April 2007

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Attention!

For Families & Adults with Attention-Deficit/Hyperactivity Disorder

Money Matters

From job challenges to family finances, coping with AD/HD requires strategic planning

The Cash-Strapped Family

Insurance Discrimination

How To Get and Keep a Job

Optimizing Your Earning Power

April 2007
Vol. 14, No. 2

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CORRECTION

In the February 2007 issue, text errors appeared in the article "Lost in the Shuffle" by Mary Robertson, R.N. A corrected, printable version of the article is available on the CHADD Web site at *www.chadd.org/attention*.

From the President

Seven Tips for Better Money Management

by Phyllis Anne Teeter Ellison, Ed.D.

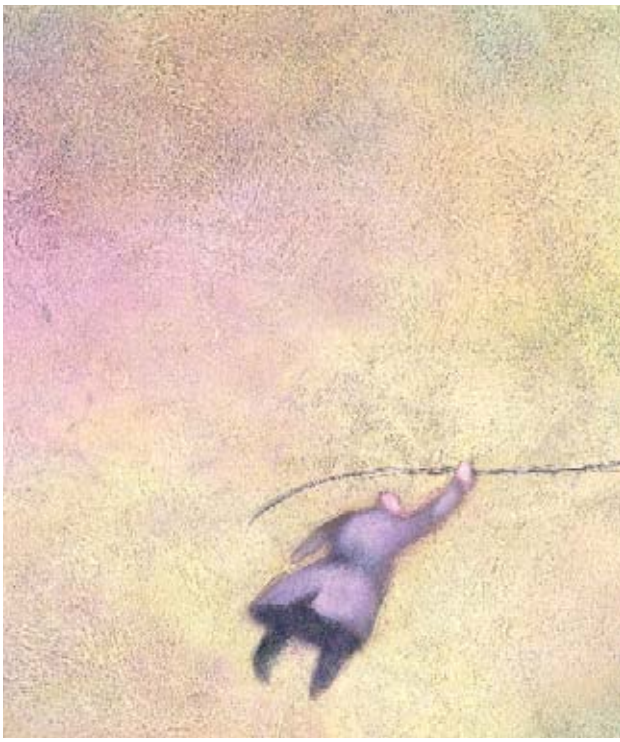
"Money changes everything.
Money, money changes everything.
We think we know what we're doin'.
That don't mean a thing."
—Cyndi Lauper

These lyrics have been in my head ever since I learned that the theme for this issue of *Attention!*® is finances. Managing one's finances can be a challenge for anyone at any age. I remember when I got my first checkbook in my first semester of college. My father still balanced my monthly statements and gave great financial advice—much to my dismay.

The first lesson I learned from him was to stop writing checks for $5. As I tried to explain to my dad, I wrote small checks thinking that I wouldn't spend so much if I didn't have a lot of cash in my wallet. At the time gas sold for 25 cents a gallon—yes, four gallons for a dollar. I could fill up my VW bug and still have a dollar left. However sound, my reasoning did not account for the cost for each check. With my dad's counsel, I began to see how writing a check for $25 saved me check-writing charges and helped me learn invaluable lessons on how to manage my money. Well, I do remember losing my checking account privileges for buying that special purse that was way too expensive. I was on probation for awhile until I could show more spending restraint and better judgment.

These lessons learned early in life can be very helpful, but for adults with attention-deficit/hyperactivity disorder (AD/HD), struggles with finances can be a daily challenge. So many ways to get in trouble—balancing the checkbook, listing the amount of every check that is written, keeping track of money credited to your debit card, paying bills on time, budgeting, saving for household emergencies, filing taxes on time, saving for the future and controlling impulse buying. Money can become a source of stress, the focal point of arguments with your spouse and the cause of endless headaches.

What strategies make sense—how can money management become less of a burden



for individuals with AD/HD? Here are some tips that might be useful.

1. Get organized. This is the first step. Use a daily/weekly planner to keep track of when all of your major bills are due.

2. Find a special place for your bills and important papers. Go to an office supply store and buy a file cabinet, ledger, special binder and/or manila accordion folders. Use an accordion divider or folder for monthly bills so you always know what needs to be paid. Keep a ledger to track your monthly expenses, and have a special place for important papers, such as insurance, retirement and mortgage papers.

3. Get a routine. Schedule a regular time of the month to pay your bills. If you get paid once a month, then plan to write checks once a month on the same day and time. Make sure you pick a time when you can concentrate and turn everything else off; too many mistakes are made when we are rushed or dual tasking.

4. Find a system that works for you. Some people love using technology, and computer pay systems may work for them. Others prefer to have a paper copy of everything; using a

checkbook or ledger may be best. Just remember tip #3 and set aside a specific time and day to write checks and balance your accounts. Whatever system works best for you, stick with it.

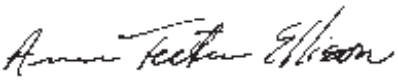
When I changed to a computer pay system, I had a steep learning curve and made a few serious mistakes when I was too rushed. My first month I programmed every credit card payment as a recurring bill without realizing that the same amount would be paid to the credit card. Of course my payments are never the same, so I overpaid some of my credit cards and underpaid others. It was a little bit of a mess to get it all cleared up, but I love it now. However, I make sure I have enough time to re-check all my payments.

5. Plan ahead for big expenses. Yes, some things are predictable and you need to anticipate which things must take priority. Tax time is upon us; it comes the same time every year. How much do you need to save to make sure you can pay your taxes on time? Use a financial planner, a tax person or a computer tax program or do it by hand—just do it! Tax time can be stressful. Just today my husband asked me for some W2 forms that we needed to prepare our tax returns. I usually keep a large, manila envelope for storing all my receipts, my charitable contributions and other tax forms we need. Of course, the one form that he needed was not in my special place, so I will have some hunting to do after I finish this column. Even when you have a plan, it is hard to keep everything organized and in its proper place.

6. Pay yourself first. This sounds counter-intuitive, but it makes sense when you put money aside for your retirement, for the trip you've been hoping to take, for dinner at the expensive restaurant you've wanted to try or for that special treat (or purse—yes, I still have a love for purses) you've always wanted. Reward yourself. This practice helps you decide where you spend your hard-earned money. It also makes it easier to forgo that morning latte when you know you are putting away money for some bigger reward. Every month put a little aside for your retirement. It may seem like a long way off, or it may seem like you have nothing extra left over. Even a little goes along way; start now and don't make exceptions.

7. Don't panic if you have serious financial problems. If you are in financial trouble, see a financial specialist. There are many solutions to even the worst problems—overdrawn checking accounts, overdue credit card bills, overspending or overwhelming debt. Sometimes the first step is the hardest—sharing the problem with your spouse or significant other and seeking professional help. There are many options available for all these problems, and you can restructure your credit card bills and other financial obligations. Seek advice and stay on course. With time and restraint, you can become a successful manager of your finances.

Be patient with yourself. Forgive your mistakes. Stay focused. Get organized. Then we can change the lines of the song—money, money changes everything because we know what we're doing and it does mean a thing. ■



iBLOG

Visit the CHADD Leadership Blog—a regular commentary on issues related to attention-deficit/hyperactivity disorder from CHADD CEO E. Clarke Ross. Please visit our Web site *www.chadd.org*, and go to "About CHADD."

Promising Practices

The Open Arms Program

by Mark Katz, Ph.D.

Parents, educators, health-care providers and well-informed consumers are finding creative ways to address the needs of those who struggle with AD/HD. In each issue of *Attention!*® magazine, we highlight one innovative program, model or practice and pass on appropriate contacts so that you can implement similar efforts in your community.

A Compassionate Model for Treating Children Requiring Inpatient Psychiatric Care

When prevention specialists speak of strengths-based, family-centered principles of care, inpatient child psychiatric facilities rarely, if ever, enter the conversation. But that could change as word spreads about an innovative new inpatient treatment model known as the Open Arms Program.

The model weaves these principles of care around a series of empirically validated practices designed to prevent and reduce highly volatile and explosive tirades, the kind of out-of-control behaviors often seen in children admitted to inpatient psychiatric or residential treatment facilities.

Initial results look very promising. Families report feeling more a part of the treatment process; staff morale has greatly improved; and staff turnover, staff injuries and the need for physical restraints have decreased dramatically. "Perhaps the most significant change," says Nurse Manager Kathleen Regan, "is to our overall culture."

Staff are working hard to create and sustain a treatment environment where families feel valued and supported; where children struggling with severe emotional challenges, including those suffering the effects of traumatic stress exposure, feel nurtured and special; and where children prone to rage and explosive tirades can learn and practice the critical self-control skills they need to prevent future out-of-home placements.

Family-centered principles of practice

Open Arms treats parents as full partners in their child's care. Program staff receive training in family-centered practices that highlight family strengths and that value open, candid and affirming lines of communication with professionals. Regan believes that children living away from home need their parents close by. She notes how frightening it can be for children to be away from their parents, not to mention how frightening it can be to their parents. That's why at Open Arms parents can see their children any time they want, for as long as they want. There are no visiting hours. "We feel it's actually an insult to parents when programs use the term 'visitor.' They're not visitors. They're the child's parents."

Trauma-sensitive principles of care

Researchers find that a number of children admitted to inpatient psychiatric facilities suffer from traumatic stress exposure. Regan believes strongly that traumatized children need to be nurtured and soothed. At Open Arms, that's what they do. "We're not afraid to hug children when that's what they need most," says Regan. Some people tremble in fear when they hear this. Hugging children, in many settings, crosses an unacceptable boundary. At Open Arms, they disagree. In answering her critics, Regan feels entirely confident that they've instituted the necessary safeguards to ensure their practices are never misused or misunderstood. She adds, "Some of us working here are also mothers. And as mothers, we hug our own children all the time when they're frightened and need to be comforted. Why would we not do the same for frightened children living in a psychiatric hospital?"

