A photograph of three young girls laughing together, overlaid with a semi-transparent dark grey filter. The girls are in the center of the frame, smiling broadly and laughing. The background is slightly out of focus, showing what appears to be an indoor setting with a plant and a wall.

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

A pair of black-rimmed glasses is resting on a stack of papers. A red ribbon bookmark is visible on the left side of the papers. The background is slightly blurred, showing more papers and a wooden surface.

updated slides at
www.dalewisely.com/files

People with ADHD

...don't get the treatment they deserve because of obstacles to adequate treatment --serious potential implications for bad life events & outcomes.

Life of the child (or adult?) with ADHD

Inadequate treatment

Most adults in their life don't understand disorder. Myths abound.

Often shunned/not liked

Judgments made about their character.

Get fussed at *all* the danged time.

“Growing out” of ADHD

New analysis of data (Roy, et al. *J. of American Acad. of Child & Adolescent Psychiatry*, Nov 2016, Vol 55, # 11)

- 450 subjects, average age 25, diagnosed ADHD as children.
- About 50% no longer had significant impairment. 50% did.

“Growing out” of ADHD

Group that DID have significant impairment in their 20's.

- More severe symptoms when diagnosed
- More co-occurring disorders
- More mental health problems in their parents

Fair statements? ADHD can contribute to...

Disability

Unintentional
injuries

Acad. & Voc.
Underachieve-
ment

Substance
abuse


Health
problems

Premature
death

Social/relationship
problems



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

A man with a beard and dark hair, wearing a blue button-down shirt, is shown in profile, looking to the right with a thoughtful expression. His hand is resting on his chin. A green speech bubble with rounded corners is positioned to the right of his head, containing white text. The background is a plain, light-colored wall.

Behavioral
treatment is not
available or
affordable to us.



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

```
graph LR; A[Symptoms recognized] --> B[Motivation to seek care]; B --> C[Access Care]; C --> D[Diagnosis]; D --> E[Treatment Initiated]; E --> F[Care over time];
```

Symptoms recognized


Motivation
to seek
care

Access
Care

Diagnosis

Treatment
Initiated

Care over
time



Levels of obstacles to ADHD care

Individual

Family

Community (church/school)

Systemic (access to care)

	Symptoms recognized	Motivation to access care	Accessing care	Diagnosis	Treatment initiated & Treatment f/u
Obstacles					
Individual					
Family					
Community					
Systemic					

Obstacles

Individual

Family

Community

Systemic

Who has ADHD?

What treatment *do* they deserve?

What are obstacles to this treatment?

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





Who are *they*?

What's a good-enough evaluation?

At this step, what are the barriers?

