



UW PACC

Psychiatry and Addictions Case Conference

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COGNITIVE-BEHAVIORAL STRATEGIES FOR ADHD: PART ONE

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SPEAKER DISCLOSURES

- ✓ I have no conflicts of interest to disclose

Planner disclosures

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

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OBJECTIVES

1. Review the prevalence rates and diagnostic presentation of adult ADHD/comorbidity
2. Approaches to working with ADHD in the age of self-diagnosis and social media
3. Learn potential starting points when working with someone with ADHD

OBJECTIVE 1: REVIEW THE PREVALENCE RATES AND DIAGNOSTIC PRESENTATION OF ADULT ADHD

ADHD: PREVALENCE RATES

Childhood onset, can persist into adulthood



*Rising rates: 6.1% of US children/adolescents in 1997/1998 to 10.2% in 2015/2016 ([Xu et al., 2018](#))

Prevalence in adults



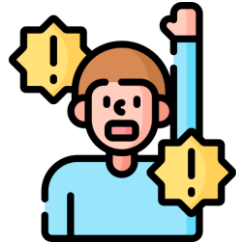
*Harder to estimate... but in 2020:
* ~2.6% persistent adult ADHD
* ~6.8% symptomatic adult ADHD
* ([Song et al., 2021](#))

ADHD: DSM-5 CRITERIA

3 Main Symptom Areas



Inattention



Impulsivity



Hyperactivity

Other Considerations



Present in at least 2 areas



Not better explained by another condition

ADHD: CONSIDERABLE COMORBIDITY

| Coexisting Condition | Adults with ADHD | Adults without ADHD |
|--|------------------|---------------------|
| Any mood disorder | 38.3% | 11.1% |
| Major depressive disorder | 18.6% | 7.8% |
| Dysthymia (mild, chronic depression) | 12.3% | 1.9% |
| Bipolar disorder | 19.4% | 3.1% |
| Any anxiety disorder | 47.1% | 19.5% |
| Generalized anxiety disorder | 8.0% | 2.6% |
| PTSD | 11.9% | 3.3% |
| Panic disorder | 8.9% | 3.1% |
| Agoraphobia | 4.0% | 0.7% |
| Specific phobia | 22.7% | 9.5% |
| Social phobia | 29.3% | 7.8% |
| Obsessive-compulsive disorder (OCD) | 2.7% | 1.3% |
| Any substance abuse disorder | 15.2% | 5.6% |
| Alcohol abuse | 5.9% | 2.4% |
| Alcohol dependence | 5.8% | 2.0% |
| Drug abuse | 2.4% | 1.4% |
| Drug dependence | 4.4% | 0.6% |
| Intermittent explosive disorder | 19.6% | 6.1% |

- Parsing apart comorbidity
 - Which came first?
 - What is most interfering right now?
 - Are acute risk factors present?
 - Are ADHD symptoms still present when other symptoms (e.g., depression, anxiety) are better?
 - Would integrated treatment be most useful?

ADHD: OTHER CONSIDERATIONS

- Underdiagnosis/untreated ADHD, particularly among women and marginalized groups, has significant negative impacts:
 - Lower self-esteem and social functioning, worse romantic relationship outcomes/higher rates of divorce, suicide, lower educational achievement and occupational functioning, significant substance use, and other comorbidities ([Harpin et al., 2013](#); [Kosheleff et al., 2023](#))
- Life changes can increase symptoms and impairment
 - Puberty, pregnancy, menopause ([Osianlis et al., 2025](#))
 - ADHD “tipping point” - starting college/graduate school/new job

OBJECTIVE 2: WORKING WITH ADHD IN THE AGE OF SELF-DIAGNOSIS AND SOCIAL MEDIA

Original Research



TikTok and Attention-Deficit/Hyperactivity Disorder: A Cross-Sectional Study of Social Media Content Quality

TikTok et le trouble de déficit de l'attention avec hyperactivité : une étude transversale de la qualité du contenu des médias sociaux

Anthony Yeung, MD, FRCPC^{1,2} , Enoch Ng, MD, PhD³ 
and Elia Abi-Jaoude, MD, PhD, FRCPC^{3,4}

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In the top 100 most popular TikTok videos about ADHD, over half were misleading ([Yeung et al., 2022](#))

RESEARCH ARTICLE

A double-edged hashtag: Evaluation of #ADHD-related TikTok content and its associations with perceptions of ADHD

Vasileia Karasavva ^{1*}, Caroline Miller¹, Nicole Groves², Andrés Montiel¹, Will Canu³, Amori Mikami¹

1 University of British Columbia, Vancouver, British Columbia, Canada, 2 Seattle Children's Hospital, Seattle, Washington, United States of America, 3 Appalachian State University, Boone, North Carolina, United States of America

2 clinical psychology experts in ADHD found less than 50% of videos were accurate to DSM-5

Undergraduates (N = 843) who viewed ADHD TikTok content more frequently were more likely to recommend videos (even the poorly rated ones by psychologists), overestimate ADHD in general population

TERMS YOUR PATIENTS MIGHT USE

Dopamine
hacking



Masking



Hyperfixation or
hyperfocus



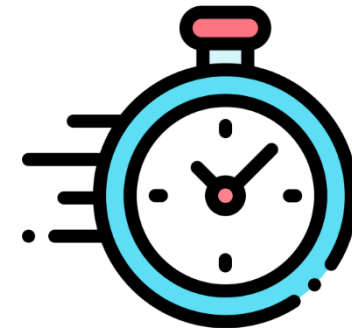
Rejection Sensitivity
Dysphoria



Task paralysis



Time blindness



“You Can’t Possibly Have ADHD”: Exploring Validation and Tensions around Diagnosis within Unbounded ADHD Social Media Communities

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Millions to billions of ADHD-related hashtags on Twitter and TikTok

Discovery, validation, and acceptance → but can heighten tensions between medical + ADHD communities

[\(Eagle & Ringland, 2023\)](#)

**OBJECTIVE 3: LEARN POTENTIAL STARTING POINTS
WHEN WORKING WITH SOMEONE WITH ADHD**

HOW CAN WE HELP?

