Adults with Attention Deficit Hyperactivity Disorder (ADHD)
Preparing a Correctional System Response

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Moderator: James C. Welch, RN, HN-BC
Speakers: (in order) Janet P. Kramer, MD; Judith F. Cox, MA;
Kyle Dopfel, BA; Caitlyn Jackson, BA
Attention Deficit Disorder Association (ADDA)

www.add.org

ADDA provides information, resources and networking opportunities to help adults with AD/HD lead better lives.
Other Sources of ADHD Information

The **National Resource Center on ADHD (NRC)** is the CDC-funded national clearinghouse for evidence-based information about ADHD.

[www.help4adhd.org](http://www.help4adhd.org)

**Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD)**

[www.chadd.org](http://www.chadd.org)

**National Alliance for the Mentally Ill (NAMI)**

[www.nami.org](http://www.nami.org)
Why Be Concerned About Adults with ADHD in the Correctional System?

**ANSWER:**

- Number of adults with ADHD in system
- Behavioral symptoms related to ADHD challenge institutional security
- Less likely than those without ADHD to respond positively to focused correction treatment programs such as substance abuse treatment and group therapy involving confrontation
- Higher recidivism rate after the first and subsequent incarcerations if specific treatment for ADHD is not in inmate’s treatment plan
Prevalence Rate of ADHD Inmates

Attention Deficit Hyperactivity Disorder (ADHD) occurs in **five percent** of the community adult population, but has been found in **greater than twenty-five percent** of adults who are incarcerated.
Behavioral Symptoms of ADHD Which Impact Security

**Symptoms of ADHD in Adults:**

**Hyperactivity:**
- Displays inner restlessness; can’t sit still
- Easily overwhelmed; over emotional
- Excessive talking with frequent subject change

**Impulsive:**
- Irritability
- Quickness to anger
- Impulsively acting on anger or frustration
- Poor organizational skills

**Inattentiveness:**
- Difficulty maintaining attention
- Forgetfulness
- Distraction
- Doesn’t understand or respect social clues or authority

**Security Issues in Corrections:**
- Unpredictable and socially inappropriate
- ADHD inmate is bully or is bullied
- Volatile anger vs. life of party
- Higher risk of suicide
- Difficulty sequencing activities and absent minded
- Doesn’t follow orders
- Doesn’t follow directives completely
- Challenges authority & others
Research has indicated that within the inmate community of a Scottish prison, 23 percent displayed ADHD and 33 percent were in partial remission, and these two groups were more involved in extreme behaviors such as aggression and violence.

FACT:

OVER TWENTY-FIVE PERCENT OF YOUR ADULT INMATES ARE CHALLENGED WITH ADHD

Administrative Question For Adult Corrections:

Can Correctional Facilities continue to ignore (not identify and not offer specific ADHD treatment) to one out of every four adult prisoners with ADHD in 2013?
AD/HD is a recognized neurodevelopmental disability that affects multiple aspects of mood, memory, cognitive abilities, behavior and daily life.
What Causes ADHD?

Although prenatal exposure to toxins and brain trauma and injury at any time are found to increase the disability from ADHD, ADHD has been found to be a polygenetic disability passed from one generation to another.
<table>
<thead>
<tr>
<th>Disability</th>
<th>Community Adults</th>
<th>Incarcerated Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learning Disability</strong></td>
<td>5 – 15%</td>
<td>20 – 60% (frequently occurs with ADHD)</td>
</tr>
<tr>
<td><strong>ADHD</strong></td>
<td>5 – 7% (Men)</td>
<td>&gt;25% (Men)</td>
</tr>
<tr>
<td></td>
<td>3% (Women)</td>
<td>&gt;25% (Women)</td>
</tr>
<tr>
<td><strong>Autism/Spectrum</strong></td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Developmentally Delayed</strong></td>
<td>1.4%</td>
<td>4 – 10%</td>
</tr>
</tbody>
</table>
Facts about the disability of ADHD

