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Psychiatric
Research Institute

Unwrapping the Gifts of ADHD

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Disclosures

	Honoraria	Speaker	Consulting	Research
Shire	*		*	*
Purdue	*	*	*	*
Eli Lilly		*		
Rhodes	*		*	
Janssen				*

Can ADHD be a gift?

- The Milwaukee and other follow up studies demonstrated that a diagnosis of ADHD was associated with high risk
- High risk for substance use, smoking, school failure, car accidents, divorce, other comorbid disorders, family stress, unemployment, misemployment, low income, poor relationships, sexual promiscuity, prison, low self esteem, difficulty parenting, increased medical costs, traumatic brain injury, accidents, problems with the law, prison, suicide
- "and what is the good news?"

Illness as culture - a developmental to the history of ADHD

- Infancy: ADHD is conceptualized as a moral deficit
- Childhood: Struwwel Peter
- Adolescence: Clinical trials, Follow up studies
- Young Adulthood: lifecycle, women and men, health, empirical measures, attention, beyond core symptoms
- Middle age: evidence based medication and psychological treatment

Maturity

- Understanding of multiplex families
- Executive dysfunction and emotional dysregulation
- Emergence of ADHD Spectrum disorders such as SCT
- New types of treatment such as mindfulness
- New science: imaging and genetics

Now: UKAAN 2016

- The culture of ADHD has moved from morality, to science, to disorder
- Its not just about remission of symptoms
- Clinical experience with treatment of adult populations has made it care that it is not uncommon to be providing care for CEOs, physicians, lawyers, artists....
- These patients are not 'worried well'
- What is the target of our intervention: remission of symptoms, quality of life, burden of illness, improved functioning?

So what's the problem?

- There is now a community and a culture around ADHD
- These patients want hope, strategies, understanding
- Patients believe that some of their ADHD traits also contribute to their achievement
- A childhood with ADHD casts a shadow on adult self perception
- Self authentication became an object of treatment, and part of the goal of treatment

Strength based approach to treatment

- Ned Hallowell: you are a Ferrari
- Tom Brown: publishes on ADHD in gifted individuals
- Education system starts to recognize 'twice exceptional' children
- Emergence of a significant and popular literature on developing organizational strategies and use of external coping strategies
- Consolidation of university and workplace accommodations as a standard of treatment and a right of the individual
- Clinicians are becoming increasingly aware of the complexity of the trajectory of some patients with ADHD

Joshua

- 72 year old physician
- Referred by his daughter who is a psychologist diagnosed with ADHD as an adult
- He is quite clear that he 'does not believe in ADHD' and in fact finds his daughter's interest amusing
- He has one serious chief complaint: severe, life long insomnia "if you could help me with that it would make all the difference"

Background

- School report cards say he needs to learn to be a good citizen
- Variable and modest success in school but passed high school, passed a community college, went onto social work where he was quite successful and then got into medical school
- Stellar career in infectious disease and international accolades for treatment of infectious disease in third world countries
- Became a political MP and fought for publically subsidized flu vaccines although this was not considered to be politically expedient
- Works 70 hours a week and worries about what he will do with himself if he has to go down to full time

Unwrapping the gifts?

- He is very charming and has had successful careers in social work, politics, philanthropy and law
- He is functionally impaired at work (paper work, has been in trouble)
- Diagnosis of ADHD has not been helpful: he does not believe in ADHD
- He believe his high energy, travel, speech making, lack of attention to detail, drive, intensity are both adaptive and debilitating
- His two subjective complaints, insomnia and a deep internal sense of low self esteem, do not respond to treatment
- The two usual targets of intervention: symptoms and functioning are not helpful

Can ADHD symptoms be impairing and enriching?

Symptom

- Failure
- Impulsive
- Stubborn
- Talkative
- Restless
- Oppositional

Strength

- Resiliency, compassion
- Willingness to take risks
- Persistent
- Gregarious
- Tolerant of travel, long hours
- Entrepreneurial

Symptom

- Poor attention to detail
- Hyperactive
- Loud, in your face
- Lazy
- Intense, hyperfocussed
- Distracted
- Poor sense of time

Weakness

- Vision
- Directed high energy
- Charismatic
- Fun
- Follows a passion
- Flexible
- Not tied to the past or future

Paradox?

- The new culture of ADHD: ADHD as a community and an identity?
- Do I have ADHD? Is this a categorical diagnosis?
- “I am ADHD.” We do not say I am cancer: we perceive ourselves as having an impairment that is a part of our selves, rather than an identity in its own right
- “Doctor, there is way too much life in me. Medication takes a little bit of the life out of me. I don’t like it but I suppose that is a good thing.”

This is an opportunity

- This is our opportunity to learn from the patients with persistent ADHD who are leading rich and meaningful lives
- These patients shaped their world to suit their strengths
- Our patients have reframed their perception of “symptoms” to channel challenges into strengths
- Working from the “ahah” moment where ADHD becomes an explanatory framework towards a more refined understanding of the impact on development and life skills

Medication Treatment:

- Listening to the patient's attributions and experience of treatment
- The patient's target of treatment may not always be symptom remission or functional remission
- Medication may be effective but not always subjectively experienced as comfortable
- When a patient obtains a perceptual understanding of focus this can drastically alter their self perception and understanding of the world

“CBT” Group: the ‘me too’ effect

- Judy: 2nd time around who has adopted a child with ASD. She wants to build a web site.
- Jon: teacher with ADHD working a 10 hour day, with three children under 6 one of whom has ADHD and a wife with ADHD and a mood disorder. He wants to be able to take the children to school.
- Jim: a lawyer whose wife feels he has ADHD who is able to do the homework and wears a watch. He wants to better understand his ADHD daughter.

Patients unwrap their gifts

- Gerry: a real estate agent who recently lost his job. He has made a lot of money, lost a lot of money.
- Andy: well known musician living a solitary life, unable to establish relationships, no longer producing hit recordings and smoking weed who has a new project
- Israel: an immigrant who started to do well in school when he started stimulants and then flunked out when he discontinued them, and became depressed. Now he is applying to medical school.
- Richard, a contractor, pilot, stock market analyst whose wife wants to leave him with three adolescent sons with ADHD

Pathways of treatment: beyond symptoms

- Organizational skills training
- Family based treatment of parent and child
- Mindfulness and meditation as attention relief
- The ‘seat of the witness’ may alleviate self blame
- “I’m not lazy, crazy or stupid”
- Groups
- Health based treatment

Conclusion

- Individuals who are blind may become great musicians, but we do not idealize blindness
- There are two sides to every symptom coin
- Symptoms coalesce into syndromes and come to attention when they cause suffering
- The journey is about more than symptom remission
- Our patients want us to join them in building their lives, finding their strengths and creating health
- Witnessing the lives our patients as they unwrap the gifts of ADHD requires that we move beyond illness to creating health, which is the essence of healing