

ADHD Diagnosis & Treatment: Comorbidities, Complexities, & Relationships

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Adults with ADHD Are in Your Caseload Now

- Percent with ADHD, based on current diagnosis:
 - Major depression: 9.4
 - Dysthymia: 22.6
 - Bipolar: 21.2
 - GAD: 11.9
 - Active substance abuse: 10.8

National Comorbidity Survey Replication (Kessler RC et al. (2006), Am J Psychiatry 163(4):716-723).

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The Inconsistency of ADHD

- Success comes from doing the right thing at the right time most of the time—and again and again
- Inconsistency is a hallmark of ADHD
 - Across time, activities, and circumstances
 - Success today does not equal success tomorrow
- ADHD people's performance is strongly influenced by interest

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The Bad News & Good News of ADHD

- ADHD creates additional struggles in every major realm of functioning
 - And in the lives of family members
 - ADHD is one of the most disabling of all the mental health diagnoses
- But it also responds pretty well to treatment
 - Especially integrative treatment: medication, therapy, education, lifestyle matters, coaching, organizing, etc.

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Impact on Health Outcomes

- ADHD negatively impacts future-oriented conscientiousness
 - This can have major health impacts
- ADHD-C adults had a reduced estimated life expectancy of 11.1 years
 - Significantly engaged more often in 8 of 14 risk factors
 - The ELE reduction for ADHD is mediated through obesity, diabetes, substance abuse, and accidents
 - Treating ADHD can benefit overall health

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Don't Re-Invent the Wheel

- The goal of diagnosis is to narrow the list of beneficial interventions
- ADHD-friendly strategies abound
 - Chadd.org, add.org, additudemag.com
- There is also value in re-interpreting ADHD behaviors
 - For partners and family members, too
- But ADHD isn't cured by learning the right strategies. . .

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What You're In For Today

- ADHD is all about time
- Getting the diagnosis right
- Medication improves consistency

- Individual therapy to strengthen mindset
- Family therapy for parents
- Couples therapy for better teamwork

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ADHD IS ALL ABOUT TIME

A more useful model for understanding and working with ADHD

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Our Clients' Dilemma

- Clients come to us to help them achieve their goals
 - Specifically their long-term goals

- So why do they undermine that progress by pursuing short-term goals in the moment?

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Time Management

- Time management involves:
 - Planning and . . .
 - Completing tasks . . .
 - In relation to time.

- This involves the abilities to both see time and feel the future
 - Awareness and motivation—need both

- ADHD involves an exacerbation of universal struggles

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Some Time Management Sub-Abilities

- Set priorities among competing options (plan well)
- Predict how long an activity will take
- Sequence various activities, taking time restrictions into account
- Monitor the passage of time during activities
- Notice the approach and arrival of a specific time
- Re-adjust priorities and activities in relation to time as circumstances change—speed up, reduce quality/completeness, change course, etc.

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Time Requires Attention

- Time management requires attention management
 - Distracted: a great plan gets lost when we get side-tracked—good intentions disappear
 - Hyperfocus: lose awareness of time passing—get distracted by current task and forget the rest

- Good attention regulation is dynamic

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Time Management Serves the Future

- Most tasks require some sort of time management unless they are very short and can be acted on immediately
 - Few goals can be pursued and completed in one moment
- Time management serves the future over the present—we manage time in the moment in order to pursue distant goals
 - Rather than simply responding to current stimuli

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Stop, Then Respond

- We're constantly surrounded by stimuli that are interesting in the moment but perhaps not worthwhile in the long term
- Working towards future goals requires disconnecting from present stimuli and goals
 - Barkley talks about response inhibition: the ability to inhibit an immediate response so the executive functions can operate

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It Gets Philosophical

- Time management involves internal (personal) rather than external (environmental) control over behavior
 - Do we make active choices about what to attend to and pursue?
 - Or are we hijacked by distractions?
- So, does time management serve free will—or vice versa?
- Does ADHD decrease free will?
 - And therefore does ADHD medication increase it?

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Big Concept #1: Time Horizon

- Time horizon = how close in time something needs to be for someone to consider acting on it
 - Gets farther out until age 30
- Also somewhat influenced by interest and motivation
 - Highly desirable tasks or undesirable consequences activate earlier
 - May be artificially activated by another's pushing/presence

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Future Myopia

- Barkley: ADHD causes future myopia—they don't see the future as clearly
 - Two times: now and not now
- People with ADHD have a shorter time horizon for their age
 - Planning into the future is difficult because future events don't hit their radar until the deadline comes closer into the now
 - Apathetic procrastination, then frantic scrambling

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Cost/Benefit Analysis

- Life involves infinite decisions about possible actions towards many possible competing goals
 - Some fun, some important (i.e., present vs future)
- The executive functions help us sort through all these options to pursue the best combination of compromises
 - With an eye towards creating a better future
- The relative cost/benefit between various tasks/goals is influenced by time horizon

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Big Concept #2: Temporal Discounting

- **Temporal discounting:** the further out a reward/punishment is, the less we feel it now
 - We feel the present more strongly than the future
- The siren song of the present tempts us to maximize the present at the cost of the future
 - This is the famous marshmallow experiment

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Blame Time Horizon

- Due to their shorter time horizon and therefore greater temporal discounting, those with ADHD choose options with more immediate payoffs
 - They *really* feel the present more strongly than the future
 - And are therefore less motivated to sacrifice the present for the future (unfair fight)
 - Until the future is almost the present (how did that happen?!)

