

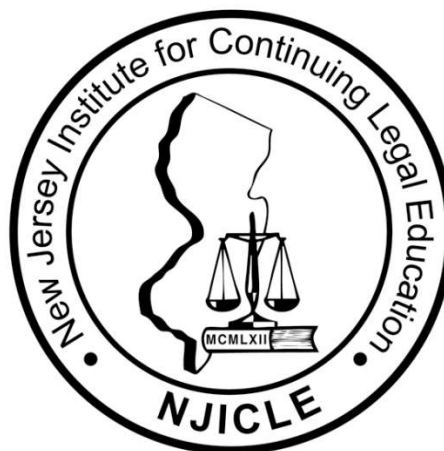
ADHD AND THE PRACTICE OF LAW

2021 Seminar Material

M1086.21

New Jersey Institute for
Continuing Legal Education

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ADHD AND THE PRACTICE OF LAW

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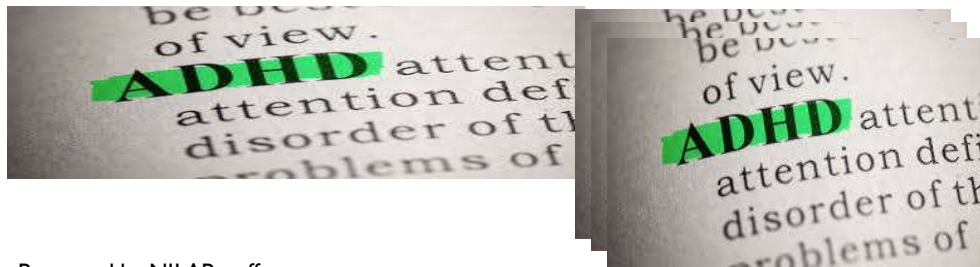
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ADHD AND THE PRACTICE OF LAW



Presented by NJLAP staff:
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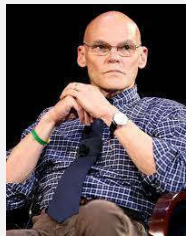
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WHY TALK ABOUT ADHD?

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WHAT DO

Simone Biles

Michael Phelps

Justin Timberlake

Will I Am

Adam Levine

Howie Mandel

James Carville

Ty Pennington

HAVE IN COMMON?

NEURODEVELOPMENTAL DISORDERS

- ADHD
- Autism
- Learning disabilities
- Intellectual disability
- Conduct disorders
- Cerebral Palsey
- Tourettes syndrome
- Dyslexia
- Dysgraphia
- Dyscalculia
- Stuttering
- Fragile x syndrome
- Impairments in vision, hearing and motor disorders



Mild impairment-----**Severe impairment**

NEURODEVELOPMENTAL DISORDERS (NDDs):

Affect the development of the nervous system leading to abnormal brain function, which MAY affect



EMOTION LEARNING ABILITY SELF-CONTROL MEMORY
Effects tend to last for a person's lifetime.

CAUSES: Complex genetic/environmental factors

NATURE/NURTURE AND EPIGENETICS

- **NURTURE**

- Environmental factors

Maternally Related Prenatal:

- Alcohol/smoking/drug use in pregnancy
- Maternal stress/Health (Obesity)

Pregnancy/Birth complications:

- Bleeding in pregnancy
- Protracted/complicated delivery
- Low APGAR scores
- Premature/low weight

External Agents—Infections, Nutrition, Toxins

- **NATURE**

Genes

- **EPIGENETICS**

Genes/environment/gene expression

“Rather than inherited disease , ADHD is a reversible impairment and a developmental delay with its origins in infancy. It is rooted in multigenerational family stress and in disturbed social conditions in a stressed society.”

ADHD

- ...is not the same as or a form of Autism
- ...tends to run in families
- ...brain chemistry is associated with low levels of neurotransmitters
- ...brain development is slower
- ...usually is not looked for until children are school-age
 - It's hard to recognize
 - Symptoms written off as immature behavior or some other disorder
 - Presents differently in boys and girls (see handout)
 - As many as half of children will outgrow their symptoms

PEOPLE WITH ADHD ARE OFTEN PERCEIVED TO HAVE LOW INTELLIGENCE BECAUSE THEY WORK DIFFERENTLY. MANY ARE HIGHLY INTELLIGENT AND MORE CREATIVE THAN NON-ADHDs.

BEFORE WE MOVE
ON....

Positive Traits with ADHD

- Lots of energy
- Entrepreneurial: thinking “outside of the box”
- Charismatic, fun to be with
- Spontaneous
- Adventurous
- Sense of humor
- Creative
- Eager to help others
- Compassionate

IS ADHD A MENTAL ILLNESS/MENTAL DISORDER?

TECHNICALLY, YES. It is in the **DSM**

- Mental illness is a very broad term referring to any type of condition that affects a person's behavior, mood or thinking--from mild anxiety, depression or bipolar disorder.
- ADHD is more often referred to as a "behavior disorder" or "learning difference"
- It is a Neurodevelopmental Disorder

"If you've met one person with Autism, you've met one person with Autism."

-Dr. Stephen Shore

"Different, not less." -Temple Grandlin

SYMPTOMS OF ADHD



COMMON TRIGGERS:

**Stress, poor sleep, certain foods,
additives, overstimulation,
technology**

- Short attention span
- Hyperactivity
- Impulsivity
- Fidgeting/restlessness
- Disorganization
- Poor time management
- Frequent mood swings
- Emotional dysregulation
- Forgetfulness and poor working memory
- Inability to control frustration, anger
- Trouble multitasking
- Difficulty waiting turn

**SYMPTOMS VARY PERSON TO PERSON
PRESENTATION OF SYMPTOMS CAN
VARY OVER TIME**

**ADHD INVOLVES
SIGNIFICANT
PROBLEMS/ “SELF-
REGULATION DELAYS
/DEFICITS”**



- sustained attention
- persistence toward goals
- resisting distractions along the way
- *inhibiting (stopping) actions, words, thoughts, and emotions that are either socially inappropriate for the situation or inconsistent with one's longer term goals and general welfare
- managing one's attention / self-talk / rule-following / self-motivation
- *inhibiting (stopping) excessive task-irrelevant activity (hyperactivity)
- **Self-Awareness**
- **Inhibition* = conscious or unconscious constraint or curtailment of a process or behavior, especially of impulses or desires.

ADHD = Attention Deficit Hyperactivity Disorder =

EFDD = Executive Function Deficit Disorder =

SRDD = Self Regulation Deficit Disorder

ADHD = IS A DISORDER OF IMPAIRED EXECUTIVE FUNCTION.

Neurodevelopmental = Neurodevelopment is a term **referring to the brain's development of neurological pathways (connections, circuits) that influence performance or functioning** (e.g., intellectual functioning, reading ability, social skills, memory, attention or focus skills). **When you learn to do just about anything, you are improving neurodevelopment.**

Executive functions (**Functions that allow us to exert self-control/self-adjust**) develop in a sequence. This sequence develops over time and is different for different individuals. Some individuals will experience a lesser or greater delay in their development leading to deficits in certain areas of Self-Regulation.

“NOW OR LATER” / “ME NOW OR ME LATER”



THE BASIC CONFLICT: Heart of situations involving self-regulation pose a basic conflict :

“Now or Later” / “Me Now or Me Later”

- Working Memory
- Ability to Develop Focus
- Emotional Control
- Impulse Control
- Goal Setting and Attainment

ADHD AFFECTS:

- **Self-Directed Attention – Self-Awareness** self-directed thoughts and actions that people use to manage themselves effectively in order to sustain their actions (problem-solving) toward their goals and the future.
- **Inhibition (Self-Restraint)**
- **Non-Verbal Working Memory (Self-Directed Sensing)**- The ability to hold things in your mind. Essentially, visual imagery — how well you can picture things mentally.
- **Verbal Working Memory (Self-Speech)**- internal speech. Most people think of this as their “inner monologue.”
- **Emotion Regulation (Self-Directed Emotions)**- learning to use words, images, and your own self-awareness to process and alter how we feel about things.
- **Motivation Regulation (Self-Directed Motivation)** - How well you can motivate yourself to complete a task when there is no immediate external consequence.
- **Self-Directed Planning and Problem Solving** - Experts sometimes like to think of this as “self-play” — how we play with information in our minds to come up with new ways of doing something. By taking things apart and recombining them in different ways, we’re planning solutions and problem solving

Article: **What Is Executive Function? 7 Deficits Tied to ADHD** - [Russell Barkley, Ph.D.](https://www.additudemag.com/7-executive-function-deficits-linked-to-adhd/) - <https://www.additudemag.com/7-executive-function-deficits-linked-to-adhd/>

Russell (PhD) Barkley's Coffee Shop Conflict

- walk into a coffee shop intending only to buy coffee
- see a display counter filled with pastries or confections
- You face a situation that may tempt you to buy things **now** that are likely to ruin your plans for losing weight this month.
- exposes the heart of situations that test our self-regulation—they pose a **conflict between the “now” and the “later,” or more accurately “me now” and “me later.”**

To deal with this conflict and the immediate temptation you face while you wait for your coffee

- you may avert your eyes from the counter
- walk to a different section of the shop away from the tempting goodies engage yourself in mental conversation about why you need to not buy those products
- visualize yourself saying no to the clerk who asks you if you want a doughnut with that coffee.
- call up an image of the new, more slender version of yourself you expect to achieve in the near future to help motivate you to say no to that doughnut.
- All of these are self-directed actions you are using to try and alter the likelihood of giving into temptation and therefore increase your chances of meeting your goal of weight loss this month.

SHORT TERM/LONG TERM MENTAL ABILITIES

DISTINCT YET INTERACTING MENTAL ABILITIES

distinct yet interacting mental abilities to successfully negotiate the situation.

- You have to have **awareness** that a conflict has arisen when you walked into the shop (**SELF-AWARENESS**)
- you have to restrain your urge to order the pastry to go with the coffee you have ordered (**INHIBITION**)
- you redirected your attention away from the tempting doughnuts (**EXECUTIVE ATTENTION OR ATTENTIONAL MANAGEMENT**)
- you spoke to yourself using your mind's voice (**VERBAL SELF-TALK OR WORKING MEMORY**)
- you visualized an image of your planned behavior - (saying no) and your eventual goal of what you would look like when you successfully attain it (**NONVERBAL WORKING MEMORY**)
- You may also have found yourself thinking about various other ways you could have coped effectively with these temptations (**PROBLEM-SOLVING**)
- may have given yourself a pep talk ("You can do this!") to enhance the likelihood that you would follow your plan (**SELF-MOTIVATION**).

EFDD

- **Common definition EF:**

“Those neuropsychological processes needed to sustain problem-solving toward a goal.”

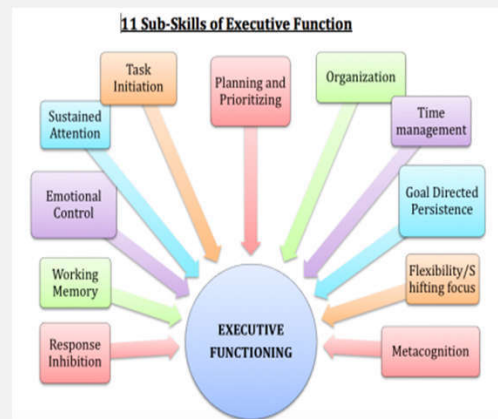
- **Barkley definition:**

“Those self-directed actions needed to sustain problem-solving toward a goal.”

- An EF is a self-directed action (a form of self-control), being used to improve our future welfare (accomplish a goal).

