APRIL 2024| ISSUE NO. 79

BMC JOURNAL

THE MONTHLY NEWSLETTER OF
BEHAVIOR MANAGEMENT CONSULTANTS



Adderall prescriptions have been filled less often amid ongoing shortage in the US

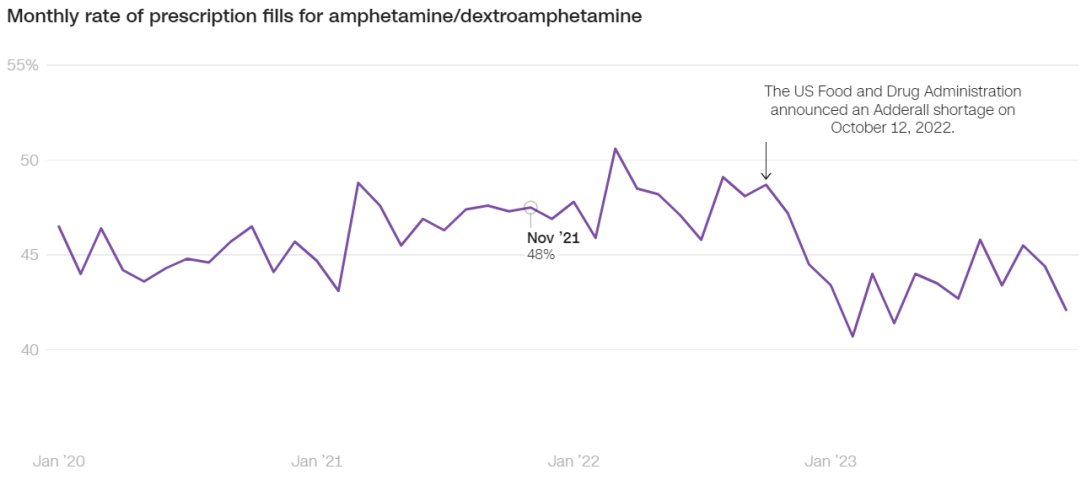
About 1 in every 10 people in the US who uses Adderall or similar combination drugs to treat attention-deficit/hyperactivity disorder (ADHD) has been affected by an ongoing shortage, a new analysis suggests.

The US Food and Drug Administration announced that Adderall was in shortage in mid-October 2022, and the share of people with ADHD who filled their prescriptions for Adderall and related medications plunged in the following months.

In an exclusive analysis for CNN, data from the health data platform Truveta shows that the prescription fill rate for amphetamine/dextroamphetamine medications fell from nearly 49% in October 2022 to a low of less than 41% in February 2023. Overall, the average monthly prescription fill rate was 11% lower in the first half of 2023 than it was in the first half of 2022, and it did not show steady signs of improvement through the end of 2023.

Prescription fills for Adderall and similar ADHD treatments have dipped amid shortage
In the first half of 2023, the average monthly prescription fill rate for Adderall was 11% lower than it was in the first half of 2022.

Monthly rate of prescription fills for amphetamine/dextroamphetamine



Note: Fill rates capture the number of prescriptions dispensed relative to an eligible patient population, or those who had filled a prescription within the past two years. Truveta's database of electronic health records includes more than 100 million patients across all 50 states, but may not be nationally representative.

When broken down by age, the data shows that adults were consistently more likely to fill their Adderall prescriptions than children, but adults saw more substantial decreases in fill rates after the shortage was announced. For children, fill rates started to increase in the second half of 2023 – a consistent pattern around the time to return to school – but did not rebound to levels seen in early 2022.

Truveta's database of electronic health records includes more than 100 million patients across all 50 states. This analysis focused on a set of more than 336,000 people who had an ADHD diagnosis and who had filled a prescription for amphetamine/dextroamphetamine between January 2016 and December 2023. Patients were considered eligible for a monthly prescription fill if they had filled one within the previous two years.

Although Truveta's database includes records for nearly a third of the US population and covers nearly a fifth of daily clinical care across the country, the findings from this analysis may not be fully representative of nationwide trends.

Prescriptions for medications used to treat ADHD surged during the Covid-19 pandemic, especially among young adults and women, one study found.

This increase in demand, coupled with the residual effects of manufacturing delays that one key drugmaker experienced last fall, are among the "many factors" contributing to the shortage, FDA Commissioner Dr. Robert Califf and Drug Enforcement Administration leader Anne Milgram wrote in a joint letter last summer.



Federal agencies have been interested in understanding why prescription rates have increased recently, along with the methods for diagnosing ADHD, particularly related to misuse and diversion of medications like Adderall, said Dr. David Goodman, an assistant professor in the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins School of Medicine who is also on the executive board of the American Professional Society for ADHD and Related Disorders.

"The question is, 'What is now perpetuating the shortage?' And that's not a question that's been adequately answered," he said.

'One more piece of anxiety'

Mary Beth King, who works as Truveta's social media director but was not involved in the new analysis and spoke to CNN about her personal experience, was diagnosed with ADHD about a decade ago, when she was in her late 20s. After a few months of trial and error with her doctor, she landed on a treatment plan with an Adderall prescription that best helped her manage her symptoms – primarily the inability to focus and severe anxiety that can look and feel like depression.

But it's been about a year and a half since she's been able to fill her Adderall prescription in a "totally uneventful" way, she said. From October 2022 to October 2023, she recalls being able to fill her monthly prescription less than half of the time.

"It's troubling to be on this medication that helps regulate so much in my life and then suddenly not have access to it," King said. "It is a roller coaster. It's one more piece of anxiety that a person who's already very prone to anxiety doesn't need."

