

Dear Reader,

Thank you for joining us at today's ADDiva.net Connection Call on ADHD and relationships.

I hope that you will enjoy this exclusive excerpt of my book *Is It You, Me, or Adult A.D.D.? Stopping the Roller Coaster When Someone You Love Has Attention Deficit Disorder*.

At the bottom of each page in this file, you'll find a hyperlink to the website for the book: ADHDRollerCoaster.com

This website contains links to my two blogs, ADHD Roller Coaster and ADHD Partner, as well as biographical information about me, links to resources, and more.

Please Note: Pages numbers listed in the book's table of contents will not correlate to this PDF.

Take care,

Gina Pera
Gina@ADHDRollerCoaster.com

Table of Contents

| | |
|-----------------------|------|
| Acknowledgments | xiii |
| Foreword | xvii |
| Introduction | xix |

PART ONE

From the Tunnel of Love to the Roller Coaster: Could *Your Partner* Have ADHD?

| | |
|--|----|
| Introduction | 3 |
| 1 Who Has a Ticket to Ride? Spotting ADHD's Surprising Signs | 13 |
| 2 Laying the Track's Foundation: What Is ADHD, Anyway? | 31 |
| 3 Deconstructing Your Coaster: Why Each Is Unique | 43 |
| 4 Financial Loop-the-Loops: "It's Only Money, Honey!" | 63 |
| 5 Driving While Distracted: The Roller Coaster Hits the Road | 71 |
| 6 Peaks and Valleys: ADHD in the Bedroom | 77 |
| 7 More Mystifying Twists and Turns | 89 |

PART TWO

Roller Coaster Whiplash and G-Force Confusion: How Many Plunges Before You Say, "Whoa!"

| | |
|---|-----|
| Introduction | 101 |
| 8 First Plunge: Explaining the Inexplicable | 105 |
| 9 Second Plunge: Managing the Unmanageable | 119 |
| 10 Third Plunge: Breaking Down in Illness—Or Through to Truth ... | 131 |

PART THREE

Your Relationship and the Art of Roller Coaster Maintenance: Four Success Strategies

| | |
|--------------------|-----|
| Introduction | 145 |
|--------------------|-----|

IS IT YOU, ME, OR ADULT A.D.D.?

SUCCESS STRATEGY #1: TAKING CARE OF YOURSELF

Introduction: The Amusement Park’s Emergency Room 147
11 Strategies for *Right Now* 151
12 Solving ADHD’s Double Whammy..... 161

SUCCESS STRATEGY #2: DEALING WITH DENIAL

Introduction: Roller Coaster? What Roller Coaster? 169
13 Psychological Denial: The FEAR Factor..... 173
14 Biological Denial: Not Unwilling to See—Just Unable..... 185
15 New Ways to Broach “The Conversation”..... 195
16 More Solutions and Strategies..... 203

SUCCESS STRATEGY #3: FINDING EFFECTIVE THERAPY

Introduction: Calling in a Consultant to Help Retrofit Your Ride 211
17 Why the Wrong Therapy Is Worse Than No Therapy..... 215
18 Therapy That Works for ADHD..... 227
19 More Solutions and Strategies..... 245

SUCCESS STRATEGY #4: UNDERSTANDING MEDICATION’S ROLE

Introduction: Tightening the Brakes on the Roller Coaster 253
20 Making Connections Between Brain and Behavior 263
21 Rx: Treatment Results That Last..... 277
22 Maximizing Lifestyle Choices, Minimizing Rx Side Effects 295
23 Catch Your Breath and Take Five 299

APPENDIX A:

Adult ADHD Evaluation and Diagnosis 315

APPENDIX B:

“But I Heard That...”: More Background for the Unconvinced..... 321

APPENDIX C:

Three Views from Decades on the ADHD Roller Coaster 329

Resources 345

Endnotes..... 353

Index..... 357

Praise for *Is It You, Me, or Adult A.D.D.?*

“Most books on marriage offer insights and help to common marital problems such as the traditional conflicts around sex, money, children, time, and in-laws. They offer credible solutions such as conflict management, improved communication, and problem solving skills.

“This book is different. For some couples these problems are exacerbated by the often unnoticed presence of a particular neural wiring in the brain, called Attention-Deficit/Hyperactivity Disorder, that makes traditional solutions ineffective. This book describes ADHD in detail and with empathy and helps couples with this added challenge find hope and solutions.

“I recommend it highly to all couples whose troubles seem incomprehensible, and for all couples therapists it should be required reading to help them distinguish between ordinary conflict and the roller coaster effect of this syndrome.”

—**Harville Hendrix, Ph.D., author of *Getting the Love You Want:***

***A Guide for Couples* and codeveloper of Imago Relationship Therapy**

“In this lucid, provocative, and authoritative book, Gina Pera lets the reader know, at a visceral level, what it’s like to be the partner of an adult with ADHD. Alternately humorous and deadly serious, the book is deeply empathic with the experience of such partners.

“Along the way, Pera provides important information about ADHD’s causes and treatments and provides empowerment to those who have for too long been blamed for the relationship issues engendered by ADHD. By showing the reality of ADHD in relation to those who must live with its consequences every day, she provides a message of real hope.”

—**Stephen Hinshaw, Ph.D., ADHD research scientist, Professor and Chair, Department of Psychology, University of California, Berkeley, and author of *The Mark of Shame: Stigma of Mental Illness and an Agenda for Change***

“Insightful, helpful, witty, and very practical. This book can change your life.”

—**Daniel G. Amen, M.D., author of *Healing ADD and Change Your Brain, Change Your Life***

“Wow! What a roller coaster ride. *Is It You, Me, or Adult A.D.D.?* contains information that is just not available anywhere else. This book is sure to become the authoritative guide for couples dealing with ADHD and the baggage that accompanies it. Packed with information, but not overwhelming, it is a unique and valuable resource.”

—**Patricia O. Quinn, M.D., Cofounder and Director, The National Center for Girls and Women with ADHD, and co-author of *Gender Issues and ADHD: Research, Diagnosis, and Treatment***

“Gina Pera has written a stunning book that should be a ‘must-read’ for all couples where one or both partners have Attention-Deficit/Hyperactivity Disorder. Combining her own experiences, a thoughtful synthesis of the clinical and research literature, and a creative study of her own design, she has grasped the complex ways in which ADHD affects relationships and has translated her comprehensive expertise into a highly readable and extraordinarily helpful guide.

“Her prose is extremely effective, at times funny and at other times poignant, and her ability to capture the subtle dynamics of partnerships affected by ADHD is nothing short of extraordinary.

“What is particularly stunning about her achievement is the way Ms. Pera has captured the intricacy of ADHD, including its far-reaching effects on executive function and emotional regulation. Equally impressive is her talent for framing the issues in comprehensible language, with answers to frequently asked questions, quotes from partners with and without ADHD, and snippets of dialogues that are completely genuine. Best of all, this book offers hope and guidance to the millions of adults whose lives have been challenged by ADHD, by providing clear and useful ideas and a richly elaborated framework for addressing the myriad stresses that ADHD imposes upon intimacy and friendship.

“Kudos and thanks to Ms. Pera! I will make this book required reading for all my patients. It is nothing short of a *tour de force!*”

—**Anthony L. Rostain, M.D., M.A., Medical Director, University of Pennsylvania Adult ADHD Treatment and Research Program; Professor of Psychiatry and Pediatrics, University of Pennsylvania School of Medicine**

“My first response to the publication of Gina’s book was ‘At last! Something for the significant other!’ You hate to use the cliché ‘long overdue’ but as a physician who treats dozens of patients with ADD and ADHD, there’s just been nothing available until now. *Is it You, Me, or Adult A.D.D.?* lives up to all expectations, and I can safely predict it will become as much an industry standard as *Driven to Distraction*. As a father of a son with ADD and husband to a wife with ADD, I can professionally and personally attest to the value of Gina’s important new book.”

—**David Edelberg, M.D. Medical Director, WholeHealth Chicago, and author of *The Triple Whammy Cure: The Breakthrough Women’s Health Program***

“While there is increasing awareness of how common and difficult ADHD can be, there are no resources available to help explain the nature of ADHD to those who live closest to it in adulthood: the spouse. Gina Pera has combined a real feel for the disorder with sound reporting skills and the spice of those who tell the story best: the couples themselves. This is a book based on science, but it captures the art of helping couples cope with and move beyond the challenges that ADHD creates.”

—**Margaret D. Weiss, M.D., Ph.D., Director of Research, Division of Child Psychiatry, University of British Columbia and Head, Provincial ADHD Program, British Columbia, Canada**

“Even today, people often surprisingly ask, ‘Do you believe in Adult ADHD?’ Confirmatory brain neuroscience answers this speculation about Adult ADHD: It’s a real problem with real and painful challenges, not a belief system. And nowhere is Adult ADHD more evident and more fully identifiable than in our most important, valued relationships. In any long-term relationship, with increasing exposure over time, ADHD patterns endure unabated. They grind partners into a thin paste.

“The reason it took so long to recognize Adult ADHD is simple: Its expression is cunning and well rationalized. With Gina Pera’s help, the subtlety of recognizing and the complexity of intervening in these puzzling ADHD predicaments are refreshingly simplified. Gina translates big questions into useful, practical, and understandable answers. She provides not only a good starting place for the ADHD discussion but also a detailed follow-through for the real recovery process.”

—**Charles Parker, D.O., Medical Director, CorePsych, and author of *Deep Recovery***

“For many people, having a spouse or partner with Attention Deficit Disorder and its attendant conditions means dealing with painful, disastrous, and heartbreaking issues—financial catastrophes, verbal and even physical abuse, substance addiction, and others. The spouse often feels overwhelmed, isolated, and desperate while struggling in a swirl of chaos. Most books completely ignore the more serious issues that this condition, when left untreated, can create for couples and families. Even health care providers sometimes have no understanding of it.

“Many people have been in relationships for 20 or 30 years, never knowing why their lives are so different from other couples’, loving their partners but living lives of chronic frustration and emotional abandonment.

“As co-moderators for almost 10 years of an online support group, we’ve seen our members grapple with these painful issues, with nowhere to turn for advice, help, and hope except to each other. We’ve seen this book emerge from the group’s plea for a resource that addresses their needs.

“Gina Pera has completed a monumental undertaking in blending our stories with the latest medical advisories on treating ADHD and its co-existing conditions. Real answers on the painful realities. We expect this book will be the bible for all of us dealing with adult ADHD.”

—**Elizabeth Weathers and Diane Hartson, Co-moderators, ADD Spouse support group**

“As any partner of an adult with ADHD can attest, research clearly shows ADHD's pervasive effects on a person's ability to manage life's many demands. This often leaves the partner to pick up the pieces, despite the ADHD person's seemingly good intentions.

“When an adult has ADHD, his or her romantic partner ‘has’ it, too. Alternately confused, optimistic, and resentful, the partner rides a roller coaster as he or she tries to understand why the relationship seems so unbalanced. Gina Pera has been there and has authored a guide that offers understanding for the confused, practical strategies for the frustrated, and hope for the despondent.

“This book will be a lifesaver for both partners as they strive to create a more satisfying relationship and a happier, more productive life together.”

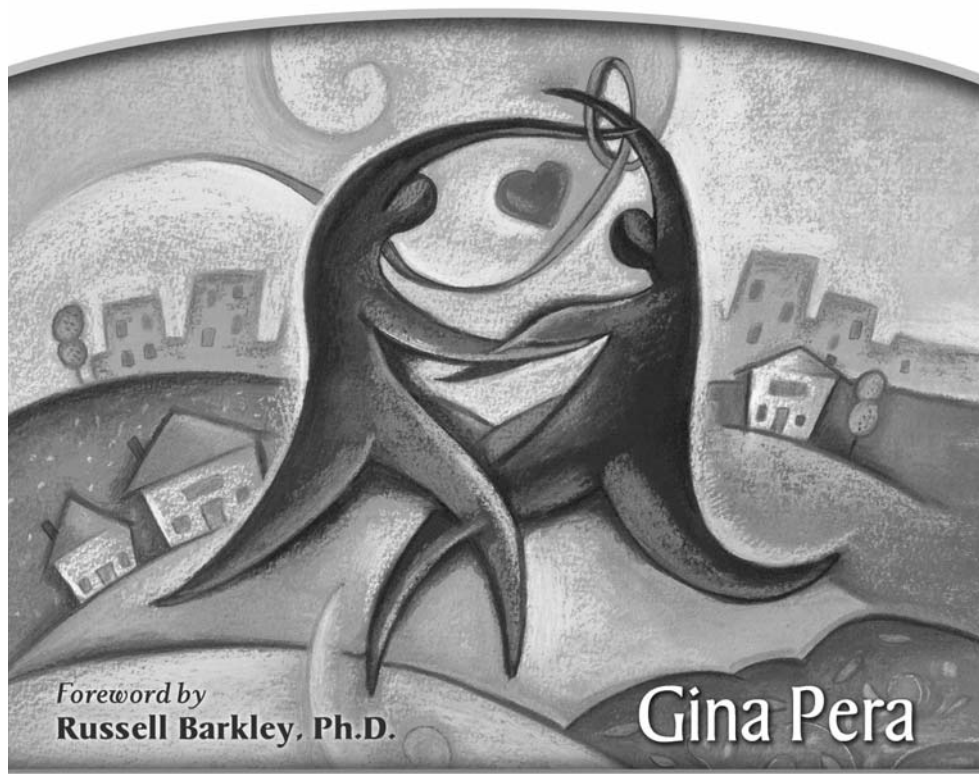
—**Ari Tuckman, Psy.D., M.B.A., author of *Integrative Treatment for Adult ADHD: A Practical, Easy-to-Use Guide for Clinicians***

“For all the couples who are struggling with AD/HD in their relationship, Gina Pera has written a wonderful guide to help you navigate these treacherous marital waters. *Is it You, Me, or Adult A.D.D.?* has the unique distinction of including the perspective of the partner without AD/HD, which has been neglected for far too many years. The book is well researched, reader friendly, and includes insights and perspectives from a Who’s Who of professionals in the field. For couples struggling with AD/HD, it’s the season’s new must-have book and bound to become a classic.”

—Michele Novotni, Ph.D., psychologist, coach, and author of
What Does Everyone Else Know that I Don’t? and *Social Success*

Is It You, Me, or Adult A.D.D.?

*Stopping the Roller Coaster
When Someone You Love Has
Attention Deficit Disorder*



Foreword by
Russell Barkley, Ph.D.

Gina Pera

1201 Alarm Press • San Francisco, California

IS IT YOU, ME, OR ADULT A.D.D.?

Stopping the Roller Coaster When Someone You Love Has Attention Deficit Disorder

© 2008 Gina Pera

First Edition, Second Printing

ISBN: 978-0-9815487-0-8 (paperback ed.)

ISBN: 978-0-9815487-6-0 (PDF ed.)

Published by:



2261 Market St., Suite 230

San Francisco, CA 94114-1600

1-888-891-6668

Cover and interior design © TLC Graphics, www.TLCGraphics.com

Cover illustration by Susan Tolonen, www.susantolonen.com

All rights reserved. No part of this book may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from the publisher, except for the inclusion of brief quotations in a review.

