

How ADHD Shapes Your Perceptions, Emotions & Motivation

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meet today's expert:

William Dodson, M.D.



[William Dodson](#), M.D., is a board-certified psychiatrist who has specialized in adults with ADHD for the last 22 years. A former faculty member at [Georgetown University](#) and [University of Colorado](#) Health Sciences Center, [Dr. Dodson](#) is a Life Fellow of the [American Psychiatric Association](#) and member of *ADDitude's* Medical Advisory Board. Dr. Dodson is a regular columnist in *ADDitude* magazine and contributor to ADDitudeMag.com.

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The Criteria Are Made for Researchers – Not for Patients or Clinicians

- ❑ Research criteria must be observational – things that can be seen and counted by someone.
- ❑ What goes on inside the person has been intentionally ignored by researchers because it does not lend itself to easy research.
- ❑ It isn't always there, it can't be seen, it is often hidden by the person, and it can't be measured.
- ❑ No interest in *why* things happen as they do in people with ADHD.

The DSM-5 and ICD-10 Diagnostic Criteria

- The diagnostic criteria have never been validated for older adolescents, adults, or the elderly.
- This was to have been corrected in the DSM 5 but was completely ignored.
- Initially the childhood (ages 6 to 12) criteria continued to be used for adults to “establish continuity” between the childhood condition and adults.
- This failed because it requires an adult to be functioning on the level of an untreated elementary school-aged child in order to meet diagnostic criteria.
- This puts in doubt all of the research done on adults with ADHD.

Why does this matter?

- ❑ It determines what gets researched and who is studied.
- ❑ It determines who gets the diagnosis and who does not.
- ❑ It determines who gets treatment and insurance coverage.
- ❑ It determines who gets accommodations at school and work.
- ❑ It determines what your clinician is taught and how well they will understand you.

Problem #2

The current way of thinking about and diagnosing ADHD has not produced therapies that work and provide lasting benefits.

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Multimodal Therapy is No Longer the Standard of Care

- *Multimodal* really meant “you have to do more than medication.”
- Recommendation 10: “If a patient has a robust response to psychopharmacological treatment,...then psychopharmacological treatment alone is satisfactory.” (AACAP Guideline; page 912)
- 82 studies in a row have failed to show that psychosocial interventions have “any detectable, lasting benefits.” (Page 903)
- Provide “non-specific benefits” that are situation bound.
- No one is happy about this.

Why is nothing working?

This answer requires that we start over again from the beginning with no preconceived ideas of what to look for or what we will find.

Attention “Deficit”

- The most important feature is that attention is not deficit, it is inconsistent.
- 3 or 4 times every day people with ADHD will “get in the Zone” or “get in the Flow.”
- This inconsistency of being able to function at a very high level *sometimes but not others* appears to be willful or defiant to others.
- People with ADHD are inconsistent but in a very consistent way.

It is vital to ask the right questions

“Look back over your entire life; if you have been able to get engaged and stay engaged with literally any task of your life, have you ever found something you couldn’t do?”

A person with ADHD will answer, “No. If I can get started and stay in the flow, I can do anything.”

Omnipotential

Required Elements

1) This new approach must give diagnostic certainty....

Pathognomonic Features - What few things do everyone with ADHD share in common and no one has who doesn't have ADHD.

2) It must tell us why every-thing has failed thus far and

3) What might work instead.

Part 1

INTEREST-BASED NERVOUS SYSTEM

(COGNITIVE COMPONENT)

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Functional/Experiential Definition of ADHD

ADHD is a:

- ❑ Genetic, neurological / brain-based...
- ❑ Difficulty with engagement
- ❑ As the situation demands...
- ❑ In which not just 1) performance, but also
- ❑ 2) mood, and 3) energy level...
- ❑ Are solely determined by the momentary sense of...
- ❑ Interest, (Fascination)
- ❑ Challenge or competitiveness,
- ❑ Novelty (Creativity), or (sometimes)
- ❑ Urgency (Usually a deadline).

**Each element of the functional
definition has many
implications**

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Genetic and Neurological

- ❑ ADHD is biological and brain based.
- ❑ Runs in families. Up to 50% of 1st degree relatives.
- ❑ At least one parent will have ADHD.
- ❑ It is not a factor of poor parenting.
- ❑ It does not go away with age. People outgrow the childhood criteria, not the disorder itself.
- ❑ It can not be treated with behavioral techniques any more than you can lower a fever with behavioral techniques.

Difficulty with Engagement on Demand

- ❑ If a person with ADHD can engage and stay engaged, they can do almost anything.
- ❑ The inconsistency is mystifying and frustrating to everyone. If you've done it before, the inability to do it now is seen as willful and defiant.
- ❑ Jobs, schools, and relationships demand that we be able to stand and deliver consistently and on demand...not when we “feel like it.”
- ❑ On the positive side, persons with ADHD have extended periods when they see how capable they are when “in the Zone / in the Flow.”