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It Actually Makes Sense

- Over-favoring the present looks like bad judgment to others (who do it less)
- Yet those with ADHD are making reasonable (if ill-fated) decisions based on what they see and how they feel in that moment
 - Past experience doesn't change how they feel and therefore what they do right now
 - Neither do guilt-inducing lectures

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ADHD is not a disorder of knowing what to do. It's a disorder of doing what you know.

Russell Barkley, PhD

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ADHD = Too Much Present,
Not Enough Future

One needs to disengage from the present to see beyond it

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See Time by Externalizing It

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Manage Attention and Temptations

- Manage attention well as a foundation for managing time well
- Create a good work environment
 - Think about signal to noise ratio
- Preemptively eliminate distractions so you're more likely to stay on track
 - Every ping on your attention burns up some willpower

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Sense of Time Key Concepts

- Supplement your internal sense of time with plenty of clocks and external reminders
- Use alarms and other limits to notify you that a specific time has arrived
- Use a schedule to plan out your time

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Schedules: What When

- It's hard to do the right thing at the right time if you don't know what you're supposed to be doing now
- The more you use a schedule system, the better it works
 - It's an aid to achieving your goals
 - Even partial usage leads to tangible benefits
 - Schedules are not blood oaths
 - Add useful notes to the appointment

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Schedule vs To-Do List: Different Tools for Different Jobs

- Schedules are for time-specific tasks
 - Tasks that are supposed to happen at a specific time (e.g., appointments, meetings, etc.)
- To-do lists are for time non-specific tasks
 - They may have a deadline, but they don't have to be done at a specific time (e.g., call Roberto)

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You Need Both (sorry)

- Effective people need both a schedule and also a to-do list
 - A hammer isn't a drill and a drill isn't a hammer
- Claiming to be able to just remember everything is most likely a sign of denial or poor awareness
 - If you can remember everything you have going on, then you don't have enough going on

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Put To-Dos on Your Schedule

- To-do list items can languish forever
 - "Is *now* the time to work on that?"
- So make tasks time-specific (and more likely to be completed) by putting them into your schedule
 - Especially helpful for tasks with time constraints
 - If bumped, then move it somewhere else
 - Also makes time more concrete as your schedule fills up
 - You will need to hold firm on your appointments with yourself

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Feel the Future by Maximizing Motivation

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The Problem with Life

- Life involves a constantly shifting balance between pursuing competing goals, making it difficult to choose in any one moment
 - Some tasks are much more appealing than others
- Unfortunately, many tasks involve long delays before natural consequences kick in
 - Late tax returns, unhealthy eating, not doing daily homework, etc.

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By the time you feel it, it's too late.

The slogan of ADHD time management

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Temporal Discounting Kills Natural Consequences

- The farther out into the future something is, the less we feel it now
- In order to feel future natural consequences, we need to apply forward past experiences and re-create that feeling now
 - This is harder for folks with ADHD because the feelings of the moment rule the day

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Feel the Future Now

- Bring the future into the present by making consequences more:
 - *Immediate*—e.g., teen can't play video games until HW is done
 - *Frequent*—e.g., more frequent progress check-ins with boss
 - *External*—e.g., tell a friend you have to buy dinner if you're late

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Feel the Future Now, 2

- Bring the future into the present by making consequences more:
 - *Salient*—e.g., teen needs to pay you to drive if they miss the bus
 - *Consistent*—e.g., daily calorie totals in dieting app show totals for every meal
- Imposing artificial consequences is more effective than waiting for natural ones

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Pause and Picture

- Compensate for temporal discounting by pausing to visualize how you will feel in the future if you do or don't act now
 - Picture it as vividly as possible
 - Compare and contrast acting and not acting
 - How will future-you feel about present-you?
- The more you can bring the future into the present, the more likely you will be motivated into action
 - And, no, you won't hate it less later

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How can you tilt the odds of success?

Not perfect, just better

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DIAGNOSIS

Getting it right when comorbidities muddy the waters

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Errors Both Ways

- False Positives
 - Easy to over-diagnose, especially in self-diagnosis or with rating scales
- False Negatives:
 - Especially in girls and women with more obvious comorbidities
 - Isn't on clinician's radar screen
 - Inappropriate measures or criteria were used
 - ADHD is "normal" in their family

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Deficit in Attention Regulation

- ADHD is a deficit in attention regulation—keeping attention on the best stimulus for that moment
 - Sometimes shift too soon, sometimes stick too long—the most important stimulus isn't necessarily the stickiest
 - Hyperfocus actually supports a diagnosis of ADHD
- Can be distracted externally and internally
- ADHD is most obvious with boring tasks that lack an immediate consequence

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Knowing is Easier than Doing

- ADHD is a disorder of actualizing good intentions—with expected disappointment
 - Executive functions enable us to accomplish goals by reliably turning intentions into actions
- People with ADHD usually know what the right thing to do is, but don't do it consistently
 - Including when they are the ones to pay the price

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DSM-5: Imperfect but Better

- Observable symptoms that distinguish ADHD
- Still better describes ADHD in children than adults BUT kids need 6 symptoms whereas over 17 need only 5
- Gives examples of each symptom
- Raised age of onset (not necessarily impairment) to 12