For her and many others with ADHD, Adderall is much more than a recreational drug or a study aid that helps a college kid pull an all-nighter, as some stereotypes may suggest. It can have "concrete negative impacts" on life, King says, affecting work, relationships, personal safety and more.

"I can drink a bunch of coffee, and there's certain things that I can try to do to help some of the side effects," she said. "But there's no coffee for depression. You really need medication for stuff like that."

Treating ADHD with Adderall can help reduce impulsivity, improve attention and focus, and manage feelings of anxiety. Inconsistent access to treatment can be very disruptive – and dangerous – for people with ADHD, experts say.

"It would be like ordering glasses and not being able to get them for months. I mean, how are you going to function in the world without your glasses?" Goodman said.

People with ADHD are at increased risk of premature death and other adverse health outcomes, but a recent study out of Sweden found that treating the disorder with medication can help reduce the overall mortality risk.

"Undertreating ADHD is not without consequences," experts from the New York State Psychiatric Institute and Columbia University Irving Medical Center wrote in an editorial published in the medical journal JAMA last month.

The Adderall shortage can have a compounding effect on people who are also trying to manage their ADHD in ways that complement the medication, said Dr. John Mitchell, an associate professor in psychiatry and behavioral sciences at Duke University School of Medicine. As a clinician, he performs ADHD assessments and works with patients through cognitive behavioral therapy and other non-medication treatments.



Strategies that help people with ADHD establish routines are a common target in therapy, especially around daily medications, he said. But that's becoming more challenging to address as patients decide skip or ration doses because of the shortage.

"Breaking a routine because the medication isn't available is going to put a lot more a lot more demand on [patients] to regulate their behavior," Mitchell said.

People with ADHD can often struggle with regulating emotions, and struggling to access medication can create an immediate stress response.

"If the medication is having its therapeutic effects, patients are able to adopt a lot of strategies more efficiently than when they're not treated with medication or undertreated with medication," Mitchell said. The shortage "really increases the stress that these patients are carrying, and being in a state of distress is going to make it more difficult to learn the strategies and to implement them in a consistent way."

A lack of control

Before the shortage, King would proactively refill her prescription as soon as she was able, so she would never run out. But over the past year and a half, she said, she has taken very conscious steps to try to stretch her medication supply and plan her life around the effects.

“Workwise, if I knew that I had a day where I had a bunch of meetings and also a bunch to get done, I would take my full dose. But then I would recognize that, ‘OK, tomorrow I might not be as productive. I may only get the bare minimum done,’ ” she said. At home, during hours or days that she needed to rest, she and her husband would coordinate care for their toddler.

Internal turmoil could sometimes lead to feelings of inadequacy, she said, but a strong support system – including an understanding manager and a supportive husband – helped. However, the uncertainty of the broader shortage has brought its own set of negative feelings.
“I’ve done a lot of therapy, so I feel like I’m much better now than I was before at recognizing when I need help, when I need to raise my hand, when mentally I’m not doing well,” she said. “That definitely helps. On the other side, no, I don’t feel like I have any control.”

A few months into the shortage, King also explored different medications and doses so that she would get whatever she could find in stock. At one point, she said, a pharmacy rejected her from filling any prescriptions because she had too many on file. But testing various treatment options was far from ideal, too.

“You don’t want to be on one of these medications if it’s not going to be really effective for you. It’s not something that you want to play around with,” King said.

King says she has seen some hopeful signs in recent months that the shortage may be easing.
“I previously had been checking my pharmacy app every day to see if I could add it to my cart and get it scheduled for delivery,” she said. Recently, “it hasn’t been nearly as challenging.”

But the stress remains.

“I have, I don’t know, two weeks worth of my last prescription in my pill bottle,” she said last week. “And I’m like, ‘Oh, my gosh, am I gonna be able to get in to see my doctor in time to get this refilled? And if I can, will I even get it?’ ”

HOW TO HELP CHILDREN AND ADULTS WITH ADHD WHO STRUGGLE TO MANAGE OVERWHELMING FEELINGS



More and more teenagers and adults are turning to social media to share their experiences living with attention-deficit/hyperactivity disorder (ADHD). Amid that flurry of digital content, one regular theme is the idea that people with ADHD feel emotions more intensely than others. Those big feelings, it turns out, are not just a TikTok phenomenon.

“In the last 15 years or so, we’ve come to realize that emotion dysregulation is a key component of ADHD,” said Paul Rosen, PhD, a clinical psychologist and ADHD researcher at Norton Children’s Behavioral and Mental Health, affiliated with the University of Louisville School of Medicine. ADHD is diagnosed as one of three subtypes: primarily hyperactive/impulsive, primarily inattentive, and a combined type. Research suggests that emotion dysregulation is present in all three subtypes, though people with the combined type appear to be at the greatest risk for emotional symptoms (Hirsch, O., et al., Scientific Reports, Vol. 9, No. 5639, 2019). “Not all people with ADHD have [emotional] difficulty, but it’s very common,” Rosen added.

There is increasing recognition of the emotional difficulties that often go along with an ADHD diagnosis, in both adults and children. In Europe, an updated 2019 consensus statement published by the European Psychiatric Association listed emotion dysregulation as one of six fundamental features of ADHD in adults (Kooij, J. J. S., et al., European Psychiatry, Vol. 56, No. 1, 2019). In the United States, however, ADHD is still defined by its keystone features of inattention, hyperactivity, and impulsivity. Although the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) lists emotion dysregulation as an “associated feature” that supports an ADHD diagnosis, the emotional symptoms still are not always appreciated by clinicians or researchers, said Sarah Karalunas, PhD, a professor of psychology at Purdue University. “There’s growing awareness of emotional dysregulation, but it’s still often overlooked,” she said.