Teaching and learning environments

Children prone to rage and explosive tirades who require hospitalization need to learn the necessary skills to control themselves so that they can avoid being hospitalized again in the future. Staff who work in these settings need to be trained to teach children these skills. To address both of these needs, Open Arms has incorporated Ross Greene's Collaborative Problem Solving (CPS) model, a "no shame, no blame" approach that's compatible with Open Arms, family-friendly practices (see Promising Practices column, *Attention!*®, October 2006).

With CPS, explosive, uncontrollable reactions are linked to five cognitive pathways, each

representing common sources of vulnerability in children prone to explosive behavior: executive skills, language skills, emotional regulation skills, cognitive flexibility skills and social skills.

Staff assist children in understanding triggering events leading to their explosive episodes and the specific pathways or delayed cognitive skills causing them. Staff then coach children in collaborative problem solving, a three-step process of communication that helps children develop critical cognitive skills necessary for preventing and reducing explosive episodes.

Families often view the model as affirming, not surprising since the model is based on the belief that children prone to rage don't explode willfully, to manipulate others or as a result of inconsistent parenting. Instead, their meltdowns are believed to be the result of a specific learning disability—not the more familiar kind associated with reading, writing or math, but rather a learning disability related to the skills needed to adapt flexibly to day-to-day demands, tolerate common day-to-day frustrations, and identify and solve problems when emotions run high. And, say the model's proponents, when you provide these children the same understanding and compassion you'd provide a reader who is dyslexic and the same opportunity to master the critical skills they lack in chunks of experience they can handle, explosive tirades decrease. The CPS mantra: "Children will do well if they can. If they're not doing well, something must be getting in their way. Let's figure out what it is so we can help." Regan says Open Arms extends the mantra to parents. Parents will also do well if they can.

Hugging children, in many settings, crosses an unacceptable boundary. At Open Arms, they disagree.

Given the number of children in inpatient psychiatric facilities suffering the effects of prolonged traumatic stress exposure, it's hard to imagine a population more in need of a living and learning environment that highlights strengths, draws in family members and other caregivers and provides staff with tools to dramatically reduce the need for physical restraints. Furthermore, considering the number of children in inpatient settings who struggle with executive

The CPS mantra: "Children will do well if they can. If they're not doing well, something must be getting in their way. Let's figure out what it is so we can help."

FOR MORE INFO
For a list of references from this article, please visit *www.chadd.org/attention/references.*

In recognition of its accomplishments, the Open Arms Program received the 2003 Psychiatric Services Award for Service Excellence from the American Psychiatric Association.

function delays, among other weaknesses affecting their ability to regulate their behavior and emotions, it makes great intuitive sense as well to provide staff the necessary tools to teach children ways to improve upon these skill deficits.

Ongoing staff training and supervision are critical to Open Arms' success. Regan also finds that not all staff can be expected to buy in to the changes. Some staff, in fact, may choose to leave. Roughly 30 percent of the original staff left after the program was introduced. It can also take time to implement the model fully. The learning process is ongoing. The more time the staff spend implementing and refining their model, the more skilled they become.

In recognition of its accomplishments, the Open Arms Program received the 2003 Psychiatric Services Award for Service Excellence from the American Psychiatric Association.

Those interested in learning more about the Open Arms Program are encouraged to e-mail Kathleen Regan at *KRegan@challiance.org.* You may also want to read her new book, *Opening Our Arms: Helping Troubled Children Do Well* (Bull Publishing, 2006). ■

Mark Katz, Ph.D., is a clinical and consulting psychologist and the director of Learning Development Services, an educational, psychological and neuropsychological center located in San Diego, Calif. Dr. Katz is a member of the editorial advisory board of Attention!® *magazine.*

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For the Fridge

Tips for Handling Finances

by Bryan Goodman, M.A.

Managing the family finances can get the best of many of us, but when attention-deficit/hyperactivity disorder (AD/HD) is involved, the situation can become even more stressful. Impulsive purchases, credit card debt and messy financial paperwork are all characteristic of someone with the disorder. This section should help those with financial woes.

Cut up credit cards

Credit cards encourage impulsive spending: They are convenient to use but often too hard to resist for a person who has problems with finances and money management. The average person spends more on purchases when using a credit card rather than cash, plus there are the high interest rates these charges accrue. If you have large balances on your credit cards and don't even remember what you charged, you would probably be better off without a credit card.

Put 'em on ice

Not ready to give up those credit cards? Then place them in a small bowl. Fill it with water and stick it in the freezer. The credit cards have to thaw before they can be used, giving you more time to think about just how much you need that new iPod!

Indulge yourself

Budget for fun. Each pay period, allocate a little money for indulging your whims. Giving yourself a small amount to spend on treats can keep you from feeling deprived, but most of all, it can help prevent you from blowing your budget. Did someone say day spa?

Look out for enablers

If you've made impulsive purchases, chances are you were caught up in the frenzy of the moment, encouraged by friends who also like to shop. Instead, resolve to shop only with friends who know your financial limits and aren't afraid to question or discourage impulsive purchases. You will be surprised how much this will help you (and your credit card balance) the next time you're at Target!

Make a list

Making a list before you go shopping can keep you focused on needed items and prevent impulsive purchases, whether it's groceries at Kroger or household items at K-Mart. A list can also help keep you on the straight and narrow while in the store by directing you straight to the milk in aisle 10 and past the tempting bakery goods in aisle 5.

Get active

Create a household budget, and set financial goals. Know how much you owe and put something in savings every month. Visit a financial counselor for help developing a realistic plan to get out and stay out of debt. (See the For More Info box). The more time you spend solving your financial problems, the less time and the fewer reasons you will have to worry about them!

You're not alone

Millions of people have a hard time with finances, so don't berate yourself for being one of them. It's important to recognize when a problem exists, but it's equally important to break down the walls making you feel alone and seek support from others in solving your problems. Talk to your local CHADD coordinator about hosting experts who can address AD/HD and finances. Not only will the sessions be informative, they will bring you in contact with people who are in the same boat. ■

YOU SPOKE; WE LISTENED! The results of our recent readers' survey are in, and many of you asked for helpful hints and tips for coping with AD/HD in a user-friendly format. Starting with this issue, *Attention!*® will feature a special one-page pullout section, "For the Fridge," with suggestions for dealing with AD/HD. Let us know what you think of this new column. E-mail bryan_ goodman@chadd.org.

FOR MORE INFO

The National Resource Center on AD/HD (NRC) For more information on managing money, visit the National Resource Center on AD/HD online at *www.help4adhd.org/living/wwk17*.

American Consumer Credit Counseling (ACCC) A non-profit organization that offers credits counseling and education on financial management to consumers across the country. Visit *www.consumercredit.com*.

Ask the Expert

Questions on Finances

Michael Romaniuk, Ph.D., responds to questions from CHADD members

The following are excerpts from CHADD's monthly online "Ask the Expert" with Michael Romaniuk, Ph.D., who supports a monthly support group that, among other things, focuses on impulsive spending.

Q: I am an impulsive spender. When I see something that I want, I usually buy it. How can I stop spending money on things I don't need?

A: First of all, you need to be aware of your limitations and personal vulnerabilities. You also need to recognize that you have to operate within limits to control spending. You have to set personal rules to govern your spending practices. For instance, you can set up a rule that you first have to do research and identify an item before going to the store. Once this is done, impose on yourself the rule that you have to purchase that item and then leave the store. By doing this, you can limit your exposure to other items within the store and not make impulsive or point-of-purchase decision-making.

Q: My son is 10 years old. He currently makes impulsive purchases. I want him to develop long-term goal setting and money management skills. What is your advice?

A: Your son needs to identify ahead of time some items that he wants to purchase. Then have him run the idea by you for approval. If it meets your approval, then he can purchase it. Think about teaching your son the importance of delaying gratification. A certain amount of time should elapse between identifying an item to purchase and the actual purchase of the item. Also, help him identify priorities and provide your input for his choices. This kind of information might help him to have a better understanding of the value of money and how to make wiser purchases.

Q: I find that the longer I am able to keep myself from spending, the more I'll spend when I do finally give in to the impulse. So if I succeed in restraining myself from spending $100 five times, I'll end up buying something that cost $7,000. I know that it defeats the purpose. What do you suggest?