- **An EF is a self-directed action (a form of self-control), being used to improve our future welfare (accomplish a goal).**

- Those actions we use to adjust our own behavior (**self-direction**)



Cont.

At least six such actions:

1. **(self-restraint)** inhibition and resistance to distraction
2. **(self-directed attention)** self-awareness
3. **(self-talk and visual imagery, or seeing to ourselves)** working memory
4. **(self-directed play)** planning and problem-solving
5. **(self-directed emotion)** emotional self-control and even
6. **(self-motivation)**

As these self-directed actions develop in childhood, they may be visible to others (talking to ourselves, for instance), but as we mature the publicly observable features become inhibited or privatized and they eventually are internalized, mental, and largely not visible to others.

Those with ADHD have **difficulties with using their EFs (self-directed actions)** for purposes of self-regulation and attaining their goals because they are delayed in the development or have experienced injury to those brain networks that create the EFs and self-regulation

ADHD involves - More Than just the Obvious Symptoms of:
(listed in the DSM-5)

- **Inattention**
- **Distractibility**
- **Impulsivity**
- **Hyperactivity**

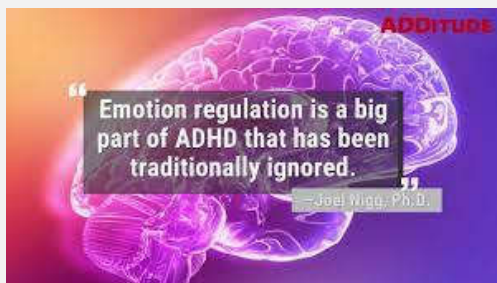
ADHD therefore **involves delays/deficits** in:

- self-restraint
- self-awareness
- self-speech
- self-sensing and imagery
- self-control of emotion
- self-motivation
- self-directed play for planning and problem solving.



DELAYS / DEFICITS IN DEVELOPMENT OF IMPORTANT MENTAL ABILITIES

These difficulties are **delays or deficiencies in the development of these important mental abilities NOT TALKING ABOUT absolute losses of these abilities as might occur after a severe brain injury.**



WHAT DISTINGUISHES SOMEONE WITH ADHD FROM SOMEONE WITHOUT ADHD?

They appear to be less mature (are age-inappropriate) in **their ability to engage in self-regulation (EF) toward specific goals and the future more generally.**

To help someone with ADHD:

The person must be helped to either correct these delays/deficits or at least compensate for them (make accommodations to them) if they are to be more effective or successful in managing themselves, getting to their tasks and goals, and preparing for their future more generally.

We have no ways to permanently correct the neurological problems, but

- a) **medications** may do so to a large extent and temporarily while being taken.
- b) **strategies to** help people **compensate** for the EF deficits and so reduce the likelihood they may be impaired in their major life activities from those deficits

[\(SEE HANDOUTS\)](#)

Executive Function and the ADHD Brain

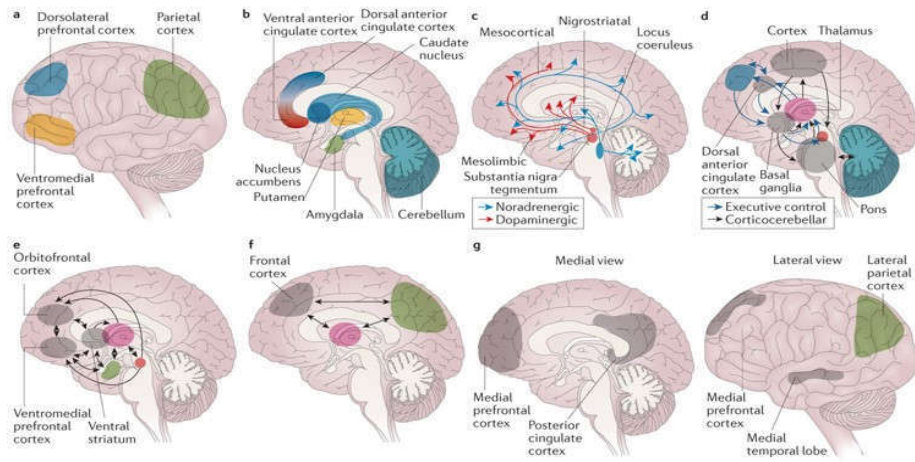
4 BRAIN CIRCUITS

- **The “What” Circuit:** From the frontal lobe — especially the outer surface — back into an area of the brain called the basal ganglia, particularly a structure called the striatum. The “What” Circuit is linked to working memory, so it’s in this circuit **that what we think starts to guide what we do**. This is particularly true when it comes to plans, goals, and the future.
- **The “When” Circuit:** From the same prefrontal area back into a very ancient part of the brain called the cerebellum, at the very backmost part of your head. The “When” Circuit is the timing circuit of the brain — it **coordinates not just how smooth behavior will be and the sequence of behavior, but also the timeliness of your actions and *when* you do certain things**. An improperly functioning “When” Circuit in a person with ADHD explains why we often have problems with time management.

- **The “Why” Circuit:** also originates from the frontal lobe, going through the central part of the brain (known as the anterior cingulate) to the **amygdala — the gateway to the limbic system**. It’s often referred to as the **“hot” circuit** because it’s **linked to our emotions — it’s where what we think controls how we feel, and vice versa**. It’s the **final decision maker in all our plans**. When thinking about multiple things we could be doing, this is the **circuit that eventually chooses** among the options based on how we feel about them and their emotional and motivational properties.
- **The “Who” Circuit:** From the frontal lobe to the very back of the hemisphere. It’s where self-awareness takes place — it’s where we’re **aware of what we do, how we feel (both internally and externally), and what’s happening to us**.

Executive Function and the ADHD Brain - [Russell Barkley, Ph.D.](#) Medically reviewed by [Michele Novotni, Ph.D.](#) - <https://www.additudemag.com/7-executive-function-deficits-linked-to-adhd/>

Brain mechanisms in attention-deficit/hyperactivity disorder



Faraone, S. V. et al. (2015) Attention-deficit/hyperactivity disorder *Nat. Rev. Dis. Primers* doi:10.1038/nrdp.2015.20

Nature Reviews | Disease Primers

DSM5 CRITERIA FOR ADHD

People with ADHD show a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development:

1. Inattention: Six or more symptoms of inattention for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level:

1. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
2. Often has trouble holding attention on tasks or play activities.
3. Often does not seem to listen when spoken to directly.
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
5. Often has trouble organizing tasks and activities.
6. Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
7. Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
8. Is often easily distracted
9. Is often forgetful in daily activities.

Cont.

2. Hyperactivity and Impulsivity: Six or more symptoms of hyperactivity-impulsivity for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level:

1. Often fidgets with or taps hands or feet, or squirms in seat.
2. Often leaves seat in situations when remaining seated is expected.
3. Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
4. Often unable to play or take part in leisure activities quietly.
5. Is often "on the go" acting as if "driven by a motor".
6. Often talks excessively.
7. Often blurts out an answer before a question has been completed.
8. Often has trouble waiting their turn.
9. Often interrupts or intrudes on others (e.g., butts into conversations or games)

Cont.

In addition, the following conditions must be met:

- Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- Several symptoms are present in two or more settings, (such as at home, school or work; with friends or relatives; in other activities).
- There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.
- The symptoms are not better explained by another mental disorder (such as a mood disorder, anxiety disorder, dissociative disorder, or a personality disorder). The symptoms do not happen only during the course of schizophrenia or another psychotic disorder.

Based on the types of symptoms, three kinds (presentations) of ADHD can occur:

- Combined Presentation*: if enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months
 - Predominantly Inattentive Presentation*: if enough symptoms of inattention, but not hyperactivity-impulsivity, were present for the past six months
 - Predominantly Hyperactive-Impulsive Presentation*: if enough symptoms of hyperactivity-impulsivity, but not inattention, were present for the past six months.
- Because symptoms can change over time, the presentation may change over time as well.

Cont.

Diagnosing ADHD in Adults

ADHD often lasts into adulthood. To diagnose ADHD in adults and adolescents age 17 years or older, only 5 symptoms are needed instead of the 6 needed for younger children. Symptoms might look different at older ages. For example, in adults, hyperactivity may appear as extreme restlessness or wearing others out with their activity.



For more information about diagnosis and treatment throughout the lifespan, please visit the websites of the [National Resource Center on ADHDexternal icon](#) and the [National Institutes of Mental Healthexternal icon](#).

ARTICLES & INFO OF INTEREST

<https://abigail613.wordpress.com/2018/05/10/adhd-the-key-to-my-success-as-an-adult-in-the-workplace/>

<https://www.psycom.net/adhd-and-technology>

<https://www.lclma.org/2019/06/13/tactics-for-practicing-law-with-add-or-adhd/>

<https://www.dixonlifecoaching.com/focused-lawyer-coaching-group-info>

[ADHD in Lawyers https://thejdhd.com/adhd-library/adhd-101/#:~:text=It%20is%20particularly%20vexing%20for,report%20its%20incidence%20at%2012.5%25.](https://thejdhd.com/adhd-library/adhd-101/#:~:text=It%20is%20particularly%20vexing%20for,report%20its%20incidence%20at%2012.5%25.)

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Section 1.

INTRODUCTION and CONCEPTS

What do all these individuals have in common?

Simone Biles, Michael Phelps, Justin Timberlake, will.i.am, Adam Levine, Howie Mandel , James Carville
Ty Pennington, Bill Gates, Walt Disney, Richard Branson, Jim Carey

ADHD is a disorder of impaired executive function. Executive functions develop in a sequence including the acquisition of working memory, the ability to develop focus, control emotions, impulses, and to set and attain goals. ADHD is one of the most treatable neuropsychiatric disorders.

ADD is **outdated term** that is typically used to describe inattentive-type ADHD, which has symptoms including disorganization, lack of focus, and forgetfulness.

ADHD is the **official, medical term** for the condition — regardless of whether a patient demonstrates symptoms of hyperactivity or not.

ADHD is **one of the most common** neurodevelopmental disorders of childhood. Other NDD's include autism, learning disabilities, intellectual disability, conduct disorders, cerebral palsy, Tourette's Syndrome, Dyslexia, Dysgraphia, Dyscalculia, Childhood-Onset Fluency Disorder (Stuttering), Fragile X Syndrome (Protein FMRP) and impairments in vision, hearing and motor disorders (movement, coordination).

Neurodevelopmental disorders are **conditions that affect how your brain functions**. They range from **mild impairments**, allowing those affected to live fairly normal lives, to **severe disorders** that require lifelong care. NDD's are a group of disorders that affect the **development of the nervous system**, leading to **abnormal brain function** which may affect emotion, learning ability, self-control, and memory. **The effects of neurodevelopmental disorders tend to last for a person's lifetime.**

There is increasing recognition that many **psychiatric disorders including schizophrenia and anxiety disorders** are neurodevelopmental in their origins.

CAUSES of NDD's = Complex Genetic/ Environmental Factors (Nature and Nurture)- **Example:** Father might have a **learning disability** and his **son might have ADHD**. A **brother might have DLD** and his **sister might have autism**.

Nature / Nurture and Epigenetics

Nurture (Environmental Factors)

Nature

Epigenetics

Maternally Related Prenatal:

Genes

Genes/Environment/Gene Expression

Alcohol/ Smoking/ Drug Use in pregnancy

Maternal Stress/Health (Obesity)

Pregnancy/Birth Complications:

Bleeding in pregnancy

Protracted/Complicated delivery

Pregnancy/Birth Complications:

Low APGAR score

Premature/low birth weight/intrauterine

growth restrictions

External Agents:

Infections/Nutrition

Lead/Toxin Exposure (PCB's)

Psychosocial Adversities

“Rather than inherited disease, ADHD, is a reversible impairment and a developmental delay, with origins in infancy. It is rooted in multigenerational family stress and in disturbed social conditions in a stressed society.”