Yet emotion dysregulation can lead to troubling consequences for people with ADHD. During the COVID-19 stay-at-home orders, researchers reported an increase in average rates of depression, anxiety, inattention, and defiant symptoms among all adolescents. For most youth, those symptoms eased after lockdown orders were lifted. But youth with any subtype of ADHD who also had poor emotion regulation continued to experience significant negative mental health symptoms over time (Breaux, R., et al., Journal of Child Psychology and Psychiatry, Vol. 62, No. 9, 2021).

"Emotion dysregulation in ADHD has a broad impact across a lot of areas of life," said Elizabeth Bodalski, a fifth-year doctoral student in clinical community psychology at the University of South Carolina who studies emotion regulation difficulties associated with ADHD. She has found emotional difficulties help explain the presence of depressive symptoms and relationship impairments in adults with ADHD, and may also contribute to anxiety, poor friendship quality, and greater functional impairments overall (Bodalski, E.A., et al., Journal of Psychopathology and Behavioral Assessment, Vol. 41, No. 1, 2019).

Nearly 1 in 10 children in the United States has been diagnosed with ADHD, according to the U.S. Centers for Disease Control and Prevention. Just knowing that the disorder can bring intense emotional challenges can be a relief to people who have been struggling with outsize emotions for a long time. By understanding the science of ADHD and emotion dysregulation, psychologists can better support both children and adults living with the disorder.

Bigger feelings

In adults, emotion dysregulation is correlated with the severity of other ADHD symptoms (Beheshti, A., et al., BMC Psychiatry, Vol. 20, No. 120, 2020). Yet prevalence estimates vary widely. One analysis of several studies concluded that 30% to 70% of adults with ADHD, and 25% to 45% of children with the disorder, have significant emotion dysregulation (Shaw, P., et al., The American Journal of Psychiatry, Vol. 171, No. 3, 2014). Even more might experience emotional difficulties that do not rise to the level of clinically significant dysregulation. "We consistently see that about 25% of kids with ADHD have normative emotional expression, while the remaining 75% have some type of emotion dysregulation," said Karalunas, who is following children with ADHD and emotion dysregulation in longitudinal studies.

That dysregulation can look different from person to person. Karalunas's work suggests there are two common presentations in children with ADHD. Kids in an "irritable" subtype have higher levels of anger, sadness, and fear. Those in the "surgent" subtype display a kind of emotional impulsivity and overexuberance (Psychological Assessment, Vol. 31, No. 2, 2019). While children with combined ADHD are unsurprisingly more likely than those with inattentive ADHD to fall into the surgent group, all three subtypes are at increased risk of dysregulation, Karalunas said. "The irritable children have a short fuse. They get upset about small things, and take a long time to let it go," she added. "Surgent children's excitement can overwhelm their thinking and lead them to act without thinking about the consequences."

Those categories track with Rosen's clinical observations of children with ADHD. The emotionally impulsive children react very strongly to both positive and negative events. "Their emotions are turned up to 11. It's either the greatest day of their life or the worst day of their life," he said. "But typically, those emotions are not very long-lasting and don't necessarily have significant impacts on their well-being." Kids in the irritable group seem to experience longer-lasting reactions to minor setbacks. They appear to be more seriously dysregulated, Rosen added, and may be at the greatest risk for mental health problems like anxiety and depression.

Some of the risk of emotion dysregulation seems to be related to the underlying neurobiology of ADHD. "We know the brain networks that regulate things like attention, behavior, and impulse control are affected in kids with ADHD. Those networks probably play a role in emotion regulation as well," Karalunas said.

Yet research suggests that is just one of the processes underlying emotional difficulties in children with ADHD. Such kids do experience deficits in regulatory control of their emotions, according to a meta-analysis of cognitive functioning studies. But they may have even greater weaknesses in emotional reactivity, the analysis showed. Contrary to the more top-down process of emotion regulation, emotional reactivity is a more bottom-up process that drives when you feel an emotional response to a stimulus, the intensity of that response, and how long the feeling lasts. In other words, kids with ADHD may indeed feel bigger feelings than their peers (Graziano, P. A., & Garcia, A., Clinical Psychology Review, Vol. 46, No. 1, 2016).

Neurobiology probably is not the only factor at play. Some of the emotional difficulties may be learned responses to living with ADHD in a world designed for neurotypical brains. For instance, many people with ADHD report having difficulty receiving negative feedback—a phenomenon sometimes called rejection sensitivity, or rejection-sensitive dysphoria. Rejection sensitivity is less well studied than other types of emotion dysregulation, but it is easy to imagine how it might develop. As a natural consequence of both hyperactive and inattentive behavior, kids with ADHD get a lot of negative attention from parents and teachers, Rosen noted. They are also more likely to face rejection from peers, perhaps because of habits like interrupting, making impulsive comments, or being lost in their own worlds. "When kids get all that negative attention, they respond with negative emotions, and it becomes a feedback loop," Rosen said. "These are kids who are sensitive to criticism and things going badly because they get a lot of criticism and experience a lot of things going badly."

Emotion dysregulation treatments

The good news is that these emotional difficulties are treatable. Many people with ADHD take stimulant medications to control inattention and hyperactivity, though stimulants' role in treating emotional symptoms is less clear. Research has found that methylphenidate, used in brand-name medications such as Ritalin and Concerta, reduces emotional symptoms in adults with ADHD (Surman, C. B. H., et al., Journal of Attention Disorders, Vol. 26, No. 14, 2022). Research suggests that methylphenidate can also reduce the risk of irritability, anxiety, and euphoria in children with ADHD. By contrast, amphetamines such as the commonly prescribed Adderall worsened the risk of emotional lability in children (Pozzi, M., et al., Journal of Affective Disorders, Vol. 238, No. 4, 2018).

