# ADCET Webinar: Supporting Students with ADHD in the Tertiary Sector

## Slide 1 Presenter

Dr Michele Toner OAM, ADHD Coach

## Slide 2. ADHD isn’t Real, Right?

## Slide 3. Regions of delayed maturation in ADHD

## Slide 4. 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

Image: screen shot of cover of 201 Annual Report. Western Australia Stimulant Regulatory Scheme.

Slide 5. ADHD Meds are Addictive and Cause Drug Abuse, Right?

Slide 6. Research Article

European Addiction Research: Research Article

International Consensus Statement for the Screening, Diagnosis and Treatment of adolescents

with Concurrent Attention-Deficit/Hyperactivity Disorder and Substance Use Disorder.

Received April 8 2020. Accepted May 4 2020. Published online: July 7 2020.

[Link to publication](https://www.karger.com/Article/Pdf/508385)

Slide 7. 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.

Slide 8. 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

Slide 9. 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

Slide 10. Other Co-Existing Conditions

* Autism
* Anxiety
* Depression
* OCD
* Tourette Syndrome
* Bipolar Disorder
* Borderline Personality Disorder

Slide 11. 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”

Slide 12. Executive Functions – (Thomas Brown)

### EFs work together in various combinations

Activation

* Organising
* Prioritising
* Starting

Focus

* Sustain attention
* Shift attention

Effort

* Regulate alertness
* Sustain effort
* Processing speed

Emotion

* Manage frustrations
* Regulate emotions

Memory

* Working memory
* Access recall

Action

* Monitor actions
* Self Regulation

 Slide 13. 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.

Slide 14. 2 Levels of Functioning

Follow

through

Execution

Know vs Do

Organisation

Shift Focus

Smart

Engaged

Brainstorm

Creative

Energetic

Slide 15. Tertiary students with ADHD

Take longer to complete courses

Higher dropout levels

(Overwhelm – paralysis – quit)

UNI/TAFE CAN BE VERY ADHD-FRIENDLY

Slide 16. Getting Started

Difficulty getting started

ADHD Unfinished tasks common

Tasks within their capability

Judged as lazy

Perfectionism

Slide 17. Getting Started

Dot Point every task – be specific

Body Double

Focus Formula

* Plan
* Set Up
* Sprint
* Brain Dump

Slide 18. 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

Slide 19. Externalise Working Memory

Evernote

Diary

Post-It Notes

Slide 20. Time Blindness

Difficulty judging passage of time

Slide 21. Time Blindness

Difficulty judging passage of time

Difficulty predicting time required - use best case scenarios

Slide 22. Time Blindness

Difficulty judging passage of time

Difficulty predicting time required - use best case scenarios

Show up late

Slide 23. Time Blindness

Difficulty judging passage of time

Difficulty predicting time required -

use best case scenarios

Show up late

Miss deadlines

Slide 24. Make Time Visible

Calendar

Slide 25. Make Time Visible

Colour coded calendar

Slide 26. Focus

Big Picture vs Detail – scope tasks

Rabbit holes – mindfulness alerts

Transitions – bookends launchpads

Slide 27. Reminders at Point of Performance

Don’t Forget

Pause

Slide 28. 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