Although the author and the publisher did our best to provide sound and useful information in this book, we cannot and do not promise beneficial results to anyone who may use that information; nor does the author or the publisher accept liability to anyone who may use the information. Because this book cannot respond to individual needs and circumstances, anyone who has a known or suspected medical condition, or is taking medication of any kind, or has health concerns should consult a qualified health care provider before following any of the suggestions in this book.

Publisher's Cataloging-in-Publication

Pera, Gina.

Is it you, me, or adult A.D.D.? : stopping the roller coaster when someone you love has attention deficit disorder / Gina Pera. — 1st ed.

p. cm.

Includes bibliographical references and index.

LCCN 2008903632

ISBN-13: 978-0-9815487-0-8

ISBN-10: 0-9815487-0-9

ISBN-13: 978-0-9815487-6-0

ISBN-10: 0-9815487-6-8

1. Attention-deficit disorder in adults—Popular works. 2. Attention-deficit disorder in adults—Treatment. 3. Attention-deficit-disordered adults—Family relationships. 4. Interpersonal relations.
I. Title.

RC394.A85P47 2008

616.85'89

QB108-600161



For my parents, Elva Radini Motroni Pera and John Vincent Pera, Jr.

*For all the researchers and clinicians who
shine a light to guide us out of the fog*

Table of Contents

| | |
|-----------------------|------|
| Acknowledgments | xiii |
| Foreword | xvii |
| Introduction | xix |

PART ONE

From the Tunnel of Love to the Roller Coaster: Could *Your Partner* Have ADHD?

| | |
|--|----|
| Introduction | 3 |
| 1 Who Has a Ticket to Ride? Spotting ADHD's Surprising Signs | 13 |
| 2 Laying the Track's Foundation: What Is ADHD, Anyway? | 31 |
| 3 Deconstructing Your Coaster: Why Each Is Unique | 43 |
| 4 Financial Loop-the-Loops: "It's Only Money, Honey!" | 63 |
| 5 Driving While Distracted: The Roller Coaster Hits the Road | 71 |
| 6 Peaks and Valleys: ADHD in the Bedroom | 77 |
| 7 More Mystifying Twists and Turns | 89 |

PART TWO

Roller Coaster Whiplash and G-Force Confusion: How Many Plunges Before You Say, "Whoa!"

| | |
|---|-----|
| Introduction | 101 |
| 8 First Plunge: Explaining the Inexplicable | 105 |
| 9 Second Plunge: Managing the Unmanageable | 119 |
| 10 Third Plunge: Breaking Down in Illness—Or Through to Truth ... | 131 |

PART THREE

Your Relationship and the Art of Roller Coaster Maintenance: Four Success Strategies

| | |
|--------------------|-----|
| Introduction | 145 |
|--------------------|-----|

IS IT YOU, ME, OR ADULT A.D.D.?

SUCCESS STRATEGY #1: TAKING CARE OF YOURSELF

Introduction: The Amusement Park’s Emergency Room 147
11 Strategies for *Right Now* 151
12 Solving ADHD’s Double Whammy..... 161

SUCCESS STRATEGY #2: DEALING WITH DENIAL

Introduction: Roller Coaster? What Roller Coaster? 169
13 Psychological Denial: The FEAR Factor..... 173
14 Biological Denial: Not Unwilling to See—Just Unable..... 185
15 New Ways to Broach “The Conversation”..... 195
16 More Solutions and Strategies..... 203

SUCCESS STRATEGY #3: FINDING EFFECTIVE THERAPY

Introduction: Calling in a Consultant to Help Retrofit Your Ride 211
17 Why the Wrong Therapy Is Worse Than No Therapy..... 215
18 Therapy That Works for ADHD..... 227
19 More Solutions and Strategies..... 245

SUCCESS STRATEGY #4: UNDERSTANDING MEDICATION’S ROLE

Introduction: Tightening the Brakes on the Roller Coaster 253
20 Making Connections Between Brain and Behavior 263
21 Rx: Treatment Results That Last..... 277
22 Maximizing Lifestyle Choices, Minimizing Rx Side Effects 295
23 Catch Your Breath and Take Five 299

APPENDIX A:

Adult ADHD Evaluation and Diagnosis 315

APPENDIX B:

“But I Heard That...”: More Background for the Unconvinced..... 321

APPENDIX C:

Three Views from Decades on the ADHD Roller Coaster 329

Resources 345

Endnotes..... 353

Index..... 357

Acknowledgments

My deepest gratitude goes to the multitudes of people who supported this effort to help the public better understand adult ADHD, especially as it affects relationships and families.

I especially appreciate all members past and present of the online groups *ADD Spouse* and *ADHD Partner* for sharing their stories and support with compassion, candor, and comic flair. In particular, the moderators of *ADD Spouse* (Elizabeth Weathers and Diane Hartson) and *ADHD Partner* (Carl, Sharon, Martha, Leslie, Judith, Jane, John, Robin, Emily, Susan, and Ruth) have devoted years of informed, impassioned volunteer service to complete strangers, and the world is more enlightened and joyful for it. To the 162 ADHD Partner Survey respondents, please know that your patient slog through endless questions provided a wealth of knowledge and insights. To you and the 160-plus support-group members who entrusted me with your stories, thank you for adding real life to dry data.

This often-lonely endeavor might have derailed without steady support from the “veterans” (Andrea, Beth, Blinky, Carl, Christopher, Joanna, Leslie, Lisa, Marsha, Martha, Mary, Maurice, Melissa, Sharon, Sky, and Suzanne), my friendly morning coffee-klatch, focus group, editorial staff, and on-call lifeline. To all the draft reviewers (Andrea, Angela, Ava, Beth, Blinky, Brian, Carl, Cheri, Chris A., Christopher, Diane, Elva, Eva, Jane, Jennie, Joanna, John, Judith, Julie, Kathryn, Larry, Leslie, Lisa, Marie, Martha, Mary, Robin, Sarah, Sharon, Sky, Susan, and Terri), your time and insights are valued. Marie and Graceann, thanks especially for your long-time support. Greg H., your lavish software donation gave me a boost at just the right time. Mart, your hand-knit “software” provided comfort both physical and spiritual; your Shawl Ministry does wonderful work. And Carl, your technological mastery rescued my last neuron from self-implosion.

Dozens of roses (and chocolates) are tossed to the Tuesday-night and Wednesday-night meeting regulars. Your courage, insights, perseverance, and humor have touched me deeply, fueled my strength in facing the ADHD naysayers, and lured so many tentative newcomers out of isolation and shame into the light of possibility and ease.

IS IT YOU, ME, OR ADULT A.D.D.?

I cannot imagine a more accomplished and compassionate group of professionals generously carving out time to be interviewed and/or review content for this book (credit is theirs, but errors are mine alone). I extend my deep appreciation to Xavier Amador, PhD; Daniel Amen, MD; Linda Anderson, MA; Don Baker, MA; Russell Barkley, PhD; Samuel Barondes, MD; Robert Brooks, PhD; Thomas E. Brown, PhD; Stephen Copps, MD; Daniel J. Cox, PhD; Martha Denckla, MD; William Eddy, LCSW, JD; David Edelberg, MD; Herbert Gravitz, PhD; Thomas Gualtieri, MD; Jonathan Halverstadt, MS; Stephen Hinshaw, PhD; Ronald C. Kessler, PhD; Martin Kutscher, MD; Susan Lasky, MA; Kate Lewis, MSN; Harold Meyer, MS; Lewis Mills, PhD; Kathleen Nadeau, PhD; John Norcross, PhD; Michele Novotni, PhD; Charles Parker, DO; Eleanor Payson, MSW; James Pennebaker, PhD; Anthony Pietropinto, MD; Patricia Quinn, MD; J. Russell Ramsay, PhD; Arthur Robin, PhD; Anthony Rostain, MD, MA; Marc Schwartz, MD; Susan Smalley, PhD; Marlene Snyder, PhD; James Swanson, PhD; Margaret Weiss, MD, PhD; Paul Wender, MD; David B. Wexler, PhD; and Annick Vincent, MD. Thanks to Terry Matlen, MSW, for being a helpful resource to the ADHD community.

On behalf of the millions of people you've helped to step off the roller coaster and onto solid ground, kudos to the far-flung volunteers of CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder) as well as its staff, board members, conference presenters, members, and especially the awe-inspiring crew of Northern California CHADD. (For your valued personal support to me, thanks Lew, Judy, Donna, Beverlee, Peggy, Bonnie, and Linda.) You are all on the vanguard, doing critical work to counter harmful misperceptions and to provide facts and hope.

Thanks to this book's publisher, 1201 Alarm Press, for appreciating that the adult ADHD community is vastly underserved; its design firm, TLC Graphics, and especially to Tamara Dever, Monica Thomas, and Erin Stark, for presenting this material so beautifully and being an absolute dream to work with; illustrator Susan Tolonen, for patiently collaborating in creating stunning cover artwork; and publisher's counsel Brad Bunnin, for compassionately recognizing this project's importance.

A book could not wish for more perceptive editors. My deep appreciation goes to Garry Cooper, LCSW, whose creativity and clear thinking helped me to tame the intertwining tentacles of information and whose humor kept my spirits afloat and my fascinating tangents to a minimum (only *after* asking for his help did I learn that Garry, a therapist and colum-

nist whose work I've long admired, is also a writing coach); Janis Dworkis, a reader's best friend, who asked all the right questions and questioned all the assumptions; copy editor Robert Johnson, ELS, a most congenial, patient, and thorough word hawk; Dick Christianson, who provided eagle-eyed polish at the proofing stage; and Carolyn Acheson, for a thorough index. (Any gaffes in this book are no doubt the author's, added in final revisions.) The talented Atlas Cafe writers, Jak, Lyndsey, and Alia, inspired me with their own work and offered astute suggestions for improving mine.

For keeping spirit and body together and relatively on track, I'm eternally grateful to osteopathic physician Melvin Friedman and gatekeeper Amy, rub-goddess Karen Cougar, Master Sung Ho Cha of the San Mateo JungShim Ki Center, and my wise and gifted advisers Patricia Meyer and Frank Don.

I am indebted to my big sisters, Elva Louise, Ann Marie, and Sandra, who have supported and encouraged me for more than 50 years; the rest of my family and friends, for tolerating my long absences punctuated only by obnoxious yammering about a condition most people view skeptically; and especially my friend Eric Poulsen, for 20 years of unerringly on-point creative assessments, resourcefulness, humor, and compassion. Finally, I am grateful to my loving and brilliant husband—my favorite hiking partner and resident visionary—for his unflagging support and for hearing the letters *A*, *D*, *H*, and *D* more than the Geneva Convention surely allows.

Foreword

Only within the last 15 years has adult Attention-Deficit/Hyperactivity Disorder (ADHD) been recognized as a valid clinical disorder. Yet at least 40 years ago—and possibly a century—the scientific and clinical literature acknowledged its existence. Today, we know ADHD to be more impairing than most other conditions seen in outpatient psychiatric and psychological clinics, including anxiety disorders, dysthymia, and major depression. In short, the scientific evidence is overwhelming for this adult version of a disorder long associated with childhood.

In particular, current research details how ADHD can adversely affect all major life activities, including marriage or cohabiting relationships and the skills intimately involved in maintaining a household and raising a family—including driving an automobile, working a job, managing money, taking care of one's health, and parenting.

Until now, however, no books existed that combined both a scientific understanding of adult ADHD with pragmatic recommendations to guide these adults and their partners in coping, problem-solving, and otherwise addressing the difficulties they face in sharing a life and a home. Gina Pera's book does so with an admirable balance of current scientific information mixed with sage advice and wise, practical strategies based on the current science. There is no better book now that addresses such relationship difficulties and with such sensitivity to the complex issues inherent in them.

Thank you, Gina, for writing such a useful book.

—Russell A. Barkley, Ph.D., Research Professor, Department
of Psychiatry at SUNY Upstate Medical University, Syracuse,
New York, and co-author of *ADHD in Adults: What the Science Says*

Introduction

I wish I'd had this book 10 years ago, when the world was metaphorically knocking me upside the head, teaching me to pay attention to that human organ called the brain. Teaching me to view the brain, in fact, as an organ, vital to our every physical and emotional function yet oh so vulnerable.

At the time, my 84-year-old mother was slipping tragically into an Alzheimer's-like stroke dementia—recognizing me as her “great friend” but not her seventh and youngest child. It broke my heart. But if her memory had remained intact, it would have broken *her* heart to see her oldest child and my brother, then age 60, succumbing to brain cancer.

Amidst these family dramas, I met my future husband. Over dinner one evening, this newly minted scientist, fresh from completing his doctoral degree at a neurological institute, sprang this unsettling idea on me: *Everything we think, do, or feel happens due to chemical reactions in the brain.* I shuddered, alarmed at the thought of reducing the seat of the self, the seat of the *soul*, to a chemistry-lab experiment. And he didn't stop there: Given all the vulnerabilities of the brain from conception until death—from genetics, viruses, toxins, and even seemingly minor bumps to the head—it's a wonder that any of us have a working brain, he said.

I surely didn't like the sound of it, but there was no arguing with the evidence: Their brain diseases meant that my own mother's and brother's force-of-nature personalities would peek out only for brief glimpses in the slow march toward their physical death.

My then-boyfriend's birthday gift to me that first year together was *Molecules of Emotion*, written by pharmacologist Candace Pert. She is the scientist whose team discovered endorphins—brain molecules that affect how pain and pleasure are experienced. That book set me on a remarkable path of discovery. Little did I know, though, how much more personal this path would become. For this brilliant, handsome, and sometimes even sweet man, the one with whom I could laugh and talk for hours on such a broad range of interesting subjects, would slowly start driving me to distraction. Literally. Perilously.

How could someone educated and smart enough to decode the human genome habitually miss the freeway exit and tailgate at top speed? Less

IS IT YOU, ME, OR ADULT A.D.D.?

physically endangering (but still unnerving), how could he “mis-hear” and “mis-remember” so often and so significantly? You’ll just have to trust me that our miscommunications lay far beyond any Venus-Mars or human-scientist thing. It was more like Earth-Spacetime Continuum.

Lacking information—namely, that he might have adult Attention-Deficit/Hyperactivity Disorder, or ADHD—my resourceful mind spun plausible theories. Maybe my Southern accent proved sometimes indecipherable to his Yankee ears. Maybe his recent-transplant status in Southern California left him freeway-challenged. Or maybe he was simply a *scientist*, distracted by loftier thoughts as he sped past the exit, forgot an important commitment, or missed a critical cue to show that he cared about me.

Make no mistake: His brain worked brilliantly much of the time. But when it didn’t, when some inexplicable glitch snagged the system, the glaring disparity defied credulity. The fact that he typically failed even to perceive any such glitch, confidently insisting that *I* had misspoken or forgotten, gave me even more reason to doubt my perceptions.

I had an inkling about why my mother’s strokes and my brother’s brain cancer tumor had affected their behavior the way they did. But what could account for the funny feeling that my physically healthy boyfriend’s puzzling actions weren’t “right” either—not his personality, not his intentionality, but something else entirely. The question nagged at me.

