

A light gray world map is visible in the background of the top section. Scattered across the map and the right side of the slide are several white dragonfly graphics.

Michele Toner PhD

ADHD Coach & Consultant

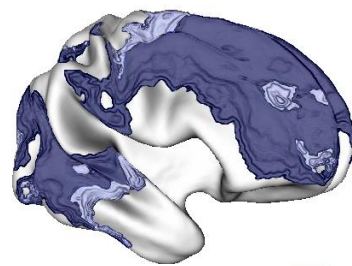
Supporting Students with ADHD in the Tertiary Sector

Dr Michele Toner OAM, ADHD Coach

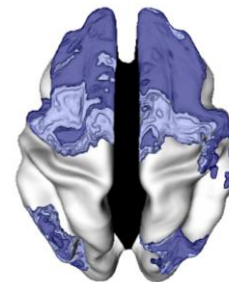
ADHD isn't Real, Right?



Regions of delayed maturation in ADHD



■ Greater than 2 years' delay
■ 0 to 2 years delay



ADHD is Over-Diagnosed, Right?

CHILDREN

5% have ADHD

1.6% are treated with
stimulant medication

ADULTS

4% have ADHD

0.7% are treated with
stimulant medication



Western Australian Stimulant
Regulatory Scheme

2017 Annual Report



ADHD Meds are Addictive and Cause Drug Abuse, Right?



International Consensus Statement for the Screening, Diagnosis, and Treatment of Adolescents with Concurrent Attention-Deficit/Hyperactivity Disorder and Substance Use Disorder

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Summary of International Consensus Statement for the Screening, Diagnosis, and Treatment of Adolescents with Concurrent ADHD and Substance Use Disorder (2020)

- **Risk of developing SUD**

ADHD increases risk of SUD - Childhood ADHD is a serious risk factor for developing SUD in adolescence

ADHD + CD/ODD even greater risk for SUD - ADHD + conduct disorder (CD) or oppositional defiant disorder (ODD) pose greater risks for developing SUD in adolescence

Stimulant medication DOESN'T lead to SUD - There is strong evidence that stimulant treatment of childhood ADHD does not increase the risk of developing SUD in adolescence

Stimulant medication protects against SUD - Stimulant treatment of childhood ADHD reduces risk of developing SUD in adolescence

- **Screening and diagnosis of ADHD and SUD**

Heavy substance use predicts worse treatment outcomes for both ADHD and SUD.

Early detection and treatment improves outcomes

High co-morbidity of ADHD+SUD

Screen everyone - all primary care and mental health patients for SUD and all SUD patients for ADHD

Diagnosis by trained professional using standardized structured diagnostic instruments and diagnostic procedures for each separate disorder

What Exactly is ADHD?

