

Dennis Barbour ([00:00:15](#)):

Good afternoon. Welcome to the partnership symposium, young males and ADHD. I'm Dennis Barbour, the partnerships president. Thank you for joining us in our inaugural symposium, one of nine symposia, we will be sponsoring over the course of the next five months. We're honored to have a panel of nationally recognized experts in ADHD, to join us today after their presentations and discussions, they will take questions to the audience. So if you have any questions, make sure to send them along in the questions function. By way of background, a word about the partnership and why we exist. The partnership is a consortium of over 20 national organizations that have a stake in young male, health and wellbeing. As our mission states, we work with and on behalf of adolescent young adult males to optimize their health and ensure that they thrive. We are the only national organization whose sole focus is on the health and wellbeing of these young males, otherwise known as Gen Z.

Dennis Barbour ([00:01:11](#)):

Those between the ages of 10 and 25. Young males, this age are largely left out of our healthcare system. By age 13, 80% of males and females, both stop seeing a pediatrician, females, largely transition to gynecologic care males. However, do not largely transition to a source of ongoing care. We exist to help fill that gap through awareness of this problem, and by providing the means to address it. Our 2022 symposia is designed to raise awareness and to guide parents to other caregivers and how they can address the health needs of young males. Before I introduce our guests, I'd like to reiterate that we'll be taking questions for a panel throughout the session. You will also receive a survey via email. After the session, we urge you to fill out the survey to help inform how we can design future symposium. Again, thanks for joining us.

Dennis Barbour ([00:02:03](#)):

We are pleased to have the following presenters today. Dr. Roberto Olivardia is a clinical psychologist, clinical associated of Mclane hospital and lecture in the department of psychiatry. At Harvard medical school, he maintains a private psychotherapy practice in Lexington, Massachusetts, where he specializes in the treatment of attention deficit, hyperactivity disorder, or ADHD body dysmorphic disorder, or B D D an obsessive compulsive disorder, O C D. Dr. Ari Tuckman is a psychologist and sex therapist in private practice in Westchester, Pennsylvania, a former met board member of children and adults with ADHD national and co-chair of the Chad conference committee. He is the author of four books, ADHD after dark better sex life, better relationship, understanding your brain, get more, done, more attention, less deficit, and integrated treatment for adult ADHD. Diane Dempster is a professional coach speaker, author, and educator. With 20 years of corporate leadership experience. Diane is the co-founder of impact parents.com, a coaching organization for parenting neuro diverse kids co-creator of sanity school and the sanity school certificate program for professionals and experienced leader expert in change management and all around life Sherpa. Diane helps clients create deep sustaining change and open their eyes to life. Dr. Olivardia I'll now turn the program over to you.

Dr. Roberto Olivardia ([00:03:40](#)):

Oh, we also have, uh, Stephanie Sarkis is, uh, our other panelist.

Dennis Barbour ([00:03:45](#)):

Oh, I apologize. She is a psychotherapist specializing in anxiety, gas lighting, narcissistic abuse, and ADHD. She is the author of seven books and one workbook. Her latest book healing from toxic relationships will be released in July, 2022. Dr. Olivardia. I'll hand it over to you.

Dr. Roberto Olivardia ([00:04:04](#)):

Great. Thank you. Uh, Dennis, and we're, we're all very, uh, thrilled to be here in talking about a topic that means a lot to all of us. Um, so I'm going to just give the basic sort of 1 0 1 on what ADHD is before handing it over, uh, to Ari Tuckman. Who's gonna talk about executive functions. So ADHD is a bit of a misnomer. It's not that people, uh, with ADHD necessarily lack attention or have no attention. It's thought of more as a dysregulation of attention. So when it's something that's interesting to someone with ADHD, you'll actually see, um, high levels of attention or what we call a hyper focus. It's when things aren't particularly stimulating or boring, that you see a real low level of attention. So rather than a kind of dimmer switch for a light where, you know, for things that are boring to most people, obviously their level of attention, isn't gonna be as heightened, but they will.

Dr. Roberto Olivardia ([00:05:03](#)):

They're still able to pay attention for someone with ADHD. It's a good old classic, uh, light switch. And I also wanna preface this, that I'm coming at this as a professional, who also specializes in ADHD, but as someone with ADHD and as a parent of kids with ADHD. So I come through this lens also from a lived experience. Um, as a result, people with ADHD are often drawn towards very stimulating activities. What's stimulating to them that could be thrill seeking behaviors, but it could also be reading a book if that's what's stimulating to them. So it's not that always the activities are, jumping out of airplanes and, you know, daredevil kinds of things. Although that's very common in people with ADHD, but, um, a lot of times it's just whatever is stimulating to them. So we don't want to think, oh, well, my child's sitting and reading for 12 hours.

Dr. Roberto Olivardia ([00:05:56](#)):

They can't have ADHD. That's not necessarily the case. Um, it could be hard to follow directions. People with ADHD be, can be forgetful, have a hard time completing projects. And in Dr. Tuckman's talk, you'll see why that is and struggle with real, uh, symptoms of procrastination. Um, these pictures are actually from my eighth grade autograph, uh, yearbook. And this gives you an indication of, I guess, what, uh, what people thought of me as I had a friend say, you know, don't get into any trouble. Um, and a teacher telling me to behave myself. I was a bit of a mischief when I was younger. Um, and someone would argue even today I am. Um, but part of ADHD is also these features of impulsive, symptoms. So impulsive behaviors where people are basically acting without really thinking through necessarily all of the consequences. And a lot of that is largely driven by what is going to stimulate me.

Dr. Roberto Olivardia ([00:06:54](#)):

What's going to be of interest to me. And sometimes that direction towards something that's stimulating is, uh, not always taking into consideration all the potential consequences of that. That impulsivity could be verbal. Doesn't always have to be a motor hyper of sort of our impulsivity, uh, someone who might be blurting out answers in class. Um, and those are kids that are not being bad. They're not being disrespectful. Uh, they're just impulsive. It could be an emotional impulsivity. And if you think about just emotional regulation in general requires us sometimes to hold back an emotion, because there might be certain consequences. If we fully express it, that's harder for kids with ADHD, making more impulsive decisions. Um, just kind of saying yes to something, because it just sounds good without always thinking through, um, and struggling with impulse control habits. Uh, boys with ADHD are more likely to struggle with one of many different impulse control behaviors or habits, uh, that could be in the form of overeating or binge eating could be in the form of video games.

Dr. Roberto Olivardia ([00:08:04](#)):

It could be in the form of nail biting or skin picking. Um, so it's one of many different ways that that could express itself and in attraction to mischief. Um, and just to, you know, preface that, that a lot of times, it's not the intention of I'm going to be bad per se. It's more that there's something very thrilling about, you know, mischief and the idea of that can be very, very stimulating and an individual who might lack the sort of proper impulse control. Um, so that combination could be very, uh, could get people into a lot of different kinds of situations. Now, the hyperactivity piece, not everyone with ADHD displays hyperactive symptoms, and those kids in particular are less likely to be identified and less likely to be diagnosed. I mean, we have this sort of image of the boy with ADHD that can't stay in his seat that is bouncing off the walls is very rambunctious.

Dr. Roberto Olivardia ([00:09:04](#)):

Um, that's some of kids, boys with ADHD, but there are a lot of boys with ADHD who might be more the inattentive type and less the hyperactive type. But when we see the hyperactive type, it's someone who's always on the go always in motion. It can be very hard to sit still in long classes or sessions. The pandemic really was very, very difficult for a lot of my, uh, youth with ADHD. Uh, they could be restless, constantly fidgeting and fidgeting actually is a method of trying to help stimulate attention and focus and ground people with ADHD. When I was growing up, it was sort of thought of as the thing that distracted you. So I was always told to stop fidgeting, uh, stop, you know, drumming my fingers on my legs and things like that because I needed to pay attention. Now, obviously I didn't know then, or have the vocabulary then as I do now to say, no, actually this is what's helping me pay attention and grounding myself, but hyperactivity doesn't always have to come in the form of a physical expression of it, particularly with youth that might struggle with anxiety, um, that might overcompensate sometimes for not wanting to get into any trouble, but their minds are racing.

Dr. Roberto Olivardia ([00:10:19](#)):

There's like a hyperactivity of the mind, which could make it sometimes very difficult to differentiate from anxiety, um, and where this is ADHD. So even the kid that could look like they're spacing out that is daydreaming in their minds. There's a very active world happening. I have a very, very active vivid imagination because growing up if school particular and a lot of things were boring, I could escape into, um, this world that was very vibrant and very lively. So even when it looks like people are disconnected, it's really more that they're disconnected from what's external, but they're often connected to something more internal. Also note that only 20% of boys with ADHD have a conduct disorder. And I say that because I come from a generation where the only kids that were diagnosed with ADHD were boys with conduct disorders who were, uh, very disruptive, who were often disrespectful to the teachers.

Dr. Roberto Olivardia ([00:11:24](#)):

Um, that's what people thought ADHD was. So if you were a student that had good social skills, maybe you were struggling. In other ways, you wouldn't have been identified, 80 of people with ADHD, don't have a conduct disorder. So ADHD is one of those things, although it's fairly prevalent. Um, there's still so many misconceptions, which is why we're all excited to be here today. Talking about this, it's about a seven to 9% prevalence rate. Uh, ADHD gets accused of being over diagnosed studies actually show that it's more underdiagnosed. Now that's not to say that there are some people who get diagnosed with ADHD who do not have ADHD. I absolutely see that. I will tell you clinically I more often see people who are not diagnosed with ADHD, who in fact have ADHD. Uh, it affects all genders, races, ethnic

backgrounds, socioeconomic, uh, status. We're better at identifying it today, but we still have a long ways to go.

Dr. Roberto Olivardia ([00:12:25](#)):

Uh, for example, in the looking at people of color, we know that we see sometimes a high over diagnosis rates in certain communities of color, and then in other communities of colors, a low diagnosis rate. So sometimes you have the kid that's too quickly diagnosed with ADHD when we're not taking it to consideration other factors. And then other times it's ADHD is not considered. And we're looking at this child as being a bad kid, which is not serving, obviously doesn't serve anybody well. ADHD can manifest differently in different ways for different people and different developmental stages. How it shows up for me now in my life is very different than how it showed up for me when I was 10 or when I was 20. Uh, you can have a hundred people with ADHD in the room and there's going to be often a common shared sensibility.

Dr. Roberto Olivardia ([00:13:15](#)):

And then there's going to be a lot of other things that are very different as to how it might manifest. It used to be thought of that. You can outgrow your ADHD, that somehow it just magically goes away when you're 18. Um, that's often not the case. The difference when we turn 18 is that we have more options. We are not in school. I mean, the school is somewhat of a controlled experiment or environment that we're all in that can make comparisons. The hope is that people with ADHD. And certainly in my case, when I went to college, which I first did not want to go to college, cuz I didn't like school. Um, but you can choose your classes. You have more options, you have more choice. So it might show up in a different way. And there's some people whose symptoms are gonna be more severe than others.

Dr. Roberto Olivardia ([00:14:01](#)):

It's not like, you know, this kind of black and white issue around ADHD. And also it's very important to note that associated disorders are what we call comorbid conditions are more the rule rather than the exception when it comes to ADHD. ADHD is I see as sort of this foundation of which when it's unmanaged and untreated can spring from that a whole host of other issues, anxiety, depression, substance abuse, eating disorders. And so it's very, very important when people are treated for any of those other issues that the ADHD has to be managed and has to be treated because ADHD, unmanaged, untreated ADHD has the power to undermine the treatment of any other associated issue. What's validating is that this is scientifically based. We know the ADHD brain, this isn't an issue of just willpower, that this is an issue of, um, genetics and biology that in a nutshell, and I can expand on any of these points, but in a nutshell, we have various neurochemicals in our brain.

Dr. Roberto Olivardia ([00:15:08](#)):

One of them is dopamine. Dopamine is implicated in reward and motivation. We know that the ADHD brain has less available dopamine. So it's at baseline and under aroused bored brain in addition is another neurochemical called GABA, which is implicated in inhibition. So if we have appropriate levels of GABA, we are appropriately inhibited from maybe acting on something, saying something we shouldn't say eating yet, another piece of pizza when we've eaten too much, the ADHD brain has lower available GABA. So you have this bored under aroused uninhibited brain. And that's so important, particularly for parents to understand that what can look like willful behavior could really just be just a lack of both skills as well as a lack of maybe some of that, those neurochemistry, that those neurochemicals that we

would typically see in the neurotypical brain. There's other research, looking at motor coordination differences.

