



Fostering Resilience

Reversing the Negative Mindsets of Adults with AD/HD

by Robert B. Brooks, Ph.D., and Sam Goldstein, Ph.D.

MINDSETS ARE A SET OF ASSUMPTIONS or attitudes that we possess about others and ourselves that influence our behaviors and the skills we develop. In this article we review how the prominent characteristics of adults with attention-deficit/hyperactivity disorder (AD/HD), which are evident since childhood and a product of both inborn temperament and life experiences, shape their mindsets. While we will cite research to support our viewpoint, our perspective is influenced significantly by our interactions with countless children and adults we have seen in more than 50 years of combined clinical practice and the many adults with AD/HD who have attended our workshops and conferences and shared their life stories with us.

The Characteristics of Adults with AD/HD

Individuals with the diagnosis of AD/HD are not a homogeneous group. We do not wish to imply that all adults with this diagnosis share an identical mindset. The cognitive style, thoughts and behaviors that contribute to adults being diagnosed with AD/HD, do not define their entire functioning or existence. Nor do we wish to suggest that particular features of this mindset are absent in adults who do not meet the criteria for a diagnosis of AD/HD. However, we believe there are certain core behaviors that many adults with AD/HD display that distinguish them to a greater or lesser degree from individuals without AD/HD. These behaviors elicit responses from others, responses that contribute to the formation of their mindset.

Unfortunately, in far too many instances the mindset of individuals with AD/HD is filled with negativity. The following represent a selected list of behaviors that we believe have some of the strongest impact on their lives.

Impulsivity. One of the most prominent characteristics of individuals with AD/HD is their impulsivity and disinhibition.¹ They may rush through tasks, fail to demonstrate social skills by saying or doing things that others experience as abrasive or engage in risky activities. They act before they think, not giving adequate consideration to the consequences of their behaviors.



Conference Note
Sam Goldstein
will discuss negotiating the maze of information about AD/HD and the diagnosis and treatment of AD/HD in adults during CHADD's Annual Conference in Nashville, Tenn., October 28–30, 2004. He will also facilitate the Research Poster Session. For more information or to register for the conference, visit www.chadd.org.



One of the most prominent characteristics of individuals with AD/HD is their impulsivity and disinhibition.

Low frustration tolerance. Closely linked to an impulsive style is how quickly adults with AD/HD report in clinical settings feeling frustrated and angry.² If a task is difficult and uninteresting to them, they are prone to give up or blame others. If someone doesn't respond to what they want, they are quick to show their anger.

Moodiness. Many adults with AD/HD are burdened by fluctuations in mood. One moment they may feel happy only to feel sad a few moments later. As with any affective disorder, most likely both biology and environment interact to differing degrees with each individual to contribute to the moodiness and depression.^{3, 4}

Disorganization. One of the most frequent complaints we hear about individuals with AD/HD is their difficulty in becoming organized.^{2, 5} They lose things, forget where they placed their keys, cannot locate bills to pay, neglect to jot down an important appointment in their book, or fail to complete a project at work because they have misjudged the time required or become distracted with other projects.

Rigidity and inflexibility. The other side of the coin of impulsivity and disorganization is a lack of flexibility, a behavior indicative of a deficit in executive functioning.^{6, 7} On the one hand, this rigidity may exemplify, in part, a desperate attempt to cope with the disorganization and lack of control in one's life, but it also seems to be another example of a failure of self-regulation.

A dearth of empathy. Individuals with AD/HD often demonstrate a limited capacity for empathy. They have difficulty understanding the perspective of others. They are unable to realistically assess and appreciate the "social scene." Their interpersonal relations are frequently filled with tension and a lack of satisfaction. Problems with empathy may be linked with the antisocial personality disorders that have been reported with many adults with AD/HD.^{8, 9, 10}

The Unfortunate Mindset of Adults with AD/HD

The characteristics we have just described will affect almost all aspects of a person's life, frequently resulting in a negative mindset with the following beliefs:

"I do not have a great deal of control of my life." One of the hallmarks of a positive mindset is feeling a sense of control over what occurs in one's life together with a realistic appraisal of those areas over which one has control and those that are beyond one's sphere of influence.^{11, 12} The characteristics of AD/HD contribute to a feeling of not being in control.