A: Perhaps if you do not have the willpower to control your spending, you might consider turning over your credit cards

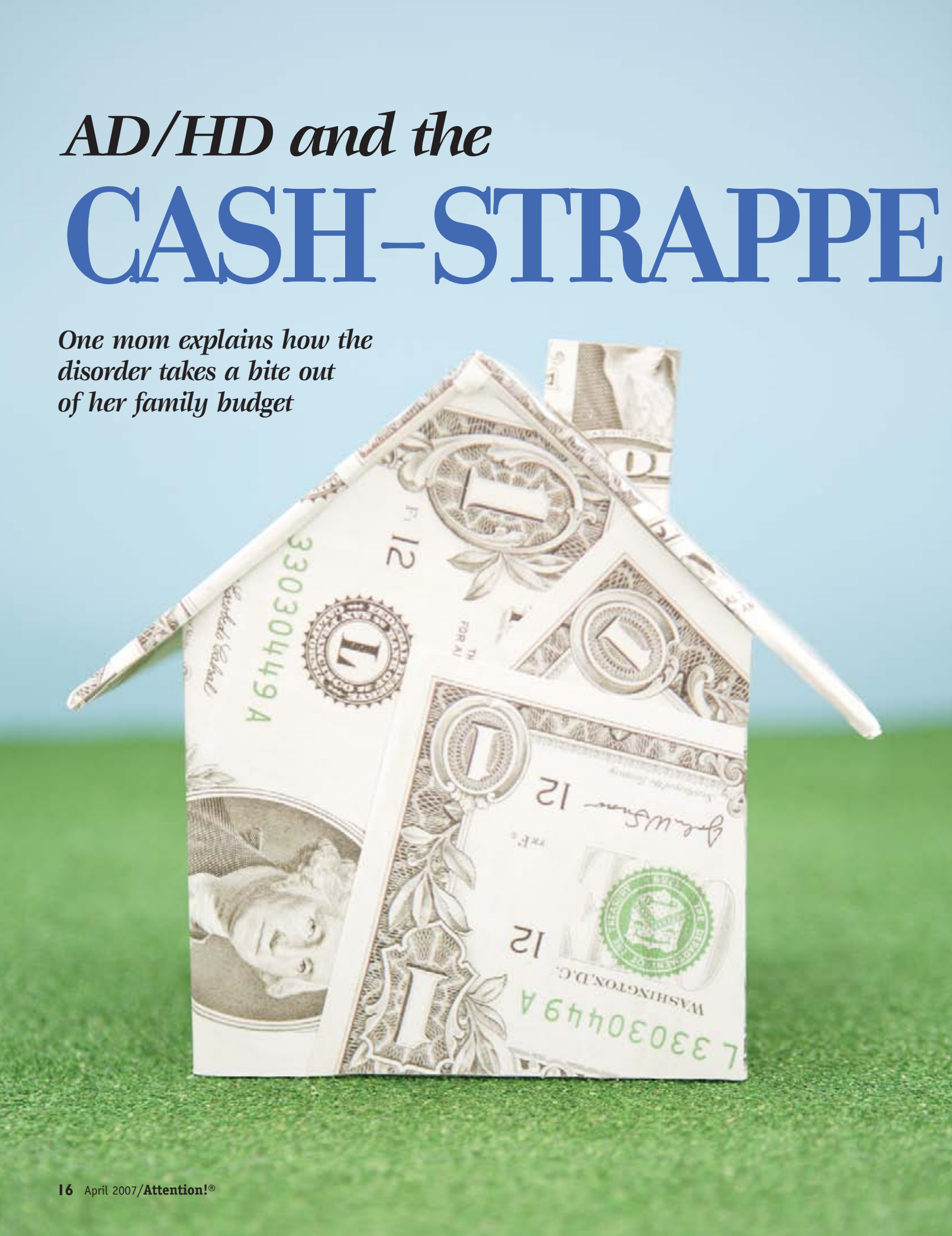
and checks to someone who can exhibit restraint. One way of managing impulses is to delay purchases. Once again, you might want to consider operating with a rule that you will not make a purchase unless a week has passed. Often, the passage of time lessens the impulse to buy. The other idea is to have a rule whereby any purchase over a certain dollar amount can only be made if you run it by someone else and get his or her input on the purchase.

Q: What do you think about the use of a debit card (purchase only) for young people heading to college to live on their own? The parent can load the card with a specific amount of money and then deposit funds into the account. Before adding to the card, the parent would be able to verify the nature of the purchases and amount. This creates a system of checks and balances.

A: This is a very good idea. Not only can you control the limit, but you can also monitor the purchases made. Some credit card companies have programs specifically designed for adolescents and young adults with this parental control built in. ■

AD/HD and the CASH-STRAPPE

One mom explains how the disorder takes a bite out of her family budget



D FAMILY

BY BRYAN GOODMAN, M.A.

Lorena Andalon-Morales' children, Matthew, Myles and Mark, all benefit from medication for AD/HD.

Los hijos de Lorena Andalon-Morales, Matthew, Myles y Mark, se benefician de los medicamentos para el TDA/H.

This article is published in English & Spanish.
Este artículo está publicado en inglés y español.

This is the first of a four-part series on the financial costs of AD/HD for four generations, covering childhood, the college years, middle age and the retirement years. This series will extend through the December issue.

Este es el primero de una serie de cuatro partes acerca de los costos del TDA/H en cuatro etapas distintas del desarrollo: la niñez, los años universitarios, la adultez y la etapa de la jubilación. La serie se publicará hasta la edición de diciembre.

Lorena Andalon-Morales can tick off the numbers like an accountant. Voice even, words deliberate, she provides dollar amounts for bills that account for why one of her three sons goes without the medication he needs for attention-deficit/hyperactivity disorder (AD/HD).

"I have to prioritize which of my two children the medicine would benefit most. For the one it benefits least it's, 'Sorry dude.'" That means Mark, 8, and Myles, 9, will receive the medication to treat the disorder, while their brother, Matthew, 12, will not.

Andalon-Morales' matter-of-fact, call-it-like-she-sees-it manner should not be misinterpreted as cold or in any way emotionally removed. It's quite the contrary. A single mother on a limited income with three boys who all have AD/HD, she's too busy keeping the family afloat to worry about emotions. Tears and self-pity would be just one more obstacle. And right now, she has countless obstacles.

So she soldiers on.

Daily financial struggles

As she tries to get her sons to bed, she recounts her daily financial struggles. Since Andalon-Morales' sons were diagnosed two years ago, every effort has been made to use the

proven multimodal treatment approach, which has included lining up psychiatrists, implementing a behavioral management plan, taking time from work to meet with teachers to develop educational adaptations and finding the right medication for her children. Early on, she was happy her insurance provider Kaiser Permanente paid for the generic version of the prescribed medication. She soon found out, however, that the medication was not effectively treating the disorder.

At her doctor's suggestion, she tried newer, name-brand medications, finally finding one that worked. But Andalon-Morales was shocked to learn that her insurance company wouldn't pay for it. After two appeals to the company, she was looking at a bill of $567 each month to purchase medication for her children. That's when she began the difficult process of choosing which two of the three children would receive the medication.

Paying out of pocket

Andalon-Morales' situation is familiar to Peter Jensen, M.D., a leading researcher and author on AD/HD, who has worked extensively with families. He says many insurance companies help parents of children with AD/HD, but health care is becoming more expensive, with reduced insurance coverage or no coverage at all for certain forms of treatment. He says in some situations parents find that paying out of pocket for medications is the path of least resistance.

"Battling the insurance companies takes energy, which is fine if you have energy to spare," says Jensen. "But if your financial resources are less strapped than your emotional resources, you may want to get the best care now and save your energy for future battles to recoup your financial outlays."

Andalon-Morales says paying out of pocket for the medication is worth it. "My rent and everything else [are] hard to pay. But the medication makes things better for my children, and their future is worth sacrificing for."

Even if the expenses for medical treatment were removed from the equation, her financial struggle would be no less formidable. She says there have been times when she has literally had to run her kids to a shoe store for a quick and unbudgeted purchase just to get them to school.

Replacing lost things

"With a blink of an eye these kids lose things. They lose their shoes. We try to line up shoes at night but in the morning they can't find them."

Some items they lose are very expensive.

Myles, for instance, rode his $300 bicycle—which was a Christmas present—to a friend's house one morning. When he returned home later in the evening he was without the bicycle. Three days later his mother discovered what had happened, but then the bike was nowhere to be found.

El TDA/H y la Familia con Limitaciones Económicas

Una madre explica cómo el trastorno se lleva una buena parte del presupuesto familiar

POR BRYAN GOODMAN, M.A.

Traducido por Carmen C. Salas-Serranno, Ph.D.

Lorena Andalon-Morales puede marcar los números como una contable. Con voz firme y palabras intencionadas, habla sobre el monto de las cuentas que son la explicación del porqué uno de sus tres hijos no utiliza la medicación que necesita para el trastorno por déficit de atención/hiperactividad (TDA/H).

"Tengo que establecer prioridades sobre cuál de mis dos hijos se beneficiará más de la medicación. Con el que recibe menos beneficio es: "lo siento, chamaco." Eso quiere decir que Mark, de 8 años, y Myles, de 9, recibirán la medicación para tratar el trastorno, mientras que su hermano Mathew, de 12, no la recibirá.

Los modos prácticos y realistas de Andalon-Morales no deben malinterpretarse como fríos o de ninguna manera emocionalmente distanciados. Es todo lo contrario. Siendo una madre soltera con ingresos económicos limitados y con tres hijos que presentan el TDA/H, está muy ocupada manteniendo la familia a flote como para preocuparse por las emociones. Las lágrimas y la auto compasión sólo serían un obstáculo más. Y ahora mismo ella tiene innumerables obstáculos.

Así que, sencillamente, sigue adelante.

Luchas económicas diarias

Mientras trata de que sus hijos se vayan a la cama a dormir, piensa en sus luchas económicas diarias. Desde que los hijos

de Andalon-Morales fueron diagnosticados hace dos años, cada esfuerzo ha ido dirigido a utilizar el acercamiento multimodal de tratamiento que ya está probado, lo cual ha incluido integrar a psiquiatras, poner en práctica un plan de manejo conductual, tomar tiempo del trabajo para reuniones con los maestros con el propósito de desarrollar adaptaciones educacionales y encontrar la medicación adecuada para sus niños. Al principio estaba muy contenta de que su compañía aseguradora Kaiser Permanente pagara por la formulación genérica del medicamento recetado. Sin embargo, pronto descubrió que el medicamento no estaba siendo eficaz para tratar el trastorno.

