

ADHD and

What It Is, Why It Happens, and How to Help without Harming

by Debbie Stanley, LPC, NCC, CPO-CD

RESEARCHERS HAVE INVESTIGATED the cognitive-behavioral pattern known as hoarding for well over a decade, but within the last few years it has also become a media spectacle. With compelling video of people living secret lives in overfilled homes, hoarding is now practically synonymous with reality television. Unfortunately, these portrayals fail to present an accurate picture of hoarding, and they do an even poorer job of explaining the impact of co-occurring conditions such as ADHD.

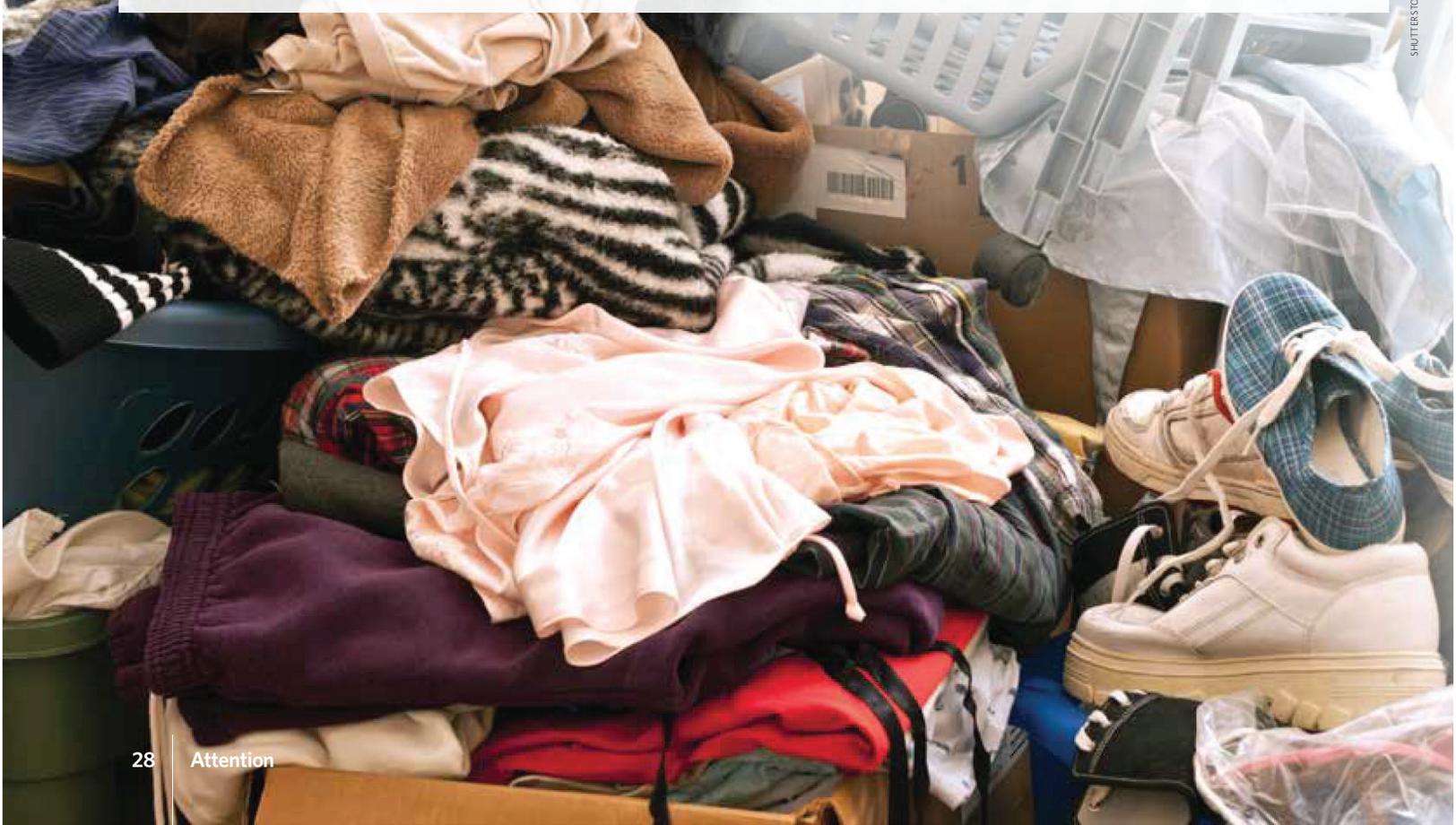
Hoarding is the acquiring and keeping of so many possessions that areas of the home become unusable, yet the person continues to avoid any meaningful reduction of the belongings. My clients express a variety of reasons for this avoidance, but along the way they usually realize that their hoarding developed as a means of coping with something painful, frightening, or traumatic.