Could his stressful workload be a partial explanation? Possibly. Then, too, it was the dot-com era. Everyone in California was revved up and overcaffeinated, plugging in and tuning out, getting ever more disconnected in their fevered scramble for “connectivity.”

After a few years of futile searches through couples therapy and holistic health routes—dietary changes, exercise, meditation classes, yoga, and caffeine-cessation crusades, all of which helped but not nearly enough—I chanced upon an eye-catching new title at the public library, neuropsychiatrist Daniel Amen’s *Change Your Brain, Change Your Life*.

Amen’s vivid descriptions of adult ADHD stunned me. When my husband read it, he agreed that ADHD explained a lot about his life. But how could we, a molecular biologist with a sophisticated knowledge of neurochemistry and a well-read journalist who knew a *little* bit about everything, not have already known about adult ADHD? Especially that many adults have the “stealth” version (meaning no physical hyperactivity).

Easy. Because Adult ADHD came on the official radar screen only in the mid-1990s, and not one of the physicians or therapists from whom we'd sought help had read the memo by the time I found Amen's book in 2000.

Newly armed with ADHD awareness, I carefully scrutinized my towering stack of relationship self-help books. So many authors (including psychologists) describe in lurid detail the damaging effect that certain behaviors have on a relationship. Yet, they never introduce the strong possibility that these might be highly treatable ADHD-related traits! Worse, most of these books offer scant advice other than coping, detaching, or leaving. Some books even blame readers' dysfunction for making such bad choices in a mate, and others insist that these troubling mates act willfully and are consciously abusive.

Continuing to read voraciously on the subject, I stumbled upon a new online support group for the partners of adults with ADHD. Assiduously comparing notes, we members learned that we weren't alone, that others' experiences closely mirrored our own in ways never covered in the ADHD books. One thing we learned: If we passively left the solutions to the physicians and therapists who failed to acknowledge or understand ADHD or to our "in denial" ADHD partners, we'd keep looping around the roller coaster until we dropped from nervous exhaustion.

Shortly after assuming leadership of a different online support group, I also began organizing local lectures and support groups for partners, adults, and parents of children with ADHD. To me, the news about adult ADHD was that inspiring, that *revolutionary*. What a rare privilege to see lives expand and long-dormant possibilities unfold before me: All that these people had needed were solid facts, validation, and support.

How appalling then to hear so many horror stories about how our mental health system had failed them, some for decades. It was almost as bad as the barrage of bizarre propaganda attacking ADHD medications and even the diagnosis itself. Neuroscience has bestowed upon us new knowledge to elevate our lives. To my mind, we cannot afford to stay in an 18th-century mindset, promulgated by a blasé healthcare system or anti-psychiatry conspiracy-theorists' twaddle worming its way through the Internet like a virus.

After eight years spent researching, observing, writing, lecturing, and volunteering in this field, I have heard from more than 1,000 partners of adults with ADHD. Hundreds have maintained long-term contact with me, offering in intimate detail their life trajectories—after their ADHD

IS IT YOU, ME, OR ADULT A.D.D.?

partner developed awareness and new strategies, after the surprise pregnancy, after retirement or a cross-country move, after the roller coaster settled into an enjoyable ride, and sometimes after the divorce.

Common themes cropped up, including this one: When couples learn about ADHD and work together to address problematic symptoms, life can improve dramatically. Even when relationships do not continue, healing takes place and lessons are learned about digging deep into the human capacity for strength, love, compassion, and stretching the mind around new ideas.

As powerful as the support-groups are, we still needed a comprehensive guide that could help new members get up to speed quickly. That's because once they finally hit upon the possible explanation of ADHD, they are often clinging to the end of frayed ropes. And it's tough to piece together a clear path from e-mail posts and several books about ADHD, none of which address the partners' particular concerns or offer step-by-step strategies. With my print journalism background, I seemed the likeliest candidate to gather and synthesize the group's collective wisdom and the best advice from the field's top research and clinical experts.

The way I see it, ADHD awareness is a social justice issue, a question of each person deserving accurate knowledge and access to care that affords us full access to our talents and abilities, much like the revolutionary concept of eyeglasses did in centuries past. The people I've met while volunteering have been generally wealthy enough to afford a computer and educated enough to find a group, and still they suffered and struggled. What about those with fewer resources? Through this book, I hope to reach many more thousands, not with more stigma, misjudgments, or criticism but with compassion, answers, and hope.

I sincerely wish that you find this guide helpful, even life-changing, and that it might inspire you to share your knowledge with others.



Now, to get started, I believe the book will be most helpful if you keep the following points in mind:

Reading roadmap

The book is divided into three sections. *Part One* explains ADHD and the various ways it can manifest, particularly when the diagnosis comes later in life. *Part Two* examines the side effects of living with a partner's unrecognized ADHD, particularly when symptoms are moderate to severe. *Part*

Three focuses on the strategies recommended by leading experts to help you both take charge of ADHD and your life as a couple.

Endnotes are included not because of any academic pretensions on my part but instead to point to the extensive body of published ADHD-related research.

Terminology used in this book

ADHD: The official term is Attention-Deficit/Hyperactivity Disorder (AD/HD). In most cases, for readability, this text omits the slash. The book title also eliminates the *H* because many people mistakenly think that *ADHD* refers only to the subtype that includes hyperactivity. In fact, that's the *least common* subtype in adults.

ADHD partner: The person in the couple who has ADHD. It's best to avoid defining a person by a diagnosis, but this can make text unwieldy, so please accept here the compromise of *ADHD partner*.

Support-group member: The partner of an adult with ADHD who has joined a discussion group to give and receive support and information. Some support-group members have ADHD, along with their partners, and that is why the term *non-ADHD partner* does not fit. (Please note: When you come across a quote from a man referring to his boyfriend or a woman to her girlfriend, it's not a typo. Some support-group members are in same-sex relationships.)

Expect to find many voices in this “support group in a book”

You'll find many quotes, introduced by first name only, within the text, introducing the chapters, and in stand-alone text boxes. These come courtesy of 160-plus support-group members who kindly provided permission to share with you their e-mail posts to the group (with names and identifying details changed). We all hope that this multitude of voices—typically without preamble or in-depth background—simulates the healing power of actual group exchanges for those with no access to such a group.

Consider this a resource foundation, not a quick read

This guide is designed to help you and your ADHD partner at every point along the journey. Take it at your own pace, skip around, and keep it handy for future reference. Please don't think you have to follow all the strategies at once. And if you're feeling particularly stressed and isolated, consider starting with Part Two before trying to understand more about ADHD.

IS IT YOU, ME, OR ADULT A.D.D.?

A word about “tips”: You’ll find plenty in Part Three as well as at this book’s companion Web site (ADHDRollerCoaster.com). But until you gain a strong foundation of ADHD awareness, the support-group consensus is, “Don’t waste your time and energy with tips.”

This is not a global portrait of ADHD

ADHD is a syndrome, meaning that its symptoms are highly variable and range from mild to severe. Consequently, it is inappropriate to make blanket statements—positive, negative, or otherwise—about the estimated 10 to 30 million adults who have ADHD in the United States alone.

At the same time, this book presumes that you came here to cut through the briar patch that is enveloping the good things in your relationship so that you can make it better—and not simply to read other people’s praise for their wonderful partners who happen to have ADHD. In part, finding clarity hinges on naming and recognizing the “invisible enemy” that is causing problems for you both. That’s why this book details common challenges that ADHD creates and then explains how to start resolving them.

If these pages don’t seem to gush with words of love, try reading between the lines. You’ll see that many ADHD partners have inspired great loyalty and affection, which strongly manifests in support-group members’ perseverance in learning about this condition and encouraging their ADHD partners to learn, too.

The reality is that many adults with ADHD are simply not connecting the dots in their lives. And it requires deep love to coax effective treatment from our mental healthcare system for a partner who is convinced that nothing can improve or, worse, that nothing is wrong, when it obviously is.

Please keep an open mind about medications for ADHD

Full disclosure: I have practiced Yoga for 25 years, know the farmers who grow the organic food consumed at my house, was raised by a mother with Old World wisdom in self-care, and avoid medication until *all* alternatives have been exhausted. I have also read scores of books and scientific papers about ADHD and attended five international conferences to learn from this field’s leading authorities. Most important, I have listened with empathy but also critical thought to hundreds of adults with ADHD, their partners, and parents of children with ADHD when they have shared their dramatic before-and-after medication scenarios.

The net result? This book is “pro-medication” and makes no apologies for it. If the message seems stronger than necessary, consider it a clear, unequivocal statement to counter dangerously pervasive myth. Gingerly, and with some justified trepidation, our society is discussing this topic less emotionally and more factually. More physicians are learning to properly treat ADHD, meaning that more people gain benefits without experiencing unnecessary side effects. Soon, I hope, people with ADHD who choose to take medication will feel as little embarrassment about it as most people feel about wearing eyeglasses (itself an historical source of stigma).

Maybe you and your own ADHD partner will get along just fine with ADHD education and awareness and without medication. That’s a common story, too. But please consider that, if this skeptic can be convinced that ADHD medications might actually be life-enhancing and *health-promoting*, maybe it’s worth keeping an open mind—especially for others who might be grappling with more severe symptoms and would appreciate your acceptance and compassion.

Welcome to readers who have ADHD

When ADHD goes unrecognized for years, it takes a toll on everyone. Many good books more fully examine the emotional issues particular to late-to-diagnosis adults, but only this book (particularly Part II) addresses the impact of untreated ADHD on loved ones.

Still, my efforts to outline effective adult ADHD diagnosis and treatment, which I’ve found in no other single source, are as much for you as for your partners, parents, siblings, and other loved ones. I hope you find it helpful.

For more information

You’ll find more stories, tips, resources, and links at this book’s companion Web site: ADHDRollerCoaster.com. I welcome your thoughts and reactions via e-mail (Gina@ADHDRollerCoaster.com) or letter sent care of the publisher (1201 Alarm Press, 2261 Market Street, Suite 230, San Francisco, CA 94114).

About the ADHD Partner Survey

After several years as a member and then a moderator of support groups for the partners of adults with ADHD, I’d heard plenty about the “hot spots”—issues with money, household chores, clutter, sex, co-parenting, and video-game addictions. Perhaps, though, the more vocal group members weren’t truly representative of the majority in certain problem-

IS IT YOU, ME, OR ADULT A.D.D.?

atic areas. Might there even be topics that few knew to connect with ADHD—perhaps a mate’s restless-leg syndrome or reckless driving habits? What about subjects that members might be too timid to broach, including verbal or physical abuse? And for those whose partners had tried medication for ADHD, what factors seemed to contribute to its success or failure?

Because the *partner* of an adult with ADHD is often the more reliable historian of the relationship (and often of the ADHD partner’s familial, educational, and vocational background), creating a survey to answer those questions seemed a worthwhile pursuit.

To date, this is the largest, most comprehensive survey on this subject. Although not scientific, its methods were rigorous and its findings mirror those of existing ADHD studies, including those that focus on partnership. Moreover, most scientific studies involve people with ADHD who either are already diagnosed or are pursuing treatment (so-called “clinic-referred” patients). The ADHD Partner Survey covers that population, but it also offers a rarer, more intimate glimpse into lives wherein ADHD has gone unrecognized and untreated for decades and firmly remains that way.

We cannot know for sure that those partners who remain unevaluated actually have ADHD, but the chances seem strong, given the respondents’ selections from a list of ADHD diagnostic traits. In fact, of the 118 respondents whose partners had sought an evaluation, 92 percent were indeed diagnosed with ADHD. This indicates that support-group members might be rather astute at linking ADHD symptoms with their partners’ behaviors. (Several more might have been diagnosed if the person had not abruptly walked out of the appointment or if the professional had better expertise in evaluating for ADHD.)

The survey data presented in this book is limited to a select group: the 111 respondents whose partners have been officially diagnosed with ADHD. Moreover, these respondents knew their ADHD partners before medication treatment (79 percent of the 111) or their ADHD partners have never taken medication (21 percent). Why select this sub-group? Because this book addresses the challenges created by untreated ADHD and explains treatment strategies. This group could therefore provide a clearer picture of life before and after treatment. (Unless a survey question specifically asked about the effect of medication on behavior, respondents based their answers on their ADHD partners’ behavior before medication.)

PART ONE

From the Tunnel of Love to the Roller Coaster: Could *Your* Partner Have ADHD?

*The Surprising Signs, Symptoms,
and Poor Coping Strategies That Might Be Creating
the Dizzying, Exhausting, or Just Really Annoying
Ups and Downs in Your Relationship*



*I was on the verge of filing for divorce when I read about ADHD.
I was amazed that a medical condition might explain
my husband's video-game fixation, his moods,
his absent-mindedness, and our roller-coaster life!*

—JEANETTE

*We just learned that my husband has ADHD. We dated
long-distance for five years, but only after marriage did this
roller coaster of mood swings and miscommunications begin.
I want to exit this ride, but I'd like my husband
to come with me. Is that even possible?*

—SUSAN

*For years, my husband and I blamed each other for all the
confusion, hurt, and miscommunications. Meanwhile, the emotional
and logistical roller coaster kept us both too dizzy to see
straight. The idea of ADHD is the only thing that's
made sense in our lives for a long, long time.*

—ABBY

*Our relationship has been a roller coaster of good times
and bad for 16 years. We have something special so I lived
with the frustrations, but I'm getting too old for this.
I thought she'd learn to stop doing things so impulsively,
but she never does. I love her, but something must change.*

—CHRISTOPHER

*We can have a great conversation, lay out plans,
and the next day he has forgotten it—or has an entirely different
memory! This mental roller coaster is messing with my mind!*

—MARSHA

Introduction

The View from the ADHD Roller Coaster— Both Sides

Monday, 8 PM

The monthly meeting comes to order in the heart of Silicon Valley, a world center of leading-edge technology. Household names such as Google, Yahoo, Apple, YouTube, Netflix, and Hewlett-Packard dot this short stretch of coastal California between San Francisco and San Jose. In attendance this evening are software developers and computer scientists, some from these very companies.

What's on tonight's agenda? The Next Big Thing in high-tech? Not exactly. Not unless you have adult ADHD (Attention-Deficit/Hyperactivity Disorder). In that case, keeping track of your keys can be a very big thing indeed.

Phillip,* 32, a talented software programmer with a beautiful smile and an engaging personality, begins: "Okay, I've been practicing some of the suggestions we talked about last time for keeping track of my keys, and I can't believe how well they're working." No one snickers. No one rolls their eyes. Most people attending this support group for adults with ADHD chuckle and nod in agreement, relieved to hear someone speak openly about an embarrassing problem that they, too, have, or a problem similar to theirs.

Make no mistake: Silicon Valley might be a worldwide magnet for people with ADHD, what with their stereotypical love of the new and novel. But even here, ADHD is not limited to young men who tinker in high-tech,

* Not his real name. Descriptions of activities and individuals throughout this book are drawn from composites created from multiple accounts.

