
- ▶ Apps can help with ADHD stay organized, reach goals and avoid distractions
- ▶ Alerts can aid in getting to meetings, keeping a schedule and shifting gears when necessary
- ▶ When used properly, digital tools can help improve focus, increase productivity and adhere to deadlines

# Finding the Right Balance

- ▶ Use of do not disturb functions
- ▶ Partition the day into different sectors of technology usage
  - work/study, social networking, email sessions - etc.
- ▶ Use a timer or alarm to monitor technology usage
- ▶ Close computer windows that are not needed for work and could be distracting



# Public Perception



General public's  
knowledge of ADHD mostly  
pertains to childhood cases

Adult ADHD is underdiagnosed  
and under-discussed...in  
everyday life and in  
academic literature

# Stigmas

“ADHD medications are addictive”

“It’s caused by bad parenting”

“It’s caused by poor diet”

“They’re just lazy”

“Only happens to males”

“They’re incompetent”

“A glass ceiling prevents success”



# “Public Perceptions of Adult ADHD: Indications of Stigma?”

A simulation group told to complete diagnostic ADHD tests as if they have the disorder

- Largely overestimated ADHD traits
- 





**5**

# **Seeking Accommodations**

# ADHD Disability Guidelines for Adults

- *The Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973 (Section 504)*
- Require employer or college to provide accommodations
- Protect from disability discrimination
- Not every individual with a diagnosis qualifies
- Need notes on functional impairment from a licensed clinician
- Documentation must be “current” (within 3 years)

# ADHD Disability Guidelines for Adults

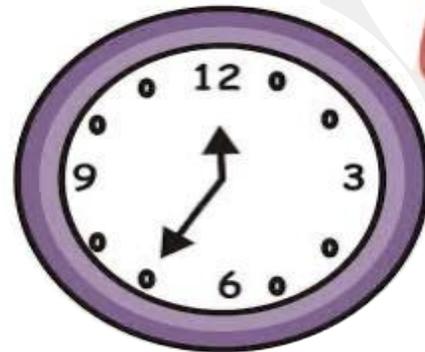
If a student is externally receiving:

- Medication
- Coaching
- Tutoring

Institutions must **STILL** provide accommodations

# Know What to Ask For!

- Extended time
- Testing over several sessions
- Testing in a separate, quiet place
- Permission to record lectures
- Audio textbooks
- Priority registration
- Request a note-taker
- Reading group services



# Know What to Ask For!

- Reduced course load
- Modified course requirements
- Test read orally to student
- Student answers transcribed or typed
- Teachers who use multisensory methods
- Written instructions from professors



# Workplace Accommodations

- ADA: if you cannot perform “essential functions” without reasonable accommodations, you deserve help
- Reasonable: does not create undue hardship for business
- If denied: contact a workplace advocate or attorney

*Examples:*

- Flexible schedule
- Office space away from noise and distraction
- Permission to use headphones



# Citations

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# THANK YOU

You can reach me any time through my website

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