You and Your AD/HD Partners for Life

With relative certainty, we can predict that AD/-HD will continue to influence the behavior and attitude of an individual through-out his or her life. The intensity of this impact is mediated by a host of different factors: the severity of the AD/HD and the individual's natural temperament, early childhood experiences, perceived accomplishments, and feelings of personal control over his or her environment. During my fifteen years in clinical practice, I have never seen AD/HD simply stop influencing a person's life. I have seen the symptoms lessen and even magnify, but never stop. In fact, throughout the life of the individual with AD/HD – as he or she makes the transition from child-hood to adolescence and adolescence to adulthood – different AD/HD characteristics emerge. This article highlights what these transitions typically bear and offers strategies for handling these changes.

From Childhood to Adolescence

A universal belief exists in the mental health community that a significant number of children "age out of" AD/HD as they enter adolescence. This is largely because hyperactivity decreases in many adolescents who have AD/HD. However, what tends to be overlooked is the fact that the other primary difficulties related to impulsivity and inattentiveness do not decrease, and the child enters adolescence with the same difficulties in these areas. Accordingly, "leaping before looking" and getting lost in all the distractions continue to be major sources of personal frustration for the newly emerging adolescent, despite the reduction of hyperactivity. So, while parents can anticipate a shift or movement in their child's symptoms over time, to expect the symptoms to go away or to even reduce in intensity will only lead to disappointment.

The potential problem during this critical transition from childhood to adolescence is that if a child's hyperactivity has diminished, his family, friends, and teachers are often led to believe the child is "cured," since it's often the hyperactive, outer behavioral indicators, that are typically most disruptive. Once the storm of hyperactivity seems to subside, parents and family members leave their hiding places and begin moving forward as if the worst is over. What they fail to realize is that the storm has only just begun, for now existing symptoms formally overshadowed by the hyperactivity often are amplified. A perfect example of this was recently conveyed to me by a mother describing the experience of her fourteen-year-old son with AD/HD:

"You know it was really odd, that almost overnight David just seemed to chill out. He wasn't racing everywhere or always running around supercharged. Actually he slowed down a lot. He slept more normal hours and seemed more relaxed at dinner. Dinner had always been a test, because he would not be on medicine and it would be like having the Taz Man sitting at your table. He also seemed to listen to us more when we spoke, or at least follow through more than before. Since he wasn't so 'obvious', you know,

always in our face, we tended to relax and pay much less attention to him. It was actually nice. What we didn't under-stand at that time was that while he slowed down and appeared relaxed more, people noticed him less. His energy usually got him a lot of attention. When the energy shifted, people tended not to notice him as much. Even his friends called him less. He was always a pretty big neatnik in terms of his room. He was never a sloppy kid. Homework was sloppy, his room was organized.

"We just thought everything got better. The AD/HD went away. We heard you could outgrow it. What we didn't realize was that school continued to be hard, very hard, and he still wasn't thinking a whole lot before acting. He would do stupid things with his friends; he kne w they were wrong, yet he still did them. His battle cry was, 'I'm sorry, I just wasn't thinking."

"Granted, the hyperactive part changed for David. The things that caused him the most distress in life – not paying attention, forgetting important stuff, and being impulsive – seemed to increase in intensity. Probably because we just forgot about him. I mean, we didn't challenge him the way we did before. The same was true for the teachers. They liked not having to deal with behavior problems, so, they left him alone. This was not the type of strategy David needed."

With a child who is extremely hyperactive, it is a welcome relief when some of the hyperactivity subsides. As one dad said, "It was strange after years of being on edge to feel this lightness descend on the house. We got along well, and I basically just treated him as if he were a regular kid – I mean a kid who didn't have problems at home or in school. He seemed much less tense and aggravated." This transformation is like a gift for many parents. However, despite the noticeable change in a child's AD/HD-related symptoms, parents should remain vigilant of continued problems with attention and impulsiveness. Those strategies that parents have adopted over time to address the obvious symptoms need to be maintained.