IS IT YOU, ME, OR ADULT A.D.D.?

and its challenges aren't limited to lost keys. The people gathered tonight—male and female, professionals and blue-collar workers, teens and retirees, long-time locals and new immigrants from many different nations—find themselves dogged by a few or many of these other difficulties:

- Losing track of priorities
- Arriving late to events and missing deadlines
- Having trouble initiating tasks and following through to completion
- Being chronically disorganized
- Managing finances poorly
- Losing their temper easily
- Overspending, smoking, video gaming, and other addictions
- Not being “present” in relationships

As you would expect, behaviors like these seldom won them kudos from bosses, coworkers, family members, or even grade-school teachers. As a result, some people have lost jobs, partnerships, houses, large fortunes, and self-worth. Or, at best, they believe (or have been told often enough) they have fallen far short of their potential. Some have been unsuccessfully treated for anxiety or depression for years without knowing that, in fact, untreated ADHD was making them anxious or depressed.

Many of these late-to-diagnosis adults have long suspected that they were a bit “different.” When they finally learn about ADHD, most wish they'd learned sooner. Much sooner. It explains a lot about how their unwitting actions generated unpleasant consequences as well as why, just when they started getting traction in life, they'd often slip on that invisible banana peel.

Meanwhile, tonight, as these adults share their triumphs and difficulties, ones that their families and the public frequently fail to understand or accept, you can almost see the lightbulbs flashing on. Apprehensive newcomers relax their jaws. Arms unfold. Possibilities expand as they realize that they are not alone, that other smart people, accomplished people, well-meaning people ride the same roller coaster.

They begin to realize they're not “lazy, stupid, or crazy,” as that breakthrough ADHD book title goes. Most important, they learn that practical solutions exist for helping them optimize their abilities. For many, this is the only gathering where they feel truly understood.

But if you stumble on this group while looking for the Toastmasters meeting down the hall, and if you stay a while to listen and watch, you might wonder why these “normal-looking” adults have never picked up

certain “mature adult behaviors,” like getting organized or getting to bed at a decent hour. You might ask yourself:

- “Didn’t their parents teach them?”
- “Don’t they realize why these issues are important?”
- “Do they just *not care*?”

The short answer: ADHD challenges have little to do with intelligence, caring, the lessons their parents tried to teach, or what they know to be right or wrong. It has more to do with

- having difficulty focusing one’s attention *right now*,
- on the most critical task, speaker, or activity, and
- once focus has been achieved, maintaining it instead of yielding to distraction.

As one prominent ADHD expert, psychologist Russell Barkley, says, “The challenge is not knowing what to do. It’s in doing what you know.” So, instead of calling it an attention-deficit disorder, we could call it an *intention-inhibition disorder*. That’s because it’s a condition in which the best intentions go awry.

Same Meeting Room, the Following Tuesday, 8 PM

Be careful talking about good intentions to newcomers at *this* week’s gathering! It’s the same room but a very different crowd. The people gathered here tonight aren’t adults with ADHD; they are their partners. And most have *had it* with good intentions. They are also done with being doormat and “dumpee,” warden and watchdog, crisis manager and caretaker, and a parent instead of a partner.

Ironically, the two meetings that take place one week apart—one for adults with ADHD and the other for the partners of adults with ADHD—typically show little overlap. That is, one partner or the other in a couple is either “in denial” about ADHD or feels no need to learn about it. It’s too bad, because when couples act as a team in learning about ADHD, they tend to speed through the learning curve—with fewer bumps and bruises, too.

The group assembled tonight *has* come seeking knowledge. They also seek clarity and hope that they can somehow stabilize their lives with partners who seem focused on destabilization. Until recently, most did not know that adult ADHD exists, much less that it can affect their lives so profoundly. Or they’ve suspected ADHD for a long time, but they just can’t get their partners to consider the idea or do anything about it.

IS IT YOU, ME, OR ADULT A.D.D.?

When they finally hear other people voicing similar threads of befuddlement, the floodgates open. Let's listen in as the new folks introduce themselves:

- **“Communication problems” plague Donna and her husband.** “When we started dating, we had great conversations. Now I can't speak a word before he changes the subject or zones out. I hate the way this makes me feel, like I'm boring or not worth listening to. When I try breaking off the relationship, though, he becomes attentive again, only to backslide two weeks later. He finally told me last week that he has ADHD, but he insists it is an asset. I've read some Web sites that advise us spouses to be more understanding, but that's not helping.”
- **Jose's partner has a spending problem.** “On impulse, she bought 20 expensive handbags on sale months ago, planning to sell them online. She's procrastinated and they sit in the spare bedroom, along with the other ‘bargains.’ I love her, but we can't afford this. If I complain, though, she says I make her feel bad. She's been treated for depression for years, but a friend recently suggested learning about ADHD.”
- **Sheila's husband gets distracted while watching their child.** “He left our squirming baby on the changing table when the doorbell rang—and stayed to chat with the mail carrier! Maybe he has ADHD, as our therapist suggests, but is that an excuse? To top it off, he got angry with me when I pointed out the risk! But what do I do when I can't trust my husband with our child?”
- **Surrounded by clutter, Lauren feels she's “catching” ADHD.** “Our home is so crammed with my partner's crafts projects that I can hardly move or think! I've read about the association between ADHD and hoarding, and came to learn more.”
- **Brenda's fiancé is the love of her life, but his difficulties at work are driving them apart.** “Paperwork takes him twice as long as it does his coworkers, who seem half as smart as him. He loses track of time, works until midnight, and then forgets to phone me. He was diagnosed with ADHD as a kid but says he outgrew it. I don't think so.”
- **Does Dan's new girlfriend find him a boring kisser?** “I like her so much, but she keeps showing up late—or not at all—for dates, and later she's super apologetic. And, while we're enjoying a long kiss, she'll get distracted by the least little thing. One time she blurted, ‘Forgot to feed Rex!’ That's her dog. She says she was recently diag-

nosed with ADHD, but maybe she's just using that as an excuse and she's really not interested in me."

- **Doreen's teen son says his Dad has ADHD, too.** "Our son won't accept that he has ADHD, but he's failing in school. He also asks why he should take medication if Dad won't. My husband 'copes' with his own ADHD by drinking beer and riding herd on our son. Their constant fighting is driving me nuts."
- **Eric went from being a "catch" to "dropped" in three months flat.** "My new boyfriend wanted to be with me all the time and was over-the-top thoughtful. But when it stopped suddenly, he implied it was my fault, which made no sense. I'm just trying to understand what happened."
- **Jade discovered her husband's credit-card debt after the honeymoon.** "He owes \$30,000! At first he said he'd hoped to pay it before I found out. Totally overoptimistic! Then he blamed me for overreacting. I'm feeling some kind of emotional whiplash, from our honeymoon to this. Our pastor suggested looking into ADHD, but is lying a trait? He'd told me he was entering the marriage debt-free. I love him, but I'm not sure I can forgive this betrayal."
- **Liz is tired of other people holding her responsible for her husband's failings.** "He's my sweetheart and now we finally know why he does what he does. I'm not angry with him, but I *am* angry with the people, including his family, who blame me for not making him do things they expect of him. They don't believe in ADHD and think it's the woman's role to be a 24/7 executive secretary for her husband."
- **Frank can't compete with his wife's BlackBerry.** "When she learned she might have ADHD, my wife researched it and hyperfocused on getting better organized. She claims her BlackBerry helps her focus on the job. Great, but where's the focus on me? If I take more than 30 seconds to say something, she eyes her 'CrackBerry' for the latest text message. We both work hard, but she *never* turns it off."

As these introductions continue, comments echo all around the room: "Your partner does that, too?" Some people laugh in amazed relief, but others fight back tears. Sure, they're grateful for the long-overdue validation, but reality can hit hard:

- "You mean our problems aren't all my fault—not me being rigid, anal, controlling, demanding, or 'no fun'?"
- "You mean our problems aren't all my partner's fault—not bad temper, selfishness, or apathy?"

IS IT YOU, ME, OR ADULT A.D.D.?

- “You mean the invisible enemy we’ve been battling not only has a name, it has a *solution*?”

Most group members here tonight still love their partners. That’s why they’ve come to this meeting. (Some, though, are straining to remember why they went on that second date, and a few are asking for referrals to good divorce attorneys.)

The confusion crept up on them stealthily, they explain, and most of their partners’ behavior grew sharply more problematic with time and new responsibilities. They tackled each particular set of problems as it turned up, and so the roller coaster ride smoothed out, lulling them into the idea that their lives would stay less chaotic for a while. But then the next dip happened and the next and the next. And, so the roller coaster will continue, until they either stagger to the exit sign, succumb to permanent emotional whiplash, or develop awareness about ADHD and get on a new track.

Teresa: “You Aren’t Crazy. Things Aren’t Right.”

Never in a million years would I have thought my husband has ADHD. That’s because, like most people, I had a lot of misconceptions about it—that only children have it, that it means you’re “hyper,” that it’s just an excuse for bad behavior, or that adults with advanced degrees or good jobs can’t possibly have it. Fortunately, my husband figured it out and sent me to a support group to learn more. That has made all the difference in our life together. In fact, it’s kept us together.

We were living where I think a lot of people live right now, dealing with something “a little out of whack.” A spending problem. A shoot-off-the-mouth problem. A clutter problem. A motivation problem. A can’t-quit-drinking or -smoking problem. Not to mention all the confusing ups and downs of selfishness and generosity, irritability and sweetness, brilliance and boneheadedness. Both parties are just muddling through.

When I now observe friends struggling with similar issues, I suggest they look into ADHD, which is far more common than most people know. They seem encouraged to hear, “No, you aren’t crazy. Things aren’t right, and they can be better.”

From living with my husband’s unrecognized ADHD for so long, I can almost spot couples affected by it in a crowd. These people are metaphorically stumbling around blind. We need to focus on educating them.

It's not solely ADHD's symptoms that afflict relationships, though, and double the rate of divorce for adults with ADHD. It's the years of ignorance about the symptoms' existence—and misattributing them to lack of caring, selfishness, and immaturity. Moreover, people who've grown up with undiagnosed ADHD often lug around a lifetime of poor coping strategies. And typically, the same is true for their loved ones. With both of you reacting blindly, your life together might feel like a wild ride indeed.

Could ADHD be contributing to *your* relationship woes? You'll have a good idea if it's "you, me, or adult ADHD" by the end of Part One of this book. Then, if it is ADHD, you'll learn what you both can do about it. As many support-group members have learned, and their stories will illustrate, there's simply no reason to keep struggling or simply coping when you can start creating big, positive changes.

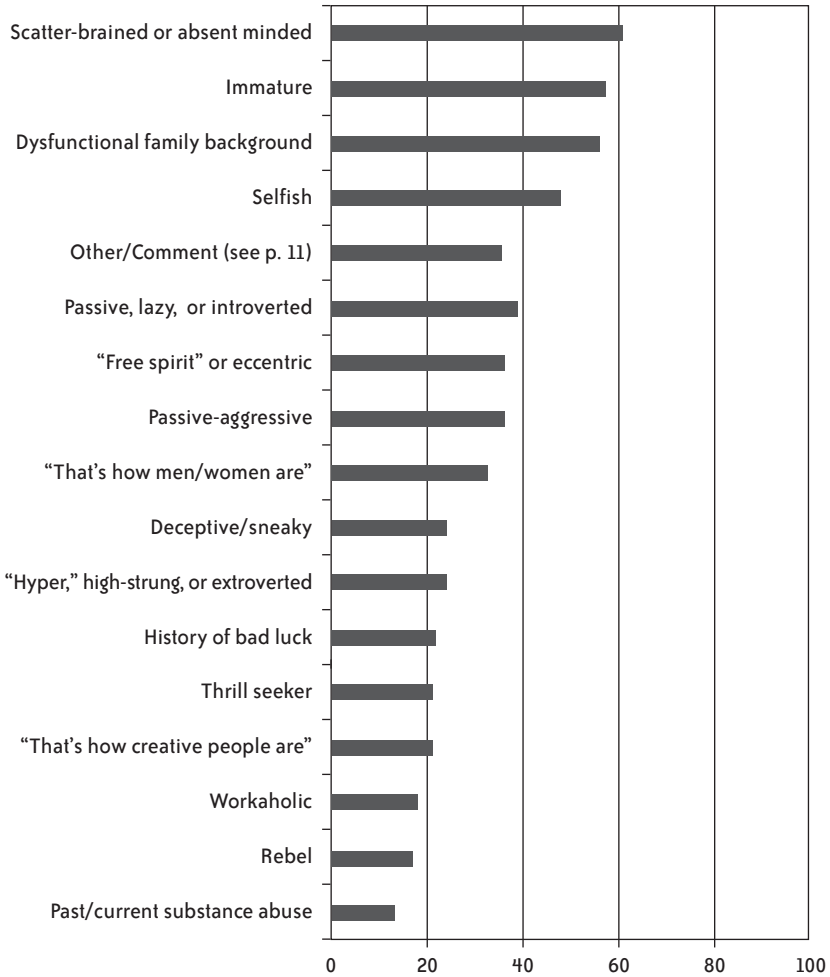
Part One begins with the basics and expands slowly into the complexities, helping you to:

- **Identify ADHD symptoms** and understand why the term *Attention-Deficit/Hyperactivity Disorder* confuses everyone (Chapter 1).
- **Gain a solid overview of ADHD**, including its central challenge of self-regulation (Chapter 2).
- **Distinguish between actual symptoms and poor coping skills** developed over a lifetime's lack of awareness about ADHD (Chapter 3).
- **Recognize common patterns** in the areas of driving, money management, sexual intimacy, and more (Chapters 4, 5, and 6).

Along the way, it's important to remember: *ADHD can manifest itself in many different ways. There is not one way of having ADHD.* You might relate to many, or only a few, of the examples in this section, but if someone you love has ADHD, a clear enough picture should start to emerge.

ADHD Partner Survey Snapshot: Scatter-brained, Lazy, or ADHD?

Survey question: "Before you learned about ADHD, how did you explain your partner's problematic traits to yourself or others? (Select all that apply. Then add any not listed and/or comment on this subject.)"



For the question on the opposite page, one in three ADHD Partner Survey respondents selected “other/comment.” Many amplified this selection by briefly explaining why they didn’t recognize a partner’s ADHD symptoms from the very beginning.

Here is a sampling:

- I really had no idea why she acted like she did!
- He’d left a miserable marriage and was worried about finances. Then I learned he’s always had financial trouble.
- I loved and believed in him but could not understand why he couldn’t get his act together.
- Every one of his friends and family had the same phrase: “Well, that’s Joe for ya!”
- Low self-esteem; bad school experiences.
- I just thought he was wired this way: very smart but slow and methodical. He could not multitask very well.
- The world revolves around her.
- I figured he never learned consequences because his parents always cleaned up his messes. Now I see he just doesn’t learn from consequences!
- My wife changed so drastically after we had two children I simply thought motherhood overwhelmed her.
- Little willpower or discipline.
- Nasty jerk!
- His entire family saw him as being just “out there”—he was the way he was and no one cared to ask any questions. I just thought he had a lot of growing up to do.
- Who knew? It was the ’70s!
- I attributed his problems to his father abandoning the family, coming from a different culture, and the economy (lots of people were being laid off at that time).
- I figured that since I couldn’t get him to talk much or maintain eye contact, he must be very shy.
- Coming from a dysfunctional family myself, and this being my first serious relationship, I did not have a good frame of reference for comparison.
- I chalked it up to her being a Type A personality.
- I was baffled. Friends and family thought he was lazy but generally a nice guy.
- His IQ is very high—hence the “absentminded professor.”
- I thought she might have bipolar disorder because of mood swings and avoiding sleep until she dropped.
- Socially impulsive; hotheaded.
- Commitment-phobe; had emotional baggage.
- I knew “theoretically” about ADHD and had friends with ADHD, but it’s quite another thing to live with it full time. So I mistakenly thought a lot more than ADHD was going on.

