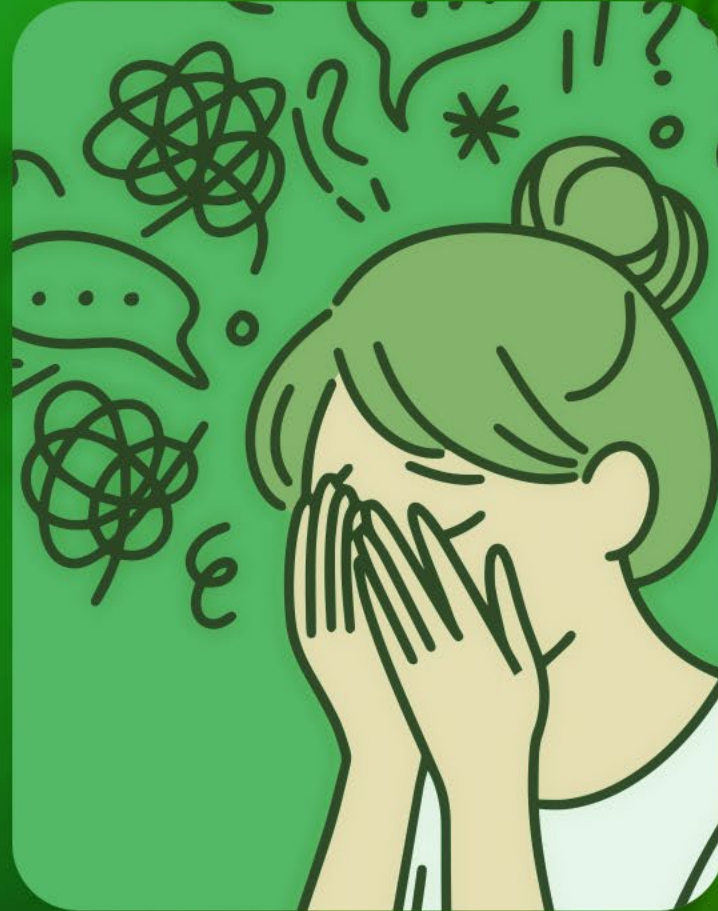


Features Out of Focus:
***Recognition and
Treatment of Emotional
Dysregulation and
Executive Dysfunction
in ADHD***

Module 5



Faculty

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Faculty Disclosures

- **Greg Mattingly, MD:** Consultant – AbbVie, Acadia, Akilli, Alkermes, Angelini, Axsome, Aytu, Biogen, BMS, Boehringer Ingelheim, Cerevel, Corium, Eisai, GH Research, Intracellular, Ironshore, Johnson & Johnson, Liva Nova, Lumos Labs, Lundbeck, Neurocrine, Noven, Otsuka, Redax, Relmada, Revibe, Roche, Sage, Sirona, Sky Therapeutics, Sunovion, Supernus, Takeda, Teva, Tris Pharma; Research – AbbVie, Acadia, Aytu, Alkermes, Akilli, Alto Therapeutics, Avanir, Axsome, BMS, Boehringer Ingelheim, Cingulate, Click Therapeutics, Croium, Emalex, Idorsia, Intracellular, Johnson & Johnson, Karuna, Lumos Labs, Medgenics, Neurocrine, NLS Pharma, Redax, Relmada, Roche, Sage, Sirtsei, Sumitomo, Sunovion, Supernus, Takeda, Teva, Transcend; Speakers Bureau – AbbVie, Alkermes, Angelini, Axsome, BMS, Corium, Intracellular, Ironshore, Johnson & Johnson, Lundbeck, Neurocrine, Noven, Otsuka, Sunovion, Supernus, Takeda, Teva, Tris Pharma
- **Julie A. Carbray, PhD, PMHNP-BC, PMHCNS-BC, FAAN:** Advisory Board— Abbvie, Alkermes, Supernus; Consultant— Alkermes, Otsuka, Supernus

Disclosures

- The faculty have been informed of their responsibility to disclose to the audience if they will be discussing off-label or investigational use(s) of drugs, products, and/or devices (any use not approved by the US Food and Drug Administration)
- Applicable CME staff have no relationships to disclose relating to the subject matter of this activity
- This activity has been independently reviewed for balance
- This CME activity includes brand names for participant clarity purposes only. No product promotion or recommendation should be inferred

Learning Objectives

- Implement strategies to improve recognition and assessment of executive dysfunction, emotional dysregulation, and psychiatric comorbidities in patients with ADHD

Practical Strategies to Improve Recognition and Treatment of ADHD

Meltdown Mateo



Mateo is a 9 year old male presenting with his mother for a psychiatric evaluation due to increasing concern about **frequent meltdowns** especially when he is told he can't do something or that he needs to do schoolwork chores or activities he finds less engaging

- Mother and siblings find **they walk on eggshells** worried something will set off a meltdown
- He has had several meltdowns before school resulting in **tardiness or school refusal**
- His mother is stressed because he seems to **overreact** to small stressors like “its time for bed”
- Increasingly he has been more **frustrated** and tearful
- Having more **trouble with friends** because of his meltdowns and because he frequently **interrupts** them or **says things without thinking about it first**
- Grades and classroom behaviors have also been more concerning due to **talking in class** and **not turning in assignments**

Meltdown Mateo



Despite these concerns, Mateo is a gifted soccer player, but his mother worries he is getting more frustrated when he plays soccer and even when he plays games with friends.

