



The ADD Journey

By Cynthia Hammer, MSW

Stage I: "The Journey Begins" (Diagnosis) *Relief: "Finally, an explanation!"*

For many adults discovering they have ADD, usually by reading an article, a book or seeing something on television, is a very emotional moment. People at this point in time are usually very excited. They want to talk. They want to tell their story. They want to be understood now that they are starting to understand themselves. Most want to immediately seek a professional diagnosis so they can move forward with treatment.

Stage II: "Wandering in the Wilderness" (Increasing Awareness) This stage is marked by a variety of feelings and questions.

Denial: "How do I know this is a valid disorder?"

Flickering Optimism: "Maybe there is hope."

Fear, anxiety, and more anxiety: "What if I follow through with treatment, and nothing changes? All that effort and for what?" "Another failure?" "Is medication safe? If I use it, will I have to take it for the rest of my life?"

Grief, Anger, and Resentment: "Why wasn't this diagnosed and treated sooner?"

Stage III: "Up and Over the Mountain Top" (Restructuring)

At this stage the ADDult no longer puts his energy into "What might have been" She moves forward with her life, focusing on what works and minimizing the impact of what does not. Some ADDults go to bed in Stage II and wake up in Stage III. It is hard to predict when or why the transition occurs, but it does, and it feels good! In Stage III, ADDults feel less shame about their disorder. They feel more empowered and more comfortable with telling others about their condition.

Stage III involves:

Accepting: "I'm ready to let go of the past. I want to get on with my life."

Delegating: "Could some else more easily do this task?"

Using Strategies and Accommodations: "What strategies can I use, what accommodations can I request to accomplish my goals?"

Stage IV: "Enjoying the Peaceful Valley" (Self-Acceptance)

Along your journey you have enjoyed the occasional oasis...the moments when you recognize and praise your-self for new behaviors, small accomplishments, and completed tasks. You note where you started and how far you have come. The journey has been difficult, (and often you wanted to quit or turn back), but you realized you were making progress toward your destination. By noting the oases along the way, you confirm for yourself that you are traveling in the right direction, on the right road. The oases keep you nourished for continued travel.

Eventually, you reach a point in your journey when you are traveling light. You no longer carry baggage from your past. You are a seasoned traveler, good at figuring out how to pass through this rough landscape. You are confident in your abilities and strong in your knowledge of having survived. You know your journey will get easier--that you will even start to enjoy it. You continue to journey, but now you travel without needing guides and fellow travelers.

You journey down the open road of life, sometimes skipping, sometimes trudging, sometimes limping, but now there is usually a song in your heart, a twinkle in your eye, and a smile on your face. It is good to notice another oasis just ahead. Your journey of life has become the adventure you have always looked for.

AD/HD: UNDIAGNOSED + UNTREATED = UNFORTUNATE

Everyone on an ADD JOURNEY needs guides and fellow travelers to show the way and provide support when we weaken and falter. Our guides and fellow travelers provide the six essentials of multi-modal ADD treatment.

**Diagnosis Education Support
Medicine Counseling Coaching**

Just as the wise backpacker carries the ten essentials when out trekking, the journeying ADDult needs to have the ADD treatment essentials at hand. Whether or not all treatments get used during the journey depends on the traveler. Some need to employ all treatments; others, only a few. Below is a chart showing which Guide or Fellow Traveler is most suited to dispense which treatments and which Guide or Fellow Traveler should be relied upon at each stage of the journey.

Treatment	Guide/Fellow Traveler	Stage
Diagnosis	Psychologist, Psychiatrist, Nurse Practitioner, Primary Care Physician	I
Education/Support	Education/Support groups Self-education Self-Help Groups Friends and Family	I & II I & II II & III
Medication and/or Alternative Treatment	Psychiatrist, Primary Care Physician (and/or Alternative Health Care Providers)	II, III & IV
Counseling	Counselor, Psychologist or Psychiatrist	II & III
Coaching	Professional Coach or Coaching Partner	III

Who are the Guides for Stages I and II

Psychiatrists are medical doctors who specialize in helping people with mental health problems. Their training includes medical school and usually a three year post-graduate residency. One advantage of their training is that it enables them to understand, use, and prescribe medications. With respect to ADD, this is a definite advantage, since ADD treatment usually includes medication. In addition to psychiatrists, other medical doctors along with physician assistants and some nurse practitioners have prescriptive authority. However, none of them do psychological testing.