Dr. Roberto Olivardia ([00:16:10](#)):

So kids with ADHD might be late at tying their shoes. Um, I was dysgraphic my, my handwriting was pretty bad when I was younger, fine motor skills did not come easy to me. Studies show that the frontal lobe, which is where our executive functions are housed, take longer to mature than someone with ADHD. And in fact, it's been said that in thinking particularly of youth with ADHD, you wanna think of their executive functions as almost 30% less their chronological age, which, uh, Dr. Tuckman's gonna talk more about. So these are, uh, this is a picture of me on the top when I was a, a young young lad and my son, who's now 17 years old, um, when he was younger and it's very clear that ADHD is highly, highly genetic. So the apple does not fall far from the tree. I have a wonderful mom who's with me in spirit.

Dr. Roberto Olivardia ([00:17:06](#)):

Um, that's clearly where my ADHD, uh, came from. I could see it through my family tree and there's a high likelihood before having kids knowing that having ADHD that it was a higher likelihood than not that I would have a child with ADHD. Um, the, the upside to that is Diane Dempster is going to talk about that when it comes to parenting, that you can use that experience in how we parent children, and for the non ADHD parent, to understand that again, that there's a genetic basis to this now, after saying all of this, I'm talking about these differences in the brain, but I want to emphasize ADHD is not an illness. That it's not brain damage or brain defect. It's not like depression, where when someone is depressed, they are fundamentally, constitutionally different than when they're not depressed. They see the world differently than when they're not depressed.

Dr. Roberto Olivardia ([00:17:59](#)):

There's no reward in being depressed with ADHD. It's not like that. It's really, we think of it as a condition of neurodiversity. The brain is wired a certain way that can bring about a lot of challenges, but when it's managed and treated that same brain can process things in ways that people might actually see as an asset to them. The goal really is to create an optimal environment for that ADHD brain, as best as we can. And to know that not every strategy is gonna work for everybody every time it's effortful at first, but it's worth it over time. I say to the young boys that I work with, you're kind of going to be your own researcher, your own detective, and we're going to figure out what's going to help you best. And sometimes we have to sort of go, it might feel like square one when you're in different settings or in different stages.

Dr. Roberto Olivardia ([00:18:49](#)):

And then other times there are gonna be things that are tried and true. Um, but it's a real good feeling when you do get to a place where you understand, okay, this is what I need to do. Um, then, and it works in terms of assessment, um, contrary to popular belief, neuropsych testing is not the standard for ADHD. Um, it can yield neuropsych testing can yield data on learning disabilities, certainly a potential presence of learning disabilities and other processing. But the best way is a thorough clinical evaluation. That's ruling out other factors, looking at family history at development, any medical issues, there are screening instruments that could be helpful to start the conversation, but I always tell parents, don't let a score and a screening instrument prevent you from getting a more, a, a further evaluation. If you, your intuition or hunch tells you something, um, that we always want to understand to go further, neuropsych testing can carry a high, false negative rate, but you'll see certain indices of processing

speed working memory and impulsivity and poor time management. And because 50% of people with ADHD have a learning disability. I always recommend screening for learning disabilities when someone has ADHD. So I am now going to pass it off to my friend and colleague, Dr. Ari Tuckman. Who's gonna

Dr. Ari Tuckman ([00:20:13](#)):

Okay. Roberto setting the stage starting us off. So, um, I am now gonna talk about kind of what makes ADHD ADHD, right? So Roberta talks some about, um, some of the, you know, different parts of the brain that are involved. So the neurotransmitters, he talked about how ADHD shows up in life, but, but why, like, why do folks at the ADHD of these specific struggles, but not those specific struggles and ultimately what it comes down to, and I'll kind of cover this quickly, but we'll talk some more. And I think all of us, what we're talking about is all gonna dovetail together. Well, um, you know, ultimately it comes down to how do folks with ADHD kind of perceive time? How do they manage tasks in relation to time in really kind of the, what are called the executive functions, which is kind of a buzzword that's been thrown around a lot in the last, I don't know, five years or so, but, you know, I'll, I'll kind of define what that is as well.

Dr. Ari Tuckman ([00:21:12](#)):

So, um, so of course for all of us ADHD or not, um, you know, life has gotten pretty complicated, right? This is a distracting, tempting world that we live in. I, you know, I don't know, is it more attempting and distracting than it used to be? I mean, sort of, I guess it, and also like, I don't know, whatever, right? So certainly when I was a kid, I didn't have a cell phone. I had an old Atari system, which was, I thought pretty exciting, but it is now pretty lame, frankly. But like I, wasn't doing homework on a device that also yielded the entire internet and everything in the world. That's more interesting than my homework. So like in that sense, it has become a different world. And, you know, the challenge then for all of us is to do the right thing at about the right time.

Dr. Ari Tuckman ([00:22:04](#)):

Kind of, most of the time, you don't have to be totally a hundred percent perfect, but like mostly you should be pretty good, but in order to do that right thing, you need to not only focus on what is the thing that I should do. You also have to focus on what is this stuff that I'm not doing? Nope, not that, Nope, not that, Nope, not that this, this is what I'm doing. So, you know, if you're a high school kid sitting in class, the most important thing probably is what the teacher is saying. You know, the cute girls sitting three aisles over is way more interesting than the teacher, no offense teacher, but not the most important thing, at least according to the teacher and your parents. Um, so you know, to do that right thing then is not just about right now. It's also about kind of looking back into the past.

Dr. Ari Tuckman ([00:22:54](#)):

It's about thinking forward into the future. So realizing the teacher seems to be talking about the upcoming test, I should probably pay attention cuz you know, remember that last time I didn't pay attention and that I totally studied the wrong stuff. Um, so kind of bringing the lessons of the past, into the moment, deciding what to do, thinking forward into the future. What if this, what if that, what if the other, and then making kind of a good choice now the challenge of course, is that what's most important to pay attention to. Isn't always, you know what I call the loudest or the stickiest, meaning your attention sticks on it or the most interesting. So, you know, the acuity in the first row was definitely more interesting, but not more important perhaps than what the teacher is saying. Um, so there's this

famous saying by Russell Barkley who is really like, he is the preeminent researcher in the world of ADHD.

Dr. Ari Tuckman ([00:23:53](#)):

He is like the world's expert on ADHD. And he has a line that, um, I don't know if you have to use it in every presentation on ADHD, but I have to use it in every presentation on ADHD. And I use it with clients all the time. And it, it, the saying is ADHD is not a disorder of knowing what to do. It's a disorder of doing what you know, and it is absolutely true, right? Kids with ADHD know, you should do your homework and hand it in because other people tend to get less upset. If you do it, they know you should be ready for the bus. They know you shouldn't blurt things out that are perhaps hysterical, but not good in class. Or if you're a young adult or I don't kind of mouth off to the boss, even though technically you're right in what you're saying, don't spend too much money because you know, you actually don't get paid for another 11 days, right?

Dr. Ari Tuckman ([00:24:50](#)):

Like knowing is easy, but just, you know, to sort of highlight this, um, losing weight is incredibly easy on the knowing, right? Eat less exercise, more bam. That is all you need to know to lose weight. So why is it so hard? Why are people so bad at it? Because doing it is really hard because it's not a thing you do one time. Losing weight involves many, many, many, many, many things you do over a long period of time. And that is why it's hard. So, you know, uh, in the sense of like, let's have a bit of empathy for our friends with ADHD, right? We all have this, right. We all know that what to do. The trick is doing it in a consistent kind of a way.

Dr. Ari Tuckman ([00:25:38](#)):

So to take this a little bit further, then Barkley talks about, um, this idea that ADHD causes future myopia. So myopia, as in like what your eye doctor says, you know, which is, I can't see distance, right? So folks with ADHD, right? One of the sort of fundamental deficits is that folks at ADHD don't see the future as clearly. So in other words, if today is Monday and you have a big school assignment due on Friday, or you have a big thing for your boss, if you're in the workplace, do on Friday, some folks without ADHD on Monday might say, oh man, Friday, I should probably get going on that. Now, you know, I should probably work at least a little bit on that right now, because you know, on Thursday night, I don't want to be like freaking out over how much I have to do.

Dr. Ari Tuckman ([00:26:30](#)):

So someone who doesn't have ADHD sitting on Monday will be able to see Friday or Thursday night and say, I should do something about it. By contrast folks of ADHD, don't see Friday as clearly, Friday is not as much on their mental radar when it's Monday, which leads to this is sort of, it said a bit tongue in cheek as a joke. But the thing of it is I've literally had clients kind of say this exact same thing, but it says this idea that for folks with ADHD, there are two times there is now, and there is not now. And pretty much everything that isn't now is not now. So not now means tonight. It means tomorrow. It means Thursday night and Friday. It means a month or a year from now that for folks of ADHD, they're very much in the now and they're very much focused on right now, what is happening, what needs to be done to the exclusion of sort of looking up and seeing beyond the now to see, and what else is coming.

Dr. Ari Tuckman ([00:27:36](#)):

This is why students with ADHD often procrastinate on work. And then, you know, these are the kids who are handing in 12 assignments in the last three days of the marking period. And their grade goes from like a D minus to, I don't know, hopefully a B, right? When all those zeros become, you know, something at least. Um, so one of the ways of sort of putting this is that folks with ADHD have a shorter time horizon. This is kind of like the technical phrase, time horizon, meaning how far out in time do they look and see, how close does something need to be before it hits their mental radar? And then they do something about it because folks with ADHD tend to not look as far down into the future. They tend to be more driven by whatever's kind of hitting them right now.

Dr. Ari Tuckman ([00:28:27](#)):

Oh my God, it's Thursday. I got that big thing for my boss tomorrow. Now is that now it's go time right now on Thursday. They feel it. And they see it. And now they're really kind of doing so it's sort of like nothing, nothing, nothing, nothing, nothing, bam. All of a sudden now they're like locked in their brain, lights up the gears, start turning in a way they go, which creates a situation for other people, right? There are others who on Monday or Tuesday or Wednesday might start getting anxious, like ha ha. You're not doing anything about this. Right. Which creates kind of predictable struggles then between teens and parents, right? The parent can see the future. They know what Thursday night is gonna be. Cuz you know, they've seen this movie a hundred times before, so they start getting anxious and then they start getting involved and then we get a tug war that probably nobody enjoys.

Dr. Ari Tuckman ([00:29:22](#)):

So one of the ways then sort of describing this is that ADHD equals too much present and not enough future. So all the symptoms, all the struggles, the challenges of ADHD, they kind of come down to this. So folks with ADHD, don't start getting ready to leave until it's too late. Cuz again, they're focusing on what they're doing now and they're not thinking far enough ahead of like, wow, I should really get going. Cuz you know, it takes me longer to get ready than I think, or they're disorganized because they put things down, maybe cuz they're rushing or it's just boring to put things away, but they put things down and then they, you know, without taking the extra step to put it away where it should really go because in an hour or a day or a month, it'll be good to know where that is.

Dr. Ari Tuckman ([00:30:10](#)):

Right. So they're thinking about the boringness of putting it away now, not the future benefit of where it got put away or the impulsive comment, whether it's a comment in class or to a boss or a romantic partner or a friend, they kind of put their foot in their mouth cuz in the moment it feels like the right thing to do. And then later it turns out that it wasn't. So to think beyond the present moment to really kind of see the future of what's gonna happen later, what are the implications of what I do or don't do right now? One needs to be able to disengage from the present. Right? It's that sort of ability to sort of inhibit to say like, Nope, not that it's more fun. It's more interesting right now, but that's not the thing that I'm gonna do. Hold off on that.

Dr. Ari Tuckman ([00:31:00](#)):

Let's think about what else is happening. Hanging out with my friends tonight on Monday. Definitely more fun my paper though. How important is that? Let me think about that. Yeah. I guess maybe I should probably do it. Which then leads to, you know, my sort of unofficial slogan of ADHD, time management, which is by the time you feel it, it's too late. When it's Thursday night and you have six hours worth of work to do it's too late. You cannot go back to last night or Tuesday or Monday and say,



Ugh, I really should have done something differently. By the time you've gotten in an argument with your parent, your boss, your friend, your roommate, your romantic partner, by the time that hurtful emotional, angry comment has left your mouth. It's too late. Right? It is out there. It has been said, and it's really hard to take it back or when you are out with your friends, right.

