Understanding the Beauty Behind Distraction:
Attention-Deficit Hyperactivity Disorder and Substance Use Disorders

Presented by
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Learning objectives

01. The participant will be able to verbalize common co-occurrences of ADHD and SUD.

02. The participant will be able to conduct a customized adult ADHD assessment that is strengths-based and positive-focused.

03. The participant will be able to modify traditional CBT strategies to more accurately treat co-occurring ADHD and SUD.
1. ADHD (or ADD) is not a real disorder

- Over 16,000 clinical and scientific publications have been published on ADHD since as early as 1775 to the present day, (Barkley, 2015).
- Brain scan differences show:
  - Cortical thinning in the frontal regions
  - Reduced volume in the inferior frontal gyrus
  - Reduced gray matter in the parietal, temporal, and occipital cortices (Matthews, et al. 2014)

2. ADHD is a childhood disorder

- Studies over the last 20 years have consistently shown that ADHD persists from childhood to adolescence in 50 – 80% of cases, and into adulthood in 35-65% of cases (Owens et al., 2015).
3. Girls Have Lower Rates and Less Severe ADHD than Boys

- A 20-year systematic review of literature on ADHD diagnosis validates that girls with ADHD actually experience the same extent of substantial impairments as boys.
- Girls are at risk of the same co-occurring disorders.
- Although 13.3% of boys compared to 5.6% of girls were found diagnosed of ADHD in a 10-year study of over 10,000 cases...when following those cases into adulthood the prevalence of diagnosis balanced out to 52% v. 48%.

4. Minority Children are Over-Diagnosed with ADHD and are Over-Medicated

- ADHD has been primarily diagnosed to white patients.
- 11 – 13% of white children are diagnosed compared to 6 – 8% of African American or Latino children.
- Yet, when comparing adult diagnosis there is minimal difference.
Myth #5

Medication Treatment for ADHD will increase risk for addiction

Why do some believe that ADHD Medication Treatment increases the risk of Addiction?

Unpacking Myth #5 ADHD Medication Treatment Increases Risk of Addiction

✓ Co-Occurring symptom of ADHD/SUD is lack of impulse control and increased hyperactivity, or inability to control risk taking behaviors.
✓ Stimulant treatment is well known to improve a patient’s social, professional, and academic level of functioning by promoting an enhancement in self-esteem and decreased need for self-medication.
✓ Over 20 years of validated studies show LESS substance abuse of those receiving treatment for ADHD compared to those NOT receiving the same medical treatment.

Additional Considerations

✓ There is understandable concern, due to the addictive properties of stimulants.
✓ These understandable concerns are fueled by media hype, books written by unqualified paraprofessionals.
✓ The predominant study referenced to validate these concerns is a study on rats that showed addictive behavior after stimulant-treatment.

- Unfortunately, these outdated studies from the 90s included animals receiving 50 – 200 times the dose of stimulants than what is normally prescribed for ADHD.
- Easily debunked in the last 12 years of follow-up studies, which is why it’s receiving less and less media attention.


Unpacking Myth #5 ADHD Medication Treatment Increases Risk of Addiction

In a review of 10, more recent, studies:

• Six (6) of the studies demonstrate clearly that earlier ADHD treatment results in reduced substance abuse.
• Three (3) studies show no difference.
• No (0) study shows any increased risk of substance abuse when the severity of ADHD is factored in.
• The rate of substance abuse cases (indexed by substance-related death, crime, or hospital visits) during 2009 was 31% lower among those prescribed ADHD medication.
• Also, the longer the duration of medication, the lower the rate of substance abuse. Similar risk reductions were suggested among children and when investigating the association between stimulant ADHD medication and concomitant short-term abuse.