Sometimes psychological testing is recommended--not to make the ADD diagnosis--but to gain other information on the person's functioning. Only psychologists do this kind of testing. So, at times, an adult seeking an ADD diagnosis may see several different professionals. Some adults see several experts for another reason. They cannot find a knowledgeable helper.

Sadly, many mental health professionals are not knowledgeable about adult ADD. They may look at it as either a "made up" or an over diagnosed problem. Since mental health professionals are not used to working with adult ADD patients, it is likely that they may believe another problem is dominant.

Professionals in any field tend to "see" only what they know. If they don't know or understand something, they can't see or treat it. For example, the psychologist may see your problem mainly as depression

or anxiety (especially if you are a woman), not recognizing the ADD as the underlying concern. How you feel about your life because of your untreated ADD may cause you to be depressed or anxious. ADD may be your primary problem, but other problems may need treatment as well.

In evaluating a mental health professional's knowledge about ADD in adults, many of the following questions could be asked. Most of these questions could also be asked of ADD counselors and ADD coaches.

- Do you accept my insurance?
- Do you diagnose ADD/ADHD?
- How long have you been diagnosing this disorder in adults?
- How many ADD/ADHD adults have you diagnosed in the past five years.

What percent of your practice has a primary diagnosis of ADD/ADHD?

How familiar are you with the day to day tribulations of having ADD? (You're trying to learn if they or some one they are close to has this condition. How intimate is their understanding of ADD on a daily basis?)

What is your treatment philosophy? (Will the clinician work with you and be open to suggestions or will he/she call all the shots. Is their treatment of ADD the same for everyone or is it individually tailored?)

In a subtle way, learn what they do to keep current in their knowledge about adult ADD and its treatment protocols.

- How do you make a diagnosis?
- How many visits will it take and how much will it cost?

How long will I have to wait for an appointment?

Ask psychologists how they handle the medication part of treatment.

Ask physicians (and other medical personnel with prescriptive authority) what medicines they use to treat ADD/ADHD.

Who Are Your Guides for Stages II and III?

Counselors/Therapists: Often, after being diagnosed with ADD, it is a good idea to find a therapist with whom you can work. Many times adults with ADD have become so mired in negative feelings about themselves that the first thing they need to do is to face these feelings directly and learn how to let them go. Besides dealing with the ADD symptoms themselves, there may be depression, anxiety, or other problems that need to be addressed.

A good therapist can help you develop practical ways to deal with your daily life based on your own problems and circumstances. You will develop insights into how your ADD symptoms have interacted throughout your life, which is likely to help you understand why your life has taken a certain direction. It is our belief that a good therapist will educate you thoroughly about ADD.

Individual therapy is the most likely choice because most people prefer the privacy of a one-to-one relationship with a mental health professional. In individual therapy you and your therapist talk about your particular problems and develop ways in which you can deal with them more effectively. You will probably see your therapist once each week, although the schedule may later change. Visits usually last about forty-five

to fifty minutes. After the initial screening is completed, you and the therapist will spend your visits talking about specific challenges, developing coping strategies, sharing new insights, and whatever concerns are on your mind.

The therapy will vary according to the therapist's orientation. For example, one therapist may help you listen to your negative thoughts and get you to actively challenge them. This method is central to cognitive therapy. Another therapist may help you develop strategies for actively confronting and, hopefully, overcoming the ADD symptoms that make your life less than optimal. Often you will gain insight as therapy proceeds. You may have misunderstood your ADD and thought that you were just "lazy, crazy, and stupid." You may have many misconceptions that you built up over the years that you can now interpret in the light of your new understanding of ADD.

This does not in any way release you from doing the necessary work to get your life in order. Yes, you will develop insights. But you will also need to work at developing skills you have never had before.

