

# Article in ADDitude Magazine on Loneliness in AD/HD Adults

**Fleck, C. and Kear, N. (May 9, 2024). The Science of Loneliness: In the midst of what the U.S. Surgeon General is calling a “loneliness epidemic,” neuroscientists explain what research reveals about the lonely brain.**

**Additude Magazine. From website:**

**<https://www.additudemag.com/loneliness-epidemic-feeling-alone-adhd/>.**

# Loneliness Research in Article

- **Ellen Lee, M.D. is an excellent researcher, but her research was done with geriatric medical patients who were lonely not AD/HD.**
- **No quiz taken from an article for the consumption of the general public can “diagnose” loneliness, or anything else.**
- **All the brain research mentioned in the article was conducted on lonely people not those with AD/HD.**
- **Essentially apples and oranges were compared.**
- **Yes, being lonely can change one’s neurochemistry, etc., but it is not the same as the differences seen in the brain of someone with AD/HD.**

# Loneliness Research in Article

- **It is true some people with AD/HD are lonely, but not all of them are.**
- **There are tried and true methodologies that can overcome loneliness.**
- **If someone is lonely it is not a life sentence.**
- **There is hope and lots solutions.**

# Article

- In the article an excellent book is recommended that can help adults with AD/HD learn to make friends (having friends is an anti-loneliness condition):

Author (2023). The Guide to Making Social Connections. Attitude Magazine: from website:

<https://www.additudemag.com/product/how-to-make-friends-adult-adhd/>

- It is an e-book that costs \$4.95.
- Check it out and try some of the exercises in it.

# Article

- **Dr. Lee was part of a study that looked at ways to overcome loneliness. They found wisdom was very helpful. It is the antidote for loneliness.**
- **They found wise people do the following:**
  - **Engage in Good Manners**
  - **Regulate their emotions as best they can and when they make a mistake they make amends**
  - **They practice self-reflection**
  - **They tolerate people's views that are different than their own**
  - **They accept some uncertainty**
  - **They act decisively**

# Article

- They ask for advise and help those who ask for help
- They may have a spiritual compass.

**Such people actively used the above to overcome loneliness.  
Remember everyone is lonely from time to time.**

Dilip, V.S. et al. (September 2020). Is Spirituality a Component of Wisdom? A Study o 1786 Adults using Expanded Wisdom Scale. Journal of Psychiatric Research, 132, 174-181.

# Article

➤ In the article Stephanie Cacioppo, Ph.D. is quoted. She wrote a book in April of 2022 entitled, Wired for Love: A Neuroscientist's Journey Through, Romance, Ross, and the Essence of Human Connection. In it she came up with a way of overcoming Loneliness called **G.R.A.C.E.**

**G** = Gratitude: Every day write 5 things down you like about yourself.

**R** = Reciprocity: Ask a person for help and/or advise. This can give them a sense of worth. You can gain a sense of worth by helping another to gain self-worth

**A** = Altruism: Helping others. Helping others gets your attention on others and you can gain self worth.

**C** = Choice: Realize that being alone is a choice and you can choose to be with others, to make a connection.

**E** = Enjoy: Smile! Just making yourself smile can make you feel better. Even better share the smile with others. Talk with others about good news.

# Article

**Gretchen Rubin wrote an article in Additude Magazine in June of 2023 called, “ The Art of Forming Adult Friendships: 8 Tips for the Lonely”.**

- 1. Show Up: 80% of making and keeping a friend is showing up when you say you will.**
- 2. Join a Group/Class: This is the easiest way to make friends.**
- 3. Form a Group: The John Wayne movie watching group, The El Tour de Tucson training group, etc.**
- 4. Say Nice Things About Others: Don't gossip!**
- 5. Set a Target of How Many Friends You Want To Make**