His mother wonders: “does he have anxiety, depression, DMDD or even bipolar disorder?”

The internet is scaring her that something major is happening to him.....

**What is your differential
diagnosis?
Next steps?**

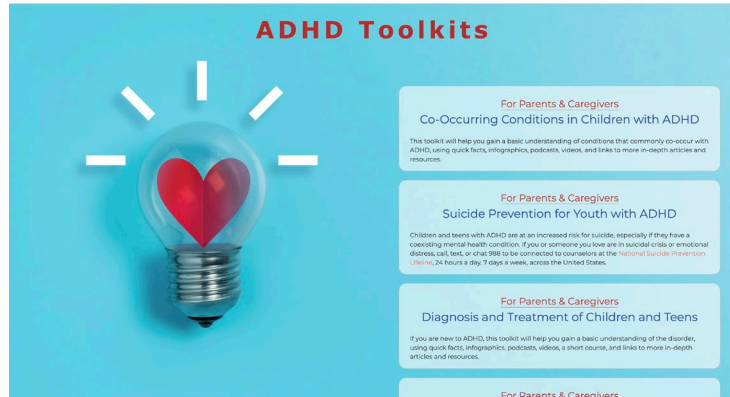
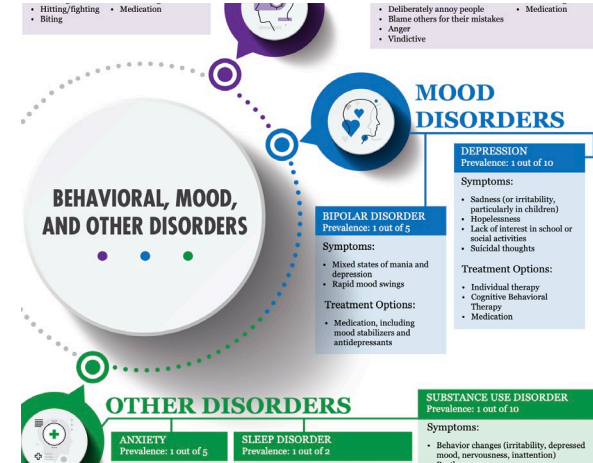
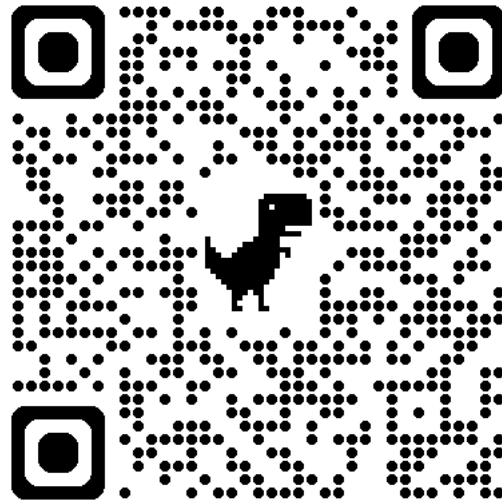
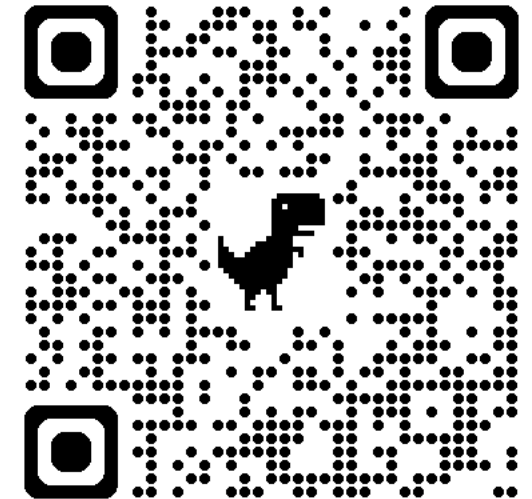