ADHD not same as or a form of Autism - Not on the autism spectrum, but have some of the same symptoms - Having one of these conditions increases the chances of having the other

ADHD tends to run in families - most cases, genetics is a significant factor in developing the condition. Research shows that parents and siblings of a child with ADHD are more likely to have ADHD themselves

ADHD/Brain Chemistry - associated with abnormally low levels of the neurotransmitters transmitting between the prefrontal cortical area and the basal ganglia i.e., dopamine and noradrenaline (norepinephrine) Dopamine is closely associated with reward centers in the brain, and also interacts with other potent neurotransmitters to regulate mood (SEE IMAGE - SLIDE)

ADHD/Brain development is also slower in people with ADHD. The neural pathways don't connect and mature at the same rate, making it harder to pay attention and focus. This can impair executive function, which handles organization and routine tasks. (IMAGE PFC)

Usually first diagnosed in childhood and often lasts into adulthood.

Most children aren't checked for ADHD until they're school age, but kids as young as 4 can be diagnosed, according to guidelines set by the American Academy of Pediatrics (AAP).

Problem 1: Hard to Recognize - At school age or 4 , many kids are active and impulsive. So what's different about kids with ADHD?

Problem 2: Recognize/No Intervention- Sometimes, people recognize the symptoms but ignore them. Because of their varied nature, these symptoms may be written off as immature behavior or attributed to another disorder

Problem 3: Girls Diagnosed average 5 years later than boys

Many children (perhaps as many as half) will outgrow their symptoms but others do not, so ADHD can affect a person into adulthood

People with ADHD often perceived to have low intelligence because they work differently than the rest of the population. Many of these people are highly intelligent and creative; even more creative than their non-ADHD counterparts.

Is ADHD Mental Illness/Mental Disorder?

Technically, yes. ADHD is a mental illness (In DSM) - Mental illness is a very broad term. It refers to any type of condition that affects a person's behavior, mood, or thinking. That can cover everything from mild anxiety to severe depression or bipolar disorder. It also includes ADHD. In reality, few practitioners use the words "mental illness" to describe kids with ADHD. They tend to refer to it as a "behavior disorder." Some might even refer to it as a "learning difference" that can affect all areas of learning.

So ADHD may technically fall under the umbrella of mental illness. But you'll rarely hear it described in those terms. Even **Mental Disorder** is stigmatizing language.

It is a Neurodevelopmental Disorder

Temple Grandin describes it as "**Different, not less**" to Dr. Stephen Shore's quote of "**If you've met one individual with autism, you've met one individual with autism.**"

The conditions of ADHD, Autism, Dyspraxia, and Dyslexia make up 'Neurodiversity'. Neuro-differences are recognized and appreciated as a social category on par with ethnicity, sexual orientation, gender, or disability status

What Are the Symptoms of ADHD?

- Short attention span, especially for non-preferred tasks.
- Hyperactivity, which may be physical, verbal, and/or emotional.
- Impulsivity, which may manifest as recklessness.
- Fidgeting or restlessness.
- Disorganization and difficulty prioritizing tasks.
- Poor time management and time blindness.
- Frequent mood swings and emotional dysregulation
- Forgetfulness and poor working memory
- Trouble multitasking and executive dysfunction
- Inability to control anger or frustration
- Trouble completing tasks and frequent procrastination
- Distractibility
- Difficulty Waiting Turn

Not everyone who has ADHD has all these symptoms. They vary from person to person and tend to change with age

Common triggers: stress, poor sleep, certain foods and additives, overstimulation, and technology - Recognize triggers / Make the necessary lifestyle changes to better control episodes

Boys/Girls - Not known why ADHD presents differently in girls

Girls may also be affected by ADHD if they experience: • depression • stress • anxiety • low self-esteem These differences make the disorder harder to diagnose in girls.

3 (4) Categories of Symptoms:

1. **Inattention:** Short attention span for age (difficulty sustaining attention) Difficulty listening to others – Easily (**1a.-Distractibility**)
2. **Impulsivity:** Often interrupts others. ... Acting before thinking

Barratt, E.- University of Chicago distinguished **three dimensions** of impulse:

- A. motor (action without thinking),
- B. cognitive (quick cognitive decision-making), and
- C. non-planning (decrease in orientation towards future) factors (5).

3. **Hyperactivity:** Seems to be in constant motion; runs or climbs, at times with no apparent goal except motion

What are 3 Presentations of ADHD: (Present for the past 6 months)

1. **Combined Presentation** - most common type of ADHD = characterized by **impulsive/hyperactive behaviors** as well as **inattention / distractibility** (4)
2. **Predominantly Impulsive/Hyperactive Presentation** (2)
3. **Predominantly Inattentive / Distractible Presentation** (2)

Because symptoms can change over time, the presentation may change over time as well

Section 2.

DSM-5

The Diagnostic and Statistical Manual of Mental Disorders

There is no single test to diagnose ADHD. Many other problems, like sleep disorders, anxiety, depression, and certain types of learning disabilities, can have similar symptoms

Here are the criteria in shortened form. They are presented for informational purposes only. Only trained healthcare providers can diagnose or treat ADHD. **Don't try this at home, even if you play a psychiatrist/psychologist etc. on TV**

DSM-5 Criteria for ADHD

Persistent Pattern of inattention and/or hyperactivity–impulsivity **that interferes with functioning or development:**

Inattention:

Six or more symptoms of inattention for children up to age 16 years, or five or more for adolescents age 17 years and older and adults;

Symptoms of inattention have been **present for at least 6 months, and they are inappropriate for developmental level:**

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities. •Often has trouble holding attention on tasks or play activities
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- Often has trouble organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted
- Is often forgetful in daily activities

Hyperactivity and Impulsivity:

Six or more symptoms of hyperactivity-impulsivity for children up to age 16 years, or five or more for adolescents age 17 years and older and adults;

Symptoms of hyperactivity-impulsivity have been **present for at least 6 months** to an extent that is **disruptive and inappropriate** for the person's developmental level:

- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often "on the go" acting as if "driven by a motor".
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting their turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games)

In addition, the following conditions **must be met**:

- Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- Several symptoms are present in two or more settings, (such as at home, school or work; with friends or relatives; in other activities).
- There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.
- The symptoms are not better explained by another mental disorder (such as a mood disorder, anxiety disorder, dissociative disorder, or a personality disorder). The symptoms do not happen only during the course of schizophrenia or another psychotic disorder

ADHD often lasts into adulthood. To diagnose ADHD in adults and adolescents age 17 years or older, **only 5 symptoms are needed** instead of the 6 needed for younger children. **Symptoms might look different at older ages.** For example, in adults, hyperactivity may appear as extreme restlessness or wearing others out with their activity.

ADHD can appear differently in adults. For example, hyperactivity in a child can present as restlessness in an adult. Some research suggests the adults with ADHD are more likely to report having a lower quality of life. This was seen in people with hyperactivity and impulsivity, along with more severe symptoms

Reference: *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 5th edition. Arlington, VA., American Psychiatric Association, 2013*

Section 3

ADHD – Differences -BOYS vs GIRLS

Different Presentations

ADHD symptoms present differently in girls and are often **more subtle** and, as a result, harder to identify.

Boys with ADHD usually show **externalized symptoms**, such as **running and impulsivity**.

Girls with ADHD typically show **internalized symptoms such as inattentiveness and low self-esteem**.

Boys also tend to be **more physically aggressive**, while **girls tend to be more verbally aggressive**.

Boys typically externalize their frustrations. But Girls with ADHD usually **turn their pain and anger inward**. This puts girls at an **increased risk for depression, anxiety, and eating disorders**. Girls with undiagnosed ADHD are also more likely to have problems in school, social settings, and personal relationships than other girls.

Since **girls with ADHD often display fewer behavioral problems and less noticeable symptoms**, their difficulties are often overlooked. As a result, they aren't referred for evaluation or treatment. This can lead to additional problems in the future.

[Research](#) also suggests that undiagnosed ADHD can have a negative impact on girls' self-esteem. It can even affect their mental health.

Girls and boys do tend to show different [SIGNS of ADHD](#). It varies from child to child, of course. In General

Boys **more likely to be hyperactive and struggle with self-control**. They're more likely to act out in school and behave in ways that are tough for teachers to ignore.

Girls on the other hand, tend to **adapt better** in school. They're **less likely than boys to blurt things out in class or to shove the kid next to them**.

Girls might get noticed in school for being **a little squirmy or overly chatty**. But teachers might chalk this up to girls' being immature rather than having ADHD. Girls who are hyperactive might get described as [overly emotional](#) or "sensitive." They might also seem more distracted or "[daydreamy](#)."

All these behaviors are signs of ADHD. But people react to them in different ways, for lots of reasons. Teachers and families may **be more accepting of (or less likely to notice) the signs girls often show**.

This helps explain why **boys are three times more likely to be diagnosed with ADHD** than girls are — and why **boys tend to get [diagnosed at younger ages](#)** than girls.

Girls are [diagnosed with ADHD](#) on **average five years later than boys** — boys at age 7 and girls at age 12. **There are also many girls who never get diagnosed. In fact, research indicates that up to 75 percent of girls with attention problems are undiagnosed.**

Since girls often show different signs of ADHD than boys, it's important to know about the different ways kids can act out and which of these behaviors tend to get overlooked. That awareness can help girls with ADHD get the help they need sooner.

The stereotype of ADHD is boys disrupting the classroom by jumping up from their seats, getting in other kids' business or blurting out answers without raising their hands. But [girls get ADHD too](#), and they tend to be diagnosed much later because their symptoms are more subtle.

- More of them have only the inattentive symptoms of ADHD, and they get written off as dreamy or ditzy.
 - If they have the hyperactive-impulsive symptoms they are more likely to be seen as pushy, hyper-talkative or overemotional.
 - Impulsive girls may have trouble being socially appropriate and struggle to make and keep friends.
 - They often work so hard to compensate for their weaknesses that they are able to hide their challenges.
 - The growing awareness, as they get older, that they have to work much harder than their peers without ADHD is very damaging to their self-esteem.
 - Girls who are chronically hard on themselves about their mistakes may be struggling with thoughts that they're stupid or broken.
-

Section 4

ADHD BRAIN

Neural Pathways – Immature / Slower to Connect

Brain development is also slower in people with ADHD. The **neural pathways don't connect and mature (develop)** at the same rate, making it harder to pay attention and focus. This can impair **executive function**, which handles organization and routine tasks.

Prefrontal Cortex and Executive Function

Study findings suggest that **the prefrontal cortex** and its connections may be associated with ADHD symptoms and **executive functions** such as distractibility, forgetfulness, impulsivity, poor planning and hyperactivity in both children and adults with ADHD

ADHD impacts Brain Chemistry - Low Neurotransmitter Levels

Recent studies show ADHD is associated with **abnormally low levels of** neurotransmitters i.e., **dopamine and norepinephrine (noradrenaline)** sending/ transmitting signals between the **prefrontal cortical area** and the **basal ganglia**. **Dopamine** carries signals between nerves and is closely associated with reward/pleasure centers in the brain. It also interacts with other potent neurotransmitters to regulate mood, movement, sleep, attention, learning, thinking and planning.