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Three Requirements

- To count towards a diagnosis of ADHD, a symptom must be:
 - Persistent—present since childhood
 - Pervasive—present across multiple settings
 - Impairing—detract from performance and/or cause suffering
- Other conditions show more variability over short- and long-term
 - Or across settings/situations

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DSM-5 Criteria: Inattentive Cluster

- Often fails to give close attention to details or makes careless mistakes
- Often has difficulty sustaining attention in tasks or play activities
- Often does not seem to listen when spoken to directly

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DSM-5 Criteria: Inattentive Cluster

- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace
- Often has difficulty organizing tasks and activities
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)

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DSM-5 Criteria: Inattentive Cluster

- Often loses things necessary for tasks or activities
- Is often easily distracted by extraneous stimuli
- Is often forgetful in daily activities

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DSM-5 Criteria: Hyperactive/Impulsive Cluster

Hyperactivity

- Often fidgets with hands or feet or squirms in seat
- Often leaves seat in situations in which remaining seated is expected
- Often runs about or climbs excessively in situations in which it is inappropriate (adolescents or adults may be limited to feeling restless)

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DSM-5 Criteria: Hyperactive/Impulsive Cluster

- Often unable to play or take part in leisure activities quietly
- Is often “on the go” acting as if “driven by a motor”
- Often talks excessively

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DSM-5 Criteria: Hyperactive/Impulsive Cluster

Impulsivity

- Often blurts out answers before questions have been completed
- Often has difficulty waiting turn
- Often interrupts or intrudes on others (e.g., butts into conversations or games)

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Something Else or Both?

- Does another diagnosis or explanation better account for the clinical picture?
- Does the person have ADHD and also something else?
 - Probably

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ADHD Evolves Over Time

- The ADHD changes:
 - Hyperactivity tends to quiet down in adolescence into fidgetiness or subjective feeling of restlessness—less visibly obvious
- The world changes:
 - **Good news:** adults can choose (some) settings where their ADHD is less problematic
 - **Bad news:** symptoms become more disabling because teens and adults are expected to function at a higher level

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Diagnostic Interview

- A thorough interview is the best diagnostic tool
 - Assess performance across time and circumstances
 - Explore other explanations—correlation or causation?
- Look for a clear and consistent pattern of difficulties and under-performance (DSM, executive functions)
 - Despite good effort and good intentions
 - Much more so on uninteresting tasks
 - Especially when it hurts the client more than anyone else

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A Better Interview

- You can improve the accuracy by:
 - Spending at least an hour, preferably two
 - Including a second person (definitely for teens and young adults)
 - Examining old report cards or other reports
 - Asking non-leading questions
 - Exploring process, not just outcomes of life tasks
 - Looking for subtle effects, beyond the obvious (i.e. executive functions)
 - Exploring response to prior treatments

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Tone of the Interview

- Look for a sense of long-standing pain, frustration, and under-achievement
 - Struggle and failure despite good effort—avoidance comes secondary to prior failures
 - Knowing laughter
- How does the person answer your questions—rambling, forgets the point, interrupts, fidgety, etc.
 - How did they handle the logistics of scheduling and showing up?

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Unmuddying the Waters

- Other factors can make it harder to determine the cause of apparent symptoms
 - Comorbid anxiety, depression, substance abuse
- Look for the presence of ADHD prior to these factors or when they are less present
 - Ask client to attribute cause of difficulties
- Look for a “clear” family history—family stories

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ADHD vs Bipolar

- ADHD is slow and steady; bipolar has variation based on mood state
 - Sleep
 - Impulsive behavior
 - Money management
 - “You seem different”

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ADHD vs Borderline/Antisocial/Narcissistic

- ADHD have good intentions but poor execution
- Personality disorders have more internal and external disruption
 - Self-image
 - Emotional self-regulation
 - Interpersonal relationships
 - Impulsivity—types, causes, and severity
 - Rule following

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Assessment Instruments

- Testing is not required to diagnose ADHD (clinically)
 - Testing may be required by policy
- Current tests are better at detecting rule-outs than ADHD
 - A quiet, structured environment with a variety of (“simple”) tasks leads to false negatives
- Additional diagnostic information needs to be balanced against cost and time

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Rating Scales

- Rating scales capture EF deficits (and variability) far better than tests
 - Look at functioning in real life settings
- Allow input from other people who cannot attend the session
- Inter-rater variability is common
 - Does it reflect the rater or the setting's impact on the client?

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Resisting the Diagnosis

- Some people simply don't understand ADHD
 - Some people have poor self-awareness—especially teens and young adults (notorious under-raters)
- Some people don't want to be labelled
- Some people see a diagnosis as a liberating explanation for prior difficulties
 - Everybody is better at some things and worse at others

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Order of Treatment

- Comorbidities are common—where do you start?
 - Is ADHD driving other comorbidities?
 - Is a comorbidity a greater impediment?
 - Is the situation dire enough to do it all at once?
- Medication for ADHD can be optimized more quickly than most others
 - Which may clarify and/or reduce comorbidities

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MEDICATION

What non-prescribers need to know to help clients make informed choices

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An Interesting Contradiction

- The safety and effectiveness of ADHD medication has been demonstrated in thousands of studies

YET

- There is often a strong resistance to trying medication or a preference to try everything else first

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Medication helps people with ADHD do what they know.