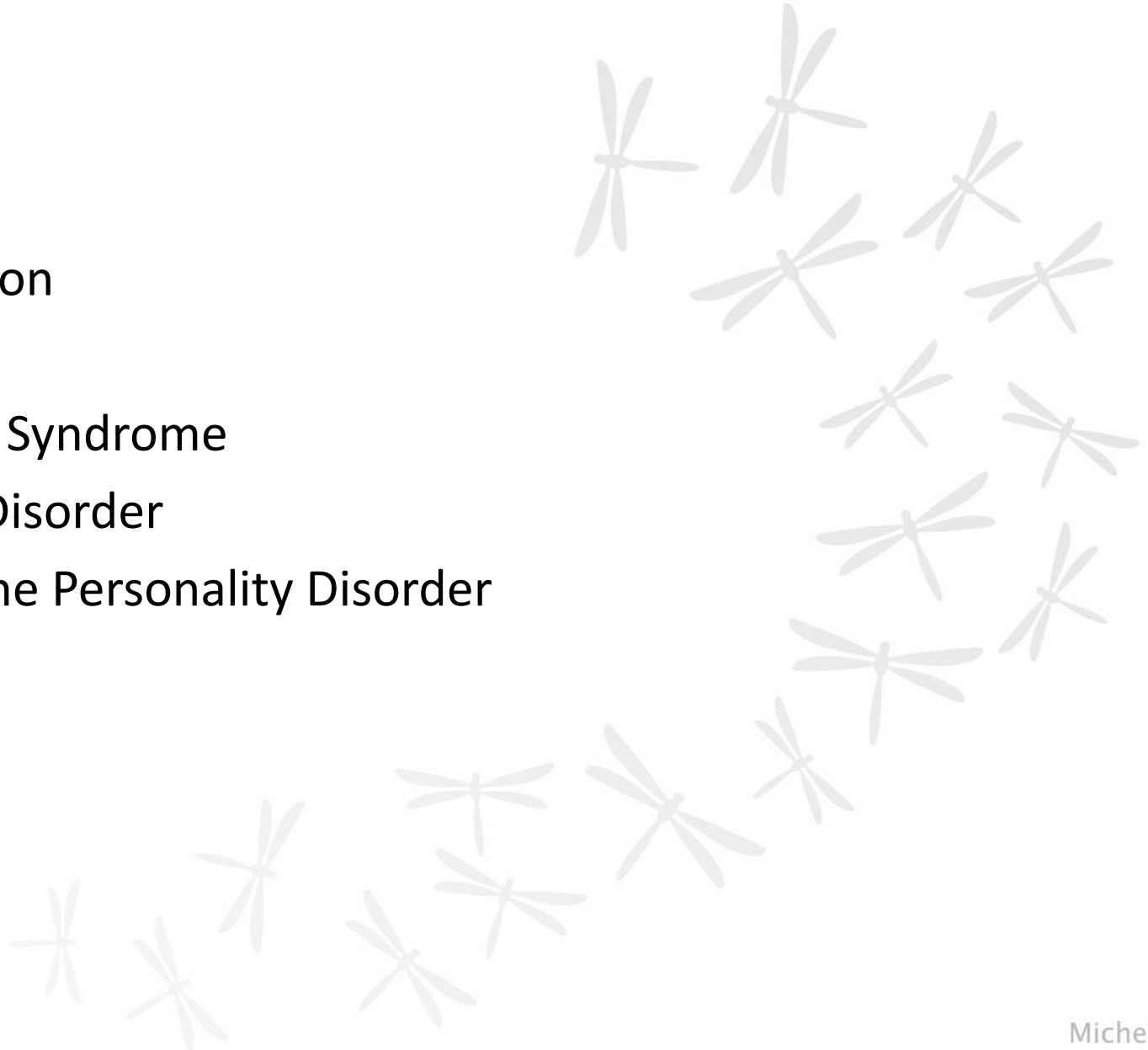
- Developmental disorder of
 - Inattention and/or
 - Hyperactivity – impulsivity
 - DSMV: 6/9 Inattention +/- 6/9 Hyperactive/ impulsive
- Developmentally inappropriate levels of symptoms
- Childhood onset <12 years
- Poor functioning
- ADHD RARELY COMES ALONE
- Executive Function Impairments

Specific Learning Disabilities + ADHD

- ✂ Dyslexia ('difficulty with words')
- ✂ Dyscalculia (specific calculation disorder)
- ✂ Dyspraxia (speech)
- ✂ Dysgraphia (specific writing disorder)
- ✂ CAPD (Central Auditory Processing Disorder), Auditory processing enables the ear to speak to the brain, and the brain to understand what the ear is hearing.
- ✂ Developmental Coordination Disorder

Other Co-Existing Conditions

- ✂ Autism
- ✂ Anxiety
- ✂ Depression
- ✂ OCD
- ✂ Tourette Syndrome
- ✂ Bipolar Disorder
- ✂ Borderline Personality Disorder



What Are Executive Functions?

Thomas Brown:

- *“the management system of the brain”*

Russell Barkley:

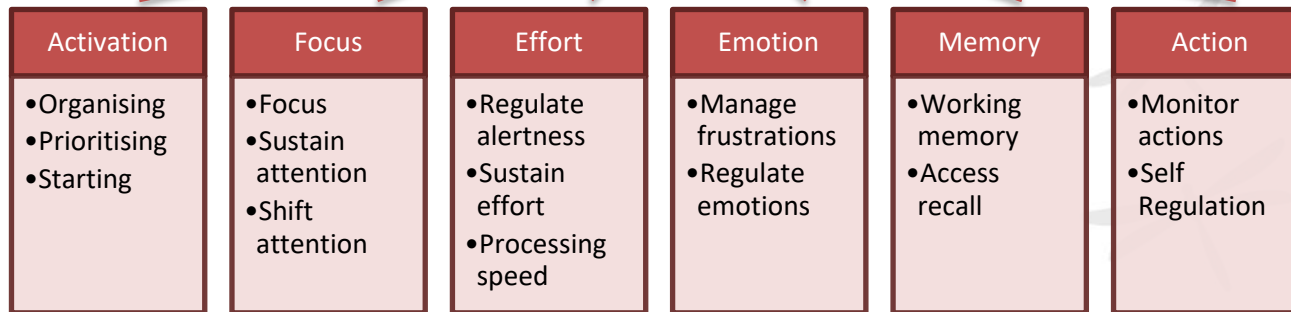
- *“those elements of self-control that allow us to sustain action & problem-solving towards a goal”*
- *“Swiss Army Knife of mental faculties”*



