

Early Career Experiences of Young Adults with Attention Deficit Hyperactivity Disorder

Barbara A. Mather

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by

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ABSTRACT

The first generation of children growing up in the 1980s and 1990s with the official diagnosis of ADHD is now completing college and entering the workforce, yet few qualitative research studies examine the experiences of these young adults as they leave the safety of family homes or educational institutions. This study addresses the research question: *What are some of the challenging work experiences as described by young adults with ADHD in a structured work environment?* Young adults, ages 22- to 28-years-old, from across the USA were interviewed to examine, qualitatively, the types of challenges they experience in the workplace. All told, the 13 participants present over 50 examples of challenging work experiences which are synthesized into four categories or types of challenging experiences:

1. Attention related – four subtypes:
 - a) Selective attention
 - b) Divided attention
 - c) Shifting attention
 - d) Sustained attention
2. Related to organization, structure, job content job design
3. Related to self-management, impulsivity, social skills
4. Related to managing tasks or others outside of one's control

Additionally, in determining how these young adults have adapted to their workplace environments, a major finding is in the area of self-awareness which influences, moderates, or mitigates one's behavior towards these challenging work experiences. Noteworthy is the fact that the five individuals with the highest number of self-awareness comments have either participated in the past or are currently engaged in counseling or therapy of some form. A nine-square matrix is presented to show positioning of "degree of job fit" across the vertical axis and "self-awareness" across the horizontal axis. This matrix is used to demonstrate the relative comparisons and placement of the 13 young adults with ADHD who participated in this study. Many topics of research for young adults with ADHD deserve further study. Areas include comparative studies between those without ADHD (control group) and with ADHD diagnosis to determine the extent to which good career choices are made, how careers are managed, the degree of job satisfaction, self-awareness levels and the impact on how work challenges are resolved, and many more. Additionally, topics include decision to disclose ADHD diagnosis in the workplace, management understanding, or awareness of ADHD in the workplace, and areas of improving workplace performance for attention-challenged individuals.

KEYWORDS: ADHD, ADD, self-awareness, job fit, workplace challenges, workplace experience, workplace difficulty, attention, inattention, boredom, procrastination, structure, organization, young adults with ADHD, counseling, therapy, treatment

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CHAPTER ONE: INTRODUCTION

A large cohort of children who were the center of attention during the surge of awareness of attention-deficit, hyperactivity disorder (ADHD) in the late 1980s through the 1990s have become young adults who are entering the workplace. The literature suggests that these adults may oftentimes experience challenging situations in the workplace. For example, one study shows they hold twice as many jobs and are fired twice as many times as those in non-ADHD adult control groups (Barkley, Fischer, & Smallish, 2006). The studies, however, do not provide detailed explanations as to why this is the case. Missing are the context and descriptions in order to acquire an understanding of the experiences for these adults in the workplace, especially when considering the attention brought to the public's eye concerning the demands placed on educational institutions in order to provide them with an education while growing up.

Overview

ADHD is considered a chronic condition with considerable evidence suggesting it negatively impairs or impacts many aspects of daily life, including home, work, school, and social relationships (Barkley, Murphy, & Fischer, 2008; Reaser, Prevatt, Petscher, & Proctor, 2007). ADHD is defined by three diagnostic subtypes as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, (4TH ed.; DSM-IV TR; American Psychiatric Association, 2000) predominately inattentive type, predominately hyperactive-impulsive type, and combined type.

The following important ADHD-related historical milestones and regulations provide the societal context and background pertaining to ADHD and other hidden disabilities and to disabilities in general. During the period described below, medical professionals formally named disabling conditions and specified the need to provide

protection against discrimination for individuals with disabilities, including ADHD.

ADHD was first referenced in the DSM-II in 1968 as hyperkinetic reaction of childhood, referring to attention disorders. This syndrome was defined simply as

“disorder...characterized by overactivity, restlessness, distractibility, and short attention span, especially in young children; the behavior usually diminishes in adolescence” (APA, 1968, pp. 63-64). ADD (without hyperactivity) and ADHD (with hyperactivity/impulsivity) were presented as two different diagnoses for the first time in 1980 in the DSM-III (APA, 1980). The American Psychiatric Association changed the name to ADHD in 1987 to include both conditions. The DSM-IV-TR publication formally included ADHD in 2000 as the official acronym to be representative and inclusive of three subtypes of attention deficit/hyperactivity disorder (APA, 2000).