• Those who have ADHD vary in the degree to which they are disabled.
• The degree of disability is related to the number of genes affected, other medical conditions present and the complexity of the environment in which the adult with ADHD lives and works. More likely to experience PTSD in stressful environment.
• Those who have significant disability from ADHD must be treated in order to better function in our complex society.
Facts about Adults with ADHD

• 60% of children diagnosed with ADHD will have significant symptoms of ADHD as adults.
• Adult symptoms of ADHD are not an excuse but they are a reason for many of the behaviors.
• ADHD symptoms in women tend to be related to inattention and both men and women are challenged by execution function deficits which impair planning and ability to follow through on complex tasks.
Continuing Facts – Adults with ADHD

• Majority are above average intelligence; however because of ADHD are less likely to “work/perform to their potential.”

• *Symptoms are not controlled by an individual’s will, motivation or morality.*

• Adults with ADHD who have multiple incarcerations are much more likely to also have a co-occurring disability or mental illness.

• Adults with ADHD who are incarcerated for the first time, usually have less serious offenses including misdemeanors compared to others who are incarcerated for the first time or have a significant juvenile record.
Mental Illnesses most frequently Co-occurring With ADHD

• Depression
• Dysthymia
• Generalized Anxiety Disorder
• Alcohol and Cannabis Dependence
• Other Abuse Disorders – eating disorder, gambling, other drugs dependence, etc.
• Childhood history of Conduct Disorder and Oppositional Defiant Disorder
You Have a New Admission to Your Facility...

What behaviors would suggest to you that this new admission has ADHD?
Administrative Question For Adult Corrections:

Can Correctional Facilities continue to ignore (not identify and not offer specific ADHD treatment) to one out of every four adult prisoners with ADHD in 2013?
Working with Offenders with ADHD
(Best Practices & Key Issues)

• Screening

• Effective treatment

• Program models in corrections

• Key considerations in planning services for incarcerated ADHD offenders
Identifying Persons with ADHD in Corrections

Screening

Process to identify those who may have an ADHD disorder

Assessment

Act of determining the nature and causes of a client’s problem
Recommended Strategies & Tools to Screen Inmates for ADHD

(positive findings result in an assessment)

A. Modify the Facility’s current intake health screen or mental health screen to include:
   
   • Review of existing documentation for a prior diagnosis of ADHD in childhood. *Most children diagnosed with ADHD continue to have the disorder into adolescence* (Barkley, 2006), and
   
   • Screen for self-reported attention problems that occur often. *Attention problems are the single most important symptom cluster for identifying ADHD beyond childhood*. The following questions have been found to be the most sensitive indicators of these problems (Barkley, 2010c; Barkley, Murphy & Fischer, 2008; Keller et al., 2010).
   
   • Are you easily distracted?
   • Do you have difficulty sustaining attention?
   • Do you have difficulty prioritizing work?
   • Do you have trouble planning ahead?
   • Do you have difficulty completing tasks on time?
B. Correctional Facilities incorporate a brief and inexpensive screen such as the World Health Organization Adult Self-Report Scale (ASRS) Screener

- A short, only a 6 item self rating scale which measures the frequency, and not the severity, of symptoms, into the intake process for all adults. Intended for people 18 years or older.

- There is evidence for the scale having validity and consistency and is based on the DSM-IV. (Murphy, K.R., Adler, L.A., 2004)

**Adult Self-Report Scale (ASRS)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have difficulty getting things in order when you have to do a task that requires organization?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>3. How often are you distracted by activity or noise around you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>4. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5. How often do you feel restless or fidgety?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>6. How often do you have difficulty waiting your turn in situations when turn taking is required?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

**Total:**

*(A score of 11 points or higher indicates that your symptoms may be consistent with Adult ADHD. It may be beneficial for you to talk with your healthcare provider about an evaluation.)*
Assessment

Must be completed by a licensed mental health professional or via a structured interview by a mental health trained interviewer who is supervised by a licensed mental health professional.