Obsessing and ruminating are often part of living with attention deficit hyperactivity disorder (ADHD). No matter how hard you try to ignore them, those negative thoughts just keep coming back, replaying themselves in an infinite loop

People with low dopamine levels may be more likely to develop addictions to drugs, food, sex, or alcohol. **Several studies have shown a strong connection between ADHD, drug abuse, and alcoholism. ADHD is 5 to 10 times more common among adult alcoholics than it is in people without the condition. Among adults being treated for alcohol and substance abuse, the rate of ADHD is about 25%.**

The brain anatomy of attention-deficit/hyperactivity disorder in young adults – a magnetic resonance imaging study

[Jean-G. Gehricke](#),^{1,2,*} [Frithjof Kruggel](#),³ [Tanyaporn Thampipop](#),^{1,2} [Sharina Dyan Alejo](#),^{1,2} [Erik Tatos](#),^{1,2} [James Fallon](#),⁴ and [L. Tugan Muftuler](#)⁵

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Section 5

ADHD involves significant problems/ “Self-Regulation DELAYS /DEFICITS” in the following:

- sustained attention
- persistence toward goals
- resisting distractions along the way
- *inhibiting (stopping) actions, words, thoughts, and emotions that are either socially inappropriate for the situation or inconsistent with one’s longer term goals and general welfare
- managing one’s attention / self-talk / rule-following / self-motivation
- *inhibiting (stopping) excessive task-irrelevant activity (hyperactivity)
- **Self-Awareness**

**Inhibition* = conscious or unconscious constraint or curtailment of a process or behavior, especially of impulses or desires.

ADHD = Attention Deficit Hyperactivity Disorder =

EFDD = Executive Function Deficit Disorder =

SRDD = Self Regulation Deficit Disorder

ADHD = is a disorder of impaired executive function.

Neurodevelopmental = Neurodevelopment is a term **referring to the brain's development of neurological pathways (connections, circuits) that influence performance or functioning** (e.g., intellectual functioning, reading ability, social skills, memory, attention or focus skills). **When you learn to do just about anything, you are improving neurodevelopment.**

Executive functions (**Functions that allow us to exert self-control/self-adjust**) develop in a sequence. This sequence develops over time and is different for different individuals. Some individuals will experience a lesser or greater delay in their development leading to deficits in certain areas of Self-Regulation.

THE BASIC CONFLICT: Heart of situations involving self-regulation pose a basic conflict = “Now or Later” / “Me Now or Me Later”

- a.) Working Memory
- b.) Ability to Develop Focus
- c.) Emotional Control
- d.) Impulse Control
- e.) Goal Setting and Attainment

ADHD AFFECTS:

- **Self-Directed Attention – Self-Awareness** self-directed thoughts and actions that people use to manage themselves effectively in order to sustain their actions (problem-solving) toward their goals and the future.
- **Inhibition (Self-Restraint)**
- **Non-Verbal Working Memory (Self-Directed Sensing)**- The ability to hold things in your mind. Essentially, visual imagery — how well you can picture things mentally.
- **Verbal Working Memory (Self-Speech)**- internal speech. Most people think of this as their “inner monologue.”
- **Emotion Regulation (Self-Directed Emotions)**- learning to use words, images, and your own self-awareness to process and alter how we feel about things.
- **Motivation Regulation (Self-Directed Motivation)** - How well you can motivate yourself to complete a task when there is no immediate external consequence.
- **Self-Directed Planning and Problem Solving** - Experts sometimes like to think of this as “self-play” — how we play with information in our minds to come up with new ways of doing something. By taking things apart and recombining them in different ways, we’re planning solutions and problem solving

Article: What Is Executive Function? 7 Deficits Tied to ADHD - [Russell Barkley, Ph.D.](https://www.additudemag.com/7-executive-function-deficits-linked-to-adhd/) - <https://www.additudemag.com/7-executive-function-deficits-linked-to-adhd/>

Russell (PhD) Barkley’s Coffee Shop Conflict

- walk into a coffee shop intending only to buy coffee
- see a display counter filled with pastries or confections
- You face a situation that may tempt you to buy things **now** that are likely to ruin your plans for losing weight this month.
- exposes the heart of situations that test our self-regulation—they pose a **conflict between the “now” and the “later,”** or more accurately **“me now” and “me later.”**

To deal with this conflict and the immediate temptation you face while you wait for your coffee

- you may avert your eyes from the counter
- walk to a different section of the shop away from the tempting goodies
engage yourself in mental conversation about why you need to not buy those products

- visualize yourself saying no to the clerk who asks you if you want a doughnut with that coffee.
- call up an image of the new, more slender version of yourself you expect to achieve in the near future to help motivate you to say no to that doughnut.
- All of these are self-directed actions you are using to try and alter the likelihood of giving into temptation and therefore increase your chances of meeting your goal of weight loss this month.

SHORT TERM/LONG TERM MENTAL ABILITIES

DISTINCT YET INTERACTING MENTAL ABILITIES

distinct yet interacting mental abilities to successfully negotiate the situation.

- You have to have **awareness** that a conflict has arisen when you walked into the shop (**self-awareness**)
- you have to restrain your urge to order the pastry to go with the coffee you have ordered (**inhibition**)
- you redirected your attention away from the tempting doughnuts (**executive attention or attentional management**)
- you spoke to yourself using your mind's voice (**verbal self-talk or working memory**)
- you visualized an image of your planned behavior - (saying no) and your eventual goal of what you would look like when you successfully attain it (**nonverbal working memory**)
- You may also have found yourself thinking about various other ways you could have coped effectively with these temptations (**problem-solving**)
- may have given yourself a pep talk ("You can do this!") to enhance the likelihood that you would follow your plan (**self-motivation**).

EFDD

Common definition EF = "Those neuropsychological processes needed to sustain problem-solving toward a goal."

Barkley definition: "Those self-directed actions needed to sustain problem-solving toward a goal,"

An EF is a self-directed action (a form of self-control), being used to improve our future welfare (accomplish a goal).

An EF is a self-directed action (a form of self-control), being used to improve our future welfare (accomplish a goal).

Those actions we use to adjust our own behavior (**self-direction**)

At least six such actions:

1. **(self-restraint)** inhibition and resistance to distraction
2. **(self-directed attention)** self-awareness
3. **(self-talk and visual imagery, or seeing to ourselves)** working memory
4. **(self-directed play)** planning and problem-solving
5. **(self-directed emotion)** emotional self-control and even
6. **(self-motivation)**

As these self-directed actions develop in childhood, they may be visible to others (talking to ourselves, for instance), but as we mature the publicly observable features become inhibited or privatized and they eventually are internalized, mental, and largely not visible to others.

Those with ADHD have **difficulties with using their EFs (self-directed actions)** for purposes of self-regulation and attaining their goals because they are delayed in the development or have experienced injury to those brain networks that create the EFs and self-regulation.

ADHD involves - More Than just the Obvious Symptoms of: (listed in the DSM-5)

- **Inattention**
- **Distractibility**
- **Impulsivity**
- **Hyperactivity**

ADHD therefore **involves delays/deficits in:**

- self-restraint
- self-awareness
- self-speech
- self-sensing and imagery
- self-control of emotion
- self-motivation
- self-directed play for planning and problem solving.

DELAYS / DEFICITS IN DEVELOPMENT OF IMPORTANT MENTAL ABILITIES

These difficulties are **delays or deficiencies in the development of these important mental abilities NOT TALKING ABOUT absolute losses of these abilities as might occur after a severe brain injury.**

WHAT DISTINGUISHES SOMEONE WITH ADHD FROM SOMEONE WITHOUT ADHD?

They appear to be less mature (are age-inappropriate) in **their ability to engage in self-regulation (EF) toward specific goals** and the future more generally.

To help someone with ADHD:

he or she must be helped to either correct these delays/deficits or at least compensate for them (make accommodations to them) if they are to be more effective or successful in managing themselves, getting to their tasks and goals, and preparing for their future more generally.

We have **no ways to permanently correct the neurological problems**, but

- a.) **medications** may do so to a large extent and temporarily while being taken.
- b.) **strategies to help people compensate** for the EF deficits and so reduce the likelihood they may be impaired in their major life activities from those deficits

Executive Function and the ADHD Brain

4 BRAIN CIRCUITS

The “What” Circuit: From the frontal lobe — especially the outer surface — back into an area of the brain called the basal ganglia, particularly a structure called the striatum. The “What” Circuit is linked to working memory, so it’s in this circuit **that what we think starts to guide what we do**. This is particularly true when it comes to plans, goals, and the future.

The “When” Circuit: From the same prefrontal area back into a very ancient part of the brain called the cerebellum, at the very backmost part of your head. The “When” Circuit is the timing circuit of the brain — it **coordinates not just how smooth behavior will be and the sequence of behavior, but also the timeliness of your actions and when you do certain things**. An improperly functioning “When” Circuit in a person with ADHD explains why we often have problems with time management.

The “Why” Circuit: also originates from the frontal lobe, going through the central part of the brain (known as the anterior cingulate) to the **amygdala — the gateway to the limbic system**. It’s often referred to as the **“hot” circuit** because it’s **linked to our emotions — it’s where what we think controls how we feel, and vice versa**. It’s the **final decision maker in all our plans**. When thinking about multiple things we could be doing, this is the **circuit that eventually chooses** among the options based on how we feel about them and their emotional and motivational properties.

The “Who” Circuit: From the frontal lobe to the very back of the hemisphere. It’s where self-awareness takes place — it’s where we’re **aware of what we do, how we feel (both internally and externally), and what’s happening to us**.

Executive Function and the ADHD Brain - [Russell Barkley, Ph.D.](#) Medically reviewed by [Michele Novotni, Ph.D.](#) - <https://www.additudemag.com/7-executive-function-deficits-linked-to-adhd/>

Section 6

The study, *“Suffering in Silence: The Survey of Law Student Well-Being”* published in the Journal of Legal Education and co-authored by another contributor to The Addicted Lawyer (David Jaffe), found that 14 percent of students responding reported they had taken a prescribed drug without a prescription within the last year

Prescription Drug Use

As noted earlier in this article, the SLSWB is the first survey to assess the use of prescription drugs among law students. As shown in Drug Table 2, between **9% and 15% of respondents reported use of one or more of five categories of prescription drugs with a prescription during the prior year.**

Female respondents reported a higher rate of prescription drug use with a prescription than male respondents in every category of prescription drugs other than stimulant medication.).

Of those respondents who reported using prescription drugs with a prescription, **13%**, roughly one in eight, reported **giving away their prescriptions drugs** - given away most frequently:

- **stimulants (17%)**
- **sedatives/anxiety medication (12%)**

Prescription Drug Use Without a Prescription p. 135 Suffering in Silence

14% of respondents reported **having used prescription drugs without a prescription in the prior twelve months.**

Stimulants were the prescription drug most frequently used without a prescription (9%), followed by pain medication and sedatives/anxiety medication (4%).

61% of law student respondents to the SLSWB who reported using a **stimulant medication without a prescription** reported an increase in use compared with the twelve months prior to law school

nearly 50% of those who reported **using sedative/anxiety medication without a prescription** noted an increase in use compared with the twelve months prior to law school

44% of those who reported using **sleeping medication without a prescription** noted an increase in use compared with the twelve months prior to law school.

Specific Stimulants

Law students were asked to identify the specific prescription stimulant they had used without a prescription.

most commonly reported **stimulants used without a prescription** were:

Adderall (79%), followed by

Adderall XR (39%)

Ritalin a distant third (12%)

Concerta fourth (6%).

The most common reported reasons for using prescription stimulants without a prescription were:

- 1) to concentrate better while studying (67%);
- 2) to increase alertness to study longer (64%);
- 3) to enhance my academic performance (49%);
- 4) to increase my alertness to work longer (46%);
- 5) to concentrate better while working (45%)

Nearly **20%** of law student respondents who reported using a prescription stimulant without a prescription indicated one reason was to ***“prevent other students who [also use a prescription stimulant] from having an academic edge over me.”*** This suggests that some law students may be inclined to use prescription stimulants without a prescription in an effort to gain a perceived advantage in law school.

