A Resource for Clinicians

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Diagnosis of AD/HD in Adults

Individuals wishing to seek an evaluation for AD/HD should use this information and resource sheet as a set of guidelines for what to expect from the clinician conducting the evaluation. This What We Know sheet will describe:

- the common symptoms of AD/HD in adults
- how professionals evaluate adults for possible AD/HD
- what to expect when consulting a professional for an AD/HD evaluation

What is AD/HD?
Attention-deficit/hyperactivity disorder (AD/HD) is a common neurobiological condition affecting 5-8 percent of school age children1,2,3,4,5,6,7 with symptoms persisting into adulthood in as many as 60 percent of cases (i.e. approximately 4% of adults).8,9 In most cases, AD/HD is thought to be inherited, and tends to run in some families more than others. AD/HD is a lifespan condition that affects children, adolescents, and adults of all ages. It affects both males and females, and people of all races and cultural backgrounds.

Some common symptoms and problems of living with AD/HD include:
- Poor attention; excessive distractibility
- Physical restlessness or hyperactivity
- Excessive impulsivity; saying or doing things without thinking
- Excessive and chronic procrastination
- Difficulty getting started on tasks
- Difficulty completing tasks
- Frequently losing things
- Poor organization, planning, and time management skills
- Excessive forgetfulness

Not every person with AD/HD displays all of the symptoms, nor does every person with AD/HD experience the symptoms of AD/HD to the same level of severity or impairment. Some people have mild AD/HD, while others have severe AD/HD, resulting in significant impairments. AD/HD can cause problems in school, in jobs and careers, at home, in family and other relationships, and with tasks of daily living.

AD/HD is thought to be a biological condition, most often inherited, that affects certain types of brain functioning. There is no cure for AD/HD. When properly diagnosed and treated, AD/HD can be well managed, leading to increased satisfaction in life and significant improvements in daily functioning. Many individuals with AD/HD lead highly successful and happy lives. An accurate diagnosis is the first step in learning to effectively manage AD/HD.

How Is AD/HD Diagnosed?
There is no single medical, physical, or genetic test for AD/HD. However, a diagnostic evaluation can be provided by a qualified mental health care professional or physician who gathers information from multiple sources. These include AD/HD symptom checklists, standardized behavior rating scales, a detailed history of past and current functioning, and information obtained from family members or significant others who know the person well. AD/HD cannot be diagnosed accurately just from brief office observations, or just by talking to the person. The person may not always exhibit the symptoms of AD/HD in the office, and the diagnostician needs to take a thorough history of the individual's life. A diagnosis of AD/HD must include consideration of the possible presence of co-occurring conditions.

Clinical guidelines for diagnosis of AD/HD are provided in the American Psychiatric Association diagnostic manual commonly referred to as the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision). These established guidelines are widely used in research and clinical practice. During an evaluation, the clinician will try to determine the extent to which these symptoms apply to the individual now and since childhood. The DSM-IV-TR symptoms for AD/HD are listed below:

Symptoms of Inattention
1. Often fails to give close attention to details or makes careless mistakes in work, school, or other activities
2. Often has difficulty sustaining attention in tasks or activities
3. Often does not seem to listen when spoken to directly
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
5. Often has difficulty organizing tasks and activities
6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
7. Often loses things necessary for tasks or activities
8. Is often easily distracted by extraneous stimuli
9. Is often forgetful in daily activities

Symptoms of Hyperactivity
1. Often fidgets with hands or feet or squirms in seat
2. Often leaves seat in classroom or in other situations in which remaining seated is expected
3. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
4. Often has difficulty playing or engaging in leisure activities quietly
5. Is often “on the go” or often acts as if “driven by a motor”
6. Often talks excessively

Symptoms of Impulsivity
1. Often blurts out answers before questions have been completed
2. Often has difficulty awaiting turn
3. Often interrupts or intrudes on others (e.g., butts into conversations or games)

A diagnosis of AD/HD is determined by the clinician based on the number and severity of symptoms, the duration of symptoms, and the degree to which these symptoms cause impairment in various life domains (e.g., school, work, home). It is possible to meet diagnostic criteria for AD/HD without any symptoms of hyperactivity and impulsivity. The clinician must further determine if these symptoms are caused by other conditions, or are influenced by co-existing conditions.

It is important to note that the presence of significant impairment in at least two major settings of the person's life is central to the diagnosis of AD/HD. Impairment refers to how AD/HD interferes with an individual's life. Examples of impairment include losing a job because of AD/HD symptoms, experiencing excessive conflict and distress in a marriage, getting into financial trouble because of impulsive spending or failure to pay bills in a timely manner, or getting on academic probation in college due to failing grades. If the individual manifests a number of AD/HD symptoms but does not manifest significant impairment, s/he may not meet the criteria for AD/HD as a clinical disorder.

The DSM-IV-TR specifies three major subtypes of AD/HD:
1. Primarily Inattentive Subtype. The individual mainly has difficulties with attention, organization, and follow-through.
2. Primarily Hyperactive/Impulsive. The individual mainly has
difficulties with impulse control, restlessness, and self-control.
3. Combined Subtype. The individual has symptoms of inattention,
impulsivity, and restlessness.

Internet Self-Rating Scales
There are many Internet sites about AD/HD that offer various types of
questionnaires and lists of symptoms. These questionnaires are not
standardized or scientifically validated and should never be used to
self-diagnose or to diagnose others with AD/HD. A valid diagnosis can
only be provided by a qualified, licensed professional.

Who Is Qualified To Diagnose AD/HD?
For adults, an AD/HD diagnostic evaluation should be provided by a
licensed mental health professional or a physician. These professionals
include clinical psychologists, physicians (psychiatrist, neurologist,
family doctor, or other type of physician), or clinical social workers.
Whichever type of professional the individual may choose, it is
important to ask about their training and experience in working with
adults with AD/HD. Many times the professional’s level of knowledge
and expertise about adult AD/HD is more important for obtaining an
accurate diagnosis and effective treatment plan than the type of
professional degree. Qualified professionals are usually willing to
provide information about their training and experience with adults with
AD/HD. Reluctance to provide such information in response to
reasonable requests should be regarded with suspicion and may be
an indicator that the individual should seek out a different professional.

How Do I Find A Professional Qualified To Diagnose AD/HD?
Ask your personal physician for a referral to a health care professional
in your community who is qualified to perform AD/HD evaluations for
adults. It may also be helpful to call a university-based hospital, a
medical school, or a graduate school in psychology in your area. If there
is an AD/HD support group in your area, it may be very helpful to go
there and talk with the people attending the group. Chances are that
many of them have worked with one or more professionals in your
community and can provide information about them.

How Do I Know If I Need An Evaluation For AD/HD?
Most adults who seek an evaluation for AD/HD experience significant
problems in one or more areas of living. Some of the most common
problems include:
• Inconsistent performance in jobs or careers; losing or quitting jobs
frequently
• A history of academic and/or career underachievement
• Poor ability to manage day-to-day responsibilities (e.g., completing
household chores or maintenance tasks, paying bills, organizing
things)
• Relationship problems due to not completing tasks, forgetting
important things, or getting upset easily over minor things
• Chronic stress and worry due to failure to accomplish goals and
meet responsibilities
• Chronic and intense feelings of frustration, guilt, or blame
A qualified professional can determine if these problems are due to
AD/HD, some other cause, or a combination of causes. Although some
AD/HD symptoms are evident since early childhood, some individuals
may not experience significant problems until later in life. Some very
bright and talented individuals, for example, are able to compensate
for their AD/HD symptoms and do not experience significant problems
until high school, college, or in pursuit of their career. In other cases,
parents may have provided a highly protective, structured and
supportive environment, minimizing the impact of AD/HD symptoms
until the individual has begun to live independently as a young adult.

How Should I Prepare For The Evaluation?
Most people are a little nervous and apprehensive about being
evaluated for any type of condition such as AD/HD. This is normal and
should not stop anyone from seeking an evaluation if s/he is having
significant problems in life and AD/HD is suspected. Unfortunately,
some of the common misperceptions about AD/HD (e.g., it only
occurs in children, or the person is just looking for an excuse) make
many people reluctant to seek help.

Many professionals find it helpful to review old report cards and other
school records, dating back to kindergarten or even the preschool
years. If such records are available, they should be brought to the first
appointment. Copies of reports from any previous psychological testing
should also be brought to the appointment. For adults who experience
problems in the workplace, job evaluations should be brought for
review if available.

Many professionals will ask the individual to complete and return
questionnaires before the evaluation, and to identify a significant other
who will also participate in parts of the evaluation. Timely completion
and return of the questionnaires will expedite the evaluation.

What is a comprehensive evaluation?
Although different clinicians will vary somewhat in their procedures and
testing materials, certain protocols are considered essential for a
comprehensive evaluation. These include a thorough diagnostic
interview, information from independent sources such as the
spouse or other family members, DSM-IV symptom checklists,
standardized behavior rating scales for AD/HD, and other types of
pyschometric testing as deemed necessary by the clinician. These are
discussed in more detail below.

The Diagnostic Interview: AD/HD Symptoms
The single most important part of a comprehensive AD/HD evaluation
is a structured or semi-structured interview, which provides a detailed
history of the individual. In a “structured” or “semi-structured” interview,
the interviewer asks a pre-determined, standardized set of questions,
in order to increase reliability and decrease the chances that a different
interviewer would come up with different conclusions. This allows the
clinician to cover a broad range of topics, discuss relevant issues in
more detail, and ask follow up questions while ensuring coverage of
the domains of interest. The examiner will review the diagnostic criteria
for AD/HD and determine how many of them apply to the individual,
both at the present time and since childhood. The interviewer will
further determine the extent to which these AD/HD symptoms are
interfering with the individual’s life.

The Diagnostic Interview: Screening For Other Psychiatric Disorders
The examiner will also conduct a detailed review of other psychiatric
disorders that may resemble AD/HD or commonly co-exist with
AD/HD. AD/HD rarely occurs alone. In fact, research has shown that
many people with AD/HD have one or more co-existing conditions.
The most common include depression, anxiety disorders, learning
disabilities, and substance use disorders. Many of these conditions
mimic some AD/HD symptoms, and may, in fact, be mistaken for
AD/HD. A comprehensive evaluation includes some interviewing to
tscren for co-existing conditions. When one or more co-existing
conditions are present along with AD/HD, it is essential that all are
diagnosed and treated. Failure to treat co-existing conditions often
leads to failure in treating the AD/HD. And, crucially, when the AD/HD
symptoms are a secondary consequence of depression, anxiety, or
some other psychiatric disorder, failure to detect this will result in
incorrectly treating the individual for AD/HD. Other times, treating the
AD/HD will eliminate the other disorder and the need to treat it
independently of AD/HD.

The examiner is also likely to ask questions about the person’s health
history, developmental history going back to early childhood, academic
history, work history, family and marital history, and social history.

Participation of a Significant Other
It is also essential for the clinician to interview one or more
independent sources, usually a significant other (spouse, family
member, parent, partner) who knows the person well. This procedure
is not to question
the person’s honesty, but rather to gather additional information. Many
adults with AD/HD have a spotty or poor memory of their past,
particularly from childhood. They may recall specific details, but forget
diagnoses they were given or problems they encountered. Thus, the
clinician may request that the individual being evaluated have his
or her parents fill out a retrospective AD/HD profile describing
childhood behavior.
Many adults with AD/HD may also have a limited awareness of how AD/HD-related behaviors cause problems for them and have impact on others. In the case of married or cohabitating couples, it is to the couple’s advantage for the clinician to interview them together when reviewing the AD/HD symptoms. This procedure helps the non-AD/HD spouse or partner develop an accurate understanding and an empathetic attitude concerning the impact of AD/HD symptoms on the relationship, setting the stage for improving the relationship after the diagnostic process has been completed.

Finally, it should be noted that many adults with AD/HD feel deeply frustrated and embarrassed by the ongoing problems caused by their AD/HD. It is very important that the person being evaluated discuss these problems openly and honestly, and not hold back information due to feelings of shame or fear of criticism. The quality of the evaluation, and the accuracy of the diagnosis and treatment recommendations, will be largely determined by the accuracy of the information provided to the examiner.

**Standardized Behavior Rating Scales**

A comprehensive evaluation includes the administration of one or more standardized behavior rating scales. One of the rating scales may be a checklist of the DSM-IV-TR AD/HD symptoms reviewed earlier in this information and resource sheet. These are questionnaires based on research comparing behaviors of people with AD/HD to those of people without AD/HD. Scores on the rating scales are not considered diagnostic by themselves, but serve as an important source of objective information in the evaluation process. Most clinicians ask the individual undergoing the evaluation and the individual’s significant other to complete these rating scales.

**Psychometric Testing**

Depending on the individual and the problems being addressed, additional psychological, neuropsychological, or learning disabilities testing may be used as needed. These do not diagnose AD/HD directly but can provide important information about ways in which AD/HD affects the individual. The testing can also help determine the presence and effects of co-existing conditions. For example, in order to determine whether the individual has a learning disability, the clinician will usually give a test of intellectual ability as well as a test of academic achievement.

**Medical Examination**

If the individual being evaluated has not had a recent physical exam (within 6-12 months), a medical examination is recommended to rule out medical causes for symptoms. Some medical conditions (e.g., thyroid problems, seizure disorders) can cause symptoms that resemble AD/HD symptoms. A medical examination does not “rule in” AD/HD but is extremely important in helping to “rule out” other conditions or problems.

**Conclusion**

Towards the end of the evaluation the clinician will integrate the information that has been collected through diverse sources, complete a written summary or report and provide the individual and family with diagnostic opinions concerning AD/HD as well as any other psychiatric disorders or learning disabilities that may have been identified during the course of the assessment. The clinician will then review treatment options and assist the individual in planning a course of appropriate medical and psychosocial intervention. Afterwards, the clinician will communicate with the individual’s primary care providers, as deemed necessary.
Facts About Approved Medications for Adults with ADHD

Very often treatment for adults with ADHD includes a combination of medication and non-medication interventions (also known as psychosocial interventions). This combination of treatments is considered to be the most effective way to help adults with ADHD manage their condition. It has been said that pills cannot teach skills, meaning medication alone is frequently insufficient for treating adults with ADHD as they may need to learn specific skills in areas such as time management, organization, task completion, financial management, etc. to improve their lives.