# Article

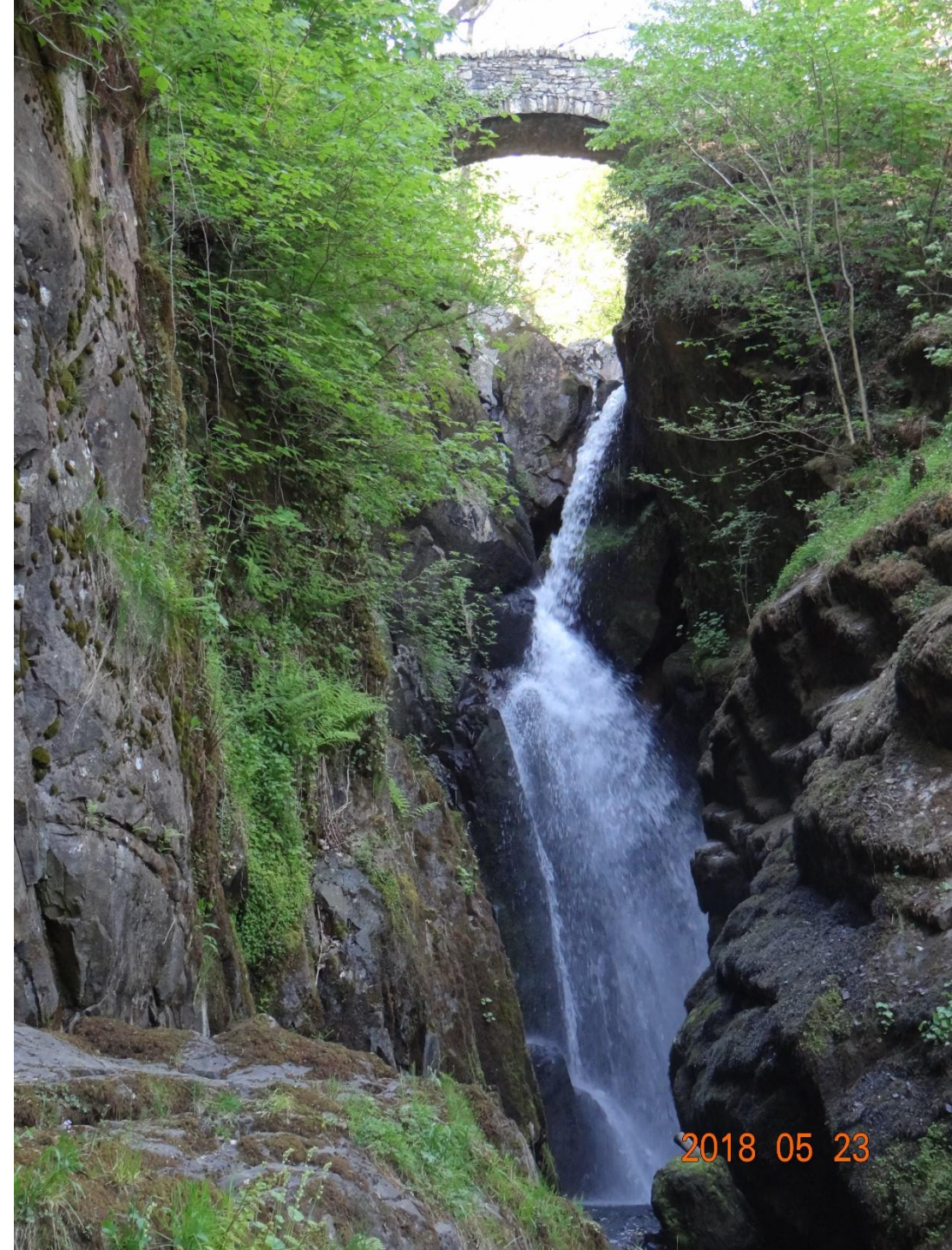
- 6. Smile more when around people: Force yourself to do so.**
- 7. Make Friends with Your Friend's Friends.**
- 8. Be Sensitive to Cultural Differences: Don't point at someone while on the Navaho Nation, etc.**

**<https://www.additudemag.com/adhd-tips-for-making-friends/>**

# Social Interaction and AD/HD

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2018 05 23

# What is Social Competence?

**“Social competence is an ability to take another’s perspective concerning a situation and to learn from past experience and apply that learning to the ever-changing social landscape. The ability to respond flexibly and appropriately defines a person’s ability to handle the social changes that are presented to us all.” (p. 1-2)**

**Semrud-Clikeman, M. (2007). Social Competence in Children. New York, NY: Springer, pp. 1-2.**

# Social Competence and Health

**“There is sufficient empirical evidence that links social competence to mental and physical health...It has been linked to such varied disorders as anxiety, cardiovascular disease, juvenile delinquency, and substance abuse, to name a few.” (p. 1)**

**Semrud-Clikeman, M. (2007). Social Competence in Children. New York, NY: Springer, pp. 1-2.**

- **Social Support: Stress Buffering-**  
Reduces the stressful event by promoting less threatening interpretation of the event.
- **Social Integration: Main Effect-**  
Promotes positive psychological states, social motivation and pressure to care for oneself.
- **Negative Interactions:**  
Relationships as a Source of Stress-  
Elicits psychological stress and increases risk for disease.

**Cohen, S. (November, 2004). Social Relationships and Health. American Psychologist, 59 (8), pp. 676-674.**

# Skills of Social Emotional Competence

- **Awareness of one's own emotional state**
- **Awareness of other's emotional state**
- **Emotional use of words**
- **Ability to cope with emotional distress**
- **Ability to attend to the reaction of others**

Semrud-Clikeman, M. (Spring, 2003). **Executive Function and Social Communication Disorders. Perspectives, 29 (2), p. 20-22.**

Semrud-Clikeman, M. (2007). **Social Competence in Children**. New York, NY: Springer.

# Four Steps of Communication

- 1. “Think about the people with whom you want to communicate.**
- 2. Use your body to establish a physical presence.**
- 3. Use your eyes to think about people as you relate to them.**
- 4. Use your words to relate to people when you talk to them.” (p. 71)**

Garcia Winner, M., and Crooke, P. (2011). Social Thinking At Work: Why Should I Care. San Jose, CA: Social Thinking.

# AD/HD & Socialization

- **80% of AD/HD children suffer social rejection by second grade. They can live a lifetime of rejection.**
- **AD/HD children often are not aware of their poor social skills and blame others for their problems.**

Barkley, R.A. (2008). Advances in ADHD: Theory, Diagnosis and Management. J & K Seminars, L.L.C., 1861 Wichersham Lane, Lancaster, PA 17603; 800-801- 5415; [www.jkseminars.com](http://www.jkseminars.com).

- **Loneliness can negatively effect executive function**

Diamond, A. (September 27, 2012). Executive Functions. Annual Review of Psychology. DOI: [10.1146/annurev-psych-113011-143750](https://doi.org/10.1146/annurev-psych-113011-143750).

# Ostracism and the Brain

- **“No matter how and why people are left out their response is swift and powerful, inducing a social agony that the brain registers as physical pain.” (p. 32)**
- **“All social animals use this form of group rejection to get rid of burdensome group members. In nonhuman animals, an unaccepted member usually ends up dead.**

Williams, K.D. (January, 2011). The Pain of Exclusion. Scientific American Mind, 21(6), 30-37.