Por sugerencias del médico, probó medicamentos de marca más nuevos, y finalmente encontró uno que funcionaba. Sin embargo, Andalon-Morales se sorprendió al enterarse de que su compañía aseguradora no pagaría por el medicamento. Luego de dos apelaciones a la compañía, se enfrentaba a facturas de $567 cada mes por la compra de medicamentos para sus hijos. Fue entonces cuando comenzó el difícil proceso de escoger cuáles dos de sus tres hijos recibirían la medicación.

Pagando del propio bolsillo

La situación de Andalon-Morales es conocida para Peter Jensen, M.D., un reconocido autor e investigador del TDA/H, quien ha trabajado extensamente con familias. Comenta que muchas compañías aseguradoras ayudan a los padres de niños con el TDA/H, pero que el cuidado de la salud está siendo cada vez más costoso, con cubiertas reducidas o ninguna cubierta para ciertas formas de tratamiento. Dice que en algunas situaciones los padres se dan cuenta de que el camino de menor resistencia es pagar las medicinas de su propio bolsillo.

"Pelear contra las compañías aseguradoras toma energía, lo cual está bien si usted tiene energía de sobra," dice Jensen. "Pero si sus recursos financieros están menos atados que sus recursos emocionales, puede ser que desee obtener el mejor cuidado ahora y ahorrar su energía para batallas futuras que le permitan recuperar sus desembolsos monetarios."

Andalon-Morales comenta que vale la pena pagar por los medicamentos con su propio dinero. "Pagar el alquiler y todo lo demás es difícil, pero la medicación hace que las cosas sean mejores para mis hijos, y el sacrificio en pro del futuro de mis hijos bien vale la pena."

Aun si se removieran de la ecuación los gastos por el tratamiento médico, su lucha económica no sería menos extraordinaria. Comenta que hay ocasiones en que ha tenido que salir corriendo con sus hijos para la tienda de zapatos y hacer una compra rápida y no presupuestada para que ellos puedan ir a la escuela.

Reemplazo de cosas perdidas

"Estos niños pierden cosas en un abrir y cerrar de ojos. Pierden sus zapatos. Tratamos de alinear los zapatos en la noche, pero en la mañana no pueden encontrarlos."

Algunos de los artículos que pierden son muy costosos.

Por ejemplo, una mañana Myles fue en su bicicleta de $300 (la cual era un regalo de Navidad) a visitar a un amigo. Cuando regresó a la casa en la tarde no tenía la bicicleta. Tres días después su madre se enteró de lo que había sucedido, pero ya la bicicleta no se podía encontrar. Myles ahorró $27 en un intento por reemplazar la bicicleta, pero más adelante también perdió el dinero.

Andalon-Morales se vio obligada a comprar un teléfono móvil para Mark luego de que un día se perdió después de salir de la escuela.

"Dijo que iba a la esquina, pero nunca encontró la esquina. Siguió caminando y caminando y cuando se detuvo ya no sabía dónde estaba," dijo ella y la voz se le quebró por primera y única vez durante la conversación. "Esto es Los Angeles. Puede ser peligroso."

Ganando lo suficiente para vivir

Andalon-Morales trabaja a tiempo completo en una organización sin fines lucrativos para ganar dinero para pagar las cuentas, pero la paga es poca. Con frecuencia tiene que salir del trabajo porque llaman de la escuela, o tiene que llevar a sus hijos a las citas médicas semanales.

Así que trabaja durante los fines de semana para cumplir con sus horas de trabajo y consigue cuido para sus hijos donde pueda. El Dr. Jensen dice que es importante que los padres que están en esta situación cuenten con apoyo tanto emocional como tangible.

"El apoyo emocional proviene de los amigos que puedan escuchar, mientras que el apoyo tangible proviene de personas que puedan ayudar asumiendo las responsabilidades del padre o la madre en los asuntos de la escuela o cuando el padre o la madre necesita tiempo para recargar sus energías."

Andalon-Morales cuenta con muy poco apoyo de otras personas en el cuidado de sus hijos, la ayuda económica o el rejuvenecimiento. Aún así reconoce que su situación puede ser peor. En un momento dado, mientras cuenta todos sus obstáculos, se detiene y expresa un último pensamiento importante.

"Si perdiese mi trabajo, tendría que quitarle el medicamento a mi segundo hijo o quizás a ambos." ■

La próxima parte de esta serie, que aparecerá en la edición de junio, incluirá una historia sobre un estudiante con el TDA/H que está trabajando para lograr que su vida financiera comience en el camino correcto.

Bryan Goodman es el director de comunicaciones de CHADD. Se puede comunicar con él por correo electrónico, bryan_goodman @chadd.org.

PARA MAS INFORMACION

Existen recursos útiles en línea para familias que no pueden asumir el costo de la medicación prescrita. El Centro Nacional de Recursos para el TDA/H, un programa de CHADD, ofrece más información en su página electrónica, *www.help4adhd.org/systems/insurance/medassist.*

CASH-STRAPPED FAMILY

Myles saved up $27 in an attempt to replace the bike, but later lost that money.

Andalon-Morales was forced to buy a cell phone for Mark after he got lost one day leaving school.

"He said he was going to the corner, but the corner never came. He just kept walking and walking, and then he looked up and didn't know where he was," she says, her voice cracking for the first and only time during the conversation. "This is Los Angeles. It can be dangerous."

Making ends meet

To earn money to pay the bills, Andalon-Morales works full-time for a non-profit organization, but the pay is low. She often has to leave work because the school is calling, or she has to take her sons to their weekly doctor appointments.

She finds herself working nights and weekends to make up the lost time, finding childcare where she can. Dr. Jensen says it's important for parents in these situations to have both emotional and tangible support.

"The emotional support comes from friends who can listen, while the tangible support comes from people who can actually help step in for the parent at school or when the parent needs time to re-energize."

Andalon-Morales finds very little help from others for rejuvenation, financial assistance or childcare. Still, she acknowledges her situation could always be worse. At one point, while enumerating all of her obstacles, she stops and expresses one final sobering thought.

"If I were to lose my job, I would have to take my middle son off the meds or even both kids off the meds." ■

The next part of this series, which will appear in the June issue, will include a story about a student with AD/HD who is working to get her financial life started on the right track.

Bryan Goodman is CHADD's director of communications. Reach him at bryan_goodman@chadd.org.

FOR MORE INFO

Helpful resources are available online for families unable to afford the ongoing cost of prescription medication. The National Resource Center on AD/HD, a program of CHADD, offers more information on its Web site, *www.help4adhd.org/systems/insurance/medassist.*

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Seeking Equal Coverage for Mental Health

BY PAUL J. SEIFERT, J.D., & PETRINA CHONG HOLLINGSWORTH

The National Institute of Mental Health estimates that more than 57.7 million people in the United States suffer from mental health disorders, including attention-deficit/hyperactivity disorder (AD/HD), depression and substance abuse disorders.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2005 approximately 5.7 million adults did not receive treatment or counseling for an existing mental health problem in the past year.

Lack of insurance

Why do so few receive the necessary professional help? Of the 5.7 million adults in the SAMHSA report who reported a need for mental health services and did not receive treatment, 46.8 percent said that lack of insurance or concerns about cost were the main reason they did not seek medical treatment for their mental health disorders.

Congressional leaders, mental health advocates and organizations such as CHADD have been working for mental health parity—insurance coverage for mental disorders equal to levels of other medical coverage. In 1996, the U.S. Congress took an important first step to address the inequalities of coverage with the Mental Health Parity Act. That law required insurance companies to set caps on mental health services that were equal to those for other medical services. Unfortunately, the law allowed employers, health plans and insurance companies to impose financial limits on the payment of mental health benefits.

"Most health insurance plans in America treat mental disorders in a

INSURANCE COVERAGE FOR MENTAL HEALTH

Congressional leaders, mental health advocates and organizations such as CHADD have been working for mental health parity—insurance coverage for mental disorders equal to levels of other medical coverage.

discriminatory fashion when compared with physical disorders," said E. Clarke Ross, CHADD's CEO. "Efforts to enact mental health parity help fight the stigma associated with mental disorders by acknowledging that these are real illnesses and that the health care costs are valid."

Limitations on coverage

In 2002, CHADD conducted a survey of its members to delve into patterns of insurance coverage. The results of the survey showed severe limitations on AD/HD treatment coverage even for those with comprehensive health insurance. Only 76 percent of the respondents' health plans covered treatment for AD/HD, and 83 percent of those plans contained limitations, including annual limits on number of treatment visits, limiting counseling treatment to the individual with AD/HD and not family members, and no reimbursement for behavioral therapy. (For more information on the results of the CHADD survey, see the December 2002 *Attention!*® magazine CEO column.)

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Despite bipartisan support, legislation to close these loopholes and curb the limitations insurance companies can impose on coverage has previously stalled in Congress. The Paul Wellstone Mental Health and Addiction Equity Act was reintroduced in 2003 in the House by Representatives Jim Ramstad (R-MN) and Patrick Kennedy (D-RI). However, the leadership at the time blocked passage of the bill.

Encouraging news

With new leadership in the Congress, advocates are encouraged that the bill will finally come to pass, possibly during this session. The bill would address discrimination in group health plans against individuals with mental or substance use disorders.

Named after the late Senator Paul Wellstone, who was a strong advocate of equal rights for individuals with mental disorders, the legislation would expand the Act of 1996 by prohibiting group health plans from imposing treatment or financial limitations on mental health benefits that are different from those applied to medical/surgical services. The legislation closes the loopholes that allow discrimination in the co-payment, co-insurance, deductible, maximum out-of-pocket limit, and day and visit limits. However, it excludes health plans sponsored by employers of fewer than 50 people.