For those diagnosed with ADHD and other disabilities, a series of laws were passed related to educational services and workplace accommodations. In 1975, the Individuals with Disabilities Education Act (IDEA) was passed (U.S. Department of Education, 2007). Section 504 of the Rehabilitation Act in 1977 provided regulations issued for post-secondary educational institutions. The Americans with Disabilities Act (ADA) was passed in 1990, establishing a civil rights law that prohibits employment discrimination on the basis of a disability. Under provisions of the ADA of 1990, ADHD is classified as a learning disability (U.S. Department of Justice, 1990). Finally, in 2009, Section 504 was updated to incorporate Americans with Disabilities Act amendments effective January 1, 2009 (U.S. Department of Education, 2010). These events chronicle how attention-related difficulties began gaining significant attention in the medical, psychological, and educational arenas.

Since the early period, children have been steadily diagnosed with the disorder. By 1999, the rates of the diagnosis for ADHD in children had increased significantly—400% during the 10-year period from the late 1980s to the 1990s (Stein, 1999). As a result, a large number of people now entering the U.S. workforce have been diagnosed with ADHD, but there have been few studies conducted to document their experiences in the workplace. This study, therefore, seeks to answer the question, *what are some of the challenging work experiences described by young adults with ADHD who work in structured environments?*

Purpose

The purpose of this study was to examine the ways in which young adults with ADHD experience the challenges of this disability in the workplace. The intent was to generate findings that provide better understanding of their experiences. ADHD has long been considered a childhood disorder, but more recent research suggests that it continues beyond adolescence into adulthood, although the severity of symptoms may lessen considerably from childhood to adulthood (Barkley et al., 2008). However, APA's DSM criteria better describe ADHD in children as most adults grow out of these symptoms. The greater the demands of adulthood, compared to childhood, can make the symptoms of ADHD in adults actually more disabling.

Scientific results inform the many facets and complexities of ADHD in adulthood. Research on adults addresses medication efficacy, symptom manifestations, and subtype characteristics. Many studies address the results of treatment intervention for related psychosocial and maladaptive behaviors. However, many suffer through maladaptive behaviors in the workplace which may lead to disastrous results. For example, studies show that adults with ADHD hold twice as many jobs and have been fired twice as many times as those in control groups (Barkley et al., 2006). Knowledge can be gained, however,

of how adults experience workplace challenges related to their ADHD and how they understand, describe, and see themselves functioning in the workplace. The intent was to study young adults to learn how their early work experiences have been impacted and challenged by ADHD symptoms. The hope is that the results of this study can be used to identify what kinds of supports will help adults with ADHD in the workplace based on these challenging experiences. Numerous research studies discuss the benefits of treatment for adults with ADHD, but very little has been written to define the support they may need in the workplace (Adler et al., 2008; Advokat, 2009; Bramham et al., 2009; Erk, 2000; Goldstein, 2005; Goodman & Ratey, 2008; Hesslinger et al., 2002; Krain, 2005; Murphy, 1995, 2005; Nadeau, 1995; "New Developments," 2006; Pelham, 1999; Ratey, 2008; Rostain & Ramsay, 2006; Safren et al., 2005; Silver, 2004; Stevenson, Stevenson, & Whitmont, 2003; Tuckman, 2007, 2009; M. D. Weiss, Yeung, Rea, Poitras, & Goldstein, 2009).

Background

My personal interest is the background for this study. The following is how my ADHD has challenged and affected me early in my career. Today I am a successful adult with inattentive subtype ADHD. However, I am thankful for the brain I have, as I now understand that the positive attributes in my brain far outweigh the negative ADHD symptoms. Many years ago I practiced various strategies to manage my inattentive symptoms—those which started at a fairly young age—without being aware of how my brain was wired differently from others. The earliest recollection I have of my “disability” in the workplace was in my early 20s while working in a clerical position in the payroll organization of a large, Fortune 500 company. My work then was in a “modern” open-landscaped office in a highly structured work environment of the early 1970s. By “highly

structured,” I refer to work that is conducted exclusively or a significant percentage of the day at a desk in an open office (landscaped offices, not in a closed-door setting). Adding machines had recently replaced comptometers—but this is another history lesson—and, my desk was next to that of a woman named Sue (a pseudonym), who used an adding machine almost exclusively for the entire work day, day after day. I can still recall after weeks, possibly months, the distraction from her clicking on the keys practically brought me to tears. Ever the most conscientious about not missing a day of work, never being late, and being responsible about my work, I reached the point where I could not work due to the distractible, repetitious clicking. I was aware of how highly distractible I had been my entire life, and many times reached the point where I would suffer silently and cry because of the frustration of not being able to stay on task or concentrate.