# Ostracism and the Brain



## What to do if you are ostracized:

1. Remove yourself from the situation and distract yourself.
2. Remind yourself of your strengths.
3. Exercise more control in your life; assert yourself.
4. Reconnect with family and friends.

Williams, K.D. (January, 2011). The Pain of Exclusion. Scientific American Mind, 21(6), 30-37.

# AD/HD & Social Skills Training



# Social Skills Training and AD/HD

**“It is widely recognized that peer problems are relatively intractable, especially among those with ADHD. Social skills training programs designed to reduce inappropriate behaviors and increase prosocial behaviors have rarely impressed classmates. Being least liked by members of a peer group is highly resistant to change” (p. 3).**

Hund, A.M., and Landau, S. (June, 2012), You Never Get a Second Chance to Make a First Impression: Social Competence of Boys with ADHD. ADHD Report, 20(3), 1-4, 16.

# First Impressions and ADHD

**“The results of this study suggest that boys with ADHD may fail to create a desirable first impression. Initial impressions are formed quickly” (p.4).**

**Hund, A.M., and Landau, S. (June, 2012), You Never Get a Second Chance to Make a First Impression: Social Competence of Boys with ADHD. ADHD Report, 20(3), 1-4, 16.**

# Something New and Promising

**Amori Yee Mikami, Ph.D. and her colleagues at the University of British Columbia (UBC) have recently developed a new social skills program where the professional teaches the parents to teach their child social skills at the point of performance in activities with their peers. Their child gets immediate feedback, pre-session coaching, and debriefing as well as their peers see they “trying to become better socially”, and give them a break. The technique is called, “Parental Friendship Coaching”.**

Lerner, M.D. et al. (September 2011). The Alliance in a Friendship Coaching Intervention for Parents of Children With ADHD. Behavior Therapy. DOI: [10.1016/j.beth.2010.11.006](https://doi.org/10.1016/j.beth.2010.11.006).

<https://peerlab.psych.ubc.ca/>

<https://peerlab.psych.ubc.ca/principal-investigator/>

# ADHD Girls and Boys in Social Interaction

**“Although boys and girls with ADHD experienced difficulties in all areas, girls with ADHD, especially the inattentive subtype, were more negatively affected in academics and peer relationships. Inattentive girls were less popular and more likely to be bullied than girls without ADHD, whereas inattentive boys were not. The social isolation experienced by many girls with ADHD deserves greater attention”. (p. 532)**

**Elkins, I.J., Malone, S., Keves, M., Lacono, W.G., and McGue, M., (2011). The Impact of Attention-Deficit/Hyperactivity Disorder on Preadolescent Adjustment May Be Greater for Girls Than Boys. Journal of Clinical Child and Adolescent Psychology, 40(4), 532-545.**

# Vicarious Learning

**Those with AD/HD have trouble with vicarious learning and would be expected to have trouble learning non-verbal social interaction which is not directly taught. Their impulsivity would make it difficult for them to attend to the non-verbal cues of others, too.**

**Barkley, R.A. (February 19-20, 2002). ADHD and Oppositional Defiant Children. Seminar presented in Phoenix, Arizona.**

# Excellent Social Skills Program

## Social Thinking Center

**Innovative, Practical Treatment of High-Functioning Autism, Asperger's Syndrome, NLD, ADHD and other Undiagnosed Social-Cognitive Challenges**

**The Social Thinking Center**

**3031 Tisch Way, Suite 800**

**San Jose, CA 95128**

**Phone (toll free): 877-464-9278**

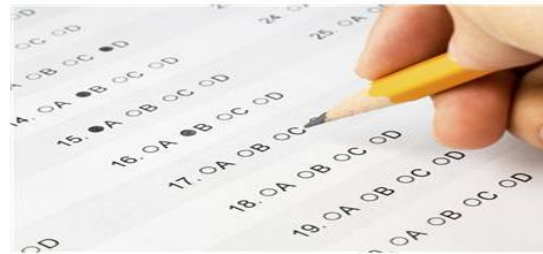
**Website: [www.socialthinking.com](http://www.socialthinking.com)**