As this article was going to press, Senators Edward Kennedy (D-MA), Mike Enzi (R-WY), and Pete Domenici (R-NM) were introducing their version of the Mental Health Parity Bill in the U.S. Senate.

How you can help

The prospects for passing a comprehensive mental health parity law are better now than ever before. Go to www.chadd.org and click on "Influence Policy" to see the latest on where our efforts stand and how you can help. ■

Paul Seifert, J.D., is CHADD's director of public policy. Petrina Hollingsworth is the outgoing managing editor of Attention!® *magazine.*

FOR MORE INFO

Mental health parity and equal rights for individuals with AD/HD are currently hot topics before policymakers. Much is changing on a day-to-day basis. To find out the latest developments in Congress and state legislatures, please visit the public policy section of CHADD's Web site (*www.chadd.org* and click on "Influence Policy").

Coping with AD/HD On the Job

Strategic steps can help individuals with AD/HD succeed in the workplace

BY ROBERT M. TUDISCO, ESQ.

Whether an adult with attention-deficit/hyperactivity disorder (AD/HD) was diagnosed as a child or as an adult, the symptoms of the disorder can act as impairments to both seeking a position and keeping one. The portion of the brain affected by AD/HD regulates an individual's executive functioning, causing impairments in organization, time perception and management, prioritization, impulse control and—in some cases—social skills. Each of these impairments could pose a significant obstacle to employment, but combined they can be a recipe for disaster.

The most important thing that an adult with AD/HD or any other disability can do is truly understand the nature of how his or her disability manifests itself. It is crucial that we understand and respect our strengths and our weaknesses. I believe that the key to success in any major life activity is to learn to gravitate toward your strengths and to learn to dance around your weaknesses.

The most important thing that an adult with AD/HD or any other disability can do is truly understand the nature of how his or her disability manifests itself.

Choosing a career/employer

Before getting to the question of workplace accommodations, a true understanding of their strengths and weaknesses should assist adults with AD/HD in seeking out the right position and the right employer so their strengths can flourish. This process begins with honest introspection. Here are some sample questions for that process:

- Does the job you are applying for demand much attention to clerical duties, which you may find difficult or almost impossible to perform?
- Does the work environment or the industry lend itself to a high degree of structure or no structure at all, and does that level of structure suit your working style?
- Does the position or the employer appear to be flexible enough to encourage a non-traditional working style if you require one?
- Does the position involve work that will make good use of the strengths that you may possess, such as creativity or passion?

These are all fundamental questions that must be resolved during the job-search process.

Disclose your disability?

A key question that I am often asked is whether or not an adult should disclose his or her AD/HD or other disability to his or her employer. This question can be a difficult one to answer because the answer may vary depending upon the industry, the employer or even the climate among co-workers. The law with respect to workplace accommodations is very different from the law that applies to students up through high school. Under the law, an adult must disclose his or her disability in order to seek protection. In many cases, however, disclosure can be counterproductive, and the decision should be made on a case-by-case basis.

In the event that someone works for an institution—such as a university or government agency—that depends on federal funding, there is often a disability office that will work with

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Strategic Quick Tips

Here are five workplace strategies for individuals with AD/HD.

■ **Understand your disability.** It is very important that you understand how your disability manifests itself and the underlying basis for your request. Work with your treating doctor or counselor to be able to articulate the issues and be able to back them up with documentation.

■ **Ask up front.** Since the law requires self-reporting, it is important that if you choose to disclose, you do it early. It is also very helpful to set up styles and adjustments before problems arise. This will minimize the likelihood that your request will be received as a way to keep a position for which you are not suited.

■ **Develop strategies on your own.** It is important that you take an introspective look at what works for you and what doesn't. Experiment with different self-management techniques, and be able to articulate why some work and some don't.

■ **Build structure and accountability.** Whether on your own using lists and reminders, through a coach or therapist, or with superiors and even subordinates on the job, structure and accountability are extremely important to keep you out of danger. In many cases your employer will appreciate your willingness to keep him or her involved in your work progress.

■ **Clarify expectations.** A written agreement about work styles, expectations and concerns will clarify the situation and set ground rules. It will also make the abstract tangible, aid in building structure, and provide a way of measuring the employee's progress and productiveness. This is important not only for general work duties, but also for projects that come up.

Experiment with different self-management techniques, and be able to articulate why some work and some don't.

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Try to establish as many coping mechanisms as possible on your own before you request them from your employer.

an employee to design appropriate accommodations in compliance with Section 504 of the Rehabilitation Act (Section 504) or the Americans with Disabilities Act (ADA).

On the other hand, private businesses that may be otherwise required under the law to provide accommodations may not be the best settings in which to ask for them. For instance, if the employer is an accounting or law firm where there is competition among employees for advancement and/or partnership offers, an employee may put himself or herself at a disadvantage by disclosing a disability. The disclosure may draw stigma or stereotypes, such as viewing a disability as laziness or a lack of motivation. Employers may also believe that the disclosure of a disability and a request for accommodations will leave them open to potential litigation down the line.

Regardless of the nature of the position or the employer, the law will only protect an employee with a disability if he or she discloses it to the employer and asks for accommodations.

Anti-discrimination law

The two laws that protect adults with AD/HD or other disabilities are Section 504 and the ADA. While both statutes mirror each other in the definition of disabilities, there are differences in their application.

Section 504, like the ADA, is an anti-discrimination statute that protects individuals with a physical or mental impairment that substantially limits one or more major life activities of such individuals. The main difference between the two statutes is that Section 504 operates as more of a funding statute that follows federal money. It applies to federal agencies or other institutions that accept federal funding. While the definition of a disability is the same, the ADA is much broader in that it is not restricted by the acceptance of federal funding. The ADA applies to all private employers with more than 15 employees, so long as the employee is otherwise qualified for the position and the accommodations do not

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cause the employer undue hardship.

The key to both statutes that adults with AD/HD must keep in mind is that the diagnosis of AD/HD, or any other disability, by itself is not enough to make an individual eligible for protection. The individual must also show how that disability substantially impairs one or more major life activities. This is where careful introspection and an understanding of how your disability manifests itself are crucial.

Proactive and positive actions

In the event that adults find themselves in a position where they need accommodations, I suggest being proactive and positive. Careful introspection is crucial in understanding what accommodations you need and why you need them. Try to establish as many coping mechanisms as possible on your own before you request them from your employer. When you request accommodations, do it in a positive way. It is important to let your employer know that you are requesting this "working style" or "adjustment" in order to maximize your effectiveness as an employee. In many cases, what you are asking for will cost the employer little or no money and will maximize the bottom line. Establish this early, before trouble sets in. In many cases, accommodations are seen by employers as a way to hold on to a job that you are not competent to manage on your own. Establishing these ground rules up front before any problems arise will go a long way toward maximizing your potential and performance.

If you are unsure about disclosing your disability to your employer or asking for accommodations, you should consult with an attorney who specializes in employment law. In particular, seek out an attorney who is well versed in disability discrimination. ■

Robert M. Tudisco, Esq., is a practicing attorney and adult diagnosed with AD/HD. Tudisco is a member of CHADD's board of directors and Attention!® *magazine's editorial advisory board. He welcomes questions and comments at his Web site, www.ADDcopingskills.com.*

Regardless of the nature of the position or the employer, the law will only protect an employee with a disability if he or she discloses it to the employer and asks for accommodations.

Optimizing Your Earning POWER

For individuals with AD/HD, capitalizing on strengths is key to on-the-job effectiveness

BY NANCY A. RATEY, ED.M., MCC

Although many people believe that there are careers specifically suited to people with attention-deficit/hyper-activity disorder (AD/HD), if individuals with the disorder take the time to find out what they like to do and where their strengths lie, they can find a job and career that is specifically suited to them. Just like someone without AD/HD, individuals with the disorder need to take the time and effort to find what works for them.

Some adults with AD/HD may find certain office jobs compatible, but not everyone needs to work in an office. For some individuals this could mean finding a job where they can move around a lot or travel, such as a letter carrier or salesperson. For others it could mean owning their own business, and for some it could mean the structure of a nine-to-five job. It's up to the individual to discover where he or she can optimize his or her AD/HD and find happiness and thrive! But the best news is, it's possible and achievable.

Asking for help

Sometimes it takes an outside individual, such as a mentor, close friend, career counselor or coach, to help people identify their interests, skills and strengths. For example, "David" had been fired from or quit countless jobs in the past. It wasn't until he acknowledged and accepted that he had problems keeping a job that things changed. This time around, he was prepared and was confident. What made the difference? David asked a close friend to help him identify where he was going off course.

Through discussions with his friend and reflecting back on his past jobs, David realized that his previous jobs as a salesman weren't the right environment for him. He had little to no contact with co-workers, which was something he needed to feel supported and motivated. His friend had him make a list of what he wanted from a job, what he was good at and liked and what parts of his past jobs he didn't like. By the end of this process more possibilities were apparent to David. If he had not taken the time to acknowledge he was struggling and had he not asked for help, he would have impulsively taken the first job offer and repeated his same mistakes.

Whether you thrive in a fast- or slow-paced environment, working in teams or alone, or working in partnership with a coach, a trusted advisor or a friend can help you to slow down, take stock, and identify areas of strength and weakness. By doing this type of personal inventory, you can begin focusing on what careers are a good match for you. Once you have done this the next step is to create strategies to bridge any potential gaps. The questions asked by an external person can help you generate your own creative solutions. Seek out accountability with others wherever possible. Practice using the strategies that work for you until they stick.