Section 7

ADHD – TREATMENT

My Child Has Been Diagnosed with ADHD - What are the Treatment Options?

ADHD can be managed with the right treatment. There are many treatment options, and what works best can **depend on the individual child and family**. -**How do you find best option for your child?**

Recommendation: parents should work closely with others involved in their child’s life—healthcare providers, therapists, teachers, coaches, and other family members.

Types of Treatment for ADHD:

Children with ADHD **younger than 6 years of age**, the American Academy of Pediatrics (AAP) recommends **parent training in behavior management as the first line of treatment, before medication is tried.**

For young children with ADHD, behavior therapy is **an important first step before trying medication** because:

- Parent training in behavior management gives parents the skills and strategies to help their child. This training has been shown to work **as well as medication** for ADHD in young children.

- **Young children have more side effects** from ADHD medications than older children and the **long-term effects of ADHD medications** on young children **have not been well-studied.**

Children **6 years of age and older**, the recommendations include **medication and behavior therapy together**

- **Parent Training in behavior management for children up to age 12** and other types of behavior therapy and training for adolescents
- **Behavior Therapy for children** - Children with ADHD often show behaviors that can be very disruptive to others - often helpful to start behavior therapy as soon as a diagnosis is made. The goals of Behavior Therapy are to learn or strengthen positive behaviors and eliminate unwanted or problem behaviors.
- **Schools as part of the treatment - Behavioral Interventions in Classroom** - American Academy of Pediatrics (AAP) Recommendations
Peer interventions that focus on behavior and **Organizational Skills Training**. These approaches are often most effective if they are used together, depending on the needs of the individual child and the family. These approaches are often most effective if they are used together.
- **Medications** - can help children manage their ADHD symptoms in their everyday life and can help them control the behaviors that cause difficulties with family, friends, and at school.
Several different types of medications are FDA-approved to treat ADHD in children as young as 6 years of age:
Stimulants are the best-known and most widely used ADHD medications. Between 70-80% of children with ADHD have fewer ADHD symptoms when taking these fast-acting medications.

Nonstimulants were approved for the treatment of ADHD in 2003. They do not work as quickly as stimulants, but their effect can last up to 24 hours.

Medications can affect children differently and can have side effects such as decreased appetite or sleep problems. One child may respond well to one medication, but not to another.

Healthcare providers who prescribe medication may need to try different medications and doses. The AAP recommends that healthcare providers observe and adjust the dose of medication to find the right balance between benefits and side effects.

Good treatment plans will include close **monitoring** of whether and how much the treatment helps the child's behavior, as well as **making changes as needed** along the way.

Behavioral Therapy Suggestions:

- **Create a routine.** Try to follow the same schedule every day, from wake-up time to bedtime.
- **Get organized.** Encourage your child to put schoolbags, clothing, and toys in the same place every day so that they will be less likely to lose them.
- **Manage distractions.** Turn off the TV, limit noise, and provide a clean workspace when your child is doing homework. Some children with ADHD learn well if they are moving or listening to background music. Watch your child and see what works.
- **Limit choices.** To help your child not feel overwhelmed or overstimulated, offer choices with only a few options. For example, have them choose between this outfit or that one, this meal or that one, or this toy or that one.
- **Be clear and specific** when you talk with your child. Let your child know you are listening by describing what you heard them say. Use clear, brief directions when they need to do something.
- **Help your child plan.** Break down complicated tasks into simpler, shorter steps. For long tasks, starting early and taking breaks may help limit stress.
- **Use goals and praise or other rewards.** Use a chart to list goals and track positive behaviors, then let your child know they have done well by telling them or by rewarding their efforts in other ways. Be sure the goals are realistic— small steps are important!
- **Discipline effectively.** Instead of scolding, yelling, or spanking, use effective directions, time-outs or removal of privileges as consequences for inappropriate behavior.
- **Create positive opportunities.** Children with ADHD may find certain situations stressful. Finding out and encouraging what your child does well—whether it's school, sports, art, music, or play—can help create positive experiences.
- **Provide a healthy lifestyle.** Nutritious food, lots of physical activity, and sufficient sleep are important; they can help keep ADHD symptoms from getting worse. ADHD in Adults ADHD lasts into adulthood for at least one-third of children with ADHD1.

Treatments for adults can include medication, psychotherapy, education or training, or a combination of treatments.

For more information about diagnosis and treatment throughout the lifespan, please visit the websites of the **National Resource Center on ADHD, National Institutes of Mental Health, American Academy of Pediatrics. Children and Adults with AttentionDeficit/Hyperactivity Disorder (CHADD)**. The NRC provides resources, information, and advice for parents on how to help their child. Learn more about the services of the NRC. Tips for Parents

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LAWYERS WITH ADHD ARE IN GOOD COMPANY



[Pamela DeNeuve](#)

Productivity Coach to Lawyers | Increase Productivity & Increase Your Income | 25+ Years of Turning Firms into Exceptional and Profitable Practices | Keynote Speaker | Business Strategist ... Published on October 28, 2020

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An ABA study reveals that a higher percentage of lawyers experience ADHD than the general population.

What is ADHD?

ADHD stands for Attention-Deficit/Hyperactivity Disorder. Although some folks call it ADD, ADHD is the correct name. There are three main types of ADHD:

- Predominantly inattentive
- Predominantly hyperactive/impulsive
- A combination of inattentiveness and hyperactivity and impulsivity

Good Company

As a lawyer, you are in good company. Here are folks that have ADHD and have managed it, and it has not stopped their success:

1. Bill Gates
2. Walt Disney
3. Richard Branson
4. **Erin Brockovich-Ellis**
5. IKEA founder and chairman Ingvar Kamprad
6. Jet Blue founder David Neeleman
7. **Audra McDonald**
8. Cisco Systems CEO John T. Chambers
9. Jim Carrey
10. **Zoey Deschanel**
11. Simone Biles
12. Howie Mandel
13. Lisa Ling

These individuals found ways to find complete order in their disorder. As a lawyer, you can do the same.

Although lawyers are intelligent, high-functioning professionals, they may harbor low self-worth feelings. Most lawyers with ADHD are undiagnosed, so they do not associate these feelings with the disorder.

Many successful attorneys often see themselves as failures. They set unreasonably high expectations and feel like they are letting others down.

What are some signs that may indicate that they have ADHD?

- Constantly distracted (addicted to devices or social media)
- Disorganized having a hard time prioritizing duties
- Difficulty focusing and shifting from one task to another
- Slow to process information and make decisions
- Easily frustrated
- Short term or long term memory lapses
- Unable to regulate sleep patterns
- Difficulty self-regulating their actions.
- Constant procrastination

What Should I Do If You Think You Have ADHD?

Since ADHD is a neurodevelopmental condition, it can be difficult to focus and to control impulsive behaviors.

If someone thinks that they have ADHD, it is good to get an assessment. Once our clients are formally assessed and diagnosed, we can begin a coaching program to help them to compensate for their ADHD in their law practice. Also, we began stress-relieving practices that include an introduction to meditation.

Here are Eight Steps to Control Your ADHD

First, please understand that ADHD is a neurodevelopmental condition. Therefore, it does not go away. You can create powerful habits to overcome and triumph over these mental conditions. Many seek relief with medication. However, here are eight steps to help you overcome ADHD without medication.

1. Stop being critical of yourself. It is a common trait for lawyers to beat up on themselves. By always focusing on what they or others did wrong is a self-defeating habit. Get help to stop this bad habit.
2. Learn how to control your thoughts. One of the most difficult habits for many lawyers to learn is meditation. Meditation is the best way to learn how to manage your thoughts. Lawyer's thoughts can be like a stampede of wild stallions. Sitting down and learning how to stop those wild thoughts is not easy. Once accomplished, this habit creates fantastic results in one's daily life.
3. Get Restful Sleep. People with ADHD commonly have insomnia. When one does not control their thoughts, nighttime can be a terrible time. Worries about life, the world, politics, family matters, health challenges surface at night. By creating a nighttime routine and learning how to retrain the mind will help.
4. Improve Nutrition. Most people with ADHD do not plan their meals. They may consume large amounts of caffeine because they are frequently sleepy from lack of sleep. Also, they may crave sugary, starchy carbohydrates to get spurts of energy throughout the day. To strengthen one's mental focus having a balanced and healthy diet is necessary.
5. Get an organizational structure and support outside of yourself. ADHD causes individuals to be forgetful, hate monotonous routines. Many are addicted to their devices and social media. The day flies by without having accomplished much. To be effective, you need to get support to help you stay organized in your life and law practice.
6. Join a goals group or create a mastermind group. This support can help with organization. Accountability helps lawyers stay on track with diet, exercise, meditation, and their law practice. You have to think of yourself as a person with diabetes feels about their insulin. A diabetic who ignores their medication runs into serious problems. Likewise, individuals with ADHD must find structure in their lives to find happiness, peace of mind, and order in their lives and law practice.
7. Avoid procrastination. Know that procrastination for an individual with ADHD spells disaster. This is where having a coach, goals, or a mastermind group can help keep you on track.
8. Improve your brain function with regular exercise. It is proven that individuals who exercise produce chemicals that improve brain function. Make it a priority to go for a walk, a run, or go to the gym is vital to keep your mind clear and to function at a high level. Yoga and Pilates are excellent practices to consider for both men and women.

ADHD In lawyers Can Be Managed.

Put yourself in the company of talented super-achievers, as we mentioned:

- *Bill Gates*
- *Walt Disney*
- *Richard Branson*
- ***Erin Brockovich-Ellis***
- *IKEA founder and chairman Ingvar Kamprad*
- *Jet Blue founder David Neeleman*
- ***Audra McDonald***
- *Cisco Systems CEO John T. Chambers*
- *Jim Carrey****Zoey Deschanel***
- *Simone Biles*
- *Howie Mandel*
- *Lisa Ling*

Take charge of your life and attain your goals of a successful law practice and a harmonious family life.

Message me at pamela@pameladeneuve.com

Please put "30 minutes" in the subject line to have a discussion how you can master having ADHD in your practice.

#lawyers #attorneys #solicitors #lawfirm

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Published by



[Pamela DeNeuve](#)

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Member Login



1. Casey Dixon



ADDA – Attention Deficit Disorder Association

ADHD Coach

Dixon Life Coaching, MindfullyADD

Facebook: [Find us on Facebook](#)

Twitter: [Follow us on Twitter](#)

LinkedIn: [Find us on LinkedIn](#)

Address:

Lititz, PA, USA

Description:

Casey Dixon is a respected ADHD Coach with a unique focus on science-based, innovative strategies for attorneys, professors, and other demand-ridden professionals with ADHD. Her practice also includes interventions and support for college students.

She founded Dixon Life Coaching in 2005, a natural progression after a 15-year career supporting students and adults with learning disabilities and ADHD in schools and universities. With a national reputation for helping clients excel in authentic and creative ways using ADHD-informed approaches, Casey is recognized as a Senior Certified ADHD Coach, Professional Certified Coach, and Board Certified Coach. Her hallmark is reliably delivering direct results without judgment.

As an in-demand ADHD Coach, Casey has developed her expertise as a solo entrepreneur, author, interviewee, expert witness, CLE presenter, and educational speaker

Recently, Casey founded MindfullyADD, a website designed to deliver mindfulness practice for ADHD featuring simple, brief and approachable exercises based on proven research. Mindfulness can help adults with ADHD resist distractions, improve their mood, get things done and feel better about it.