• Example of this type of interview is the Mini International Neuropsychiatric Interview–Plus

Major Challenges:

• Differentiating ADHD symptoms from co-occurring disorders
• Obtaining historical data to confirm diagnosis, co-occurring disorders (adults must have childhood-onset, persistent, and current symptoms)
A Diagnosis of ADD/ADHD Requires that an Individual Meet Criteria Listed in the DSM IV-TR
(Diagnostic and Statistical Manual of Mental Disorders)

DSM-IV-TR Criteria for ADHD. Either A or B

A. Six or more of the following symptoms of inattention have been present for at least 6 months to a point that is disruptive and inappropriate for developmental level.

Inattention:
- Often does not give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- Often has trouble keeping attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- Often has trouble organizing activities.
- Often avoids, dislikes, or doesn't want to do things that take a lot of mental effort for a long period of time (such as schoolwork or homework).
- Often loses things needed for tasks and activities (e.g. toys, school assignments, pencils, books, or tools).
- Is often easily distracted.
- Is often forgetful in daily activities.
B. Six or more of the following symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for developmental level.

**Hyperactivity**
- Often fidgets with hands or feet or squirms in seat.
- Often gets up from seat when remaining in seat is expected.
- Often runs about or climbs when and where it is not appropriate (adolescents or adults may feel very restless).
- Often has trouble playing or enjoying leisure activities quietly.
- Is often "on the go" or often acts as if "driven by a motor."
- Often talks excessively.

**Impulsivity**
- Often blurts out answers before questions have been finished.
- Often has trouble waiting one's turn
- Often interrupts or intrudes on others (e.g., butts into conversations or games).

II. Some symptoms that cause impairment were present before age 7 years.
III. Some impairment from the symptoms is present in two or more settings (e.g. at school/work and at home).
IV. There must be clear evidence of significant impairment in social, school, or work functioning.
V. The symptoms do not happen only during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder. The symptoms are not better accounted for by another mental disorder (e.g. mood disorder, anxiety disorder, dissociative disorder, or a personality disorder).

Based on these criteria, three types of ADHD are identified:
1. ADHD, *Combined Type*: if both criteria 1A and 1B are met for the past 6 months
2. ADHD, *Predominantly Inattentive Type*: if criterion 1A is met but criterion 1B is not met for the past six months
3. ADHD, *Predominantly Hyperactive-Impulsive Type*: if Criterion 1B is met but Criterion 1A is not met for the past six months.
Treatment for Persons with ADHD in Corrections

(Major Benefits*)

• Reduce symptoms of ADHD that impact adversely on behavior within the correctional setting,
  E.g. inattentiveness, physical restlessness, impulsive responding and mood instability

• Reduce ADHD symptoms resulting in individuals taking better advantage of existing rehabilitation programs.

• Improvements in co-occurring disorders

(*National Institute for Health & Clinical Excellence NICE)
What is the Focus of Treatment for Persons with ADHD?

1) Support the client in overcoming impairments in executive/management functions

2) Support the client in managing co-occurring psychiatric disorders

Most common:
- Other neurodevelopment disorders such as autism spectrum disorders and dyslexia,
- Substance abuse disorders,
- Personality disorder,
- Anxiety and depression, including risk for suicide.
## Behaviors Associated with Executive Function Impairments

<table>
<thead>
<tr>
<th>Executive Functions (Brown, 2005)</th>
<th>Behaviors (Eme, 2007)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activation:</strong> Organizing, prioritizing, and activating to work</td>
<td>• Failure to start, procrastination</td>
</tr>
</tbody>
</table>
| **Focus:** Focusing, sustaining, and shifting attention between tasks | • Disorganization  
  • Horrific money management skills  
  • Constitutional inability to save |
| **Effort:** Regulating alertness, sustaining effort, and processing speed | • Failure to sustain effort, follow through, or complete tasks |
| **Emotion:** Managing frustration and regulating emotions | • Overreaction, poor emotional regulation, low frustration tolerance, explosive temper, irritability, suggestibility, physical restlessness |
| **Memory:** Utilizing working memory and accessing recall | • Failure to appreciate gravity of situation  
  • Poor time management, planning for the future |
| **Action:** Inhibiting, controlling impulses | • Impulsive, non-thinking, thrill seeking behaviors, impatient, difficulty in delaying gratification, insatiable |
Effective Treatment Strategies

- Pharmacological
- Psychological
  - Cognitive Behavioral
  - Psycho-educational
  - Coaching
- Interventions for Co-occurring disorders
Effective Treatment  
*(Pharmacological)*

• Medication is the cornerstone of ADHD treatment

• ADHD medications are grouped into two major categories - stimulants and non-stimulants.