Triggered Tina

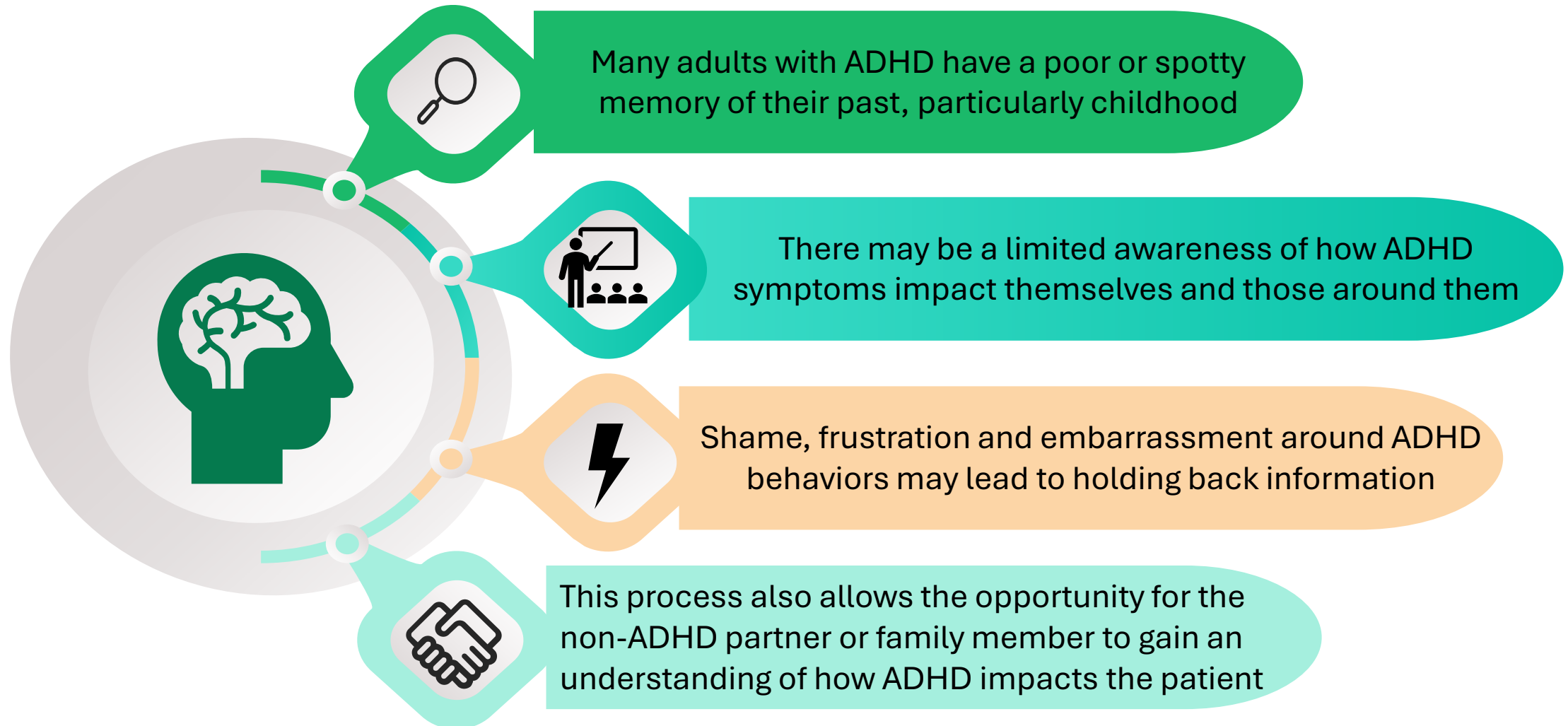


- 31 yo married mother of 2, graphic designer
- Presents stressed and overwhelmed
- Little things set me off and “I let my tongue get away”
- Reports a history of being diagnosed with “ADD” in college
- Tried Adderall
 - “I liked it but totally lost my appetite and got ‘really snappy’”
- Tried a SSRI and it helped some with anxiety, but I still felt overwhelmed
- “I’ve read about ADHD, but it seems like more than that”
- Reports running late, being disorganized, difficulty stopping and starting things and keeping up with deadlines

Tools for Recognition of Emotional Dysregulation and Executive Dysfunction



Collaboration in Diagnosis/Treatment Planning



CHADD. *Diagnosis of ADHD in Adults*. Accessed May 19, 2026. [CHADD ADHD Diagnosis Resource](#). Wolraich, M. & DuPaul, G. (2010). *ADHD diagnosis and management: A practical guide for the clinic and the classroom*. Baltimore, MD: Brooks Publishing.

Cultural Considerations in ADHD Diagnosis and Treatment

ADHD affects children and adults of all ethnicities

- 12% of African American children have been diagnosed with ADHD
- 10% of Latino/Hispanic Children have been diagnosed with ADHD
- 1 in 10 military service members are diagnosed with ADHD.

Cultural beliefs may influence how ADHD sx are perceived and reported

- Expressions of hyperactivity, impulsivity, emotional regulation may vary depending on culture and environment .
- Stigma, language barriers, and health literacy may delay diagnosis and treatment

Shared decision making and culturally responsible communication improves outcomes

- Collateral information from caregivers and patients should be interpreted with cultural humility and awareness of implicit bias
- Cultural norms for academic/work performance, emotional expression, and behaviors should be considered during assessment

Key Learning Points

- ADHD frequently overlaps with depressive and anxiety disorders, and emotional dysregulation or executive dysfunction may overshadow classic attentional symptoms
- Comprehensive ADHD assessment should include developmental history, functional impairment, contextual factors, comorbidities, and collateral information, not symptom checklists alone.
- Emotional dysregulation and executive dysfunction are highly impairing features of ADHD that significantly affect academic, interpersonal, occupational, and quality-of-life outcomes

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Thank You!