In those early work years at this company, in this clicking situation, I recall going to my supervisor, Martha (pseudonym), a wonderful matronly woman in her 50s, and literally in tears, told her that I was so distracted by Sue’s adding machine that I couldn’t work; I explained how I couldn’t concentrate; the clicking was driving me to distraction. What happened next was the most amazing thing I can remember from those early career days. As kind as anyone could possibly be, Martha contacted the appropriate individual from the company’s facilities department, and asked them to custom-make a wooden box in which Sue could place her adding machine in order to muffle some of the noise.

While Sue was agreeable to placing her adding machine into this wooden box, all other clerks—there were approximately 25 of us in the department—heard about my request, about the “accommodation” that Martha had made for me, and I became the joke of the department. We were all mostly in our 20s, young, and fairly compatible, but I became the laughingstock of the office. No one understood. Some were crueller than

others. One woman who had been a fairly close friend thought it was “the most ridiculous thing she had ever heard,” and “what the heck was the matter” with me? How could something like that cause such a distraction to me? I just needed to “try harder”—one of the worst possible things to even consider saying to a person with attention difficulties; it is akin to telling a person with eye glasses to take off her glasses and try to see clearly without them!

It wasn't until at least 15-20 years later that I discovered what was different about me from some others that would not allow me to filter out sounds, visual distractions, or pungent smells without considerable distraction. To this day, had I not been so firmly responsible and in need of a job as badly as I did, I believe that I would have walked out of that job and tried to find work elsewhere—as if there would never be another adding machine, clicking, or other sounds to distract me!

Reflecting back on this incident many years later, I realize that I had to become the master figure of my own accommodations. I was promoted frequently and took on more and more responsibility as time passed. Always eager to learn and try something totally different, I was recognized as being an out-of-the-box thinker and one to come up with new ideas, and not afraid to make suggestions. As I moved from one office to another, I brought along a fan to mask distracting sounds; I might make innocuous requests to take “that quiet office at the end of the aisle”; always state a preference for an enclosed office whereby I could close the door when the noise outside my office became too loud, or any other number of minor adjustments. But reflecting back, I never made the same mistake again at the risk of public humiliation. How I have since made sense of my ADHD brain is one of the reasons I value my ADHD brain: I am in need of constant stimulation, change,

and new experiences, and I also see myself as highly conceptual and creative as compared to many others. I see these as strengths.

For more than four decades I worked, and now consult, in large business organizations. I am aware of adults with ADHD who are seemingly successful in their work lives. On the other hand, I know of individuals with ADHD who cannot hold a job, cannot deliver on job expectations, or move from job to job without success in their careers. Specifically, I am watching another young adult with ADHD experience significant difficulties in maintaining his work responsibilities, which leads me to suspect there are adults who are ashamed or fearful of others obtaining knowledge of their ADHD diagnosis. The limited knowledge and understanding about ADHD in the workplace creates a multitude of opportunities for researchers. My intent is to better understand individuals' experiences with ADHD and to contribute to the body of knowledge that may help to improve the likelihood of success in the workplace for others in order to promote higher quality of life for adults with ADHD.

Significance

One of the significant elements of my study is that it tells from the perspective of the participants what their experiences have been in the workplace. This dissertation provides to the reader detailed descriptions of what these young people have experienced in the workplace and how they understand and make sense of their experiences.