There are several “lookalike” conditions and circumstances that are commonly mislabeled as hoarding, including collecting, cluttering, and chronic disorganization. Understanding each of these is crucial to understand how ADHD fits into the hoarding picture.

For people with ADHD, keeping one or more collections is a natural

response to their intellectual curiosity, but organizing those collections can be a challenge. Still, that doesn't make it hoarding. Cluttering is another behavior typical in folks with ADHD. Leaving items out as visual cues is a common way of compensating for an unreliable memory or inadequate time-management system, but to the untrained eye it can resemble hoarding. Chronic disorganization, also common with ADHD, frequently results in cluttering that the person is hard-pressed to correct, further increasing the odds that she or he will be misconstrued as hoarding.

Yes, this really is quite a complicated picture, but it is possible and often simple to distinguish hoarding from collecting, cluttering, or chronic disorganization. In a nutshell, hoarding is not about “the stuff;” it's about



Hoarding

the person's attachments to the items. With appropriate assistance, a chronically disorganized person who is not burdened with emotional attachments to the belongings can usually participate in the development of an organizing system and choose a meaningful percentage of items to be discarded. Conversely, a person who hoards will often resist large-scale rearrangement of belongings and will have difficulty discarding more than a token number of items, even when, in general, he or she recognizes the excess and wants to reduce it.

ADHD complicates the picture for both chronic disorganization and hoarding. In either case, those with ADHD benefit from the presence of someone serving as a focus anchor, guiding their decision-making process without judgment, aggressive pacing, or bullying. People who are experienced in this very specific role provide not only focus, but also a safe space for the client to make decisions—sometimes painful or frightening decisions—without feeling pressured or shamed into discarding. In this ideal arrangement, it is not unusual to discover that a person labeled as hoarding is actually chronically disorganized and able to discard a significant amount with the proper assistance. If discarding is still highly challenging, the experienced helper can recommend further options, such as counseling, and can also advocate with the client's family, landlord, or involved authorities to prevent a forced cleanout and allow the client time to work at a tolerable pace.

The harm reduction approach

People who hoard often trace the origin of the behavior to a past incident or era of trauma. In this way, hoarding can be described as a coping mechanism—a maladaptive one, certainly, but nonetheless a somewhat effective one. As paradoxical as this may sound, it is imperative to begin from a position of respect for the person's hoarding as an attempt at self-care. From that perspective, it becomes easy to understand why a forced cleanout would be harmful and should be avoided unless there is imminent, life-threatening danger.

Perhaps the most harmful result of reality television shows portraying hoarding is that they normalize fast cleanouts. There have been countless moments of drama in these shows in which the client becomes agitated and actively resists the intervention. The repetition of that dynamic week after week has taught many viewers that this is the appropriate way to address hoarding. It is not. Stripping away a person's coping mechanism before a new one has been developed is both unethical and ineffective, and it is also unnecessary. The preferred alternative is an approach called "harm reduction."

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The harm reduction model can be summarized with the phrase "good enough." It emphasizes working collaboratively with the person, to the extent that his or her insight will allow, to develop a plan that addresses the hoard in priority order: Safety first, optimal function next, and aesthetics last if at all. Throughout a harm-reduction-based project, the client is recognized as the decisionmaker, again to the extent that his or her insight will allow. This does not mean that unpopular decisions are simply overruled. The fact that a person is resistant to discarding is not necessarily a sign that he or she is unqualified to make independent decisions; more often it is a sign that the approach has been ineffective. If the person is defensive,

consider what might have been said or done that was offensive. Simply dismissing resistance as stubbornness or incompetence is harmful.

If the person has ADHD, the potential for overwhelm during this process is that much higher. Overwhelm is well-known to cause defensiveness, decision paralysis, frustration, avoidance, and outbursts, all of which can and will happen with an overly aggressive hoarding reduction. Developing a clear plan based on the client's priorities and carrying it out on a realistic schedule (a year, for example, not a weekend) is far more likely to result in lasting change.

For those who have a personal relationship with someone who hoards, the greatest challenges are likely to be remaining patient with slow progress and accepting an end result that is not as beautiful as hoped. A hoarding reduction is considered successful when there are no remaining safety concerns (for example, utilities are functioning, exits are clear) and the person is able to function in the home (sleep in a bed, use the kitchen to prepare food, bathe in at least one bathtub or shower, use at least one toilet). There might still be piles of papers, boxes of belongings, clutter on the coffee table, and too many clothes in the closets, but if the person can live safely, function adequately, and avoid re-hoarding, that level of "good enough" is truly a win.