Unpacking Myth #5 ADHD Medication Treatment Increases Risk of Addiction

Examining one more study:

- Harvard Medical School researchers followed a group of adolescent patients for four (4) years divided into three (3) groups:
  - Group 1: Patients with ADHD taking medication
  - Group 2: Patients with ADHD not taking medication
  - Group 3: Patients without ADHD

- Group 1 had far lower rates of substance abuse than group 2 (mid-adolescence check included screening for alcohol, cocaine, stimulant, and other illicit substance use)

In summary:

- Stimulant treatment of ADHD appears to result in reduced alcohol and drug problems, not increased substance abuse.
- Some ADHD youth and adults self medicate with substances to treat their ADHD and self esteem problems. Treating ADHD with medication may reduce this phenomenon.
- Ongoing studies funded by the National Institute on Drug Abuse are further...
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Symptoms of SUD from the DSM-5-TR

1. Taking the substance in larger amounts or for longer than you’re meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at work, home, or school because of substance use

7. Continuing to use, even when it causes problems in relationships
8. Giving up important social, occupational, or recreational activities because of substance use
9. Using substances again and again, even when it puts you in danger
10. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
11. Needing more of the substance to get the effect you want (tolerance)
12. Development of withdrawal symptoms, which can be relieved by taking more of the substance

1 - 3 symptoms from this list of 11 = Mild
4 – 5 = Moderate | 6+ = Severe

Symptoms of ADHD from the DSM-5-TR

ADHD PRIMARY INATTENTIVE TYPE:
A persistent pattern of inattention and/or hyperactivity and impulsivity that interferes with the functioning or development as characterized by 6 or more of the 9 inattention symptoms /OR/ 6 or more of the hyperactivity/impulsivity symptoms

1. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (i.e. overlooks or misses details, work is inaccurate).
2. Often loses things necessary for tasks or activities (i.e. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
3. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (i.e. starts tasks but quickly loses focus and is easily sidetracked).
4. Often has difficulty sustaining attention in tasks or play activities (i.e. has difficulty remaining focused during lectures, conversations, or lengthy reading).
5. Often does not seem to listen when spoken to directly (i.e. mind seems elsewhere, even in the absence of any obvious distraction).
6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (i.e. schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
7. Is often forgetful in daily activities (i.e. doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).
8. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
9. Often has difficulty organizing tasks and activities (i.e. difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work. Has poor time management; fails to meet deadlines).
Symptoms of ADHD from the DSM-5-TR

ADHD PRIMARY HYPERACTIVITY/IMPULSIVITY TYPE:

1. Often fidgets with or taps hands or feet or squirms in seat.
2. Often leaves seat in situations when remaining seated is expected (i.e. leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
3. Often runs about or climbs in situations where it is inappropriate (i.e. Note in Adolescents or adults, may be limited to feeling restless).
4. Often unable to play or engage in leisure activities quietly.
5. Is often "on the go," or acting as if "driven by a motor" (i.e. is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with.)
6. Often talks excessively
7. Often blurts out an answer before a question has been completed (i.e. completes people’s sentences; cannot wait for turn in conversation).
8. Often has difficulty waiting their turn (i.e. while waiting in line).
9. Often interrupts or intrudes on others.

“Differentiating ADHD from substance use disorders may be problematic if the first presentation of ADHD symptoms follows the onset of abuse or frequent use. Clear evidence of ADHD before substance misuse from informants or previous records may be essential for differential diagnosis.”

- DSM-5-TR
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“People with ADHD are 5x more likely to develop SUD”

Understanding the Beauty Behind Distraction: ADHD and SUD

Results: 1064 adults were screened via the ASRS v.1.1 Screener, with 92 screening positive (8.6% had ≥ 4 significant items present). Fifty-three of those who screened positive were diagnosed as having adult ADHD (PPV = 57.6%). The imputed prevalence of adult ADHD in this population was 7.5%.


CHECK THE BOX THAT BEST DESCRIBES HOW YOU FELT AND CONDUCTED YOURSELF OVER THE PAST 6 MONTHS.

PLEASE GIVE THE COMPLETED QUESTIONNAIRE TO YOUR HEALTHCARE PROFESSIONAL DURING YOUR NEXT APPOINTMENT TO DISCUSS THE RESULTS.

1. How often do you have difficulty concentrating on what people are saying to you even when they are speaking to you directly?
2. How often do you leave your seat in meeting or other situations in which you are expected to remain seated?
3. How often do you have difficulty unwinding and relaxing when you have time to yourself?
4. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to before they can finish them themselves?
5. How often do you put things off until the last minute?
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**Adult ADHD Self-Report Scale (ASRS – v1.1) Symptom Checklist**

1. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?