However, research shows that ADHD medication regimens are not well followed by patients. According to a recent study in which researchers analyzed the prescription data of more than 1.2 million patients who started ADHD medication in nine countries, including the United States, more than half of all teenagers, young adults, and adults who received ADHD medication had stopped taking it within the first year. At the 5-year follow-up, only 50% to 60% of children and 30% to 40% of adolescents and adults had continued taking their medication (Brikell, I., et al., The Lancet Psychiatry, Vol. 11, No. 1, 2024).

"While there may be some benefit from medication, there is definitely room for improvement," Bodalski said. "That's where behavioral interventions could be really helpful." In a review of factors associated with emotion dysregulation, she and her colleagues found that adults with ADHD were more likely to use maladaptive strategies such as suppressing or avoiding their emotions, and less apt to use adaptive strategies like reappraising the situation (Journal of Attention Disorders, Vol. 27, No. 13, 2023). That suggests there is room to help people learn better ways to cope with their feelings, Bodalski said.

Existing behavioral treatments for ADHD can be beneficial. A meta-analysis of nondrug interventions suggested that cognitive behavioral therapy, social skills training, and parent training programs can ease emotional symptoms in children with ADHD (Guo, C., et al., Journal of Attention Disorders, Vol. 26, No. 4, 2022). While such therapies may be helpful, interventions that specifically address emotion dysregulation could go even further, Rosen said. He developed the Managing Frustration for Children with ADHD intervention to meet that need. The therapist-led program includes 11 weekly group sessions for children, plus one session for parents.

The program starts with teaching kids to understand what they are feeling. “Kids with ADHD often have difficulty recognizing their own emotions. Partly that’s because their emotions can be so strong that they don’t recognize more mild emotions. Also, they often avoid their emotions, because they’ve learned that emotions lead to bad things,” Rosen said. During the intervention, children also work on considering consequences, reframing situations, developing healthy coping skills, and avoiding cognitive pitfalls that often go along with strong emotions, such as blaming others, exaggerating, or assuming the worst.

In an open trial with 44 9- to 11-year-olds, Rosen and colleagues found that kids who completed the program experienced significant reductions in internalizing behaviors, externalizing behaviors, and emotion-regulation difficulties (Cognitive and Behavioral Practice, Vol. 26, No. 3, 2019). He will share the intervention with any clinician interested in helping children and families struggling with the challenges of ADHD, he said. “A lot of these children feel like they’re really bad kids. It’s important to help them learn to work with their emotions instead of against them and to help parents learn how to help their kids.”

Meanwhile, Rosen said, ADHD is still underdiagnosed and undertreated—and its emotional symptoms are even less likely to be managed appropriately. While awareness of emotion dysregulation in ADHD is growing, there is far more work to be done. “Many clinicians were trained to consider comorbid diagnoses like depression or anxiety when people have problems regulating emotion, rather than thinking of them as part of ADHD. As a result, it’s often overlooked,” Karalunas said. By recognizing the challenges faced by people with ADHD, clinicians can guide them toward effective solutions, she added. “The environment is often challenging for these kids. They do sometimes have to work harder to fit in, but they can learn strategies to feel more in control.”

ADHD and emotion dysregulation: 5 takeaways

1. Emotion dysregulation is a common, though not universal, feature of ADHD in both children and adults. Emotional difficulties are seen in inattentive, hyperactive/impulsive, and combined subtypes of ADHD, and may lead to negative outcomes such as relationship impairments, poor friendship quality, risk of depression and anxiety, and greater functional impairments.
2. In people with ADHD, emotion dysregulation can present as irritability, having a short fuse, or being easily overexcited. Some people with ADHD may experience rejection sensitivity, in which they are particularly sensitive to criticism or perceived rejection.
3. Emotion dysregulation in ADHD is linked to multiple processes in the brain: "bottom-up" emotional reactivity, which can be thought of as the threshold, intensity, and duration of an emotional response, and the "top-down" regulatory control of those emotional responses.
4. Stimulants may help control emotional symptoms in ADHD, though some evidence suggests amphetamines such as Adderall could increase emotional lability.
5. Cognitive behavioral therapy, social skills training, and parent training programs can improve emotional symptoms in children with ADHD. Behavioral interventions that specifically target emotional symptoms show promise, but more work is needed to develop and disseminate them.



6 Ways ADHD Sabotages Relationships



Research suggests that nearly two-thirds of all marriages touched by ADHD suffer from "maladjustment," which is not synonymous with divorce but also not great. The fact is that ADHD symptoms *do* cause relationship problems. Here, we outline 6 of the most common relationship problems sparked by ADHD symptoms — and offer solutions. By the Editors of *ADDitude*