A good therapist will teach the ADD adult to acknowledge the importance of small steps in making progress. Often people don't continue along the road of self-improvement because they don't acknowledge their small steps of progress. The person with ADD often expects a difficult problem to be solved rapidly. "I want it yesterday." If it can't be solved soon, the person gets frustrated and gives up. The adult with ADD who learns the value of taking small but positive steps

toward a goal learns a very valuable lesson. The good therapist keeps the client on track and helps the client maintain a thepositive perspective.

Much of the preceding material on therapy and therapists was adapted from an excellent book, *Do You Have Attention Deficit Disorder?* by Lawrence Thomas, Ph.D.

Coaches can be therapists, although coaching is not therapy. Coaches can also be another ADD adult, a friend or someone in your family. ADD coaching focuses on practical issues confronting the ADD adult, such as organization, managing time and setting and reaching goals. Coaching could help ADD adults to develop routines and daily habits which will simplify and make their lives more manageable. Some coaches are very forceful and offer lots of suggestions while others prefer coaches who mostly listen and then offer ideas.

A coaching relationship could last any length of time, but a typical relationship lasts at least six months. Sometimes coaching is done in person, one hour a week. It can be done over the phone, 10-15 minutes a day, or even done through e-mail. Hiring a trained person to be your coach is called professional coaching while getting someone else to work with you is called peer or partner coaching.

A coach works with you to improve your results and your successes. A coach will:

- help you set better goals and then reach those goals

- ask you to do more than you would have done on your own

get you to focus your efforts better to produce results more quickly

provide you with the tools, support, and structure to accomplish more

How does coaching differ from consulting? ...therapy? ...sports coaching? ...Having a best friend?

Coaching is a form of consulting as coaches provide advice and expertise in achieving personal change and excellence. However, unlike the consultant who offers advice and leaves, a coach stays to help implement the recommended changes, making sure they really happen and ensuring that the client reaches his goals in a lasting way.

In most therapies, patients or clients work on "issues," reflect on their past experiences and try to understand the psycho-dynamic causes of their behaviors. Coaching focuses only on the here and now, looking at the problems in the present needing solutions. In this way, it is like solution-focused therapy. Coaches work with their clients to gain something, such as new skills, not to lose something, such as unhealthy thought patterns. The focus is on achieving personal and professional goals that give clients the lives they want.

Professional coaching includes several principles from sports coaching, like teamwork, going for the goal, and being your best. Unlike sports coaching, professional coaching is non-competitive. You develop your own way to achieve your goals. There is not one best way to do it. It is not focused on outdoing someone else. It is focused on strengthening the

client's skills, such as a trainer might do.

Having a best friend is always wonderful, but you might not trust your best friend to advise you on the most important aspects of your life and/or business. A best friend might not be able or willing to provide the consistency in monitoring and feedback that coaching demands. The relationship with your coach has some elements of a good friendship in that a close relationship evolves. The coach knows when to be tender or tough with you, is willing to tell you the truth, and keeps your best interests foremost in the relationship.

"A coach is your partner in achieving professional goals, your champion during a turnaround, your trainer in communication and life skills, your sounding board when making choices, your motivator when strong actions are called for, your unconditional support when you take a hit, your mentor in personal development, your co-designer when developing an extra-ordinary project, your beacon during stormy times, your wake-up call if you don't hear your own, and most importantly: Your coach is your partner in living the life you know you're ready for, personally and professionally." — Thomas Leonard, President of Coach University

People hire coaches because they want more to their life; they want to grow as individuals, and they want to make achieving their goals easier. When using a coach, people take themselves and their goals more seriously. They immediately start taking more effective and focused actions. They stop focusing on thoughts and behaviors that drag them down. They create a

forward momentum to their lives and they set better goals for themselves than they would have without a coach. (This information on coaching was obtained from the International Coaching Federation)

Coach Selection Recommendations

Rapport is very important. Your relationship with your coach is important to your professional and personal growth. The effective coaching relationship is an effective model for all your other relationships: inspiring, supporting, challenging and productive. Choose someone you will be able to relate to very well.