The purpose of this fact sheet is to provide basic knowledge about FDA approved medications to treat adults with ADHD. We will discuss what they are, how they work, their similarities and differences, and the beneficial and adverse effects that adults with ADHD experience when prescribed these medications.

While much is known about the medication treatment of children and adolescents with ADHD, such treatment of adult ADHD has not been as well studied. The studies that do exist have focused on the effectiveness of medication on symptom reduction and minimization of the negative effects of ADHD on adults' daily functioning. With proper medical treatment, the core symptoms of ADHD—inattention, hyperactivity, and impulsivity can be improved and the effect that these symptoms have on daily life can be reduced.

One of the earliest drugs to treat hyperactivity in children was benzedrine. In 1937 it was discovered that benzedrine administered to hyperactive children could result in improvements in attention and behavior. Over the past seventy years different medications were specifically developed to treat ADHD in children. Scientists have investigated how such medications worked in the body, if they were safe and well tolerated in children, if they were effective in reducing symptoms, and, most importantly, if the medications improved the quality of life for children with ADHD. However, only a handful of studies by comparison have examined the use of stimulants in adults with ADHD. This is not surprising because for many years ADHD was thought to be a childhood disorder that diminished in adolescence and was outgrown by adulthood.

However, awareness that ADHD can be a lifetime disorder has led to greater study of this condition in adults. Impairments in social and school functioning that had substantial impact on children and adolescents as a result of their ADHD became obvious in adults with ADHD who experienced problems in higher education, in the workplace, in relationships, and in their overall quality of life. Adults with ADHD seeking help for their condition found benefit to taking the same ADHD medications that were approved for children.

Although there are several medications approved for children and adolescents with ADHD, only five medications have been approved by the US Food and Drug Administration for use in treating adults with ADHD. Of these, four are in the class of medicines called stimulants and one is a non-stimulant. These medications have been well studied and they all have similar effectiveness in treating symptoms of ADHD in adults.

The first non-stimulant ADHD medication, atomoxetine (Strattera®) was FDA approved for adults with ADHD in 2002. Stimulants followed with methylphenidate salts (Adderall XR®) approved in 2004, dexamfetamine (Focalin XR®) approved in 2005, and lisdexamfetamine (Vyvanse®) and OROS methylphenidate (Concerta®) approved in 2008 for adults with ADHD. See the chart on the following page for a list of FDA approved medications to treat ADHD in adults.

WHY USE MEDICATION TO TREAT ADHD?

Having ADHD can lead to impaired functioning in a variety of areas, but it is not directly life threatening. Sometimes adults with ADHD prefer to treat their condition with education and self-help, counseling, coaching, working with tutors, professional organizers, time management specialists, and others. They prefer such psychosocial treatments to medication or have reduced their need for ADHD medication because of their use of these other therapies.

However, for many who regard ADHD as a biological disorder that affects neurological functioning, taking medicine to improve brain functioning makes sense and they choose that treatment option. There are a large number of research studies that point to the effectiveness and safety of ADHD medications with children and adolescents, and although there are fewer studies of medication use in adults with ADHD, the scientific literature demonstrates that they can benefit as well and show improvements in attention, hyperactivity, and impulsivity. These improvements are frequently demonstrated by comparing scores on ADHD rating scales before and after medication use.

WHICH TO CHOOSE—STIMULANT OR NON-STIMULANT?

The decision to try a stimulant or non-stimulant to improve your ADHD symptoms is up to you and your doctor. As indicated earlier, stimulants have been used for over 70 years with children who have ADHD and many doctors are familiar with this class of medications for treating ADHD. They are highly effective, have good safety and tolerability records, and their effect can be seen within hours or days of administration. With the

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availability of FDA approved long-acting (8 to 12 hours) stimulants, adults with ADHD who need medication "on-board" to help them throughout the day and into the evening, find these very beneficial. Prescribers may choose to use the FDA approved non-stimulant medication, atomoxetine, to treat adult ADHD for a number of reasons. First, a patient's inadequate response to stimulants may motivate the clinician to see if a better response occurs with a non-stimulant. Second, adverse reactions that a patient may have to a stimulant (i.e., problems with sleep, appetite loss, irritability, etc.) may be too uncomfortable to tolerate even with modification of dosing or brand of stimulant leading the clinician to try a non-stimulant trial. Third, a non-stimulant medication pose no risk for misuse, abuse, or diversion and some clinicians may be apprehensive about prescribing stimulants to some patients because of this. Since atomoxetine is not a controlled Schedule II drug (like the stimulants are), it can be prescribed with refills by phone. Fourth, the non-stimulant, atomoxetine, has the advantage of being longer acting than even the long-acting stimulants.3

**WHICH STIMULANT WORKS BEST: METHYLPHENIDATE OR AMPHETAMINE?**

At this point in our understanding of these medications, there is no scientific evidence that will help your doctor decide that methylphenidate will work better for you than amphetamine or vise versa. Both methylphenidate and amphetamine affect dopamine and norepinephrine, but do so somewhat differently, therefore, individuals may respond differently to each of them.3 After a trial with one stimulant (either methylphenidate or amphetamine), a trial with the other is warranted to determine which gives the best result.

**LONG-ACTING VS SHORT-ACTING STIMULANTS**

Only long-acting stimulants are FDA approved for adults with ADHD. Long-acting stimulants generally last eight or more hours and deliver a consistent pattern of symptom relief throughout the day, whereas short-acting stimulants may only last three to four hours and require more than once a day dosing for most people with ADHD. Doctors often prefer to prescribe long-acting medications as they promote better compliance in patients. It can be an unnecessary burden for the patient with ADHD to remember to take medication at appropriate times throughout the day. In addition, the long-acting medication offers the adult more privacy safeguards as medication can be taken at home, in the morning, and not when out in public.

**STIMULANTS AND SUBSTANCE ABUSE**

Does taking stimulant medication lead to substance abuse? This question has been the subject of a few research studies. No evidence exists that stimulant use increases the chances of a person developing problems with substance abuse or dependence. In fact, studies indicate that stimulant use in the successful treatment of adults with ADHD can actually reduce the chances of a person developing a substance use disorder in comparison to adults untreated for ADHD.3

**ADVERSE EFFECTS OF ADHD MEDICATIONS IN ADULTS**

Common side effects of stimulants are decreased appetite, headache, stomach ache, trouble sleeping, weight loss, dry mouth, nervousness, mood swings, dizziness, fast heart beat. Stimulants can also cause mood swings, dizziness, fast heart beat. Stimulants can also cause increased heart rate and blood pressure, which may be troubling for some patients with preexisting hypertension. Furthermore, patients with narrow angle glaucoma should avoid stimulants, and stimulants may worsen symptoms in patients with Tourette's syndrome or a history of tics. Common side effects of the non-stimulant, atomoxetine, are constipation, dry mouth, nausea, fatigue, decreased appetite, insomnia, erectile dysfunction, urinary hesitation and/or urinary retention and/or dysuria, dysmenorrhea, and hot flush. Atomoxetine may cause sedation which is a reason that sometimes it is initially prescribed it to be taken in the evening. Mild increases in blood pressure have been reported and blood pressure and pulse should be monitored. Gastrointestinal complaints may occur, but generally abate within the first week of treatment and it may help if atomoxetine is taken with meals to avoid nausea. Patients with pre-existing heart disease or cardiac abnormalities, hypertension or hypotension, or liver disease should avoid atomoxetine. Atomoxetine, in rare cases, can cause an allergic reaction such as a skin rash and when this occurs the doctor should be contacted and the drug discontinued.

**MONITORING THE EFFECTS OF MEDICATION**

Whenever medication is prescribed for ADHD, there should be a system in place to monitor its effectiveness over time. Initial prescribing doses often have to be adjusted to reach optimal improvement. Tolerability may vary and some patients may experience uncomfortable or unhealthy adverse effects that will require a change in administration, dosing, or medication. Your doctor may use an ADHD rating scale to monitor the effects of medication on core symptoms of inattention, hyperactivity or impulsivity or may simply ask you questions about these symptoms to see how well you are doing in treatment. Other problems associated with ADHD, however, may not be easily measured by a simple rating scale and will require you to have a conversation with your doctor. Letting your doctor know about your overall, real-life experiences (i.e., being on time, being able to read for more than a few minutes, finishing boring tasks, staying on track at work, managing your spending, etc.) while taking medication is very important so don't forget to have these conversations. With careful monitoring, communication, and fine-tuning over time the right medication, dose, and time of administration to achieve optimal results generally occurs.

**WHAT NON-MEDICAL TREATMENTS ARE USED IN ADDITION TO MEDICATION?**

Frequently, medication alone is not sufficient to treat ADHD symptoms in adults, particularly if the symptoms are severe and causing serious impairment in daily functioning. Even though medications may offer improvements in core symptoms, these changes may not always result in satisfactory improvement in areas such as time management, organization, planning, task-completion, anger management, etc. For this reason, many adults with ADHD seek further assistance in the form of psychosocial treatment.4 These interventions often include cognitive behavior therapy, time management, coaching, social skills training, money management, relationship counseling, vocational counseling, and very importantly, self-education about ADHD.

**ADHD MEDICATION AND COMORBID PSYCHIATRIC DISORDERS**

Adults with ADHD can have comorbid (co-existing) conditions such as Generalized Anxiety Disorder, Social Phobia, Major Depressive Disorder, Bipolar Disorder, Substance Use Disorder, personality disorders, or other psychiatric conditions. While there is guidance for doctors on how to treat ADHD and comorbid disorders in children and adolescents, there are less guidelines for adults with ADHD and comorbidities and none of the FDA approved ADHD medications are approved for treating these other conditions. When you speak with your doctor it is best to explain the problems that are bothering you the most and target those symptoms for treatment. Significant co-existing conditions are usually treated first, before ADHD, particularly if they are causing a great deal of impairment and unhappiness. Sometimes, medications used to treat one condition may improve or worsen symptoms of other conditions so frequent communication with your doctor is important especially if you have ADHD and another psychiatric disorder.

**REFERENCES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Form</th>
<th>Recommended Dosing</th>
<th>Common Side Effects</th>
<th>Duration of Action*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adderall XR® mixed amphetamine salts extended release</td>
<td>5 mg, 10 mg 15 mg, 20 mg, 25 mg, 30 mg</td>
<td>Start with 20 mg/day and titrate at weekly intervals to appropriate efficacy and tolerability. Maximum daily recommended dose is 30 mg/day</td>
<td>Decreased appetite, headache, stomach ache, trouble sleeping, weight loss, dry mouth, nervousness, mood swings, dizziness, fast heart beat</td>
<td>10 – 12 hours</td>
</tr>
<tr>
<td>Concerta® OROS methylphenidate extended release</td>
<td>18 mg, 27 mg 36 mg, 54 mg</td>
<td>Start with 18 mg or 36 mg each morning and increase by 18 mg/day at weekly intervals to appropriate efficacy and tolerability. Maximum recommended daily dose is 72 mg</td>
<td>Decreased appetite, headache, dry mouth, nausea, insomnia, anxiety, dizziness, weight decreased, irritability, and hyperhidrosis</td>
<td>Up to 12 hours</td>
</tr>
<tr>
<td>Focalin XR® dexmethylphenidate extended release</td>
<td>5 mg, 10 mg 15 mg, 20 mg 30 mg</td>
<td>Start with 10 mg/day and increase by 5 to 10 mg increments</td>
<td>Dry mouth, dyspepsia, headache and anxiety for adult patients</td>
<td>10 – 12 hours</td>
</tr>
<tr>
<td>Strattera® atomoxetine</td>
<td>10 mg, 18 mg 25 mg, 40 mg 60 mg, 80 mg 100 mg</td>
<td>Start with 40 mg and increase after a minimum of 3 days to a target total daily dose of approximately 80 mg, either in the morning or as evenly divided doses in the morning and late afternoon/early evening. After 2 to 4 additional weeks, the dose may be increased to a maximum of 100 mg to appropriate efficacy and tolerability</td>
<td>Constipation, dry mouth, nausea, fatigue, decreased appetite, insomnia, erectile dysfunction, urinary hesitation and/or urinary retention and/or dysuria, dysmenorrhea, and hot flush</td>
<td>24 hours</td>
</tr>
<tr>
<td>Vyvanse® lisdexamfetamine dimesylate</td>
<td>20 mg, 30 mg 40 mg, 50 mg 60 mg, 70 mg</td>
<td>Start with 30 mg once daily in the morning and increase by 10 to 20 mg at approximately weekly intervals to appropriate efficacy and tolerability. Recommended maximum dose 70 mg once daily in the morning</td>
<td>Upper abdominal pain, diarrhea, nausea, fatigue, feeling jittery, irritability, anorexia, decreased appetite, headaches, anxiety, and insomnia</td>
<td>12 – 13 hours</td>
</tr>
</tbody>
</table>

Refer to specific prescribing information published by drug manufacturers for more information particularly with respect to precautions and warnings about the use of these drugs. Stimulant drugs above are classified as Schedule II and have significant potential for abuse or diversion.

The information in this publication is not intended to replace the advice of a physician.

* Duration of action is estimated and may vary from person to person.
Succeeding in the Workplace

The symptoms of AD/HD create special challenges for the adult in the workplace, just as they do for the child in school. To date, very little research has been conducted that provides adults with AD/HD empirically-based approaches to understanding and coping with workplace issues. Until scientifically-based guidelines are available, it may prove useful to follow the procedures commonly used by career counselors to guide individuals in selecting a job and coping with AD/HD on the job. This sheet will:

1. **Distractibility.** Problems with external distractibility (noises and movement in the surrounding environment) and internal distractibility (daydreams) can be the biggest challenge for adults with AD/HD. The following strategies may help:
   - Request a private office or quiet cubicle, or take work home or work when others are not in the office.
   - Use “white noise” earphones, classical music or other sounds to drown out office noises.
   - Work in unused space, such as a conference room, where distractions are few.
   - Route phone calls directly to voicemail, and respond to them at a set time every day.
   - Jot down ideas in a notebook to avoid interruption of the current task.
   - Keep a list of ideas that come to you during meetings so that you can communicate more effectively.
   - Perform one task at a time. Do not start a new task until the current one is done.