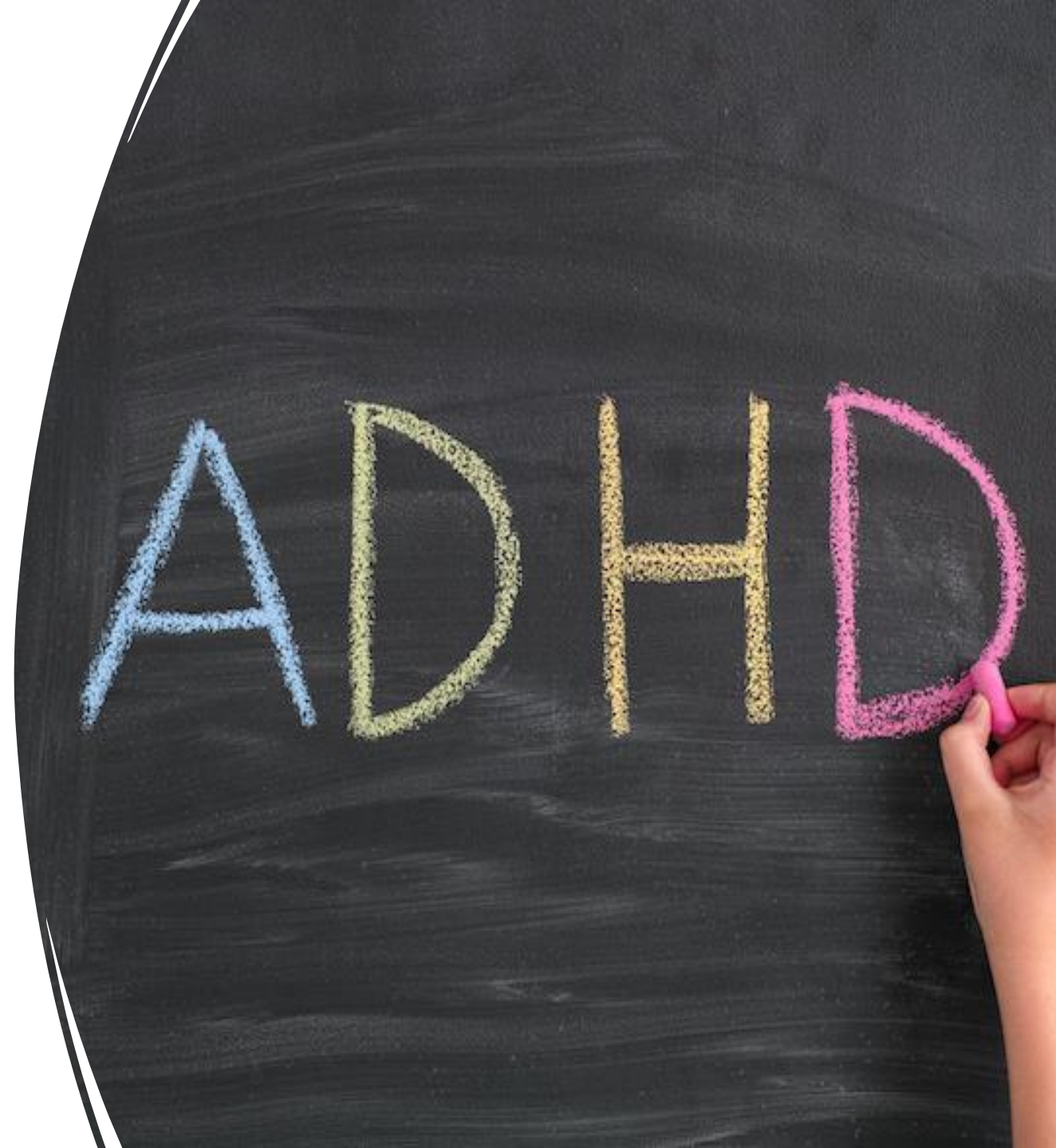
Overdiagnosis and/or Underdiagnosis?



