

PRACTICE BRIEFS



Attention-Deficit/Hyperactivity Disorder: Treating Adults

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ABSTRACT: Attention-deficit/hyperactivity disorder (ADHD) is a neurobiological disorder that is characterized by inattentiveness and executive functioning difficulties. Adults with ADHD may initially present with comorbid concerns such as low self-esteem, anger control difficulties, chronic tardiness, substance use, difficulty with concentration, mood swings, or depression. The treatment of ADHD among adults includes stimulant drugs or other medications, cognitive behavior therapy, relationship therapy, and treatment of comorbid conditions.

Introduction

Attention-deficit/hyperactivity disorder (ADHD) is a neurobiological disorder that is characterized by inattentiveness and executive functioning difficulties (e.g., organization challenges, planning deficiencies, and impulsiveness; Wadsworth & Harper, 2007). Adults seeking counseling services most frequently report symptoms of inattentiveness (Brown, 2005). Brown (2005) found that adults with ADHD have difficulties in six key areas:

1. Diminished ability to organize and prioritize.
2. Lack of motivation.
3. Difficulty in focusing and maintaining attention.
4. Reduced concentration, marked distractibility, and difficulty in maintaining a sustained effort.
5. Diminished self-control of emotions and diminished tolerance of frustration.
6. Diminished verbal working memory (e.g., forgetfulness).
7. Diminished capacity to inhibit behavior.

Description

A study done by Staley et al. (2024) calculated estimates of ADHD prevalence in adults aged 18 and over in the United States using data from the National Center for Health Statistics Rapid Surveys System. They found that an estimated 15.5 million (6%) have a current diagnosis of ADHD. More than half (55.9%) of those adults were 18 years or older when diagnosed. ADHD symptoms and neuropsychological functioning seem to improve with age; however, the subjective experience of inattention appears to worsen with age and could be explained by self-rated comorbid mood and anxiety symptoms (Bramham et al., 2012). The following are the prevalence rates of ADHD: Black/African American (7.4%), White (70.4%), Hispanic or Latino (16.6%), and other (5.6%; Staley et al., 2024). In relation to men and women, men make up 55.8% of current ADHD diagnoses versus 44.2% for women.

It should be noted that individuals with ADHD are at an increased risk of having low education, unemployment, and underemployment (Ginapp et al., 2022; Virtanen et al., 2022). They may also deal with social adversities in childhood, such as difficulties with finances. Low socioeconomic status is a well-known factor of trauma and has been associated with greater levels of ADHD functional impairment (such as lower education levels and unemployment; Brattström et al., 2015; Able et al., 2007). Studies have

suggested that there is an association between exposure to childhood adversity and the development of mental health disorders in childhood, leading to a high probability of presenting a mental health disorder in adulthood (Gómez-Cano et al., 2023). The feeling of being misunderstood can be translated through the years, making adults with ADHD more prone to experience mental health discrimination (Stickley et al., 2019). Studies have suggested that adults with ADHD file for workplace accommodations to combat their functional impairment at the workplace (Ginapp et al., 2022).

Assessment Strategies

Adults with ADHD may initially present with comorbid concerns such as low self-esteem, anger control difficulties, chronic tardiness, substance use, difficulty with concentration, mood swings, or depression. Wilens et al. (2002) estimated that 70% of adults with ADHD have a comorbid psychiatric disorder of conduct, mood, or anxiety. As such, potential comorbidities should be assessed.

According to the Diagnostic and Statistical Manual of Mental Disorders (5th ed., text rev.; *DSM-5-TR*; American Psychiatric Association [APA], 2022), an adult must have symptoms that began in childhood and persist into adulthood to be diagnosed with ADHD. Symptoms for adults with ADHD can include inattention, restlessness, impulsivity, irritability, low tolerance for stress, and experiencing frequent or intense mood changes. (APA, 2022; National Institutes of Mental Health [NIMH], 2024).