2. **Impulsivity.** Adults with AD/HD may struggle with impulsivity and temper outbursts in the workplace. Try the following strategies:
   - Learn to use self-talk to monitor impulsive actions.
   - Work with a coach to role-play appropriate responses to frustrating situations.
   - Ask for regular, constructive feedback as a way of becoming more aware of how impulsivity might manifest in you.
   - Practice relaxation and meditation techniques.
   - Anticipate the problems that regularly trigger impulsive reactions and develop routines for coping with these situations.

3. **Hyperactivity.** Adults with the hyperactive type of AD/HD often do better in jobs that allow a great deal of movement, such as sales, but if you have a sedentary job, the following strategies may help:
   - Take intermittent breaks to do photocopying, go to the mailroom, or walk to the water fountain.
   - Take notes in meetings to prevent restlessness.
   - Move around, exercise, take a walk, or run up and down the stairs.
   - Bring lunch — instead of going out to buy it — so the lunch hour can be a time for exercise.

4. **Poor Memory.** Failing to remember deadlines and other responsibilities can antagonize coworkers, especially when working on a team. To improve memory, try the suggestions below:
   - Use tape recording devices or take copious notes at meetings.
   - Write checklists for complicated tasks.
   - Use a bulletin board or computer reminder list for announcements and other memory triggers.
   - Learn how to use a day planner and keep it with you to keep track of tasks and events.
   - Write notes on sticky pads and put them in a highly visible place.

5. **Boredom-blockouts.** Because of their strong need for stimulation, some adults with AD/HD become easily bored at work, especially with routine tasks. To prevent boredom, try the following tips:
   - Set a timer to stay on task.
   - Break up long tasks into shorter ones.
   - Take breaks, drink water, get up and walk around.
   - Find a job with stimulating responsibilities and minimal routine tasks.

6. **Time management difficulties.** Managing time can be a big challenge for adults with AD/HD. Here are some guidelines for improving time management skills:
   - Use time-line charts to break large projects into smaller pieces, with sub due-dates.
   - Reward yourself for achieving sub due-dates.
   - Use watch devices with alarms, buzzers, planners or computer planning software.
   - Program your computer to beep 5 minutes before every meeting on the calendar.
   - Avoid over-scheduling the day by overestimating how long each task or meeting will take.
   - See the What We Know #11, "Time Management: Learning to Use a Day Planner."

7. **Procrastination.** Putting things off not only prevents completion of tasks, but also creates problems for others on the team. Here are some strategies for success:
   - Break the task into small pieces, rewarding yourself along the way. (Rewards need not be grand; they might be a new CD, a long walk with your dog, dancing, or whatever you enjoy.) It may be helpful to have a coach or someone else to whom you can report and be accountable for achieving each piece of the task, until you learn to overcome your tendencies to procrastinate.
   - See the What We Know sheet on coaching for more information on how a coach can help.
   - Ask the supervisor to set a deadline for tasks.
   - Consider working on a team with a co-worker who manages time well.
8. Difficulty managing long-term projects. Managing complex or long-term projects may be the hardest organizational challenge for adults with AD/HD. Managing projects requires a range of skills, including time management, organizing materials, tracking progress, and communicating accomplishments. Try the following guidelines:
- Break projects up into manageable parts, with rewards for completing each.
- Strive to shorten the time allowed on a project to better utilize “spinning abilities.”
- Ask a coach to assist you in tolerating longer and longer projects, a bit at a time.
- Find and partner with a co-worker who has good organizational skills.
- Look for work that requires only short-term tasks.

9. Paperwork/details. The inability to find important papers, turn in reports and timesheets, and maintain a filing system can create the impression of carelessness. If paperwork is a significant part of the job, try these tips:
- Make it a rule to handle each piece of paper only once.
- Ask an administrative assistant to handle detailed paperwork.
- Keep only those papers that are currently in use; purge the rest.
- Make filing more fun by color coding folders and using catchy labels.

10. Interpersonal/social skill issues. Individuals with AD/HD may unintentionally offend co-workers by interrupting frequently, talking too much, being too blunt, or not listening well. If social skills are a challenge, try the following strategies:
- Ask others for feedback, especially if there is a history of problems with colleagues and supervisors.
- Learn to pick up on social cues more readily. Some adults with AD/HD have a hard time picking up nonverbal cues that they are angering a co-worker or supervisor.
- Work with a coach to determine what types of settings often lead to interpersonal/social issues.
- Seek a position with greater autonomy if working with others is challenging.

See the What We Know #15, “Social Skills in Adults with AD/HD,” for more information on improving social skills. Consult the books on the reference list for additional suggestions.

The Americans with Disabilities Act and the Rehabilitation Act of 1973
Two federal laws — The Rehabilitation Act of 1973 (RA) and the Americans with Disabilities Act of 1990 (ADA) — prohibit workplace discrimination against individuals with disabilities. The RA prohibits discrimination in three areas: (1) employment by the executive branch of the federal government, (2) employment by most federal government contractors, and (3) activities funded by federal subsidies or grants, including organizations receiving federal funding. The ADA extends the concepts of the RA to (1) private employers with 15 or more employees, (2) all activities of state and local governments, including employment, and (3) “places of public accommodation,” including most private schools and higher education institutions. It is important to understand that being diagnosed with AD/HD does not automatically make an individual eligible for protection or accommodations under the RA or ADA. The protections of these laws extend to individuals who meet four conditions:
- They are individuals with disabilities under the law;
- They are otherwise qualified for the position, with or without reasonable accommodations;
- They are being excluded from employment solely by reasons of their disability; and
- They are covered by the applicable federal law.

To be eligible for the protection offered by the ADA and RA, an employer must disclose the disability to the employer. The decision to disclose a disability to an employer or not can be a difficult one. On the one hand, an employer is not required to make accommodations unless the employee has disclosed the disability. On the other hand, discrimination often begins when the employee makes the disclosure.

These factors must be weighed before making the decision to disclose.

Reasons for not disclosing:
- If you do not need accommodations
- If you are performing well on the job
- If you feel that disclosing your disability will cause your supervisor and co-workers to discriminate against you

Reasons for disclosing:
- If you fear losing your job because you haven’t received the accommodations you need to succeed
- If you are about to be fired because of performance issues

It is possible to request accommodations without disclosing information about the disability. First, if possible, try to provide the accommodations yourself — by coming in early or staying late to avoid distractions, for instance, or by programming the computer to remind you of appointments. Second, frame requests to the supervisor from a position of strength, rather than bringing up the disability. For example, instead of saying:

“I have a disability called AD/HD, which makes it hard for me to remember things and follow through.”

it might be better to reframe from a standpoint of strength, by saying:

“I work best when I use a tape recorder to help me remember everything new, until I get proficient.”

Similarly, instead of:

“I know that the Americans with Disabilities Act protects those of us with disabilities from discrimination, so I know that you will need to provide me with special accommodations.”

it might be better to reframe from a standpoint of strength, by saying:

“I believe my strengths are consistent with the essential tasks of this job. If I can take the time to review my notes in a quiet place before each meeting, I can assure you that I can excel at this position.”

Read the What We Know sheet entitled, “Legal Issues for Adults with AD/HD in the Workplace and Higher Education,” for more information on ADA and RA.

Making a Career Change
Sometimes, no matter how hard they try, adults with AD/HD find that their initial career choice does not play to their strengths, and it is necessary to make a change. The following categories reflect aspects of an individual that impact effective functioning on the job. Collect data about each of these categories as it applies to you. This data will permit you to see yourself as a unique, complete person, and to better evaluate the careers that match your characteristics.

1. Interests (professional & leisure). Since individuals with AD/HD work better in fields that interest them, it is important that they identify their interests. After the interests have been identified, a consultation with a trained career counselor, who can provide a list of occupations or jobs that correspond to their interests, should be considered. The list of occupations that correspond to the individual’s interests will provide the basis for the steps that follow.

2. Skills (mental, interpersonal and physical). Identifying skills and accomplishments can reveal marketable skills that can be used in various work settings. Generally, skills fall into three categories: skills working with data, people or things. People do best when their skills correspond to the requirements of the job. Skills can be assessed through standardized tests or through checklists that trigger knowledge of success in past accomplishments.

For example, you might ask yourself the following questions:
1. What subjects were easiest for you in school?
2. What strengths do you think others see in you?
3. What skills do you possess that enabled you to succeed in something?
4. What strengths do you think teachers saw in you?
5. What things about your job performance set you apart from others?

In addition, using a skill word list provided by a career counselor or published in a career book may be helpful in identifying skills that may not have been considered important or considered at all.

For more information on improving social skills. Consult the books on the reference list for additional suggestions.
3. Personality. What type of personality are you? Personality preferences can be measured by standardized testing or by checklists that force you to choose between two situations. Knowing personality strengths can help improve work habits, increase career options, and achieve a more successful path to a career future.

4. Values (work and leisure). People value different things. It is generally agreed that people work harder and with more focus when the task at hand is in line with their values. Leisure values are also generally agreed that people work harder and with more focus when the task at hand is in line with their values. Leisure values are also important, because a personal passion can often turn into a career. Career counselors and other professionals who work with career issues, or checklists in career books, can help isolate these values.

5. Aptitudes (verbal, numerical, abstract reasoning, clerical speed and accuracy, mechanical, spatial, spelling, and language). An aptitude is defined as the ability to acquire proficiency in a specific area. It often seems that these are innate, but this is not necessarily true. Aptitudes can also be learned. While a skill is a current ability, an aptitude is the potential to acquire a skill based upon natural talents or training. Aptitudes can be formally assessed by a professional or by using informal checklists. When you understand what your strengths are, you can compare them to the requirements of any given job. The Dictionary of Occupational Titles and The Occupational Outlook Handbook are two sources for such information. Doing these comprehensive assessments ensures that you have a clear knowledge of the essential tasks of a job for which you are applying, and how your strengths match up with the requirements of the job.

6. Energy patterns. (Is there a pattern that's reliable?) All jobs require differing amounts of energy. Are you a "sprinter" or a "plodder allonger?" While these are not real terms, they define the types of people who can either go through each day with the same amount of energy output, or sprint through a job, depleting their energies, and thus feeling "spent." Some people have a pattern to their energy output, while others do not.

To figure out if there is a pattern to your energy output, keep an energy log for 1 or 2 months. Rate yourself on a scale from 1 (very low energy level) to 10 (very high energy level) three times per day — at the beginning, middle, and end of the day. Record these ratings in a log book or day planner (see the What We Know sheet entitled, "Time Management: Learning to Use a Day Planner"). Periodically review the log to see whether there is any pattern in energy level across the day, week, and month. If a pattern is not noticeable, then it will not be difficult to sustain energy at most jobs. However, if a fairly reliable pattern exists, then it may be necessary to learn how to harness energy to do difficult tasks at times when energy is high and do more "automatic" tasks when energy is low or depleted.

7. Workplace habits (what is expected vs. how we measure up). Job success often depends on personal characteristics, such as dependability, reliability, commitment, and attitude. Consult a career-related book on the reference list for a list of the qualities that employers most often look for in employees. Decide how you measure up to these qualities, and determine whether it is necessary to improve these workplace habits.

8. A complete history of all previous jobs (useful for extracting valuable information). People learn the most from their mistakes and successes. Look back and explore such things as:

1. What you liked most about each job
2. What you liked least about each job
3. The dates of employment (did you leave after a few months?)

Look for patterns that might help to plan for a future career.

Using the Data

After collecting this data, follow these three steps to maximize the chance of success and minimize the chance of failure:

- Read about the jobs you plan to pursue to get a reality check. The Dictionary of Occupational Titles, Occupational Outlook Handbook, and related online sources can help give a realistic view of any given job and dispel any fantasies.

- Talk to others already doing the job through a series of informational interviews. These will allow you to open your eyes to reality and to "try the career on for size." It's a good idea to speak to three to five people in a given career to get more than one viewpoint.

- Observe the job for an hour, a day, or a week, or in a volunteer position. This is the only way to pick up unspoken information, such as how hassled everyone might appear, how well-fit an area is, how calm people seem as they interact with each other, and a host of other almost subliminal factors.

When all of this information has been collected, the following questions can be answered:

- What jobs are a "good fit" with my personal strengths, and what jobs are a poor fit?
- What fantasies or false beliefs did I have about the jobs I used to think would work well for me?
- For the jobs that are a good fit for me, what supportive strategies, accommodations or modifications are necessary to maximize my success?

Conclusion

The suggestions given in this sheet are commonly used by career counselors who guide adults with AD/HD in dealing with workplace issues. Such suggestions have proven useful for many individuals, but have not yet been subjected to scientific scrutiny. Research is needed to develop a scientifically-based understanding of the problems faced by adults with AD/HD in the workplace and to evaluate the effectiveness of the kinds of interventions suggested here.