CHALLENGE	SOLUTION
#1: CHRONIC LATENESS You frequently arrive at 7:15 for a 7 o'clock movie — only to find your hyper-punctual boyfriend fuming in the lobby.	Inform your partner of your time-related challenges, and discuss ways you can manage them — like setting frequent phone reminders *before* a date, or planning to arrive 20 minutes before the movie starts.
#2: UNHEALTHY RELATIONSHIP ROLES Your spouse's constant nagging makes her seem more like your parent than your partner, and you're tired of being treated like a child.	Explain how ADHD affects you, and be honest about how the parent/child dynamic makes you feel. At the same time, take seriously your spouse's needs and "honey-do" lists — and remember that structure works wonders for adults with ADHD!
#3: POOR COMMUNICATION You struggle to stay focused during long conversations — and you talk more than you listen, especially when things get heated.	Don't multitask during conversations. Focus on what your partner is saying, and try to listen without passing judgment or reacting. Periodically, summarize your partner's words so he or she knows you're keeping up.
#4: EMOTIONAL VOLATILITY You ride a daily rollercoaster of emotions, and jumping from anger to sadness to excitement is giving your girlfriend whiplash.	Identify your emotional triggers, and step away whenever you feel your temper rising or tears brewing. If your partner feels overshadowed by your intense emotions, make sure you give her space to express her feelings, too.
#5: SEXUAL SNAFUS Your mind wanders during sex, making it difficult to connect with your partner and key into feelings of pleasure.	Don't beat yourself up for getting distracted — this will only compound the problem. Instead, gently bring your attention back to what's happening in the moment. If you take medication, try to initiate sex while your symptom control is strong.
#6: ADULTERY A drive for dopamine combined with impulsivity may mean that adults with ADHD are more likely to engage in extramarital affairs.	Accept responsibility for transgressions, and give your partner space to feel anger or betrayal. Uncover your motivation for the affair — a need for stimulation, perhaps — and work on fulfilling that need in healthier ways.

Easy Mindfulness Exercises for Kids with ADHD



Easy Mindfulness Exercises for Kids with ADHD

10 exercises parents can use to encourage mindful mediation, self-reflection, and improved focus in children with ADHD.

By Kathryn Debros, Christopher Willard, Psy.D., and Elliott Buck, M.Ed.

You've heard that mindful meditation can help increase focus, calm a buzzing brain, or reduce symptoms of hyperactivity or impulsivity. And, like many parents, you'd like to incorporate this free, non-medical therapy into your child's ADHD treatment plan.

The problem, of course, is that many kids — especially those with ADHD — don't jump at the chance to meditate. Many are also not adequately aware of their feelings, bodily sensations, and breathing to apply meditation techniques properly. And parents (who seldom practice mindfulness themselves) don't always know where to start, what exercises are appropriate, or how to help their kids push past obstacles.

But mindfulness is possible — and effective — at any age. The key is to tailor activities to your child's maturity and interest level — and not to expect meditation to be a cure-all for your child's ADHD. Instead, keep an open mind and encourage your child to use mindfulness in the way that works best for her — ideally developing her self-awareness, building critical skills, and finding her calmest, happiest self along the way.

What Are the Benefits of Mindfulness for Children?

Recent research has repeatedly shown that a daily dose of mindfulness improves attention, boosts self-esteem, and helps kids better monitor their emotions.

"Research indicates that brain training involving mindfulness practices can strengthen areas of the brain responsible for attention, emotional control, and problem solving," say psychologists Kirk Strosahl and Patricia Robinson, authors of ***In This Moment***. "There is emerging evidence that mindfulness-based brain training produces permanent structural changes in the brain."

Some studies have also found that children who regularly practice mindfulness were more empathetic than their peers. In one small study, preschoolers were given stickers and told to distribute them to whomever they chose. Before learning mindfulness, the children mostly gave the stickers to friends; afterward, they happily gave the stickers to kids they didn't know or didn't like.

How Can We Get Started?

The best (and easiest) way to start a mindfulness practice is to encourage your child to focus on her breathing. Here are two easy, kid-friendly techniques to help get you started:

- **Hot Chocolate Breath:** This technique starts with your child holding up her hands as if she were holding a mug of hot chocolate right under her face. Prompt some basic visualization, and ask her to imagine first smelling the hot chocolate — inhaling deeply through her nose — and then blowing it to cool it down, exhaling smoothly across the surface out her mouth. Have her repeat this breathing pattern and visualization — in through her nose smelling, and back out through her mouth, cooling off — for a minute or two. Encourage her to let her breath find its own rhythm: not too fast, and not too slow.

  Using imagery like this — connecting the exercise to the pleasant sensation of drinking hot chocolate — provides kids with a positive association and helps them make sense of their breathing patterns. Slow, deliberate breathing is what calms down the body and the brain; the visualization jumpstarts the prefrontal cortex and helps children with ADHD focus their wandering attention.

- **7/11 Breath:** This technique is popular with athletes, police officers, and teachers who are regularly placed in high-pressure, high-perfor-

mance situations. The technique is as straightforward as it sounds — simply have your child breathe in for 7 seconds, and out for 11. After a few repetitions, he should notice that his brain chatter has quieted considerably, and he may even feel less physically antsy. If he maintains the 7/11 breath for 12-15 repetitions, he should settle into 4 to 6 breaths per minute, a range that's **scientifically proven** to optimize long-term focus.

8 More Easy Mindfulness Activities for Kids

Breathing exercises are simple, portable, and versatile. But not all children take to them right away. If breathing in and out isn't your child's thing — or if she's interested in exploring other ways to be mindful — have her try one of the following:

1. **Mindful coloring.** Have your child choose her favorite tool (crayons? pencils? gel pens?) and encourage her to notice how it feels as it moves on the paper. If she'd like to go beyond the lines, try doodling or Zentangling, drawing soothing, repeatable shapes to create stunning artwork. Drawing can be done sitting, standing, or upside-down.

2. **Walk a maze.** Go outside with a stick of chalk and draw curvy snaking lines, a spider web, or just a big swirl and challenge your child to walk it, tightrope-style. For a rainy-day activity, use masking tape on the carpet for the same purpose. It has to be a slow, focused, controlled, heel-to-toe, end-to-end challenge. You'd hate for him to fall into the imaginary lava, after all.