People who hoard eventually become isolated, and their greatest motivation to change is often to reconnect with their loved ones. Once they've made enough progress to have people over, instead of demanding more, the most helpful thing that the person's loved ones can do is visit often and enjoy his or her company without nagging for further progress. Your ongoing presence will support the person's maintenance habits, and those regular, pleasant visits will remind him or her that all of the effort has paid off. 🗨️

Debbie Stanley, MA, MS, LPC, NCC, CPO-CD, has worked with chronically disorganized and hoarding clients since 1997, originally as an industrial psychologist and professional organizer and now as a licensed counselor. She holds a master of science in mental health counseling and a master of arts in industrial and organizational psychology as well as the credentials of National Certified Counselor and Certified Professional Organizer in Chronic Disorganization. Her practice, *Thoughts In Order Counseling and Consulting PLLC* (thoughtsinorder.com), includes counseling, coaching, and corporate consultation by telephone, real-time video (Skype or FaceTime), or onsite in the client's home or office; case consultation for peers; and frequent speaking and writing. Stanley is also a popular media guest and enjoys interviews for print, radio, television, and internet media.

Discover a different way to **treat ADHD**—the removable patch.



Use of the DAYTRANA[®] Patch

The Daytrana patch contains a prescription central nervous system (brain) stimulant medicine used to treat ADHD in children and adolescents 6 to 17 years old. Daytrana may help increase attention and decrease impulsive and hyperactive behavior. The Daytrana patch should be used as a part of a total treatment program for ADHD that may include counseling or other therapies.

Important Safety Information

IMPORTANT:

Daytrana is a controlled substance (CII) because it can be abused or lead to dependence. Keep Daytrana in a safe place to protect it from theft. Selling or giving away Daytrana may harm others and is against the law.

Tell the prescribing doctor if your child has ever abused or been dependent on alcohol, prescription medicines or street drugs.

The Daytrana patch should not be used if your child has been diagnosed as very anxious, tense, or agitated; has an eye problem called glaucoma; has tics (repeated movements or sounds that cannot be controlled); has a

diagnosis or family history of Tourette's syndrome; is taking a monoamine oxidase inhibitor (MAOI) medicine or has discontinued an MAOI medicine in the last 2 weeks; or is allergic to methylphenidate, acrylic adhesive, or silicone adhesive (does not contain latex).

Serious heart problems have been reported with the Daytrana patch or other stimulant medicines including:

- sudden death in people with heart problems or heart defects
- stroke and heart attack in adults
- increased blood pressure and heart rate

Tell the doctor if your child or a family member has any heart problems, heart defects, or increased blood pressure and heart rate. Remove the Daytrana patch and call the doctor right away if your child has any signs of heart problems such as chest pain, shortness of breath, or fainting while using Daytrana.

Serious mental (psychiatric) problems have been reported with the Daytrana patch or other stimulant medicines including:

- new or worse aggressive behavior, hostility, anger or irritability



Long lasting but not too long.

The once-daily Daytrana[®] Patch is the only ADHD treatment that can be removed early to fit your child's changing routine.

For school and after school, during homework and family time, Daytrana provides symptom control throughout the day.* And because it's a patch, it's the only ADHD treatment you can remove early to help manage potential late-day side effects like loss of appetite and trouble sleeping.†

Ask your doctor about Daytrana—the ADHD patch designed to fit your child's routine.

Visit daytranasavings.com today for a special savings offer.††

*Daytrana[®] (methylphenidate transdermal system) provides long-lasting symptom control for up to 10 hours when worn for 9 hours—the recommended maximum wear time. Once applied, the patch starts to work in 2 hours. The effects can continue for up to 3 hours after removal. Consult your doctor about early removal of the patch.

†With the full 9-hour wear time, 26% of children and adolescents experience some loss of appetite and 13% of children and 6% of adolescents experienced some trouble sleeping.

††For eligible patients only. Restrictions may apply. See offer for full terms and conditions.

- new or worse bipolar illness or mania (an extreme increase in activity or talking)
- new or worse psychosis (hearing or seeing things that are not real, being suspicious, or distrustful, believing things that are not true)
- other unusual or extreme changes in behavior or mood

Tell the doctor about any mental problems your child or family members have experienced including suicide or depression, bipolar illness, mania, or psychosis. Call the doctor right away if your child has any new or worsening mental symptoms or problems while using the Daytrana patch.