References and Resources


Web Sites


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National Resource Center on AD/HD, Children and Adults with Attention-Deficit/Hyperactivity Disorder

8181 Professional Place, Suite 150, Landover, MD 20785, 800-233-4050, www.help4adhd.org

Please also visit the CHADD Web site at www.chadd.org.
Managing Money

Managing finances is a unique challenge for an individual with AD/HD. The major features of procrastination, disorganization, and impulsivity can wreak havoc on finances. Because there is no published research concerning financial issues and AD/HD in adulthood, these suggestions are based upon best clinical practices and the application of behavioral and financial principles. This sheet will discuss:

- clarifying goals and identifying problem areas with money
- organizing financial papers
- curbing impulsive spending and the use of credit cards
- becoming aware of how money is spent
- developing a spending plan and a system to implement the plan
- developing a plan to get out of debt and get into the habit of saving

Clarifying the Vision of Your Life

Every good financial plan begins with a vision of an ideal lifestyle. A vision is a blueprint of a lifestyle that reflects an individual’s unique values and interests. Everyone needs money for shelter, food, transportation and clothing. But beyond the necessities for survival, there is also an infinite array of possible items on which the disposable portion of one’s income could be spent. For instance, some folks value beauty in their home so they may spend more on decorating and home remodeling than someone who values adventure and travel. Some people may value education more than a new car, while for others it could be the opposite — a person may absolutely need to feel safe and secure and only drive newer cars. Some people may value services like personal assistants, organizers, coaches and therapists more than having the newest and most advanced television or Palm Pilot.

Also, every person has a unique family situation — some are married, some have children to support, some have elderly parents who may need assistance or may provide them with inheritance. Some people have retirement plans provided by their employer, others must save for retirement themselves. Whatever your special circumstances, you will need to clarify your values and how much money you will need to live the life you desire.

There are four purposes for clarifying your vision:

1. It helps you know your unique values.
2. It helps you recognize when your spending is not in alignment with your values.
3. It gives a beginning structure to your budget or spending plan.
4. It motivates you to take the necessary financial action.

There are a number of ways to clarify your vision:

- Take some quiet time to reflect on what you value. How would you spend your day if all of your money woes were magically taken care of? Or, how would you spend your day if you had all the time, money and love that you ever wanted? What type of home would you live in? Where would it be located? What type of furnishings would you have? What colors, textures, and space would surround you? What would you be wearing? What would you be doing with your day? Who would be with you? Just let yourself dream and fantasize this lifestyle. During this exercise, jot down notes to yourself until you get some clarity.
- Make a collage with pictures that depict ideas, scenes, moods, or objects that you desire to have.

Identify Problem Areas with Money

Most people with money problems believe that not having enough money is their primary problem, and are unable to pinpoint their specific difficulties. Upon further analysis, many adults with AD/HD have one or more of the following specific difficulties:

- Bouncing checks, and losing or not paying bills
- Impulsive spending or buying things on a whim
- Being unable to save for big-ticket items such as new dishwashers, vacations, children’s college, or retirement
- Losing checks or not keeping track of checkbook balances
- Being disorganized with papers, making it impossible to locate them at tax time
- Large credit card balances
- Procrastinating doing taxes
- Forgetting when the car payment or mortgage is due
- Not earning enough money for survival (financial underachievement)
- Not saving for the future

Establish Short-, Mid- and Long-Term Goals

Once the problem areas are identified, goals for improvement can be set. Individuals with AD/HD need to formulate short-, mid- and long-term goals for improving their finances.

- Short-term goals may include saving for a vacation, saving $5 per week, curbing eating out, or keeping papers together.
- Mid-term goals may include saving for a vacation, saving for furniture replacement, or beginning to pay off debts.
- Long-term goals may include saving for college tuition or planning for retirement.

Prioritizing these areas poses a special challenge because successful money management means paying attention to all of them. It is advisable to break down each task into small action steps and incrementally build your confidence until you are attending to the whole financial picture.

Organizing Financial Papers

Many individuals with AD/HD get into financial trouble because they lose money, bills and checkbooks, can't find the necessary papers at tax time, or just don't plan. This disorganization is no different than the general disorganization of an individual with AD/HD. However, if lost, financial papers oftentimes have more serious consequences.

To avoid misplacing or losing financial papers, have a special spot in the house where all financial papers can be stored. This can be a file cabinet, desk drawer, special box, large plastic envelope, or a large basket. This central location should be near where the mail is opened, and may also house a calculator, stamps, envelopes, and anything else needed for paying bills.

Daily Mail Routine. It is often helpful to develop a daily routine for opening the mail in a timely manner, particularly money papers. This means that when the mail arrives and is opened, money papers are immediately separated from the rest of the mail and placed into the special container. Money papers include checkbooks, bills, bank statements, legal papers, insurance papers, checks to be cashed, and extra checks. Anything that has a designated account number is important and needs to be immediately separated from the remainder of the papers.

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Files with Dividers. Dividers with file names such as home-related, grocery, gifts, utilities, bank statements, personal, car and fuel, hobbies, and insurances can be placed in the container. These file names should reflect your lifestyle and should be kept simple. Some people find it helpful to color code or label files that are needed at tax time. A sophisticated filing system is not necessary at first — at the very least gather the money papers in one spot. Over time, this organization will become routine. Consult the What We Know sheet entitled, “A Guide to Organizing the Home and Office,” for more organizational tips.

Paperwork Flow System. A “paperwork flow system” may also be helpful. This is a system in which all the money papers “flow” to one central location. For instance, “temporary holding tanks” are designated in the wallet, purse, planner, and car, which hold money papers and receipts until they can be placed in the special money location. These temporary tanks can be clear plastic envelopes, fancy shoeboxes, plain envelopes, or even more simply, a special spot in the wallet for receipts. Once a month or so, these papers can be transferred to the central location.

Curb Impulsive Shopping
Impulsivity, one of the hallmarks of AD/HD, can lead to financial difficulties. Impulsive shopping and spending is defined as any purchase you did not plan to make when you left the house that morning, any purchase that is not a part of your budget, or any purchase that you don’t need. For an adult with AD/HD, this spending happens spontaneously and without warning. Here are suggestions for curbing impulsive spending:

- Put an interruption between your money and the urge to spend it. Avoid credit card use and ATM machines. Don’t carry your checkbook with you. Consider having another signer on your checking account or not carrying extra cash.
- Avoid temptations. Identify and stay away from problem areas such as malls, favorite stores, arts and crafts shows, online Web sites, home shopping channels, and newspaper circulars. Throw out catalogs as soon as they arrive.
- Bring a list when shopping, and stick to it. Before you go to the store, call a friend and commit to your shopping list. When you are done, call them again to report that you have adhered to your list.
- Bring a calculator to the store to add up purchases as they accumulate.
- Wait a certain number of hours before a purchase. If this time elapses (say 24 hours) and you decide that you still want the purchase and have the money to buy it, then go and buy it.
- Find fun hobbies or things to do that are free or inexpensive. Shopping shouldn’t be the main pleasure in life. The world is filled with a vast array of stimulating activities for an individual with AD/HD to do. Explore neighborhood museums and libraries, attend local lectures, join support groups or clubs, visit public parks and learn about nature, or participate in sports. Every community has free concerts and live performances. Seek them out.

Cut Up Credit Cards
Credit cards promote impulsive spending; they are easy and convenient to use and very damaging for a person who has a hard time prioritizing financial commitments. The average person spends more when using a credit card rather than cash. If you have large balances on your credit cards and don’t remember what you purchased, you would probably be better off without a credit card. Write to the companies and close these accounts even if there are balances to pay off. Credit cards and the debt that can easily accrue can take a person in the wrong financial direction. Balances build up rapidly from interest, late payment fees, and over the limit charges. This accumulation will rapidly turn small purchases into very large expenses. Paying only the minimum amount due on a large credit card debt means it could take 30 years to pay off the entire balance. If you are in the habit of not paying off credit card balances, the next time you use your credit card, ask yourself if you love the purchase enough to pay for it over 30 years?

More Suggestions for Dealing with Credit Cards

- Until you are ready to close your accounts, have a trusted friend or loved one hold your card. Writing a check to the credit card company immediately after making a credit card purchase is another temporary solution until you are ready to cut up your card.
- You can also place a sticker on your credit card that symbolizes some aspect of your vision. This way, when you pull out your credit card, you will be reminded of your longer-term goals, and possibly pause long enough to ask yourself if this purchase is necessary.
- Some individuals have even kept their credit cards frozen in an ice tray. By the time they defrost the credit card, the urge to make the purchase has often dissipated.

Keeping Records: Becoming Conscious of Where Money is Going
The next step is to keep track of where the money is going. Carry a little notebook and begin to keep track of all purchases. Record even small purchases, such as $.30 for the parking meter or $1.39 for a coffee. Other systems, such as a Palm Pilot, a calendar, or an extra checkbook register, may suit you better.

Successful money management demands that you be able to account for your money. Keeping a record of purchases helps curb impulsivity and serves as an indicator of whether you are spending your money where you want to be spending it — toward the things you love, and toward your vision and values. As spending is tracked, certain categories will naturally emerge. These categories are different for each person, but the main categories for cash include parking, groceries, restaurants, snacks, vending machines, coffee shops, books, gasoline, clothing, newspapers, cosmetics, household items, donations, and hobbies. As you continue to record your spending, you will no longer have to wonder where all the money goes.

It may be difficult for adults with AD/HD to write down all of their expenses, but do the best you can. Try keeping track of expenses for one week or several weeks at first. Enlist the help of a spouse or a trusted friend in writing down all expenses. Try dictating them into a small hand-held recorder or using a cell phone to record expenses as messages on your answering machine. Even if you do not keep a perfect record of every expense, the records that you do collect will help you move forward in changing your money management habits.

Determining Expenses and Developing a Spending Plan

Collecting records of all spending paves the way for the creation of a spending plan. A spending plan is like a budget. It involves allocating a certain amount of money each month for each spending category in your life. Follow the steps below to develop a simple spending plan. Spreadsheet software can be helpful in developing a spending plan.

- Make a master list of all expenses. Gather these figures from checkbook records and credit card statements from the past 12 months.
- Sum all expenses from the past 12 months and divide by 12 to get the monthly total expenses. For weekly expenses, multiply them by 4.3 to get the monthly amount (there is one third of a week extra per month). It is easier to construct a spending plan monthly rather than annually since most utilities and installments are paid monthly.

One secret to healthy financial management is to plan for all expenses every single month. For instance, many people with AD/HD have difficulty remembering that the insurance bill is due in 2 months so they impulsively spend or splurge on the latest electronic gadget or a vacation. The impulsive, live-in-the-moment lifestyle of the individual with AD/HD makes it difficult to remember upcoming expenses. The spending plan or budget can help keep these upcoming expenses top of mind, and ensure that they are planned for every month and not forgotten.

Some suggestions for this:

- Use an envelope system. Label a series of envelopes with the names of the major categories of budget items. Upon receiving a paycheck, cash it and place the amount of money allocated for each category in the proper envelope. Whenever an expense
needs to be paid, withdraw money from the appropriate envelope. When there is little or no money left in a given envelope, you will know that you have spent the allocated amount for that category and can stop making further purchases in that category until you receive the next paycheck. Using an envelope system ensures that the proper amount for necessities is available when they are due.

- Record every monthly expenditure in your checkbook at the beginning of each month so you will know when they are due. It may be helpful to eliminate paper and arrange for utilities, car payments, and house payments to be automatically withdrawn from a bank account.

- Special accounts: Open a special bank account for large ticket items and fluctuating categories such as vacations, car repair, clothing, home repair, and replacements, and make a monthly deposit to this account.

- Sudden expenses: If you are consistently faced with sudden unexpected expenses such as car repairs, dental and medical emergencies, roof leaks and other household problems, then open a special account for these sudden “emergencies.” Remember, most cars break down, teeth need repair and homes need maintenance. They are a predictable part of life so plan ahead for them.

- Calendar system. Use a yearly calendar to track financial obligations exclusively. Individuals with AD/HD find it helpful to have a visual reminder of their financial obligations. At the beginning of each month, record all incoming money and also all major financial obligations for the month such as rent, utilities, insurance payments due. After these are filled in, fill in other allocations such as groceries and fuel, because these are also necessary expenses. In doing this, it is clear at the beginning of each month what your obligations will be. Refer to this calendar daily. Some persons also find it helpful to record the expenses that will be due later in the year.

- Long-term future savings: These include retirement. This type of savings is especially difficult for an individual with AD/HD to conceptualize because there is no need in the here and now to be saving. Nevertheless, the day will come when you’ll need this money to live on.

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Paying Off Debts

As stated earlier, success with finances demands the elimination of debt and the prevention of new debt. To pay off debt, make a list of all debts that includes credit cards, as well as outstanding debts to doctors, dentists, friends and family, and loans from 401K plans. Make a chart like this so you can see your total debt:

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If you are in serious debt, this may be an emotionally painful task. Do it anyway. Talk with a trusted friend or therapist to help deal with the emotional pain. Call creditors to ask for a lower percentage rate or reduced late fees. Arrange regular payments with creditors and stick to the plan. Do not promise more than you can realistically pay. They are less likely to cooperate if you don’t keep promises or stick to what you have agreed to pay monthly.

Savings

The savings habit should begin immediately, even if it means starting with a piggy bank and making weekly deposits of small amounts, even $.50 or $1.00. No matter how high the debt load, a savings habit needs to be developed. Start small, and be patient with yourself as you learn this new habit. There are different purposes for saving money:

- Short-term expenditures: These include items like a new refrigerator, a vacation, or insurance payments due annually or semi-annually.

- Mid-term expenditures: These include children’s education, a down payment on a new car, or the purchase of a new home.

- Long-term future savings: These include retirement. This type of savings is especially difficult for an individual with AD/HD to conceptualize because there is no need in the here and now to be saving. Nevertheless, the day will come when you’ll need this money to live on.

The solution for all of these savings needs is to make saving money fun and visual. For instance, some people find it helpful to use a cute piggy bank for certain expenditures; others find it helpful to use an envelope with a photo of whatever you are saving for glued to the outside. You can also open a special bank account for a particular goal and have automatic deposits taken from your paycheck. If necessary, open this bank account at a different bank — across town so you’ll be less tempted to withdraw from it. Some also find it helpful to make a visual thermometer or graph as they save money for special occasions.

Find Support and Incorporate Other Resources

Some people may be able to implement the suggestions given here on their own. Others may need the assistance of a friend, therapist, or coach. See the What We Know sheet on coaching for more information. An individual providing support can help the adult with AD/HD make budget categories and monitor and regulate spending. Those individuals who take medication should make sure that their medication is active in their body when they are working on financial tasks. See the What We Know sheet on managing medication for more details.

