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# Integrative Treatment of Adult ADHD (review)

Martin Patwell

West Chester University of Pennsylvania, mpatwell@wcupa.edu

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# Book Review

**Martin Patwell**  
**Director of Disability Services**  
**West Chester University**

Tuckman, A. (2007). *Integrative Treatment of Adult ADHD*. Oakland, CA: New Harbinger Publications, 252 pp., \$49.95

It has been almost three decades since I read my first book on ADHD and began a lifetime fascination with the slippery diagnostic labeling and medication management issues that have created a cottage industry of false promises and misdiagnoses. For those of us in postsecondary practice, the fruit of that industry creates the bulk of our frustration and a great deal of the joy of our work. We are all too familiar with the incomplete treatment plan written on a prescription pad that substitutes for a true diagnosis and the confused 18-year-old who has been prescribed multiple stimulants, depressants, anti-anxiety agents, and sleep medications and comes to us with no more of a plan from his clinician than a request for extra time on tests.

Since 1973, I have read my share of the literature and attended numerous presentations. I once sat in on a presentation at an ADHD conference that promised the attendees who were, I suspect (I was the only one not wearing a very expensive suit) mostly MDs, the possibility of outfitting their waiting rooms with computers running diagnostic software that would enable patients to self-diagnose before they were even seen! On the other hand, in November 2007, I attended the annual CHADD convention which was a who's who of ADHD researchers who have appeared on mainstream television. The presentations ranged from discussions of research on alternative treatments to the federal government backed major programs, including a 20-year longitudinal program that hopes to enlist 100,000 participants. The sobering news is that, based on CHADD presentations, ADHD in adults is overlooked, under-reported, and responsible for a great deal of misery, but at least it is on the radar of our federal watchdog agencies the NIMH, NIDA and NIH.

Ari Tuckman's *Integrative Treatment in Adult ADHD* fills the needed gap in an otherwise saturated market of books on this topic. For most DSS professionals, the rationale for this book speaks to our experiences, "The good news is that there are no bad books on adult ADHD for clinicians; the bad news is that there are very few good ones." Tuckman, who has a clinical practice in what he calls a "therapist-saturated" Philadelphia area, specializes in adult ADHD. His book, subtitled: "A Practical Easy-to-Use Guide for Clinicians," brings a refreshingly honest and jargon-free approach to informing his fellow therapists about the state-of-the-art in diagnosis, treatment, and care beyond medication.

The book is divided into two parts, *Understanding ADHD in Adults: Diagnosis, the Physiological Basis and the Impact of ADHD on the Adult*, and a four-part section on *Integrative Treatment*. While the latter half is the part you will want to recommend to local clinicians, Tuckman uses the well-trod information in the initial section to explain in clear language and using excellent examples from his practice what every clinician should know about adults with ADHD.

Part 1 covers the standard topics of assessment but Tuckman takes the DSM-IV TR criteria to the adult level and points to the research of Barkley (2007) (and others) into the declining “sensitivity” of the criteria for adults. He uses Weiss (1999) and Johnson and Connor’s (2002) work to create lists for clinicians that in contrast to the DSM are helpful in assaying the breadth of complications each criterion may cause for an adult. For example, under Hyperactivity/Impulsivity he notes: “Great difficulty with the overly loose structure of college, leading to dropping out or needing extra semesters to graduate. Have a hodgepodge transcript with a broad array of courses, wide range of grades (A to F) and many dropped classes.” Or, under Inattention, “Sometimes puts significant effort into lessening distractibility-using white noise, multitasking, brinksmanship or absolute silence. May work during off hours when there is less distraction. Difficulty filtering out unnecessary noise. Difficulty refocusing after being interrupted. Daydreams.” In addition, he demonstrates a great deal of empathy (not common in diagnostic checklists), as in “Feeling of learned helplessness based on legitimate failures.” and, “Clowning, repartee, or other means of dominating conversation may mask an inability to engage in a balanced conversation.”

Another highly useful aspect of Tuckman’s book is his emphasis on the clinical interview as a critical part of the diagnostic process. He cites Thomas Brown, as identifying the interview as, “the most sensitive instrument for making a diagnosis of ADHD is a well conducted interview.” Given the thoroughness of the preceding section, there is little doubt that his interviews are well conducted. Tuckman includes the forms he utilizes in his interview that would enable a clinician to keep track of the real-life problems that will render not only a diagnosis of ADHD, but also a comprehensive treatment plan. The benefit to clinicians who do not specialize in ADHD is that they are alerted to the range of complications that they might encounter so they can go beyond the standard criteria. As Barkley (2007) points out, sticking to the bare rubric of the DSM, up to 25% of adults with ADHD will be missed. And potentially worse, their comorbid emotional difficulties will be ignored. Tuckman quotes Barkley in the follow-up section on the various diagnostic tools, tests, checklists, etc., “Given the high probability (77%) it’s best to assume that an adult with ADHD will have a comorbid disorder and to plan diagnosis and treatment accordingly.” He goes on to list and explain the various conditions that most often accompany the disorder: depression, anxiety, LD, PTSD, and sleep disorders. He concludes by pointing out that the next iteration of the DSM may include more emphasis on adult characteristics, especially if the rumored “Slow Cognitive Tempo,” replaces or is added to the existing subtypes.