Some adults with AD/HD may find certain office jobs compatible, but not everyone needs to work in an office. For some individuals this could mean finding a job where they can move around a lot or travel.

Track what jobs you apply for and who you have talked to for each job. Develop and stick to an organizational system. Create a job-hunt notebook.

Questions to ask yourself

Here are some helpful questions that can help you understand the best environment for you.

- If I could have any job in the world, what would it be?
- What would I be doing in that job? Does it accentuate my positives?
- What tasks and responsibilities would come easily to me?
- What would the work environment look like?
- How do I handle details?
- Would I have difficulty sitting still for extended periods of time?
- Do I prefer working in teams?
- Is a noisy environment too distracting?
- Do I work better in my own office? In a cubicle? Outside?

Here are examples of the issues you might face and self-coaching strategies that can help you, no matter where you are in the job or career process.

The job search

Many people fail before they even start because they don't know where to start the job search, they get overwhelmed or they don't have the organizational systems in place to properly track leads and follow through.

Here are some effective job search strategies:

- **Create a plan and break down the steps.** A plan is the key to a successful job search. Create realistic targets and goals. Break them into steps to make them more doable. For instance, "I will send out 15 applications per week and make 10 phone calls." Listing and marking each of the steps on a timeline helps with follow through.
- **Develop organizational systems.** Track what jobs you apply for and who you have talked to for each job. Develop and stick to an organizational system. Create a job-hunt notebook. Place the newspaper ads and printouts from the Internet job postings in the notebook so you can refer to the qualifications when recruiters call you for interviews, and have a place for notes for each job listing.

The job interview can make or break the deal. It's important to arrive on time, to come prepared and to wear the right clothes.

■ **Maintain motivation.** The job hunt process can be discouraging. It's easy to run out of motivation and lose hope. Seek the support of a coach, career advisor or friend. Having someone looking out for your interests without judgment is critical to bolster confidence and maintain motivation.

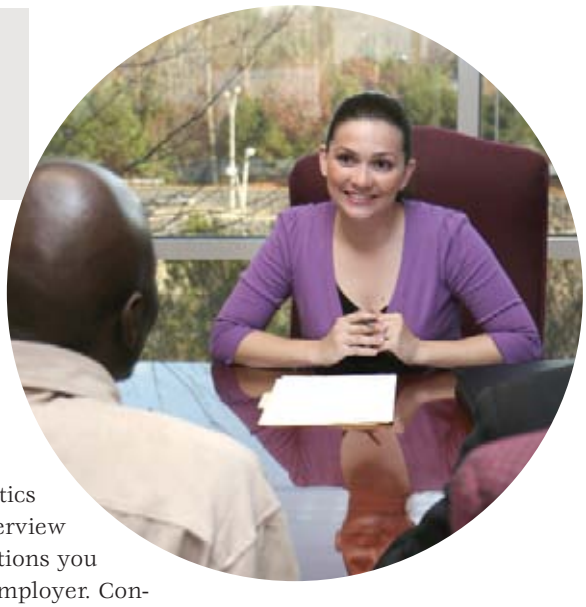
The job interview

The job interview can make or break the deal. It's important to arrive on time, to come prepared and to wear the right clothes. Many of these things are exactly what people with AD/HD struggle with and are what get people fired. Do all you can to make sure you don't fall into the traps of the past.

Here are some strategies for effective job interviews.

■ **Prepare and practice.** Don't wait until the last minute for directions and blow the interview because you got lost. Make a list of things to prepare for the interview, including logistics and a list of potential interview questions as well as questions you might ask the potential employer. Consider conducting a mock interview with your career advisor or a friend.

■ **Identify the job culture.** Often subtle things such as the work culture are difficult for people with AD/HD to determine. Visual cues



On-the-job success will depend on your ability to know and understand where your weak spots are.

Understand what the essential functions of the job are. This is critical to a good match. Generally the most important skills are listed first in job descriptions.

can help you understand the culture of an office. When you go to the interview, look at what people in the company wear. Do they dress casually or in business suits? Is there a standard uniform? Would you be working with a lot of people or in a more solitary environment? Ask yourself, "Is this the right environment for me?" This can help to slow you down, pay better attention and be aware of details you might otherwise overlook.

■ **Create a good match.** Understand what the essential functions of the job are. This is critical to a good match. Generally the most important skills are listed first in job descriptions.

Write out the top five skills required and visualize yourself performing these eight hours a day, five days a week. Ask yourself: "How do I feel?" "Will I enjoy this?" "Can I do these easily?" "Will I need help performing one or more of these tasks?" If your skills match the top five, chances are it's a good match. Present and focus on these skills during the interview.

■ **Foster on-the-job success.** On-the-job success will depend on your ability to know and understand where your weak spots are, as discussed above. It's up to you to bridge the gaps. If a job is not a right match for you, it is important to recognize that and be prepared to self-evaluate and change jobs.

Other reasons people with AD/HD might fail on the job front have to do with arriving late, not completing tasks on time, not following directions or not fitting in with co-workers.

To combat these issues takes time and energy—and, most of all, vigilance. People with AD/HD all too easily forget what happened in the past and repeat the same mistakes over again. Create accountability with as many external "coaches" (friends, mentors, trusted colleagues) as possible to make sure you are using the strategies you set up for yourself and are staying the course.

Strategies that work

Once you land a well-suited job, performing well is a continuous challenge. Here are some

Prevent emotional crisis. Be proactive and think ahead about workplace challenges. Identify where your emotional triggers are, and plan ahead for them.

strategies to help you keep that job.

■ **Be proactive.** More often than not, individuals with AD/HD forget what their weaknesses are. They may get to work late, fail to complete projects on time and have difficulty staying organized.

Identify the pitfalls you are prone to and then establish accountability and frequent communication with a superior, colleague or mentor. Have them act as your external memory, reminding you when you get off track. Ask for feedback on a regular basis; don't wait until the yearly review.

■ **Maximize your environment.** Once you have identified your challenges, it is important to create external reminders to meet these obstacles. Use your environment—post notes to yourself as reminders; use electronic aids; and use others, such as assistants, co-workers or friends, as "coaches" to help you build the necessary reminders and guardrails to keep you on track.

■ **Think strategically.** Prevent emotional crisis. Be proactive and think ahead about workplace challenges. Identify where your emotional triggers are, and plan ahead for them. If you know transitions are hard for you, take steps to ease into them. The key here is planning ahead. By asking yourself a series of questions like the ones that follow, you can start to think strategically about how to solve long-standing dilemmas and ease stress.

What barriers will get in my way?

How can I overcome these barriers?

What has worked for me in the past?

■ **Divide tasks into doable parts.** Procrastination and lack of follow through are two major struggles for individuals with AD/HD. Anxiety can rise if you find the size of a task intimidating. Break projects into manageable parts and make a list, outline or timeline for each discrete part to be completed. This will help in a variety of ways: It will get you started without realizing it, and it will make your abstract ideas more tangible. This process provides a way to break the project down into smaller steps while inherently building structure for yourself.

After this first division, take it one step further. Go back and try to make smaller, more manageable deadlines for the project. Set up an accountability schedule. It might be helpful to enlist the help of an external person such as an assistant, supervisor, coach or friend. This will free you up from the anxiety of "floating" endlessly while constantly worrying about an abstract project that has "shut you down."

Develop a system of rewards for task completion. For example, give yourself a special dinner and watch your favorite television show when you get home after completing a difficult assignment. It is important not to allow yourself to have the reward if the task is not completed.

■ **Set start and stop times.** Part of procrastination is initiation. Set firm start and stop times to work on projects and stick to them. Use alarms and reminders to help you.

■ **Create accountability.** Create accountability with others in the work environment (with or without them knowing). For example, ask your supervisor or colleague if you could have them look over a draft of your report the week before it's due. This will force you to get started on it early, and the pressure of this deadline will provide you with a milestone to work toward.

■ **Focus on social skills.** Taking lunch breaks with colleagues, being social when appropriate or going to company gatherings are critical; these small group interactions show that you are a team player and involved in your company. More often than not, getting absorbed in work overrides the importance of this in our minds. Schedule lunches on a regular basis, ask a colleague to stop by your desk on his or her way to lunch, or ask your assistant to buzz you at noon. Make it a priority.

Doing things like saying "good morning," stopping to say "hello," shaking a hand, asking how someone is, looking someone in the eye and giving a smile are priceless and important

Doing things like saying "good morning," stopping to say "hello," shaking a hand, asking how someone is, looking someone in the eye and giving a smile are priceless and important for building work relationships.

If you feel the job is not a good match for you, you find yourself struggling or feel that you need an accommodation, seek out expert advice sooner rather than later.

for building work relationships. Learn and practice small talk. Take time to observe the "social ones" in your office, watch their body language, and listen to how they talk and what they talk about.

■ **Seek assistance.** Ask a trusted friend, advisor or coach to help you process your particular struggles. This will help to strengthen your social skills and improve your understanding of, and maneuvering around, office politics. Ask him or her to help you anticipate some of the social issues that will come up, then think about how you will react ahead of time and practice scenarios.

■ **Match communication styles.** Prepare for meetings ahead of time. Know the agenda and take yourself through a thought process about what kind of meeting it is. Make sure you match your communication style. Is it a meeting for reporting progress on projects? Or a brainstorming meeting? Both require different communication styles. For a reporting meeting, short sentences that contain factual data are required. In brainstorming sessions, open-ended, free-flowing and creative ideas are more appreciated.