Red Flags for Adult ADHD

Some adults with ADHD experience only a few of the challenges listed below—and perhaps to a relatively mild degree—while others face a greater number of more significant challenges.

- A lifelong history of difficulty with attention and/or a history of disruptive or impulsive behaviors
- Organizational challenges (time management difficulties, missed appointments, frequent tardiness, unfinished projects)
- Erratic work history (frequent job changes, lack of preparation, missed deadlines, poor reviews)
- Anger control problems (argumentative, overly controlling parenting style, conflicts with coworkers or child's teachers)
- Marital stress (partner complains that he/she does not listen, forgets promises and important events)
- Being over-talkative, interrupting, speaking too loudly
- Parenting problems (difficulty establishing and maintaining household routines, inconsistency in dealing with the children)
- Money management issues (impulsive purchases, failure to pay bills or taxes, bankruptcy)
- Substance use or abuse, especially alcohol, marijuana, or caffeine
- Addictions such as excessive collecting, shopping, sexual avoidance or hypersexuality, overeating, and/or compulsive exercise or gambling
- Frequent accidents on the job or in sports activities
- Problems with driving (speeding tickets, accidents, or excessive caution to compensate for attentional problems)
- Familial factors, such as being the parent or child of a person with ADHD, receiving an ADHD diagnosis in childhood, or being “just like” a relative with ADHD
- Considered successful but showing impairment when compared to their potential; expending more energy than others for the same amount of work
- Over-reliance on coping strategies to compensate for their weaknesses, but still experiencing problems with career or workaholism

Source: Adapted with permission from the Web site of the Canadian ADHD Resource Alliance (CADDRA), CADDRA.ca.



Who Has a Ticket to Ride?

Spotting ADHD's Surprising Signs

Our couples therapist suggested that my husband be tested because, in her experience, every time a client said, “My spouse acts just like a teenager” the “teenager” usually had ADHD. Bingo!

– HEATHER

“**W**e’re all married to the same person!” says new online support-group member Sheila. “And somehow this person manages to live in 300 cities at one time—and be both male and female!”

It’s easy to see why Sheila and others draw this wry conclusion: Group chatter typically bubbles over when classic ADHD challenges arise, typically with communication, cooperation, money, or organization. Conversation cools, though, when topics diverge into phenomena that ring a bell for only a few members—for example, the garage overflowing with rototiller parts or a mate’s “important memorabilia” (if you consider 10-year-old foil ketchup packets memorabilia).

Sure, support-group members are relieved to know they are not dealing with a bigamist, but some become confused by the apparent disparities in reported behaviors and even grow doubtful of the ADHD diagnosis. If your partner is an excellent driver but the group goes on a rant about reckless driving, well, that must mean your partner can’t have ADHD, right? Wrong!

Each ADHD roller coaster sports its own particular twists and turns, and we will keep building on that theme throughout this and future chapters. But it’s important to first recognize the basic signs that point to this ride.

IS IT YOU, ME, OR ADULT A.D.D.?

Toward that end, this chapter answers some common questions and helps you to:

- Know that the official term is *Attention-Deficit/Hyperactivity Disorder* and that it has three subtypes.
- Realize that most adults have *no* physical hyperactivity.
- See how traits involving hyperactivity, impulsivity, and inattention play out in real life.
- Identify ADHD's symptoms, ranked according to reported prevalence in the ADHD Partner Survey.
- Find out how the diagnosis is made and why leading experts consider ADHD grossly *underdiagnosed*.
- Accept that having ADHD does *not* mean a person lacks intelligence, talent, and strengths.

Q: Is It Called ADHD, ADD, or What?

The current official term is *Attention-Deficit/Hyperactivity Disorder (AD/HD)*. Years ago, it was simply Attention Deficit Disorder (ADD). Then it became the very snappy *Attention Deficit Disorder, plus or minus Hyperactivity*.

Unfortunately, the name was established before we really understood the true nature of the condition, because it *seemed* as though a lack of attention and/or surplus of physical restlessness were the problems. That's why, if you ask a room of today's ADHD experts what they think of the current term, they will pepper you with alternate names they consider far more accurate—or at least less misleading. Here's why:

- **There's no attention deficit.** People with ADHD must cope with the central challenge of *directing* their attention and summoning the motivation for doing so.
- **There's often no hyperactivity.** That's why there's a slash mark before “hyperactivity,” to indicate that it is not required for the diagnosis. (For readability, this book omits the slash in the acronym *ADHD*.)
- **Moreover, the term creates stigma.** Who wants a “deficit” or a “disorder”—much less both?

Will the term ever change significantly to better reflect the condition's true challenges? It's unlikely, given its entrenched history in public policy. But at least we now have three subtypes that more accurately describe the general “flavors” of ADHD, and we might see more in the future as neuroscience continues to refine our understanding of the human brain:

- ***ADHD, Predominantly Inattentive Type.*** This person has trouble paying attention, getting organized, and ignoring distractions but can have

little trouble sitting still. Instead of physical hyperactivity, there's a more "sluggish" tempo, but there can still be less-obvious mental restlessness.

- **ADHD, Predominantly Hyperactive/Impulsive Type.** This person has difficulty sitting still and thinking through consequences before acting but finds it easier to focus than the person with the Inattentive type. This is the *least* common type.
- **ADHD, Combined Type.** This person exhibits both previous sets of traits, including problems with sustaining attention, avoiding distractions, thinking before acting, and sitting still. This is the *most* common type.

The subtype is determined by the number and type of symptoms the individual has, but we'll get to the specifics of diagnosis shortly. To finish answering the question, a simple *ADHD* covers all three types. But if you say *ADD*, most people will know what you mean, and, in fact, that's the term many experienced clinicians still use.

Q: What? You Can Have ADHD Without Hyperactivity?

Yes, and you can even have it without impulsivity, too. So, if you use physical hyperactivity and impulsivity as your litmus test for ADHD, you may mistakenly assume that your "couch potato" partner doesn't have it. (Unfortunately, many healthcare professionals make this mistake.)

Even physically hyperactive children often lose that trait as they mature—or it takes on a subtler adult guise such as restless Web surfing or video gaming. That's just one of the reasons why ADHD was once considered a condition solely of childhood: Clinicians focused on obvious physical hyperactivity, and when that ceased, they thought that ADHD did too. Current research indicates that about 65 to 70 percent of children with ADHD exhibit symptoms into adulthood, including challenges that significantly affect academic, vocational, and social functioning.¹

Most people get a bit confused trying to understand how the "big three" traits of hyperactivity, impulsivity, and inattention show up in everyday life, so now would be a good time to ask about those.

Q: How Do the "Big 3" Traits Show Up Daily in Life?

As we examine these traits in layperson's terms, illustrated by examples from the support group for the partners of adults with ADHD, it's important to remember: The presence and severity of each trait depends upon the person's ADHD subtype (predominantly inattentive, predominantly hyperactive/impulsive, or a combination).

1. Impulsivity: Can't stop. Can't wait. Can't resist.

If you're impulsive, you have trouble delaying gratification. You don't always think before you act. And you often make important decisions too quickly, based on scanty information or a failure to consider consequences.

People with poor impulse control can find themselves at the mercy of each fleeting thought, event, or TV infomercial. Without further ado, they whip out that credit card, blurt out that blunt remark, or eat *all* but one scrawny slice of that cake you made for your own birthday—*before* you get a chance to blow out the candles. (“Why are you mad?” they’ll ask. “I left you some!”) In other words, impulsive people have trouble *inhibiting*, or *stopping*, their responses.

They might exhibit behaviors like these:

- Get easily distracted while concentrating or working
- Have difficulty waiting their turn
- Succumb to quick gratification instead of working steadily toward bigger, more-sustaining rewards
- Put their mouth in gear before engaging their mind
- Rush through tasks, making errors in haste
- Yield easily to temptations, such as food, shopping, and sex, even when it will touch off highly negative repercussions
- Fail to change a strategy even after it's been shown ineffective or inappropriate

To illustrate that last point in clear terms, Rory offers an example:

Clint and I had just wormed our puppy. So, every time she poops he sets it on fire so the other dogs don't get worms. This being the dry season, the pasture went up in flames. He tried mowing around it and caught the lawnmower on fire. He tried making a firebreak with his truck and scorched the paint. Meanwhile, I'm lugging five-gallon buckets of water out to the blaze. That's the story of our five-year marriage: He impulsively starts the fires while I haul the water bucket.

Most impulsive acts, however, prove less slapstick and more subtle. Yet they still impart a cumulative effect, especially regarding communication problems.

Example: Trying to get a word in edgewise. Janet grew up with a mother who has ADHD. Then she married a man who has it. “When the three of us are together, I feel like a squirrel attempting to cross a busy freeway,” she says. “It's impossible to make my point unless I interrupt and talk louder.”

Example: The 10-second “serious discussion.” Rachel shares a typical interchange with her impulsive, impatient husband about their youngest child’s school situation:

Ray: What is happening with the school thing?

Rachel: I talked to the superintendent and principal and they recommend that we do not hold Johnny back a grade—

Ray: Get to the point!

Rachel: I was.

Ray: So he is getting help, right?

Rachel: Well they have a program that—

Ray: Good. (Walks out of the room.)

If you don’t understand what’s at play, it’s easy to label your partner’s impulsivity as being simply rude or uncaring. In fact, impulsivity means that even if your partner knows the right thing to do, he or she can’t always do it. Put another way, your partner might have trouble *not* doing the *wrong* thing.

2. Hyperactivity: “On the go” physically or mentally

Children with hyperactivity might literally climb the walls or be little motor mouths or busybodies. By adulthood, individuals might still display excessive or pointless movement as they go about tasks. For most, however, hyperactivity matures into more covert, subtler guises:

- Constantly moving from one unfinished project to the next
- Running unnecessary errands
- Incessantly talking on the phone or channel-surfing
- Frequently doodling, humming, whistling, or making odd noises
- Being a workaholic
- Feeling overwhelmed or overaroused
- Experiencing nervousness or crankiness in situations where getting up and moving around is impractical or impolite

Example: The Hyperactive Home Improver. Recurring themes in the support group involve home-renovation projects. “I’ve been worried about driving home one day and finding the house torn down just because my husband wanted a new one,” Lily says. “He’s just always got to be *doing* something to the house, but he seldom finishes it.”

Example: The Hyperactive Hostess. Chuck enjoys the dinner parties his wife arranges but wishes she could enjoy them, too. “Instead, she’s getting

up to clear the dishes before everyone has finished eating. She simply can't sit still long enough to enjoy a leisurely meal."

Example: The (Mentally) Hyperactive Lover. Maybe your ADHD partner appears calm, but his or her mind might feel like a neurochemical pinball machine, with ideas and thoughts ping-ponging to and fro. Claire noticed a blank look on her boyfriend's face while they were starting to get amorous, and, when queried, he explained that he was writing computer code in his head. Thus came her first clue that while his *body* seemed relaxed, his hyperactive *brain* was not.

3. Inattention: Low "staying power" in the face of distraction

Faced with less-than-stimulating tasks, the distractible brain faces challenges like these:

- Losing track of their thoughts, daydreaming, "tuning out" on what someone else is saying
- Making careless mistakes, losing track as thoughts drift

Example: Out of Sight, Out of Distractible Mind. Jamie's husband started frying bacon on the stove. Finding zilch stimulation gazing at bacon strips browning, he moseyed over to see the neighbor. Chatting outside for the next 30 minutes, he never noticed the smoke alarms blaring and smoke billowing out his kitchen window. "Instead," Jamie recalls, "I drove home to all that and him outside *still* yakking." The story has become a family heirloom—right up there with the time he started walking around while brushing his teeth one morning and left the sink faucet running all day—but it wasn't so darn funny at the time.

Example: World's Slowest Closet Reorganization. Rosa's husband, Don, finally agreed to excavate his closet. He began by staring at it for a good 10 minutes. Then the phone rang, and he answered it instead of letting the machine get it. Thirty minutes later, Rosa pointed him back to the closet. Don then became distracted by a noise outside. Going to investigate, he entered a protracted conversation with the neighbors about their new outdoor grill. Rosa directed Don back to the task.

Resignedly, he started dragging stuff out of the closet onto the bedroom floor. Wow! The long-lost ski pants! He *had to* immediately check out Sierra snowfall on the Internet. An hour later, hearing Rosa calling for him—oops!—he sped over to a Web site on closet organizers. Ah, this closet business was finally getting interesting: a system to solve his problems forever. Best of all, it involves a trip to the hardware store—aisles of gizmos and gadgets!

Rosa won't be surprised if Don schleps home tools they already own (but are obscured by the weeds grown up around them or the garage clutter enveloping them) but little in the way of closet paraphernalia. And when he gets home, she predicts he will step right over the closet debris to take a nap. All this work has left him *exhausted*, he'll say.

Along with hyperactivity and impulsivity, inattention can challenge social interaction.

Example: Internal distractions sidetrack communications. Connie says to Jack, "Honey, we need to talk about money and how on earth we're going to pay the bills this month." Unbeknownst to her, she'd lost Jack's attention after the word *money*, which had triggered stimulating thoughts in his mind of buying something. Imagine Connie's surprise when Jack responds, "Let's go shopping for a flat-screen TV." When she shrieks, "How can you even suggest that now?" Jack gets defensive: Why is she always so angry? Because, remember, Jack never heard the second part of Connie's sentence, and Connie wasn't privy to Jack's internal primrose-path digression.

Example: External distractions sidetrack communications. "My wife starts all her statements with 'listen,' but I think she is talking to herself," Mike says. "She says her hearing is going, but I think she can't tune out distractions, like the TV or the kids. Meanwhile, I must repeat myself constantly. Just call me Little Sir Echo."

Q: But What Does Adult ADHD "Look Like"?

If adults with ADHD were clones, that would be an easy question to answer. Despite widespread theories, however, they aren't all entrepreneurs or risk-takers or even particularly quick-witted or creative. They are *individuals*, with distinct personalities, talents, and attitudes.

That's why you might not get the big picture if you rely on a single portrait, or even several, of people with ADHD. (Even the subtypes form only very general categories.) More likely, you'll see only caricatures, not people with a complex condition that closely resembles the human condition—writ large. More important, you'll miss the fact that your partner might have it.

You can, however, start to gain a clearer snapshot of ADHD by considering its symptoms, as shown in the chart on p. 21. (Note: You don't need *all* the symptoms to qualify for the diagnosis, just a certain number.)