Unfortunately, strategies only work when you use them.

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Reasons for Not Trying Medication

- Resistant to accepting the diagnosis
- Don't see the need, different priorities
- Inaccurate beliefs about risks, including addiction
- Prefer other interventions first or instead (behavioral, natural)
- Expense: prescriber and prescriptions
- Lack of prescriber
- Co-occurring conditions, interactions

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Medications for Nonprescribers

- To be fully effective, therapists need to know the meds well
- Too many prescribers:
 - Know too little about ADHD meds
 - Have too little time with patients
 - Don't see patients often enough
- The goal is an informed, well thought out decision process—like any decision

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Fully Inform the Decision

- A trial of medication does not leave someone forever changed
 - So where does the bar need to be set?
- The only way to know what medication will do *for you* is to try it
 - Let the group averages guide you
 - This may involve some patience to get it optimized

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Substance Abuse

- Untreated ADHD is a significant risk factor for substance abuse
 - Kids with ADHD who are treated with stimulants have less subsequent substance abuse
- Alcohol and THC self-medicate the symptoms and fallout of ADHD
 - And therefore stimulants are a better treatment—and facilitate sobriety
 - Poly-substance abusers need closer monitoring

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If stimulants are so addictive, then why do so many of my clients forget to take them?

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Dependency

- Some people don't like the idea of becoming dependent on medication (i.e., addicted)
- Addictive dependency makes your life smaller and carries a high cost elsewhere
- Medication helps you live a bigger life, so it's a different "dependency"
 - Am I dependent on my contact lenses?

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Some General Points

- Medication improves response inhibition
 - So the executive functions are applied more effectively
- Medication closes the gap between intentions and actions
- Need to balance the benefits with the risks and side effects
 - But there are risks and side effects of untreated ADHD too

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Stimulants (Dopamine)

- Oldest, best studied, and most commonly used medication class for ADHD
- Methylphenidate (~36-72 mg/day):
 - Ritalin/generic—lasts 3-4 hours
 - Concerta & Focalin XR (~20 – 40 mg) or generics—lasts 8-12 hours
- Amphetamine (~20-40 mg/day)
 - Adderall/generic—lasts 4-6 hours
 - Adderall XR/generic—lasts 8-12 hours
 - Vyvanse (~30-70 mg)—lasts 8-14 hours

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Extended Release Forms are Preferred

- Offer full day coverage with smoother blood levels
- Eliminate unintentional non-compliance from forgotten midday dose
- Can extend the coverage window with a small afternoon dose of the short-acting version
 - Or use the short-acting when less duration is needed

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Optimize the Regimen: Be Impatient & Greedy

- Start at a low dose and increase every 3-7 days until reach desired effect and duration
- Can you definitely tell the difference?
 - Can others?
- Does it last 10-12 hours?
- Is it still equally effective after a week?

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Switch It Up

- Start with whatever extended-release version is cheapest
- Is the problem the molecule, dose or delivery?
 - Optimize dose and delivery before ruling out molecule
- Methylphenidate, Adderall XR and Vyvanse are different molecules, so clients with a poor response to one should be switched to the other
 - There is no need to taper down

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Side Effects

- Tend to improve with time or by lowering dose
- Most common:
 - Rebound (add in IR before drop-off)
 - Appetite suppression (graze, eat intentionally)
 - Jitteriness
 - Feel flat or over-focused, zombied
 - Insomnia (take earlier or PM vitamin C for Adderall/Vyvanse)
 - Headache/stomachache (take with food)

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Contraindications

- Severe cardiac issues
 - Are mild blood pressure elevations of concern?
- Insufficiently managed bipolar disorder, seizures (?) or tics (?)
- Glaucoma
- Benefits not worth general side effects

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Non-Stimulants (Norepinephrine)

- Strattera—2nd choice (by far)
 - May also have some positive effect on anxiety
- Intuniv (guanfacine) or Kapvay (clonidine)—may help with rejection sensitive dysphoria
- Wellbutrin—last choice

- Slow to kick in but, if effective, can provide 24/7 coverage
- Can be used to supplement a stimulant

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Simple Value: Return on Investment

- Value depends on benefits versus costs
 - Is it worth it—relative to the alternatives?
 - Increasing the benefits or decreasing the costs changes the math
- In evaluating potential benefits and side effects, we need to also consider the costs of not treating
 - The costs of untreated ADHD are very clear (at least for groups)

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Complex Value: How You Define Success

- Success also depends on performance compared to expectations
 - What are you expecting this treatment to do?
 - What costs and side effects are acceptable?
- Perceptions of success also depend on what you look for and focus on
 - Benefits or side effects?
 - Who gets to vote?

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No Panaceas

- Whether you take meds or not, good performance still depends on using good habits and systems, working hard, getting enough sleep, eating well, etc.
- These are easier to maintain with meds, but medication won't undo bad habits
 - Is a change in medication efficacy based in the meds or lifestyle factors?

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Facilitate the Prescriber Appointment

- Therapists can help clients think through expectations and preferences and provide basic information before starting meds
- Also with assessing effectiveness of medication over time
 - Duration and timing of effect—others' opinions?
 - Side effects—related?
 - Make meds work for life and make life work for meds

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Alternative Treatments

- There is currently no cure for ADHD—treatment means lifelong management
- No alternative treatments have close to proven efficacy
- Delaying effective treatment is a cost
- Exercise and mindfulness generally benefit cognitive and emotional processes

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LUNCH!