There is significance in this study from three levels: theoretical, practitioner, and personal. From a theoretical perspective, experiences of young adults with ADHD may inform the work of ADHD theorists and researchers such as Barkley (2005) and Brown (2006). Practitioners, either clinical or workplace professionals, may acquire an understanding of ways in which to provide improved support in the workplace. From a

personal level, the significance of this study is to help participants learn more about themselves and to reflect on the attempts of another (the researcher) to “understand the essence of their experience first instead of being subject to well-intentioned but pre-packaged supports and services” (Yates, 2009, p. 14). Another personal significance to me as the researcher was to acquire a clearer understanding of how numerous individuals—at approximately the same age as I was decades ago—experience challenges in the workplace and as a result, what they did, how they felt, and what they learned.

In Summary - Research Question

This research study addresses the research question: *What are some of the challenging work experiences as described by young adults with ADHD in a structured work environment?*

In subsequent chapters, Chapter 2 provides a review of relevant literature related to young adults with ADHD, as well as studies of ADHD in the workplace. Not specific to ADHD, qualitative research studies related to individuals with disabilities in the workplace conclude the literature review. Chapter 3 defines the qualitative methodology used, general design and approach, and other research considerations. The study’s 13 participants are introduced in Chapter 4, along with the overall research results. Explanations of how the data were analyzed and subsequently coded are provided, along with observations of gender differences among the participants. Results include four types or categories of challenging work experiences, along with four subcategories. Chapter 5 continues the overall discussion, and presents a framework linking one’s self-awareness to job fit in the case of the young adults with ADHD. Limitations of the study and implications for future research are included in this final chapter as well.

CHAPTER TWO: LITERATURE REVIEW

This chapter explores three important areas—research studies conducted on young adults with ADHD, studies of ADHD in the workplace, and finally, occupational and workplace research for individuals with disabilities other than ADHD. Gaps that exist in the literature are identified; additionally, it will be demonstrated how little is known of young adults who have entered the workplace and their experiences with ADHD. First, however, an overview is provided to briefly discuss how ADHD in adults has been studied, as this topic has generated voluminous research studies.

Overview of Research on Adults with ADHD

Research studies of adults with ADHD began to proliferate in the first decade of the 21st century, documenting the prevalence of adult ADHD as well as the functional impairments attributable to ADHD (Adler et al., 2008; Barkley et al., 2008; Biederman, Faraone et al., 2006; Frazier, Youngstrom, Glutting, & Watkins, 2007; Kessler et al., 2005; Kessler et al., 2006; Knouse et al., 2008; Marchetta, Hurks, De Sonneville, Krabbendam, & Jolles, 2008; McGillivray & Baker, 2009; Rabiner, Anastopoulos, Costello, Hoyle, & Swartzwelder, 2008; Riccio et al., 2005). However, few distinctions have been made as to the age groups within research on adults with ADHD. For young adults with ADHD, an important area of research is how well they do in their educational achievement. Frazier, Youngstrom, Glutting, and Watkins (2007) performed a meta-analysis of 109 studies of published literature since 1990 on education achievement data for those with ADHD. The results from this meta-analysis revealed several findings, including a significant discrepancy in academic achievement between ADHD participants and control groups, with the ADHD group performing more poorly. The largest effect on achievement was in the area of standardized test results, particularly in the area of reading performance. Other

effects were noted in the areas of GPA and years of education. An encouraging trend from this research was that of decreasing academic impairment with age. This suggests that, as individuals with ADHD age, they may learn how to compensate for the effects of ADHD (Frazier, et al., 2007).

Although research studies on adult ADHD have burgeoned in the past 15 years, only a handful of studies are specific to ongoing challenges of young ADHD adults, summarized below. Although I am not aware of any studies on the experiences of *young* adults with ADHD in the workplace, there are workplace studies related to ADHD adults that are not age or early-career specific, also summarized below. Finally, there are some relevant research studies of the early work experiences of young adults with disabilities other than ADHD.

Studies of Young ADHD Adults

Three studies typify the many studies of young adults with ADHD. Participants in this first example were drawn from those seeking ADHD assessment and services from an ADHD clinic in London, UK. Young and Gudjonsson's study (2008) consisted of 88 ADHD adults with a mean age of 25.15 years, 43 adults in partial remission (IPR) group with a mean age of 26.6 years, 22 adults in remission group (IR) with a mean age of 23.95 years, and a normal control (NC) group of 33 participants, with a mean age of 25.0 years. The purpose of the study was to determine if those diagnosed with ADHD, in partial remission, or in full remission, continued to suffer neuropsychological, clinical, and psychosocial problems. Young and Gudjonsson developed the ADHD adult functioning interview guide (ADHD-AFI) to examine five domains from a developmental perspective: educational achievement, occupational history, social functioning, history of antisocial behavior, and psychiatric history. The findings from this study are significant in that the