  • The first line of pharmacological treatment is stimulant medication such as methylphenidate and amphetamines (Hurley & EME).

  • The only FDA approved non-stimulant medication is atomoxetine (brand name is Strattera).

  • Other not FDA-approved medications that have shown a positive impact on treatment are tricyclic anti-depressants because of their affect on the brain chemicals norepinephrine and dopamine.
Effective Treatment  
(Pharmacological)

- The main treatment effects recorded in drug treatment trials are improvements in:
  - levels of inattention,
  - hyperactivity and
  - impulsive behaviors and symptoms.
  - adherence to other treatment programs

- Also observed were improvements on social and academic function and an individual’s overall sense of well being.

- Illegal acts/violent behaviors?
  - Swedish study of 25,000 mental health patients with ADHD strongly suggests that ADHD stimulant medications, which help tame impulsive urges, may also prevent patients from engaging in illegal acts including violent behaviors (Lichtenstein, P. (2012).
What are Persons Treated for ADHD Reporting as the Impact of Medication? *(Young et al. BMC Psychiatry 2011)*

• Within a short time of taking the medication we feel calmer, more focused and better able to initiate and complete tasks.
  • Improvements in our ability to focus attention, greater motivation and reward from usual activities of daily life, improved ability to plan ahead with less forgetfulness and increased levels of self-organization.

• Impulsive symptoms are reduced with less subjective & objective restlessness.

• Problems such as mood swings greatly reduced
  • Situations in which we were particularly prone to become irritable or aggressive, such as waiting turn or being irritated by other people’s responses, are now far easier to manage.
  • Overall we have a greater control over behavior and can stop and think more easily, rather than acting in a more impulsive and unthinking way.
Medication & Security Precautions

• Prescribing stimulant medication in CJS settings perceived as unattractive due to abuse potential.

• The abuse potential for stimulants is, however, often overstated.

• Correctional settings using methadone interventions have already demonstrated a capacity for providing a drug administration process that manages the risk of institutional contraband.
Effective Treatments (Psychological Interventions)

• Well-controlled research on the efficacy of psychological treatments is scarce.

• Experts in the field and the research that does exist support the value of:
  • Cognitive behavior therapy
  • Coaching
  • Psycho-educational
Values of Psychological Interventions for Addressing Impairments for Persons with ADHD

Assist clients:

- Challenge their cognitive distortions and modify dysfunctional behaviors. (Rapport, Chung, Shore, & Isaacs 2001)

- Understand the disorder and address specific problems inherent to ADHD, such as time management issues, temper outbursts, poor self-esteem, and relationship issues. (Kolar et al., 2008).

- Learn how to organize his or her life with tools such as a large calendar or date book, lists, reminder notes, and by assigning a special place for keys, bills, and paperwork. Large tasks can be broken down into more manageable, smaller steps so that completing each part of the task provides a sense of accomplishment. (NIMH)

- Change one's poor self-image by examining the experiences that produced it. The therapist encourages the adult with ADHD to adjust to the life changes that come with treatment, such as thinking before acting, or resisting the urge to take unnecessary risks. (NIMH)

- Understand the Impact ADHD has had on their life.
A Word About Coaching

ADHD Coaching is provided to support the consumer in addressing daily challenges of living with ADHD

Example of Coaching: The power of pause in impulsive behavior, presented by Master ADHD Coach David Giwerc

http://www.youtube.com/watch?v=5PaJkVkOn3U
Other Helpful Videos* to Understand Coaching

- ADHD Coaching Demonstration: A brief introduction to coaching, including a short demonstration.  
  [video](http://www.youtube.com/watch?v=lHeqGOM1EZU)

- Discussion of ADHD Coaching, without a full demonstration:  
  [video](http://www.youtube.com/watch?v=FqMjbMKhyKl)