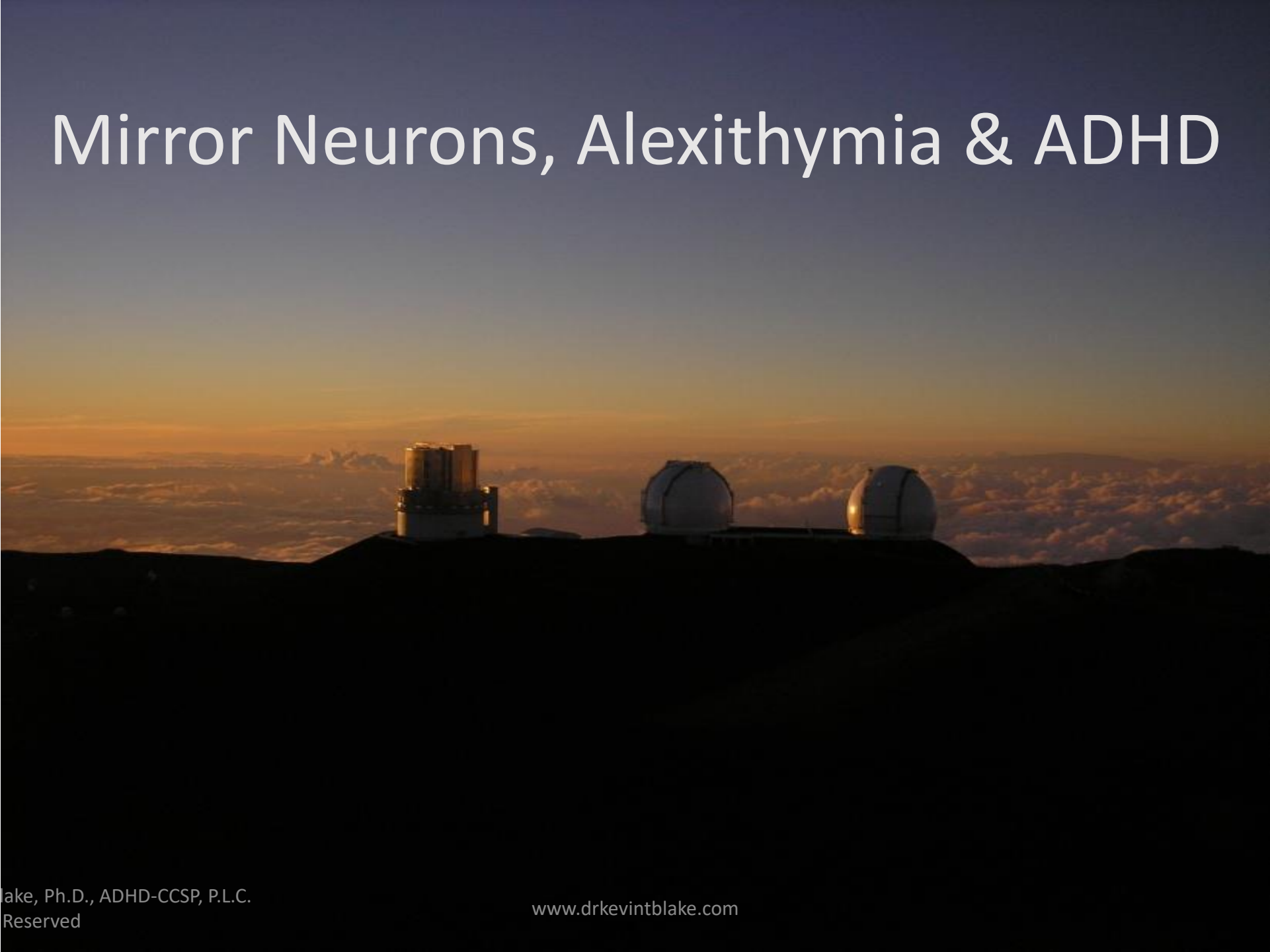
# Emotional Intelligence

- **A prerequisite for empathy is an awareness of one's own emotions.**

**Lane, R.L. (2000). Neural Correlates of Conscious Emotional Experience. In R. L. Lane, L. Nadel, G. Ahern, J. Allen, A. Kazniak, S. Rapcsak and G. Schwartz (Eds.), Cognitive Neuroscience of Emotion. New York, NY: Oxford University Press, pp. 345-370.**



# Mirror Neurons, Alexithymia & ADHD



# Mirror Neurons & Executive Functions



**“Studies show that the capacity to imitate the actions of others is now virtually an instinct at the level of neuronal functioning. The PFC (Prefrontal Cortex, sic) responds to viewing others’ actions by activating the same sensory-motor regions of the brain as the acting person is using to create the behavior. The mirror-neuronal system has been linked to theory of mind and to empathy, among other human attributes related to EF (Executive Functions, sic.)” (p. 117).**

**Barkley, R.A. (2012). Executive Functions: What They Are, How they Work, and Why They Evolved. New York, NY: Guilford.**

# Mirror Neurons & AD/HD

**Barkley (2008) said that those with AD/HD and comorbid Alexithymia typically have intact mirror neurons, they just do not use their mirror neurons due to their frontal lobe difficulties. As a result such people will have significant difficulty empathizing with others.**

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# Mirror Neurons



## How does this relate to ADHD?

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# Alexithymia MAY BE A NEUROBIOLOGICAL DISORDER!

- **22% OF THOSE WITH AD/HD HAVE ALEXITHYMIA.**
- **Children with AD/HD have significant difficulty identifying emotions and are more externally orientated when compared to non-AD/HD children. This appears to be related to their hyperactive/impulsive symptoms. There appears to be an association between AD/HD and alexythemia.**

Edel, M.-A. et al. (September 2010). Alexithymia, emotion processing and social anxiety in adults with ADHD. European Journal of Medical Research. DOI: [10.1186/2047-783X-15-9-403](https://doi.org/10.1186/2047-783X-15-9-403).

Donfrancesco, R. et al. (2013). Attention-deficit/hyperactivity disorder and alexithymia: A pilot study. Attention Deficit Hyperactivity Disorders. DOI: 10.1007/s12402-013-0115-9.

# Theory of Mind & Mirror Neuron “Software”

- **“Able individuals with autism spectrum disorders can with time and practice achieve awareness of mental states by compensatory learning.” (p. 977)**

Frith, U. (2001). Mind Blindness and the Brain in Autism. Neuron, 32, 969-979.

- **Possible Treatment Technique -**

**Carol Gray – Social Stories &**

**Laurel Falvo- Social Response**

**Pyramid:**

**[www.thegraycenter.org/](http://www.thegraycenter.org/)**



# Prosopagnosia of Facial Expressions





# Children and Facial Expressions



**“An early skill that has been found to be important for the development of additional social ability is the ability to understand and recognize facial expressions appropriately. These expressions allow the child to understand the other’s mood reaction to their behavior and adapt accordingly...These skills develop early and have been found already present in the preschool years.” (p. 7)**

**Semrud-Clickman, M. (2007). Social Competence in Children. New York, NY: Springer, p. 76.**

# Decoding Skill and Facial Expression

- **Brown (2001) indicated AD/HD children are less accurate in facial expression identification than their non-AD/HD peers.**

Brown, T. E. (2001). Social Ineptness & “Emotional Intelligence” in ADHD. Paper presented at the 13<sup>th</sup> Annual Children and Adults With Attention Deficit Disorders International Conference, October 18-20 2001, Anaheim, CA.