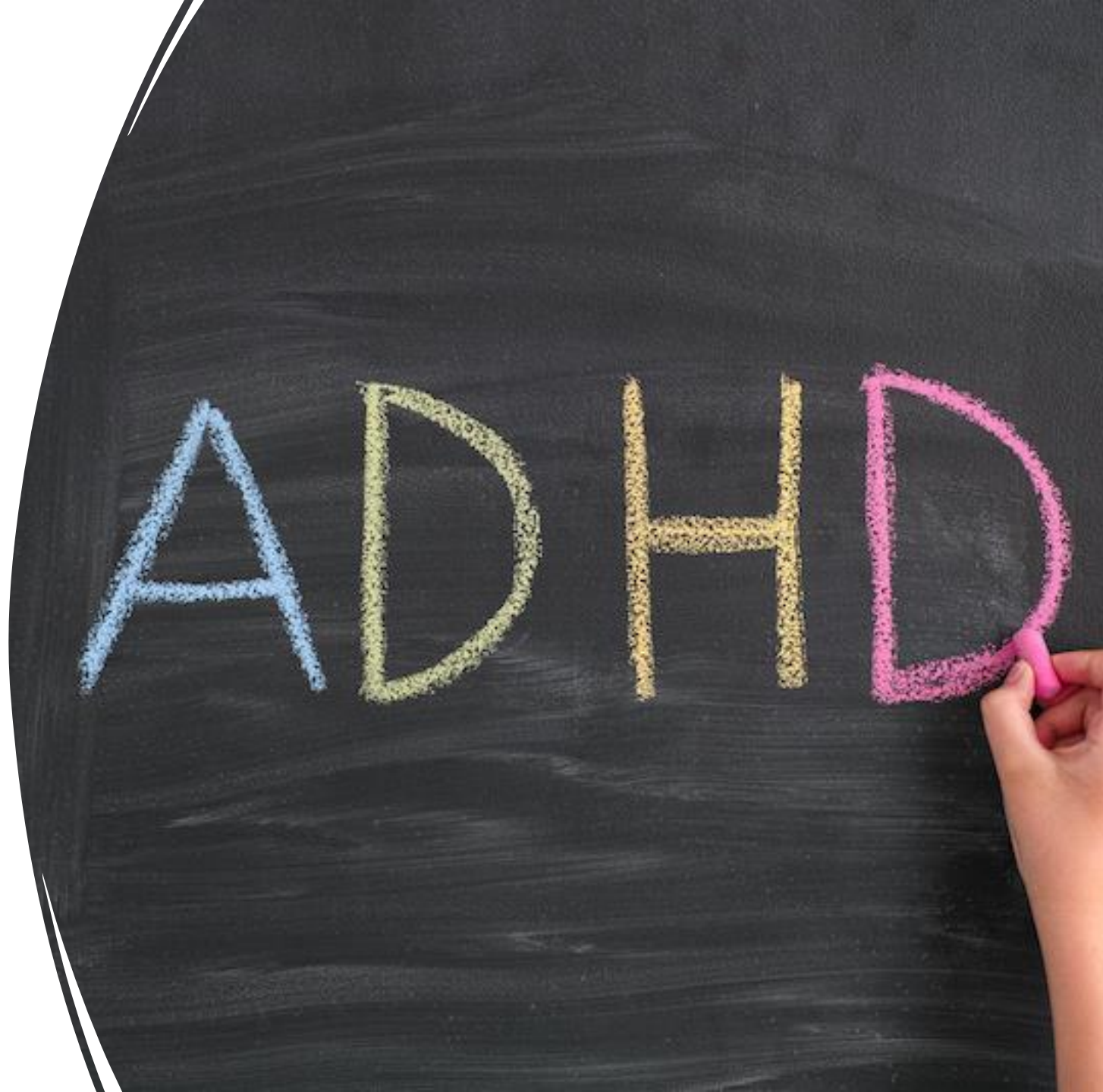
Fear of
"Labeling" a
Child with
ADHD Might
Bring
Decades of
Struggle

Core Deficits

- Inattention (often *persistence* of attention)
- Hyperactivity/Impulsivity (Impairment in behavioral inhibition)
- Arguably: Emotional Dysregulation/Emotional Impulsivity



Associated
issues



What
treatment
do they
deserve?



Survey says...

ADHD treatments with *best evidence**

Core symptoms (inattention, impulsivity, hyperactivity) (Note: Emotional dysregulation?)	Stimulant meds (1 st line) Behavior therapies 2 nd line meds (Atomoxetine, extended-release alpha-2 agonists) IEP / 504
Oppositional/defiant/conduct disorder	Parent behavior management School behavior management
Depression/anxiety/PTSD/other comorbidities	Appropriate treatments for those (CBT, medication, etc.)
Family conflict, family dysfunction	Family therapy
Underachievement, learning/language d/o	IEP/504

*Adapted from Wolrach, M. & Hagan, J. *ADHD: What every parent needs to know* (3rd Edition). 2019, American Academy of Pediatrics.



Now you get *my* opinion:

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

*Small effect on ADHD core symptoms: (Seiffer, B., Hautzinger, R. et al, May 2021, *Journal of Attention Disorders*

<https://doi.org/10.1177/10870547211017982>



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

What are
obstacles to
this treatment?