- The topic of coaching in general, not ADHD coaching specifically:  
  [video](http://www.youtube.com/watch?v=UY75MQte4RU)

- “Introduction to ADHD Coaching with Hazel Brief”:  
  [video](http://www.youtube.com/watch?v=X5JtSw0y03g)

- “Shanna Tator One Focus Total Success ADD Coach”:  
  [video](http://www.youtube.com/watch?v=5VjmYsd2LjQ)

*provided by Caitlyn Jackson*
Examples of Treatment Programs

• The Reasoning & Rehabilitation Program

• The CHOICES Program
Reasoning & Rehabilitation program (R&R2ADHD)

- 15 session manualised CBT intervention program, developed in 2007 for youths and adults with ADHD and antisocial behavior
  - It is a revised edition of the 35-session Reasoning & Rehabilitation program.
  - that was originally developed as a prosocial competence training program for use in corrections.

- A structured, manualized program to decrease impairment of core ADHD symptoms and improve social, problem solving, and organizational skills.

- Integrates group and individual treatment, the latter being achieved by group facilitators training 'coaches' who meet with the participant between sessions. The coaching role aims to support participants to transfer skills learned in the group into their daily lives.
Reasoning & Rehabilitation Program
(5- treatment modules)

① Neurocognitive, e.g. learning strategies to improve attention, memory, impulse control and planning,

① Problem solving, e.g. developing skilled thinking, problem identification, consequential thinking, managing conflict and making choices,

② Emotional control, e.g. managing feelings of anger and anxiety,

③ Pro-social skills, e.g. recognition of the thoughts and feeling of others, empathy, negotiation skills and conflict resolution,

④ Critical reasoning, e.g. evaluating options and effective behavioral skills.
CHOICES Treatment Programs for Offenders with ADHD

- CHOICES - In late 1988, the Learning Disabilities Association of Washington established and implemented the CHOICES Program to assist offenders with learning disabilities (LD) and/or Attention Deficit Disorder (ADD).

- For those offenders who are placed on probation, the judges of the King County District Court, Northeast Division have directed that a condition of probation requires defendants be screened and evaluated for learning disabilities and, if appropriate, complete the CHOICES Program of the Learning Disabilities Association.

- Failure to do so places a defendant in violation of the terms of his sentence, which can result in the imposition of jail or other punitive consequences.
The CHOICES Program is designed to address the client's difficulties in social skills, anger management, decision making and problem solving.

It also provides information on learning and attention disabilities, offers suggestions on specific coping mechanisms and provides community resource information. A manual for clients has been developed.

Duration: 14-week (28-hour) instructional class geared specifically toward the needs of the LD and ADD clients.
Participants Receive Interactive Small Group Instruction that Addresses Multiple Learning Styles and Promotes Real-Life Application of the Following Skills:

**People Skills:**
- Identify, understand and communicate feelings
- Coping with Change
- Active Listening
- Learning from Experience
- Healthy Relationships

**Conflict Resolution:**
- Managing Anger
- Coping with Stress and Frustration
- Negotiating
- Effective Communication
- Setting Boundaries

**Self-Identity:**
- Self-Esteem
- Responsibility
- Belief System
- Attitude

**Problem Solving:**
- Critical Thinking Skills
- Identifying Problems
- Seeking Solutions
- Setting Goals
- The Choices Adult Program has been helping adults who struggle with social skills since 1988.

62% of the graduates from the Choices program do not re-offend. This is a 43% reduction in the offense rates of individuals in our program.
Summary

• Treatment is effective

• Medication is the cornerstone of ADHD treatment

• Psychological treatments are also effective

• Manualized programs and screening tools are available
Key Issues to Reflect on in Developing Services for Persons with ADHD in Corrections

**What inmates will you provide with ADHD treatment?**
All inmates with ADHD, or only those with certain criteria? E.g. problematic behaviors, on meds at intake, long sentences...
...Only those with longer sentences.