3. **The Breath Button**. One of the mainstays of mindfulness is learning to take big, satisfying breaths and recognizing how good it feels to let them go. This can be done sitting still, or you can designate a Breath Button. You and your child pick an object anywhere in the house — a doorknob, a special toy, a piece of paper on the wall that says "breath button" — and make a rule that whenever your child touches that object, she'll take a big, mindful breath.

   For example, every time you leave the house, have your child touch the doorknob and take a breath to settle her brain. This encourages her to stop and think, embedding calm and focus into her daily routine. As a bonus, you can teach an anxious child to seek out and use the Breath Button as a tool to self-calm.

4. **Play "I Notice..."** This is basically "I Spy," but with a range of answers, which teaches your child to develop awareness. Chances are, once they look, they'll find things you never noticed before either. Try to find an object in each color of the rainbow, notice different textures (soft, hard, prickly, squishy), or shapes (square, circle, triangle).

5. **Try yoga.** Balance poses, like Tree, encourage focus and control. Upside-down poses, like legs raised against the wall or a shoulder stand, encourage calm. There are a million resources available for it; try **Cosmic Kids Yoga** on YouTube for inspiration.

6. **Knitting.** Knitting teaches concentration, control, coordination, and a little math, too. As an added bonus, it involves sensory input and fine motor development. If regular knitting is too complicated, try crocheting or even finger knitting. The repetitive motion is calming, the feel of the yarn is soothing, and kids feel proud of themselves for making something.

7. **Digging in the garden**. Gardening is a bit like knitting — repetitive, sensory, with an exciting end result — but is better suited to kids who need a lot of gross motor movement. As it turns out, kids who aren't good at sitting tend to be awesome at digging. Have them dig to pull up weeds, plant a butterfly or bee garden, or find a local community garden that needs help.

8. **Pause app.** There's an app for everything, right? In a world flooded with technology, there's an app for slowing down, too. **Pause** turns breathing and moving slowly into a fun, blobby game. Have your child use it for a minute or two at a time to focus, calm down — and maybe even get better at that sitting still thing.

NEW INSIGHTS INTO REJECTION SENSITIVE DYSPHORIA



REJECTION SENSITIVE DYSPHORIA IS ONE MANIFESTATION OF EMOTIONAL DYSREGULATION, A COMMON BUT MISUNDERSTOOD AND UNDER-RESEARCHED SYMPTOM OF ADHD IN ADULTS. INDIVIDUALS WITH RSD FEEL "UNBEARABLE" PAIN AS A RESULT OF PERCEIVED OR ACTUAL REJECTION, TEASING, OR CRITICISM THAT IS NOT ALLEVIATED WITH COGNITIVE OR DIALECTICAL BEHAVIOR THERAPY.

What Is Rejection Sensitive Dysphoria?

Rejection sensitive dysphoria is not a formal diagnosis, but rather one of the most common and disruptive manifestations of emotional dysregulation — a common but under-researched and oft-misunderstood symptom of ADHD, particularly in adults. Rejection sensitive dysphoria is a brain-based symptom that is likely an innate feature of ADHD. Though the experience of rejection sensitive dysphoria can be painful and even traumatic, RSD is not thought to be caused by trauma.

Dysphoria is the Greek word meaning unbearable; its use emphasizes the severe physical and emotional pain suffered by people with RSD when they encounter real or perceived rejection, criticism, or teasing. The emotional intensity of RSD is described by my patients as a wound. The response is well beyond all proportion to the nature of the event that triggered it.

One-third of my adult patients report that RSD was the most impairing aspect of their personal experience of ADHD, in part because they never found any effective ways to manage or cope with the pain.

What Triggers Rejection Sensitive Dysphoria?

Sometimes called hysteroid dysphoria in Europe, rejection sensitive dysphoria is characterized by intense mood shifts triggered by a distinct episode, typically one of the following:

- rejection (the real or perceived withdrawal of love, approval, or respect)
- teasing
- criticism, no matter how constructive
- persistent self-criticism or negative self-talk prompted by a real or perceived failure



The new mood sweeps in immediately and it matches the individual's perception of the trigger. If these triggered emotions are internalized, the person can instantaneously appear as if they have a full Major Mood Disorder syndrome complete with suicidal thinking. If the feelings are externalized, they are commonly expressed as a rage at the person or situation that wounded them so severely. The moods return to normal very quickly so that a person with ADHD can have multiple episodes of mood dysregulation in a single day.

Many people with RSD say it's always been a part of their lives, however some report growing significantly more sensitive in adolescence.

What Are the Outward Signs of Rejection Sensitive Dysphoria?

Individuals suffering from rejection sensitive dysphoria may exhibit the following behaviors:

- Sudden emotional outbursts following real or perceived criticism or rejection
- Withdrawal from social situations
- Negative self-talk and thoughts of self-harm
- Avoidance of social settings in which they might fail or be criticized (for this reason, RSD is often hard to distinguish from Social Anxiety Disorder)
- Low self-esteem and poor self-perception
- Constant harsh and negative self-talk that leads them to become "their own worst enemy"
- Rumination and perseveration
- Relationship problems, especially feeling constantly attacked and responding defensively

What Does Rejection Sensitive Dysphoria Feel Like?

The excruciating pain of RSD is often beyond description. Patients describe the intensity of RSD as "awful," "terrible," "catastrophic," or "devastating," but they cannot verbalize the quality of the emotional experience.

No one likes to be rejected, criticized, or to be seen as a failure. It is unpleasant, so people avoid those situations if they can. RSD is distinguished by its extreme, unbearable intensity, which sets it apart from normal emotional responses familiar to people who are neurotypical.