Putting Money Management on a Timeline

To manage money effectively, it is necessary to organize the ideas in this information sheet on a timeline. Below is one example of such a timeline, which specifies tasks to be done daily, weekly, monthly, and yearly. The approximate amount of time it might take to accomplish each task is also listed. The reader should create a similar timeline that is customized to his/her own circumstances.

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Daily
- Place money papers in one central location. (less than 5 minutes)
- Open and sort bills. (5 minutes)
- Record spending. (less than 5 minutes)
- Review vision and budget if over spending. (less than 10 minutes)
- Keep a daily account balance on checking accounts. (less than 5 minutes)
- Resist impulsive spending.

Weekly
- Pay bills; write checks and mail them; mark date paid and move paid bills to folder marked “PAID.” (10-20 minutes)
- Review expenses for the upcoming week. (5 minutes)
- Go to the bank; deposit checks and withdraw needed cash for the week. (20 minutes)
- Add up weekly spending, especially in problem categories. (10 minutes)

Monthly
- File “PAID” bills into appropriate files. (5-10 minutes)
- Reconcile bank statement. (30 minutes)
- Compare actual income and spending to budgeted allocations. (5 minutes)
- Assess areas of overspending.

Yearly
- Collect money papers for tax preparation. (1 hour)
- Create a financial vision for the upcoming year. (30 minutes)
- List large expenses for the next year. Assess necessary repairs, clothes needed, major gifts, and travel. (10 minutes)
- After tax preparation is complete, box up money papers, label with appropriate year, and put in storage. (30 minutes)

Summary
It is possible for an adult with AD/HD to be a successful money manager. In this sheet, the task of managing money has been broken down into a number of steps, and suggestions have been given for carrying out each of these steps. It is crucial for the adult with AD/HD to plan time in their daily and weekly routines to implement these steps, and to seek out the support systems necessary for bringing these steps to fruition. Because money is a daily event, some action is needed every day. If consistently applied over time, these suggested techniques will help the adult with AD/HD improve his/her money management.

Suggested Resources

Web Sites
- BudgetMap
- My Budget Planner, Inc
- Practical Money Skills for Life
- Personal Budgeting
- Personal Budgeting and Money Saving Tips
- Debtors Anonymous

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For further information about AD/HD or CHADD, please contact:
National Resource Center on AD/HD, Children and Adults with Attention-Deficit/Hyperactivity Disorder
8181 Professional Place, Suite 150, Landover, MD 20785,
800-233-4050, www.help4adhd.org
Please also visit the CHADD Web site at www.chadd.org.
Knowledge of AD/HD in women at this time is extremely limited as few studies have been conducted on this population. Women have only recently begun to be diagnosed and treated for AD/HD, and today, most of what we know about this population is based on the clinical experience of mental health professionals who have specialized in treating women.

This sheet will discuss:

- common symptoms and patterns of AD/HD in adult women
- treatment of AD/HD in adult women
- strategies for daily living

**Impact of AD/HD in Women**

Females with AD/HD are often overlooked when they are young girls, the reasons for which remain unclear, and are not diagnosed until they are adults. Frequently, a woman comes to recognize her own AD/HD after one of her children has received a diagnosis. As she learns more about AD/HD, she begins to see many similar patterns in herself. Some women seek treatment for AD/HD because their lives are out of control — their finances may be in chaos; their paperwork and record-keeping are often poorly managed; they may struggle unsuccessfully to keep up with the demands of their jobs; and they may feel even less able to keep up with the daily tasks of meals, laundry, and life management. Other women are more successful in hiding their AD/HD, struggling valiantly to keep up with increasingly difficult demands by working into the night and spending their free time trying to “get organized.” But whether a woman’s life is clearly in chaos or whether she is able to hide her struggles, she often describes herself as feeling overwhelmed and exhausted.

While research in women continues to lag behind that in adult males with AD/HD, many clinicians are finding significant concerns and co-existing conditions in women with AD/HD. Compulsive overeating, alcohol abuse, and chronic sleep deprivation may be present in women with AD/HD.

Women with AD/HD often experience dysphoria (unpleasant mood), major depression and anxiety disorders, with rates of depressive and anxiety disorders similar to those in men with AD/HD. However, women with AD/HD appear to experience more psychological distress and have lower self-image than men with AD/HD.

Compared to women without AD/HD, women diagnosed with AD/HD in adulthood are more likely to have depressive symptoms, are more stressed and anxious, have more external locus of control (tendency to attribute success and difficulties to external factors such as chance), have lower self-esteem, and are engaged more in coping strategies that are emotion-oriented (use self-protective measures to reduce stress) than task-oriented (take action to solve problems). Studies show that AD/HD in a family member causes stress for the entire family. However, stress levels may be higher for women than men because they bear more responsibility for home and children. In addition, recent research suggests that husbands of women with AD/HD are less tolerant of their spouse’s AD/HD patterns than wives of men with AD/HD. Chronic stress takes its toll on women with AD/HD, affecting them both physically and psychologically. Women who suffer chronic stress like that associated with AD/HD are more at risk for diseases related to chronic stress such as fibromyalgia.

Thus, it is becoming increasingly clear that the lack of appropriate identification and treatment of AD/HD in women is a significant public health concern.

**The Challenge of Receiving Appropriate Treatment**

AD/HD is a condition that affects multiple aspects of mood, cognitive abilities, behaviors, and daily life. Effective treatment for AD/HD in adult women may involve a multimodal approach that includes medication, psychotherapy, stress management, as well as AD/HD coaching and/or professional organizing.

Even those women fortunate enough to receive an accurate AD/HD diagnosis often face the subsequent challenge of finding a professional who can provide appropriate treatment. There are very few clinicians experienced in treating adult AD/HD, and even fewer who are familiar with the unique issues faced by women with AD/HD. As a result, most clinicians use standard psychotherapeutic approaches. Although these approaches can be helpful in providing insight into emotional and interpersonal issues, they do not help a woman with AD/HD learn to better manage her AD/HD on a daily basis or learn strategies to lead a more productive and satisfying life.

AD/HD-focused therapies are being developed to address a broad range of issues including self-esteem, interpersonal and family issues, daily health habits, daily stress level, and life management skills. Such interventions are often referred to as “neurocognitive psychotherapy,” which combines cognitive behavior therapy with cognitive rehabilitation techniques. Cognitive behavior therapy focuses on the psychological issues of AD/HD (for example, self-esteem, self-acceptance, self-blame) while the cognitive rehabilitation approach focuses on life management skills for improving cognitive functions (remembering, reasoning, understanding, problem solving, evaluating, and using judgment), learning compensatory strategies, and restructuring the environment.

**Medication Management in Women with AD/HD**

Medication issues are often more complicated for women with AD/HD than for men. Any medication approach needs to take into consideration all aspects of the woman’s life, including the treatment of co-existing conditions. Women with AD/HD are more likely to suffer from co-existing anxiety and/or depression as well as a range of other conditions including learning disabilities. Since alcohol and drug use disorders are common in women with AD/HD, and may be present at an early age, a careful history of substance use is important.

Medication may be further complicated by hormone fluctuations across the menstrual cycle and across the lifespan (e.g., puberty, perimenopause, and menopause) with an increase in AD/HD symptoms whenever estrogen levels fall. In some cases, hormone replacement may need to be integrated into the medication regimen used to treat AD/HD.

For more information on medication management in adults with AD/HD, see “What We Know #10, Managing Medication for Adults with AD/HD.”

**Other Treatment Approaches**

Women with AD/HD may benefit from one or more of the following treatment approaches:

1. **Parent training.** In most families, the primary parent is the mother. Mothers are expected to be the household and family manager — roles that require focus, organization, and planning, as well as the ability to juggle multiple responsibilities. AD/HD, however, typically interferes with these abilities, making the job of mother much more difficult for women with AD/HD.

Furthermore, because AD/HD is hereditary, a woman with AD/HD is more likely than a woman without the disorder to have a child with...
AD/HD, further increasing her parenting challenges. Women may need training in parenting and household management geared toward adults with AD/HD. The evidence-based parent management programs found to be effective in children with AD/HD are also recommended for parents with AD/HD. However, recent research on these parent training approaches has indicated that parent training may be less effective if the mother has high levels of AD/HD symptoms. Thus, it may be necessary to incorporate adult AD/HD life management strategies into parent training programs for mothers with AD/HD.

2. **Group therapy.** Social problems for females with AD/HD develop early and appear to increase with age. Women with AD/HD have greater self-esteem problems than men with AD/HD, and often feel shame when comparing themselves to women without AD/HD. Because many women with AD/HD feel shame and rejection, psychotherapy groups specifically designed for women with AD/HD may provide a therapeutic experience—a place where they can feel understood and accepted by other women and a safe place to begin their journey toward accepting themselves more and learning to better manage their lives.

3. **AD/HD coaching.** AD/HD coaching, a new profession, has developed in response to the need among some adults with AD/HD for structure, support and focus. Coaching often takes place by telephone or e-mail. For more information on coaching, read “What We Know #18, Coaching for AD/HD with Adults.”

4. **Professional organizing.** As contemporary lives have become increasingly complicated, the organizer profession has grown to meet the demand. Women with AD/HD typically struggle with very high levels of disorganization in many areas of their lives. For some women, they are able to maintain organization at work, but at the expense of an organized home. For others, disorganization is widespread, which increases the challenges and difficulties of AD/HD. A professional organizer can provide hands-on assistance in sorting, discarding, filing, and storing items in a home or office, helping to set up systems that are easier to maintain. For more information on organization, see “What We Know #12, Organizing the Home and Office.”

5. **Career guidance.** Just as women with AD/HD may need specific guidance as a parent with AD/HD, they may also greatly benefit from career guidance, which can help them take advantage of their strengths and minimize the impact of AD/HD on workplace performance. Many professional and office jobs involve the very tasks and responsibilities that are most challenging for a person with AD/HD, including paying attention to detail, scheduling, paperwork, and maintaining an organized workspace. Sometimes a career or job change is necessary to reduce the intense daily stress often experienced in the workplace by most individuals with AD/HD. A career counselor who is familiar with AD/HD can provide very valuable guidance. For more information, consult the What We Know sheet on workplace issues.

**Ways that Women with AD/HD Can Help Themselves**

It is helpful for a women with AD/HD to work initially with a professional to develop better life and stress management strategies. However, developing strategies that can be used at home, without the guidance of a therapist, coach or organizer, is critical to reducing the impact of AD/HD. A woman with AD/HD would benefit from the following strategies:

- Understand and accept your AD/HD challenges instead of judging and blaming yourself.
- Identify the sources of stress in your daily life and systematically make life changes to lower your stress level.
- Simplify your life.
- Seek structure and support from family and friends.
- Get expert parenting advice.
- Create an AD/HD-friendly family that cooperates and supports one another.
- Schedule daily time outs for yourself.
- Develop healthy self-care habits, such as getting adequate sleep and exercise and having good nutrition.
- Focus on the things you love.

**Summary**

Individuals with AD/HD have different needs and challenges, depending on their gender, age and environment. Unrecognized and untreated, AD/HD may have substantial mental health and education implications. It is important that women with AD/HD receive an accurate diagnosis that addresses both symptoms and other important issues with functioning and impairment, which will help determine appropriate treatment and strategies for the individual woman with AD/HD.
References


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**National Resource Center on AD/HD, Children and Adults with Attention-Deficit/Hyperactivity Disorder**

8181 Professional Place, Suite 150, Landover, MD 20785, 800-233-4050, www.help4adhd.org
Individuals with AD/HD often experience social difficulties, social rejection, and interpersonal relationship problems as a result of their inattention, impulsivity, and hyperactivity. Such negative interpersonal outcomes cause emotional pain and suffering. They also appear to contribute to the development of co-morbid mood and anxiety disorders. This sheet will:

- describe the ways in which the core symptoms of AD/HD can result in social and interpersonal relationship problems
- summarize research on children’s social skills and AD/HD
- describe the implications of this research for adult AD/HD
- suggest approaches to assessing social and interpersonal difficulties in adults with AD/HD
- suggest ways to treat social and interpersonal problems in adults with AD/HD

Because very little research has been published regarding social skills in adults with AD/HD, the suggestions given in this sheet are based primarily upon sound clinical practices and upward extrapolations from the research on children’s social skills and AD/HD.

**Overall Impact of AD/HD on Social Interactions**

It is not difficult to understand the reasons why individuals with AD/HD often struggle in social situations. Interacting successfully with peers and significant adults is one of the most important aspects of a child’s development, yet 50 to 60 percent of children with AD/HD have difficulty with peer relationships. Over 25 percent of Americans experience chronic loneliness. One can only speculate that the figure is much higher for adults with AD/HD.

To interact effectively with others, an individual must be attentive, responsible and able to control impulsive behaviors. Adults with AD/HD are often inattentive and forgetful and typically lack impulse control. Because AD/HD is an “invisible disability,” often unrecognized by those who may be unfamiliar with the disorder, socially inappropriate behaviors that are the result of AD/HD symptoms are often attributed to other causes. That is, people often perceive these behaviors and the individual who commits them as rude, self-centered, irresponsible, lazy, ill-mannered, and a host of other negative personality attributes. Over time, such negative labels lead to social rejection of the individual with AD/HD. Social rejection causes emotional pain in the lives of many of the children and adults who have AD/HD and can create havoc and lower self-esteem throughout the life span. In relationships and marriages, the inappropriate social behavior may anger the partner or spouse without AD/HD, who may eventually “burn out” and give up on the relationship or marriage.

Educating individuals with AD/HD, their significant others, and their friends about AD/HD and the ways in which it affects social skills and interpersonal behaviors can help alleviate much of the conflict and blame. At the same time, the individual with AD/HD needs to learn strategies to become as proficient as possible in the area of social skills. With proper assessment, treatment and education, individuals with AD/HD can learn to interact with others effectively in a way that enhances their social life.