Get yourself something nice—it's tax deductible

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ADHD is not a disorder of knowing what to do. It's a disorder of doing what you know.

—Russell Barkley, PhD

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In fact, people with ADHD know far better what to do, because they have been told far more often what to do.

—Ari Tuckman, PsyD, CST

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More Successes, Fewer Struggles

- Goal of treatment is improved consistency:
 - Reduce the frequency of EF glitches
 - Reduce the severity of the consequences (practical, social, and self-esteem)
 - Faster and better rebound afterwards
- Change what you can, accept the rest
 - Happiness requires both
 - And not just for the person with ADHD

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The Good Enough Threshold

- Perfection is nice, but not necessary
- Sometimes even partial progress creates a significant improvement:
 - Less late, less often
 - Less angry, quicker rebound
- Therefore success is more achievable

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Is the Problem Skills or Motivation?

- Rewards and punishment increase motivation but not skills
 - Success requires both
- A two-way street:
 - Confidence in one's skills increases motivation
 - Motivation to try something leads to experience which improves skills (to a point)
- Are you pulling the right lever?

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Education about ADHD Works at Two Levels

- **Emotional**—understanding ADHD neutralizes *unproductive* blame, guilt, shame, and frustration
 - Diagnosis can be liberating
- **Pragmatic**—knowing that one has ADHD suggests that certain strategies are more or less likely to be effective
 - With knowledge comes responsibility
- Also for romantic partners and family members

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Share Your Knowledge

- Indirectly
 - Your understanding of ADHD should be in the background of everything you say
- Directly
 - **Past**: explain how ADHD played a role in events in the client's life
 - **Present**: explain how suggested interventions are ADHD-friendly and therefore more likely to work

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INDIVIDUAL THERAPY

Build resilience and a stronger mindset

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You can't leave the past in the past if it's still happening in the present.

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Explaining Prior Treatment Failures

- Only treating secondary anxiety and depression is like painting the water stains on the ceiling without fixing the roof first
 - Explain why it is reasonable to now expect more
- Interpreting neurologically-driven behaviors psychologically only validates feelings of self-blame
 - Instead, acknowledge and normalize the client's struggles caused by the undiagnosed ADHD

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Better Self-Esteem & Agency

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Excuses vs. Explanations

- Excuses lower expectations and are ultimately limiting
 - They rely on others being willing to excuse
- Explanations offer understanding for why something is happening and what one can do about it
 - Knowledge is power, but the responsibility for change is on the individual to use that information

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Redefining Themselves

- Getting diagnosed may change how clients see themselves—profoundly
 - It's almost certainly better than prior explanations
 - Also for family members
- ADHD is a part of who they are, but not all of who they are
 - Having ADHD vs being ADHD
 - ADHD affects how they live their life, but doesn't rule their life

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I used to suffer from ADHD. Now I
just have it.

—Rick Green, *ADD & Loving It!?*

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Improvement is Only Half the Battle

- Improve functioning by building skills, but there are limits to this
 - Even for people without ADHD
- Work on acceptance of remaining limitations and weaknesses
 - This is easier if they value their strengths and work hard with what they have
 - Not passive resignation, but active acceptance

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Manage Your Reputation

- People assume intent based on actions—usually accurate, but not always
- So, be clear with themselves about their intent
 - Did they bring their best?
- Then convey that intent to others, especially when actions look otherwise
 - Own it, then fix it

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Resilience—Get Back on the Horse

- Few successes are linear
 - Expect setbacks—then keep going
 - ADHD is inherently inconsistent
- After a setback, work on acceptance without getting emotionally overwhelmed—address the problem actively and directly
 - Don't waste more time with negative self-talk
 - Go towards discomfort, not away

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Maladaptive Coping Mechanisms

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Acceptance of Chaos

- Many people with ADHD tend to live life two steps in front of the avalanche based in:
 - Skills: primary weaknesses in executive functions
 - Motivation: secondary psychological fallout as they avoid difficult habits or situations
- Solutions:
 - Skills: targeted treatment and strategies improve effectiveness
 - Motivation: reducing chaos makes it easier to accomplish *their* goals

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Avoidance

- Due to previous struggles and failures, many ADHD folks avoid difficult or unpleasant tasks
 - Neurology: difficulties with self-activation
 - Psychology: rationalize bad choices by talking themselves into it
- Solutions:
 - Neurology: Create more immediate rewards
 - Psychology: Focus on the future consequences

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Self-Mistrust

- The belief that they can't rely on themselves to do the right things at the right times.
 - Past: "Did I do everything I should have?"
 - Future: "Will I do everything I should?"
- Solutions:
 - Treatment makes success more likely
 - Trust is based on better processes and systems

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How to Actually Get Things Done

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Awareness AND Motivation

- Is the problem:
 - Awareness: knowing what needs to be done
 - Motivation: feeling the drive to do it
- First, get clear on what is getting in the way
 - "A problem well defined, is a problem half solved."
- Then, match the solutions to the problem

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Fill the Tank

- The double whammy:
 - ADHD makes it harder to manage sleep, diet, and exercise
 - Poorly managed sleep, diet, and exercise make everything harder
- Even partial improvements will be beneficial
 - Better focus, complex problem-solving, mood, and willpower
- Regardless of what happened yesterday, make today a good day

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Let Go of the Fantasy of the Magic Bullet

- There is no magic alarm, to-do list, or schedule app
 - They increase awareness, but not motivation
- Create a good enough system and then just use it
- Every time you use these tools is better than a time that you don't
 - How do you let yourself off the hook of using them?