2. How often do you feel restless or fidgety?

3. How often do you have difficulty unwinding and relaxing when you have time to yourself?

4. How often do you find yourself talking too much when you are in social situations?

5. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?

6. How often do you have difficulty waiting your turn in situations when turn taking is required?

7. How often do you interrupt others when the are busy?

**Additional screeners:**

- Copeland Symptom Checklist for Adult ADHD
- Brown Adult ADD Scale (BAADS II)
- Amen Scale
- Conners Adult ADHD Rating Scales (CAARS)
- Utah criteria of adult ADHD

*Disclaimer: some of these screeners are more than 20 years old; please consider cultural considerations, learned lessons on stigma, and make the necessary adaptations for modern day use.*
Reasons why they co-occur?

✔ Perhaps they did not get an ADHD diagnosis as a child, which led to impairment in their ability to be successful at school and then in a job, which in turn predisposed them to having a substance use disorder.

✔ As the opioid epidemic became more apparent and additional treatments made available, there were more health care contacts, more assessments, and more diagnoses, including of ADHD.

✔ Self-Medication theory

Co-Occurring ADHD and SUD

More recent studies show that 80% of adults with ADHD suffer from at least one other diagnosable condition from the DSM. The most frequent comorbidity includes:

1. SUDs

2. Anxiety and mood disorders, such as major depressive disorder (or episodes of undiagnosed depressive symptoms) and bipolar disorder

3. Personality disorders, such as borderline personality disorder (often misdiagnosed throughout life)
Most frequently misused drugs among people with ADHD are:

- Alcohol
- Nicotine
- Marijuana (or cannabis)
- Cocaine (or another stimulant-related drug):

Self-medicating with a stimulant-related drug like cocaine is common, as that individual may actually be biologically driven to treat their symptoms of inattention and hyperactivity with a stimulant.

Most frequently misused drugs among people with ADHD are:

- Alcohol:
  As a depressant, however, alcohol tends to “quiet the noise” and medicate the anxiety commonly associated with the hyperactivity side of ADHD.
- Nicotine
- Marijuana (or cannabis)
- Cocaine
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Among adults with ADHD, 12-month prevalence for any SUD is 15% vs. 5% in non-ADHD responders.

Among those with SUDs, ADHD prevalence is 11% vs. 4%.

In clinical samples, percentages are higher:
- 17 – 45% of ADHD adults have history of alcohol abuse or dependence.
- 9 – 30% of ADHD adults have a history of diagnosed other drug abuse or dependence.
  - Opioid Dependence: 5 – 22% with ADHD.
  - Cocaine Dependence: 10 – 35%.


Between 2007 and 2017, researchers saw a threefold increase in people with both opioid use disorder (OUD) and ADHD. OUDs and ADHD share common symptoms, making diagnosis difficult.
Poor concentration: Those with ADHD report feeling like their thoughts fly by at such a rapid pace that they can’t keep up with them. They find focusing on just one task or thought process very difficult. Those with OUD often report thinking so much about getting and using their primary substance that all other thoughts, plans, and dreams come second. They may seem distracted and unable to concentrate as they think about drugs.

Impulsivity: Those with ADHD act on their impulses quickly, often without thinking about them. Those with OUD can be impulsive as well, either while under the influence or in their decision-making attempts to obtain more of their primary substance.

Poor Social Connections: Those with ADHD may have trouble forming social connections as their behavior always seems erratic or unpredictable. Those with OUD may also exhibit similar behavior, often frustrating or angering behavior towards those they love, which impairs social relationships.
An example of overlapping symptoms: ADHD & OUD

Mood Swings: ADHD is characterized by co-occurring development of anxiety, depression, and mood swings. Chemical changes associated with drug use in people with OUD also predisposes them to mood swings.