In part 2 of Tuckman’s book, however, his clinical skills are most in evidence. He divides the advice into four sections: Education, Medication, Coaching, and Psychotherapy. Here too Tuckman takes common sense and makes it clinically expedient, as when he discusses the analogies between treating ADHD and diabetes or, more to the point for his audience, adults with depression, who may fall in and out of treatment, but are more aware and thus more responsive to the help. Under Education, his theme is to assist the client to understand her past and help her reinterpret the effect ADHD has on her decision making. For example, to a college student who recounted how his “distractions and everything else seemed more interesting (than school work)” Tuckman, advises, “That kind of procrastination is classic for ADHD college students. Of course you know that you are going to pay the price later, but the distraction of the moment is still more powerful than the fuzzy long-term goal. That’s the way your brain is wired. The immediate thing will grab your attention much more than the far away thing.” How many students have we met who needed someone to explain this and understand how hard it is to undo the impulse? Later, he reviews in succinct terms the major areas of relationships, healthy habits, school

accompanied by strategies, and work that would benefit from a therapist's intervention. He reminds his therapist audience that the purpose of education is to inform and points out that what the world wants from the ADHD person is results, not excuses.

In the section on Coaching, Tuckman sets out to dispel myths and convince his readers of the value of integrating coaching into their practice. I admit my bias for coaching, so for me this section was a highlight. Coaching, Tuckman admits, seems obvious and is being undertaken by everyone, but we lack the research basis to substantiate the hubbub. His description of the pitfalls of coaching and the referral questions he recommends for clients make a strong case that coaching can be a potentially harmful situation unless supervised by a therapist with a strong background with the ADHD adult. The author explains how he integrates coaching into his therapy and the Ralph Ellis-like approach, a form of reality-based treatment, he adopts is both common-sensical and takes just the right tone. As Tuckman explains, although therapy is not coaching, it may be considered a subset of therapy and thus be eligible for billing.

Any therapist who does not recommend a coach or take to coaching himself after reading the benefits that Tuckman extols is doing the ADHD client a great disservice. Under therapeutic effects, for example, he lists the following benefits: "Maintains arousal, modulated emotion, maintains motivation and sustains the feelings of reward, acts as the 'executive secretary of attention,' supports the client's ability to self-direct actions and change behavior." In reference to theory, Tuckman notes the general aims, describes how it addresses the core deficits of ADHD, and in one section that I plan to use myself, gives an overview of the use of coaching for goal setting.

Tuckman's coaching section is not without some faults, and to my taste places too much faith in technology (he does warn about the tendency to lose stuff), but it is a small part of an overall, very helpful introduction to coaching. He mixes theory and specific examples extremely well. In one part called "A four-part coaching model," for example, he emphasizes how breaking down the approach to problem solving can reinforce the metacognitive aspects of learning the strategy as well as assist with memory. He then goes into detail with specific sections for management of time, stuff, and goals. All the while, he gives suggestions for tackling persistent types of difficulties that will be familiar to most clients and to those of us who have worked with them.

Lastly, under psychotherapy, the author describes the therapy that he recommends which, as we can expect from Ari, is well informed by his experiences with adults with ADHD. This is the most important chapter of this section for clinicians in a university counseling department, for whom this chapter should be required reading. For example, among the Basic Considerations section, he highlights reframing, comorbid diagnosis, and managing substance abuse, and then addresses the treatment orientation issues, discusses pros and cons, and makes suggestions about research on paradigms to consider when working with ADHD adults. He may be overestimating the degree of experience his fellow therapists have in this area by presenting too-brief discussions of such critical issues as avoidance, procrastination, brinksmanship, "pseudoefficiency" (new to me as a term but the next time I hear an ADHD student tell me how good he is at multitasking, I will think of this term), and more. I could not help but think of specific students as I read this list and wanted more examples and dialogue. Finally, Tuckman touches on the need for self-efficacy which along with relationship therapy and support groups, would be the core of an effective transition service for ADHD adults.

An extensive, up-to-date list of reference texts rounds out a very helpful primer for clinicians - new or old - who find that their client list is expanding to include the host of adults with ADHD who need and, ideally, will find them.

Integrative Treatment of Adult ADHD.

Patwell, Martin

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