Performance, Mood, and Energy

- Performance is usually the only aspect that most people look for.
- Boredom and lack of engagement is almost physically painful to people with an ADHD nervous system.
- When bored, ADHDers are irritable, negativistic, tense, argumentative, and have no energy to do anything.
- ADHDers will do almost anything to relieve this **dysphoria**. Self-medication. Stimulus seeking. “Pick a fight.”
- When engaged, ADHDers are instantly energetic, positive, and social.
- This shifting of mood and energy is often misinterpreted as Bipolar Disorder.

Interest, Challenge, Novelty, and Urgency (and perhaps Passion)

- These are very personal and subjective features. Life requires that we engage the most important activities **as the situation demands**.
- Things that are interesting today may not be interesting next week.
- A person with an interest-based nervous system must be personally interested, challenged, find it novel, or urgent **right now** or nothing happens.

ICNUP - cont.

- Things that were challenging today are not once the challenge is met and mastered.
- Newness is time-limited. Everything becomes old hat after a while.
- Urgency substitutes for importance. The person with ADHD cannot get engaged with a task (procrastinates) merely because it is important.
- Sometimes the person creates crises and chaos because they have found that it helps them get engaged and get things done. This can be mistaken for Borderline Character Disorder.
- “Passion” is being investigated at the Cleveland Clinic. What does the person care about enough that it gives meaning to their life? What things is the person eager to get up every day and go do?

ICNUP – cont.

- ❑ All schools are based on 2nd hand importance ... what does someone else (the teacher) think is important enough to teach and put on the test because it is going to be important to know it 10 years from now?
- ❑ 90% of jobs are 2nd hand importance as well. What does someone else (the Boss) think is important enough to them that they are willing to pay someone to do it for them?
- ❑ Once again, people who have an ADHD style nervous system don't fit.

Contrasted to *Importance*-Based Nervous Systems

- Tasks don't have to be important to the individual; Can be important to boss, teacher, spouse, parent, etc.
- Tasks don't have to be important right now.
- Can prioritize, that is, arrange things in order of importance.
- It is the *importance* of the task that helps the individual...
 - 1) Engage on demand
 - 2) Get access to intellect and abilities
 - 3) Stay engaged all the way to the payoff.

An Interest-Based Nervous System is One of Two Things That Defines ADHD

- One of the few times in life we can say *Always* and *Never*.
- A person with an ADHD style nervous system has *ALWAYS* been able to do anything they want *IF* they can get engaged through ICNUP and they have *NEVER* been able to make use of the 3 things that organize and motivate the other 90% of people in their lives.

A Second Type of Nervous System

People with an ADHD style nervous system are:

- *Always* able to do anything if...
- The person can get in the Zone through...
- Interest, challenge, novelty, or urgency
- And sometimes passion.
- But *never* able to even start a task based on importance, rewards, or consequences.

Implications

- Decision making can be almost impossible.
- If importance/priority do not organize and motivate and...
- If what you get out of any particular choice (rewards) mean very little...
- All choices look the same.

Implications

- Planning and organization are very difficult.
- Most planning systems are built for neurotypicals who can use Importance and time; Two things which the ADHD nervous system does not do well.
- People with ADHD work backwards from the end to the beginning.

“He threw himself out the door, threw himself on his horse, and rode off in all directions.”

We now talk in terms of *managing* ADHD rather than *treating* it

Management has two pieces:

1. Level the neurological playing field with medication.
2. Help the person write their personal owner's manual for their ADHD nervous system.

You need to have both pieces

- The person with an ADHD system gets engaged through being interested, challenged, finding the task novel or urgent, or caring passionately

AND THEN...

- The medications then keep them from being distracted.

The ADHD Owner's Manual

- Highly personal and individual.
- Changes over time.
- Focuses on how and when the ADHD person does well.
- It does not demand that they do things in a way that is neurologically very difficult and then blame them for failure.

Owner's Manual Examples

- Implementer-finisher partner.
- Body doubling.
- “You can’t do that!”
- Planning for dead lines.
- Injecting interest.
- Trading interesting for importance.
- Loathing.
- Seeing visions.

Part 2

Emotional Management and Rejection Sensitivity

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Two Type of Emotional Problems

#1 Intense, passionate emotions that are normal in every way except their intensity.

#2 Intense vulnerability to rejection and criticism that is unique to people who have ADHD.

What is a Mood Disorder?

- It is a disorder of the level or intensity of moods (not the quality of mood)....
- That have taken on a life of their own....
- Separate from the events of the person's life and....
- Outside of their conscious will and control.
- Lasts without interruption for more than 2 weeks.

