



Helping Adults with AD/HD Succeed in the Workplace

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In 2006, Kessler et al. reported that attention deficit/hyperactivity disorder (AD/HD) affected approximately 4.4% of adults in the United States. Based upon U. S. Census Bureau (2008) estimates, that translates into over 5 million adults with AD/HD as of July 2007. According to U.S. Bureau of Labor Statistics projections (2009), there were nearly 136 million workers in the U. S. as of December 31, 2008. If Kessler et al.'s estimates remained valid, nearly 6 million workers in the United States were affected by AD/HD at the beginning of 2009.

Symptoms and Manifestations

Undiagnosed and untreated, the potential negative impact on worker productivity, retention, and satisfaction can be dramatic. The National Resource Center on AD/HD (NRC, 2003a) lists the following symptoms and problems associated with AD/HD:

- 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

Consider how these issues might manifest in the workplace:

- Workers start many tasks but complete few
- Workers frequently leave their work area
- Affected workers distract others with restlessness or hyperactivity
- Workers disrupt meetings or offend other workers with impulsive verbal outbursts
- Workers have trouble getting started on and completing tasks and projects
- Workers are disorganized – misplaced tools, poor planning and time management
- Workers unintentionally neglect tasks and assignments.

Affected individuals rarely display all symptoms. The Diagnostic and Statistical Manual of the American Psychiatric Association, Fourth Edition, Text Revision (DSM-IV-TR, 2000) categorized symptoms as either relating to hyperactivity/impulsivity or inattention. In order to be formally diagnosed with AD/HD an individual must present at least six of nine listed symptoms in either category. Manifestations are not necessarily mutually exclusive within categories. Regardless, a formal diagnosis by a qualified mental health professional is necessary.

Treating AD/HD

Drug Therapy

Though well-researched among children and adolescents, AD/HD drug therapy research among adults is sparse (American Academy of Child and Adolescent Psychiatry, 2002; Weiss,

Hechtman, & Weiss, 1999). Still, the NRC (2004) suggested that drug therapy “levels the neurobiologic playing field” so adults are able to learn and hone coping skills. Psychostimulants are the primary pharmaceutical intervention for ADHD. These include methylphenidate and amphetamines. Pemoline is a third, less prescribed psychostimulant due to rare instances of severe liver damage. Secondary pharmaceutical interventions have been found to be less effective and expose patients to more health-related risks. These include atomoxetine, tricyclic antidepressants (desipramine and nortriptyline), monoamine oxidase inhibitors (MAOIs), bupropion, venlafaxine, antihypertensives (clonidine and guanfacine), and madafinil, a wake-promoting agent. Antidepressants are sometimes prescribed, but their efficacy in treating AD/HD is undocumented (i.e., “off-label”; NRC, 2004).

Drug therapy should not be considered as the only treatment, however. Hallowell and Ratey (1995) emphasized that “medication should be used only under medical supervision, and only as part of a comprehensive treatment program that includes a careful diagnostic evaluation; education about ADD and associated learning problems; practical suggestions as to how to restructure one’s life and manage one’s moods; counseling, coaching, or psychotherapy; as well as family or couples therapy as needed” (pp. 235-236).

Counseling Interventions

The persistent question -- *where does vocational counseling end and personal counseling begin?* -- has never been more evident than when providing counseling interventions for adults with AD/HD. AD/HD permeates adult patients’ lives and a primary life role of adults is that of worker (Super, 1980). Ideally, the crucial intervention period is when clients are exploring vocational opportunities. Counselors can assist clients with AD/HD in identifying occupations and work settings that complement the behavioral tendencies associated with AD/HD. Since AD/HD manifests differently in each individual, vocational counselors must take care to assess the strengths and weaknesses of each client then assist him or her in identifying options that most closely align with his or her AD/HD manifestations.

Psychosocial counseling may be indicated to help some individuals enjoy workplace success. Depending upon AD/HD manifestations, affected workers may be perceived as rude, lazy, or irresponsible by co-workers. Interventions should be designed to help adults whose AD/HD manifests as inattentiveness develop observation skills. They must learn to watch for environmental cues with regards to appropriate behavior. Similarly, learning to attend to others’ nonverbal communication behaviors and respond appropriately will improve workplace relationships and, consequently, workplace success.

Adults whose AD/HD manifests as impulsivity can be well-served with behavioral interventions. Without intervention and change, conversations can become one-person verbal wanderings. These workers may be viewed as abrupt,

thoughtless, and/or rude. Developing the personal control to pause and think before speaking or acting is crucial to positive workplace relationships and workplace success.

Behavioral interventions are also indicated for those adults whose AD/HD manifests with hyperactivity. The inability to remain relatively stationary can prevent workers from diligently attending to work tasks and projects. These workers can develop the ability to “sit still” by establishing a certain amount of uninterrupted time to devote to a task, then gradually increasing that time amount. Interruptions can be minimized by forwarding phones and disabling email alarms during these times.

Time management can be a critical issue for adults with AD/HD. A research team at the Child Psychiatry Branch of the National Institute of Mental Health has successfully employed magnetic resonance imaging (MRI) technology to scan the brains of hundreds of children with and without AD/HD (Giedd, 2000). These examinations reveal three major areas of brain differences in children with AD/HD: the frontal lobes, the basal ganglia, and the cerebellum. The frontal lobes are responsible for “executive” brain functions – working memory, organization, and time consciousness. Presuming AD/HD affects adult brains similarly, workers with AD/HD must learn to effectively organize and plan daily work and life activities. Helping clients learn to use day planners, either electronic or paper-and-pencil, is crucial to workplace success. Not only do they learn to manage time, but they have a recorded “memory” upon which they can rely. It is vital that only one such aid be used for all activities – work, leisure, family, etc. and that it be readily accessible at all times.

Workers with AD/HD must be assisted in learning to organize their workspace, if they have the freedom to do so. Authors and researchers have offered a variety of strategies for initial workspace organization (NRC, 2003b). The challenge for adults with AD/HD is to maintain their organizational system. Valuable time is often wasted looking for tools, data, or materials in a disorganized workspace.

One primary problem exists for adults with ADD seeking vocational counseling services. Few counselors have the requisite training and practice to provide the specific interventions needed by this population. While great strides have been made in diagnosing and treating these adults, there has been little transfer to the area of vocational counseling. Most vocational counselors have an educational foundation in personal counseling but have elected to specialize and focus in the vocational area.

Workers’ Rights

The Rehabilitation Act of 1973 (RA) and the Americans with Disabilities Act of 1990 (ADA) afford workers with AD/HD protection from discrimination based upon their disability, their AD/HD. The Rehabilitation Act prevents discrimination in the Executive Branch of the federal government, in workplaces receiving federal financial assistance, and among contractors and subcontractors who hold federal contracts. The Americans with Disabilities Act extends these protections to state and local governments, private employers with a minimum of 15 employees, and to places with “public access.” In order to enjoy these protections, workers must qualify for these protections by meeting four specific conditions:

- They must be disabled according to the law,
- They must be otherwise qualified for the job,
- They are being excluded from employment solely on the basis of the disability, and
- They must be covered under the law.

Workers must also be willing to disclose their disabilities. With some employers, discrimination begins with disclosure (NRC, 2003c).

Conclusion

Adults with AD/HD are competent workers with a treatable, personal mental health problem. Because is complex and manifests differently with each individual, diagnosis by a qualified mental health professional is an important first step. Successful treatment includes a combination of medication and counseling interventions. Once identified and disclosed, workers can enjoy reasonable accommodations in order to have every opportunity to have workplace success.

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