Experience in your field is less important although knowledge of A.D.D. is important. Coaching technology works for a wide variety of people, professions, and situations. A coach with experience in your personal or professional situation may understand you more quickly. However, much of your work with a coach will involve encouraging you to use and develop your personal skills and your expanding network. Therefore, the specific business experience of your coach is not as important as you might think. Coaching technology works independently of the business or professional environment.

Location is normally not important. While some coaches do offer on-site coaching, it is normally not necessary nor efficient. You will get the same or better results with telephone coaching at a fraction of your investment with on-site coaching.

Interview more than one coach before you decide. Most coaches

are happy to speak with you for several minutes in order to get to know you and your situation. You can use this time as an opportunity to gather information and an impression about the coach's style. Compare two or three coaches and select the one who seems most helpful to you. Trust yourself to know what you need.

Ask the prospective coach good questions. Great coaches are willing to answer your questions directly and forthrightly. Consider asking questions about depth of experience, qualifications, skills, and practice. For example:

"How many clients have you coached, and how many are presently active clients?"

"What is your specialty and how long have you been practicing in that specialty?"

"What is your knowledge of Attention Deficit Disorder? (expand this to be lots of questions--modify those suggested earlier for evaluating a mental health professional's knowledge of ADD)"

"How many clients have you had with A.D.D.?" What percentage of your clientele has this diagnosis?"

"What qualifies you to coach people in my situation and how many people with my concerns have you coached?"

"How do you typically work with a client?"

"What are the names and numbers of some of your clients so that I may ask about your coaching?"

"How long do clients usually work with you?"

"What are your fees?"

Resources for Coaching

<http://www.123signup.com/directory?org=addresources>

<http://www.coachu.com>

<http://www.coachfederation.org>

<http://www.addcoach.com>

<http://quicksitemaker.com/members/americoach/>

The inspiration for this article and some of the information on the journey, its stages, (stage IV is my addition), guides and fellow travelers came from the booklet, "Coaching Partners," by Lisa F. Poast, founder of the Adult ADD Association (AADDA). To receive a copy of this excellent booklet on the journey and the "how to's" of peer coaching, send a donation of \$6 to AADDA, 1225 E Sunset Drive 640, Bellingham, WA 98226 or call (360) 647-6681.

Question: How do you know a chicken has Attention Deficit Disorder?

Answer: She never makes it across the road. She gets too distracted.



ADD and Romantic Relationships Getting Off the Roller Coaster and Into the Tunnel of Love

by Jonathan Scott Halverstadt

It is amazing how far we have come over the last few years in understanding the affects of ADD over the life span. Once thought to dissipate in adolescence, we now know that ADD is a neurobiological disorder that, for most people, does not magically go away after the age of 11 or 12. In fact, the majority of people diagnosed with ADD will have it throughout their lifetime. That being the case, no doubt the behavioral characteristics associated with ADD will, likewise, be present throughout one's life.

The impulsiveness and hyperactivity associated with what we call Attention Deficit Hyperactivity Disorder (ADHD) will continue into adulthood. These two behavioral characteristics can have seriously damaging consequences on romantic relationships. The impulsive person's spending patterns can rapidly disintegrate the family's finances. Words, cutting words, thoughtlessly spoken in arguments can devour the love two people have for each other. Restlessness--the adult version of hyperactivity--left untreated can lead to inconsistent work performance and sometimes, infidelity, if left unchecked.

These are just a few of the problems people in romantic relationships face when the relationship is affected by ADD. And there are more problems! (Remember, I said "These are just a few...") That's the

bad news. The good news is there is hope, and lots of it.

C. Everett Koop, M.D. has been on television promoting a series of books about physical illnesses. He states a wonderful truth in those commercials when he says, "The best prescription is knowledge." I couldn't agree more! The hope that couples have in working things out in a relationship affected by ADD is first, and foremost, knowledge. The more educated each partner is about ADD, the better their relationship will be. With knowledge they will be able to understand each other's experience in the relationship. This understanding has another term--empathy.

Empathy is necessary for any romantic relationship to be successful. But there is something else that knowledge about ADD brings to the couple--it brings knowledge about where and how to get help.