- **2015 meta analysis of 44 studies indicated AD/HD children had significantly lower accuracy in emotional recognition, especially anger and fear. Theory of Mind was also impaired compared to non-disabled. Theory of mind was worst in ASD population.**

Bora, E. et al. (December 28, 2015). Meta-analysis of social cognition in attention-deficit/hyperactivity disorder (ADHD): comparison with healthy controls and autistic spectrum disorder. Psychological Medicine. DOI: [10.1017/S0033291715002573](https://doi.org/10.1017/S0033291715002573).

- **Identifying facial expressions (angry, sad, fearful, happy, disgust, surprise) when compared to non-disabled children was worse in ADHD children. This was not due to a sensory issue.**

Jusyte, A. et al (December, 2017). Recognition of peer emotions in children with ADHD: Evidence from an animated facial expressions task. Psychiatry Research. DOI: [10.1016/j.psychres.2017.08.066](https://doi.org/10.1016/j.psychres.2017.08.066).

- **A Korean study demonstrated children with AD/HD significantly improve with emotional facial recognition training. Those with ASD need significantly more training.**

Ji-Seon, L. et al. (October 1, 2018). Discriminative Effects of Social Skills Training on Facial Emotion Recognition among Children with Attention-Deficit/Hyperactivity Disorder and Autism Spectrum Disorder. Journal of the Korean Academy of Child and Adolescent Psychiatry. DOI: [10.5765/jkacap.180010](https://doi.org/10.5765/jkacap.180010).



# Computer Programs & Games to Treat Prosopagnosia



- Cognitive Affective Training-Faces and Feeling Words: [www.CAT-kit.com](http://www.CAT-kit.com)
- Baron-Cohen, S. (2003). [Mind Reading: An Interactive Guide To Emotions](#). Philadelphia, PA: Jessica Kingsley.  
“Harry Potter” teaches facial expressions.
- Baron-Cohen, S., Drori, J., Harcup, C. (2009). [The Transporters \(USA Version\)](#). London, England: Changing Media Development:  
[www.thetransporter.com](http://www.thetransporter.com)  
“Thomas the Tank-Engine” teaches faces.

# AD/HD and Making Facial Expressions



# Making Facial Expressions & AD/HD



- Regarding facial expressions in children and adults with AD/HD Kuehle, Hoch, Rautzenberg and Jansen (2001) concluded, “Altogether, ... the facial expressions, are uncontrolled and jerky and are often wrongly dimensioned in time and space.” (p. 6)
- AD/HD children’s eyes drift away from those they are in conversation with.

- This usually interrupts the flow and their comprehension of the conversation.
- Often parents feel rejected by AD/HD children when they do this.

Kuehle, H.J., Hoch, C and Jansen, F. (2002). Video Assisted Observation of Visual Attention, Facial Expression of the Individual Stimulant Dosage and Motor Behavior for the Diagnosis and for the Determination in Children with AD/HD. Obtained from: Kuehle, H. (October 17, 2002). Video Assisted Observation of Visual Attention and Motor Behavior for the Diagnosis and Determination of the Individual Stimulant Dosage in Children with AD/HD. Research Poster Session, 14<sup>th</sup> Annual CHADD International Conference, Miami Beach, FL.

# Making Facial Expressions & AD/HD

- AD/HD children smile abruptly.
- There is little or no transition between emotional states.
- Sometimes their facial expression bleeds over into the next emotional state.
- Expression of emotion often appears exaggerated. The quality of expression can be limited due to this.
- Even body movements are jerky and uncontrolled.



- Optimal dosing of a stimulant medication causes a significant reduction in visual attention loss.
- Facial expressions will become smooth and variable.
- Too high a dose can cause a return of the symptoms.
- Can properly ID 80% of the AD/HD children with video procedure.

Kuehle, H.J., Hoch, C. and Jansen, F. (2002). Video Assisted Observation of Visual Attention, Facial Expression of the Individual Stimulant Dosage and Motor Behavior for the Diagnosis and for the Determination in Children with AD/HD. Obtained from: Kuehle, H. (October 17, 2002). Video Assisted Observation of Visual Attention and Motor Behavior for the Diagnosis and Determination of the Individual Stimulant Dosage in Children with AD/HD. Research Poster Session, 14<sup>th</sup> Annual CHADD International Conference, Miami Beach, FL.

# Psychotherapy and AD/HD

# “Those with AD/HD are **Cueless** Not **Clueless**”

Many years ago I heard Sam Goldstein, Ph.D. say this at the conference. By this he meant that those with AD/HD know what to do in social situations, etc. (they have the “**Clue**”), but they are so impulsive they do not pick up the “**Cues**” from their environment that tell them when to do what they already know how to do.

Goldstein, S. (November 20, 1998). Pathways to Success: Evening the Odds in the Treatment of Attention-Deficit Hyperactivity Disorder. Seminar presented in Tucson, AZ.