**AD/HD and the Acquisition of Social Skills**

Social skills are generally acquired through incidental learning: watching people, copying the behavior of others, practicing, and getting feedback. Most people start this process during early childhood. Social skills are practiced and honed by “playing grown-up” and through other childhood activities. The finer points of social interactions are sharpened by observation and peer feedback. Children with AD/HD often miss these details. They may pick up bits and pieces of what is appropriate but lack an overall view of social expectations. Unfortunately, as adults, they often realize “something” is missing but are never quite sure what that “something” may be.

Social acceptance can be viewed as a spiral going up or down. Individuals who exhibit appropriate social skills are rewarded with more acceptance from those with whom they interact and are encouraged to develop even better social skills. For those with AD/HD, the spiral often goes downward. Their lack of social skills leads to peer rejection, which then limits opportunities to learn social skills, which leads to more rejection, and so on. Social punishment includes rejection, avoidance, and other, less subtle means of exhibiting one’s disapproval towards another person.

It is important to note that people do not often let the offending individual know the nature of the social violation. Pointing out that a social skill error is being committed is often considered socially inappropriate. Thus, people are often left on their own to try to improve their social skills without understanding exactly what areas need improvement.

**Research on Children with AD/HD and Social Skills**

Researchers have found that the social challenges of children with AD/HD include disturbed relationships with their peers, difficulty making and keeping friends, and deficiencies in appropriate social behavior. Long-term outcome studies suggest that these problems continue into adolescence and adulthood and impede the social adjustment of adults with AD/HD.

At first, these difficulties of children with AD/HD were conceptualized as a deficit in appropriate social skills, such that the children had not acquired the appropriate social behaviors. Based upon this model, social skills training, which is commonly conducted with groups of children, became a widely accepted treatment modality. In the typical social skills training group, the therapist targets specific social behaviors, provides verbal instructions and demonstrations of the target behavior, and coaches the children to role-play the target behaviors with one another. The therapist also provides positive feedback and urges the group to provide positive feedback to one another for using the appropriate social behavior. The children are instructed to apply their newly acquired skills in their daily lives.

More recently, AD/HD has been re-conceptualized as an impairment of the executive or controlling functions of the brain. It follows from this conceptualization that the social deficits of the individual with AD/HD may not be primarily the result of a lack of social skills, but rather a lack of efficiency in reliably using social skills that have already been acquired. Social skills training addresses the lack of skills, but does not address inefficient use of existing skills. Medication produces direct changes in the executive function of the brain and may therefore help children with AD/HD more reliably use newly acquired social skills. Researchers have also added components to social skills training that help children with AD/HD reliably apply what they have learned in various settings. To accomplish this goal, parents and teachers are trained to prompt and reinforce children with AD/HD to use newly acquired social skills at home and in school.

Only a small number of controlled investigations have studied the effectiveness of social skills training for children with AD/HD. These studies have found that social skills training improves the children’s knowledge of social skills and improves their social behavior at home as judged by parents, and these positive changes last up to the 3 or 4 month follow-up periods in the studies. However, these changes only partially generalize to school and other environments.
Researchers have also found that embedding social skills training within an intensive behavioral intervention, such as a specialized summer camp program, is a highly effective way of increasing the chances that the children will maintain and generalize the gains that they have made.13 There is no research yet that addresses the question of whether children with AD/HD who benefit from social skills training have more friends, are better accepted by their peers, and have better interpersonal relationships as they move into adolescence and adulthood. Clearly, this is an area where more research is necessary.

Specific AD/HD Symptoms and Social Skills

Inattention

Tips for identifying subtext:14

- Look for clues in your environment to help you decipher the subtext. Be mindful of alternative possibilities. Be observant.
- Be aware of body language, tone of voice, behavior, or the look of someone’s eyes to better interpret what they are saying.
- Look at a person’s choice of words to better detect the subtext. (“I’d love to go” probably means yes. “If you want to” means probably not, but I’ll do it.)
- Actions speak louder than words. If someone’s words say one thing but their actions reveal another, it would be wise to consider that their actions might be revealing their true feelings.
- Find a guide to help you with this hidden language. Compare your understanding of reality with their understanding of reality. If there is a discrepancy, you might want to try the other person’s interpretation and see what happens, especially if you usually get it wrong.
- Learn to interpret polite behavior. Polite behavior often disguises actual feelings.
- Be alert to what others are doing. Look around for clues about proper behavior, dress, seating, parking and the like.
- A momentary lapse in attention may result in the adult with AD/HD missing important information in a social interaction. If a simple sentence like “Let’s meet at the park at noon,” becomes simply “Let’s meet at noon,” the listener with AD/HD misses the crucial information about the location of the meeting. The speaker may become frustrated or annoyed when the listener asks where the meeting will take place, believing that the listener intentionally wasn’t paying attention and didn’t value what they had to say. Or even worse, the individual with AD/HD goes to the wrong place, yielding confusion and even anger in the partner. Unfortunately, often neither the speaker nor listener realizes that important information has been missed until it is too late.

A related social skills difficulty for many with AD/HD involves missing the subtle nuances of communication. Those with AD/HD will often have difficulty “reading between the lines” or understanding subtext. It is difficult enough for most to attend to the text of conversations without the additional strain of needing to be aware of the subtext and what the person really means. Unfortunately, what is said is often not what is actually meant.

Impulsivity

Impulsivity negatively affects social relationships because others may attribute impulsive words or actions to lack of caring or regard for others. Failure to stop and think first often has devastating social consequences. Impulsivity in speech, without self-editing what is about to be said, may appear as unfiltered thoughts. Opinions and thoughts are shared in their raw form, without the usual veneer that most people use to be socially appropriate. Interruptions are common.

Impulsive actions can also create difficulties as individuals with AD/HD may act before thinking through their behavior. Making decisions based on an “in the moment” mentality often leads to poor decision-making. Those with AD/HD often find themselves lured off task by something more inviting. Impulsive actions can include taking reckless chances, failure to study or prepare for school- or work-related projects, affairs, quitting jobs, making decisions to relocate, financial overspending, and even aggressive actions, such as hitting others or throwing items.

Rapid and excessive speech can also be a sign of impulsivity. The rapid-fire speech of an individual with AD/HD leaves little room for others who might want to participate in the conversation. Monologues rather than dialogues leave many with AD/HD without satisfying relationships or needed information.

Hyperactivity

Physical hyperactivity often limits the ability to engage in leisure activities. Failure to sit still and concentrate for concerts, religious ceremonies, educational events, or even leisure vacations and the like may be interpreted by others as a lack of caring or concern on the part of the person with AD/HD. In addition, difficulties looking attentive leave others feeling unattended.

Assessment of Social Skills

Interviews and self-report questionnaires are the primary tools for assessing social skill deficits and interpersonal interaction problems in adults with AD/HD. During the course of a diagnostic evaluation for AD/HD (see What We Know #9, “Diagnosis of AD/HD in Adults”), a mental health professional will thoroughly assess the social interactions of the adult. When questionnaires are used, it is important to include both a self-report by the individual with AD/HD and reports by spouses, significant others, and friends on a comparable version of the questionnaire. The questionnaire may include the following types of items:

- Difficulty paying attention when spoken to, missing pieces of information
- Appears to ignore others
- Difficulty taking turns in conversation (tendency to interrupt frequently)
- Difficulty following through on tasks and/or responsibilities
- Failure to use proper manners
- Missed social cues
- Disorganized lifestyle
- Sharing information that is inappropriate
- Being distracted by sounds or noises
- Become flooded or overwhelmed, shutting down
- Disorganized or scattered thoughts
- Rambling or staying off topic during conversations
- Ending a conversation abruptly

Readers who wish to self-assess their social skills in depth should see the resource list at the end of this paper for further information.

Treatment Strategies

When the social skill areas in need of strengthening have been identified, obtaining a referral to a therapist or coach who understands how AD/HD affects social skills is recommended (see the What We Know sheet on coaching). Medications are often helpful in the management of AD/HD symptoms; in many cases, an effective dose of medication will give the adult with AD/HD the boost in self-control and concentration necessary to utilize newly acquired social skills at the appropriate time. However, medications alone are usually not sufficient to help gain the necessary skills (see the What We Know sheet on managing medication).

As discussed earlier, social skills training for children and adolescents with AD/HD usually involves instruction, modeling, role-playing, and feedback in a safe setting such as a social skills group run by a therapist. In addition, arranging the environment to provide reminders has proven essential to using the correct social behavior at the opportune moment. These findings suggest that adults with AD/HD wishing to work on their social skills should consider the following elements when seeking an effective intervention. It is important to note that these treatment strategies are suggestions based on clinical practice, rather than empirical research.
Knowledge. Oftentimes social skills can be significantly improved when there is an understanding of social skills as well as the areas in need of improvement. Reading books such as What Does Everybody Know That I Don't?14, ADD and Romance,15 or You, Your Relationship, & Your ADD16 can provide some of that knowledge.

Attitude. Individuals with AD/HD should have a positive attitude and be open to the growth of their social skills. It is also important to be open and appreciative of feedback provided by others.

Goals. Adults with AD/HD may want to pick and work on one goal at a time, based on a self-assessment and the assessments of others. Tackling the skill areas one at a time allows the individual to master each skill before moving on to the next.

The echo. Those who struggle with missing pieces of information due to attentional difficulties during conversaton may benefit from developing a system of checking with others what they heard. "I heard you say that. Did I get it right? Is there more?" Or an individual with AD/HD could ask others to check with them after providing important information. "Please tell me what you heard me say." In this way, social errors due to inattention can be avoided.

Observe others. Adults with AD/HD can learn a great deal by watching others do what they need to learn to do. They may want to try selecting models both at work and in their personal lives to help them grow in this area. Television may also provide role models.

Role play. Practicing the skills they need with others is a good way for individuals with AD/HD to receive feedback and consequently improve their social skills.

Visualization. Visualization can be used to gain additional practice and improve one's ability to apply the skill in other settings. Those who need practice in social skills can decide what they want to do and rehearse it in their minds, imagining actually using the skill in the setting they will be in with the people they will actually be interacting with. They can repeat this as many times as possible to help "overlearn" the skill. In this manner, they can gain experience in the "real" world, which will greatly increase the likelihood of their success.

Prompts. Adults with AD/HD can use prompts to stay focused on particular social skill goals. The prompts can be visual (an index card), verbal (someone telling them to be quiet), physical (a vibrating watch set every 4 minutes reminding them to be quiet), or a gesture (someone rubbing their head) to help remind them to work on their social skills.

Increase “likeability.” According to social exchange theory, people maintain relationships based on how well those relationships meet their needs. People are not exactly “social accountants,” but on some level, people do weigh the costs and benefits of being in relationships. Many with AD/HD are considered to be “high maintenance.” Therefore, it is helpful to see what they can bring to relationships to help balance the equation. Investigators have found that the following are characteristics of highly likeable people: sincere, honest, understanding, loyal, truthful, trustworthy, intelligent, dependable, thoughtful, considerate, reliable, warm, kind, friendly, happy, unselfish, humorous, responsible, cheerful, and trustworthy. Developing or improving any of the likeability characteristics should help one’s social standing.

Summary
Although AD/HD certainly brings unique challenges to social relationships, information and resources are available to help adults with AD/HD improve their social skills. Most of this information is based upon sound clinical practice and research on social skills and AD/HD in children and adolescents; there is a great need for more research on social skills and AD/HD in adults. Seek help through reading, counseling, or coaching and, above all, build and maintain social connections.

References

Suggested Reading

References

Suggested Reading


The information provided in this information and resource sheet was supported by Cooperative Agreement Number R04/ CCR321831-01 from the Centers for Disease Control and Prevention (CDC). The contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC. It was adapted from What We Know #15, “Social Skills in Adults with AD/HD,” developed by the Attention Deficit Disorder Association, and approved by CHADD’s Professional Advisory Board in 2003.

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For further information about AD/HD or CHADD, please contact: National Resource Center on AD/HD, Children and Adults with Attention-Deficit/Hyperactivity Disorder 8181 Professional Place, Suite 150, Landover, MD 20785, 800-233-4050, www.help4adhd.org Please also visit the CHADD Web site at www.chadd.org.
Getting and staying organized is a real challenge for many adults diagnosed with ADHD. This challenge often feels impossible to meet, resulting in the individual getting stuck in an overwhelmed mode. It is possible, however, to overcome the overwhelmed feeling and effectively organize the home or office by breaking the task down into smaller steps and following a systematic approach to accomplishing each step. This paper offers a step-by-step approach to follow.

This sheet will explain:

• why adults with ADHD have trouble with organization
• how to improve organizational skills at the home and office
• how to stay organized

It may be helpful to have a notebook handy when reading this sheet, for taking notes and completing written exercises designed to improve organizational skills. It may also be helpful to designate a bulletin board or other space on which to post organizational notes and reminders.

Why do individuals with ADHD have trouble with organization?

When analyzing organizational abilities, it is useful to view the classic symptoms of inattention, impulsivity, and hyperactivity in terms of an executive function model. Executive functions are the brain’s higher order cognitive processes that regulate and manage learning activities and behavior. Just as the conductor of an orchestra guides and directs the orchestra, executive functions guide and direct the individual’s thoughts and actions.1 2. Effective organization requires efficient operation of executive brain functions.

To organize a room, the individual must be able to develop an organizational plan, devise a system of categories for organizing objects in the room, sort the objects accurately into the categories, place the containers in a designated location, and remove or discard extraneous objects. The individual must be able to attend to a great deal of detail and record their deadlines and the organizing times in the calendar, executive functions guide and direct the individual’s thoughts and actions. In the office, the individual must be able to prioritize, to break a large task into smaller, more manageable parts, and to go through these steps one at a time. The task of organizing a physical space can be broken into the following steps: (1) select the spaces to be organized, ordering them from easiest to most difficult, (2) start with the easiest space and schedule time to work on it, (3) select motivational strategies to reinforce completion of each step, (4) divide the space into sections, (5) work on one section at a time, sorting, discarding, or re-organizing each object in that section until it is finished, (6) when the easiest space is organized, gradually move up the hierarchy, repeating steps 3-5 for each subsequent space. Each of these steps is discussed in more detail below.