level of anxiety and depression suffered from all three ADHD groups is higher than that of the control group, but for the ADHD and IPR groups, there is higher illicit drug use than in the IR or NC groups. Both the ADHD and IPR groups also demonstrated significantly higher antisocial and criminal behaviors than the IR and NC groups, which suggests that remission of ADHD symptoms is linked to a reduction in antisocial behavior. Due to the nature of this quantitative study, missing is the context to explain how or in what way the subjects experienced difficulties based on their ADHD symptoms which led them to initially seek services from this adult ADHD clinic in London.

Another study of young ADHD adults is a 10-year follow-up study to determine the young adult outcome of ADHD diagnosis in children (Biederman, Monuteaux et al., 2006). Biederman et al. hoped to estimate the degree of psychopathology and dysfunction attributable to ADHD as children reached early adulthood, in order to place emphasis on early recognition to promote prevention and intervention strategies. The research study was a review of a baseline study conducted 10 years previously of an all-male, Caucasian population: All were 6-18 years of age and included 140 individuals with ADHD and a control group of 120 without ADHD. At the 10-year mark, 112 (80%) of the baseline ADHD group and 105 (88%) of the control group were reassessed. The average age of the ADHD group was 21 years at the time of the 10-year reassessment. The degree of impairment in daily life activities was measured from minimal to severe. Measuring outcomes annually over the 10-year timeframe, the rates of psychopathology, anxiety, antisocial behavior, substance dependence, and developmental disorders were significantly higher in the ADHD group as compared to the controls (Biederman, Monuteaux et al., 2006). While this study is significant in presenting the 10-year results on young adult,

Caucasian males, it is limited and does not reflect diverse gender, race, or socio-economic status variables.

As a final discussion in summarizing research studies on young ADHD adults, a study by Barkley, Fischer, Smallish, and Fletcher (2004) presented results of those studied with a history of hyperactivity as children. The title of this journal article is “Young Adult Follow-up of Hyperactive Children: Antisocial Activities and Drug Use.” This study included three groups: the first, 101 individuals who were hyperactive as children; the second, a group of 46 who were hyperactive as children but also experienced conduct disorder; and the final group, 73 subjects represented a control group (with no history of ADHD or conduct disorder). When presenting the results of self-reported substance abuse—which included such metrics as average number of drinks per week, use of marijuana, narcotics, sedatives and other drugs—in all measures except one, the hyperactive-only results (no conduct disorder) were significantly below that of the control group. And the control group results were also significantly below that of the hyperactive with conduct disorder group (Barkley et al., 2004).

These three studies on young adults with ADHD are representative of others that focus on the medical or clinical way in which ADHD is reported using quantifiable metrics associated with pathology, disease, or developmental deficiencies (Barkley et al., 2006; Biederman et al., 2007; Caterino, Gómez-Benito, Balluerka, Amador-Campos, & Stock, 2009; Gudjonsson, Sigurdsson, Smari, & Susan, 2009; Ingram, Hechtman, & Morgenstern, 1999; Rabiner et al., 2008; Riccio et al., 2005). To the best of my knowledge, there are no qualitative studies that describe the context or experiences of young ADHD subjects as they navigate their way into adulthood. Numbers and percentages provide researcher-defined variables that describe quantitative results but do not fully explain the experiences

of the participants. What would provide greater constructive knowledge are studies of how individuals with ADHD may have learned to overcome setbacks or the process by which they reached a developmental stage to compensate for their problematic symptoms.

Next, examples of research regarding ADHD in the workplace are presented, although they are not specific to young ADHD adults early in their careers. Very few studies have addressed the transition of young ADHD adults from educational environments into early career experiences in the workplace.