(The salami-knife)

Executive Functions – (Thomas Brown)

EFs work together in various combinations

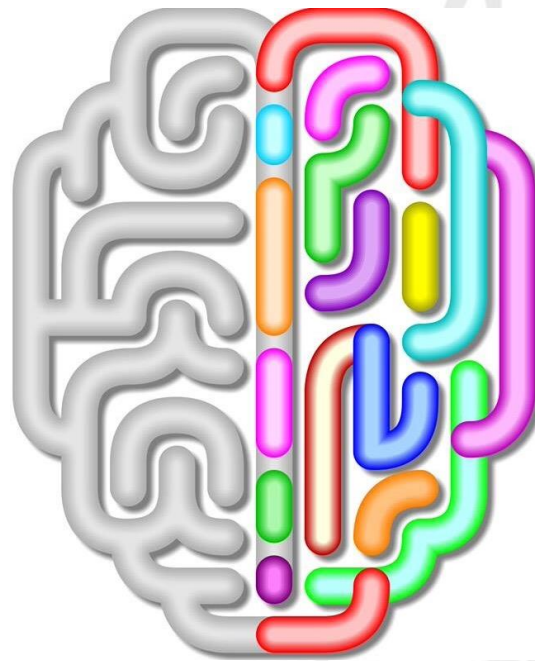


ADHD Can Seem Benign

- ✘ Everybody has those problems
 - Yes, but how often?
- ✘ Islands of Excellence
 - Mask the challenges
 - Sometimes discounted (“Yes good at BUT”)
- ✘ Inconsistency
 - If you get frustrated imagine how it feels for your student/partner/employee/friend.

2 Levels of Functioning

Follow
through
Execution
Know vs Do
Organisation
Shift Focus



Smart
Engaged
Brainstorm
Creative
Energetic

Tertiary students with ADHD

- ✦ Take longer to complete courses
- ✦ Higher dropout levels

(Overwhelm – paralysis – quit)

UNI/TAFE CAN BE VERY ADHD-FRIENDLY

Getting Started

- ✘ Difficulty getting started
- ✘ ADHD Unfinished tasks common
- ✘ Tasks within their capability
- ✘ Judged as lazy
- ✘ Perfectionism



Leung

Getting Started

- ✂ Dot Point every task – be specific
- ✂ Body Double
- ✂ Focus Formula
 - Plan
 - Set Up
 - Sprint
 - Brain Dump

Working Memory

- ✦ Brain's RAM.
- ✦ Anything that involves integrating 2 or more pieces of information.
- ✦ WM dumps info when overloaded
- ✦ ADHD – WM constantly overloaded
- ✦ **EXTERNALISE WORKING MEMORY**

Externalise Working Memory



Time Blindness

✦ **Difficulty judging passage of time**



Time Blindness

- ✦ Difficulty judging passage of time
- ✦ **Difficulty predicting time required - use best case scenarios**

Time Blindness

- ✘ Difficulty judging passage of time
- ✘ Difficulty predicting time required -
use best case scenarios
- ✘ **Show up late**

Time Blindness

- ✘ Difficulty judging passage of time
- ✘ Difficulty predicting time required - use best case scenarios
- ✘ Show up late
- ✘ **Miss deadlines**

Make Time Visible

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date							
Due							
9am							
10am							
11am							
12							
1pm							
2pm							
3pm							
4pm							
5pm							



Make Time Visible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Due:							
6am							
7am							
8am	Planning	Meals today	Meals today	Meals today	Meals today	Meals today	Meals today
9am		Finances		Appts			Chores
10am							
11am							
12		R & R					Connection
1pm							Exercise
2pm							Shopping online
3pm							
4pm	HW & Admin	HW & Admin	HW & Admin	HW & Admin	HW & Admin	R & R	
5pm	Brain Dump					Connection	
6pm						Exercise	
7pm							Connection
8pm							
9pm							
10pm							

Focus

- ✦ Big Picture vs Detail – scope tasks
- ✦ Rabbit holes – mindfulness alerts
- ✦ Transitions – bookends launchpads

Reminders at Point of Performance



© Can Stock Photo

Take away messages

- ✦ Dot Point to get started
- ✦ Externalise working memory
- ✦ Make time visible
- ✦ Zoom in and out
- ✦ Plan for transitions
- ✦ Reminders at the Point of Performance