"When I am successful it is based on luck or chance."

Related to this first characteristic, research indicates that in contrast to adults with high self-esteem, individuals with AD/HD burdened with low self-esteem typically attribute success to factors outside of their control such as luck, chance or fate. Possessing this belief, it is difficult for them to feel confident about experiencing success in the future.¹³

"Failure indicates my inadequacy as a person." Adults with high self-esteem typically believe that mistakes are experiences to learn from rather than feel defeated by them. Mistakes are attributed to variables that can be modified.^{13, 14} However, individuals with AD/HD are vulnerable to thinking that they cannot correct the situation or overcome the obstacle. They begin to believe that regardless of what they do, few, if any, positive outcomes will appear. They expect to fail and, thus, retreat from the challenges at hand.

"I'm less worthy than others." If one encounters many failure situations, it is easy to understand how self-esteem is adversely affected. Self-doubts appear early in the lives of many children with AD/HD and continue into their adulthood.¹⁵

"The world is unfair." Individuals with AD/HD often believe that situations and people are unfair. They harbor constant complaints about employers, spouses and salespeople who they believe are unfair. While at times there may be justification to these complaints, frequently they represent anger at feeling misunderstood and not having their demands met.

"I have little, if anything, to offer the world." A sense of self-esteem and dignity is nurtured when individuals feel that they are making a contribution to their world and that their actions make a positive difference. Many adults with AD/HD do not feel they contribute anything positive, as captured in the following comment offered by a man with AD/HD: "I think the only thing I have ever given others is heartache."¹⁵

Steps for Changing Negative into Positive Mindsets

Ongoing research is clearly warranted to define and articulate the concept of resilience. Fortunately, during the past 10–15 years we have witnessed an increasing number of researchers engaged in the task of studying this concept.^{14, 16, 17, 18, 19, 20, 21, 22} As clinicians, one of our main roles when working with individuals with AD/HD who are burdened by a negative mindset and accompanying self-defeating coping behaviors is to help them replace their negative feelings and thoughts with an optimistic, positive

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outlook and more adaptive ways of managing stress and pressure. The following are steps to assist in this process.

1. Demystifying mindsets. An initial step in changing negative mindsets is to help individuals define and understand (a) the assumptions that they have about themselves (including their AD/HD) and others and (b) how these assumptions prompt certain behaviors and coping strategies that may be self-defeating. We emphasize that mindsets are not set in stone and can be modified.

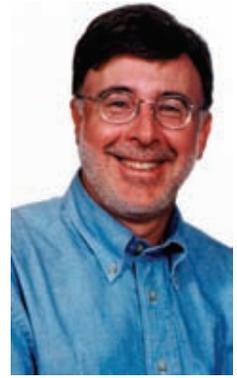
2. Defining the main components of a positive, resilient mindset. In many ways the features of a positive mindset are the mirror image of the earlier description of a negative mindset. They include:^{14, 16}

- “I will learn to distinguish what I have control over from that which I do not. I will focus my time and energy on those things over which I have control since I am the author of my own life.”
- “Success can be based on my own strengths and resources.” [This feature of a resilient mindset is closely aligned with feeling a sense of control over one’s life.]