Reasons for getting organized

• Getting organized may help individuals:
• Spend less time looking for things
• Be a positive role model for children
• Reduce feeling internally overwhelmed
• Be more productive
• Make more money
• Improve their marriage or other intimate relationships

It may help to post a copy of this list on the bulletin board. Some individuals may want to recite it each time they work on organizing, or recite it to a friend who is helping.

Motivational strategies

Some people find that the use of specific reinforcements or positive rewards increases their motivation to follow organizational strategies. At the start of each organizing time, select a reward that may be earned over the next few weeks to complete the task, assuming your estimate is accurate. Record your deadline and the organizing times in the calendar, executive functions guide and direct the individual’s thoughts and actions. Select the easiest space from the list. Estimate how long it might take to organize it. Establish a deadline by which you expect to complete organizing this space. If the estimate is imprecise, additional time can be added later. Divide the estimated time into a number of short work sessions — 30 to 60 minutes apiece. If you believe you would get frustrated or bored in 30 to 60 minutes, shorten the session to 10 to 15 minutes and schedule more sessions. The idea is to start working for a short enough time that you can experience success without excessive frustration and becoming overwhelmed. Using a day planner or calendar (see the fact sheet on learning to use a day planner if necessary), schedule a sufficient number of short organizing sessions over the next few weeks to complete the task, assuming your estimate is accurate. Record your deadline and the organizing times in the day planner.

1. Select a space and estimate/schedule time.

The first step is to make a list of all the physical spaces that need organizing, numbering the spaces from “easiest to organize” to “most difficult to organize,” using higher numbers for more difficult locations. A copy of this list can be posted on your bulletin board. It is best to start with the easiest space first, to maximize the chances of success, and later move on to the more difficult locations.

Select the easiest space from the list. Estimate how long it might take to organize it. Establish a deadline by which you expect to complete organizing this space. If the estimate is imprecise, additional time can be added later. Divide the estimated time into a number of short work sessions — 30 to 60 minutes apiece. If you believe you would get frustrated or bored in 30 to 60 minutes, shorten the session to 10 to 15 minutes and schedule more sessions. The idea is to start working for a short enough time that you can experience success without excessive frustration and becoming overwhelmed. Using a day planner or calendar (see the fact sheet on learning to use a day planner if necessary), schedule a sufficient number of short organizing sessions over the next few weeks to complete the task, assuming your estimate is accurate. Record your deadline and the organizing times in the day planner.

2. Divide the selected space into sections or centers.

Divide the selected space into a grid, and work on one portion of the grid at a time. There are a number of ways to divide the space:

Quartering: Divide the space into quarters visually or by marking it off with masking tape or string.

Around the Clock: Stephanie Winston has outlined the “Around the Clock” system of dividing the space into sections. Stand in the doorway of the room. Make that spot “twelve o’clock,” and organize it first. Work your way around the room systematically, organizing the area at “one o’clock,” “two o’clock,” “three o’clock,” and so on, until you return to where you started. If doing the entire room this way is too much, tackle one or two “hours” of the clock at each scheduled organizing session.

Zones: Julie Morgenstern suggests organizing the sections of the room according to the function that you plan to perform in each section, and keep all of the equipment, supplies, paperwork, and other items for a given function in that zone of the room. For example, to organize a home office, you might ask yourself what functions might be accomplished in the office. Perhaps you decide that the following
activities will be performed there: (1) reading and responding to e-mail; (2) surfing the Internet and making purchases online; (3) paying the bills, doing the income taxes, and completing other miscellaneous financial paperwork; (4) writing professional papers and reading scientific journals; and (5) putting photos and slides in albums and working on digital pictures on the computer.

The room could be organized into four zones: (1) a computer zone — computer on a desk, printer, modem, printer and computer supplies, shopping catalogs, scientific journals and storage for professional papers; (2) a photo area — camera, film, lenses, photo accessories, binders for negatives and slides, and photo albums; (3) a financial paperwork area — file cabinets with financial records, bills, extra checks, bank books, and calculator; and (4) a reading zone — a comfortable lounge chair with an overhanging lamp, the telephone on a table by the side of the chair, and bookcases with books. Draw a picture of the room on a piece of graph paper, examine the current arrangement of the furniture, and plan how to re-arrange the furniture to form the four new zones. Only after carefully planning each zone and anticipating where the items in that zone will be stored would you move to the next step-working on each zone.

3. Work on each section of the grid, “hour of the clock,” or zone.

Gather everything needed to do the job (i.e., several boxes, plastic containers, garbage bags, masking tape, markers, pencil and paper, cleaning supplies, labels). Start with three boxes and a trash bag. Label the boxes “Keep here,” “Goes somewhere else,” or “Not sure.” Place any food items and/or empty food containers in trash bag. Remove any dirty dishes or silverware (place them in the “Goes somewhere else” box to return to kitchen when you are done). Pick up one item at a time. When trying to decide in which box the item belongs, determine whether the item is still useful.

Based upon your answers to these questions, decide whether to keep or discard the item. Put the discarded items in the garbage bag. Put the retained items either in the “Keep here” box, if they belong in the section you are now organizing, or in the “Goes somewhere else” box if they belong in another section or room.

Don’t take a lot of time with each item. If you cannot decide quickly to keep or discard the item, place it in the “Not sure” box. Continue in this manner until all the items in the section have been sorted or the scheduled time has elapsed. Then, stop the project for the day. If the trash bag is completely filled, take it out to the trash. Take the “Goes somewhere else” box and return those items to their “home.” Don’t worry that the homes for these items may not yet be organized; just leave them in that section or room for now.

Leave the “Not sure” box in the room until you have finished sorting all of the items. Then, close and seal the box with masking tape. Write with a marker a future date 3-6 months away on the outside of the box. This is the date when you will re-open the box and review the contents. Mark the re-open date in your day planner. Place the box in a storage area. When you review the items on the designated day, make one of the following choices:

- If you have not had to look for the item in that box during the 3-6 month storage time, then you don’t need it. Put it in the trash or give it away.
- If you have looked for the item or decide now to keep it, find a home for it and place it there.

At the end of each organizing session, congratulate yourself on your successful effort and give yourself one of the rewards from your reinforcement list.

4. Finish organizing the space.

Repeat the steps for organizing each section until you have finished the space. Congratulate yourself and treat yourself to a large reward. Move on to the next item on the list of spaces to be organized and follow the steps outlined here. Continue to follow these steps until all of the spaces on the list have been organized.

Tips for Staying Organized

After working very hard to organize the important spaces in your life, you want to keep them organized. Below are a number of miscellaneous tips to help maintain the de-cluttered spaces.

Paper Ideas. Five things to do with paper are:
- Trash or recycle it.
- Refer it to someone else.
- Act on it now.
- Save or file it.
- Hold it (remove your name from a mailing list).

Ticker Filing System. This is a dated filing system that eliminates the piles, files and lists that clutter up your life. The system consists of 43 folders, one marked for each month (labeled January-December) and one marked for each day of the month (labeled 1-31). Put the current month folder in front of the 1-31 numbered folders. Keep these folders in plain sight (e.g. a folder stand on the desk or kitchen counter). Every day your home or office is bombarded with papers, notes, phone messages, flyers, coupons, bills, and mail that you HAVE to know about. File these papers in the folder of the date that you need to act upon them. To make this system work, always remember to check the folders daily. At the end of each month, move the next month’s folder to the front and sort the items that are inside that folder into the appropriate daily (numbered) files.

Storage Ideas. Try some of the following techniques for neatly storing items and maintaining organization:
- If you don’t put things away because you are afraid you will never find them, try storing them in clear containers. Being able to see inside the container will save time.
- Use “over-the-door” hanging organizers with divided pouches in each room to store things, such as office supplies, jewelry, makeup, tapes or CDs, cleaning supplies, pantry items, baby care items, gloves, hats and scarves, and craft supplies.
- Store small items in under-the-bed boxes with lids.
- Purchase a new “garbage can” to store extra sheets and blankets, or out-of-season clothes. Place the can next to your bed, cover with a floor-length tablecloth, and use as a night stand.

The Launch Pad. Set up a table (or small bookshelf) by the door to the house. Place a small container or basket on the table to hold keys, glasses, and wallets. Brief cases and backpacks can also be placed there for the next morning.

Centers. Set up “centers” to hold similar items and supplies needed to complete a particular task. The items for each center can be placed in any available mobile container, including baskets, tackle boxes, buckets, and carts on wheels. This will save time because all of the supplies needed to complete a project will be in one place. Make a list of the centers that you develop and the items in each center. Post the list on your bulletin board so you will easily remember where these items are.

Eight ways to maintain a newly organized space:

1. The handy box.

Keep a box or basket handy for items that are out of place as you are cleaning out a room. When you come across out-of-place items, put them in the container. After you have completed cleaning the room, take a few minutes to put these items in the proper room.

2. “On the fly.”

- When you pass an open drawer, close it.
- When you pass a full wastebasket, empty it.
- When you see a clothing item on the floor, hang it up.
- When you see some loose papers, put them in the to-file box.

3. Ten minute pickup.

Spend 10 minutes each night on a quick pick-up. Take a basket and go through the house quickly picking up and dropping things off where they belong. Better yet, get the whole family involved by having them clean up their space each evening before bed.
4. Erase the evidence (Gracia, 2002).
   • Pick up the dropped stuff.
   • Put away what you use.
   • Wipe up a spill as soon as it happens.

5. Fifteen minute rule (Gracia, 2002).
   This is an excellent way to get started on a project you have been putting off.
   • Set a timer for 15 minutes.
   • Focus your effort on one thing for those 15 minutes.
   • When the timer goes off, decide whether you can keep going for another 15 minutes.
   • If you can, set the timer again for the next 15 minutes.
   • If you can’t, simply stop and do the same thing later in the day or the next day, until the project you are trying to finish is completed.
   • It may seem like a short amount of time but it soon makes a difference.
   • You can always see and feel what has been accomplished in that time slot.

   • Make a rule for yourself: ‘Always subtract before you add!’
   • You will not add (purchase) a new item unless you subtract one (i.e. no new books or magazines unless I read or give away unread books or magazines.).

7. Five and ten system (Moulding, 2002).
   Whenever there are a few minutes to spare, put away five or ten items that are not in their correct place. These could be toys that the kids have left somewhere, letters that need filing away, or socks that need to be put in the drawer.

8. Throw-away/give-away box (Gracia, 2002).
   Make throw-away/give-away into a daily habit. Keep a box or bag in a storage area to collect give-away items. As you notice an item that you don’t want or use, immediately take it to the give-away box. Don’t let unwanted or unused items take up valuable space waiting for a periodic dig-out. Place small throw-away items in the trash, and larger ones in a storage area for trash pick-up day.

Conclusion
This sheet has outlined an “ADHD-friendly” approach for learning to improve the organization of physical spaces. Some readers will be able to implement this approach after they read about it. Others may find that they need the assistance of a coach, professional organizer, or therapist to implement this approach. If you need such assistance, don’t despair or give up. It took a lifetime to get to the state of disorganization in which you have been living. It is worth having assistance for a number of months to improve your organization. See the What We Know sheet on Coaching for Adults with ADHD for more information about selecting a coach. Share this sheet with your coach, organizer, or therapist.

References

Suggested Reading

Suggested Web sites
Checklists, www.checklists.com
Ready Made Lists and Templates, www.listorganizer.com
Fly Lady, www.flylady.net
Online Group, groups.yahoo.com/group/messiness-and-ADD
Messies Anonymous, www.messiesanonymous.org
National Association of Professional Organizers, www.napo.net
Organize It, www.organizes-it.com
Organized Home, www.organizedhome.com

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WHAT IS COACHING?
Everyone knows what it is. We see coaches on the football field, the tennis court, in every sport. There are voice coaches, dance coaches, and coaches in almost every kind of specialized endeavor. But what about coaching for the daily challenge of life itself? Personal and professional coaching is defined as an ongoing relationship which focuses on clients taking action toward the realization of their visions, goals or desires. Put simply, coaches help people to meet the challenges and opportunities life presents.

WHAT CAN YOU EXPECT FROM AN AD/HD COACH?
• Helps people to plan and set goals
• Helps people to become organized, learn time management skills, learn how to prioritize
• Assists people in developing and maintaining focus and concentration
• Helps people to create and maintain their own medication titration log
• Provides structure, support and encouragement
• Maintains a safe space to work on social skills
• Facilitates the handling of AD/HD issues in the workplace.

HOW DOES COACHING HELP INDIVIDUALS WITH AD/HD?
For the person with Attention Deficit Hyperactivity Disorder (AD/HD), a partnership with a coach can help by refocusing the client's energy, turning failure and frustration in the direction of accomplishment, fulfillment, and self-esteem. Specifically, individuals with AD/HD benefit from coaching which emphasizes four basic areas: structure, skills, support and strategies.

AD/HD coaches help individuals to set goals, accept limitations and acknowledge strengths, develop social skills, and create strategies that enable them to be more effective in managing their day-to-day lives. They do this by establishing a pattern of frequent communication with clients to make sure they are focused and working steadily toward their goals.

HOW DOES AD/HD COACHING DIFFER FROM LIFE COACHING?
The ICF defines coaching as: “Partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential.”

Professional coaches provide an ongoing partnership designed to help clients produce fulfilling results in their personal and professional lives. A professional coach helps people improve their performance and enhance the quality of their lives. Coaches are trained to listen, to observe, and to customize their approach to each individual client's needs. They seek to elicit solutions and strategies from the client. They believe the client is naturally creative and resourceful. The coach's job is to provide support to enhance the skills, resources, and creativity that the client already has.

THE IAAC DEFINES AD/HD COACHING AS:
“A designed partnership that combines coaching skills with knowledge of Attention Deficit Disorder, a neurobiological condition. The coaching process enhances quality of life, improves performance and supports growth and change.”