When updating the *DSM-5*, examples were added to the criterion items to facilitate application across the lifespan (Bradley et al., 2022). The symptom threshold has also been changed for adults: They need only to present with five symptoms to reflect substantial evidence of clinically significant ADHD impairment, instead of the six required for younger persons (Bradley et al., 2022).

Self-Report and Other Report Assessments

The following three instruments have been selected to illustrate the nature of methods commonly employed by counselors to identify ADHD among adults. Counselors are urged to consult references such as the *Mental Measurements Yearbook* (Carlson et al., 2021) and reviews (e.g., Davidson, 2008; Taylor et al., 2011) for detailed psychometric information regarding assessment tools for adults with ADHD.

Conners' Adult ADHD Diagnostic Interview

The Conners' Adult ADHD Diagnostic Interview for DSM-IV (Epstein et al., 2001) is a two-part structured interview. Part I can be completed through an interview or through the client's self-report and focuses on childhood and adult factors, including demographics, academics, occupation, and mental health. Part II is completed through an interview focusing on the first four *DSM-IV* criteria for ADHD (APA, 1994).

Conners' Adult ADHD Rating Scales

Conners' Adult ADHD Rating Scales (Conners et al., 1999) include self-report forms, observer rating scales, and observer screening tools. Eight scales reflect Inattention/Memory Problems; Hyperactivity/Restlessness; Impulsivity/Emotional Lability; Problems with Self-Concept; Inattentive symptoms consistent with DSM-IV; Hyperactive-Impulsive symptoms consistent with DSM-IV; Total ADHD symptoms consistent with DSM-IV; and ADHD Index. Also, it utilizes an Inconsistency Index (American Psychiatric Association, 1994). Also, it is important for the interviewer to interview at least one adult informant (e.g., parent or relative), who can give information about the person's behavior as a child (De Crescenzo et al., 2017).

Wender Utah Rating Scale

The Wender Utah Rating Scale (WURS; Ward et al., 1993; Hanley et al., 2022) is a 61-item scale used to retroactively assess childhood symptoms of ADHD. Several studies have looked at the possible overlap of symptoms of ADHD with personality disorders using the WURS, suggesting that there is a possible

link between the two (Hill et al., 2009). Often, ADHD and borderline personality disorder are known as frequent comorbid disorders (Wilens et al., 2004; Faraone et al., 2000).

Neuropsychological Testing and Assessment

Neuropsychological testing of attention and executive functioning is beneficial for assessing ADHD when used in conjunction with history, rating scales, and observation of current functioning. Evaluation of visual attention and response inhibition (e.g., Stroop tasks) and evaluation of attention lapses, vigilance, and response inhibition (e.g., continuous performance tasks) can distinguish between adults with ADHD and adults without ADHD (Davidson, 2008). In one study, Yoon et al. (2024) measured frontal electroencephalography measures by using beta bands during the execution of a Stroop task. In a separate study, Andrikopoulos et al. (2024) found that using a wearable device to measure heart rate variability, electrodermal activity, and skin temperature during the performance of Stroop tasks can detect possible ADHD. However, adults with ADHD have inconsistent attention and inconsistent performance on neuropsychological tasks. Thus, establishing a pattern of behavior across multiple measures is a more valid and reliable diagnostic indicator of ADHD among adults than the interpretation of single instance scores (Woods et al., 2002).

Treatment Approaches

The treatment of ADHD among adults includes stimulant drugs or other medications, cognitive behavior therapy (CBT), relationship therapy, and treatment of comorbid conditions. Interventions to improve medication compliance are particularly important for the successful long-term treatment of adult ADHD. Although medication in combination with education and psychotherapy is a focus of clinical trials, alternatives such as biofeedback, nutritional supplements, dietary changes, and perceptual/stimulation training may be the treatment of choice for some adults (Spetie & Arnold, 2011).