Be sure to tell the doctor if your child is pregnant or breast feeding.

Serious side effects such as seizures (this usually happens in children with a history of seizures), slowing of growth (weight and height), and eyesight changes or blurred vision have been reported with the Daytrana patch. Your child should have their height, weight, and blood work checked while using the Daytrana patch and the doctor may stop treatment if a problem is found during these check-ups.

Allergic skin rash may occur. **Stop using the Daytrana patch and see the doctor right away if swelling, bumps, or blisters happen at or around the site where the patch is applied.**

If the patch is worn longer than 9 hours in a day, or if more than 1 patch is worn at a time, too much medicine has been applied. Avoid exposing the Daytrana patch to direct external heat sources such as hair dryers, heating pads, electric blankets, heated water beds, or other heat sources while wearing the patch. Heating the patch could cause too much medicine to pass into your child's body and cause serious side effects.

The most common side effects seen while using the Daytrana patch include skin problems (redness, small bumps, itching) where the patch is applied, poor appetite, nausea, vomiting, stomach pain, weight loss, tics, trouble sleeping, mood swings, and dizziness.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit <http://www.fda.gov/medwatch> or call 1-800-FDA-1088.

Please see Brief Summary of full Prescribing Information, including Boxed WARNING, on previous page.

Daytrana® (methylphenidate transdermal system) CII

Only Use Daytrana on Your or Your Child's Skin

WHAT IS DAYTRANA?

Daytrana is a prescription medicine used to treat Attention Deficit Hyperactivity Disorder (ADHD) in people 6 to 17 years old. Daytrana is a central nervous system (brain) stimulant medicine. Daytrana may help you or your child have better attention and less impulsive and hyperactive behavior. Daytrana is a patch that is applied to the skin on the hip. Daytrana is used as part of a total treatment program for ADHD that may also include counseling or other treatments.

It is not known if Daytrana is safe and effective in children younger than 6 years.

This information does not take the place of talking to your doctor about your or your child's medical condition or treatment.

Daytrana is a controlled substance (CII) because it can be abused or lead to dependence. Keep Daytrana in a safe place to protect it from theft. Selling or giving away Daytrana may harm others and is against the law.

Tell your doctor if you or your child has ever abused or been dependent on alcohol, prescription medicine or street drugs.

WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT DAYTRANA?

Daytrana is a central nervous system (brain) stimulant medicine. Serious side effects have been reported with Daytrana or other stimulant medicines, including:

1. Heart problems, including:

- Sudden death in people who have heart problems or heart defects
- Stroke and heart attack in adults
- Increased blood pressure and heart rate

Your doctor should check you or your child carefully for blood pressure and heart problems before you or your child starts and while you or your child is using Daytrana.

Remove the Daytrana patch and call your doctor right away if you or your child has any signs of heart problems such as:

- Chest pain
- Shortness of breath
- Fainting

2. Mental (psychiatric) problems, including:

- New or worse aggressive behavior, hostility, anger, or irritability
- New or worse bipolar illness or mania (an extreme increase in activity or talking)
- New or worse psychosis (hearing or seeing things that are not real, being suspicious or distrustful, believing things that are not true)
- Other unusual or extreme changes in behavior or mood

Tell your doctor right away if you or your child have any new or worsening mental problems while using Daytrana.

WHO SHOULD NOT USE DAYTRANA?

Do not start using Daytrana if you or your child:

- Are very anxious, tense, or agitated
- Have an eye problem called glaucoma
- Have tics (repeated movements or sounds that cannot be controlled)
- Have Tourette's syndrome or a family history of this syndrome
- Are taking or have taken a monoamine oxidase inhibitor (MAOI) medicine within the past 2 weeks

Do not take a MAOI medicine for at least 2 weeks before using Daytrana. Ask your doctor or pharmacist if you are not sure if any of your medicines are MAOIs

- Are allergic to methylphenidate or any other ingredients in Daytrana. See the Medication Guide for a complete list of ingredients

WHAT SHOULD I TELL MY DOCTOR BEFORE USING DAYTRANA?