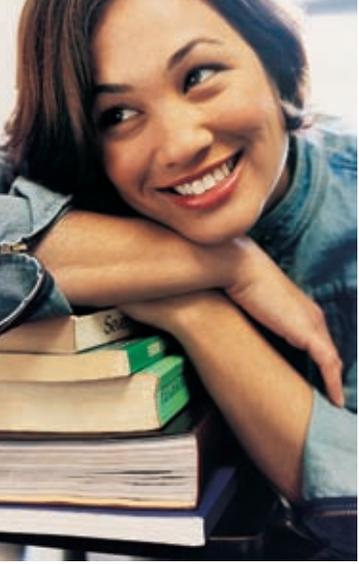
■ “I believe that mistakes are opportunities for learning and growth.” [People are not particularly thrilled when they make mistakes or fail, but when mistakes are viewed as situations from which to learn, people are more willing to take realistic risks rather than backing away from challenges.]

■ “I have ‘islands of competence.’” [We all have areas of strength or what we call “islands of competence.” However, as we have seen, a number of adults with AD/HD fail to acknowledge or appreciate their strengths. This is why we directly ask our clients to tell us what they view as their strengths and how they use these strengths in their daily lives.]

■ “I make a positive difference in the world.” [A basic component of emotional well-being is the belief that one’s actions benefit others. We have witnessed countless examples of individuals, many with AD/HD, who engage in activities that make a positive difference (for example, being involved in a charity, serving as a coach in a youth sports league or helping at a senior citizen center). In the process of making and acknowledging this positive difference, a person’s sense of dignity and self-worth is enhanced and the roots of a resilient mindset are secured.]



Want to Learn More?



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3. Developing a plan of action for change. Once clinicians help adults with AD/HD gain a clearer picture of what AD/HD involves and once the adults can appreciate the assumptions that characterize their mindsets and guide their behaviors, the next step is to articulate a problem-solving model for change. The following model is based on a problem-solving program developed by psychologist Myrna Shure^{23, 24} for children and adolescents and is equally relevant for adults. Our modification of Shure's basic model includes the following components, all of which we believe are realistic and achievable.

- Articulate both short-term and long-term goals for change
- Select a couple of goals
- Develop realistic, achievable plans to reach the designated goals
- Have criteria for evaluating the success of a plan of action
- Consider possible obstacles
- Change the goals or approach if repeated efforts at success do not work

Adults with high self-esteem typically believe that mistakes are experiences to learn from. However, individuals with AD/HD are vulnerable to thinking that they cannot correct the situation or overcome the obstacle.

- As goals are reached, add new goals to reinforce a positive mindset and be aware of the negative thoughts that may serve as obstacles to future growth
- As new goals are added, continue to develop more effective ways of coping that will help to maintain a positive mindset and strengthen the gains that have been made

Adults with AD/HD are more vulnerable to developing negative mindsets than their counterparts who do not have this condition. An understanding of the components of both negative and positive mindsets can serve as the foundation for developing and implementing strategies that will replace a negative mindset with one of optimism and promise. While such a task of changing mindsets can seem daunting at times, the benefits of leading a more satisfying and resilient life are well worth the effort. ■

Robert Brooks, Ph.D., is a member of the faculty at Harvard University and a former member of the CHADD Professional Advisory Board. Sam Goldstein, Ph.D., is a member of the faculty at the University of Utah and serves on the *Attention!*[®] Editorial Advisory Board. Together they have authored seven books, including their recent text, *The Power of Resilience* (Contemporary, 2004).