Studies of ADHD in the Workplace

Little is known on how young adults make sense of their ADHD—which is a hidden disability—at work. There are no known studies that address the issue of whether or not, in fact, adults with ADHD see themselves as disabled. There is little understanding of the specific challenges they endure in the workplace and of how their ADHD interferes with, helps, or has a neutral effect in the workplace. There are conflicted messages for young adults with ADHD after leaving their educational environments and entering the workplace: Where educational settings are required by law to accommodate those with learning disabilities, young adults with disabilities leave their educational settings to discover that the workplace is not necessarily disability-friendly (Barker, 2007; Florey & Harrison, 2000; Gibson & Lindberg, 2007; Herzog, 1998).

Okie (2006) discusses the suffering of one adult with ADHD experience by sharing in a case study the story of Dr. Y (pseudonym), a physician:

She had trouble working productively with others, sometimes hurt friends' feelings, and once blew a job interview by fidgeting throughout the conversation. For several years, she coped with her disorganization by using strategies learned during cognitive-behavioral therapy: writing everything down in a planner and breaking projects into small tasks. Eventually as a medical student, she began taking long-acting methylphenidate. She noticed immediate benefits. (p. 2640).

Research on the way in which adults with ADHD have made meaning of their experiences in the workplace includes limited documented workplace articles, two autobiographies (Hutchinson, 2008; Kuendig, 2003), and limited case studies (Barker, 2007; Belkin, 2004; Houlihan & Reynolds, 2001; Janus, 1999; Katz, 2003; Nadeau, 1995, 1997, 2005; J. L. Young, 2007).

Autobiographies written by adults and case studies include references to careers and workplace issues and struggles with ADHD (Houlihan & Reynolds, 2001; Hutchinson, 2008; Janus, 1999; Kuendig, 2003). Autobiographical stories illustrate the impact of ADHD on individuals' lives; they are written to discuss difficulties and experiences in adulthood, although not exclusively in a workplace context. In his autobiography, Kuendig (2003) describes a life of considerable mental anguish, feelings of low self-esteem and self-worth, substance abuse, and underachievement, as well as a significant turning point. At the time of the publication of his autobiography, Kuendig completed his doctoral studies and is now managing a successful practice as a psychologist. He shares the way in which he makes sense of how his professional success is finally realized. It is in the choices one must make after "wandering from one low-income job to another, and even drift in and out of crime...as...it offers large rewards without having to go to major effort" (Kuendig, 2003, p. 183). Kuendig offers counseling services now to individuals with ADHD, helping them to navigate work. "The workplace is a potential minefield for adults with ADHD. Most jobs involve a great deal of tedious, routine work, and they [adults with ADHD] do not have the means to handle boredom" (Kuendig, 2003, p. 203).

A second author shares his autobiography of the many painful memories of growing up with, and then later in life, adjusting to his ADHD. Hutchinson (2008) discusses how he stumbled into advertising for his employer and discovered the dormant talents within him:

I perform better overall when I have something interesting on which I can focus my creative energy. I have found that the ability to hyper focus is a useful trait, which allows me to become deeply involved in something I enjoy. When my mind is in hyper focus mode, I can become an expert in almost any given subject ... when I use my creativity and hyper focus abilities at the same time, I can produce some incredible things. (pp. 152-153)

Across the case studies and autobiographies, however, there is limited documentation of particular events or of how these adults explain or understand their experiences. For example, do they attribute particular difficulties or challenges to their ADHD? Do they blame others for their difficulties at work? What alternatives or accommodations to work-related problems might they have considered?

For this section of the literature review, my purpose is to present an overview of workplace studies concerning ADHD. There are a few studies, while current and informative, that do not provide insight or understanding of the ADHD adult's actual experiences as described by him or her. For example, the costs of ADHD in the workplace are substantial when factoring medical costs—to both employee and employer—for lost time away from work and for costs of accidents or criminality in the work setting (Kessler et al., 2005; Kessler, Lane, Stang, & Brunt, 2009; Matza, Paramore, & Prasad, 2005). Similarly, studies of ADHD individuals who work with others in team environments say that they rely on one another and that they think it is important to provide individual training and team intervention to improve acceptability for all team members (Coetzer & Richmond, 2007; Coetzer & Trimble, 2009, 2010). Specific experiences of the ADHD adult interacting with others in the area of teamwork are also a topic for future research.

Researchers simulated a full-day workplace experience with 18 non-medicated ADHD adults and 18 non-ADHD adults as a control group. The researchers believe that this study is the first simulated research study of its kind. The results from this study present significant differences in performance of workplace tasks between the two groups.