Medication

Pharmacological intervention is aimed at reducing symptoms and minimizing effects of ADHD. Compliance with medication is a significant positive correlate of successful management of ADHD among adults (Safren et al., 2007). However, Perwien et al. (2004) noted that medication compliance rates among adults with ADHD decrease after the first two months of treatment. Not all medications approved for the treatment of ADHD in children are approved by the Food and Drug Administration for the treatment of ADHD among adults (NIMH, 2024).

Stimulant medications are often the most effective treatment for addressing ADHD symptoms (Spencer et al., 1996; Surman et al., 2013). Stimulant medications are available in both short (4 hours) and long acting (6-12 hours) formulas. Methylphenidate and amphetamine are effective in improving the attention and concentration of adults with ADHD (Advokat, 2010; Reeves & Tickle, 2025). However, approximately 30% of adults are unable to tolerate, or do not respond to, stimulant treatment (Spencer et al., 2004).

Antidepressant medications (i.e., bupropion, venlafaxine, desipramine, atomoxetine) are also effective treatments for ADHD in adults (Maidment, 2003), but it should be noted that recent trials for ADHD medication saw that up to 25% of patients either did not respond to or cannot tolerate the newer clinical trials of medication (Weiss et al., 2012). Some studies have reported that antihypertensive medication (e.g., clonidine, guanfacine) may reduce ADHD symptoms in adults (Davidson, 2008). Although parents often anticipated the need for continued support in adulthood, young people did not envision needing ADHD medication past school age. However, their view changed with age, and they began to advocate for services beyond medication (Janssens et al., 2020; Reale et al., 2015).

Counseling

Counseling interventions in conjunction with medication are an important part of the treatment of ADHD among adults. Psychotherapy alone is insufficient treatment for many adults with ADHD and

medications alone do not lead to improvement in skills necessary for daily functioning (e.g., organization; Advokat, 2010).

Psychoeducation

Psychoeducation about ADHD and its causes, symptoms, and treatment options is an important starting point of all treatments for adults with ADHD (Rostain & Ramsay, 2006). Adults benefit from learning about the disorder and how the symptoms uniquely impact their lives (Van Lammeren & Bruggeman, 2011). Education can help individuals develop individual treatment plans and empower medication adherence (Murphy, 2005). Educational activities that may improve daily functioning of the adult diagnosed with ADHD include learning to organize, manage time, making lists of tasks, minimizing distractions, using a personal digital assistant, filing information, and adhering to a routine (Barkley, 2015).

Cognitive Behavior Therapy

CBT for adults with ADHD focuses on changing the negative beliefs clients may have about themselves and the world (Rostain & Ramsay, 2006). Years of undiagnosed ADHD may contribute to low self-esteem, and receiving a diagnosis may help adults address symptoms more effectively (NIMH, 2008). Although controlled trials are lacking, preliminary evidence suggests that CBT in combination with medication is an effective treatment strategy, as is mindfulness-based cognitive therapy, which is effective for people without comorbidities (Davidson, 2008; McDermott, 2011; Yang et al., 2025). CBT can assist adults in creating enduring patterns of change that address the executive functioning deficits that are a hallmark of ADHD among adults (Solanto et al., 2011). CBT impacts ADHD by restructuring negative cognitions, increasing awareness of maladaptive patterns, developing strategies for dealing with stress, frustration, and regulating emotions (Pan et al., 2019). CBT may have elements of dialectic behavioral therapy that may assist adults with ADHD in improving their self-awareness, toleration of behavior, regulation of emotions, and interpersonal problems (Hirvikoski et al., 2011; Philipson et al., 2010).

Family and Couples Counseling

Problems linked to ADHD, such as poor listening, forgetfulness, lack of organization, and comorbid emotional problems can contribute to relationship stress. Family and couples counseling can help a partner better understand that damage to a relationship resulting ADHD symptoms (e.g., inattention, lack of planning) does not necessarily suggest a lack of caring or commitment (Murphy, 2005). Partners and family members can play a beneficial role in treatment by learning about and understanding ADHD, improving communication, and learning how to handle disruptions (Lukens & McFarlane, 2006; NIMH, 2024).