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References

- 1 Barkley, R. (1995). *Taking Charge of AD/HD: The Complete, Authoritative Guide for Parents*. New York, N.Y.: Guilford Press.
- 2 Hallowell, E. & Ratey, J. (1994). *Driven to Distraction*. New York, N.Y.: Pantheon Books.
- 3 Millstein, R.B., Wilens, T.E., Biederman, J. & Spencer, T.J. (1997). Presenting AD/HD symptoms in subtypes in clinically referred adults with AD/HD. *Journal of Attention Disorders*, 2:159–166.
- 4 Rucklidge, J.J. & Kaplan, B.J. (1997). Psychological functioning of women identified in adulthood with attention deficit hyperactivity disorder. *Journal of Attention Disorders*, 2:167–176.
- 5 Solden, S. (2002). *Journeys through ADDulthood*. New York, N.Y.: Walker & Co.
- 6 Gansler, D.A., Fucetola, R., Kregel, M., Stetson, S., Zimering, R. & Makary, C. (1998). Are there cognitive subtypes in adult AD/HD? *Journal of Nervous and Mental Disease*, 186:776–781.
- 7 Holdnack, J.A., Noberg, P.J., Arnold, S.E., Gur, R.C. & Gur, R.E. (1995). Speed of processing in verbal learning deficits in adults diagnosed with AD/HD. *Neuropsychiatry, Neuropsychology and Behavioral Neurology*, 8:282–292.
- 8 Biederman, J., Faraone, S., Spencer, T., Wilens, T., Norman, D., Lapey, K.A., Mick, E., Lehman, B.K. & Doyle, A. (1993). Patterns of psychiatric comorbidity, cognition and psychosocial functioning in adults with attention deficit hyperactivity disorder. *American Journal of Psychiatry*, 150:1792–1798.
- 9 Robin, A.L., Bedway, M. & Tzelepis, A. (1998). Understanding the personality traits of adults with AD/HD: A pilot study. *Attention!*, 4(4): 49–55.
- 10 Tzelepis, A., Schubner, H. & Warbasse, L.H. (1995). Differential diagnosis in psychiatric comorbidity patterns in adult AD/HD. In K. Nadeau (Ed.), *A Comprehensive Guide to Attention Deficit Disorder in Adults: Research, Diagnosis and Treatment*. (pp. 35–57). New York, N.Y.: Brunner/Mazel.
- 11 Gerber, P.J. (2001). Employment of adults with learning disabilities and AD/HD: Reasons for success and implications for resilience. *AD/HD Report*, 9:1–5.
- 12 Gerber, P.J., Ginsberg, R. & Reiff, H.B. (1992). Identifying alterable patterns in employment success for highly successful adults with learning disabilities. *Journal of Learning Disabilities*, 25:475–487.
- 13 Brooks, R. (2002). Changing the mindsets of adults with AD/HD: Strategies for fostering hope, optimism and resilience. In S. Goldstein & A. Teeter (Eds.), *Clinician's Guide to Adult AD/HD: Assessment and Intervention*. (pp. 127–146). San Diego, Calif.: Academic Press.
- 14 Brooks, R. & Goldstein, S. (2004). *The Power of Resilience: Achieving Balance, Confidence and Personal Strength in Your Life*. New York, N.Y.: Contemporary Books.
- 15 Brooks, R. (1999). Fostering resilience in exceptional children: The search for islands of competence. In V. Schwann & D. Saklofske (Eds.), *Handbook of Psychosocial Characteristics of Exceptional Children*. (pp. 563–586). New York, N.Y.: Kluwer Academic/Plenum Press.
- 16 Brooks, R. & Goldstein, S. (2001). *Raising Resilient Children*. New York, N.Y.: Contemporary Books.
- 17 Goldstein, S. & Brooks, R. (Eds.) (2004). *Handbook of Resilience in Children*. New York, N.Y.: Kluwer Academic Publishers.
- 18 Katz, M. (1996). *On Playing a Poor Hand Well*. New York, N.Y.: Norton.
- 19 Reivich, K. & Shatte, A. (2002). *The Resilience Factor*. New York, N.Y.: Broadway Books.
- 20 Seligman, M.E.P. (1990). *Learned Optimism: How to Change Your Mind and Your Life*. New York, N.Y.: Pocket Books.
- 21 Seligman, M.E.P. (2002). *Authentic Happiness*. New York, N.Y.: Free Press.
- 22 Werner, E. & Smith, R. (1992). *Overcoming the Odds: High Risk Children from Birth to Adulthood*. Ithaca, N.Y.: Cornell University Press.
- 23 Shure, M.B. (1994). *Raising a Thinking Child*. New York, N.Y.: Holt.
- 24 Shure, M.B. (2000). *Raising a Thinking Preteen*. New York, N.Y.: Holt.



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