# ADULT AD/HD & TREATMENT

- **Cognitive Behavioral Therapy works with AD/HD adults because they have better developed frontal lobes than children. They still need medication, however.**
- **This means adults with AD/HD can get some good out of social skills training whereas AD/HD children typically do not.**

Barkley, R.A. (2006). Attention-Deficit Hyperactivity Disorder, A Handbook for Diagnosis and Treatment, Third Edition. New York, NY: Guilford.

Ramsay, R. (2010). Nonmedication Treatments for Adult ADHD. Washington, DC: American Psychological Association Press.

- **Recently it was found a combination of cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT) was able to lower depression, anxiety and stress in adults with AD/HD over a 6 month period.**

Nasri, B. et al. (February 8, 2017). Group Treatment for Adults With ADHD Based on a Novel Combination of Cognitive and Dialectical Behavior Interventions: A Feasibility Study. Journal of Attention Disorders. DOI: 10.1177/1087054717690231.

# Adult AD/HD, Cognitive Behavioral Therapy, and Medication

**A group of Canadian and American scientists found that cognitive behavioral therapy (CBT) and medication controlled AD/HD symptoms in adults better than CBT alone. This included AD/HD symptoms, organizational abilities and self-esteem. However, over time the improvement over CBT alone was not as great.**

**Cherkasova M.V., et al. (October 6, 2016). Efficacy of Cognitive Behavioral Therapy With and Without Medication for Adults With ADHD. Journal of Attention Disorders. DOI: 10.1177/1087054716671197.**

# Psychotherapy and AD/HD

- **Adults with AD/HD:**
  - **Have been misunderstood & mistreated-Help them heal**
  - **Help them understand disability: strengths/weaknesses.**
  - **How the above affected school/work/social life**
  - **This is the “heart” of psychotherapy with AD/HD adults**

Wren, Carol and Einhorn, Jay (2000). Hanging by a Twig: Understanding and Counseling Adults with Learning Disabilities and ADD. New York, NY: W.W. Norton.

# Indicators that AD/HD Adults will follow through with Treatment

**Murphy said that AD/HD adults are more apt to follow through with treatment if:**

- **They are taught to understand the disorder**
- **They are given a good explanation of what causes it**
- **They understand it is treatable**
- **They know there is hope for them**

**Murphy, K.R., and LeVert, S. (1995). Out of the Fog: Treatment Options and Coping Strategies for Adult Attention Deficit Disorder. New York, NY: Hyperion.**

# The Adult LD/AD/HD “Identity”

Rodis offered the Seven Stages of Identity Formation for Persons with LDs:

1. **The Problem-Without-A-Name Stage**
2. **Diagnosis**
3. **Alienation**
4. **Passing**

5. **Crisis and Reconfrontation**
6. **“Owning and Outing”**
7. **Transcendence**

Rodis, P., Garrod, A., and Boscardin, M.L. (2001). Learning Disabilities and Life Stories. Boston, MA: Allyn and Bacon.