Dr. Ari Tuckman ([00:31:58](#)):

And you leave your cell phone on the table and then, you know, it's like, okay, time to go. Let's all go forgetting that. You put it over here and then you're up and out. By the time you realize that it's too late, right. You can try to remember where you left it you can hope it's still there, but it may not be. Um, or if you procrastinated on, I don't know, signing your kids up for summer class or I don't know, buying tickets to a concert or something, right? Like it's too late. There may not be any, any options available. So this, this is a, a common experience then for those of ADHD and a frustration for those around them and those who love them is why do you keep shooting yourself in the foot like this? And of course, if it was just about knowing better, they would just do it different the next time. Right? Like that didn't work out this time. I'm gonna do it different next time. Obviously. Except again, it's not about the knowing it's about the doing it's next time. Do they feel it any different? Do they see the future anymore clearly? And because their ADHD hasn't gone away, the answer is no, they don't. They wind up in the same place again.

Dr. Ari Tuckman ([00:33:17](#)):

So because folks with ADHD have more of these struggles, um, it makes sense that other people will step in. Right, that could be certainly its parents might, might be teachers, maybe it's the soccer coach. Maybe it's a romantic partner or a friend or a roommate. Right. Like they kind of step in. They're like, Hey, let me help you out. Okay. I'll you left your wallet at the restaurant. Okay. I'll drive you back to get it or you forgot your book. Okay. Let's go back to the school to get it. Um, or you didn't plan, you know, for this big paper, I guess I'll stay up late with you and then I'll be tired too. You know, I'll stay up late with you to help you get it done. And it totally makes sense. And in many ways it is indeed a gesture of genuine kindness, but it also becomes a bit of a double edge sword, especially with adolescent and young adults, because they're kind of mixed, right?

Dr. Ari Tuckman ([00:34:14](#)):

They don't want the extra help. Right. They wanna be able to run their show because that is what adolescents and young adults should want. Right. They should want independence and yet they can't handle the independence, right? Like they're not doing what they need to so that they're kind of inviting in extra help that they don't really want except that they kind of need. And then that tug of war becomes its own distraction. So if you're six years old, fine, if you're 10 fine, like it's, it's okay, it's acceptable. But the older you get the less acceptable, it becomes less for the young adult or the teen and less also for the people around them. Now on the plus side, um, you know, like as we get older, as we get a bit, you know, wiser a bit more self-aware, you know, you don't have to rely on mom and dad to do some of this stuff.

Dr. Ari Tuckman ([00:35:06](#)):

Right. You can begin to do more of this stuff on your own. And I think that, you know, Diane's gonna talk about some of those things and certainly Stephanie is gonna talk about some of those things as well, so that, you know, you can use other other systems and methods like smartphone or other sort of apps or, or medication or whatever to kind of help you sort of hit the mark a bit more consistently. So just real

quick, my website, adult ADHD, book.com, I've got a bunch of information on ADHD. So, um, that is a good resource, but let me hand it over to Diane.

Diane Dempster ([00:35:44](#)):

Awesome. Thank you, Ari. I, I don't think I could have set that up any better. Um, I appreciate that. And I'm glad to be here with you. I, you know, as I'm listening to Roberto and Ari talk, I think it's really clear here. Let me just fix my slides here before I start talking, um, that both the challenges and, and also hopefully you've seen in the, in, in between the lines here, the strengths of ADHD and um, what I wanna talk about really is the role of the adults, the caregivers, the parents, um, those of us who are, are witnessing this struggle in the midst of the, the dynamic that Ari just described that I'll talk a little bit, bit about as well, where these young men, these kids are struggling and they need help. And I think that the, the foundation of this is what is our role, right?

Diane Dempster ([00:36:34](#)):

So ADHD is not something that's gonna go away. ADHD is something that can be treated, but ultimately the challenges of executive function that Ari was describing are things that don't go away. Even with treatment. There are challenges that, that, um, young adults, adults, um, I've got plenty of adults in my life that have ADHD and they struggle with some of these same things. They, they have not grown out of it. And so our role as caregivers and parents becomes helping them understand their ADHD, helping them understand their brain, helping them to begin to manage their ADHD and ultimately get to a place where they're successfully engaging with life in school, feeling successful, feeling their strengths and, and empowered in their life and, and launching independently. And so I know that sounds easier than said than done. And some of you're struggling with, uh, kids who are really kind of getting in their own way at this point, the, you know, the challenging behaviors and, and Roberto alluded to this that we see are, you know, avoidance of responsibilities.

Diane Dempster ([00:37:37](#)):

I have a lot of, um, parents coming to me right now, that's that are my kids not engaging in school. They aren't doing their homework. They haven't been to school in months. Um, risky behaviors, all kinds of intensities, there's that drama and that fighting back and forth between parent and child or adult and child. There's a sense of disconnection and mistrust. And, and these are the big challenges and, and you may be dealing with big challenges. You may also be dealing with small challenges, as Ari mentioned, things like, you know, at late assignments. I remember at my house, I have two complex kids. Um, and at our house, the, the, the record was 37 missing assignments the weekend before, uh, the end of the semester. And so it may be things that feel less intense, but are challenging. Nonetheless. So as parents, we're dealing with the challenging behaviors, and I wanna pause again to say, and let's always remember to take the opportunity to think about the beauty and the strengths that come along with these in the moment brains, um, that aren't constantly like those of us with us, without ADHD worrying about the future or planning this or doing that, but can just really more gracefully be present and enjoy.

Diane Dempster ([00:38:47](#)):

So under the challenging behaviors, I see two key challenges that come up over and over again in the parents that I work with a fundamental power conflict. These kids don't wanna feel controlled and poor communication patterns that ultimately end up building defensiveness and distrust, a just made a comment about, you know, when there's six it's okay to take over and, and, and to be in control when they're 10. Yeah. It's okay to take over and, and, and be in the lead at some point between maybe nine

and, and 14, depending on the kid, there ends up being this conflict that comes in that says, you know, Hey parents, I don't want you to tell me what to do. And the parents are like, yeah, but you need help. And it's not getting done. So fundamental power conflicts and poor communication. And what I wanna inspire you to at this point is that the change you want for them actually does start with you.

Diane Dempster ([00:39:45](#)):

Whether you're a caregiver or a parent, it's really easy to say, well, they're the ones with the ADHD. They're the ones that are struggling. Do I just sit back and wait for them to grow up and wait for them to figure it out? No, absolutely not. There's absolutely roles that you can play in supporting them again, helping them understand their way their brain works, helping them learn tools to manage their ADHD, helping to inspire them of all the beauty and strength that comes along with your ADHD. But you can play a role and there's some key components that make it easier for you to do that. And that's what I'm gonna talk about in our conversation today. This is me in my crazy tribe. I am, um, the only, non-theoretically neurotypical, uh, a adults, um, in a, in a family of six. Now, all young adults are adults.

Diane Dempster ([00:40:32](#)):

Um, live with a bunch of quirky people who, um, whose brains work differently than I do. And when they were young, I found myself really frustrated because I knew that they were differently wired, but I didn't know how to help them. And when I became a coach, what I found was that I changed my style of parenting. And that shift really helped to inspire my kids to become problem solvers, change the dynamics. So we weren't fighting all the time. I wasn't frustrated all the time and really ultimately helped to launch them in into independence in a very different way. And when I met my business partner, Elaine, um, in 2010, she had a similar experience when she became a coach and she's a neurodiverse adult. And so what, we've, what we have created at impact parents. What we do at impact parents is we teach coaching tools to parents so that you can help your kids to change their behaviors and help them to become better at managing their ADHD.

Diane Dempster ([00:41:28](#)):

And you're not gonna become your child's coach, but you're gonna begin to learn how to support them in very different ways. Because often the ways that we try to support our kids create discord, they create broken patterns of communication. They lead to frustration. They lead to power struggles, all those things we talked about earlier. So, um, I wanna build a little bit on what Ari was just talking about, and, and I'm gonna call the independence paradox, and the idea that kids need more help than the adults in their life think or want them to need. And at the same time, kids seek or accept, help less often than they actually require it. So going back to Roberto and, and ADHD 101, these kids are 30% behind their peers in terms of their executive function development. We talk about three to five years. So you've got a 15 year old whose organizational skills or time management or emotion management is more like a 10 year old.

Diane Dempster ([00:42:30](#)):

And if you've got a gifted kid, you might have an intellect. That's more like a 17 year old. And so in their mind, they wanna be able to be independent. They wanna be able to do it themselves. They're struggling and need help. We don't wanna enable them. We don't wanna help them too much. I've picked up a towel, you know, 20,000 times. Do I really wanna remind them one more time to pick up the towel? What, at what point are they gonna pick up the towel themselves? We don't wanna over help them, but we can see that they need help. They're not asking for help. So it creates this disconnect that

we in, in a gap almost that we really need to try to fill as parents. And it becomes our role to try to find a way to par to do that. There's two key components to addressing this disconnect in my mind.

Diane Dempster ([00:43:17](#)):

One of it is clarifying what your role is, is the adult in their life, whether it's the parent or the caregiver, a teacher, whoever it is. And then the other side of it is focusing on the life skill of asking for help. I mean, if you think about it, how many of you as adults have, it are easy to ask for help. Some of you, some of us like never wanna ask for help, we wanna just get it done. It's easier to just do it ourselves as parents. A lot of times we get into this habit of just doing things on our own. Ultimately, what we need to be able to do is to get our kids to a place where they are learning to be problem solvers, learning, to get support and ask for help is there is there's challenge and struggling and being really clear on what our role is, because the role that we play when they're six or 10, doesn't work the same way when they're 14 or 22 or 34, our kids need a different kind of parent, a different kind of support.

Diane Dempster ([00:44:08](#)):

They still need support. They're not sure what it is. We can help them figure out what that is. At Impact Parents, We talk about four phases of empowerment, four roles of the parent, right? So it's director collaborator, supporter, and champion. And I think all of us know what a director looks like. You know, we're setting the pace, we're telling them what to do. Maybe we're creating rewards. We're saying, okay, it's time for homework afterwards. We're going to, uh, you know, we're gonna celebrate by going outside and playing for a while. So setting the pace and setting the rewards is where we are in, in, in director role. And we all dream as parents at that moment when our kids are in charge of everything, when we can just be their champion to celebrate with them, to troubleshoot it, they're really having problems. They're managing all their work.

Diane Dempster ([00:44:59](#)):

They're taking care of their assignments, they're getting it done, or they're getting things done around the house. And we just get to sit back and watch and really help if, if they get stuck, but for the most part we're out of it. And what ends up happening that I see over and over again is that we, our kids get to a certain age somewhere between nine and 13 and, and director stops working and they're not ready for champion. And they say, mom, dad, stay outta my stuff. I don't need your help. I'm fine. And we go fine, good luck. You know, it's like this sort of, kind of drop out because we know they need help. We're frustrated because they won't accept help. And we don't know what else to do. And so we go fine, good luck. And we secretly are waiting for them to fail, which will give us permission to jump back in and direct again.

Diane Dempster ([00:45:48](#)):

And what I wanna suggest is that there are places in between that we can go between full in and in control and completely out and letting our kids take the lead. And that's about collaboration and that's about support. Um, and, and that's really, you know, we've got director on one end, we've got champion on the other, but the real work is in collaborating and supporting and changing the dynamic and working together in partnership with your kids, which goes back to those two fundamental principles of getting clear on what you want your role to be. Where am I in this mix of director, collaborator, supporter, and champion, and is my child, is the child I'm working with in a place where he's ready to ask for help, or am I really trying to get him to a place where he's even interested in asking for help?

Diane Dempster ([00:46:37](#)):

So this is a big, giant, uh, model that we teach all the time. And we probably could, I could teach six hours, uh, on this piece of this, but what we're really talking here is about a path to independence. You know, there are several components to this. Um, one of the pieces that, that we haven't talked a lot about, but, but I think is key here is self management. A lot of times, what I see in parents is that this dynamic ends up creating an awful lot of frustration and power struggles. And if we're in there getting triggered all the time, if we end up yelling at our kids, or we end up our kids in a situation where we're in a arguing with our kids, constantly, that sort of back and forth, um, broken self management, really impedes, you know, the entire foundation of this whole piece, getting really clear on what your role is, uh, is another kind of foundational um overarching component of this model at the bottom of the model lives, relationship, trust, and communication.