This intense pain is often experienced as a physical "wound;" the patient feels as if they were stabbed or punched in the chest. Commonly, people will hunch over, grimace, and clutch their chests when they describe their RSD experience.

How Is Rejection Sensitive Dysphoria Different from a Mood Disorder?

RSD is characterized by intense but short-lived emotional pain triggered by a distinct event of real or perceived rejection, criticism, or teasing. Mood disorders, on the other hand, are characterized by the following:

Mood Disorder	RSD and ADHD
Mood changes are untriggered; out of the blue	Mood changes always have a clear trigger
Moods are independent of what is going on in the person's life	Moods match the perception of the trigger
Mood shift is gradual over weeks	Mood shift is instantaneous
Offset of mood episode is gradual over a period of weeks to months	Episodes end quickly in a matter of hours
Duration of episode must be > 2 weeks	Episodes rarely last more than a couple of hours.

In other words, the moods of ADHD and RSD are normal in every way except their intensity.

Is Rejection Sensitive Dysphoria a Symptom of ADHD?

Rejection sensitive dysphoria is not included in the DSM-5 for attention deficit hyperactivity disorder (ADHD or ADD); it is not a formal symptom of ADHD in the United States, however emotional dysregulation is one of the six fundamental features used to diagnose ADHD in the European Union.

It's widely understood that the diagnostic criteria for ADHD in the DSM-5 only fit well with elementary school age children (6-12) and have never been validated in a group of people over the age of 16. They are based on only observational or behavioral criteria that can be seen and counted. The traditional diagnostic criteria intentionally avoid symptoms associated with emotion, thinking styles, relationships, sleeping, etc. because these features are hard to quantify. For clinicians who work with later adolescents and adults, the DSM-V criteria are almost useless because they ignore so much which is vital to understanding how people with an ADHD nervous system experience their lives.

When people started writing and researching the concepts of RSD and emotional dysregulation about 5 years ago, this new awareness of the emotional component of ADHD was enthusiastically accepted by patients and their families because they matched their life experiences so exactly. The reception from clinicians and many researchers, however, was decidedly cool. Many professionals did not fully grasp that the emotional component of ADHD had always been there but intentionally not pursued. It appeared to them that the concept had no real and historical basis. What's more, there was very little published research just 5 years ago and most studies came from the European Union, which used the term emotional dysregulation (ED), not RSD.

These obstacles to recognizing RSD/ED as a major and defining characteristic of adult ADHD and to using medications to offer some relief from the disruptions and pain of this feature of ADHD are being rapidly addressed. There has been a rapid increase in available research in a very short period of time. The redefinition of adult ADHD in the EU — adding emotional self-regulation as a fundamental part of the criteria for the diagnosis of ADHD — has furher assured that RSD/ED is really "a thing" that cannot be ignored any longer.

Still, there are at least three reasons why emotional dysregulation or RSD may never be included in the diagnostic criteria for ADHD, no matter how prevalent:

1. RSD/ED are not always present. It comes in triggered episodes.
2. People with RSD/ED are usually ashamed of their over-reactions and hide them so that they will not be further embarrassed and thought of as mentally or emotionally unstable
3. Even when RSD/ED is present, it can't be measured, and, therefore, can't get published in research.

As a consequence, emotional dysregulation was consciously excluded from the diagnostic criteria for ADHD and effectively forgotten for many years. Over the last decade, researchers have developed several new ways of looking at ADHD through the lifecycle. By the end of 2019, this re-evaluation of the very fundamental aspects of ADHD led the European Union to issue its 10-year update of the Consensus Guidelines on Adult ADHD, which redefined adolescent and adult ADHD to include difficulty with emotional regulation as one of only six fundamental features in the ADHD syndrome:

1. inattention and hyperfocus
2. impulsivity
3. hyperactivity
4. emotional dysregulation
5. excessive mind wandering
6. behavioral self-regulation (which they equated with executive function deficits)

Although the EU has chosen the more inclusive term of emotional dysregulation (ED) instead of RSD, the concepts are fundamentally the same. Emotional dysregulation is described as:
"The type of emotional dysregulation seen in ADHD has been characterized as deficient self-regulation of emotional symptoms such as irritability, frustration and anger and low frustration tolerance, temper outbursts, emotional impulsivity, and mood lability. Emotional dysregulation in ADHD is different from episodic symptoms such as marked sustained irritability occurring within the context of altered mood states, such as an episode of extreme sadness or mania. In ADHD, emotional symptoms tend to reflect short-lived exaggerated changes, often in response to daily events, with rapid return to baseline within a few hours"

Is Rejection Sensitive Dysphoria a New Concept?

Rejection sensitive dysphoria and emotional dysregulation are old concepts associated with ADHD that are gaining new exposure in research and clinical settings. Dr. Paul Wender, who spent four decades conducting the pioneering studies on ADHD beginning in the 1960s, was the first to recognize emotional dysregulation as a persistent, prevalent, and highly impairing component of what we now call ADHD.

The most recent contribution to this new thinking about the mood regulation component of ADHD comes from Dr. Fred Reimherr, one of the founding fathers of ADHD who established the current childhood criteria for ADHD along with Wender more than 50 years ago (the original criteria for what we now call ADHD were originally called the Wender-Reimherr Criteria). His recent replication of his study of the validity of each diagnostic criterion has led him to now conceptualize ADHD as being divided into only two subtypes: the well-known inattentive type and an emotional dysregulation type.

This is a huge change in thinking. A feature of ADHD that was ignored for 50 years now is rapidly becoming one of the defining features of the syndrome in both the European Union and North America.