	Symptoms recognized	Motivation to access care	Accessing care	Diagnosis	Treatment initiated & Treatment f/u
Obstacles					
Individual					
Family					
Community					
Systemic					

Treatment rates

- 69% of children with current ADHD (parental report) were taking meds for ADHD in 2003-2011 survey period (CDC, 2014)
- 4-6% of teenagers (12-17)
- 1-2% of young adults
- Lower rates: Blacks, Hispanics, Asians

U.S. Centers for Disease Control and Prevention (CDC). (2014). Key Findings: Trends in the Parent-Report of Health Care Provider-Diagnosis and Medication Treatment for ADHD: United States, 2003–2011.

Johansen, ME et al. (August 2015). Attention Deficit Hyperactivity Disorder Medication Use Among Teens and Young Adults. *Journal of Adolescent Health* 57(2):192–197.

Lower rates of diagnosis: Blacks, Hispanics

African-American youth 70% less likely than white youth to be diagnosed by age 8, other studies show that discrepancy as early as Kindergarten.

50% lower diagnosis rates in Hispanics

September 2016, *Pediatrics*, Black kids more likely than White kids to show symptoms

Less diagnosis means less treatment, (lower rates of med Rx is documented) although there are other factors

Access to care

More likely to be labeled “bad kid” or a kind of “what do you expect coming from where they come from?”

Community stigma

A rational case that few with ADHD get adequate treatment : **Medication**

Patient/Parent Resistance

- Side effects
- Social factors (in-law effect)
- 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..."

(13%-64% say Adler & Nierenberg:
10.3810/pgm.2010.01.2112)

A rational case that few with ADHD get adequate treatment

Parent and Patient Education / Behavior Training

May require a LOT to be effective

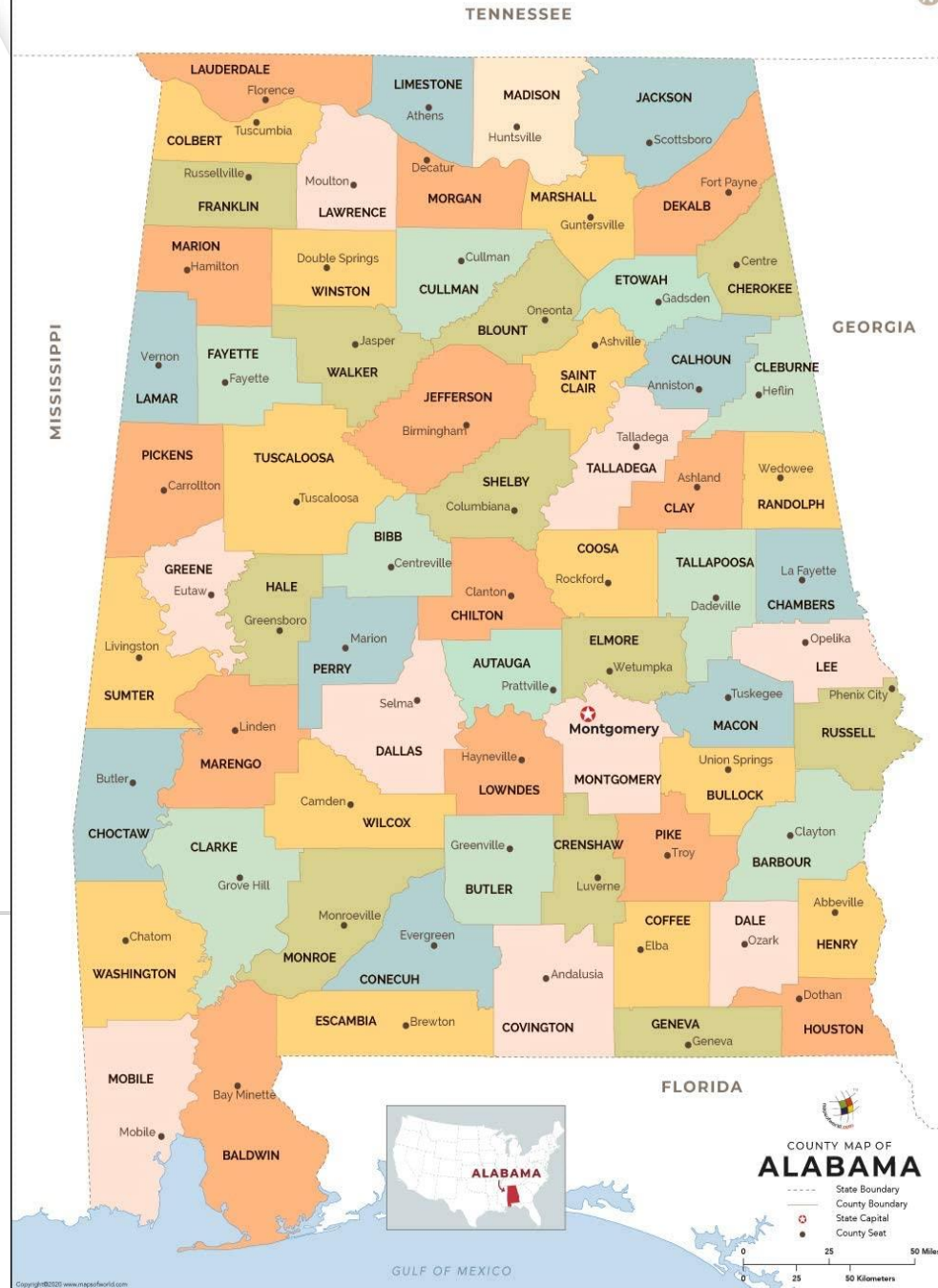
- MTA: May be only modest gains vs. meds only
- Cost
- Non-Availability (access to care)
- Lack of Persistence
- Parental ADHD/MH problems