Diane Dempster ([00:47:36](#)):

And if you leave this conversation with nothing more than this, I wanna remind you that the most important piece of helping your child get to independence is building a foundation of a strong relationship with trust and communication. And there are all kinds of tools we can talk about to shift the way we're communicating a great one that I love is to begin to, um, to ask instead of tell, right, we're talking about shifting out a director mode, if, instead of saying, Hey, you've gotta do your homework. What's, you know, it's more, Hey, what's going on with your homework today? What time do you wanna get it done? Right. So I'm still holding the accountability, but I'm inviting them to participate even coming in and, and knocking on the door and saying, Hey, can I bug you for a minute? Or, Hey, I've got a suggestion.

Diane Dempster ([00:48:22](#)):

Are you open to hearing it? An interesting thing happens in the human brain when, when somebody says, yes, give me an idea. We're, we're hearing it in a different part of our brain, if then if somebody's just kind of throwing advice our way. And so there are things that we can do. And, and if you're struggling with collaboration and problem solving and getting your kid to buy in or ownership or motivation or all those things that kind of happen higher up in the independence pyramid, what I wanna challenge you to do is to go back to communication, trust relationship. What can I do to reconnect with this kid? What can I do to rebuild his trust in himself or his trust in me, or my trust in him and what are some of the communication tools that I can use to really strengthen those components of it? So, um, as Ari said, um, you know, he shared his book. This is our book, the essential guide to raising complex kids with ADHD, anxiety and more, um, sanity school is a behavior training program for parents and, um, impact parents.com is a great resource for everyone who might be here and interested. Um, we do have a free tube sheet for folks if, as you're interested there as well. And with that, I guess we're going back to whole group

Dr. Roberto Olivardia ([00:49:40](#)):

Actually, next is gonna be Dr. Stephanie Sarkis Is going to talk about treatment

Stephanie Sarkis ([00:49:44](#)):

Hi, <laugh> hi, I'm Stephanie Sarkis uh, let me share my slides here. So we figure out how to do this. I'm sorry. I'm getting over. COVID so I apologize for my voice and just now I'm doing overall. Um, let's see, where do I hit show, share screen? I'm not finding it for some reason.

Dr. Ari Tuckman ([00:50:08](#)):

It should be at the bottom of your should be a green at the bottom with all the other things,

Stephanie Sarkis ([00:50:15](#)):

Huh? It's not, I saw, oh, here it is. I had it minimized. Okay. So thank you. So here we go. So, um, are you seeing the main slide? We all we're good. Okay. We're good. So I'm gonna be talking about effective treatments for ADHD. So these are all evidence based treatments. So these are treatments that are backed by research. So we are gonna be talking about, um, and this is a little bit about me. Um, I've been practicing for little over 20 years. Um, I've written, uh, eight books on ADHD, um, are on ADHD and also gas lighting and toxic relationships. Cause people with ADHD are prone to, um, are susceptible to people that do not have their best intentions in mind. Um, and, uh, the books are tenable solutions to adult ADD and then also, uh, gas lighting, recognized manipulative and emotionally abusive people and break free and recovering from toxic relationships is coming out next month.

Stephanie Sarkis ([00:51:08](#)):

And my website, Stephanie sarkis.com. If you go to the resource page, you can click and see a list of books by topic that I recommend. So there's one on there on a ADHD and anxiety and so on. So you can see if I mention a book, you'll probably see it in that list. So that's going to my website, clicking on resources. Um, you could also see on the blog, um, section, I write articles for psychology today and Forbes, and also I have a podcast called talking brains. So you'll see those episodes on there as well. And I, and I talk quite a bit and I've actually interviewed quite a few people that you hear today. So, uh, so you can go ahead and check that out.

Stephanie Sarkis ([00:51:43](#)):

So the treatments we'll be talking about are first medication non-medication treatments, medication treatments overall have been found to be more effective than non-medication treatments. And we'll also talk about the most effective medication treatment because there are, um, some medications are more effective than others. And we'll talk a little bit about how to incorporate the non-medication treatments into a person's repertoire. So that's exercise mindfulness, uh, omega 369 fish oil, or Krill oil, good sleep hygiene counseling. And then we'll talk about accommodations both at school and at work. So stimulant medications, we have two main classes, amphetamines and methylate. So, uh, the classic one you may have heard of is Ritalin that's methylate. Uh, there are also other formulations of methylate. You have Concerta, which is a long acting methylate. So the lasts about six to eight hours, depending on how your body metabolizes your burns off stimulants.

Stephanie Sarkis ([00:52:38](#)):

We also have methylate in a, an liquid and chewable form. Coolant also there's a, a new, um, relatively new stimulant called Vivance, which is list dexamphetamine, which is own kind of animal chemically. Uh, Daytrana is a skin patch. That's methylphenidate Adderall and Adderall XR. So we have a short release, which is about two to four hours. And then again, six to eight hours for the Adderall XR. And that's called amphetamine and mixed salts is a generic name and then focalin and focalin XR Dex methamphetamine. So there are a variety of stimulants. If you are on stimulants as a child and not as an adult, there are a lot more options available today. Uh, so those are the main stimulant medications, not all, not all of them, but those are the ones that are usually prescribed the most and the side effects. Those can be dry mouth.

Stephanie Sarkis ([00:53:23](#)):

So I usually recommend people have like some hard candy with them, like a Urikala or something else. Um, uh, also difficulty sleeping that usually happens if you take 'em too late in the day. So if you forget to take your medication at eight in the morning and you take it at two in the afternoon, it may last into that evening time and you may still feel pretty alert. Um, so, uh, but other times it can just some days some bodies just aren't made for stimulants. So that's also something where I tell people, if you don't feel like yourself, when you're taking it, then make sure you tell your doctor. And part of this is also having good relationship with your doctors asking those questions, even if it feels kind of uncomfortable, uh, asking questions about your treatment and about how you should respond to the medication.

Stephanie Sarkis ([00:54:06](#)):

And also reduced appetite can be an issue, but usually once the medication wears off in the evening, uh, your appetite completely returns. And so you may be eating like a horse for dinner. You may eat like a regular breakfast at very scant to no lunch, and then you'll eat more in the evening. Studies have shown that eventually people get the calories that they need, uh, when they take stimulant medication, though, you do have see some weight loss in people as well. So, uh, one of the biggest signs of what works for you is if one of your relatives has taken a stimulant, that's worked for ADHD. You wanna let your prescriber know because that's a really good sign that that thing may work for you. His stimulant medications, unfortunately don't have blood or saliva tests to say what medication works best for you. So some of it's just trial and error.

Stephanie Sarkis ([00:54:48](#)):

You may be prescribed different medications, different doses to see what works best. It may be that 10 milligrams of Adderall works for a while and then you need to increase the dose. So just it's part of it is just being patient, knowing that it takes a little while sometimes to find the right medicine, or sometimes people find the right medicine right off the, off the bat. So what you're looking for is you're looking for a medication that you still feel like yourself, but your brain kind of is able to, um, like Roberto is saying your brain is able to kind of have that inhibition. Your brain is able to hold thoughts in, in for a couple seconds before saying them. You're able to think about something before you say you're able to, uh, maybe clean up after you cook dinner, that kind of thing. You may be able to sit still for 30 seconds at a time. It can be pretty life changing. And also there's some studies showing that stimulant medication lowers not only the risk rate, substance abuse, but also that of, of suicidality or suicidal behavior. So these are medications that are not performance based medications. Um, they're actually quality of life medications because they do impact overall wellbeing.

Stephanie Sarkis ([00:55:51](#)):

So medications, uh, stimulants increase attention. They decrease hyperactivity, decrease impulsivity again in the frontal lobe of the brain, they help the neurons communicate more effectively. They increase dopamine and norepinephrine. One, two of the four neurotransmitters we have in our brains. They've been available in the us since 1933. So they have been around for a while. Uh, we do have longitudinal studies about stimulants. So we have studies from, you know, 30, 40 years looking at overall how it impacts kids. We find and adults. We find that there are no lasting effects from stimulants that we've seen. Uh, there was a question about height that was found to do not be the case. So height is not impacted by stimulant medication. Just maybe that kids with ADHD, just like the brain, uh, kind of

patterns or executive functions aren't regulated. There could be other body processes aren't regulated as well.

Stephanie Sarkis ([00:56:38](#)):

So you may see kids with ADHD going through growth spurt early or late. Uh, so also they're scheduled to drive according the DEA. So that means that they are known as having high addictive potential. However, if they're taken as prescribed, they actually have low addictive potential. You're taking these medications at a very low dose and again, taking stimula medication actually reduces your chances of substance abuse. In fact, there's a study that found that people that take substance, uh, that take, uh, stimulants have a, um, it's a, if you don't take stimulants, you have a six times higher rate of substance abuse than people that do take stimulant medication. And when you, um, when you take stimulant medication, your risk rate for substance abuse drops back down to a control group. Almost like your brain does not have ADHD, cuz if you're missing brain chemicals like dopamine and serotonin and norepinephrine, you're gonna find a way to replace those, whether they realize or not.

Stephanie Sarkis ([00:57:26](#)):

And sometimes people go after high risk behaviors like drugs, uh, and things like that. So if you take stimula medication actually lowers your risk of, of relapsing and then starting drug use, kids with ADHD start using substances about two years earlier than their peers. And they rate from starting it to using it in excess is much quicker than for kids without ADHD. But again, stimulant medication can help stop that process. There's also non stimulants for ADHD that have been FDA approved. That means the FDA's given the okay, uh, for them to be advertised for ADHD because they've shown safety and efficacy in clinical trials. So, uh, Stratera was FDA approved in 2002. It's an antidepressant chemical structure. Uh, these are our medicines that you cannot just stop cold Turkey, uh, because you can have some withdrawal side effects. So if you on these, you really wanna talk to your prescriber first, before you back down on the dose, uh, Strattera knows a norepinephrine reuptake inhibitor.

Stephanie Sarkis ([00:58:22](#)):

So, uh, works on norepinephrine between the synapses or space between the neurons side effects are headaches. Some, uh, stomach discomfort. It can tend to be a little acidic. So you wanna make sure you take some food before you, um, you take it, uh, also lay head in this intuitive is guanfacine and cat based Clonidine. They originally blood pressure medicine. So side effect is go figure low blood pressure, uh, also drowsiness dry mouth. And you wanna just talk to your prescriber if you're having side effects to these, um, there are good side effects. So sometimes one of the side effects is you realize that you, uh, have a better morning routine. You're able to get out of bed earlier and things move on quicker and you may have side effects that, that you don't want. Like you may have issues with, you know, like a headache or, um, or you're feeling a little bit on edge and that's where we really need to have open communication prescriber.

Stephanie Sarkis ([00:59:09](#)):

Again, anytime you're not feeling like yourself, talk to your prescriber. So, uh, the thing is with, with stimulants and non stimulant stimulants have been found to be more effective in the head-to-head studies where they look at at stimulants versus non stimulants and well designed studies. So just keep that in mind, but again, not everyone can take stimulants. Um, and uh, so overall again, stimulants the most effective form of treatment for ADHD. But if you have like, Roberto's talking about having ADHD and, and are, was talking about this too, having ADHD and also other things, uh, Stratera has been found



sometimes to help with people that have anxiety and depression along with ADHD, the comorbidity between ADHD and anxiety and depression is, is as high as 50% all the way up to about 75, 80%. So, so non-medication treatments. So these are all treatments that are supported by research.

Stephanie Sarkis ([00:59:57](#)):

So I wrote a book on non-medication treatments for ADHD, and these are the, the non-medication treatments that have the most data behind them. So, uh, these can be used with or without medication. But of course, if you take medication using these can only increase, uh, your ability to function as non, almost non ADHD brain. I mean, these aren't panaceas, it's not gonna take away the ADHD, but what we're trying to do is take you from like maybe nine outta 10 on the ADHD scale down to like maybe a two or three. So it doesn't get rid of your ADHD, but it can significantly lower it if you do this on a consistent basis. So, uh, similar medication again is the most effective treatment, but exercise, uh, even 15 to 30 minutes of exercise can increase dopamine. And again, we're I say, we get as a person with ADHD, we tend to be low in dopamine.

Stephanie Sarkis ([01:00:43](#)):

So if you do exercise, you are gonna notice an increase in executive function, performance like Ari was talking about EF function. You're gonna have an in an increase in your executive function performance. So you, you may even perform better on executive function task. Uh, and also any type of exercise will be helpful. The recommended amount of exercise in an hour a day. But if you are taking the stairs instead of the elevator at work or you're walking through the parking lot, and that adds up to a cumulative hour, that counts. So any form of movement counts that could be, if you're not into exercise, just dancing around with your kids, that counts as exercise. So we need to look at all different forms of movement as exercise. So also mindfulness meditation. So mindfulness meditation is usually you think of meditation sitting or laying down and being still, and that's kind of hard for us.