From this symptom list (adapted from the current official diagnostic criteria), ADHD Partner Survey respondents were asked to select behaviors that their ADHD partners displayed more frequently or strongly than

IS IT YOU, ME, OR ADULT A.D.D.?

most people their age. (That's because you don't expect a 22-year-old to have the same maturity as a 50-year-old.) Selections are ranked from the most commonly reported to the least.

As you can see, these are the top vote getters:

- *Distractibility*—Being easily diverted from the intended focus of attention
- *Disorganization*—Losing track of time, items, and the order in which tasks should be done
- *Poor sustained attention*—Difficulty initiating and/or finishing tasks
- *Forgetfulness*—“Blanking” on everything from small tasks to important obligations to entire conversations
- *Restlessness*—Feeling “on the go” mentally or physically
- *Poor listening skills*—Hearing only half of what is said or mishearing huge chunks of it

If you don't recognize in this chart your ADHD partner's biggest hot spot (could it be anger, irritability, or spending impulsively?), don't worry; we're just starting to explain how cut-and-dried symptoms come to life and take shape in real people.

As you read the list, also keep in mind that your reaction to each topic probably reflects your own ADHD partner's specific behaviors. So, if you can't imagine why disorganization is such a big deal, then that probably *isn't* one of your partner's problems.

The truth is, depending on its severity, each listed trait can be chronic and cumulative, insidiously creating bigger problems in every aspect of life. Take a minute to imagine how, for example, disorganization can extend its messy tentacles into much more than closets or cars:

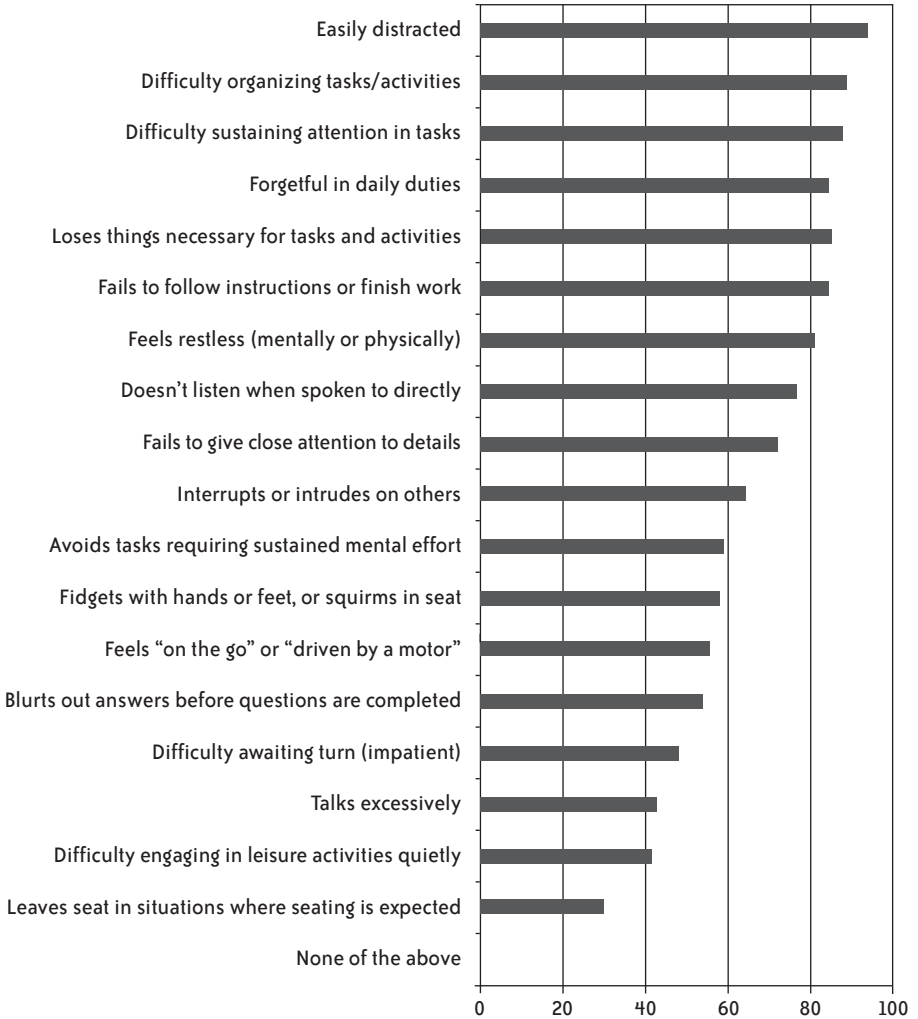
- Losing important papers (checks, bills, tax documents)
- Failing to meet work deadlines and consequently losing jobs
- Never making it out the door on time in the morning
- Constantly having to replace costly misplaced items
- Being unable to regularly do laundry, prepare meals, or exercise

These are just a few of the problems that disorganization can cause. Then there are the rest of the behaviors to consider! And, as you've probably learned, they can intertwine and crossbreed in bewildering, shape-shifting combinations.

Next, while the chart on p. 21 indicates the *prevalence* of traits observed by survey respondents; it doesn't indicate how *problematic* each is. For that, consider the chart on page 22.

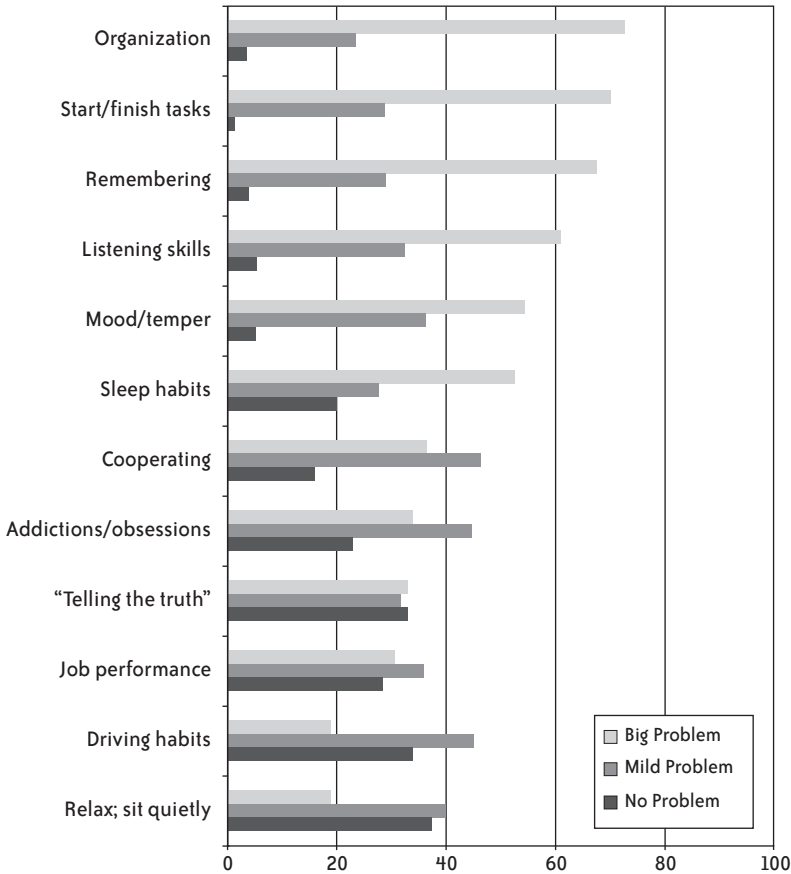
ADHD Partner Survey Snapshot: Rating the Traits

Survey question: "Select all traits that describe your partner's behavior." (Note: Unless indicated otherwise, all survey data is based on pre-ADHD treatment behaviors.)



ADHD Partner Survey Snapshot: Big Problems, Mild Problems, and No Problem

Survey question: "For each item listed below, rate your partner's behavior or ability in this area as being either no problem, a mild problem, or a big problem to your partner or the relationship. (Again, this is prior to any ADHD treatment.)"



To gain a sense of relative impact, respondents rated common ADHD-related behavioral patterns as a big problem, a mild problem, or really no problem at all for their partner or the relationship. Surprise! Organization again places at the top of the list, but plenty of runners-up give close chase.

Q: With So Many Variables, How is ADHD Diagnosed?

First of all, ADHD is considered a *syndrome*: a condition with multiple symptoms that vary among the individuals who have it. That doesn't make ADHD a “squishy” diagnosis, though. Being a syndrome places it in the same category as dozens, if not hundreds, of other well-recognized medical conditions that range from Reye's Syndrome to Diabetes Type II.

“The brain is extremely complicated, and there are many kinds of ADHD, with hyperactivity or not and with distractibility or not,” says psychiatrist Samuel Barondes, director of the Center for Neurobiology and Psychiatry at the University of California, San Francisco, and author of *Mood Genes: Hunting for Origins of Mania and Depression*. “Multiple genes are believed to be involved, as are many different circuits in the brain, but that's true for all the psychiatric diagnoses. Depression, bipolar disorder, and schizophrenia can also exist in a variety of forms and reflect a variety of causative factors,” adds Barondes, author of more than 200 original research articles, primarily in the area of psychopharmacology and psychiatric genetics.

Second, just as there is no physical, genetic, or blood test for those disorders—not to mention Alzheimer's or even a simple headache, for that matter—the same is true for ADHD. It all comes down to careful assessment by a trained professional. (Appendix A details this process. It also includes both the current official diagnostic criteria, originally developed to diagnose ADHD in children but never tested in adults, and highly problematic for that reason, as well as proposed new criteria specifically for adults.)

Please keep this in mind: An ADHD diagnosis requires more than a symptom or two. Otherwise, everyone would have ADHD! It requires both a certain number of symptoms and significant *impairment*—for example, in the area of career, money, education, or relationships. Of course this can be subjective, but beware of factors that can actually mask symptoms:

- Family members often protect adults with ADHD from their impairments by bailing them out financially or in other ways.
- The person smokes cigarettes, chews tobacco, or uses other substances—self-medicating habits that can mask symptoms by acting on key brain chemicals.

IS IT YOU, ME, OR ADULT A.D.D.?

- The person is clever enough to compensate for any deficits but in fact might be functioning *far below* their capabilities or desires and often feels under enormous, even health-threatening pressure.

What Does It Mean to Self-Medicate?

Self-medicate is a term loosely used to describe a person's attempt to feel better by using certain substances to excess (such as tobacco, alcohol, or marijuana and other legal or illegal substances) or excessively pursuing activities (such as driving recklessly, having sex, or starting conflicts). Although the person might experience some initial relief, the substance or activity tends to exacerbate symptoms and add new complications around addiction.

Q: What About Those ADHD Quizzes I've Seen?

Stephanie tells the support group that her husband scoffs at the idea that he might have ADHD. He enjoys satirizing an ADHD quiz in a magazine, saying, "Do you ever look out a window? Do you ever need to use the restroom? Then you most likely have ADHD!"

Perhaps you've seen such a short test. Did you (or your partner) dismiss the idea that a few questions could provide meaningful information? Guess what? The best ones do.

They're called *screening* quizzes, because they act as a screen just as a net does for fish: They catch only certain size fish, letting the rest slip through. They don't diagnose, but they can indicate whether it's a good idea to pursue a professional evaluation. In fact, if you screen positive after taking the popular World Health Organization screener (page 25), a Harvard Medical School study shows you have a 93 percent chance of actually having ADHD.²

Q: I've Heard that ADHD is Overdiagnosed

That's the myth, but you do the math.

One comprehensive survey concluded that about 4.4 percent of the U.S. adult population age 18-44 has ADHD; yet, only 10 percent of that 4.4 percent are being treated for it.³ As it turns out, that treatment rate is far *less* than that for anxiety, substance use disorders, and mood disorders such as depression and bipolar.⁴

Adult Self-Report Scale-VI.I (ASRS-VI.I) Screener

from WHO Composite International Diagnostic Interview
 ©World Health Organization

| Date | | | | | |
|---|-------|--------|-----------|-------|------------|
| | Never | Rarely | Sometimes | Often | Very Often |
| 1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done? | | | | | |
| 2. How often do you have difficulty getting things in order when you have to do a task that requires organization? | | | | | |
| 3. How often do you have problems remembering appointments or obligations? | | | | | |
| 4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started? | | | | | |
| 5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? | | | | | |
| 6. How often do you feel overly active and compelled to do things, like you were driven by a motor? | | | | | |

Add the number of checkmarks that appear in the darkly shaded area. Four (4) or more checkmarks indicate that your symptoms may be consistent with Adult ADHD. It may be beneficial for you to talk with your healthcare provider about an evaluation.

The 6-question Adult Self-Report Scale-Version I.I (ASRS-VI.I) Screener is a subset of the WHO's 18-question Adult ADHD Self-Report Scale Version I.I (Adult ASRS-VI.I) Symptom Checklist.
 ASRS-VI.I Screener COPYRIGHT ©2003 World Health Organization (WHO). Reprinted with permission of WHO. All rights reserved.

Clearly, ADHD is *underdiagnosed*, say top experts, including that survey's lead researcher, psychologist Ronald C. Kessler, professor in the Department of Health Care Policy at Harvard Medical School and co-director of the World Health Organization's surveys on mental health in 28 countries.

Psychiatrist and ADHD expert Daniel Amen echoes this medical consensus in saying, "The idea that ADHD is a minor psychiatric disorder is dangerous and leads to undertreatment; the consequences of untreated ADHD are highly concerning." Kessler agrees, pointing out the enormous

IS IT YOU, ME, OR ADULT A.D.D.?

impairment associated with untreated adult ADHD and, furthermore, the *effectiveness* of treatment in reversing this impairment.

The dangers become even more apparent when you consider that 4.4 percent is a very conservative estimate. Many researchers suspect the true adult population with ADHD lies closer to 10 percent—and possibly as high as 16.4 percent.⁵ It all depends on how broadly the diagnostic criteria are applied. The bottom line: Anywhere from 9 to 35 million U.S. adults age 18 and older likely suffer some degree of impairment from undetected or untreated ADHD.⁶

If those large numbers surprise you, consider these figures from the National Institute of Mental Health's recent report called *The Numbers Count: Mental Disorders in America*:

- 58 million U.S. adults age 18 and older suffer from a diagnosable mental disorder in any given year.
- 21 million have a mood disorder (major depressive disorder, dysthymic disorder, or bipolar disorder).
- 40 million have an anxiety disorder.
- 15 million have social phobia.
- 4.5 million have Alzheimer's Disease.

As for the parallel myth, that ADHD in children is overdiagnosed, one recent study confirms the general scientific literature in showing that, in fact, the opposite is true.⁷ Researchers found that of the 8.7 percent of U.S. children who met the criteria for ADHD, only about half had been diagnosed and one-third were consistently treated with medications.

Unfortunately, children without health insurance and children from poor families (thought to have the highest rates of ADHD) were the least likely to have been treated consistently, thus creating the misperception that ADHD is a white middle-class condition or, worse, a yuppie make-believe disease.

It's also noteworthy that the conditions listed above (and more) commonly co-exist with Adult ADHD. "Strikingly," Kessler says, "epidemiological data show that many adults with ADHD obtain treatment for related emotional problems like depression, anxiety, and substance use disorder, but that their underlying ADHD is generally not recognized or treated."