Before starting Daytrana, tell your doctor if you or your child have:

- Heart problems, heart defects, high blood pressure
- Mental problems including psychosis, mania, bipolar illness, or depression
- Seizures or have had an abnormal brain wave test (EEG)
- Skin problems such as eczema or psoriasis, or have skin reactions to soaps, lotions, makeup, or adhesives (glues)
- Are pregnant or plan to become pregnant. It is not known if Daytrana will harm your unborn baby. Talk to your doctor if you or your child are pregnant or plan to become pregnant
- Are breastfeeding or plan to breastfeed. It is not known if Daytrana passes into your breast milk. You and your doctor should decide if you or your child will take Daytrana or breastfeed

Tell your doctor about all of the medicines

you or your child take, including prescription and nonprescription medicines, vitamins, and herbal supplements. Daytrana and certain other medicines may affect each other, causing serious side effects.

Especially tell your doctor if you or your child take:

- A monoamine oxidase inhibitor (MAOI) medicine. See "Who should not take Daytrana?"
- Medicines to treat depression
- Medicines to treat seizures
- A blood pressure medicine
- A blood thinner medicine
- Cold or allergy medicines that contain decongestants

Know the medicines you or your child take. Keep a list of them to show your doctor or pharmacist. Do not start any new medicine while using Daytrana without talking to your doctor first.

WHAT ARE POSSIBLE SIDE EFFECTS OF DAYTRANA?

See "What is the most important information I should know about Daytrana?" for information about reported heart and mental problems.

Daytrana may cause serious side effects including:

- **Seizures.** This usually happens in people with history of seizures
- **Slowing of growth (weight and height).** You should have your or your child's height and weight checked while using Daytrana
- Eyesight changes or blurred vision
- **Allergic skin rash**

Stop using Daytrana and see your doctor right away if you have swelling or blisters at or around the application site.

The most common side effects include:

Skin problems where you apply Daytrana (redness, small bumps, itching), poor appetite, nausea, vomiting, stomach pain, weight loss, tics, trouble sleeping, mood swings and dizziness.

Tell your doctor if you or your child have any side effect that bothers you or does not go away.

These are not all the possible side effects of Daytrana. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

HOW SHOULD I USE DAYTRANA?

For more detailed information, see the step-by-step instructions for using Daytrana in the Medication Guide in the full prescribing information, which is available at www.daytrana.com.

- Use Daytrana exactly as your doctor tells you to.
- Apply Daytrana to your or your child's hip 2 hours before an effect is needed.
- Do not cut Daytrana patches.
- Parents or caregivers should apply and remove Daytrana for their child if the child is not responsible enough to do so.
- Your doctor may stop Daytrana treatment to check your or your child's ADHD symptoms.
- Your doctor may do certain blood tests and check your heart and blood pressure while you or the child use Daytrana.
- If you forget to apply a patch in the morning, you may apply the patch later in the day. You should remove your or the child's patch at the usual time of day to lower the chance of side effects later in the day.
- If you or your child have loss of appetite or trouble sleeping in the evening, ask your doctor if you can take the patch off earlier in the day.
- Contact with water while bathing, swimming, or showering can make the patch not stick well or make it fall off. If the patch falls off, do not touch the sticky side of the patch with your fingers. You may apply a new patch to a different area on the same hip. If you have to replace a patch that has fallen off, the total wear time for the first and second patch should not be more than a total of 9 hours in 1 day. Do not reapply the same patch that fell off.
- **If you or your child wear Daytrana longer than 9 hours, or if you or your child wear more than 1 patch at a time, you have used too much Daytrana. Remove all Daytrana patches and wash the application sites right away. Call your local poison control center or go to the nearest hospital emergency room right away if you or your child have:**
 - Vomiting, agitation, shaking, confusion or mental changes, see things that are not there (hallucinations), sweating, redness in your face, headache, heartbeat changes

1. Review the Daytrana dosing chart found in the Medication Guide; choose a time to apply the patch and decide when to remove the patch.
2. Apply the patch to your or your child's hip area. Use the other hip when you apply a new patch the next morning.
3. Make sure your or your child's skin is clean, dry and cool, and does not have any powder, oil or lotion or any cuts or irritation.
4. Open the sealed tray or outer pouch and throw away the small packet. Carefully cut the protective pouch open with scissors. **Do not use patches that have been cut or damaged in any way.**
5. When you remove the patch, peel it off slowly. Fold the used Daytrana patch in half and press it together firmly so that the sticky side sticks to itself. **Flush the used patch down the toilet or put the patch in container with a lid right away.**

DO YOU NEED MORE INFORMATION?

- This is only a brief summary of important information, including the most current safety information.
- Read the Medication Guide before you or your child start using Daytrana and each time you get a refill, as there may be new information.
- If you would like more information, talk with your healthcare provider or pharmacist.
- Go to www.daytrana.com, which includes the full prescribing information, or call 1-877-567-7857.

Rx Only