Stephanie Sarkis ([01:01:29](#)):

So mindfulness meditation is when you're doing stuff and meditating at the same time. So it's really kind of almost custom made for ADHD. So one of the things that you can do is the name three things exercise. So that means that when you are in a state where you feel like you have, uh, exacerbate or elevated ADHD symptoms or anxiety or depression, uh, you can name three things. You can see, three things, you can feel three things you can hear, and that tends to get your brain back down to what I call baseline or being in the present. And you may find that your brain will automatically do that after a while, it'll know that it needs to get back into that, that level of focus. And there are several studies showing that mindfulness does help increase executive function performance. Again, when it's paired with medication, it's the most effective, also deep breathing is mindfulness.

Stephanie Sarkis ([01:02:14](#)):

Meditation is breathing in for count of five and exhaling for count of 10, uh, using your diaphragm and your breathing. So the belly breathing where you're kind of pushing your stomach out while you're breathing. So you get your full lung capacity. We tend to do thoracic breathing, which is breathing, you know, using your upper chest when we should actually be using the whole body to breathe. So, uh, just deep breathing kicks off parasympathetic, part of your autonomic nervous system and parasympathetic think P for peace sympathetic nervous system. As for stress, that's a part of the nervous system that kicks in. We have a fight flight or freeze response. So we wanna kick in parasympathetic the, the

soothing, the calming part. And so deep breathing can do that. Also omega 369, that increases effective neural communication, uh, in the frontal lobe as little as four weeks.

Stephanie Sarkis ([01:02:59](#)):

But it does have to be a high quality, uh, omega 369. They can vary in quality as of 1994, the FDA no longer regulates supplements. So you do want to check to make sure it is a good quality supplement. Um, there's a, a site called consumer lab.com and I am not any, any of the things I mentioned today. I'm not, um, affiliated or funded by any of them, but there's the site called consumer lab.com where you can look up, uh, different supplements and see quality of active ingredient, percentage of active ingredient and accuracy of ingredient label, because sometimes they do use fillers, uh, in the capsules. So, and there can, there have been studies showing with supplements that they can vary from capsule to ly within one bottle. And also overall herbal supplements have not been found to be effective in placebo doubleblind clinical trials.

Stephanie Sarkis ([01:03:46](#)):

We're looking at, uh, basically what that means is that they looked at, uh, herbal supplements versus a placebo. And the herbal supplements were of high quality. And they compare them to placebo or sugar pill basically, uh, with people. And it turns out that, um, that there was no difference between placebo and herbal supplements. So that's like kava kava, Val Larry roots, St John's wart, um, any of the different, uh, herbal supplements or amino acids didn't show any effectiveness either. So, so also good sleep hygiene makes a difference. So having the same sleep, wake times, even on weekends, and that can be really tricky to do, but if you're getting up at seven in the morning and going to bed 11, try to do the, even on the weekends, uh, you may need to seek a sleep study about 90% of people that ADHD have sleep difficulties.

Stephanie Sarkis ([01:04:33](#)):

And that includes initial insomnia, not being able to get to sleep middle insomnia, getting up in the middle of the night, not because you have to go to the bathroom, but just you're awake and you don't know why. And Turmo insomnia waking up too early in the morning and not being able to get back to sleep. You can also have sleep apnea. People with ADHD tend to have sleep apnea. That's where your brain, um, kind of wakes up your body. You don't wake up, but your brain kind of gets itself out of sleep because you can't breathe. So that could be that the soft folds your throat are closing in, uh, if you have a neck girth of 17 inches or more, you're more likely to have sleep apnea. So, uh, you can get a sleep study. Um, some insurance companies want you to do a home sleep study first, and there are also a standalone sleep clinics.

Stephanie Sarkis ([01:05:13](#)):

There's also ones attached to hospitals. Um, usually insurance does cover that some extent, uh, you can also negotiate if you're doing private pay. So you're not going through insurance. As many sleep study, clients will negotiate a price for you. Uh, so that will tell you if you're having sleep apnea and the treatment for that is C P a P machine. That's continuous positive airway pressure. You wear that machine at night while you're sleeping and it helps keep the soft folds your throat open. And it is really effective at, at, um, you, we have this layer of ADHD. So there's ADHD in the middle of the onion, always layers over it. And we wanna look at how much sleep is impacting you. So if we can treat your, your sleep apnea with a C P a P we're peeling off one more layer, that onion to get to what we really need to

treat, which is the ADHD, cuz you may have sleep that's really impacting and like making you look like you're ADHD plus plus plus.

Stephanie Sarkis ([01:06:01](#)):

So we really need to take care of the sleep issues and also sleep issues can lead to, to premature death even, and especially sleep apnea can lead to that. Um, so really important we get that taken care of. So when you wake up in the morning, you should feel refreshed. And if you're not, if you've never felt that, then you're probably dealing with sleep deprivation. So it's a really good idea to talk to your prescriber or your therapist about getting help and seeing maybe if you can get him a sleep study. So also counseling cognitive behavioral therapy has been founding the most effective treatment for, uh, ADHD as far as therapeutic treatments and talk therapy, uh, has the most data behind it and cognitive behavioral therapy in part looks at cognitive distortions. So when people with ADHD are, um, are faced with a situation, they may tend to go to one of the following, uh, cognitive distortions.

Stephanie Sarkis ([01:06:49](#)):

One is overgeneralizing. So my one friend can't go to the movies. That means I have no friends, uh, personalizing, well, that person didn't say hi to me cause they think I'm stupid and, and I must have upset them. And I don't know why. And you tend to ruminate or think about that. Um, catastrophizing, I gotta be on this test. That means I'm gonna fail for the whole semester. It's uh, making a mountain out of a mole hill and minimizing. Well, I drank, you know, 10 beers last night. That doesn't mean I'm an alcoholic. That's classic, uh, addictive behavior, you know, making it sound like it's not that big of a deal. Uh, there's also that denial piece too. So that's a little bit of cognitive be therapy. The other idea behind cognitive behavioral therapy. That's not the thing that happens to you. That makes a difference.

Stephanie Sarkis ([01:07:28](#)):

It's what you think about the thing. So if you step in a mud puddle on the way to work and you say I'm so stupid, I can't believe I stepped in that mud puddle and you wind up having a terrible day cuz you're like, people are looking at me and they're making fun of me, but you step in the mud puddle and you go, Ugh. Yeah, I can't believe I stepped in this, but you know, I have a good story for later and you wind up hanging out with your friends and laughing about, you know, stepping the mud puddle you actually have a pretty good day. So that's in a nutshell a little bit about what cognitive behavioral is, is challenging. Those thought distortions and also looking at, uh, reframing. So it's not what happens to you. It's what you think about it that helps and cognitive behavioral.

Stephanie Sarkis ([01:08:02](#)):

Therapy's also been found to be effective at looking at the guilt and shame that goes along with ADHD. So the guilt is, uh, feelings of what you shouldn't have done or what you should have done. And shame is feeling overall like you are not a good enough person and that is very pervasive in people with ADHD. So kind a cognitive behavioral therapy can really help and turn that around. So, and that's U used by, uh, mental health professionals. So that's um, psychologists licensed mental health professionals like uh, LMHC's, licensed mental health counselors, licensed professional counselors, licensed clinical social workers. Uh, so there's a variety of different mental health professionals that can help. Also accommodations, these are not special treatments. They just help you get to the same, uh, level as everyone else. It creates an even playing field. So you're getting out of the gate when the buzzer goes off, just the same as all the other horses.

Stephanie Sarkis ([01:08:53](#)):

So if you think about like the horses lined up, the buzzer goes off and the gate's open. If you have ADHD, it's kinda like your gate opens a little later. So all the horses around the track and your gate opens and you're already like trying to make up for all that time, you lost the combinations, make it so that your gate opens at the same time as everyone else. So, uh, there's school and work accommodations school accommodations include getting extended time on tests. And this is for elementary all the way up through college and graduate schools. So that means that, um, you get time and a half. So if your test is an hour long, you now get an hour and a half to take your test, testing a separate and quiet location. Many college campuses have a separate location for test taking, especially larger campuses where you may have in a smaller campus.

Stephanie Sarkis ([01:09:34](#)):

You may have a Proctor in the room while you take a test. Uh, so also you can use a calculator on math tests, uh, and uh, also there's a, uh, apps like, um, uh, shoot. I knew when I was thinking about, I was thinking about, oh, it's, uh, data math, I believe. And you can take a picture of the math problem. It actually works it out for you. So you're able to use those on your math test. You can also do core substitution. So if you have a math learning disability, because disabilities go along with ADHD, about 50% of the time, if you have a math disability, you may be able to substitute calculus for something like logic, where you're not working with numbers per se. Um, that's what I did in college. I took logic because it didn't have as much to do with numbers.

Stephanie Sarkis ([01:10:15](#)):

It was more to do with, um, if not and or that kind of stuff. So also, uh, you can apply through your college student disability services office usually submit a letter from your prescriber or mental health professional, uh, stating that you have a diagnosis. There used to be a, a kind of a guideline that you needed testing done. Again, if you had not been tested the last five years, that was found to be a violation of Americans with disabilities act. So now all you need for a college is a letter from your treating clinicians stating that you have a diagnosis of ADHD, and it always helps if they add some extra accommodations on there and the student disability services office is required to meet with you. Um, if you qualify for accommodations that they can either meet with you over zoom, or they can meet with you in person, but they do need to meet with you in order to set up those accommodations.

Stephanie Sarkis ([01:11:03](#)):

Uh, and, uh, you are, you have, those are federally enforced basically. So once you get your accommodations plan signed off, they have to provide those. So, uh, if you find that you're a accommodation not being provided, talk to the student for disability services office, sometimes always error, on the side of maybe somebody just drop the ball somewhere and talk with 'em about that and, and make sure that that gets rectified. But if you do have issues, uh, the office for civil rights is the per is the group that covers organization that covers, uh, if you're not getting accommodations in school that you're entitled to. So that's who you go to next. But I always recommend go to the school first and talk to the office to make sure it's just not an oversight on their part. So also there's informal versus formal work accommodations. Uh, it would be great if everybody could work in an office with a desk, uh, and a door, but we have, um, we have cubicles.

Stephanie Sarkis ([01:11:55](#)):

We have, now we have group seating where there's one desk, everybody sits at, which is a nightmare for ADHD because you get all this feedback from everywhere. So, uh, you want to, um, first see if you can set up your own accommodations. That could be that you wear noise, canceling earbuds when you're at work. So you get more quiet. You, uh, have a, do not disturb sign or cubicle. You have, you know, so you have set hours where you are not disturbed. It could be that you have everybody put directions in writing. So someone says to you, Hey, I need project, blah, blah, blah, do on this date, you can say, Hey, do you mind shooting that an email to me you're putting on slack or something. So that's a way that you can set up informal accommodations. But if you feel like you're not able to enforce those informal accommodations or you're, or, uh, you feel like those are not enough, you can also disclose ADHD to your employer.

Stephanie Sarkis ([01:12:42](#)):

And then you might be covered under the Americans and disabilities act. That depends on how many employers your, uh, your company has. Uh, there's a, a limit. And I think it's like 25 and over employees or 50 and over, I'm not sure which one, but, uh, but that's important to look at. I also recommend before you do formal work accommodations, talk to an attorney that specializes in labor law and ADA law, um, members in disabilities act just to make sure that you, what, you know, what your rights are in that situation. So, and what you might be prepared for. And the, uh, human resources department is not allowed to disclose your diagnosis to anyone. However, you never know, who's talking about what and somebody walks by. So I, unfortunately there is a stigma that goes along with ADHD. So you may be treated differently and that's not fair, but it still exists.

Stephanie Sarkis ([01:13:28](#)):

So, uh, I would just talk to an attorney first before you go through, uh, disclosing it. Because again, you will have to tell your employer that you have ADHD. Once you do disclose that they cannot demote or fire you for any behavior related ADHD. So for instance, attorneys have to keep track of their billable hours. Uh, many attorneys' offices now have dropped, uh, using administrative assistance to keep track of billable hours. And attorneys are expected to keep track of their own billable hours through software. Uh, and for someone with ADHD, that's a nightmare, uh, because you're having to pay attention to detail, which is impaired in ADHD. And so if you're having a hard time scheduling your billing hours and doing all that work, they cannot demote or fire you for that. If you have ADHD in this documented. So, so that's just a little bit about, uh, the accommodations that you can get.