If you feel the job is not a good match for you, you find yourself struggling or you feel you need an accommodation, seek out expert advice sooner rather than later. While these tips will not guarantee you will get or keep a position, they can provide a solid step in the right direction and minimize the obstacles that your AD/HD may pose. ■

Nancy A. Ratey, Ed.M., MCC, is a strategic life coach who specializes in coaching professionals with AD/HD, and a former member of CHADD's professional advisory board. She has a master's degree from Harvard Graduate School of Education and is a master certified coach. She lives in Wellesley, Mass., and has a book due out in fall 2007 on self-coaching strategies (St. Martins Press). To contact Ratey or find out more about life coaching, information is available at www.nancyratey.com.

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Research Briefs

Update on Adult AD/HD

by Sam Goldstein, Ph.D.

Continuity of the Condition

Over the past two years, an increasing number of important studies of attention-deficit/hyperactivity disorder (AD/HD) in adults have been published. As editor of the *Journal of Attention Disorders (JAD)*, I published 11 studies dealing with adult AD/HD in 2006 out of a total of 42 studies.

Since the 1994 publication of Drs. Edward Hallowell's and John Ratey's trade text, *Driven to Distraction,* focused attention on adults with AD/HD, clinical practice in adult AD/HD has primarily been driven by experience and best guess rather than empirical science. Controversy has been a constant companion to the diagnosis and treatment of the disorder in adults in lay and even in some professional circles. Fortunately the research literature has recently seen a significant increase in peer-reviewed, scientific studies published worldwide investigating adult AD/HD.

■ **Kessler, R.C., Adler, L., Barkley, R., Biederman, J., Conners, C.K., Demler, O., et al. (2006). The prevalence and correlates of adult ADHD in the United States: Results from the National Comorbidity Survey Replication. *American Journal of Psychiatry*, 163, 716–723.**

A screen for adult AD/HD was included in a sample of more than 3,000 respondents between the ages of 18 and 44, a nationally representative household survey using a diagnostic interview to assess a wide range of disorders from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*. Follow-up interviews were carried out with 154 respondents who screened positive for adult AD/HD. The estimated prevalence of current adult AD/HD was 4.4 percent. The researchers found a correlation between screening positive for AD/HD and being male, previously married, unemployed and non-Hispanic, white. Adult AD/HD was highly comorbid with many other *DSM-IV* disorders assessed in the survey and was associated with substantial impairment. The majority of cases were untreated, although many individuals had obtained treatment for other co-occurring mental and substance-related disorders. The authors suggest that additional research is needed to determine whether effective treatment would reduce the onset, persistence and severity of disorders that co-occur with AD/HD.

This research brief summarizes a number of important articles published in the past two years dealing with the continuity of AD/HD into adulthood, symptom presentation, risks and treatment.

■ **Riccio, C.A., Wolfe, M., Davis, B., Romine, C., George, C., & Lee, D. (2005). Attention deficit hyperactivity disorder: Manifestation in adulthood. *Archives of Clinical Neuropsychology*, 20, 249–269.**

The authors sought to investigate AD/HD in adults using a combination of structured clinical interview, behavioral self-report and a range of neuropsychological measures. Adults diagnosed with AD/HD were compared to two groups, one with non-diagnosed adults and another adult sample with symptoms of other clinical disorders. Those with AD/HD consistently demonstrated problems in forgetting, poor organization, losing things and difficulty with follow through. Adults with AD/HD also showed problems meeting deadlines, not completing tasks, not planning ahead and having a weak sense of time more frequently than adults in either the no-diagnosis or other clinical disorder groups. The authors suggest that since many adults exhibit difficulties associated with AD/HD, continued research is imperative, particularly a large-scale field study to establish the most appropriate diagnostic criteria for determination of AD/HD in adults.

■ **McGough, J.J., Smalley, S.L., McCracken, J.T., Yang, M., Del'Homme, M., Lynn, D.E., & Loo, S. (2005). Psychiatric comorbidity in adult attention deficit hyperactivity disorder: Findings from multiplex families. *American Journal of Psychiatry*, 162, 1621–1625.**

Lifetime AD/HD and co-occurring mental

disorders were assessed in 435 parents of children with AD/HD. The authors found that parents with AD/HD were significantly more likely to be unskilled workers and less likely to have completed a college degree. Parents with AD/HD had more lifetime co-occurring mental disorders; 80 percent had at least one and 56 percent had at least two other psychiatric disorders compared with 64 percent and 27 percent, respectively, in subjects without AD/HD. AD/HD was associated with greater disruptive behavior, substance use, and mood and anxiety disorders as well as with earlier onset of major depression, chronic depression, oppositional defiant disorder and conduct disorder. Male gender added risk for disruptive behavior disorders. Female gender and oppositional defiant disorder contributed to risk for depression and anxiety. AD/HD was not a significant risk factor for substance-use disorders when male gender, disruptive behavior disorders and socioeconomic status were controlled. This study adds to the growing body of literature noting that AD/HD in adulthood is associated with significant lifetime psychiatric comorbidity unexplained by other variables.

■ **Biederman, J., Monuteaux, M.C., Mick, E., Spencer, T., Wilens, T.E., Silva, J.M., Snyder, L.E., & Faraone, S.V. (2006). Young adult outcome of attention deficit hyperactivity disorder: A controlled 10-year follow-up study. *Psychological Medicine,* 36, 167–179.**

A 10-year prospective study of 140 youth without AD/HD and 120 with AD/HD, between the ages of 6 and 18, was taken from psychiatric and pediatric sources. At the 10-year follow-up, 112 (80 percent) and 105 (88 percent) of the AD/HD and controls, respectively, were reassessed (mean age = 22 years). The lifetime prevalence for disorders, including mood, anxiety, anti-social, developmental, and substance abuse were significantly greater in young adults with AD/HD compared to the control group. The authors conclude that by their young adult years, youth with AD/HD were at high risk for a wide range of adverse psychiatric outcomes, including elevated risks of antisocial, addictive, mood and anxiety disorders. The authors suggest that their findings provide further evidence for the high morbidity associated with AD/HD across the life cycle.

■ **Barkley, R.A., & Fischer, M. (2005). Suicidality in children with ADHD, grown-up. *ADHD Report,* 13(6), 1–6.**

The authors utilized data from their longitudinal study of 158 hyperactive and 81 control children followed for more than 13 years. Twelve questions dealing with the topic of suicidal behavior were asked of this sample. Six of the questions dealt with these issues during high school and the same six were repeated again after leaving high school. The authors report that children growing up with hyperactivity/AD/HD were significantly more likely to consider, attempt and be hospitalized for suicidal behavior during high school and were more likely to consider suicide after high school than children in the control group.

When risk factors were examined

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What These Findings Mean

The following valuable and important initial conclusions can be drawn from these studies.

■ Though some symptoms and types of impairment change as children with AD/HD grow into adulthood, AD/HD is a condition that presents throughout life with an incidence rate similar to that in childhood.

■ Though the number of individuals seeking and receiving treatment for AD/HD across the lifespan continues to increase, it is still the case that the majority of adults with self-reported AD/HD symptoms are not receiving any type of treatment.

■ In well-controlled studies of adults with AD/HD, the presence of co-occurring conditions such as antisocial behavior, personality and mood disorders, substance use and academic problems provides a stronger explanation than AD/HD for many of the life challenges these individuals experience.

■ The research suggests that AD/HD may act as a catalyst. Though it may create risk for problems as wide ranging as suicidality and intellectual weakness, the greatest effect of AD/HD is the increased vulnerability adults with the disorder have to the onset of other significant psychiatric, emotional, behavioral, vocational, relationship and substance problems.

■ Treatments for AD/HD that are effective in childhood are effective in adulthood, including medication. There is reason to believe that the majority of adults with AD/HD who do not suffer from significant comorbid problems use their medications appropriately. It is only when comorbid problems such as those related to antisocial behavior are present that treatments are misused.

individually, lifetime major depressive disorder, conduct disorder in adolescence, severity of AD/HD during the teenage years and adult follow-up, and being treated with stimulant medication in high school for AD/HD increased the likelihood of suicidal thoughts and attempts in high school. However, when these variables were examined jointly controlling for the others, the risk of suicidal thoughts in the hyperactive group/AD/HD, during and after high school, was significantly predicted only by presence of lifetime major depressive disorder. Nonetheless, the authors also noted that stimulant treatment remained marginally associated with suicidal thoughts, even after controlling for the substantial contribution of major depressive disorder and the marginally significant association with severity of teenage AD/HD. The authors suggested these findings warrant further examination in larger studies.

■ **Barkley, R.A., Fischer, M., Smallish, L., & Fletcher, K. (2005). Young adult follow-up of hyperactive children: Antisocial activities and drug use. *Journal of Child Psychology and Psychiatry*, 45, 195-207.**

The authors report on the lifetime social activities and illegal drug use of young adults in their longitudinal sample and a community control. In this population, youth with history of AD/HD appeared at greater risk for antisocial activities and arrest by young adulthood, a problem that appeared to be

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principally associated with illegal drug possession, use and sale. Those having co-occurring conduct disorder, however, appeared to engage in greater and more diverse substance use. The severity of teen AD/HD and the presence of conduct disorder predicted the use of hard drugs, while conduct disorder alone predicted marijuana and LSD use.

■ **Bridgett, D.J., & Walker, M.E. (2006). Intellectual functioning in adults with ADHD: A meta-analytic examination of full scale I.Q. differences between adults with and without ADHD. *Psychological Assessment*, 18, 1-14.**

This investigation examined differences in intellectual ability between adults with and without AD/HD by reviewing 33 studies. Primary analyses focused on 18 studies representing over 1,000 adults with AD/HD and nearly 1,000 non-clinical comparisons using the Wechsler Adult Intelligence Scale. Adults with AD/HD scored lower than controls on intelligence measures. However, the difference was small and not clinically meaningful. The presence of several moderators reflecting characteristics of the AD/HD sample and study methodology suggested that only a subset of adults with AD/HD, for example those with co-occurring disorders, may experience lower general intellectual ability relative to non-clinical comparison adults.