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Get Clear on Your Priorities

- What are you working towards?
 - Why is this goal important to you?
 - How does this one task relate to bigger goals?
- How do competing goals rank relative to each other?
 - Relative value, not absolute value
- What is your North star in this moment?
 - How can you keep that front and center?

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Dump the Losers

- If you never get to or finish a task, maybe there's a good reason why
 - Procrastination = your present self doesn't want to do it but your future self wants it to have been done
 - Not a priority = your present self doesn't want to do it and your future self doesn't care
- Is this actually someone else's goal?
- False goals use up mental energy

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Stop Lying to Yourself

- What are your favorite lies?
 - I don't have to write that down—I'll remember it
 - I can do that later
 - I will be more productive after I . . .
- Keep an eye out for your biggest culprits
 - If you had to bet \$1000, would you bet for or against this optimism?
- Do what you want, just be honest about it

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Clarify Ambiguity: What How

- Ambiguity drives procrastination
 - Sometimes job one is to figure out what the job is
- Why are you trying to accomplish this?
 - This is your motivation
- Do ask, do tell
- Be willing to flounder around and have faith in the process
 - Perhaps with something of an intentional plan
 - Bite the bullet on some choice point decisions

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All Work & No Play Makes Jack a Dull Boy

- We all need time to unwind with enjoyable activities
 - Active and engaging or passive and freewheeling
- Relaxation recharges willpower
- Make a real commitment to downtime
 - Without guilt hanging over you
 - Without blending work and fun that is neither productive nor enjoyable

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Disappoint Early

- Avoid false agreements
 - Get clear on whether you want to do it
 - Think about whether you can actually do it
 - Be willing to tolerate the other person's reaction if it's no
- Disappointing early gives the other person more time to adjust
 - Or make their case

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How can you tilt the odds of success?

Not perfect, just better

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FAMILY THERAPY

For parents of children, teens, and young adults with ADHD

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Family Functioning

- Children with ADHD require more oversight and tend to evoke more negative reactions
 - Also, under-functioning kids evoke over-functioning from others
- A parent probably also has (untreated) ADHD
 - So the other parent is probably twice as tired
- All kids benefit from consistency—especially some
 - How do we get the parents more on the same team?

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ADHD is a disorder of self-regulation with a 2-4 year delay

Independence is based on abilities, not age

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Chaos Begets Chaos

- Weak executive functions lead to forgetfulness, disorganization, procrastination, lateness, sleep deprivation, bad eating habits, etc.
 - Creates an even more difficult situation to deal with
- Reducing chaos reduces the burden on the executive functions so they can function at their best
 - But they will fight you on it

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Think Signal-to-Noise Ratio

- ADHD reduces internal control, so we need to manage the environment more
 - How can we make the signal stronger?
 - How can we make the noise weaker?
- Don't set them up for failure and you up for disappointment
 - Willpower and self-restraint rarely work as well as we hope
 - Kids with ADHD are optimists (and their parents want to be)

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Manage Distractions Preemptively

- Manage attention well as a foundation for staying on track
- Create a good work environment
 - Whatever that means for the child
 - When in doubt, run an experiment—let the results decide
- Preemptively eliminate distractions so child is more likely to stay on track
 - Easier than wrestling them back to the task

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Handling Homework

- Give kids as much freedom as they can handle
 - With ADHD, it's probably less than their age suggests
 - It definitely involves more oversight than they want
- Ask teachers about their homework and test patterns and expectations
 - Find out where things get posted
- Identify students in each class who can be contacted to find out HW, clarify, etc.

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Using the Online Grade Book

- Set a measurable grade standard with the child
- Set a frequency for when parent will check the online grade book (and actually do it)
- Set the rewards and punishments that are earned until the next check in
- Go by what the website says

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Increase Motivation, Clarify Skills

- Eliminates battles by letting privileges do the talking
 - Shortens the time lag between action and consequence
- By ensuring motivation, you can better see skill/strategy deficits
- Change frequency or standards as needed to stay on track

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More Communication & Coordination

- Students with ADHD will probably require more communication and coordination with the school
 - Ask teachers what you can do at home to support their work
 - Ask where are the best places to flex
 - Respect teachers' busy schedules
- Stay in contact with other parents to find out what is going on

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Grades Matter, But . . .