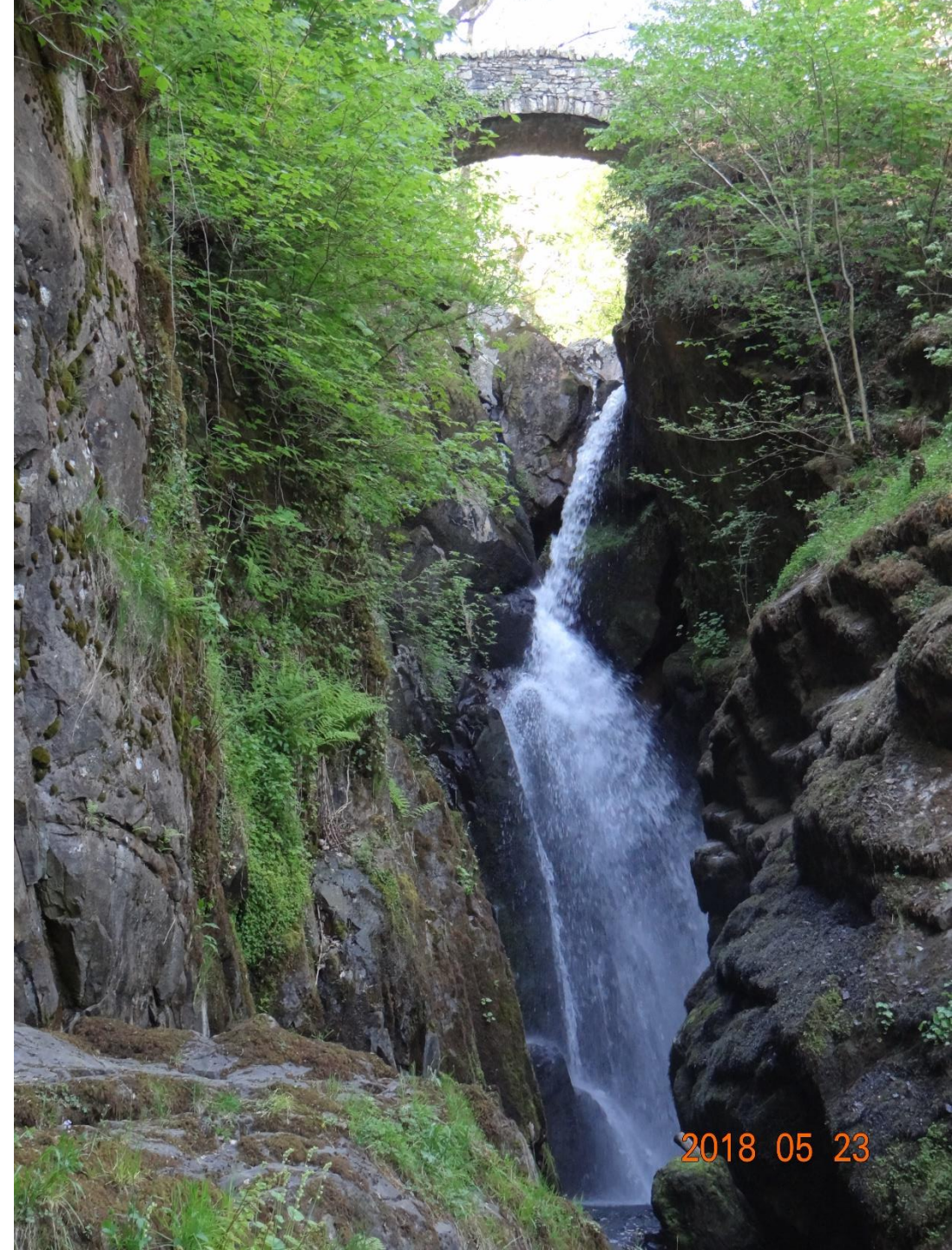
# AD/HD Identity

- **Those diagnosed with AD/HD in adulthood:**
  - **Often attribute their problems to characterological and moral defects-This is a high emotional cost**
  - **Underscores importance of reframing the disorder as a neurobiological difficulty, building self-esteem, & instilling hope**

- **Many AD/HD adults:**
  - **Find themselves socially rejected**
  - **Impulsivity, interrupting, forgetfulness, inattention, difficulty reading social cues, mood swings and temper problems**
  - **Often they report difficulty maintaining relationships**

Murphy, K.R. (2006). Psychological Counseling of Adults with ADHD. In R.A., Barkley (Ed.), Attention-Deficit Hyperactivity Disorder, Third Edition. New York, NY: Guilford.

# Social Interaction and AD/HD



# Adults with AD/HD and Emotional Intelligence

## Newly diagnosed adults with AD/HD & comorbidities:

- Had significantly lower emotional intelligence than those diagnosed in childhood
- Severity of AD/HD symptoms was not a factor
- Conclusion: Newly diagnosed adults need emotional intelligence training

Quintero, J. et al. (October 3, 2017). The Impact of Adult ADHD in the Quality of Life Profile. Journal of Attention Disorders. DOI: 10.1177/1087054717733046.





# AD/HD Women and Interpersonal Behavior

**Recent literature review of women with AD/HD and their social interaction:**

- **Ratio as many as 2 girls to 9 boys with AD/HD – In adults 1 to 1 females to males**
- **AD/HD women have earlier depression and more severe than nondisabled women**
- **Women with AD/HD experience more domestic abuse, self-injury, & suicide attempts than AD/HD men**

**Women with AD/HD suffer significantly more...**

- **Relational difficulties, much more risky sexual behavior, significantly more sexual partners, earlier intercourse, more unprotected sex, More STDs, more casual sex, more unwanted pregnancies, and parenting problems**
- **Than their non-impaired peers**

Babinshi, D.E. et al. (November 2016). The interpersonal Difficulties of Women with ADHD. The ADHD Report, 24(7), 1-8.

# Social Interaction and AD/HD

- AD/HD individuals are less adept at interpreting the emotions of others and identifying their own emotions than are the non-disabled.

Brown, T. E. (October 11, 2001). Assessment and Treatment of Complicated ADHD Across the Lifespan. Seminar Presented at the Arizona Association of School Psychologists 33rd Annual Conference, Mesa, AZ.

- Literature review of facial expression recognition in adults with AD/HD shows no improvement with age.

Borhani, K. et al. (February 2018). Emotional face recognition in individuals with attention-deficit/hyperactivity disorder: a review article. Developmental Neuropsychology. DOI: 10.1080/87565641.2018.1440295.

- AD/HD adults have deficits in their ability to identify facial expressions in others.
- AD/HD adults experience emotions more intensely.
- The more intense the emotion the worse they are at identifying facial expressions.

Rapport, L.J. et al. (July 2002). Experienced emotion and affect recognition in adult attention-deficit hyperactivity disorder. Neuropsychology, 16(1), 102-110.

- Baron-Cohen, S. (2003). Mind Reading: An Interactive Guide To Emotions. Philadelphia, PA: Jessica Kingsley.

# Social Interaction and AD/HD

**AD/HD individuals over-emote facial expressions. When medicated properly this is corrected. It is dose dependent. Even the AD/HD individuals say they emote what they want to when they see videos of themselves medicated.**

**Kuehle, H.J., Hoch, C. and Jansen, F. (2002). Video Assisted Observation of Visual Attention, Facial Expression of the Individual Stimulant Dosage and Motor Behavior for the Diagnosis and for the Determination in Children with AD/HD. Obtained from: Kuehle, H. (October 17, 2002). Video Assisted Observation of Visual Attention and Motor Behavior for the Diagnosis and Determination of the Individual Stimulant Dosage in Children with AD/HD. Research Poster Session, 14<sup>th</sup> Annual CHADD International Conference, Miami Beach, FL.**

# Romantic Relationships and AD/HD





# Mirror Neurons



## How does this relate to ADHD?

**Barkley (2008) said that those with Combined Type AD/HD and comorbid Alexithymia typically have intact mirror neurons, they just do not use their mirror neurons due to their frontal lobe difficulties.**

**Barkley, R.A. (2008). Advances in ADHD: Theory, Diagnosis and Management. J & K Seminars, L.L.C., 1861 Wickersham Lane, Lancaster, PA 17603; 800-801-5415; [www.jkseminars.com](http://www.jkseminars.com).**

