

# ADHD

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Children's  
of Alabama®

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- **Residency**: West Virginia University School of Medicine, Department of Behavioral Medicine
- **Licensed Psychologist** for 38 years in Alabama
- Past President of Alabama Psychological Association
- 14 years as senior psychologist at the Children's Behavioral Health at Children's of Alabama
- Private Practice (9 years)
- Director of Student Services, Mountain Brook Schools (12 years)
- **Currently**:
  - Director of Family Life and Adult Education, Prince of Peace Parish/School
  - Executive Director of ALL IN MOUNTAIN BROOK, non-profit devoted to youth safety and well-being
  - Member, Alabama Board of Examiners in Psychology

# **DISCLOSURE**

- No financial ties or interests to disclose related to this topic.
- No non-financial ties or interests that would influence this presentation.



- What are the core deficits?
- ADHD is a big deal.
- Very few ADHD patients get adequate treatment. What can we do to help?
- What constitutes good treatment?

# Core Deficits

- Inattention (often *persistence* of attention)
- Hyperactivity/Impulsivity
- Probably: Emotional Dysregulation/Emotional Impulsivity



# ADHD can contribute to...

Disability

Unintentional  
injuries


Academic &  
Vocational  
Underachievement

Substance abuse

A variety of health  
problems

Premature death

Social/relationship  
problems

A blurred background image of three young children smiling and hugging each other. The child on the left is a boy with dark hair, the middle one is a girl with blonde hair, and the one on the right is a girl with dark hair. They are all wearing casual clothing.

*Resolved:* Almost no  
person with ADHD  
gets the treatment  
they deserve.



I want my child to take no meds  
(or minimal meds).

Behavioral treatment is not  
available or affordable to us.

I don't know how to work with  
my child's school.

# People with ADHD

...don't get the treatment they deserve because of obstacles to adequate treatment which has serious potential implications for life outcome.

- Medication
- Parent and Patient Education about ADHD
- Parent-Child Behavior Training
- Educational Modifications/  
Accommodations
- Exercise/Outdoor Time



What about...?

Neurofeedback

EndeavorRx

What are  
obstacles to  
this treatment?

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# Obstacles: Medication

## Patient/Parent Resistance

- Side effects
- Myths/lack of ADHD education

## Timid prescribing

- Low doses
- Trying 1 or 2 then giving up
- Discontinuation/Nonadherence  
"Let's start the year without it..."

# Obstacles

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## Parent and Patient Education / Behavior Training

- May require a LOT to be effective
- May be only modest gains vs. meds only
- Cost
- Non-Availability (access to care)
- Lack of Persistence
- Parental ADHD/MH problems

What are  
implications of  
non-treatment,  
under-treatment?



## 33-year follow-up

Klein, Mannuzza, et al (2012) 135 white men with ADHD in childhood by mean age 8. (136 controls)

ADHD, compared to controls

- 2.5 fewer years schooling
- H.S. Dropout (31% vs. 4.4%)
- Lower occupational attainment
- Lower SES (see above)
- Higher divorce rates (about 3X)



# 33-year follow-up

Klein, Mannuzza, et al (Dec 2012: doi:10.1001/archgenpsychiatry.2012.271)

135 white men with ADHD in childhood by mean age 8. (136 controls)

ADHD, compared to controls

- Antisocial PD (16% v. 0%)
- Higher rates of nicotine dependence (60% vs. 31%), substance abuse (56% vs. 38%), but not alcohol abuse

# 33-year follow-up

Klein, Mannuzza, et al (Dec 2012: doi:10.1001/archgenpsychiatry.2012.271)

135 white men with ADHD in childhood by mean age 8. (136 controls)

ADHD, compared to controls

- Incarcerations (36% vs. 12%)
- Dead (7% vs. 3%)
- Conduct d/o (62% vs. 27%)



# ADHD- Related Health Outcomes (Barkley, 2019)

- Greater risk for traumatic brain injuries
- ” unintentional injuries of all types
- Increased likelihood of violence as both perpetrator and victim
- More teen pregnancy & more high-risk pregnancy
- Higher risk for STDs



# ADHD- Related Health Outcomes (Barkley, 2019)

- More dental problems (cavities & trauma)
- 3x risk for obesity by adolescence
- 3x risk for Type 2 diabetes
- More migraine
- More tobacco, cannabis (mixed data on alcohol). More trouble quitting
- Less healthy diet (high carbs)



# What kills, disables, injures, &/or otherwise hurts teenagers?

- Unintentional injuries, most of which are from motor vehicle crashes
- Suicide
- Homicide
- Substance abuse (which contributes to all of the above)

How does ADHD impact these?

# ADHD Impact

## Mental Health\*

- 67%-80% of children & adults with ADHD have a 2<sup>nd</sup> disorder
  - ODD 45%-84%
  - CD 15-50%
  - Depression up to 30% (complex issue)
  - Increased use of nicotine, alcohol, cannabis

\*Pliszka, S. (2015) Comorbid psychiatric disorders in children with ADHD. In Barkley, R. (Ed.) *Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis & Treatment*. New York: Guilford.