Stephanie Sarkis ([01:14:12](#)):

And again, they aren't special privileges. So someone says, oh, well you need this. You know, just as like a special treat, this is something that equals your ability to be on the same playing field as everyone else. There's also a misconception that if you are, uh, performing at a B level or, or higher that you don't need accommodations, no it's, it's accommodations are given when you are not working your potential. There's a gap between what you should be able to do and what you're doing, because your brain can't do that space in between because of executive function performance. So even if you're getting A's and B's, you still qualify for accommodations, if you have ADHD. So I think then we're gonna open it up to discussion so I will turn it over.

Dr. Ari Tuckman ([01:14:55](#)):

Cool. All right. Excellent. Um, so yeah, so first of all, um, so the four of us are all friends, right? We're we we've done this kind of thing a lot, and we always enjoy hanging out with each other, um, more in

person, but this is fun too. So I think we're gonna have some lively discussion. Um, so there was, so first of all, if anyone has any questions, put them click the Q&A button at the bottom of your screen, that's kind of the easiest place to put it. Although there was a question in the chat, um, is there a concern about tolerance build up with stimulant meds, IE day Concerta daytrona over time, especially with the dermal patch. Um, I've I definitely have some thoughts on that, but anybody else have some thoughts on that?

Stephanie Sarkis ([01:15:43](#)):

No, I'll let you take it over Ari. What's your thoughts?

Dr. Ari Tuckman ([01:15:46](#)):

So my thought is this, um, once you find the right dose of medication, it should not become less effective over time in that typically, if it does become less effective it's because you're not on the right dose. So for example, I'll just use Adderall XR as, as you know, whatever. So tip standard, you know, regimen is you start on 10 milligrams, man. Maybe it's a little bit helpful. Maybe not, probably not whatever you go up to 20 and maybe for a few days you might say, oh, Hey, this is pretty good. And then like a few days later, it sort of drops off. It becomes less effective. Um, that doesn't mean that Adderall doesn't work for you. What it means is 20 mil, 20 milligrams of Adderall probably isn't enough. So if you go up to 25 or 30, probably then you get a more sustained benefit.

Dr. Ari Tuckman ([01:16:38](#)):

So if it becomes less effective in the short term, it's probably too low in dose. If it becomes less effective in the long term, probably it means there's something else going on. Maybe there was a significant weight change. Maybe there's some new anxiety or depression. I've certainly had a bunch of clients, including someone, I think even just last week who realized like, oh, wait a second. Like, I'm getting a lot less sleep than I should. Right? So it's not a medication thing, it's a sleep thing. So it's certainly, if you find the medication becomes less effective, you wanna start asking some questions and you want to figure it out.

Dr. Roberto Olivardia ([01:17:12](#)):

And I think in addition to that, Ari is also what other environmental changes are happening. So for example, by this happened just recently, um, with a student, I was working with who he was on, you know, a certain dosage and he has a summer job that actually has a lot of ex executive demand, um, tremendous amount of executive demand. And at first he thought, oh, the medication isn't working anymore, but then realizing, oh, wait a minute, I'm doing something. You know, I was in a rhythm, it was working for what I was able to do before at the end of his senior year of high school. But with this, this is like a whole other level. And so that ADHD is very contextual, you know, in, in that way. I mean, even from moment to moment, I mean, these are not kids necessarily that like all day, they're going to present, excuse me, present in the same way it's going to be, what are they responding to, you know, in that moment. Um, and within that day, so that's usually in addition to sleep and eating and things like that is, did anything else in your environment change and more importantly, did the executive demands change in your environment?

Dr. Ari Tuckman ([01:18:25](#)):

Yeah. And especially like high school to college, that's about as big a change as you get. So what, what worked in one setting may not work in the next. So, um, now, you know, one of the things that we, so

there's two things we know about ADHD medication, particularly in teens and young adults. One is stimulant medication is, is really quite effective. It's the most effective way of managing ADHD. It's not that a solution, all life's problems, but it sets you up well to manage the rest of it. The other thing we know contradictory to the first thing I said is teens and young adults with ADHD are notorious for taking themselves off of medication. Um, it's the thing that helps the most. And it's the thing they're leashed into following through on. So like, I don't know. What are you guys, what are your thoughts on that?

Diane Dempster ([01:19:15](#)):

Well, I would take it a step further. I saw some research recently where they were looking at young adults and kids awareness of just the impact that the medication has. And so they, you know, if you ask, 'em like, oh no, it doesn't, it doesn't impact me. It doesn't change anything, that sort of thing. And so part of it is just getting buy-in from them. And, and you may do that. Some families may say, Nope, this is a rule. Everybody has to take their medication. This is the way we operated as a family in some situations that works really well. In other situations, it's about giving, you know, giving the child a, you know, a sense of ownership and agency and really kind of helping them to see what the value is for them and letting them experiment a little bit.

Dr. Roberto Olivardia ([01:19:58](#)):

And I think, and also add, I endure, oh, go ahead. Oh, I was gonna say in, in addition, right. Assessing the attitude around, I mean, one of the things is, you know, I have a number of clients with ADHD who do not take medication. They do a lot of the non-medication treatments that Stephanie was talking about and do really well with it. And then there are some that it's, they're, they're working so much harder than they really need to be. And the same way that, you know, if you, if you could squint all day, if you really wanted to, but you're gonna get a really bad headache unless you have glasses, you know, like, like, or contacts as I do, um, that could just make it so much easier. So I often will assess too, you know, when people say, oh, I don't want the medication to be a crutch for me, you know, I don't wanna be dependent on it.

Dr. Roberto Olivardia ([01:20:44](#)):

And this is particularly true for that, you know, high school to college, you know, I, I wanna finally be independent and trying to help them reframe that. I mean, the cognitive therapy piece that Stephanie was talking about applies to even how people look at their ADHD and the treatment of their ADHD that, you know, there is, that's a cognitive distortion, it's not a crutch, um, that this is actually what you need to do in order to, it's not absolving your responsibility. When you take a medication, it's actually doing the opposite. It's giving you more now a platform to be able to do the things you need to do. And so that, I think that's what I'm always conscious of. I mean, I obviously respect a patient's decision of whether they want to take a, a medication or not, but I wanna make sure that it's based upon accurate information and not sort of these internalized stigmas around what taking medication is.

Dr. Ari Tuckman ([01:21:39](#)):

Yeah,

Diane Dempster ([01:21:40](#)):

Stephanie, you,

Stephanie Sarkis ([01:21:41](#)):

I had too. I always endorse Barclay's idea that if you don't take your medication, you get your car keys taken away because of so much research shows that if you have ADHD and your driving, your driving's impaired. And if we look at the two thirds rule that Barclay has, uh, has come up with from his research, that if you've got a 16 year old driving, it's more like a 13 year old driving. So if you don't have your medication on board, you don't drive. Um, I come from kind of the benevolent dictatorship school parenting that you're the CEO and the kids are the employees. So yeah, you need to take the car keys away. So there needs to be logical consequences to not taking medication.

Diane Dempster ([01:22:16](#)):

Well, the other piece of it is listening to kind of wrapping it all together is understanding what's the objection underneath it, right? It's just sort of what, what is it that's leading this kid to say, I don't wanna take ADHD meds. Is it that they think they shouldn't have to, is it that they are, are, are hoping that they can secret. They don't wanna be, feel different? Is it that they're just trying to be in a, in a role where they feel like they have more control of what's going on in their life? And if you can approach it from what's really going on, instead of just the face value of they're not taking their meds, you're more likely to solve the underlying issue and the dynamic.

Stephanie Sarkis ([01:22:49](#)):

Yeah. It's really important to talk about side effects. And is the kids still feeling like themselves? Mm-hmm <affirmative> oh, go ahead. Yeah.

Dr. Ari Tuckman ([01:22:55](#)):

Yeah. And if they're not right, if they're, if the side effects are problematic, then, then that needs to be addressed. Mm-hmm <affirmative>, you know, like you need to go back to the prescriber. Maybe you gotta change a dose. Maybe you gotta change the meds. Like, you know, you want to put in the effort, so it's not too hard to sell, to get them to keep taking it. But I think, you know, at the end of the day, whether it's medication or whatever other strategies that we might talk about, um, you know, I think the way that I sort of sell it to the adolescents and the young adults that I see is it's, it's really about like, what kind of a life do you wanna live? Like, what do you want, what are you working towards? And to what extent does addressing your ADHD a little bit more effectively enable you to do that.

Dr. Ari Tuckman ([01:23:42](#)):

So, you know, like if you don't want mom and dad on your case all the time, I don't know, find some ways to give them less, to be on your case about, um, and you know, if you want a bit more freedom and independence, part of that might be taking your medication more consistently. You don't have to take medication like you really don't, but if you don't take medication, you are accepting the fact that mom and dad are gonna be on your case. You know, it's sort of like Steph saying, like, if you don't take your meds, you can't drive. It's like, look, dude, if you don't wear your glasses, you can't drive, right. Like you don't have to drive like you really don't, you can, you're free to stay here all day. Um, but if you want to drive, then you gotta take, you gotta wear your glasses and you gotta take your medication.

Dr. Ari Tuckman ([01:24:25](#)):

Right. So like, so kind of giving them the ability to kind of make their own choices rather than kind of dictating to them what they need to do. Um, but let me ask just, there's a question in the chat in the Q and a, which is, um, I think kind of an interesting one. So question says I've been working hard on collaborative parenting, understanding the ADHD brain. What I'm wondering about is a medication



question. My son has been on Concerta 27 milligrams, extended release, and oddly, as soon as he started Concerta, he picked up weight rapidly. He has since gained 50 pounds and is now borderline obese. I think this is dopamine seeking behavior with change in medication either to the 36 milligrams of Concerta or to Adderall potentially make a change. PSE is a swimmer water polo player. So exercise isn't the issue. Um, all right, I've got some thoughts. What do you guys,

Stephanie Sarkis ([01:25:20](#)):

Well, we can't really answer medication questions cause none of us are prescribers. So that's out of our scope of practice, but I would really encourage you to, to talk with your, uh, your prescriber. Uh, and I think that's something that, you know, that does happen sometimes with kids, but there might also be other factors at place we really need to, to consult with a doctor cuz we, we can't answer personal questions.

Dr. Roberto Olivardia ([01:25:41](#)):

And I would agree with Stephanie. I mean, one of my other big areas of interest is working with boys and men with eating disorders, which is actually a symposium that, uh, this platform is gonna be doing in September, um, which I'll, I'm happy to, um, be a part of as well. And so it may, it sometimes it's difficult to also distinguish, you know, what's a side effect of a medication and what is sort of something that maybe the medication isn't covering enough of in some ways and ADHD and obesity. There's a very significant association. People with ADHD have a significantly higher risk of obesity, of binge eating disorder of impulsive eating. So whether that is an issue that is separate from the medication, uh, that maybe the medication isn't adequately covering in some ways that's something to work out and talk about with the prescriber, because we also know that impulsive eating and overeating is, is very common.

Dr. Roberto Olivardia ([01:26:39](#)):

And this is also true for hyperactive types of ADHD where it one might think, oh, they're burning a lot of calories they're running around. They're probably, that may be a protective factor to obesity. It's actually studies do not show that studies show that they are at significantly higher risk of obesity. And also the types of foods that people with ADHD tend to crave high sugar, simple carbs, like quick kind of energy sources, which unfortunately are not going to be healthy. Like I've never worked with someone who binges on kale and broccoli. Um, so it's, it's, it's gonna be the foods that typically put on some weight.

Dr. Ari Tuckman ([01:27:15](#)):

Yeah. So one of the things that I would say and answer to this question, and this is really kind of more broad to like all questions about like, is this a side effect thing? Is it not? Is it related? Is it not, is so clearly this, this guy is eating too much. Right. I think we could probably safely assume that to be true. The question then that I would have is, is he eating more when the medication is working than he used to before meds? Or is he eating less when the medication is working and more when the medication is worn off, right? Or is someone more anxious? Are they anxious more anxious while the meds are working or other meds are not working? Right. So like, so to try to sort out the timing, the order of events, like, is it, you know, what happens on the days that he takes some meds versus the days that he doesn't?