Treatment for ADHD and OUD

- Medications for ADHD:
  - Adderall and Ritalin: help to calm overactive brain cells and improve the symptoms of ADHD
- Medications for OUD:
  - Methadone, Suboxone, or Buprenorphine
- Non-Stimulant ADHD (preferred alternative for co-occurring SUD):
  - Strattera (Atomoxetine): boosts a small amount of norepinephrine that increases attention span and lessens impulsivity/hyperactivity

Unfortunately, studies show that few people on MAT for OUD get proper concurrent treatment for ADHD

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Treatment for ADHD/SUD

COMORBIDITY: THE RULE RATHER THAN THE EXCEPTION

- Accurate diagnosis is often delayed or dismissed
- Prognosis is rarely precise or individualized
- Management of ADHD can be challenging for most general practitioners
- ADHD is associated with increased risk of SUD

CONSIDERATIONS

✓ In Humphreys, et.al, 10-year study 15 – 20% of patients reported misuse or diversion (80%+ DID NOT!!)
✓ Careful consideration of potential abuse of medication treatment for ADHD is warranted
✓ Nonpharmacological or non-stimulant medications may be appropriate for treatment of ADHD for those at risk for or with a current diagnosis of SUD
✓ Psychosocial intervention is recommended in conjunction with any medication treatment for individuals with comorbid ADHD and SUD

The Beauty of ADHD

#1: Hyperfocus
✓ Allows those with ADHD to persist with a project longer than others
✓ Teach your patients to harness this superpower, and weave it into treatment goals, objectives, and interventions
✓ Less focus on small wins (low-reward) and more focus on high-reward items

The Beauty of ADHD

#2: Strong Compassion (Empathy)
- Lived experience with stigma
- Attention is not absent, it’s often misdirected – attentiveness may instinctively be drawn to another’s feelings rather than content
- Innate ability to retain concepts within dialogue that others miss (i.e., speaker’s intention, predominant feeling, group reaction, etc.)

#3: Perseverance and Endurance
- Often a superpower due to mood regulation symptoms, but through treatment can be guided in a positive direction.
- Underreport negative outcomes and overreport positive experiences for mood regulation that enhances endurance-types.
- Redirection and refocusing clinical techniques, leveraging behavioral therapy, are often more effective than general psychotherapy techniques.
The Beauty of ADHD

#4: Problem Solving
- Incredible ability to design unique solutions that the average person cannot solve.

#5: An Abundance of Energy
- Primarily for those who are on the hyperactivity/impulsivity sub-type.
- These individuals THRIVE in a variety of structured competitive physical activities.
- Counseling must include strategies for regulating overcommitment, and addressing depressive symptoms as a result of failed overcommitment.
- Leverage this energy with competitive gains and contingency management strategies blended into the treatment experience.

#4 Problem Solving: The ability to ping-pong thoughts is incredibly useful when looking at a challenge that the average person cannot solve. Adults with ADHD have an incredible ability to design unique solutions, identify evasive solutions, and create resolution. You’ll see this in a child who can’t find a ladder to get something, so instead stacks hard toys, boxes, and a chair against the wall and instantly...height 😊 Or, an adult who is working with a team on a project and spends all night fixing the one aspect of the project that everyone else gave up on.

#5 An Abundance of Energy: Now, this superpower is primarily for those who are higher on the hyperactivity sub-type. That being said, these individuals thrive in a variety of structured competitive physical activities. For some, it can seem manic, but someone with ADHD who is involved in three sports, a public speaking event at the end of the week, and one mildly safe high-risk experience like a roller coaster or bungee jumping, may actually be right in the pocket of their average week to week. They may overcommit at times, and so a good counselor can help regulate commitment and depression when you feel like you’ve failed to hit all of your goals in the week...but never give up on leveraging your energy as a super power.
Understanding the Beauty of Distraction

**FOCUS**
- Yes, focus can be critical for precise outcomes.
- Focus leads to goal completion.
- Focus can make it challenging to forgive, forget, and move on.
- Focus increases sensitization.

**DISTRACTION**
- But, distraction allows us to see the *variety* of potential outcomes.
- Distraction leads to holistic completion.
- Distraction is NECESSARY to forgive, forget, and move on.
- Distraction is a trauma-specific and emotional regulation technique.

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**Co-Occurring Treatment (ADHD/SUD) for the Addiction Professional**

**Positive Reinforcement Strategies: Leveraging CBT and Building on Hyperfocus**

1. Promote self-assessment
2. Guide planning and prioritization side-by-side
3. Leverage technology for time management
4. Build social support and accountability
References