# Suicide risk\*

- A study of nearly 22,000 Canadian adults found that 14% of those with ADHD had attempted suicide. That was roughly five times the rate of adults without ADHD, at 2.7%.
- Almost one-quarter of women with ADHD said they had attempted suicide.

\*Fuller-Thompson, E., Nahar Riviere, R, et. al (2020) The Dark Side of ADHD: Factors Associated With Suicide Attempts Among Those With ADHD in a National Representative Canadian Sample. *Archives of Suicide Research* (online at <https://www.tandfonline.com/doi/abs/10.1080/13811118.2020.1856258?src=&journalCode=usui20>)

# Consider this approach

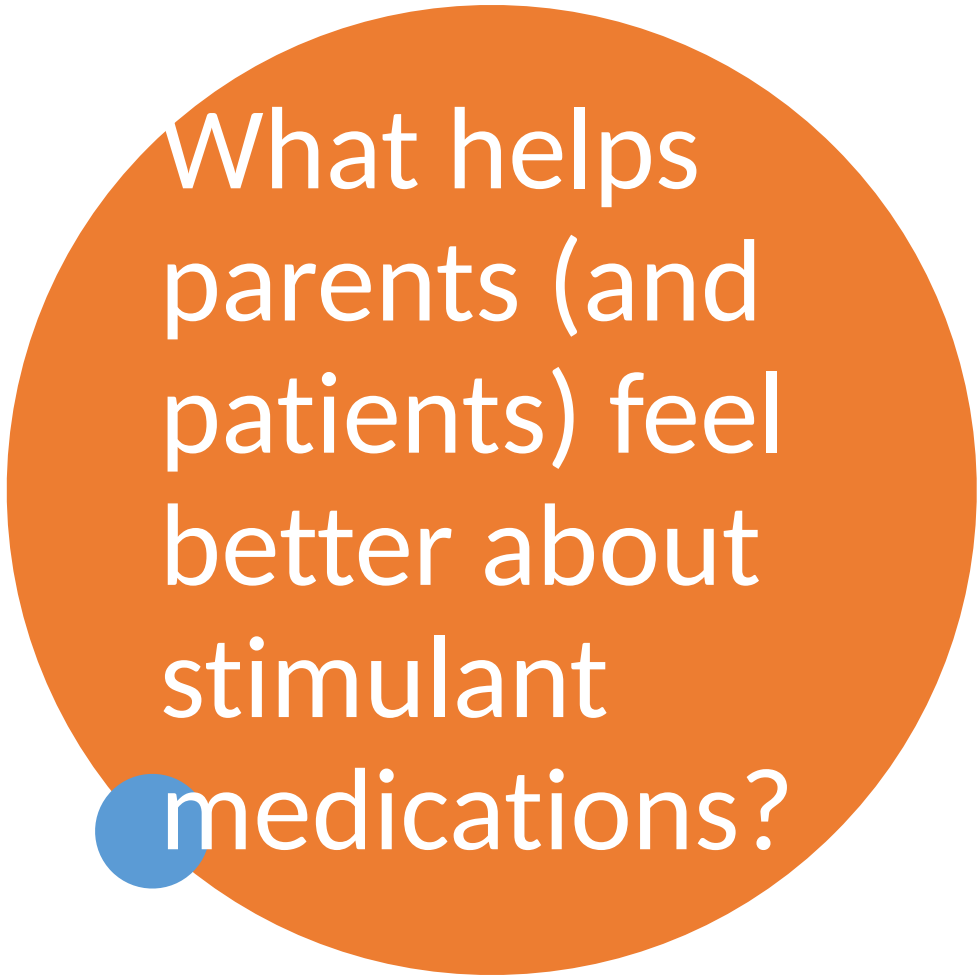
Every person with ADHD should see a qualified mental health professional on a regular, if not frequent basis, irrespective of how well they are doing.




# What helps parents (and patients) feel better about stimulant medications?

- Stimulants do not accumulate in the body. “In and out”
- Meds don’t “change personality.”
- Your child is not a zombie.
- Stimulant treatment does not increase risk of substance abuse and might mitigate it.





What helps  
parents (and  
patients) feel  
better about  
stimulant  
medications?

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- Weight/growth issues may be an issue, but are almost always manageable
  - A trial of meds is not a commitment to long-term use
  - Side effects are not commonly serious / long-lasting
  - Discussion of risk-benefits. (The meds may be “bad” but untreated ADHD is worse.)



Fear of  
"Labeling" a  
Child with  
ADHD Might  
Bring  
Decades of  
Struggle

# Overcoming obstacles to care

- Medication
- **Parent education & training**
- School interventions
- Parental ADHD
- Access to care



# Parent Education about ADHD

The more the parent understands the nature of the disorder (beyond inattention and hyperactivity)...

- Less yelling/family conflict
- Less verbal abuse
- Less inappropriate punishment/physical abuse
- Fewer and less intense hits to child's self-esteem
- More *compassion* for the child
- Parents better able to advocate for child
- More likely to try to get child treatment they need

Hi. I have ADHD. I  
get up every  
morning and decide  
to make my parents'  
lives miserable.



# My ADHD series for parents

Three 90-minute sessions

I. The Disorder(s)

II. Treatment

III. School and Home



“.....It  
wouldn't be  
a school.”

Questions?