Dr. Ari Tuckman ([01:28:06](#)):

And these are some of the ways that we sort of sort out medication side effects. I mean, in general, it's very rare that people gain weight from stimulant medication. You know, there are other, a lot of other psych meds have the unfortunate side effect that weight gain. Typically it's a bit of weight loss. Although usually the way it works with folks at ADHD is that when you better manage your ADHD, they're less impulsive in their eating like Roberto's saying. Um, and let's face it boring habits like diet and exercise eating healthy diets and exercising take good planning. They take managing your time. Well, they take a bit of willpower, all of which are harder with unmanaged ADHD, all of which are hopefully a bit easier when the medication does its thing. So if someone's eating better and exercising more and losing weight, that's not a side effect, that's a desired effect. Right. We want that to happen. So, um, but so there's a question here in the chat. Um, why is ADHD and adolescent males diagnosed at three to four times the rate of females who want to take that one? Well,

Dr. Roberto Olivardia ([01:29:11](#)):

Well, first I like that it's phrased. Why is it diagnosed? Because, um, popular belief would say that boys are more likely to have ADHD. And I still care that, I mean, all of us still hear that, and that's not true that we know that girls and women are vastly underdiagnosed and under identified. So the boys in general, people who are more of the hyperactive have those hyperactive symptoms are more likely to be diagnosed. And it so happens that we tend to see that boys tend to display those symptoms. But part of that is also this gendered world we live in is that boys also have more permission to be rambunctious physically in, in a way that isn't going to be as socially disapproving as for girls. So a lot of the girls, young women that I work with, um, they internalize a lot of those symptoms.

Dr. Roberto Olivardia ([01:30:07](#)):

They might, they might have that hyperactive energy, but feel that there's going, it's going to be met with more social rejection if they display that. Um, and you know, whereas like, oh, boys will be boys. There's sort of more permission around that. Now that's not to say all boys with ADHD have a hyperactive symptoms. I work with many boys that get underdiagnosed as well because they're more the inattentive type. And I see girls that are more the hyperactive type, but in general, I think that's sort of part of the reason some of you might have something to add with that.

Dr. Ari Tuckman ([01:30:39](#)):

Yeah. You're more likely to find what you look for and not find what you don't. So yeah, I mean, and that, that's kind of, so the flip side of this is that lots of girls and women with ADHD, especially when they're more inattentive, tend to be unmet or they're missed or they're diagnosed and treated for anxiety and depression, which are indeed there, but it's not the only thing that's there or it's not the primary thing. Um, so here's a question, um, are adolescent or adults with ADHD, more creative?

Stephanie Sarkis ([01:31:15](#)):

Um, there are studies that show that creativity is the same across people with ADHD or non ADHD. Uh, but without medication, people tend to have less output from their creativity. So there's a key component that it's, um, there's this kind of continuum of ADHD is a gift and ADHD is a, uh, pathology. And I think that we tend to be like in the middle or more towards pathology, I think because we endorse Barclay's work. Uh, people at ADHD do have a lower attention span or a lifespan, but I think about seven to 10 years, Ari was on the podcast talking about that. Um, so we really need to look at, um, at how, how this is really a detrimental effect. So you, you, if you have creativity, you have ADHD and you think outside the box, it may be that we come up with really great ideas, but we need non ADHD people to do

the detail work, to carry out. Can't tell you how many people I've worked with that are really amazing inventors. And they invented something that they just couldn't put the paperwork together and get it patented. And meanwhile, somebody else came out with the invention. So we really need, uh, support people to help us with that detail work.

Dr. Roberto Olivardia ([01:32:18](#)):

Yeah. And I would, I would agree. I think that CRE there are certainly lots of people without ADHD who are creative and not everyone with ADHD are, are creatively minded. I think for, I mean, from my own experience that I think my creativity and sort of imagination, um, the, the sort of Genesis of it, I feel came from a place of, okay, if this is all sort of boring on the outside, I'm going in my head and I'm creating sort of like a whole other world. And I was a writer, like I used to win creative writing festivals all the time as a kid. And interestingly, um, you know, people like, oh yeah, where do you come up with this stuff? And I'm thinking, this just is like, this is easy. You know, it's sort like it's the, the hard stuff is sort of what you're all are doing, you know, in that way. Um,

Dr. Ari Tuckman ([01:33:05](#)):

I'd like to thank all my boring teachers for inspiring my brilliant ideas. Yeah,

Dr. Roberto Olivardia ([01:33:09](#)):

Exactly. Like I used to write songs when I should have been taking notes. And so sometimes the creativity was a way of coping with an inability to sort of focus in, in that kind of way. Um, but to, to Stephanie's point, I've similarly seen that all the time, like brilliant brilliantly creative individuals with ADHD, who I frankly often recommend get a partner in your business or your business idea who is really good with the executive functions. And tho that partnership can work wonders because there is, I mean, if you look at studies of entrepreneurs, um, there's a, a researcher at Syracuse university named Johan Wickman who actually studies he's in the school of business. He studies entrepreneurship and ADHD trades and that there is something an overlap. Um, I mean, if you, the show shark tank, for example, for those of you are familiar, like three of those sharks are dyslexic.

Dr. Roberto Olivardia ([01:34:05](#)):

One of them has ADHD. And I don't think that's a coincidence that four fifths, I mean, mark Cuban, he hasn't publicly said, you know, he's ADHD, but you know, people have their suspicions, um, who knows. Um, but I do think there's something about when you think out when the norm is sort of in the conventions are just not enough to sort of stimulate you, that it can lend itself to, to going beyond those norms and coming up with certain ideas and things like that. But having said that again, it doesn't mean that everyone with ADHD is super creative and people who don't have ADHD, um, you know, can't be creative in, in that kind of way. And then just that idea too, of the gift and the pathology that, and the lifespan, which I think is so important to emphasize, especially the parents out there, it's more when ADHD is unmanaged untreated, that it has a, a major, major health impact. If you are treating and managing your ADHD, you can live a very long life and a very healthy life. But the reason that Russell Barkley's study showed that less life expectancy is because you have higher risk of cigarette smoking, alcohol use sleep, deprivation, stress. I mean, all of these things that really when ADHD is unmanaged can have an exponential negative impact on your life.

Diane Dempster ([01:35:26](#)):

Yeah. Yeah. And I was gonna answer the, the question from a neurotypical perspective. And I think that as a neurotypical who is creative, you know, we spend, if you think about the percentage of your time, you spend in your passions and kind of the, the, the adventure that you were describing, Roberto, versus the, the percentage of your time you spend getting stuff done and getting things put together. And, and I happen to be the neurotypical partner in that partnership you just described. Right. It, my ability to balance that, you know, I have, I have a choice to say how much time do I wanna spend in my creativity versus how much time do I wanna spend doing the practical parts of life and a neurodiverse adult might not have that same, the choice in the same way, right. Is to sort of, because their brain is gonna naturally gravitate towards the passion gravitate towards those things that are exciting and stimulating and adventurous, whereas we may be more balanced. And so it just may look like we're less interested in the creative.

Dr. Ari Tuckman ([01:36:20](#)):

Yeah.

Dr. Roberto Olivardia ([01:36:21](#)):

Well, and I, I often credit, I mean, I say in some ways, you know, the, the upside to, for me of ADHD is to, to your point, Diane, I have to do something that I love that I feel passionate about. Like it's not even like a mediocre thing with me because I am that light switch. You know, that, so now when I was younger, when I was a, a teenage an adolescent boy, I was frightened of growing up. Like, I really was like, I was like, what am I going to do? I can't be stuck in something that I don't want to do. And so there was almost this, you know, the, some shenanigans and mischief can be really fun because it's sort of immature in a way. And I just knew I loved music and okay, well, but I was realistic enough to know I'm not going to be a Grammy award-winning artist <laugh> at any time soon.

Dr. Roberto Olivardia ([01:37:09](#)):

Um, even though that was, that still is my fantasy. So I thankfully connected and found something, which is what I do. Like, I am constantly stimulated by what I do, but I feel lucky because of that. I think of all the people with ADHD that maybe there isn't that thing for them. And you kind of have, and I still have to conform to certain things, obviously that are not always so exciting, like billing and paperwork and things like that. But that's, I, I feel fortunate, you know, in that way, because I think it would be much harder if I were in a job that or career that didn't have that

Dr. Ari Tuckman ([01:37:46](#)):

Mm-hmm <affirmative>. Yeah. So let's talk about this kind of ties in. So what's the impact of ADHD on self esteem, right? Talked about all the ways, all the different kind of experiences that folks in ADHD might be more likely to have. Um, I don't know. How does that show up and how they see themselves?

Diane Dempster ([01:38:07](#)):

What, what I notice most, just a couple trends here is one is if, if you can't get your brain to do what you want it to do, or you, or what you think it's supposed to do, there's gonna be this gap there. And if someone doesn't say, Hey, this is what's going on for you, you're gonna create this story that, oh, I must be lazy. I must be stupid. And, and for a lot of these kids, because they get, they get unnoticed or they, they don't have someone in their life that really says, Hey, this is what's going on with your brain. This is how it's working. They do end up with that gap of feeling less than because they're trying so hard to get it to work. And then they reach a point where they don't know how to fix the problem. And then they

just say, well, I don't care. Or, you know, they, they don't wanna feel bad about it. So they compromise by saying, oh, I just don't care. And then they end up resistant and over overcompensating the other direction.

Dr. Roberto Olivardia ([01:39:02](#)):

Well, and I would say, I think, especially for parents in using the term ADHD, I embrace the, the label of it from the perspective of, as someone who has ADHD, when I understood what it was. And when I read the research, it was incredibly validating. And for parents out there and I get it, you know, sometimes parents like, oh, I don't wanna tell my, I don't want them to feel different. I can tell you, they, they do feel different. They know they're different. I, I have memories from, I remember four years old, very, very clearly in pre-K pre-kindergarten we had a, it was silent reading time, which was probably five minutes at that time. I mean, who knows, I mean, how much can kids read? And I remember, you know, kids picking out books and they were sitting in sitting still in reading. And I, and I probably have a mild dyslexia as well.

Dr. Roberto Olivardia ([01:39:52](#)):

I, both of my kids are dyslexic. And, um, and looking, I remember looking and thinking, are they really sitting and reading that? Like how, what, you know? And then as I got older, I remember people getting their projects done weeks before they were due. And as you were talking about Ari, like the now and not now, I mean, oh my gosh, when I first heard that quote of the now and not now time, like, yeah, what does that mean? So my narrative was thankfully, I didn't think I was stupid, although I easily understand how people can think that way mine was, I'm not a good student. I can hustle. That was sort of my narrative I can get through. I can, I can figure out how to navigate this. I'm not a good student. I'm bright. Like I love to learn school. Just isn't the place I'm gonna do.

Dr. Roberto Olivardia ([01:40:39](#)):

That is sort of how I, I thought of it. And so I could get A's and B's, but I kind of felt like a bit of an imposter, you know, from a student perspective, it wasn't until college. Honestly, for me, that I, I really started to thrive, but that narrative a hundred percent, what Diane was saying is it's it's so EV I don't know anyone with ADHD that doesn't have some narrative around that, because it's very evident at a very young age that people are getting things done in a way that is just not coming so easy to you.

Dr. Ari Tuckman ([01:41:12](#)):

Yeah. And this sort of leads us then, you know, sort of the question here, what, what other kinds of disorders are associated with ADHD? So, you know, given what you guys just described, it's really not at all hard to see how ADHD, when it's not well managed keywords, um, are pretty big setup to anxiety and depression and just general kind of self-esteem issues. Maybe also how you let other people treat you in relationships. And I have this saying, it's a little bit of tongue in cheek, but like, if you have poorly managed ADHD and you're not at least a little bit anxious or depressed, you're not paying attention. Right? Like it genuinely gives you more things in life to feel worse about. And it's not, you know, it's not just sort of a thing of like, why did you do that? Why didn't you start your homework earlier?

Dr. Ari Tuckman ([01:42:02](#)):

Why did you leave the milk out on the counter overnight? Right. It starts there, but there's only so many million times you can hear that before it begins to become what is wrong with you, that you didn't do your right. So now it's not the thing you did. It's about who you are as a person in the world. And like

that is the self-esteem hit. And then all the other kind of problematic ways that, that people have to cope with negative feelings in negative situations that begin to come in. So addiction, or I don't know, problematic relationship dynamics or issues with food or body image, and like all the other sort of stuff that people do that has the unfortunate have tendency of making bad situations worse.

Stephanie Sarkis ([01:42:51](#)):

And also the other physical things that go along with ADHD, like more likely irritable bowel syndrome, more likely to have allergies, more likely to have Crohn's disease, more likely to have dermatitis more likely. I mean, it can go on and on, on mm-hmm, <affirmative> not only are, are people with ADHD coping with the ADHD piece and the cohort, anxiety, depression, oppositional disorder. They can also be coping with, you know, higher rate of hypothyroidism and hyperthyroidism. So there's a lot of other things that layer on top of it that make like increasingly more difficult.