Casey Dixon is a Professional Certified Coach, ICF; Board Certified Coach, CEE Global; Senior Certified AD/HD Coach, IAAC; Coaches & Mentors Coach; Edge Foundation Coach; Certified Coach, Coach Training Alliance; Graduate, JST Coaching; and has a Master's of Science in Education from the University of Pennsylvania.

Additional Links:

- [MindfullyADD](#)
- [MindfullyADD on Facebook](#)
- [MindfullyADD on Twitter](#)

ADHD RESOURCES

Book:

Transforming ADHD- Greg Crosby

Organizations:

- National Resource Center on ADHD
- National Institutes of Mental Health
- American Academy of Pediatrics
- Children and Adults with AttentionDeficit/Hyperactivity Disorder (CHADD)
- Attention Deficit Disorder Association (ADDA)@ adda4adhd

Peer Support Groups:

- <https://directory.additudemag.com/event/tri-chadd-nj-adults-with-adhd-support-group.html>
- [**TRI CHADD NJ -Howell, NJ - 760 members - Public group**](#)

Lawyer Specific: The Focused Lawyer by Casey Dixon (E-Book) – Dixon Life Coaching

https://www.amazon.com/Transforming-ADHD-Simple-Effective-Succeed/dp/1626254451/ref=asc_df_1626254451/?tag=hyprod-20&linkCode=df0&hvadid=312089933244&hvpos=&hvnetw=g&hvrnd=13263249927381599331&hvpon=&hvptwo=&hvqmt=&hvdev=c&hvdvcmdl=&hvlocint=&hvlocphy=1018487&hvtargid=pla-491400382934&psc=1

Dixon Life Coaching – Website: <https://www.dixonlifecoaching.com/about-casey-dixon>

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ADHD: BRAIN CHEMISTRY, MEDICATIONS, AND TREATMENT ALTERNATIVES

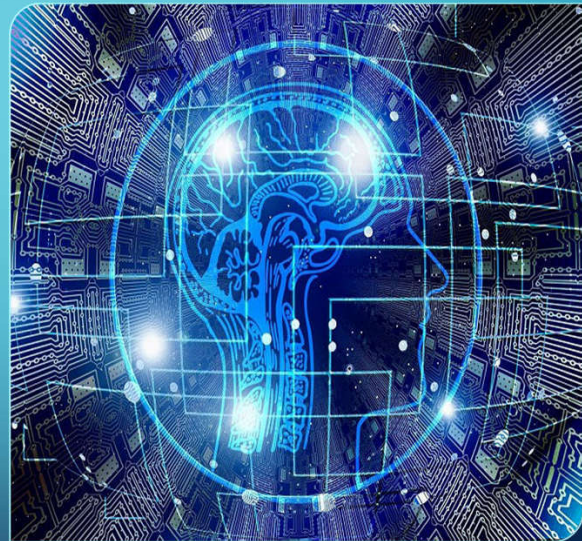
PAULA SAWYER, SENIOR ATTORNEY COUNSELOR
NEW JERSEY LAWYERS ASSISTANCE PROGRAM

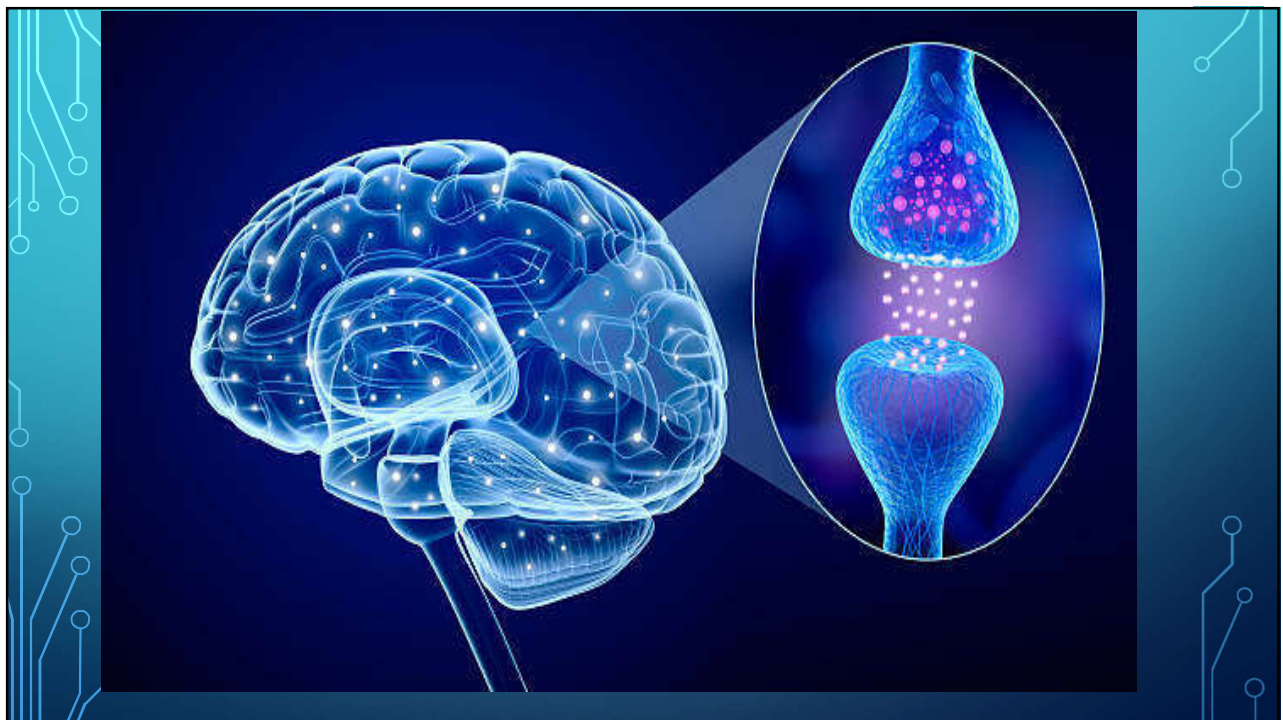
FUNDAMENTALS...

IN ORDER TO BETTER UNDERSTAND ADHD AND WHY CERTAIN MEDICATIONS OR ALTERNATIVE TREATMENTS HELP ALLEVIATE SYMPTOMS, WE'LL TAKE A QUICK TOUR OF SOME OF THE CHEMICAL INTERACTIONS IN OUR BRAINS

THE BRAIN: AN ELECTRICAL ENGINEERING MARVEL

- NEURONS: NERVE CELLS; TRANSMIT NERVE IMPULSES; NEURONS ARE SEPARATED BY TINY GAPS CALLED SYNAPSES.
- SYNAPSES: SPACE WHERE THE BRAIN CELLS CONNECT; THEY CONNECT NEURONS IN THE BRAIN TO NEURONS IN THE REST OF THE BODY.





HOW THE BRAIN WORKS!

01

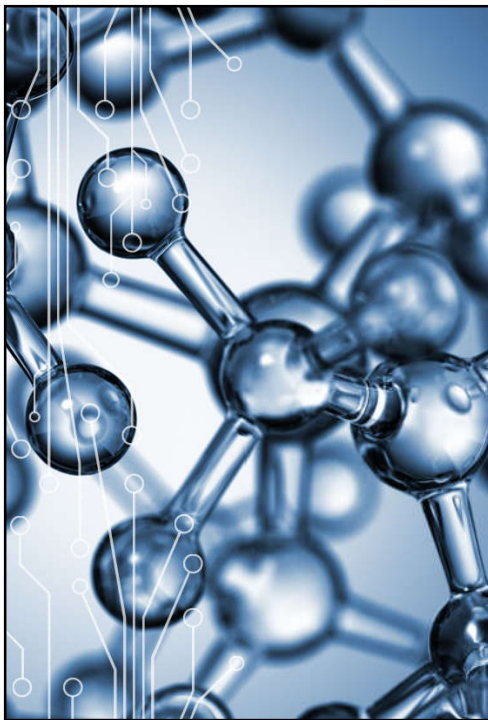
THE NEURONS RELAY INFORMATION TO EACH OTHER SENDING CHEMICAL MESSENGERS, OR *NEUROTRANSMITTERS*, ACROSS THE SYNAPSES THROUGHOUT THE NEURAL NETWORK.

02

NEUROTRANSMITTERS ARE PRODUCED WITHIN A NEURON.

03

THE NEURON RELEASES THE *NEUROTRANSMITTER* AND IT TRAVELS INTO THE SYNAPSE.



AND THEN....

- THE NEUROTRANSMITTER MAY THEN BE ACCEPTED BY THE NEXT NEURON ATTACHING AT A SITE CALLED A RECEPTOR, THEREBY TRANSMITTING INFORMATION FROM ONE NERVE CELL TO ANOTHER THROUGHOUT THE BRAIN.
- **KEY POINT:** AFTER THE NEUROTRANSMITTER IS RELEASED, THE EXCESS PORTION IS THEN REABSORBED BY THE NEURON THAT PRODUCED IT!

AND SO....

IN PERSONS WITH ADHD, THE
NEUROTRANSMITTER IS PREMATURELY
REABSORBED BACK INTO THE NEURON.

WHEN THIS OCCURS, THAT PORTION OF THE
NEURAL NETWORK CAN'T RELAY MESSAGES IN
AN ADEQUATE AND TIMELY WAY 😞

INTRODUCING THE NEUROTRANSMITTERS

DOPAMINE

and

NOREPINEPHRINE

DOPAMINE: THE “FEEL GOOD” HORMONE/NEUROTRANSMITTER

RELEASED DURING
STRENUOUS
EXERCISE, E.G.,
RUNNER’S HIGH.

ACTIVATES THE
PLEASURE AND
REWARD CENTERS
IN THE BRAIN.

IMPROVES
ATTENTION,
FOCUS AND
CONCENTRATION.

DOPAMINE

TOO MUCH OR TOO
LITTLE CAN CAUSE
PROBLEMS.

IF UNMANAGED, IT CAN
CAUSE ATTENTION
PROBLEMS, EMOTIONAL
DYSREGULATION AND
ADDICTION.

DOPAMINE DECREASES
IN LOW INTEREST
ACTIVITIES – NOT
ENOUGH ELECTRICAL
ACTIVITY TO POWER
YOUR BRAIN

DOPAMINE INCREASES
IN HIGH INTEREST
ACTIVITIES – TOO MUCH
ELECTRICAL ACTIVITY =
HYPERACTIVITY

NOREPINEPHRINE: THE DOUBLE-DUTY NEUROTRANSMITTER/HORMONE

NATURALLY OCCURRING IN THE BODY; A STRESS HORMONE AND A NEUROTRANSMITTER (SENDS SIGNALS BETWEEN NERVE CELLS).

RESPONSIBLE FOR THE “FIGHT OR FLIGHT” RESPONSE TO STRESS.

EFFECTS MOOD, ENERGY, AND ALERTNESS.

NOREPINEPHRINE

BELIEVED TO PLAY A PART IN MEMORY, LEARNING AND FOCUSING; GENERAL ALERTNESS.

TOO LITTLE = CAN CONTRIBUTE TO BEING EASILY DISTRACTED, DEPRESSED, IMPULSIVE AND FATIGUES.

TOO MUCH = CAN CONTRIBUTE TO OVER FOCUSING, HIGH ANXIETY, EVEN AGGRESSION.