- GPA is less important than:
 - Being an engaged learner
 - Feeling like an effective learner
 - A positive relationship with parents and teachers
- Death marches to perfection do more harm than good
 - A few missed assignments are not the end of the world
- We are preparing our kids for life beyond school

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The Teenage Power Struggle

- Teens have a high desire for independence—but lower ability
 - This is even more true with ADHD
 - Unfortunately, they don't see what they don't see
- Parents understandably want more control over the teen's behavior, but . . .
- . . . the teen understandably wants to make their own choices

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Set the Expectations for College (& Beyond)

- Teens need to convince parents too, not just the admissions office
 - Starting way before senior year
- Talk to the teen about specifically what you need to see to feel confident that they are ready for college
 - Create concrete requirements for greater freedom
 - Connect their motivation for college to what it will take to get there
 - Focus on what matters the most

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Focus on a Sustainable Process

- Over-reliance on luck, smarts, and charm isn't sustainable
- Better predictors of long-term success:
 - Not just outcome (grades), but process (how work gets done)
 - Keeping track of tasks and obligations
 - Keeping track of necessary items
 - Managing time well, including getting places on time
 - Sleep, diet, exercise, etc.
 - Stress management and balancing work and play

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Everything Feeds In

- Have regular check-ins to review progress—what's going well and what isn't
 - Compare recent behavior with criteria
 - Praise the positives, too
- They benefit from being reminded of how current actions connect to future goals
 - Matter of factly
 - Without being nagged

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The Application is Diagnostic

- Applying to college involves many multi-step processes with significant delays and occasional following up
 - Completing application
 - Chasing down recommendations
 - Studying for SAT, ACT, etc.
 - Scheduling visits/interviews
- Performance here may be predictive of their overall college performance

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Foster Understanding

- Many teens resist interventions because they don't understand how ADHD is impacting them
- It's important for the teen to understand how their deficits impact their performance
 - Until mid/late twenties, they often underestimate the impact
 - Focus on specific examples and patterns
- Identifying the causes of problems gives them more control over future outcomes

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Run Failable Experiments

- Some teens need to be convinced, so try an experiment
 - Something parents can tolerate not working out
- Draw up the terms:
 - Who does what—and not
 - How long it will last—and what pulls the ripcord
 - Criteria for success and failure
 - Consequences of success and failure
 - Then stay the hell out of it

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Active Problem-Solving is Key

- Ability to go beyond standard procedures to solve problems:
 - Recognize there is a problem
 - Ask questions in class
 - Contact teacher
 - Seek tutoring, etc.
 - Put in extra effort
- This is one of the most important skills!

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Active Problem-Solving Barriers

- Unaware of the problem until too late
- Unable to activate in time
- Unwilling to do the work or tolerate discomfort
 - Discomfort is too great, have other priorities, entitled or naïve
- Anxious about talking to teachers, etc.
- Black and white thinking: "Only stupid people need extra help."
- Pessimistic, self-fulfilling prophecies

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A Smoother Transition

- A preemptive gap year beats a forced one
 - Cheaper and also keeps options open
- The jump from HS to college is too big for some
 - Often less about the academics than the life management
- Some students need a stepped transition from HS to college

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A Gap Undoes the Power Struggle

- Parents often worry more than the student about his/her readiness for college
- Parents feel responsible for ensuring the student is ready for college
 - Like pushing a rope
 - Instead, use consequences (pulls behaviors)
- It's the student's job to prove they are ready
 - Let them pull the rope

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Play the Long Game

- No one needs another failure
- The point of college is to create a good life
 - Some students take the long way to get there
 - Some can create a good life without college
- Therefore, keep the longview—one semester will not make or break anything
 - If they are not yet willing or able, then hold off

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COUPLES THERAPY

Get partners on the same team and happy to be there

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Relationships Drive Personal Growth

- Practical skills are important. . .
 - So we want to reduce symptoms
- . . . But ultimately the goal is a meaningful life
 - Do the (remaining) symptoms interfere with that?
- A big part of a meaningful life is satisfying relationships
 - To keep them satisfying, we need to work on ourselves

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A good relationship pushes you to become a better person.

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An Individual Condition. . . with Relationship Dynamics

- ADHD impacts one's ability to be the partner one wants to be
 - And the other partner's, too
- ADHD-based mistakes can be easy to personalize
 - And get defensive about
- We want partners to be reliable, consistent, and supportive. . . but also fun and interesting
 - Partners can polarize each other (and squeeze out sex)

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The Classic Dynamic

- It's easy to fall into the stereotypical dynamic of the under- and over-functioner
- With all the accompanying anger, nagging, avoidance, and general frustration—all of which make sense
- Casualties mount on the battlefield of daily demands
- Death by a thousand cuts
- ADHD is an obvious contributor, but the other partner is still half of the relationship

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The Easy Slide into Over-/Under-Functioner

- Non-ADHD partners often have more responsibilities on their mental radar
 - This mental/emotional work can feel as burdensome as the physical
- Non-ADHD partners often activate earlier
 - And therefore are “always” the one who has to plan, do, coordinate, and/or track the work
- ADHD partners often feel like whatever they do is too late and probably not good enough

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ADHD doesn't invent new problems;
it just exacerbates the universal ones.

For individuals and couples.