■ **Wilens, T.E., Gignac, M., Swezey, A., et al. (2006). Characteristics of adolescents and young adults with ADHD who divert or misuse their prescribed medications. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45, 408–414.**

As part of a 10-year longitudinal study of youth with AD/HD, the authors evaluated medication diversion or misuse during a follow-up period. Structured psychiatric interviews and a self-report questionnaire regarding medication use in individuals taking medication for AD/HD compared with controls without AD/HD receiving psychotropic medication for non-AD/HD treatment were used. Of 98 subjects receiving psychotropic medications, 56 percent were receiving treatment for AD/HD. The authors found that 11 percent of the AD/HD group reported selling their medications compared to no subjects in the control group. An additional 22 percent of the AD/HD group reported misusing their medications compared with 5 percent of the control subjects. Those with conduct or substance use disorders accounted for the misuse and diversion. A minority of subjects reported escalating their doses and simultaneous use with alcohol and drugs. The authors concluded the data indicated the majority of individuals with AD/HD, particularly those without conduct or substance use disorders, used their medications appropriately. The findings, however, highlight the need to monitor medication use in individuals with AD/HD who have conduct and substance use disorders as well as to select medications with a low likelihood of diversion or misuse for this particular population.

Even as this issue of *Attention!®* goes to press, important studies in adult AD/HD are being published. The February 2007 issue of *JAD* is devoted to the presentation of seven studies examining symptom presentation, assessment, emotional functioning and driving behavior in adults with AD/HD. It is equally important that families and those affected with AD/HD are aware of this significant research as it is for mental and medical health professionals. Knowledge provides a balanced view, helping those with AD/HD act as responsible consumers and allowing professionals to utilize promising techniques combining the skilled application of treatment methods conforming to accepted community standards and the responsible interpretation of clinical science. Knowledgeable, compassionate professionals offer those with AD/HD a powerful sense of hope by providing accurate information, understanding, support and, most importantly, treatment. ■

Sam Goldstein, Ph.D., is a member of Attention!® *magazine's editorial advisory board and CHADD's professional advisory board. He is a member of the faculty at the University of Utah and in clinical practice as a neuropsychologist.*

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DROWNING IN DAILY ROUTINES?

Reviewed by Patricia O. Quinn, M.D.

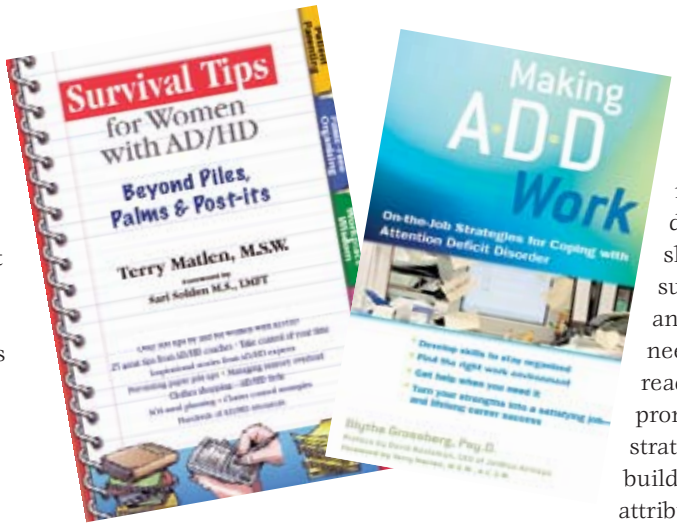
"You know you have AD/HD if you put your children in time-out for two minutes and when they are done, you forgot why they were there in the first place." For women with attention-deficit/hyperactivity disorder (AD/HD), completing routine daily tasks often seems overwhelming. Parenting, meal planning, shopping, and remembering important dates become daunting tasks. How to survive? One tried and true method…ask a friend who also struggles with the same issues. Or you can turn to *Survival Tips for Women with AD/HD* by Terry Matlen, M.S.W. (Specialty Press, January 2005, 333 pages). In this manual, Matlen has collected tips from experts, professionals in the field and women with AD/HD that address virtually any situation faced by a woman with the disorder. A true life-preserver!

Most everyday situations are covered in this comprehensive collection. Trouble getting to sleep? The book offers four tips: get a fan, relax from the toes up, take a small dose of meds before bed or write out your worries. Dealing with hypersensitivities? Twelve tips help women deal with problems with noise, fabric and touch.

My personal favorite sections of the book are the humorous stories and sayings… "You know you have AD/HD when…" Humorous stories, including "10 things never to do in the kitchen," are sure to bring a smile and lighten a dark moment.

P.S. Don't forget to take a look at the SOS recipes in the back—you could find tonight's dinner.

Patricia Quinn, M.D., is a developmental pediatrician and director of the National Center for Gender Issues and AD/HD, and a former member of CHADD's professional advisory board. She is the co-author of Understanding Women with AD/HD *and* When Moms and Kids have ADD.



WORKING SMART

Reviewed by Susan Buningh, M.R.E.

"Look at your differences and see how they can be strengths," counsels Blythe Grossberg, Psy.D., in her warm and wise *Making ADD Work: On-the-Job Strategies for Coping with Attention Deficit Disorder* (Perigee Books, 2005, 179 pages). Ever struggled with the thought of AD/HD as a career killer? You can find inspiration in the real stories of real people Grossberg encountered as a career and educational consultant who specializes in adults with AD/HD.

There's more than inspiring testimonies in these pages. Successful adults with AD/HD engaged in a full spectrum of professions offer practical solutions and insights. Each reached career goals "by developing smart work skills, finding a workplace suited for them, and getting help from others if needed." Grossberg encourages readers to pursue this three-pronged approach and select strategies according to what builds on their already positive attributes.

Making ADD Work is a source of validation and encouragement for adults managing AD/HD while navigating today's work world. Every chapter closes with a summary of highlights, a valuable review and reference tool. Many of these could become affirmations or tips to post on your bulletin board or fridge. ■

Susan Buningh, M.R.E., is the incoming managing editor of Attention!® *magazine.*

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The Last Word

Valuable Lessons and Insights

by Petrina Chong Hollingsworth

When I joined the staff, I didn't know much about AD/HD and the tremendous struggles that individuals coping with the disorder and their families face every day.

Over the past three and a half years, I have served as managing editor of this magazine. During that time, we've undertaken a lot of changes. *Attention!*® conducted two surveys to find out what our readers want and think. Using the results of these surveys, we've tried to make the magazine more reader friendly and publish articles that speak to our readers.

The magazine has had some incremental style changes as well and will be undertaking a complete redesign with the October issue. CHADD will be celebrating its 20th anniversary this year. These are some of the exciting things planned in the near horizon.

Although I won't be able to ride along on this journey, I will be embarking on a new adventure of my own. My second child was born on February 21, and I look forward to watching from the sidelines as *Attention!*® develops and grows.

When I joined the staff, I didn't know much about AD/HD and the tremendous struggles that individuals coping with the disorder and their families face every day. Since then, I have learned a lot and have come to appreciate how AD/HD affects individuals and their families in myriad ways.

Here are some valuable lessons and insights I have gained over the past three years:

■ **People affected by AD/HD are passionate.** The one common trait that individuals involved with CHADD have is their passion. Whether it's meeting individuals at CHADD's annual conference, corresponding with our readers, or working with our practitioners and researchers, I've been impressed with the passion and dedication that they all have to helping individuals affected by the disorder.

■ **People are not defined by their disorders or illnesses.** They are people first and should be referred to as "adults and children with AD/HD" and not "AD/HD adults and children" or "ADDers."

■ **Volunteers are great.** Speaking of being impressed, I have been blessed with a wonderful editorial advisory board (EAB)—a tremendously passionate, engaging and dynamic group of professionals, researchers and individuals. Thank you to the EAB for your dedication, warmth and responsiveness and for being so giving of your time and energy.

■ **Medication and alternative therapies are hot-button issues.** Every time we had an article about these topics, I could predict adding another two weeks to the magazine publication date.

■ **Stock photos only get you so far.** It's a little disconcerting when the cover photo you used last month shows up on an ad for male-patterned baldness medication in your local pharmacy. In the last few issues, we've tried to use more realistic photos of families facing real struggles and not just rosy stock photos of grinning children.

■ **Sharing is wonderful.** Thank you to the individuals who have allowed us to publish their stories and their photographs in the magazine. By sharing their struggles, challenges and triumphs, they have helped us put a real face to AD/HD.

■ **Parenting strategies can help everyone.** As the mother of a rambunctious 4-year-old, I've used many of the techniques from our articles or at least tried to employ some of the tips when my son isn't running in the other direction. I've also used some of these suggestions when dealing with temperamental writers and contributors.

■ **Typos happen.** In fact whole paragraphs and stray illustrations appear from nowhere.

■ **Effort is sometimes rewarded** (and sometimes not). Just because you spend three hours arranging alphabet letters in a bowl of soup doesn't mean that you'll get to use your photo in the magazine.

Working on *Attention!*® has been a wonderful experience, and I will miss the fantastic people I have worked with at CHADD and the many friends I have made here.

As Garrison Keillor says, ""Be well, do good work, and keep in touch." ■

Petrina Chong Hollingsworth is the outgoing managing editor of Attention!® *magazine.*