**What services will your offer?**
- Medication only
- Cognitive behavioral, psychosocial and/or coaching only
- Medication plus one or more of above services

**When will inmates be screened for ADHD, and what screening tools will be used?**
What staff will provide screening, assessment, and treatment? Will training be needed?
In 2010, ADDA partnered with the Delaware Center for Justice (DCJ) to create a pilot project that would address the issue of undiagnosed and/or untreated ADHD in our correctional system.
The ADHD Corrections Project

• The project targets the reentry population of local prisons in Wilmington, Delaware.

• Howard R. Young Correctional Institution (also known as Gander Hill Prison) is a Level 5 men’s facility in the northeast section of Wilmington.

• Head Start is a reentry program with its own housing unit, which accommodates approximately 60 inmates and operates on a 3 month cycle.
1. **INTRODUCTORY PRESENTATIONS:**
   The first step is an introductory presentation to the target population, explaining:
   - what ADHD is,
   - how it influences your behavior,
   - how it impacts your choices,
   - what you can do, and
   - how we can help.

2. **PRELIMINARY SCREENING SESSIONS:**
   Next, we offer preliminary screenings to all interest inmates. These sessions include: a participation consent form, an anonymous questionnaire to gather additional background information, and an Adult ADHD Self-Report Scale. The ASRS Screen functions to indicate which participants display symptoms highly consistent with ADHD in adults, and would therefore make good candidates to continue forward to the next stages of our project.

*Research data gathered during the screening process is analyzed to further assess the influence of ADHD in Delaware’s correctional institutions.*
3. **DIAGNOSTIC INTERVIEWS:**
For those screened positive and express interest, we will coordinate full diagnostic interviews with the facility’s mental health department. This is a more involved process than the preliminary screen, conducted by a licensed mental health professional who can provide an official diagnosis.

4. **GROUP COACHING SESSIONS:**
Those who screen positive are invited to participate in a 6-7 week ADHD group coaching session. Coaching sessions are conducted by a certified ADHD coach and/or mental health professional. Our syllabus is based on the book *Cognitive Behavioral Therapy for Adult ADD- Targeting Executive Dysfunction* by Dr. Mary Salanto. Each workshop equips participants with skills that enable them to overcome problematic ADHD symptoms— from learning how to tame their impulsivity to how to better manage their time. The group dynamic provides a supportive atmosphere. Participants learn and grow together by affirming one another’s experiences with ADHD.
Structure

5. MEET-UP GROUPS:
Following release, participants have access to our Meet-Up Groups for continued support, both from our coordinators and from others navigating similar reentry and ADHD-related challenges. These groups may take the form of local support groups or online peer accountability programs.

6. FOLLOW-UP SERVICES:
We also help arrange other follow-up services to ensure a continuum of care. Using our directory of local resources, we help participants get connected with any additional support services in their community that they may need upon reentry, such as:
• cognitive behavioral therapy,
• medication assistance,
• counseling,
• coaching,
• mentoring, and
• support groups.
Findings

Research data gathered during the screening process is analyzed to further assess the influence of ADHD in Delaware’s correctional institutions.

Statistics are based on a survey of 100 male inmates.*

The average age of participants was 30.12 years old.

68% of participants screened positive for ADHD, compared to 26% screened negative. (6% of results were deemed inconclusive.)

Only 58% of those screened positive for ADHD had ever been diagnosed. At the time, none were receiving treatment.

*NB: Because participation in the survey and preliminary screening was offered to all interested inmates following an introductory presentation on AD/HD and our program, these statistics are not intended to represent incidence of AD/HD among a random sample pool, but rather represent patterns in relevant background information among informed participants.
## Findings