TREATMENT FOR ADULT ADHD IS SIMILAR TO TREATMENT FOR CHILDHOOD ADHD:

- MEDICATION
- EDUCATION AND SKILLS TRAINING
- PSYCHOLOGICAL COUNSELING
- TREATMENT FOR MENTAL HEALTH CONDITIONS

ADHD MEDICATIONS

STIMULANTS

Adderall

Ritalin

Focalin

Daytrana

NON-STIMULANT

Strattera

Intuiv

Kapvay

PSYCHO-STIMULANT
MEDICATIONS

AMPHETAMINE +
DEXTROAMPHETAMINE
=
SPEED

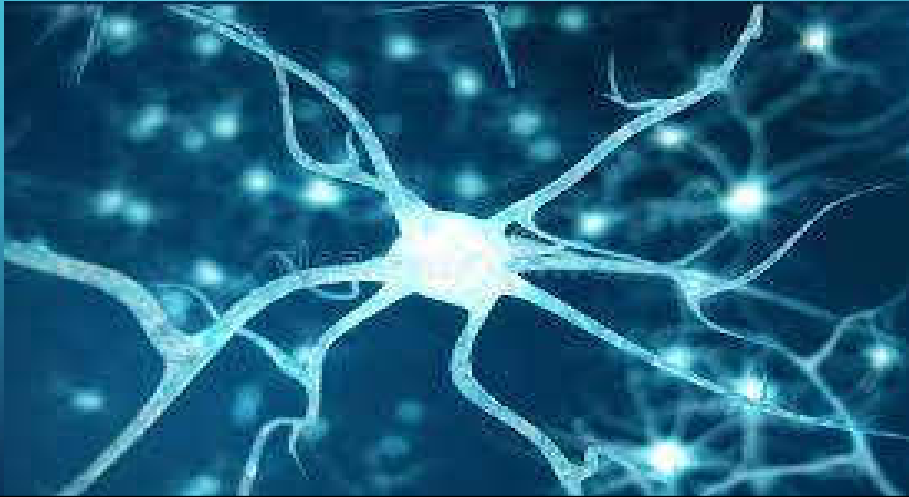


HOW STIMULANTS WORK IN THE BRAIN

- STIMULANT MEDICATION REDUCES ADHD SYMPTOMS BY INCREASING DOPAMINE LEVELS IN YOUR BRAIN, BY SLOWING DOWN HOW MUCH DOPAMINE IS REABSORBED BACK INTO THE NEURAL NETWORK.

SO, THE MORE DOPAMINE FLOATING AROUND,
THE BETTER YOU FEEL 😊

STIMULANTS IN THE BRAIN BLOCK THE REUPTAKE OF
NEUROTRANSMITTERS DOPAMINE AND NOREPINEPHRINE
AND INCREASE THEIR LEVELS IN THE SYNAPSES



MEDICATIONS

- AFFECT CERTAIN NEUROTRANSMITTERS (BRAIN MOLECULES THAT FACILITATE THE TRANSMISSION OF MESSAGES FROM ONE NEURON (BRAIN CELL) TO ANOTHER.
- NEUROTRANSMITTERS INVOLVED ARE:
DOPAMINE and
NOREPINEPHRINE



ADDERALL

MOST COMMONLY PRESCRIBED MEDICATION – SUCCESSOR TO RITALIN

A CENTRAL NERVOUS SYSTEM STIMULANT COMBO OF AMPHETAMINE AND DEXTROAMPHETAMINE = “SPEED”

A CONTROLLED SUBSTANCE AVAILABLE LEGALLY ONLY BY NON-RENEWABLE PRESCRIPTION FROM A DOCTOR

ADDERALL

INCREASES ATTENTION AND DECREASES RESTLESSNESS IN PATIENTS WHO ARE OVERACTIVE, CANNOT CONCENTRATE, OR ARE EASILY DISTRACTED.

PART OF TOTAL TREATMENT PROGRAM INCLUDING SOCIAL, EDUCATIONAL, PSYCHOLOGICAL THERAPY.

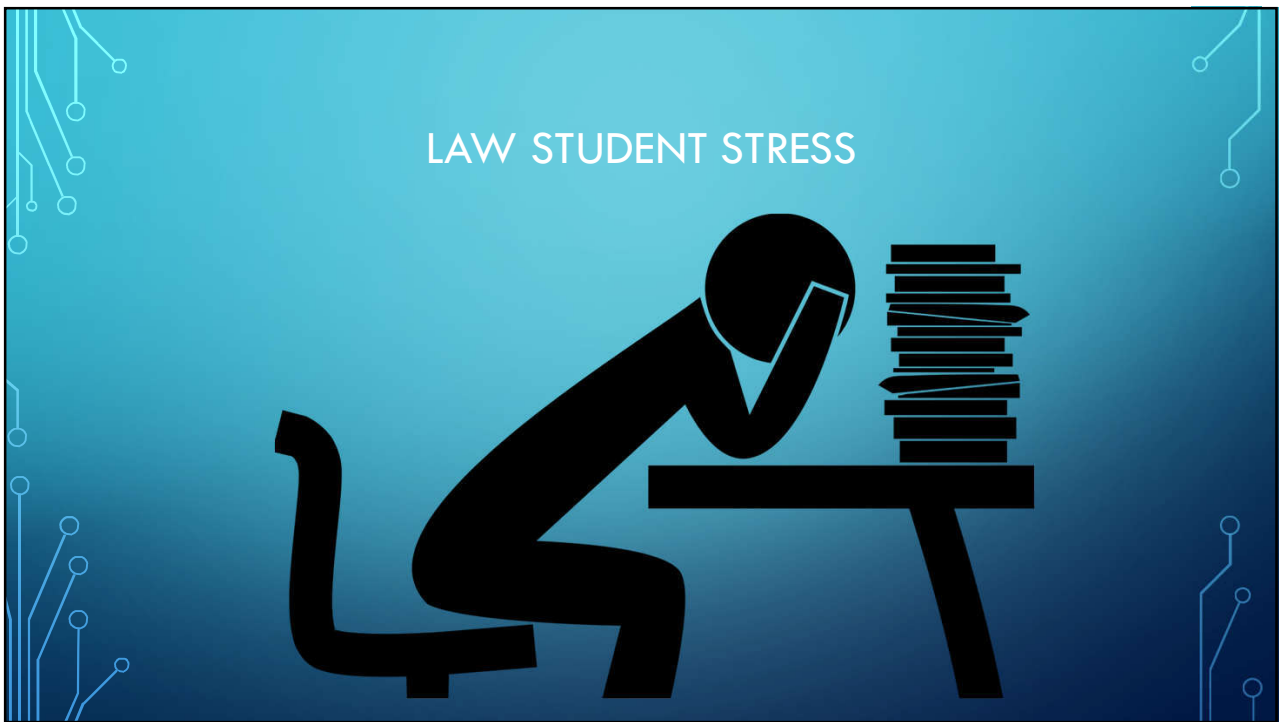
MAY CAUSE MENTAL OR PHYSICAL DEPENDENCE.

ADDERALL: A SEDUCTIVE MEDICATION

USED AND ABUSED BY
LAW STUDENTS TO
AUGMENT STUDYING
SKILLS AND EXAM
PERFORMANCE.

LAW STUDENTS
DANGEROUSLY SHARE
AND/OR SELL THEIR
SUPPLY, WITH OR
WITHOUT A
PRESCRIPTION.

LAWYERS JUSTIFY USE
TO MEET PRACTICE
DEMANDS.





VYVANSE

Schedule II amphetamine-based CNS stimulant (same as Adderall).

Available only as extended-release medication; duration approximately 12 hours; considered to carry a lower risk of abuse or dependence since it takes longer to metabolize in the system.

Adderall comes in both immediate (duration 4 to 6 hours) & extended release form.



STRATTERA

A SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR (SNRI)

INHIBITS REUPTAKE OF NOREPINEPHRINE, MAKING IT AVAILABLE TO THE BRAIN'S NEURONS FOR A LONGER PERIOD OF TIME.

NON-STIMULANT; LESS SUSCEPTIBILITY TO ADDICTIVE EFFECTS OF AMPHETAMINES.

NOT A CONTROLLED SCHEDULE II DRUG, CAN BE PRESCRIBED BY PHONE WITH REFILLS; TAKES LONGER TO PRODUCE A RESPONSE.

STRATTERA VS. ADDERALL

ADDERALL (A STIMULANT) - COMBINATION OF DEXTROAMPHETAMINE AND AMPHETAMINE – ACTS ON CNS BY BOOSTING THE NUMBER OF DOPAMINE AND NOREPINEPHRINE TRANSMITTERS IN THE BRAIN.

STRATTERA (NON-STIMULANT) – INHIBITS REUPTAKE OF NEUROTRANSMITTER NOREPINEPHRINE MAKING IT AVAILABLER TO THE BRAIN'S NEURONS FOR LONGER PERIOD OF TIME.

DANGERS

ADDICTION/DEPENDENCE: STRONG DESIRE OR NEED TO CONTINUE USE; NEED TO INCREASE DOSE TO RECEIVE THE SAME EFFECTS;

INCREASE IN BP; IRREGULAR HEART RHYTHM OR HEART ATTACK;
RESPIRATORY DIFFICULTY; SEIZURES; HYPERTHERMIA; INTERNAL BLEEDING; LIVER/KIDNEY DAMAGE; INJURY TO SINUSES, NOSTRILS & LUNGS IF CRUSHING AND SNORTING.

MEDICATION

CONSULT	RULE OUT	COMPLY	TAKE	REPORT
CONSULT PRIMARY CARE PHYSICIAN	RULE OUT MEDICAL, MENTAL HEALTH, AND ADDICTION DISORDERS	COMPLY WITH PRE-MEDICATION TESTING	TAKE MEDICATION AS PRESCRIBED	REPORT SIDE EFFECTS IMMEDIATELY



LAWYERS WITH ADHD

- EASILY DISTRACTED
- MOVING FROM ONE TASK TO ANOTHER WITHOUT COMPLETION
- MISSED DEADLINES
- CLIENT NEGLIGENCE OR ABUSE
- POOR COURTROOM PERFORMANCE
- STAFF ABUSE
- ACCOUNTING NEGLIGENCE

THE PERFECTION TRAP



SKILLS TRAINING/COUNSELING

COUNSELING AS COMPLEMENT TO MEDICATION

PROVIDES PRACTICAL SUGGESTIONS AND ENCOURAGEMENT

TARGETS CORE IMPAIRMENTS OF ADHD SUCH AS PLANNING, TIME MANAGEMENT, GOAL SETTING, ORGANIZATION, AND PROBLEM SOLVING

ORGANIZING TIPS



USE A DAILY PLANNER;
CHECK IT SEVERAL
TIMES A DAY!



SET SIMPLE, REALISTIC,
ACHIEVABLE GOALS.



GIVE YOURSELF MORE
TIME THAN YOU THINK
TO COMPLETE A TASK.



SET UP A FILING
SYSTEM; COLOR CODE
IT IF HELPFUL.



RESPOND TO EMAILS
AND INTERNET USE AT
SET TIMES EACH DAY.

MORE TIPS AND TIDBITS



Use external alarms to help you remember time.



Reduce office environmental distractions; use headphones or earplugs.



Take notes during staff meetings; do active listening.



Talk about what is bothering you with trusted person.

COMMON SENSE TIPS

01

Establish a healthy eating pattern; don't skip meals.

02

Exercise daily or as often as possible.

03

Practice sleep hygiene; avoid caffeine late in the day.

04

Write down your worries 3 hours before bedtime.

05

Practice deep breathing/yoga!