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It's Universal

- Every couple needs to negotiate different desires and ways of doing things
- ADHD exacerbates these universal struggles
- ADHD shortcomings can become a scapegoat—but the universal work still needs to be done
 - What is ADHD symptoms to be treated/managed?
 - What is just personality differences to be accepted?
- Treating ADHD may then foster these universal discussions

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Get Clear on Preferences vs. Limits

- We all have preferences based on personality and experience
 - These are not factual, no matter how moralistic we get about them
 - We can choose to be flexible about both the means and the ends
- Limits are preferences that we cannot flex on without selling out our integrity
 - Which would inevitably spill out somewhere else
 - We choose to hold these lines
 - But you only get a few

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Break the Anger/Avoidance Cycle

- Conflict avoiders need to talk more
 - About their desires, to inquire about what their partner wants, etc.
 - Go towards disagreements by strengthening distress tolerance for anxiety, shame, anger, etc.
 - How can your partner facilitate this?
- Angry partners need to talk better
 - Ask for what they want directly, gently, and without assumptions, editorializing, running the laundry list, etc.
 - Strengthen emotional self-regulation and slow behavioral responses

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Make & Take Requests Cleanly

- Make a clean request:
 - Is specific in what is being asked
 - Stays on only one topic
 - Doesn't wander into justification or criticism
- Take the request cleanly:
 - Consider only what is being asked, without any history
 - Stay on the topic at hand
 - Don't believe everything your partner says

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Make Time to Talk Business

- Meet weekly (at least) to talk through what is happening
 - Bring your to do list and calendar
 - Add items to a shared online calendar in between
 - Agree on what will be done—or won't be
 - Check in through the week
- Show respect (do the task) and appreciation (for the doing)

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Discuss Where Reminders Fit

- Non-ADHD partners can serve as external executive functions
 - But do they want to? And does their partner want them to?
- Partners should discuss how, when, and where these reminders should be given
 - Non-ADHD partner needs to balance security and effort
 - ADHD partner needs to balance success and autonomy
 - Working *with* versus working *for*

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Anxiety Management

- External anxiety management: do something to address it
- Internal anxiety management: recognize this isn't the time to act and focus instead on calming oneself
- It may be a judgment call about which to use
 - Folks with ADHD tend to feel the anxiety closer to the deadline
- Help partners understand each other's tendencies

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Right or Happy?

- Two parallel truths
 - You can't have something done by someone else and also done your way
 - You can't have too much done by someone else and also have them be happy about it
- What's more important to you—and what price are you willing to pay for it?
 - No, seriously?

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With Knowledge Comes Responsibility

- Understanding ADHD's many impacts on daily functioning can help couples create better systems and expectations
- This carries the responsibility to use that information well
 - For both partners
 - Challenge the "yeah, buts"
- Drop the shoulds, morality, and comparisons and focus on what will meet each partner's needs

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We Are Responsible for Our Own Happiness

- ADHD can create feelings of powerlessness
- If a partner is unhappy about the situation, what can they do to shift it?
 - What choices are they making that contribute to that unhappiness?
 - Where are they stubbornly persisting? Or avoiding?
- Perhaps revisit the decision to change or accept
 - And what each would take

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Between the Hammer and the Anvil

- High barriers to exit drive growth by creating a dilemma
 - Ending the relationship is too difficult
 - Staying in the status quo is also too difficult
- Therefore, happiness requires one of two possible third options:
 - Find a way to tolerate leaving
 - Find a way to make it worth staying
- This is how relationships push us to become a better person

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It's OK to Not Be OK

- Sometimes we have to tolerate our partner not being OK
 - ADHD partner's self-inflicted problems
 - Non-ADHD partner's anxiety-driven need for certainty
- Sometimes being caring means holding steady while our partner figures out what they need to do
 - Without volunteering to solve it for them
 - Without volunteering to be a scapegoat

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Give Away Your Dilemma

- Romantic partners get stuck between two bad options and an unavailable third option
 - "I don't want to keep nagging you, but I also can't be OK with that bill not getting paid. What do you want me to do?"
 - "I don't want you to feel anxious, but I also can't guarantee that I will remember to do that tomorrow. What do you want me to do?"
- Expresses needs more directly, avoids blame, supports agency, and shifts to problem-solving

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Who Do You Want to Be?

- Nothing in long-term relationships happens in a vacuum
 - So it's easy to justify our own bad behavior and shortcuts based on what our partner did
- But ultimately, we are responsible to our own integrity
 - How do you want to be in this relationship?
 - Is your behavior likely to work out well?
 - And what might your good behavior elicit from your partner?

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Make Time to Have Fun

- Busy partners stop enjoying each other
 - Chores and solo activities take over
 - Lose goodwill to weather the inevitable bumps and bruises
- Occasional date nights (or whatever) are important
 - No shop talk!
- But even just quick check-ins are helpful
 - Sometimes it's work to find something fun

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Good Sex is Good for Your Relationship

- Relationship satisfaction and sexual satisfaction are highly correlated
 - Good sex requires good behavior. . .
 - And also brings out good behavior
- So working on one will tend to improve the other
 - And improving one will require working on the other
 - What gets in the way of a more satisfying sex life?
 - What gets in the way of more frequent encounters?

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What kind of person do you want your relationship to push you to become?

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The Bad News & Good News of ADHD

- ADHD creates additional struggles in every major realm of functioning
 - And in the lives of family members
 - ADHD is one of the most disabling of all the mental health diagnoses
- But it also responds pretty well to treatment
 - Especially integrative treatment: medication, therapy, education, lifestyle matters, coaching, organizing, etc.

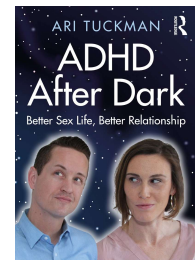
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- Recordings of past presentations
- Handouts and articles



ADHD & Relationships
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