1. **Diagnostic clarification** – a specific focus on ADHD tx likely not appropriate if the symptoms stem from anxiety – but the skills can always be helpful!
2. **Validation** – feeling distracted, not meeting personal expectations, feeling like a failure → genuinely difficult
3. **Education** – what ADHD is and isn't, and why skills can still help regardless of dx (and why we might focus our efforts elsewhere first)
4. **Providing evidence-based treatment** – CBT for ADHD is efficacious for reducing ADHD symptoms + comorbid concerns too (e.g., [Liu et al., 2023](#))
5. **Skills provision** – what are the areas of struggle? How can we match skills to help those areas specifically?
6. **Strategy audit** – what strategies do they already have in place and how well are they working for them?
7. **Referral for medication** – If they are not on medication, can explore and refer

ADHD SKILLS... WHERE TO START?!



1

Organization & Planning

2

Reducing Distractibility

3

Adaptive Thinking +
Dealing with
Procrastination

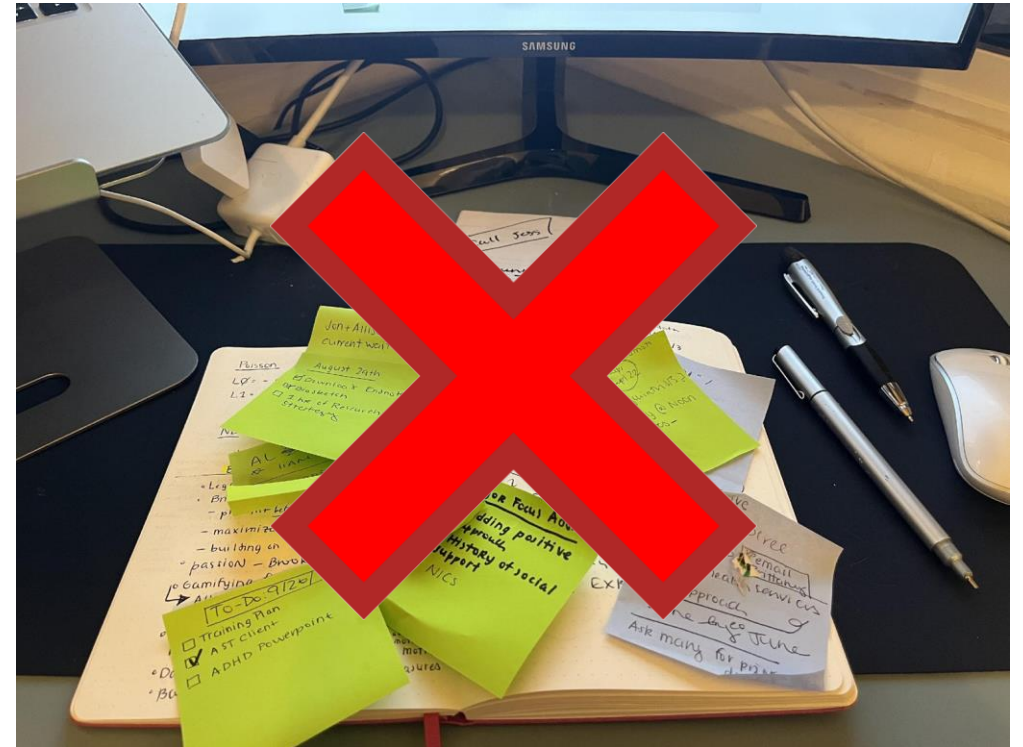
CASE 1: STARTING WITH ORGANIZATION AND PLANNING

George, a 34-year-old project coordinator with ADHD, came to treatment after feeling his work and home life were increasingly out of control. He is on medication for ADHD and finds it helpful.

Despite working hard, he **often misses deadlines**, **double-books** commitments, and he has **never used** a calendar system.

George describes his desk as “a pile of sticky notes” and He describes her brain as “jumping to whatever’s in front of me,” leaving him frustrated and guilty.

Bright and motivated, George wants to **feel more reliable and on top of things**, but struggles to know where to begin and worries no system will stick.



CASE 2: COGNITIVE RESTRUCTURING EARLY AND OFTEN

Maria, a 48-year-old graduate student with ADHD, came treatment because she feels like she can't keep up with her life. She is working part-time, in school, and is a single parent. She is not on medication.

Maria has a **good handle on “solid skills”** to manage her ADHD – she participated in an ADHD skills group and uses a calendar/task list, engages in problem solving, and feels like she has other strategies that work for her.

However, she has **many thoughts and beliefs** that often get in the way of using the skills she knows work for her:

- *“I should be able to complete my tasks – I’m an adult!”*
- *“I need to always use my skills, or I’ve failed.”*
- *“Why can’t I use the strategies that everyone else uses?” I’m such a mess”*
- *“I should be able to just ‘get over’ my ADH by now.”*

When Maria “slips up” on her skills use, she feels discouraged and stops using her strategies, worsening her ADHD symptoms.