A rational case
that few with
ADHD get
adequate
treatment

School needs

- Inadequate understanding of ADHD by school personnel
- Escalating demands for 504s, limited resources, unfunded mandate
- ?

The biggest problem?



Close y'all's
clinics!



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



Long Term Outcomes: Meta-analysis

- 98 studies, 1980-2015. Minimal follow-up of 2 years. *
- ADHD associated with adverse outcomes
 - Academic: including, failure to complete high school
 - Criminality: Arrests
 - Unemployment

*Erskine, H, Norman, R, et al (2016): <https://doi.org/10.1016/j.jaac.2016.06.016>

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)



33-year
follow-up

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
- No differences in mood disorders or anxiety


33-year
follow-up

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)
- 

ADHD & Girls: (UCLA, PEDIATRICS, Oct 2016)

2000 girls between 8-13

Co-occurring disorders	ADHD GIRLS	Non-ADHD GIRLS
Anxiety Disorder	38%	14%
Depression	10%	3%
Oppositional/Defiant	42%	5%
Conduct Disorder	13%	<1%

Girls with attention deficit hyperactivity disorder are at higher risk than girls without ADHD for multiple mental disorders that often lead to cascading problems such as abusive relationships, teenage pregnancies, poor grades and drug abuse.

What kills,
disables,
injures, &/or
otherwise hurts
teenagers and
young adults?

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

Plus

- Legal problems
- Family conflict
- Peer problems
- Academic underachievement

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)

Plus

- Legal problems
- Family conflict
- Peer problems
- Academic underachievement

How does ADHD impact these?



Would adequate care of ADHD include work at intersection of ADHD & those risks?



Teen driving

Substance abuse
prevention/treatment

Increased mental health
screening

ADHD impact

Driving: ADHD youth have more...*

- Crashes
- Greater costs from crashes
- Injuries
- More fatalities
- Traffic citations for reckless driving, driving w/o license, hit & run, revoked / suspended licenses
- Road rage incidents
- DUI

*Fabiano, G., & Schatz N (2015). Driving risk interventions for teens with ADHD. In Barkley, R. (Ed.) *Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis & Treatment*. New York: Guilford.

parentingteendrivers.com

PARENTING THE TEENAGE DRIVER

DALE WISELY, PH.D.