COMPLEMENTARY AND ALTERNATIVE TREATMENTS FOR ADHD

- EXERCISE
- DIET – SEEK DIETARY GUIDANCE
- BIOFEEDBACK
- MIND-BODY PRACTICES – MEDITATION; YOGA; TAI CHI
- SUPPLEMENTS, e.g., Zinc, L-carnitine, Vitamin B-6, Magnesium
- ACUPUNCTURE

BIOFEEDBACK



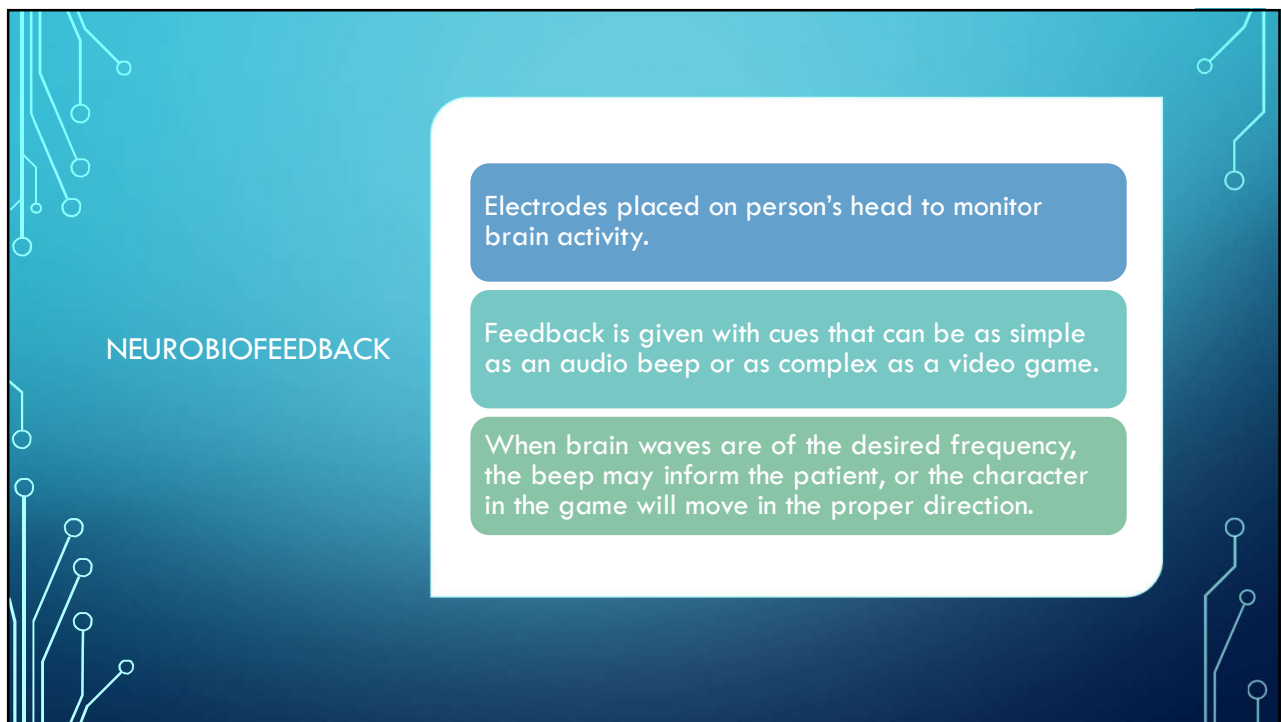
Helps to control particular body functions by giving you the ability to practice new ways to control your body.



Sensors applied to body are plugged into a computer.



Using computer graphics and prompts, the devices help you master stress by helping to pace breathing, relax muscles and think positive coping thoughts.

An infographic with a teal-to-blue gradient background. On the left, the word "NEUROBIOFEEDBACK" is written in white, uppercase letters. To the right, a white rounded rectangle contains three stacked text boxes. The top box is blue and contains the text "Electrodes placed on person's head to monitor brain activity." The middle box is light green and contains "Feedback is given with cues that can be as simple as an audio beep or as complex as a video game." The bottom box is a darker green and contains "When brain waves are of the desired frequency, the beep may inform the patient, or the character in the game will move in the proper direction." The background is decorated with white circuit-like lines and nodes on the left and right sides.

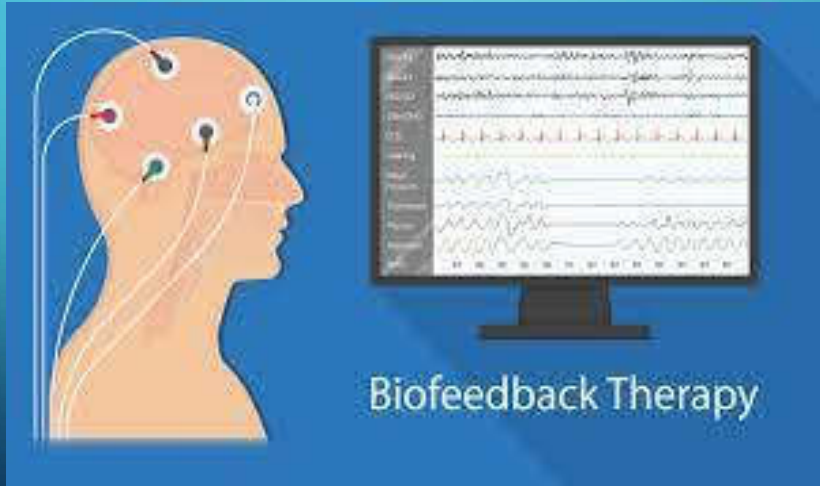
NEUROBIOFEEDBACK

Electrodes placed on person's head to monitor brain activity.

Feedback is given with cues that can be as simple as an audio beep or as complex as a video game.

When brain waves are of the desired frequency, the beep may inform the patient, or the character in the game will move in the proper direction.

NEUROBIOFEEDBACK



NEUROBIOFEEDBACK

When the patient has learned how to increase these arousal levels, it is believed that improvements in attention will result and there will be reduction in hyperactive/impulsive behavior.

Though evidence warrants continued study as a possible intervention to reduce ADHD symptoms, current research does not support conclusive claims about its efficacy.*

*<https://chadd.org/about-adhd/neurofeedback-eeeg>

FOOD COLORINGS & PRESERVATIVES

- Used to maintain or improve safety & Freshness.
- **CONTROVERSY:** Eliminating colorings and preservatives is regarded as alternative treatment that may provide a statistically significant benefit. Since it is a harmless intervention, it might be worth an elimination trial as part of standard treatment.

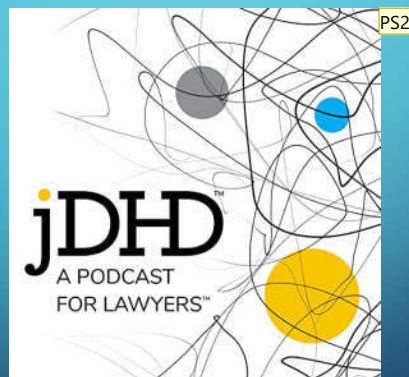
DISCOVER RESOURCES



FOOD ADDITIVES & COLORS

- Food & Drug Administration (FDA) <http://www.fda.gov>
- Center for Food Safety & Applied Nutrition www.fda.gov/Food/default.htm
- Color Additives Information <http://www.fda.gov/ForIndustry/ColorAdditives>
- American Dietetic Association <http://www.fda.gov/about-fda/website>
- Food Allergy & Anaphylaxis Network <http://www.foodallergy.org>

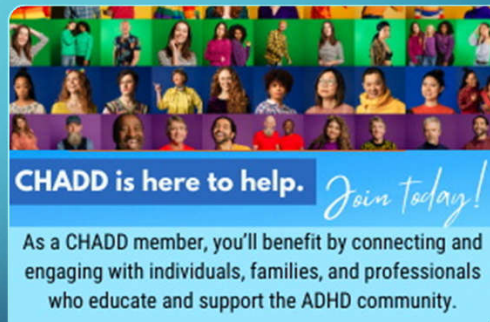
JOIN THE CONVERSATION!!



CHADD: CHILDREN AND ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

Founded in 1987 in response to the frustration and sense of isolation experienced by parents & their children with ADHD.

- <https://chadd.org>



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About the Panelists...

Ramon Ortiz is Senior Attorney Counselor with the New Jersey Lawyers Assistance Program (NJLAP) in New Brunswick, New Jersey, and has been employed by LAP for the past 20 years. Prior to joining the New Jersey Lawyers Assistance Program, he was an Associate Professor of Law, Clinical Professor of Law, and Director of Clinical Programs at Seton Hall Law School.

Mr. Ortiz has been a member of the New Jersey State Bar Association, the Hispanic Bar Association of New Jersey, the National Association of Alcoholism and Drug Abuse Counselors, the National Association of Forensic Counselors, the Employee Assistance Professionals Association and the Association of Professionals Treating Problem Gambling (APTPG). He has served on the Board of Directors of Essex-Newark Legal Services and the Advisory Board of the Paralegal Institute at Montclair State College. Mr. Ortiz is a former member of the State of New Jersey Governor's Commission Legal Services Advisory Council and has been a Consultant for the Intoxicated Drivers Resource Center (IDRC) of Essex County. He has also served as an instructor at Brooklyn College, Montclair State University, the Council on Legal Education Opportunity and Rutgers School of Law-Newark, and has guest lectured at Rutgers School of Alcohol and Drug Studies.

Mr. Ortiz received his J.D. from Rutgers University School of Law-Newark.

Paula Garra Sawyer, RN, BSN is Senior Attorney Counselor with the New Jersey Lawyers Assistance Program (NJLAP) in New Brunswick, New Jersey, where she counsels clients regarding addiction and well-being.

Admitted to practice in New Jersey and before the United States Supreme Court, Ms. Sawyer is a member of the American, New Jersey State and Monmouth Bar Associations, and has been appointed to the MBA's General Welfare of Membership Committee. She was a co-founder of the National Association of Perinatal Addiction Specialists (NAPAS), which provides training, education and certification for nurses and other professionals working with pregnant addicts. Ms. Sawyer has also served as a Deputy Attorney General and as Assistant Prosecutor for Union County. She has been a guest lecturer at several seminars, including ICLE's Annual Senior Law Conference.

Ms. Sawyer received her B.S. in Nursing from Monmouth University and her law degree from Seton Hall University School of Law. She attended substance abuse education and training classes at the Rutgers School of Alcohol Studies for several years.

Nancy Stek, M.S., CSW, LCADC is the Assistant Director of the New Jersey Lawyers and New Jersey Judges Assistance Programs in New Brunswick, New Jersey. Ms. Stek's career spans the fields of health care, education and the nonprofit sector. She has pioneered student assistance in New Jersey and developed the first student assistance program at Whittier College in California. She has also served as a lead trainer for First Light Partners, providing a 3-month training program for medical professionals and social workers in the Ukraine.

An associate member of the American Bar Association, Ms. Stek is Past Vice Chair of the ABA/CoLAP Judicial Assistance Initiative and has been a member of the ABA/CoLAP Editorial

Board and Publications Committee, and the Advisory Board of the Friends of Middlesex County Adult Substance Abuse Program at the Middlesex County Jail. She has served as a New Jersey Disaster Response Crisis Counselor Volunteer for the New Jersey Department of Mental Health's Disaster and Terrorism Branch. Ms. Stek has been a featured speaker at national conferences and has provided specialized training through the New Jersey Department of Education, the Rutgers University Center for Alcohol Studies and the Commission on Lawyers Assistance of the American Bar Association. She is a Certified Life Coach, Results Life Coaching, LLC, and a Certified Hardiness Trainer, Hardiness Institute.

Ms. Stek received her B.A., with honors, from Sonoma State University and has pursued graduate studies in Social Work and Counseling at Rutgers University and Sonoma State University.