Moods in ADHD

- People with an ADHD nervous system lead intense, passionate emotional lives.
- Their highs are higher and their lows are lower.
- Their moods are almost always triggered by events and perceptions.
- Their moods match their perception of the trigger.
- The shift happens instantaneously.
- “Get over” it quickly.

In other words, these are normal moods in every way except their **intensity**.

Clinicians are trained to recognize Mood Disorders but not ADHD

- ❑ Most people with ADHD are first misdiagnosed with Major Depression or Bipolar Mood Disorder.
- ❑ On average an adult will see 2.3 clinicians and go through 6.6 antidepressant trials before the diagnosis of ADHD is made.
- ❑ The irony is that about 20% will have both Depression and ADHD; about 7% of people with ADHD will also have Bipolar.

In modern managed care medicine the patient gets to make the diagnosis

Time getting to know the person is not reimbursed by managed care.

Be prepared to pay out of network to get a good initial assessment with an expert.

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Shame: The Master Emotion

- Knowing that you are “different” is rarely experienced as a good thing.
- Children with ADHD are viewed as broken, “less than,” “weird,” or damaged.
- They are the last picked, first picked on.
- Children make no distinction between what you do and who you are.
- Harsh internal dialogues become ingrained because they are used to get things done. Do more damage than good.

Self-Esteem?

- ❑ Children see through false praise intended to build up poor self-worth at an early age.
- ❑ Children do not like “Everybody gets a trophy.”
- ❑ Self-esteem and self-worth have to be built on something real..... Self-efficacy.
- ❑ If you want someone to have self-esteem, teach them how to do things and be successful with their ADHD nervous system.

In the meantime, a cheerleader is an absolute necessity.

- It can be anyone. Parent, older sib, grand parent, teacher, coach....
- Act as the “vessel” that holds the memory of the person as a good, likeable, capable person especially when things go wrong.
- It must be sincere. Children detect falseness.
- The worst part of being ashamed is being alone with it.

Rejection Sensitive Dysphoria (Emotional Component)

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Rejection Sensitive Dysphoria

“For your entire life have you always been much more sensitive than other people you know to...

1. Rejection
2. Teasing
3. Criticism, or
4. Your own perception that you have failed or fallen short?”

Features of RSD

- Acknowledged by 98-99% of adolescents and adults with ADHD. For 30% RSD is the most impairing aspect of their ADHD.
- Triggered by a perception or possibility...
- That someone has withdrawn their love, approval or respect.
- Or that they have done this to themselves when they do not meet their own high standards for performance.

Emotional Wounds

- Primitive. People can not find words to describe the nature of the pain, just the intensity.
- Dysphoria is Greek for “unbearable.”
- Commonly experienced as a physical pain in the chest.
- Usually hidden due to shame over their lack of self-control and vulnerability.

RSD is Genetic and Neurologically Hardwired

Anything can be made worse by traumatic experiences. But ...

- Almost everyone with ADHD has RSD to some degree and...
- RSD does not respond well to psychotherapy because it is overwhelming and without warning but,...
- It can be almost entirely removed in some people with medication...

RSD is probably a fundamental feature of ADHD.

If this catastrophic emotional reaction is internalized....

1. It looks like an instantaneous, triggered Major Depression complete with suicidal thoughts and impulses.
2. Earns the person the reputation of being “a head case who has to be talked in from the ledge on a regular basis.”

If this catastrophic emotional reaction is externalized....

It is expressed as a flash rage at the person or situation that wounded them so severely.

50% of people court mandated to anger management training for domestic violence or road rage had previously unrecognized ADHD.

Common ways people try to manage the vulnerability of RSD

They become people pleasers:

- Constantly scanning everyone they meet to determine what that person would admire and praise.
- And that is the front that they present to the world.
- So much that they often forget what they independently want from their life.

Or They Stop Trying Altogether

They must be assured in advance of success that is...

- Quick
- Complete
- Easy

Or they do not start at all.

The risk of trying but possibly failing in front of people is so painful that they never try anything at all.

These are the “Slackers” of great ability who do nothing and are seen as “lazy” rather than RSD.

What medications help?

Alpha 2 Agonists

- Guanfacine (Intuniv)
- Clonidine (Kapvay or Catapres)

Originally failed blood pressure medications (1983)

Only 1/3 of people get benefits for RSD to either one of the alpha agonists but 60% robust benefits when both are tried.

“At peace.” “Emotional armor.” “One thought at a time.”

Side effects: mild sedation, dry mouth, dizziness when standing up suddenly.

Benefits take 5 days to develop so the dose is increased every 5th day.

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Upcoming Webinars

- **Tuesday, January 16th at 1pm ET**
When an Adult You Love has ADHD with Dr. Russell Barkley
- **Tuesday, February 20th at 1pm ET**
10 Ways to Improve Your Teen's Executive Functions with Peg Dawson

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