- **AD/HD Combined Type men married less, reported interpersonal and sexual problems, had general difficulties with socialization, difficulties with heterosocial responses and problems with assertiveness (Weiss and Hechtman, 1993)**
- **Those with AD/HD often have problems with emotional regulation. This causes problems, too.**

**Weiss, G. and Hechtman, L. (1993). Hyperactive Children Grown Up. New York, NY: Guilford.**

**Canu, W.H. and Carlson, C.L. (April, 2004). ADHD and Social Adaptation: From Childhood to Adulthood. ADHD Report, 12(2), 1-5.**

# Romantic Relationships and AD/HD

**American scientists found those with AD/HD had significantly more difficulty with romantic relationships than their non-impaired peers. Inattentive symptoms were related to seeking new relationships (wandering eye) and less constructive behavior during arguments. Hyperactivity and impulsivity was related to poor arguing behavior also.**

**VanderDrift, L.E. et al. (May 10, 2017). Inattention and Hyperactivity-Impulsivity: Their Detrimental Effect on Romantic Relationship Maintenance. Journal of Attention Disorders. DOI: 10.1177/1087054717707043.**

# Social Interaction Difficulties

- Incessant talking and talking in circles
- Poor listening
- Little pragmatics, if any
- No mental filter; in the brain out the mouth
- Etiquette failures

Kuehle, H.J., Hoch, C and Jansen, F. (2002). Video Assisted Observation of Visual Attention, Facial Expression of the Individual Stimulant Dosage and Motor Behavior for the Diagnosis and for the Determination in Children with AD/HD. Obtained from: Kuehle, H. (October 17, 2002). Video Assisted Observation of Visual Attention and Motor Behavior for the Diagnosis and Determination of the Individual Stimulant Dosage in Children with AD/HD. Research Poster Session, 14<sup>th</sup> Annual CHADD International Conference, Miami Beach, FL.

- Problems reading and making facial expressions accurately
- Problems making and reading body language accurately
- Poor perception of verbal tone
- Quick to anger

Barkley, R.A. (2010). Taking Charge of Adult AD/HD. New York, NY: Guilford.

Kuhle, H.J., Hoch, C., Rautzenberg, P. and Jansen, F. (2001). Short-Term Video-Based Observation of Behavior with Special Reference to Eye-Contact, Facial Expression and Motor Activity in Diagnosis and Therapy of Attention Deficiency/ Hyperactivity Syndrome (ADHS). (First Published in): Praxis der Kinderpsychologie und Kinderpsychiatrie 50: 607-621. Obtained from: Kuehle, H. (October 17, 2002). Video Assisted Observation of Visual Attention and Motor Behavior for the Diagnosis and Determination of the Individual Stimulant Dosage in Children with AD/HD. Research Poster Session, 14<sup>th</sup> Annual CHADD International Conference, Miami Beach, FL.

# Intimate Relationships and AD/HD

## ➤ Problems Often Caused by AD/HD

- 4 to 5 times more likely to have poor dating relationships
- Twice as often have poor marital relationships
- Extramarital affairs
- Dominating conversations
  - No give and take in conversations
  - Not listening
  - Tactless
  - Fail simple social etiquette

➤ Lack persistence

➤ Impulsive

➤ Avoid multi-step task-can look selfish

➤ Reliably unreliable

➤ Poor reading of body language and/or facial expressions

Barkley, R.A. (2010). Taking Charge of Adult ADHD. New York, NY: Guilford.



# Helpful Suggestions

- Do your share of chores
- Listen:
  - Learn active listening skills\*
- Remember important dates and appointments
- Be you “Best Self”
- Remember what is hurtful and helpful
- Count to 10
- Be courteous and use manners

Barkley, R.A. (2010). Taking Charge of Adult ADHD. New York, NY: Guilford.

5 Factors to address in marital therapy:

1. Family of origin issues
2. Skills deficits
3. Amount of impairment
4. Cognitive distortions
5. Comorbidity

\*Intimacy?

Pera, G. (2014). Counseling Couples Affected by Adult ADHD. In R.A. Barkley (Ed.), Attention-Deficit Hyperactivity Disorder, Fourth Edition, 795-825.

# Kevin T. Blake, Ph.D., P.L.C.'s Observation

- “If you have a neurosocial deficit (i.e., in the brain hardware for social interaction) you are forced to create software to compensate for it. That’s hard and takes time and energy. It also takes an action which is for most people unconscious and makes it conscious, hence it will never be as “automatic and efficient” as an ability...”

# Kevin T. Blake, Ph.D., P.L.C.'s Observation (Continued)

- “...Such compensation skills divide attention and make tasks which are by their nature not conscious more onerous and less efficient creating frustration. When additional stimuli is added on an unpredictable basis this requires a cognitive shift and these learned skills tend to break down which may lead to a feeling of vulnerability and anxiety...”

## Kevin T. Blake, Ph.D., P.L.C.'s Observation (Continued)

- “...People with such disabilities tend to fatigue faster in social situations and perform cognitively less efficiently when engaged in their social ‘skills’ compensations.
- Those with neurosocial deficits are at risk of not being aware of and/or sensitive to cultural norms and symbols as well as their importance in social interaction. This unawareness may cause significant social rejection, anxiety and frustration for these individuals...”

## Kevin T. Blake, Ph.D. P.L.C.'s Observation (Continued)

- An additional source of frustration and anxiety for individuals with these deficits is most peoples' social interactions are automatic and thus they frequently do not understand the struggles of those who must socialize on a cognitive level.