Given the high prevalence of adult ADHD, he suggests that mental health professionals should always screen for ADHD when they are treating adults with these coexisting conditions.

The idea that ADHD is overdiagnosed is just one of many well-worn myths. Perhaps you've heard a few others:

- “ADHD is for children.”
- “ADHD's just an excuse for irresponsibility.”
- “The symptoms are basic human behaviors.”
- “Modern life makes us all act ADHD'ish.”
- “It's a ruse to make pharmaceutical firms rich.”
- “ADHD is a controversial condition.”
- “ADHD is a minor difference, not a big deal.”

If so, feel free to jump ahead to Appendix B for a little myth-busting before continuing.

Q: But How Can My Talented Partner Have a Disorder?

Make no mistake: A person can have ADHD *and* be intelligent and talented and possess abundant stellar qualities. Many adults with ADHD fit that description, including famous scientists, physicians, astronomers, race-car drivers, politicians, professional baseball players, educators, and representatives of virtually every other profession.

In recent years, some authors set out to correct what they saw as ADHD's all-negative image (for example, the often-cited higher-than-average rate of bankruptcies, educational drop-outs, and incarcerations) by extolling what they perceive as ADHD's gifts, such as spontaneity and out-of-the-box thinking.

Leading clinicians and researchers, however, caution against romanticizing some truly troubling traits. Yes, stimulation-seeking behavior and impulsivity often lead to brilliant innovations and incisive decisions. Then again, these qualities also might cause individuals to take too-dangerous risks in many areas of life, hurting themselves and others.

Here's the bottom line. No one-size-fits-all statement can possibly describe ADHD's challenges *or* strengths. It manifests too variably. And remember, it affects *individuals* who have many other aspects to their personalities and life experience.

“People with ADHD have many positive strengths and qualities, but we have got to stop confusing them with what they'd have if they had ADHD or not; their strengths are independent of their ADHD,” says one preeminent ADHD expert, psychologist Russell Barkley, research professor in the Department of Psychiatry at the SUNY Upstate Medical University in Syracuse, New York, and co-author of *ADHD in Adults: What the Science Says*.

On the other hand, great gifts do often come with great deficits, it seems, and very few of us have a “normal” brain—that is, a brain in which every part works optimally. As psychiatrist John Ratey, another prominent ADHD expert and an associate professor of psychiatry at Harvard Medical School, writes in *Shadow Syndromes: The Mild Forms of Major Mental Disorders That Sabotage Us*: “It is possible that genius (or simply talent) in one realm develops as a result of deficits (or weaknesses) in another.... All brains possess their relative weaknesses.”

Obviously, it’s important to keep sight of your ADHD partner’s bright qualities, not to mention your own dark ones, but it’s even more important to know that ADHD fog can obscure the best of qualities. And that seems hardly fair to anyone.

The truth is, most people aren’t geniuses, and our extremes aren’t so mutually exclusive. We can take steps to gently adjust the balance of strengths and deficits. Whatever our challenges might be—depression, anxiety, ADHD, or obsessions with reality TV shows—most of us can sharpen our strengths and minimize weaknesses through awareness, lifestyle changes, medication, therapy, or all four. That way, the fog lifts, allowing our gifts to shine. John’s story illustrates that point.

Did John’s “gifts” elevate him above the mundane world?

Thirty years ago, at age 13, John set his sights on becoming a computer scientist. Despite almost flunking out of high school, he went on to earn his doctorate. It required Herculean effort, though, and tanks of ulcer-inducing coffee, not to mention a tunnel-vision focus that eclipsed a social life and other healthy habits. Sure, John noticed that other students, many less intelligent than he, didn’t suffer concentration problems like his. But he thought it was just his nature, something unchangeable.

Upon finally leaving academia’s structure for the business environment, John found himself constantly on the outs with managers for missed deadlines, miscommunications, and an uncooperative attitude. “So here is this wonderful, smart guy who has worked so hard to achieve his goal telling himself he’s a failure,” says his wife, Abby. “And his disappointed anger about it, along with his workaholic tendencies, was wrecking our marriage.”

But ADHD? Not one of the therapists, doctors, or executive coaches they saw mentioned it. They opined that John had “personality problems” or was narcissistic, but they offered no lasting remedies.

Meanwhile, Abby was increasingly finding her own ability to think clearly—and her joy in life—diminished. “John’s erratic and contradictory

behaviors, not to mention our garbled communications, had me in a spin,” she remembers. “Was this what it meant to live with a ‘gifted’ person? If so, could I survive it? Could *he* survive his adrenaline-driven behaviors and lousy lifestyle habits? He definitely seemed on the fast track to a heart attack.”

Yes, some observers might have focused on John’s high intelligence and viewed his troubling behaviors as the obligatory price for it. His therapist encouraged him to “follow his bliss”—drop out of the rat race and go live in a van. “But that therapist had no clue that living in a van *was not* his bliss!” Abby protests. “John was depressed because he was on probation at work. We were separated at the time and heading toward divorce. I looked John in the eye and said, ‘Is that what you *really* want, because if it is, go for it, buddy. Or is it that you see no other options?’ He just hung his head and nodded yes to the latter.”

A few days before that, Abby had heard a radio show on adult ADHD. It hit home. John’s professional ADHD evaluation the next week proved her instincts right. Fortunately, identifying his challenges as being ADHD-related and seeking treatment meant he wasn’t forced to abandon the work he loved, which required cooperating and communicating with people, or, as it turns out, his marriage. He could have his computer code and work well with others, too.

Solving “the problem that had no name”

These days, John is *more* innovative, not less, and his career opportunities have expanded. New efficiency, thanks to fewer mistakes on the job, means he has more time (and inclination) to exercise. Plus, he no longer self-medicates with coffee, junk food, and video games, all of which used to send his brain chemicals (and moods) reeling on the wild roller coaster. Later in this book, you’ll read about John’s perspective on the changes brought by awareness and medication, along with other before-and-after stories. For now, Abby has this to say:

Most important in my eyes, he’s finally *content* and has strong self-esteem instead of obnoxious grandiosity, and I’m glad that we’re married, after several hellish years of seriously questioning my sanity for sticking it out.

Prior to learning about ADHD, sometimes he could be incredibly selfish and insensitive. I was realistic enough to know that if I stayed with him without anything changing, my life would quickly keep

IS IT YOU, ME, OR ADULT A.D.D.?

going downhill financially, psychologically, and in every other way. I was prepared to get out and save myself.

But, strangely enough, I never felt that the behavior, however hurtful, reflected his true nature. Initially, this perception alarmed me; I worried that I'd grown delusional, seeing things I wanted to see rather than reality. Eventually, though, it just seemed that anyone with heart and intelligence could see that even when he was acting like a Grade-A jerk, something was "off."

We persevered through many non-ADHD-savvy psychiatrists and therapists. It was a nightmare in many ways, but the effort has brought us closer in a way that, say, fun vacations and easy times wouldn't have.

Now I just want to revisit their offices and say, "See! The problem wasn't me being 'controlling' and 'codependent' or his 'difficult personality.' It was ADHD. He *has* changed, and we're happy, so dammit, wake up, do your job, read the literature, and learn about this!"

As for those people who don't believe that ADHD is a valid condition and criticize its diagnosis and treatment, my husband and I can't fathom it. Why on earth would they want to deprive others of this choice to feel better and do better in life? Would they take away someone's eyeglasses and scold him to simply try harder to see? It has to be their fear talking. That's all. Fear of new ideas. And ignorance.



Laying the Track's Foundation

What *Is* ADHD, Anyway?

For too long, I was lost in my husband's fog. I would never have guessed ADHD. Now that we know he has it, it's amazing what a little clarity can do. It feels like being reborn. For both of us.

— JANE

After roller coaster, the word that people most typically use when telling their story to the support group is *fog*. And for good reason: Living with unrecognized ADHD, in a loved one or in oneself, can feel like being lost in the fog—often on a roller coaster.

“I hope others can be spared from stumbling through the fog like my husband and I did,” Edith says. “For our first 25 years together, I thought Joe was lazy or selfish or both.” Edith also wondered if she was failing as a wife because she had so little success in motivating Joe to be more cooperative and thoughtful toward her and the children. At times she chalked it up to she and Joe marching to the beat of different drummers. “For years, I went back and forth in confusion, with no idea that adult ADHD existed,” she says. “Then he was diagnosed at age 55.”

Adults with ADHD also use the fog metaphor, including this woman, who was diagnosed at age 52:

I don't quite know how to describe my life to people who haven't experienced ADHD the way I have. Imagine driving a car in heavy fog. You get tense, because you can't see the edges of the road or what's in front of you. In other words, you often can't see how your actions will result in predictable consequences, which instead seem to come out of nowhere. So you inch along, gripping the wheel, anxious that you're going to crash into something.

IS IT YOU, ME, OR ADULT A.D.D.?

That's how my life was for a half century, until I figured out ADHD. Few people other than my family members would have guessed I had ADHD just by looking at me or talking to me. I worked hard to “pass for normal,” had earned some impressive college degrees, and had tons of plausible excuses for my goof-ups.

When I started taking the stimulant medication, though, the fog suddenly lifted and the road ahead was clear. I could relax my hold on the wheel and enjoy the drive. I could even appreciate the scenery without worrying that I'd get distracted and run off the road. The things most people take for granted, most people with ADHD struggle over for years until they figure out they have it.

Until now, perhaps you and your ADHD partner have been slogging through serious mental fog, not understanding how your life together got so *confusing*. Even if you have learned about ADHD, maybe you harbor concerns or misconceptions about the validity of the diagnosis or the safety of the medication that help treat it. You are not alone. Everything about ADHD seems to cause confusion, including its name, *until* you get the facts.

This chapter pulls the plug on the fog machine by addressing more of the common questions posed by support-group members, in the process helping you to:

- Understand that ADHD's core challenge is not so much *paying* attention as *controlling* attention.
- Recognize that adults with ADHD seem to require higher-than-average stimulation to release brain chemicals that fuel attention, motivation, and self-control.
- Know that, strictly speaking, ADHD is considered a developmental disorder, involving a slower-to-mature function of the brain.
- Review some statistics reflecting ADHD's highly genetic nature.
- Grasp the central challenge of ADHD: self-regulation.
- Learn that the first-line medical treatment for ADHD is called stimulant medication and that of all medications available for any medical condition, stimulants are among the best-studied.

Q: My Partner Has Lots of Attention—for Some Things!

That's true for most people with ADHD, and that's one big reason why unrecognized ADHD symptoms can cause hurt feelings between partners. “You can pay attention when you *want to*” is the tiresome phrase that has

echoed throughout the lives of adults with ADHD. Chalk it up as more unfortunate fallout from the misleading words *Attention Deficit Disorder*. It has nothing to do with attention deficits or even short attention spans.

“ADHD is really not so much a disorder of attention as it is a disorder of self-regulation,” says psychologist Russell Barkley, who detailed his theory in 1997 in the landmark book *ADHD and the Nature of Self-Control*.

Recent brain science discoveries have indicated that ADHD affects specific brain areas, including the frontal lobe, the basal ganglia, and the cerebellum. These areas show less activity and less reactivity to stimulation than in people without ADHD symptoms.

What does having “less reactivity to stimulation” mean? And how does it relate to regulating attention? All humans need stimulation. It engages us in life and helps us meet our goals. Our mere *interest* in something—an appealing object, thought, or event and even potential danger or risk—triggers the release of brain chemicals that help arouse and maintain attention until the goal is met.

Given genetic differences in people with ADHD, you might say they sit at one end of the human spectrum, the end that requires higher-than-average stimulation in order to trigger interest and release those chemicals. That’s why one psychiatrist calls ADHD *Search for Stimulation Syndrome*. For example, these adults might find themselves doing “stimulating” activities (such as talking on the phone or playing video games) when they should pursue “boring” activities (such as falling sleep and paying bills). In fact, one support-group member jokingly suggests a name much more explicit than ADHD: *If It’s Boring, It Ain’t Gonna Happen Unless You Make Me Disorder*.

These adults *know* that the “more mature” pursuits are important, but knowledge alone cannot fuel motivation or attention; the payoff is simply neither sufficiently immediate nor rewarding. (In fact, it’s the mere *anticipation* of a reward that our brains find most stimulating; in comparison, the actual reward can feel like a letdown.) Moreover, what might feel boring or tedious to you might feel unnerving and undoable to your partner—like physical and mental “static” or even pain.

Once you understand this, it’s easy to see why many adults with ADHD flock to highly stimulating activities that offer quick rewards—driving fast, spending money, smoking cigarettes, picking fights, eating junk food, jumping out of airplanes, playing video games, being the life of the party, or even pushing themselves into a workaholic frenzy, to name a few.

These activities produce initial feelings of focus and a paradoxical inner calm, but over time, over-the-top stimulation typically makes everything worse. The challenge: Finding *healthier* ways to get sufficient stimulation and feelings of being rewarded.

In fact, given what you've learned about ADHD and stimulation, it should come as no surprise that the first-line medical treatment for ADHD is called stimulant medication, with brand names such as Ritalin, Concerta, Adderall, and Dexedrine. We'll return to this topic by chapter's end, after you understand more of the basic challenges associated with ADHD.

Kitty— Can You Hear Me Now? It's Not a Guy Thing

I used to get so hurt and angry when my husband “tuned out” during a conversation—or forgot it completely. I felt ignored and unloved, and I let him know it. In turn, he'd get defensive and shut down. A therapist called his behavior passive-aggressive. Friends dismissed it as a “guy thing.”

Now that he's been diagnosed with ADHD, I've learned that he truly was trying to listen to me, but he couldn't focus for more than short bursts, unless the subject was very stimulating. (Guess what? “Our credit-card bill was way too high last month” wasn't very stimulating!)

I've learned that most of us don't even have to think about it. When we engage in conversation, we “put the brakes on” everything else and focus on the other person, noticing things like facial expressions and tone of voice. My husband, however, could not tune out the slightest distractions, such as the TV or his internal barrage of thoughts. For him, they were as distracting as a smoke alarm blaring. If the message he was supposed to be hearing was highly stimulating—for example, “Run! Fire!”—he'd hear that all right, but he couldn't focus on boring details of the household budget.

The heck of it is, I had no clue he was like this, and he thought everyone was like this. He was born this way! So, he'd accuse me of being unreasonable, taking too long to get to the point. What a jerk! I'd get hurt. He'd get angry. I'd get indignant. We both felt rejected. Oh, the horrible things we said to each other, things we both regret and luckily have put behind us.

How do I know that he was trying to hit the brakes? Because now he tries and can, thanks to medication. He can even stop whatever he's doing—and listen—without biting my head off. Conversation is not a problem. In fact, it's a joy.

Turns out, it wasn't passive aggression or a “guy thing.” It was an ADHD thing. A treatable ADHD thing. And yeah, I know it's hard to believe. I wouldn't have believed it myself.

Q: My Partner Gets the Fun, and I Get the Drudgery?

Unfortunately, this is a common scenario when ADHD remains both undetected and unaddressed. Understanding why these disparities exist marks the first step toward rectifying them.