“The purpose of AD/HD coaching is to provide support, structure and accountability. Coach and client collaboratively explore strengths, talents, tools and new learning to increase self-awareness and personal empowerment. Together they design strategies and actions and monitor progress by creating accountability in line with goals and aspirations.”

AD/HD coaching embraces the ideals and core competencies of both life coaching and AD/HD coaching. This approach provides the structure and strategies needed to create success for clients with AD/HD, while honoring the clients as creative and resourceful individuals. In AD/HD coaching, we hold our clients more accountable and usually have a tighter plan with more frequent contact than in general life coaching. Meeting with AD/HD clients occurs at least once a week, which is more often than in many life coaching or executive coaching programs.

The protocol of regularly checking in with our clients provides for more structure and is designed to be more frequent. When coaching teens and college students, the check-ins may be set up as often as daily. It is the consistency of contact, making sure that we have that tighter plan to increase contact. We really pump up the accountability factor and the process that we use for holding our clients accountable. Typical means of contact include: emails, check-in calls, and some form of follow up if they don’t call in at the designated time. These are topics that should be discussed in the intake and revisited throughout the coaching process.

The coach does not control the plan. The coach supports and monitors the success of the plan.

HOW CAN I FIND THE RIGHT COACH?
A well-trained coach will help the prospective client take time to consider all the aspects of coaching before making a commitment. Coaching is not a quick fix and it is not a process that changes anyone overnight. Coach training programs are offered worldwide in a variety of formats and coaching models. It is valuable for the prospective client to seek out a coach who has both life coach training (non-ADHD specific) and AD/HD coach training. Because coaching is still fairly new, there are many factors one might want to look at in addition to training when choosing a coach. Prospective clients are encouraged to articulate their needs, inquire about the experience of the coach and take time to find the best match.

Learning Disability (LD) training is not required for coaches. However, since there is a 30-50% overlap between AD/HD and LD, most AD/HD coach training programs cover LD issues in addition to other co-existing conditions. While many AD/HD coaches have an educational background and training in learning disabilities and special education, this is not a requirement for AD/HD coaches.

Before interviewing a prospective coach, clients should assess their needs:
• Do you prefer face-to-face coaching sessions? If so, look for a coach who is nearby or within driving distance who offers one-on-one sessions. Many coaches conduct the initial session in person, and follow up with weekly check-ins by phone and/or e-mail.
• Is the gender of the coach important? Would the client prefer to be coached by a man or woman?
• Will the client benefit more by working with a coach who has a background in business, academia, gender issues, or some other specialty?
• Is the client looking for someone with a specific expertise—clutter management, family issues, business or career-related challenges?
• How important is a sense of humor to the client? Or would a serious approach make a better match?

When interviewing a coach, a client should determine the professional’s involvement in and commitment to the field of AD/HD coaching. Because coaching is a developing field, coaches need to continue their education in order to keep their skills sharp.
• What coach training courses have you completed, and when?
• How many clients with AD/HD, EF and/or LD have you coached?
• How long have you been providing AD/HD specific coaching services?
• What is the age range of your clients and past clients?
• What are your professional coaching and ADHD/LD affiliations, memberships, and credentials?

A client should interview at least two prospective coaches and ask about experience, training, client references, and affiliation with AD/HD and coaching organizations. In addition, a client should ask for referrals from allied professionals—therapists, psychiatrists, and responsible organizations that regularly offer services to people with AD/HD/LD.
Although a diagnosis of AD/HD is the first step in initiating medical, educational, and mental health treatments, the diagnosis itself does not guarantee that the adult with AD/HD has the right to receive accommodations in the workplace or higher education. This sheet provides an overview of the legal requirements and protections afforded individuals appropriately diagnosed with AD/HD.

RA and ADA: What are they?
The RA prohibits discrimination against individuals with disabilities in three areas: (1) employment by the executive branch of the federal government, (2) employment by most federal government contractors, and (3) activities funded by federal subsidies or grants, including companies or organizations receiving federal funding. The federally-funded category includes all public elementary and secondary schools, many private schools, and most higher education institutions. The RA, in the discrimination context, is often referred to by the name of one of its sections: Section 504.

The ADA extends the concepts of the RA to (1) private employers with 15 or more employees (Title I), (2) all activities of state and local governments, including employment and education (Title II), and (3) "places of public accommodation," including most public schools and higher education institutions (Title III). Most educational institutions and virtually all private schools are covered by the ADA and RA, depending upon the type of government funding they receive. Religiously controlled educational institutions that do not receive government funding, however, are exempt from these laws.

Recent court cases demonstrate that there are limitations in the protections of the RA and ADA as applied to state governmental agencies, particularly with regard to suits for monetary damages. For example, in Board of Trustees of the University of Alabama v. Garrett, the U.S. Supreme Court ruled that a suit seeking money damages, based upon the failure of Alabama to accommodate employees with disabilities under Title I of the ADA, was barred by the Constitution. Other cases suggest that suits for money damages brought against state educational institutions by students with disabilities for failure to accommodate under Title II of the ADA are also barred by the Constitution. It has even been suggested that the ADA and RA do not require states to provide accommodations for individuals with disabilities but only to refrain from intentional discrimination against them.

RA and ADA: Who is Eligible?
It is important to realize that being diagnosed as having AD/HD does not automatically make an individual eligible for protection or accommodations under the RA or ADA. The protections of these laws extend to individuals who meet four conditions: (1) they are individuals with disabilities under the law; (2) they are otherwise qualified for the position, with or without reasonable accommodations; (3) they are being excluded from employment or education solely by reason of their disability; and (4) they are covered by the applicable federal law. These laws essentially require that covered higher educational institutions and employers may not discriminate against qualified persons with disabilities. Persons with disabilities are individuals with impairments, such as AD/HD, that substantially limit a major life activity. We will clearly define the legal concepts of "impairment," "physical or mental impairment," "substantially limits," "major life activity," and "otherwise qualified."

Disability: A person with a disability is defined under the law as any individual who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, has a record of such an impairment, or is regarded as having such an impairment. The definition of a "physical or mental impairment" includes any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. Although AD/HD is not specifically mentioned in the regulations, it has been recognized in many court cases as a "mental or psychological disorder" and is therefore covered.

Substantially Limits: The impact of the impairment must be substantial, e.g., a major degree of impairment. The laws compare the individual with a disability to the average person in the general population to determine what is substantial. "Substantially limits" means that the individual is "unable to perform a major life activity that the average person in the general population can perform" or is "significantly restricted as to the condition, manner, or duration" of performing the major life activity in question, when measured against the "average person in the general population." What if an individual with AD/HD uses effective coping strategies to deal with the AD/HD (e.g., medication or behavioral/psychological techniques), and as a result no longer has a substantial limitation to his performance compared to the average person? Under these circumstances, that adult with AD/HD is no longer eligible for accommodations under the RA or the ADA. The U.S. Supreme Court has ruled that we must assess the individual’s actual functioning, taking into account the positive and negative effects of all the treatments such as medication or compensatory behavioral/psychological interventions that the person is receiving. We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.7 We cannot exclude the effects of medication or other helpful compensatory behavioral/psychological interventions that the person is receiving.

Major Life Activity: The major life activities under RA and ADA include self-care activities, manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work.8 Learning and work are the two major life activities most relevant to adults with AD/HD. With regard to learning, the individual’s impairment must substantially limit him or her
in a broad area of learning, not just in a particular course of study. A medical student at the University of New Mexico School of Medicine argued in court that his anxiety when taking chemistry and physics tests should be sufficient evidence of substantial impairment to his learning ability; the Court ruled against him, arguing that he failed to show that he had a disability because he did not present evidence that his mental impairment (anxiety) impedes his performance in a wide variety of disciplines, not just chemistry and physics.

In order to be substantially limited in the major life activity of working, the impairment must prevent the individual from succeeding in an entire class of jobs, not just a particular job. A secretary with AD/HD requested her own office to avoid distractibility; the request was denied because her disability did not prevent her from succeeding in all secretarial jobs. In fact, a circuit court has ruled that for the impact of a disability to be sufficient under the ADA, it must not only be confined to the workplace, but must also affect other aspects of the individual’s life.10

Otherwise Qualified: “Otherwise qualified” means that the individual would be eligible for the educational program or the job with or without a reasonable accommodation, e.g., despite their disability, they meet the basic requirements for a particular job or school program. In one case on this issue, the court upheld the employment termination of a neurologist with AD/HD, arguing that there was no duty to accommodate him because he was a direct threat to his patients.11 The court found that he had made errors in patient charts and dispensing medicine and that he had stated that it was only a matter of time until he hurt someone. The neurologist was not qualified for his job because of his deficits. Despite his disability, he was not eligible for protection under the ADA.

What Documentation is Required?
Some reports written by clinicians to document the diagnosis of AD/HD may often be insufficient to receive protection under RA or ADA. For a report from a mental health professional to be sufficient documentation under RA or ADA, it must include the following elements:

- The professional’s report should clearly identify the individual’s physical or mental impairment, using the current version of the Diagnostic and Statistical Manual whenever possible.
- The report should clearly describe the impairment’s impact on the individual’s ability to perform one or more of the major life activities (learning, work). A description of the positive and negative effects of any medication and compensatory strategies should be included.
- The report should compare the individual’s ability to perform the identified major life activity to the average member of the population. Bear in mind that the average person may perform the life activity in question imperfectly. The comparison should demonstrate that the limitation is substantial compared to the average person.
- The report should demonstrate that the individual is qualified for the job or educational program, despite the disability.
- The report should recommend accommodations necessary to address the disability described, showing why these accommodations are necessary and how they are reasonable.

How do RA and ADA apply to higher education?
Under the RA and ADA, most higher education institutions must accommodate qualified individuals with disabilities. It is the student’s responsibility to disclose his/her disability to the college and show that s/he is qualified for the program; the college is not required to seek out students with disabilities. The accommodations requested by the student must be both reasonable and necessary because of the particular disability. The institution is not required to make modifications in courses or examinations that would alter the essential nature of its program, or would constitute an undue hardship on the institution.

Examples of reasonable accommodations include note-taking assistance and extended time and an individual room for taking tests and examinations. Examples of accommodations that may not always be legally required include foreign language or mathematics requirement waivers or course substitutions. If the educational institution can justify the need for mastery of a foreign language or mathematics in a particular course of study, then it can compel students with disabilities to meet this requirement. If calculus and differential equations are required for a major in physics, an individual with a learning disability or AD/HD cannot be excused from these mathematics classes on the basis of the disability.

How do RA and ADA apply in the workplace?
The bar against discrimination in the workplace applies to recruitment, advertising and job application processes, hiring, upgrading, promotion, award of tenure, discharge, demotion, transfer, layoff, rehiring, compensation, leave, and various benefits. To be eligible for such protection, an employee must disclose the disability to the employer. Employees with disabilities who are qualified for their jobs may be entitled to reasonable accommodations in the workplace. However, in many cases it may be difficult for the employee, especially where cognitive impairments are involved, to establish that he or she is both substantially limited in a major life activity and at the same time qualified for the job. The accommodations sought must also be reasonable, and reasonableness depends upon the nature of the particular job.

In one case a senior-level executive with AD/HD requested a non-distracting workplace, multi-staged tasks, written instructions, intermediate deadlines, a single supervisor, and assistance in setting up a time management system. The court denied these accommodations, ruling that senior-level employees must be able to exercise independent judgment and juggle tasks when necessary. Such accommodations may be reasonable for junior level employees but not for senior employees. In another case, a school district required that its teachers take turns driving school buses. A qualified teacher who had a disability that prevented him from driving was denied a day and took legal action. The court ruled that since driving a school bus was not an essential part of teaching, the school district could not deny the otherwise qualified teacher a job because he could not drive a school bus.

The accommodation must be specific. For example, an employer is not required to provide reduced stress in the workplace because the employer would not be able to control all of the factors that produce stress. Furthermore, compliance by the employer would depend upon the employee’s assessment of his or her stress level at any given time. The employee must prove that there is a need for the accommodations based upon the disability; the employee’s desire for the accommodations is not sufficient. For example, the employee cannot insist upon the day shift rather than the night shift simply because the employer prefers the day shift.

Over 90 percent of ADA cases are won by employers because of the difficulties showing the reasonableness of the accommodations and proving that the employee is substantially limited but nonetheless qualified for the job. Before taking legal action, it is important to evaluate your legal position and to consider the possibility of informally working out a mutually acceptable solution with your employer. Many employers will agree to make reasonable accommodations in order to improve the performance of the employee. In the event legal action is pursued, professional documentation of the disability and the need for accommodations will be of great importance.
References
4. 29 U.S.C. § 706(8)(B)
5. 29 CFR § 1613.702(b)(2)
6. 29 CFR ¶ 1630.2(j)(1)(i)-(j)-(6)
8. 29 CFR ¶ 1630.2(i)
9. McGuinness v. University of New Mexico School of Medicine, 170 F. 3d 974 (10th Cir. 1998), cert. denied, 119 S. Ct. 1357 (1999)
10. McGuinness v. University of New Mexico School of Medicine, 170 F. 3d 974 (10th Cir. 1998), cert. denied, 119 S. Ct. 1357 (1999)

For those who have an account and access, these references can be accessed through Westlaw online (www.westlaw.com).

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8181 Professional Place, Suite 150, Landover, MD 20785, 800-233-4050, www.help4adhd.org
Please also visit the CHADD Web site at www.chadd.org.
PROFESSIONAL READING LIST


PATIENT READING LIST


NATIONAL ADVOCACY

Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD); www.chadd.org

Attention Deficit Disorder Association (ADDA); www.add.org

INTERNET RESOURCES

AD/HD Coaches Organization (ACO); www.adhdcoaches.org

ADD Resources; www.addresources.org

ADD WareHouse; www.addwarehouse.com

ADD Consults; www.addconsults.com


Institute for the Advancement of ADHD Coaching (IAAC); www.adhdcoachinstitute.org

International Coaching Federation (ICF); www.coachfederation.org