Cultural and Ethical Considerations

A critical ethical issue in the diagnosis of adults with ADHD concerns the increasing potential for overdiagnosis and the consequent proliferation of stimulant prescriptions. From 2015 to 2019, ADHD drug sales data from 64 countries demonstrated a 10% annual rise in per capita consumption (Perry, 2023). Thus, rigorous diagnostic practices are imperative to mitigate risks associated with inappropriate stimulant prescribing and to address the broader implications of a potential prescription epidemic. In response to these emerging trends, it is essential that clinicians conduct comprehensive assessments for alcohol, cannabis, opioid, stimulant, and other substance use disorders prior to initiating ADHD pharmacotherapy (Perry, 2023).

The National Institute on Drug Abuse (NIDA) has screening and assessment tools that a counselor can use to detect substance misuse in their clients. This includes the Tobacco, Alcohol, Prescription Medication, and other Substance Use (TAPS), which is both self- and clinician-administered for drug and alcohol use, and the Drug Abuse Screen Test (DAST-10), which is both self- and clinician-administered for drug abuse (NIDA, 2023).

The cultural complexities surrounding ADHD diagnosis are further underscored by Slobodin and Crunelle's (2019) findings, which indicated that children from ethnic minority backgrounds face reduced recognition and treatment rates for ADHD when compared with their non-minority counterparts. This disparity contributes to a persistently lower prevalence of ADHD diagnoses among adults of ethnic minorities. Moreover, the researchers highlighted that individuals with a history of immigration and those belonging to lower socioeconomic status (SES) groups are more frequently exposed to environmental risk factors associated with increased ADHD vulnerability. Notably, those of lower SES are correlated with elevated rates of both ADHD and comorbid substance use disorders, compounding the challenges faced by these populations.

Conclusion

ADHD in adults presents complex challenges that extend beyond attentional difficulties to include impairments in executive functioning, emotion regulation, interpersonal relationships, and occupational stability. Research shows that although prevalence decreases with age, the burden of inattention and functional impairment often persists, leaving adults vulnerable to academic, vocational, and social difficulties. High rates of psychiatric comorbidities further complicate assessment and treatment of ADHD, underscoring the need for comprehensive and multidimensional evaluation strategies that combine self-report tools, collateral information, and neuropsychological assessment.

Effective treatment approaches for adult ADHD emphasize a multimodal strategy. Pharmacological interventions, particularly stimulant medications, have demonstrated significant symptom reduction, though adherence remains an ongoing concern. Counseling interventions including psychoeducation, CBT, and family and couples counseling are essential in addressing skill development, improving daily functioning, and reducing relational strain. Importantly, these psychosocial supports help adults with ADHD build resilience, restructure negative core beliefs, and foster healthier coping strategies.

Overall, ADHD in adulthood requires recognition as a lifelong condition that requires individualized, integrative care. Counselors, health-care providers, and support networks must work collaboratively to reduce stigma, improve access to appropriate treatment, and promote quality of life for adults navigating the challenges of ADHD. Continued research into assessment tools, treatment modalities, and long-term outcomes will be crucial in advancing effective interventions and ensuring that adults with ADHD receive the support necessary to thrive.

Resources

- **Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD):** A nonprofit supporting children and adults with ADHD through evidence-based resources, education, community outreach, and advocacy (<http://www.chadd.org/>).
- **Helpful Resources for Adults with ADHD, Attention Deficit Disorder Association (ADDA):** Websites, organizations, services, information, and other resources for adults with ADHD (<https://add.org/helpful-resources-for-adults-with-adhd/>).
- **Assessing Adults with ADHD and Comorbidities by J. H. Newcorn and R. A. Barkley:** A 2009 article published in *The Primary Care Companion* about assessing adults with ADHD and comorbidities (<https://pmc.ncbi.nlm.nih.gov/articles/PMC2660162/>).

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