For example, no one enjoys cleaning out the garage, but most people *without* ADHD can drum up the motivation to complete this tedious task. Why? Perhaps because they remember how annoying it is to search for items in a messy garage or park the car on the street in the wintertime. Moreover, they can integrate information from both the past and future *and* keep it in mind as they temporarily put the brake on fun distractions and bite the boring bullet. Simple, eh? Not quite.

As you will soon learn, people with ADHD can possess challenges in each of those critical areas that most of us take for granted: summoning motivation, thinking of future consequences, remembering past difficulties, “putting on the brakes,” and following through on tasks that aren’t *immediately* gratifying or stimulating.

What about the consequences they *know* will take place—for example, the utilities being shut off mid-winter for lack of payment or arriving at retirement age without savings? That’s where challenges occur in what psychologist Barkley calls *cross-temporal organization*. It might sound like a term from *Star Trek*, but it actually means that people with ADHD tend to view two kinds of time: *Now* and *Not Now*. And if you can’t possibly imagine yourself in the time of *Not Now*—where the consequential chickens come home to roost—it might as well be a million years in the future. Something that irrelevant to *Now* simply doesn’t kick the attention machine into gear.

Q: My Partner is Consistent—at Being Inconsistent!

Congratulations. Your observation matches that of most ADHD experts. That’s why some prefer the term *Variable Attention Syndrome*.

Some people with ADHD might find only a few subjects or activities highly stimulating or rewarding, and they lock on those targets to the exclusion of all else. (This is often referred to as *hyperfocus*, a phenomenon touched upon several times in this book.) Others find so many things interesting that they can’t pick out the most relevant. This man, diagnosed with ADHD at age 42, describes what it’s like to constantly deal with both challenges:

IS IT YOU, ME, OR ADULT A.D.D.?

The way I experience ADHD is like being at a loud party where everyone's talking and the music is blaring, and you're trying to hear what one person is saying but you can't because you're seeing, feeling, and hearing *everything* happening around you—at the exact same time. Then five minutes later, it's like you've finally locked into what that one person is saying, but the focus is so intense you're no longer aware that the rest of the universe exists and so you miss your ride home. Repeat this situation 100 times a day.

Q: So My Partner Can't "Try Harder" to Pay Attention?

Now you're catching on. In fact, trying harder can make things worse.

Here's why. One thing our brains need in order to sustain attention is glucose. Glucose fuels our brain cells, and because they cannot store it they demand a steady supply. Groundbreaking research in 1990 using brain-imaging techniques showed *lower than average* glucose metabolism in the brains of adults who had been hyperactive since childhood.⁸ The largest reductions were in brain areas known to be involved in the control of attention and motor activity.

The fun doesn't end there, though. Typically, when we need to concentrate, more glucose flows to our brain. Yet, when a person with ADHD (remember, who already has lower glucose levels) tries harder to concentrate, the brain activity slows even further. Some describe it as "brain freeze."

You will learn more about the neurochemical issues associated with ADHD in Part Three of this book. For now, please try to accept one remarkable idea: People with ADHD typically can't just *decide* to find an activity interesting or to perform *on demand*. Their brain chemistry must cooperate, and no amount of your crying or pleading will help. In fact, it usually makes things worse.

Q: But What is ADHD Exactly? A Disease? A Disorder?

"I have read about ADHD but the explanations seem so technical," says Becky, a support-group member whose boyfriend was diagnosed two years ago. "What is it exactly? A disease, a mental illness, a disability, a chemical imbalance, a psychological condition, or what?"

Technically speaking, experts view ADHD primarily as a *developmental disorder*—that is, a condition that shows up early in life and interrupts or slows normal development of certain physical, emotional, and social skills.

“With ADHD, many parts of the brain are working beautifully, but a slower-to-mature part of the brain isn’t working as well,” says Martha Denckla, a neurologist and research scientist at Kennedy Krieger Institute. That part of the brain is thought to perform an all-important function: *self-regulation*. It helps us to direct and control our emotions, behaviors, and attention. And while some children with ADHD do seem to catch up with this developmental lag, research shows the majority do not—a riddle researchers have yet to solve.

Whatever you call this brain function, self-control or self-regulation, the ability to conduct ourselves as mature adults depends on it, as the following chapters will illustrate. It’s why adults with ADHD have so much trouble with core issues such as inattention, hyperactivity, and impulsivity; they all seem to spring from difficulties with self-control.

By the way, ADHD is really nothing new; researchers say that it has been with us throughout human history. But some contend that as environmental and occupational demands increase, so have the challenges that ADHD poses. In this Digital Age, our health and very survival increasingly depend on our ability to regulate our responses to a dizzying array of technological stimuli, details, and other demands on our attention. (Moreover, substances such as alcohol and tobacco, widely relied upon in previous generations to boost brain chemicals, are increasingly shunned as health risks.)

We can imagine that a similar shift happened with the invention of the printed page; until then, most humans probably never imagined they might one day need to don a pair of reading glasses—which, by the way, became widely available and accepted only hundreds of years later.

Q: Isn’t There a Genetic Link with ADHD?

“ADHD runs around in our family,” concludes Jenna, age seven, observing that she has ADHD and so do her mother, aunt, and cousins. Jenna might be exactly right, if her family members are hyperactive. But perhaps she meant to say that ADHD runs *in* her family. Jenna’s right there, too. Genetics exerts the single largest influence on a person’s likelihood of having ADHD, making it almost as strongly heritable as height (which is highly genetic).

Thirty years of research with family and twin studies have clearly demonstrated that ADHD carries a strong genetic component, with estimates at about 76 percent, according to medical geneticist Susan Smalley, cofounder and member of the Center for Neurobehavioral Genetics at

IS IT YOU, ME, OR ADULT A.D.D.?

University of California, Los Angeles, and a professor in the school's Department of Psychiatry and Biobehavioral Sciences. That is, if one identical twin has ADHD, then the chance of the co-twin having ADHD is from 70 to 80 percent. With fraternal twins, who share far less genetic material, the rate is half that. And with regular siblings, it's even less, though still higher than in the general population.

“All in the Family” Factoids on ADHD

Consider these points that further illustrate ADHD's genetic connections, from UCLA's Semel Institute for Neuroscience and Human Behavior and its Program on ADHD and Related Conditions:

- When one child in a family has ADHD, a second child will also have it about 20 to 25 percent of the time (compared to 5 percent in the general population).
- About 15 to 40 percent of parents who have children with ADHD are themselves affected with ADHD (compared to 3 to 7 percent in the general population).
- There is an approximate five-fold increase in ADHD among first-degree relatives (who share 50 percent of their genes in common).
- Even among more distant relatives, there is a higher frequency of ADHD compared to the general population.

With overall genetic influence estimated at about 76 percent, the balance of ADHD risk seems linked to difficulties during pregnancy, prenatal exposure to toxins (including tobacco and alcohol), premature delivery, significantly low birth weight, high body lead levels, and postnatal injury to the prefrontal regions of the brain (such as from a car accident, fall, or other blow to the head).

Genes and Environment: A Complex Interplay

Even in these cases that don't *seem* genetically linked, however, we cannot rule out a genetic component in their ADHD. It could be that they are more genetically susceptible to environmental stressors. (“Environment” begins in the womb, with the neurological system forming almost at conception.) As more than one geneticist has explained: “Genes load the gun, but environment pulls the trigger.”

Smalley prefers phrasing it more gently: “A genetic predisposition to ADHD means that genes play a role in the development of the underlying biology, but the degree of impairment and problems associated with that particular way of seeing the world [ADHD] can be strongly influenced by environment as well.”

The fact is, it's thought that *all* humans carry genes that play a role in ADHD. As Smalley points out, attentiveness and activity are biological domains just like IQ or height, with all of us sitting at different points on the spectrum. Researchers are hard at work teasing out information about the complex interplay of environment and the multiple genes thought to be involved with ADHD.

Q: Maybe My Partner Just Needs to Grow Up

It's true. Adults with ADHD often catch flak for being irresponsible and immature. After all, we commonly associate maturity with establishing and meeting priorities while still managing to pay bills, perhaps earn a living or take care of the house and children, and tend to our own health and relationships. But, in fact, these are a few of the ways in which ADHD's core challenge in self-regulation can, when left untreated, thwart mature behavior.

We'll use a simple, everyday metaphor to explain. Consider three key areas in which a person's poor self-regulation impairs the ability to drive an automobile:

Challenge #1: Stepping on the accelerator

In psychological lingo, this is called *motivation* or *arousal*. People with ADHD often have difficulty getting started on a task. Instead of initiating the first step, they might procrastinate, waiting until the last adrenaline-spiking moment to step on the gas. (Or they never begin, vexed by all the planning and distractions and lacking the motivation to overcome them.) Then, even once they gain forward motion, they might fail to regulate acceleration, which brings us to:

Challenge #2: Putting on the brakes

"My boyfriend just doesn't know how to stop," says one support-group member. "Stop talking. Stop spending. Stop to think of consequences. Stop to think about me for a change."

In fact, many ADHD symptoms reflect an inability to stop, or inhibit, undesirable behavior, as born out by more than 200 studies in the literature. The "mental brakes" just don't grip very tightly. "When you put the brakes on your actions, you're inhibiting, or controlling, behavior," says one leading ADHD authority, private-practice physician Patricia Quinn, author of the classic book for children with ADHD: *Putting on the Brakes: Young People's Guide to Understanding Attention Deficit Hyperactivity Disorder*.

IS IT YOU, ME, OR ADULT A.D.D.?

In fact, the “big three” common ADHD traits—inattention, impulsivity, and hyperactivity—each relate to the act of braking. A concise summary comes from pediatric neurologist Martin Kutscher, assistant clinical professor at the New York Medical College and author of *Kids in the Syndrome Mix of ADHD, LD, Asperger’s, Tourette’s, Bipolar, and More!*:

- *Inattentive*—Unable to put the brakes on distractions
- *Impulsive*—Unable to put the brakes on thoughts
- *Hyperactive*—Unable to put the brakes on *acting upon* distractions or thoughts

Braking plays a pivotal role in self-regulation because “a lot of what we do in life is based upon what we *don’t* do,” explains Kennedy Krieger Institute’s Martha Denckla.

Drivers must also know when to move forward and prepare for doing so, which brings them up against:

Challenge #3: Shifting gears, steering clear, changing routes

Driving from point A to point B efficiently, enjoyably, and safely requires self-regulation. The driver must coordinate a delicate balance of braking and accelerating, turning and going straight, and watching the road and avoiding obstacles while taking in the scenery (not to mention taking rest stops and refueling).

With challenges in self-regulation, your ADHD partner might find it tough to create balance in *any* activity, behavior, or thought, much less coordinate many things at once. What you might witness is a tendency to live at the extreme of any behavior. For example, he or she might be super frugal or super extravagant, super productive or super slothful, the super fun parent or the super disciplinarian.

In fact, if your partner didn’t learn about ADHD until well into adulthood, the scene in the rearview mirror might resemble this, from a man diagnosed at age 40:

I now see how I spent much of my life veering down a highway where only a cliff on one side and a guard rail on the other kept me on the road, bouncing against one to the other and back again. It seems that I was always either overshooting or undershooting, overworking or underworking, overdetailing or underdetailing, and never doing anything consistently right.

Stopping something when they should stop. Starting something when they should start. Not underdoing and not overdoing, but finding the mid-

dle ground in being a mature adult. That's the challenge for all humans, but it looms even larger for people with ADHD. The good news: Riding with your partner on the actual road or this road trip called Life needn't feel like being whipped around on an out-of-control roller coaster.

Gordon—My Wife Now Brakes for Car Keys

We used to think my wife had a poor memory, but since she started taking medication for her ADHD, we've learned she has an excellent memory! She just never "braked" to access it or store new data. For example, it's not that she always forgot where she put her cell phone; she simply never stopped to notice where she set it. She hasn't lost her cell phone in months now.

Q: What About Medication for ADHD?

Increasingly, many adults benefit from taking medication to help with ADHD symptoms. To explain stimulant medication's role with a whimsical metaphor, physician Stephen Copps, director of ADD Specialty Healthcare in Macon, Georgia, takes the automobile metaphor a few steps further:

We've been told that people with ADHD have only two speeds, full throttle and sound asleep. Do you know why that is? It's because the accelerator gets stuck in the on or the off position. There is nothing in between.

Not only does the accelerator get stuck, but also the brakes are faulty, so the person with ADHD has a hard time stopping once they get started. The radio's sensitivity knob is frozen, and so only the loudest signal gets through. You could even say the driver's "zoom lens" is rusty. When you drive, you need to constantly be zooming in and out from the big picture to the smaller detail and back again. The driver with ADHD either sees 40 things at once or over-focuses on only one.

What do we do about this? We squirt a little stimulant on the problem. Stimulants are the WD-40 of ADHD. They lubricate the brakes, and so impulsivity is controlled. They unstick the accelerator; the color *gray* is recognized and compromise is possible. They unfreeze the sensitivity knob; the less interesting but necessary task is attended to, and achievement improves. The rust is removed from the zoom lens; all is seen but only the most important is concentrated upon.

IS IT YOU, ME, OR ADULT A.D.D.?

The public receives confusing messages on the safety of stimulant medications. But, when properly prescribed and taken, they are widely considered among the best-studied, safest medications available, and the cornerstone of ADHD treatment.⁹ Leading medical authorities are unequivocal about this because the evidence is that clear.

Every medication carries risks, including penicillin and aspirin (which kill a significant number of people annually). But medicating for ADHD is far less risky than *not* treating it, contend leading ADHD experts, including Yale University psychologist Thomas E. Brown, author of *Attention Deficit Disorder: The Unfocused Mind in Children and Adults*. The fact is, untreated ADHD is associated with higher rates of accidental injury, car accidents, overeating, smoking, and illegal substance use—all of which come with life-threatening side effects.

At the same time, “we have to recognize with humility that we are stumbling forward, doing the best we can to be well-informed, conscientious, and helpful to the patient,” explains UCSF psychiatrist Samuel Barondes, author of *Molecules and Mental Illness*. He advises caution about taking extreme positions about medication. “There’s a lot of subjectivism and trial and error, and one has to walk humbly.”

You’ll find more information about medication in Part Three of this book. Right now, let’s dive a bit deeper into the tell-tale signs and experiences of living with adult ADHD, particularly when no one knows it’s there.

Yes, Women and Girls have ADHD, Too

In many people’s minds, ADHD refers to little boys with “ants in their pants.” That means many non-hyperactive adults fall through the cracks, but it also means that females with ADHD, in particular, remain undiagnosed and misdiagnosed. Or, they lack care providers who understand the unique angle of ADHD treatment for women. Special medical issues include pregnancy and hormonal considerations.

Two leading authorities in this area are psychologist Kathleen Nadeau, author of *Understanding Girls with ADHD*, and physician Patricia Quinn, co-author with Nadeau of *Understanding Women with ADHD and Gender Issues and ADHD: Research, Diagnosis, and Treatment*. They cofounded the nonprofit National Center for Girls and Women with ADHD (NCGW) to promote awareness and research (see Resources page at the end of this book).