<table>
<thead>
<tr>
<th>Findings</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considered “Problem Student” e.g. class clown, troublemaker</td>
<td>71.6%</td>
<td>36.0%</td>
</tr>
<tr>
<td>Ever Suspended or Expelled</td>
<td>94.1%</td>
<td>88.5%</td>
</tr>
<tr>
<td>Ever Dropped Out of School</td>
<td>62.7%</td>
<td>52.0%</td>
</tr>
<tr>
<td>Most Recent Employment Status:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Full Time</td>
<td>36.8%</td>
<td>69.2%</td>
</tr>
<tr>
<td>• Part Time</td>
<td>23.6%</td>
<td>19.2%</td>
</tr>
<tr>
<td>• Unemployed</td>
<td>29.4%</td>
<td>11.5%</td>
</tr>
<tr>
<td>• Student/Other</td>
<td>10.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Length (in months) of Most Recent Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>27.8</td>
<td>38.6</td>
</tr>
<tr>
<td>Report Trouble Making Friends</td>
<td>16.4%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Report Trouble Keeping Friends</td>
<td>35.3%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Report Trouble with Relationships</td>
<td>54.4%</td>
<td>34.6%</td>
</tr>
<tr>
<td>Moods Change Frequently, Abruptly, and/or Unpredictably</td>
<td>77.3%</td>
<td>44.0%</td>
</tr>
</tbody>
</table>
Findings

<table>
<thead>
<tr>
<th></th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Incarcerations (Sentenced)</td>
<td>5.767</td>
<td>2.000</td>
</tr>
<tr>
<td>Number of Incarcerations (Total)</td>
<td>7.333</td>
<td>2.545</td>
</tr>
<tr>
<td>Report Trouble with Temper</td>
<td>76.5%</td>
<td>50.0%</td>
</tr>
<tr>
<td>History of Drug Use</td>
<td>84.5%</td>
<td>78.3%</td>
</tr>
<tr>
<td>History of Addiction</td>
<td>75.0%</td>
<td>61.5%</td>
</tr>
<tr>
<td>Have, or Have Ever Had, a Driver’s License</td>
<td>55.9%</td>
<td>76.9%</td>
</tr>
<tr>
<td>Have ever had their Driver’s License Suspended</td>
<td>80.0%</td>
<td>86.4%</td>
</tr>
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The ADHD Corrections Project: Challenges & Solutions

- **Skepticism:** there are still doubts as to the legitimacy of this issue.

- **Red Tape:** delays caused by clearances, challenges of working within the limitations of a correctional facility’s schedule.

- **Capacity:** personnel and finances.

- Hesitancy to prescribe *medication.*
The ADHD Corrections Project: Challenges & Solutions

The Obstacle:
Skepticism- doubts as to the legitimacy of this issue.

Our strategy:
The numbers don’t lie, and it’s becoming increasingly difficult to argue with the obvious facts. New research continues to emerge which emphasizes how real both the disorder and its link to the criminal justice system are.

The Obstacle:
Red Tape- delays caused by clearances, challenges of working within the limitations of a correctional facility’s schedule.

Our strategy:
Patience.
The ADHD Corrections Project: Challenges & Solutions

The Obstacle:
Capacity- personnel and finances.

Our strategy:
An example of personnel limitations: there is only one certified ADHD coach in the state of Delaware- but she is working with us, and she is great.

To overcome this obstacle, we started small by focusing on the local reentry population, beginning with the men’s prison. As we continue to develop and expand (e.g. to the women’s prison), we are working to expand our capacity.

We have been fortunate with funding- likely due in part to the fact that this is a recognizable cost-saving mechanism, long-term. Addressing the specific needs of inmates challenged with AD/HD ultimately benefits all of us; in the form of lowered recidivism, safer communities and savings to taxpayers.
The ADHD Corrections Project: Challenges & Solutions

The Obstacle:
Hesitancy to prescribe medication.

Our strategy:
We understand the apprehension involved with prescribing stimulants in a prison setting. This conversation is ongoing, but there are new developments demonstrating the value of providing appropriate pharmacological treatment to inmates that need it.

- By refusing to allow offenders access to the medications they need, they are left with few alternatives outside of reoffending due to their symptomatic behaviors, or seeking self-medication in the form of illegal street drugs that will violate their probation/parole. Their medical needs must be recognized when determining the parameters of probation/parole.

- Recent studies have suggested that individuals with ADHD who are treated with appropriate medications are significantly less likely to engage in substance abuse or develop issues with addiction.

- Pharmaceutical companies have recently developed a liquid form of stimulant medications, which would significantly reduce the potential for abuse in a correctional setting.
Questions?