[WELCOME](#) [FACTS: TEENS & DRIVING](#) [WHAT FACTORS PUT TEEN DRIVERS AT RISK?](#) [WHAT A PARENT CAN DO](#) [THE CONTRACT](#) [BLOG](#) [ABOUT/CONTACT](#)

[SPECIAL TOPICS AND LINKS](#)

WELCOME

Hello. I'm [Dr. Dale Wisely](#). I have been providing free workshops for parents on teen driving for 20 years. On this website, we're going to give you a little info on teen driving, outline what parents can do to help their kids survive the teen driving



SEARCH

ABOUT THIS SITE

This is a free public service website. Everyone on it is free. We have nothing to sell. There are no ads. Period.

ADHD Impact

Mental Health*

- 67%-80% of children & adults with ADHD have a 2nd 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>)

A woman with long brown hair, wearing a white ribbed sweater, is gesturing with her hands as if speaking. In the foreground, the hands of another person are visible, holding a pen and writing in a notebook. The background is a blurred blue surface.

Consider this approach

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



Overcoming obstacles to care

- **Medication**

- Parent education & training
- School interventions


- Parental ADHD
- Access to care



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.”
- Stimulant treatment does not increase risk of substance abuse and might mitigate it.
- Your child is not a zombie.





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

- Weight/growth issues may be an issue, but are most often absent, minimal, and/or 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.)

Overcoming obstacles to care

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



**No greater blessing in the life
of a child with ADHD than
adults who understand ADHD.**



Parent behavioral training & parent education about ADHD are not same

ADHD PARENT
EDUCATION

The diagram consists of two concentric circles. The larger, outer circle is blue and contains the text 'ADHD PARENT EDUCATION' in red. The smaller, inner circle is also blue and is positioned at the bottom right of the larger circle, containing the text 'Behavioral training' in black. This visualizes behavioral training as a component of the broader ADHD parent education program.

Behavioral
training

Parent Education about ADHD

The more parents understand nature of disorder (beyond inattention & 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 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 & decide to make my parents' lives miserable.



How to do
it?

Access parents' resources and consider options, but most of all, emphasize that it is **ESSENTIAL** for caring for their child.

Maybe not financially feasible in office setting.

- Classes (good luck)
- Support groups
- Online material (help w/ quality control)
- Books (ditto on quality control)

My ADHD series for parents (Slides available on request. Email dalewisely@gmail.com)

Three 90-minute sessions

I. The Disorder(s)

II. Treatment

III. School and Home

(notes about paying attention)

- Attention span is often *fine* in activities child finds interesting & fun.
- Q: Can child pay attention to *not-so-interesting & fun stuff*?
- Good days/bad days.





The image shows the exterior of a Target store. The upper portion of the wall is a vibrant red, featuring the large, white, three-dimensional Target bullseye logo on the left and the word "target" in a bold, lowercase, sans-serif font to its right. Below the red section is a grey, textured concrete wall. In the foreground, a woman wearing a white tank top, black leggings, and a blue face mask is walking from left to right, carrying a white Target shopping bag. To her left, there is a red spherical object on the ground, a silver trash can, a black fire extinguisher, and a metal bench. A sign on a pole reads "FIVE LANE NO PARKING OR STANDING". A small tree is planted in a circular bed to the right of the woman. A door is visible on the left side of the grey wall.

target



no financial ties
I have nothing to disclose
my pockets, empty



Overcoming obstacles to care

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





“.....It
wouldn't be
a school.”

Some tips on interacting with schools

Beyond IEP/504

- School personnel often think psychologists don't *get* the reality of schools.
- Humility & appreciation go a long way.
- At most, psychologists are a member of a team that designs a plan. We can't dictate it.



Some tips on
interacting
with schools

- Consider the downside of adversarial position.
- Re: 504. Show understanding of the problems trends in 504 have caused for schools and, perhaps, by extension, some students with ADHD.