Dr. Ari Tuckman ([01:43:18](#)):

Yeah. And so just real quick, so those things also give you more stuff that you have to manage, right? If you have IBS, you gotta be more careful about your diet, which is unfortunate. If you're bad at paying attention to, to details, to managing your diet in a, you know, conscientious, planful careful way.

Diane Dempster ([01:43:38](#)):

Yeah. Well, and I was gonna put a plug back in for effective diagnosis and getting really clear on what's going on underneath it. And I can't remember whether it was Roberto or Ari that we're talking more about this, but anxiety causes ADHD like signals. And if you have a unmanaged ADHD, you're gonna end up with anxiety. And so knowing, you know, which is on first and how to manage and treat both of those. Yeah. As the interplay together is so critical.

Dr. Ari Tuckman ([01:44:02](#)):

Yeah,

Dr. Roberto Olivardia ([01:44:03](#)):

Absolutely. I mean, I find a lot of times, I mean, with consultations, it is trying to figure out, you know, what is driving the bus. And I think just in general, and I know all of us can attest to this, that in the mental health community, I don't feel ADHD is fully clinically appreciated in terms of the impact it can have on someone's self-esteem and which is why I'm so grateful. We're all to, doing this. Because even when, you know, if you look at, um, like I'm eating disorder, programs might screen for depression, might screen for anxiety screen for addiction, they often don't screen for ADHD. Um, when that could be the, one of the primary drivers of what is driving the eating disorder, both from a biological perspective, as well as self-esteem issues and things like that. So if anything, we also wanna impress upon providers out there.

Dr. Roberto Olivardia ([01:44:55](#)):

If you have a patient with ADHD, don't assume that the ADHD isn't an issue because they're not in school anymore, or, um, that if they're whatever it is you're dealing with, like I said earlier, the, a unmanaged, untreated ADHD will undermine the treatment of all those other things, including yeah. Physical things, as Stephanie was saying, like, I see a lot of, I have a couple patients who have ADHD and diabetes, diabetes is a, is an exec, is a lot of executive work to manage. And if you have ADHD and diabetic, it's a real appreciation of how difficult that is for that person to manage.

Dr. Ari Tuckman (01:45:32):

Yeah.

Stephanie Sarkis (01:45:33):

Well, gonna mentioned too lower socioeconomic status, according to Barclay's research mm-hmm <affirmative> so are you able to afford all the different things? Can you get an insulin pump or do you have to administer it manually? So there's all sorts of different things that play into managing day to day life.

Dr. Ari Tuckman (01:45:47):

Yeah. Well, on the flip side, I would say to, you know, Roberto's comment about, you know, to the clinicians, what I would say to the clients, the families, um, out there is if the folks you are seeing, aren't really looking at ADHD and you suspect that's part of the puzzle, maybe need to find, you need to at least check in with some clinicians who can see if it is and can manage it more effectively. Um, so let's say there was one more question in the Q and a, so, um, can anyone speak to the impact of addiction paired with a high tendency for stimulant stimulation addiction? Um, I'm a professional real estate developer and have tried medication. Um, non-medication roots semi work for me if I stay consistent, that's the problem, indeed. It is. Um, I've tried most stimulants and the all pose problems for addiction and overuse. I'm floundering without extra needed dopamine, but I've abstained for two years and my business has suffered dramatically. So, um, so first of all, yeah, like when you're not managing your ADHD, indeed your life gets harder. Like it does in many, many ways. And it's not just about math homework. So I definitely have some thoughts on this question, but anybody else got some thoughts on this question?

Dr. Roberto Olivardia (01:47:03):

Yeah. Why don't you start it off Ari.

Dr. Ari Tuckman (01:47:05):

So, you know, so this thing that stimulant medication has a high potential for abuse is it is really overblown like the, the truth of it is for most people with ADHD, if you increase their dose beyond their optimal dose, they will feel worse, not better. And they will ask you to lower the dose back down. Um, folks with ADHD are far, far more likely to forget, to take their medication than they are to abuse it. Right? Like I just had a 21 year old kid in my office, young guy in my office today who day who screwed up his, uh, you know, was out, was without medication for a couple weeks because he forgot to call his doctor to get a refill. Then he set up an appointment and then he put in the wrong address in the GPS. So he wound up in the wrong place, missed his appointment.

Dr. Ari Tuckman (01:48:01):

Then the next appointment he overslept and he missed his appointment. So like this guy's not addicted. If he was addicted, he would've found a way, like the very moment he ran out to make sure it got refilled. Am I sort of smart line that I use is, um, you know, if that no heroin addict in the history of the universe has ever gotten to midafternoon and suddenly thought, wait a second. I don't think I took my heroin today. Right? Like, doesn't happen. Right? If you are forgetting to take it by definition, you are not addicted. Right? So, um, and as Stephanie accurately pointed out, it is untreated ADHD. That is the risk factor for substance abuse. If you are concerned, especially if you've got a bit of a stimulation seeking kid or adolescent or young adult, if you're concerned about their substance abuse, potential,

first of all, you should be and giving them medication to manage their ADHD is gonna be an important part of keeping them off of drugs or keeping them sober. If they have had issues with alcohol or marijuana or other stuff like that. Now there is a small subset of people out there who will indeed abuse prescription stimulate medication, but it's pretty rare. Um, so, you know, unless it's actually the thing that they're abusing, you know, like adding in a stimulant is gonna help this person stay sober from other stuff.

Dr. Ari Tuckman ([01:49:33](#)):

I would agree. There's my soap box. I got a bit of, I got a bit of energy on this topic.

Dr. Roberto Olivardia ([01:49:38](#)):

Yep. I did owe all of that. I mean, I have only worked interestingly in all the years, I've done this with one person who, um, abuse stimulants. And it turns out that the stimulant that he was on was not ever really helpful or effective. So it was basically a poor match. Once he went on a different stimulant, there was, there was, he was fine. Like there was no sort of, he was basically kind of looking for not so much a high, um, Tim Willens, who is a colleague at mass general hospital. He does a lot of work on ADHD and substance abuse. And he has found that actually 70% of people with ADHD who abuse substances are actually not looking for a high they're actually looking to feel grounded. They're looking to feel connected, present focused, the cannabis dependent, um, individuals, patients with ADHD.

Dr. Roberto Olivardia ([01:50:31](#)):

They'll say, they're looking to just get to sleep. They're looking to get, they're not looking to party and have like, you know, how we think about the kind of escapes of substances they're looking to medicate. And so self medication is a very different kind of psychology. And so that again is needing the right treatment for ADHD. The other point too is even being aware. Um, you know, and I think it's so important. I have a 17 year old son. Um, and I said, look, just so you're aware, these are the genetics of ADHD that we know from research that the bridge between experimentation and dependence is shorter for people with ADHD. If we like something, we run the risk of liking it too much. That's just a fact, I know that about myself. So we have to arm people with that kind of information. Is everyone with ADHD going to have a drug problem?

Dr. Roberto Olivardia ([01:51:23](#)):

No, absolutely not. However, are of the people who have drug addictions, are you going to find a higher prevalence of people with ADHD? Yeah. And it's not, doesn't have to just come in the form of drugs and alcohol food, porn, which I see in a lot of young men today, um, gambling, you know, different things, but also the stimulation seeking, like I'm somebody who probably in the last five years have got better at this is not saying yes to everything. Like I like to say yes to things like sure, I'll do that. Ooh, I'll do that. I'll do that because I like that simulation. And then it can get to a point where I'm like, oh my gosh, like I suggested too many things and it gets overwhelming because I'm not mindful of wait a minute, there is a limit to what I can do. And so that's also something for people with ADHD to be aware of it doesn't always have to come in the form of drugs, but that need of just saying yes to things. And then kind of being sometimes a little overwhelmed by saying yes to too many things.

Dr. Ari Tuckman ([01:52:20](#)):

Yeah. Why don't we sort of we're we're coming down the last few minutes, let's close out with like, I don't know, everyone give like 30 seconds, like, what's your one top tip to parents of these teens and



young adults with ADHD. These guys who in some ways are awesome and brilliant and can be total infuriating knuckleheads at other times. Right? So what's your advice to the parents of these, uh, you know, lovable guys.

Stephanie Sarkis ([01:52:50](#)):

I say that there's hope and include the adolescent as part of the treatment program. So if you're having an IEP meeting, I've had, uh, patients where the, the teenager set in an IEP meeting and actually contributed and said, you know, this is what helps me. This is what doesn't help me. I think that's a really powerful thing. So make them part of the decision making process.

Dr. Ari Tuckman ([01:53:10](#)):

Yeah.

Diane Dempster ([01:53:12](#)):

The other thing I, I, besides everything we we've said throughout this conversation is, I don't know, we've said it explicitly, but parent training and behavior management from research based is part of recommended treatment. And so if you've got a kid who's got ADHD, you should be getting trained and supported so that you can help your child.

Dr. Roberto Olivardia ([01:53:33](#)):

Yeah, absolutely. And I think so much for parents. Well, one, if you have a child with ADHD, chances are that you or the other biological parent also has ADHD. And so sometimes when you have a child with ADHD that can sort of bring up a lot of your own stuff, you know, if you're the one with ADHD and your own issues around it, you know, and even as a parent, like I'm aware that as Ari was saying earlier that my kids are growing up in 2022, I didn't have the internet. God, thank goodness. I mean like that would've been a much harder thing to manage, but my biggest piece of advice is for parents to get and to the work that Diane and Elaine do at impact is get support yourself, get a sense of community from other parents, because honestly you can talk to parents of neurotypical kids, and you'll just like your kid with ADHD might not always relate to a neurotypical kid.

Dr. Roberto Olivardia ([01:54:28](#)):

A parent of a kid with ADHD might not always relate to a parent of a non ADHD kid talk to other parents who have kids with ADHD, get support, you know, doing that kind of work, cuz it, it isn't always easy. Um, that independence, paradox that you were talking about, Diane, I mean, I, that is so common with these young, you know, especially young men who really don't want to be, you know, listening to their moms and, and things like that around how can I be independent, but understand that independence means taking in resources and getting treatment is independence.

Dr. Ari Tuckman ([01:55:07](#)):

Yeah. And I would say I'll just sort, so I think, you know, you guys really sort of emphasize agency, right? Take action for your, the kid, for you as the parent to take the actions that you can. And I I'll just sort of add to that kind of parenting is about the long game. Right. So hold that bigger picture in mind. And I know that's hard sometimes, you know, like they left a mess in the kitchen, right. Or they bombed one test or whatever. Like it's, it's easy to feel like, you know, this is a really big deal, but in long run, we're preparing our kids for independent functioning. Now it may not be that at 18 they're ready to fly. They might be 20 or 22 or 25, but like that's okay. Right. They will get there folks at ADHD, many of them do

very well in the world, but you know, you just gotta have a bit more patience arm yourself with the right information. Just kind of have faith that, that this two will work out

Stephanie Sarkis ([01:56:06](#)):

And you may have to do things differently, other parents. Yeah. And that's okay.

Dr. Ari Tuckman ([01:56:09](#)):

And that's okay. That is definitely okay. Yeah.

Diane Dempster ([01:56:13](#)):

What a fun conversation.

Dr. Ari Tuckman ([01:56:15](#)):

I know.

Dr. Roberto Olivardia ([01:56:15](#)):

So we will turn it back to Dennis to wrap things up. Gosh, this, these two hours went of advice so quickly.

Dr. Ari Tuckman ([01:56:22](#)):

I know.

Dennis Barbour ([01:56:30](#)):

Hey, thank you. That was really terrific. I wish we could do this again and again and again. Thanks. This is really informative. Um, I just wanted to in closing, um, remind everybody that this is one of nine symposia that we're going to be having between now and October. So, uh, you'll be getting notice of the, um, the future ones as they become available and just check out our website from time to time for what's, uh, upcoming. Um, you'll also be sent a survey afterwards and we'd really appreciate you filling it out. It really helps us in terms of future episodes and how we can improve them. Um, finally, um, there is an evaluation. I mean, I'm sorry. The, um, episode will be available online within a week. So for those, I know there were quite a few people that wanted to join us today that had conflicts and we're really eager to see this, so it will be available online within a week. So with that, I will. Thank you again, guys. This has been terrific and um, we'll sign off.

Dr. Ari Tuckman ([01:57:35](#)):

Thank you.

Dr. Roberto Olivardia ([01:57:36](#)):

Take care, everyone.