The parent of a sixteen-year-old with the disorder described dealing with the symptom shift in the following way: "Even though we noticed our daughter doing really well at home and in school, we didn't alter our expectations, boundaries, or concerns. Certainly our interaction was much more enjoyable. However, the rules of engagement at home and school remained unaltered. Study time, extra help, follow-up on our part remained standard operating procedure." So even though a child's AD/HD symptoms may change during adolescence, parents should not abandon the modification strategies they have put into place. Instead, parents should continue to provide a predictable environment for the child and respond to him in non-volatile ways. This is certain to pay off in the long run.

From Adolescence to Adulthood

Anecdotally, I have observed an interesting, yet consistent, phenomena occur with adults who have AD/HD. Many of the adults I have seen were diagnosed as children. While a number of them have been able to succeed in the face of adversity and handle

rejection more resiliently then their peers, there is no question that they struggled with many of the same issues that their children, who also have AD/HD, are now facing. Somehow, these adults were able to convert their hyperactivity and short attention span into socially appropriate skills.

That being said, the symptoms of AD/HD seem to "flare up" for adults who have the disorder during times of mounting stress. The individual or specific developmental stage of life the adult finds him or herself in, appears secondary to the actual or perceived stressors. For example, one patient described always being, "full of energy, on-the-go, and optimistic about life." He would frequently be juggling multiple projects and business opportunities. He and his wife had a stable relationship and she tended to see him as a "kid at heart and quite amusing." It wasn't until after the birth of their oldest son, who was temperamentally difficult and resistant to reason, that the patient began feeling preoccupied, distant, and unable to sustain effort in many of the activities he was involved in. As he described it:

"Most of the things in my life that others would view as stressful I considered directly within my control. When my son was born, I became overwhelmed with the fact that I could not control his behavior or what it was doing to the family. As he grew older and was diagnosed with AD/HD, I could totally relate to many of the difficulties he faced. Although, I think my temperament was easier going, the problems with focusing and being hyperactive were very familiar. I noticed that most of the 'symptoms' of AD/HD really became an issue for me once I felt things in life were out-of-control. Taking on fewer respon-sibilities, undergoing a personal perspective change, and taking less immediate responsibility for my son's AD/HD-related behavior has allowed my head and heart to clear. I am not as foggy or removed like before."

Evidence suggests there is a relationship between adult stressors and the influence of AD/HD on the individual. In times of increased stress, AD/HD symptoms become more pronounced. Understanding the moments of stress, and the individual's response to the stress, can go a long way toward developing appropriate and affirming responses. The father of one of my patients presents a good example. He was losing weight, had multiple ulcers, struggled with a combative relationship with his son, and was in the midst of a marriage that was rapidly deteriorating. Both the son and wife noted that throughout the previous year he would vacillate between being sullen and angry. On further inspection, the man's business, which had been robust for years, was on an observable decline. The stress of creating the business was manageable and in many ways controllable, but the threat of losing the business due to market decline was intolerable. In the past, he was able to capitalize on his AD/HD-type symptoms. Now the anger, disorganization, and feeling of imbalance were negatively affecting all areas of his life.

This man was not experiencing a depression in the strictest clinical sense, but rather a complete loss of focus. Successful adults with AD/HD often define being able to channel their energy as their greatest asset. If that channel is blocked, an undesired dam is

created. The "back-up" has to go somewhere, which usually means flooding a previously sacred "dry spot" in the person's emotional and/or family life.

Harnessing the Energy

Though it is highly unlikely for a person's AD/HD to magically disappear one day, the symptoms of AD/HD typically change in intensity in concert with an individual's emotional and physical development. Successful individuals with AD/HD have learned to harness the energy and uniqueness specific to their disorder. We must respect – and expect – the developmental ebb and flow that is part and parcel of living with AD/HD.

Too often I see families seek out support groups such as CHADD during times of extreme stress and crisis, only to discontinue their relationship with the support group once the crisis seemingly diminishes. Prevention truly relies on anticipating your child's next developmental hurdle and educating yourself, in advance, about that stage. Hearing from people who have been there enables parents and adults to gauge their attitudes and behaviors accordingly. Ongoing education and support are essential to effectively dealing with AD/HD across the life-span.

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