I believe the full approach to getting help begins with a thorough assessment of the ADD. We now know that there are several different types of ADD with corresponding behavioral characteristics. After a thorough assessment, appropriate medical intervention can be made. Since ADD is a medical disorder, it needs to be addressed with medicine. When medicated properly, the brain functions better. The ADD person is able to process information better. They are better able to monitor their own behavior. They are then able to work better in the next aspect of treatment which is couple's therapy, and possibly, even individual therapy.

In couple's therapy, both partners can work through old painful

issues and discover new ways of interacting with each other that creates the results they desire--a lifetime of love. Individual therapy is often useful for working through the painful scars left in the wake of growing up with ADD, scars that can also affect the relationship.

Finally, I often recommend 12-step work. Yes, 12-step work, like in Alcoholics Anonymous (A. A.). Not necessarily with AA, but some form of 12-step work. Now there is even an 12-step program for people with ADD! A lot of healing and education can take place in 12-step work that can't be done in therapy--just as there are things we can do in therapy that can't be accomplished in 12-step work. That's why I recommend both.

It is possible to get off the roller coaster and into the tunnel of love. Yes, it will take some extra effort, but the truth is, all relationships require some work. Through utilizing the four part process of assessment, medication, therapy and 12-step work, it is possible to have the love you want.

Mr. Halverstadt is a recognized expert in the area of ADD in romantic relationships. He is on the staff of the Amen Clinic in Fairfield, CA., 707-429-7181.



Is ADD Being Over-Diagnosed?

In the February, 1997 issue of the ADHD Report, Dr. Russell Barkley reports on a research article published in the December 6, 1996 edition of *Pediatrics* entitled, "Increased Methylphenidate Usage for Attention Deficit Disorder in the 1990s." The authors research results indicate that there has been a 2.5 fold increase in the prevalence of usage of methylphenidate for children having ADHD/ADD from 1990-1995.

By the middle of 1995, 2.8 % of approximately 1.5 million children in our country between the ages of 5-18 years were being prescribed this medicine. The article's authors attribute the rise in medication use to a longer duration of treatment, an increase in the number of girls being diagnosed and treated, an increase in the number of adolescents also being diagnosed and treated and the increased recognition that children who are mainly inattentive also benefit from medication.

Dr. Barkley states that "results of this study help to correct misleading information from some media stories that medication use rose six fold in this time period. The findings suggest that only 50-60% of children eligible for a diagnosis of ADHD (population prevalence estimated at 5 percent) are receiving methylphenidate treatment for their disorder, seriously questioning the perception that the U.S. is over-medicating children with ADHD. If the latter were the case, prevalence rates for use of stimulant medication should exceed the expected base rate for the disorder."

How ADD Has Changed in Half a Decade

by Cynthia Hammer, M.S.W.

With the publication of the third edition of her book, *Attention Deficit Disorder in Adults*, Dr. Lynn Weiss seems to join Thom Hartmann's camp in viewing ADHD/ADD as a cultural disorder--if we lived in a culture that accepted and even valued our differences, then there would be no problem in having ADD. It is because we live in a society /culture that does not value our

particular attributes that we suffer from poor self-esteem, etc.

This viewpoint, while valuable in helping those with ADD to see value in themselves and in the characteristics of ADD, goes counter to mainstream thought on ADD which is that it is neurobiological disorder, a medical problem, that benefits from medication. That being said, I find Dr. Weiss' writings on ADD to be very healing. Her opening chapters in *ADD on the Job* are very self-affirming. Her focus on the words we use to describe behavior--words that can describe the same thing, but some have positive connotation while others have

negative connotations--gives us real food for thought.

Instead of accepting another's judgment that we are "too sensitive" or "too emotional" or "too scattered," Dr. Weiss tells us that whatever amount of something we are, it is just the right amount. Her focus on language and how we talk to ourselves or allow others to talk to us or about us is powerful stuff from which we can all benefit.

The following information was obtained from a publicity handout for Dr. Weiss' revised book on *Attention Deficit Disorder in Adults*.

It was believed in 1992 that...	It is currently known that...