In 2019, Faraone published "Emotional dysregulation in attention deficit hyperactivity disorder – implications for clinical recognition and interventions" in the Journal of Child Psychology and Psychiatry. It states that there is "solid theoretical rational" for emotional impulsivity and deficient emotional self-regulation "as core symptoms of ADHD."

How is Rejection Sensitive Dysphoria Treated?

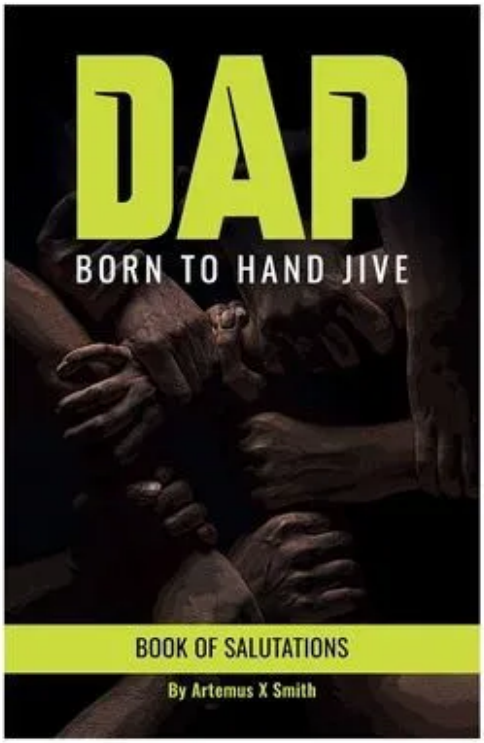
Although the alpha agonist medications, guanfacine and clonidine, have been FDA-approved for the treatment of ADHD for decades, they were not directly associated with the terms of rejection sensitivity and emotional dysregulation for all of the reasons noted above. Nonetheless, it has been my clinical experience and the experience of others that the symptoms of RSD/ED can be significantly relieved with clonidine and guanfacine in about 60% of adolescents and adults. To me, this observation strongly indicates that RSD is neurological and not something that is due to a lack of skills. Skills do not come in pill form.

There currently exists no formal research on using alpha agonist medications to treat symptoms of RSD or ED on patients with ADHD.

If a patient benefits from an alpha agonist medication, they describe the new experience as one of “putting on emotional armor.” They still see the same things happening that would have emotionally devastated them last week, but now on medication they just watch these triggers fly past them “without being wounded.” Often people report that, with time, they come to realize that this armor is not needed after all “because I came to see that the arrows I was protected from were not arrows to begin with.” They are very clear, however, that they would never have developed this emotional control unless they had had some initial protection from the pain of RSD.

If a patient does not benefit from medication, they have little control over an episode of RSD once it begins. The incidents have to run their course. Some people with ADHD, however, report that getting interested in something new and fascinating can help to end an RSD episode more quickly than it would otherwise. In my clinical experience, neither coaching nor traditional psychological or behavioral therapies — like CBT or DBT — offer any prevention or relief from impairments. Nonetheless, many people report that it is very helpful for them to know that this highly disruptive experience is real, common, and shared by other people with ADHD. “It helps me to know what is happening to me and that it is ultimately going to end.”





Our CEO, Artemus X. Smith wrote and published, DAP, Born to Handjive.

In African-American culture, "giving Dap" is a unique form of non-verbal communication, featuring intricate handshakes and gestures that symbolize camaraderie and unspoken bonds. Its origins can be traced back to West African traditions brought to the Americas by enslaved Africans, offering a way to express affirmation, congratulations, or agreement through physical contact. During the 1970s, the Dap represented "Dignity And Pride" among African-American soldiers in the Vietnam War and has evolved into a selective and secretive form of greeting, emphasizing belonging and trust.

Book can be found on Barnes + Noble and Amazon



IMPORTANT NUMBERS



IF YOU NEED HELP, PLEASE MAKE THE CALL



GET THE SUPPORT YOU NEED



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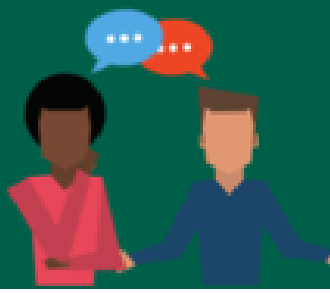

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National Domestic Violence Hotline: 1-800-799-7233

Runaway and Homeless Teen Hotline Help: 1-800-246-4646



Coalition for the Homeless: 212-776-2000

Drug and Alcohol Hotline: 800-622-2255

Food and Hunger Hotline: 866-888-8777

Homeless Services Hotline: 212-533-5151

Rape Crisis Hotline: 212-227-3000

National Child Abuse Hotline: 1-800-422-4453

National Teen Dating Abuse Helpline: 1-866-331-9474

Crisis Lifeline for LGBTQ Youth: 1-866-488-7386

Boys Town National Hotline: 800-448-3000

American Pregnancy Helpline: 866-942-6466

Behavior Management Consultants believes that, “No Child is Born Bad”. Our mission is to educate, mentor, and assist parents, caregivers, and professionals to cope with, socialize, and identify values important to today’s youth.

The goal is to serve public and private social service organizations including, but not limited to:

- Residential Treatment Facilities (RTFs)
- Juvenile Detention Centers
- Residential Treatment Centers (RTCs)
- Public Schools
- Community Based Organizations (CBOs)

We are confident that we will meet our goals thereby ensuring that our clients are being kept abreast in the ever-changing landscape of Human/Social Services.

Quote of the Month

“In times of crisis the wise build bridges; the foolish build barriers”

-Chadwick Boseman



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