

— LEADING
WITH ADHD.

What Coaches Need to Know about Adult ADHD

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Agenda

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- Introduction
- About ADHD
 - ADHD isn't what you think it is
 - So, then, what is ADHD?
 - Managing or "Treating" ADHD
- ADHD & Coaching
 - Behaviors that may indicate someone has ADHD
 - How to discuss ADHD with a client
 - Tips for coaching and adult with ADHD
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If someone told me I could be normal or continue to have ADD,
I would take the ADD.

– *David Neeleman, Founder, JetBlue Airways*

People with ADHD often have a special feel for life, a way of
seeing right into the heart of matters, while others have to
reason their way methodically.

– *Dr. Edward M. Hallowell*

My Story

Please Note

- This presentation is designed to give you an overall understanding of ADHD. Because of the complexity of the topic(s), information may be greatly oversimplified to enhance your understanding.
- No information contained in this presentation is intended to be perceived as medical advice. Any individual who has or suspects they have ADHD should perform their own research and work with a qualified medical provider to decide on the right treatment approach for themselves.

About ADHD

- ADHD isn't what you think it is
- So, then, what is ADHD?
- Managing or "Treating" ADHD

Adult ADHD Is Not What You Think It Is

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ADHD is not about knowing what to do,
but about doing what one knows.

– *Dr. Russell Barkley*

Adult ADHD Is Not What You Think It Is

Vast majority of adults with ADHD...

- ... **are not overtly hyperactive.** They are hyperactive *internally*.
- ... **don't have a shortage of attention.** They pay too much attention to *everything*.
- ... **can focus** – most get in the “zone” 4-5 times each day, and can often experience “hyperfocus”.
- ... **over-depend on urgency** as an activator to overcome procrastination.
- ... **don't “grow out of ADHD”**, but they can develop coping mechanisms and learn to manage it.
- ... **tend to have higher IQs.**
- ... are so often undiagnosed because ***we don't know what to look for.***

Basic Facts about ADHD

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- **ADHD is biological and brain-based.** Believed to be result of brain deficiencies in dopamine and norepinephrine or in brain's handling of these neurotransmitters.
- **Strong genetic link:** Up to 50% of 1st degree relatives - at least one parent will have ADHD. "More inheritable than height."
- **Does not go away with age.** Very little research on adults.. Vast bulk of research is on (mostly male – and white?) children.
- **About 5% of population has ADHD.** 85% of adults with ADHD are undiagnosed = 9MM undiagnosed adults in the U.S.!
- **Implications of not being diagnosed & treated can be dire.** Key factor in many first-order lifestyle behaviors that result in reduced life expectancy ([see Russell Barkley research](#)).
- **Cannot be treated effectively with behavioral techniques alone.**
 - Medication + behavioral work is key. Medication alone can be life-changing.

Basic Facts about ADHD

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- ADHD can be seen as a **spectrum condition**, and only as a “disorder” when it causes life or career disruption.
 - Low functioning --> Very high functioning
- **Can present later in life** based on environmental changes (working from home, new role), age, hormonal changes (incl childbirth, menopause), etc.
- Coping skills **can mask symptoms** (can look like OCD or other over-compensation).
- **Women are less likely to present** obvious symptoms (more likely to have “inattentive” subtype vs “hyperactive” subtype).

What is ADHD? (My Definition)

ADHD is a highly genetic, brain-based condition that provides both unique gifts and challenges that exist on a spectrum of functioning.

What is ADHD?

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Two fundamental approaches to defining ADHD:

1. Traditional definition of a “disorder.”
2. A more contemporary definition of a “brain difference” using a neurodiversity lens.

Defining ADHD - CHADD

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- ADHD is a neurodevelopmental disorder affecting both children and adults. It is described as a persistent or ongoing pattern of inattention and/or hyperactivity-impulsivity that gets in the way of daily life or typical development. Individuals with ADHD may also have difficulties with maintaining attention, executive function (or the brain's ability to begin an activity, organize itself and manage tasks) and working memory.

Defining ADHD as a “disorder” - DSM V

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1. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):
 1. Inattention: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities.
 2. Hyperactivity and impulsivity: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
2. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.
3. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).
4. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.
5. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

Note: ADHD is the current name – was formerly ADD for the same condition.

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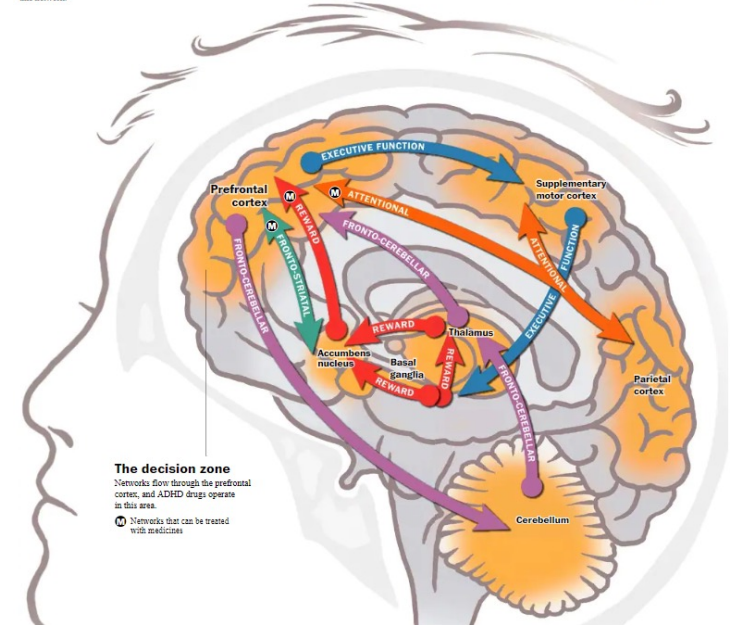
ADHD is essentially a condition related to self regulation challenges

- Cognitive
 - Anxiety
 - Self-critical thinking
 - Defective thinking
 - Impulse Control
 - Task activation
- Emotional
 - Emotional intensity/ hyperarousal/reactivity/
 - Rejection Sensitive Dysphoria
- Physical
 - Hyperactivity
 - Fidgeting

ADHD =
Self Regulation
Challenges

Brain signals affected by ADHD

- Reward network**
Choosing what's important
Signals in this network tell us, "Wow, this deserves our attention!" The reward center may be understimulated and late to develop in children with ADHD, making it hard for them to choose among competing things. Hyperactivity, impulsivity and inattention are also related to this network.
- Fronto-striatal network**
Deciding to focus
This lets us switch smoothly between tasks, filter out distractions and pick out relevant information from our environment. The network is thought to be underactive in people with ADHD and may contribute to hyperactivity, impulsivity and distractibility.
- Executive function network**
Making a game plan
After you choose what to do, this network figures out how to do it. Executive function includes planning, organization and working memory. About half of people with ADHD have executive dysfunction, so medication effectively treats it.
- Attentional network**
Staying on task
Once you've decided to pay attention to something, this network maintains that attention. Not all ADHD kids are hyperactive. Some are inattentive: more easily distracted, forgetful, disorganized and unfocused than their peers.
- Fronto-cerebellar network**
Moving and thinking efficiently
The cerebellum increases coordination, precision and efficiency in movement and thought processes. It may also function as an internal stopwatch, so signal disruption in this network may contribute to time management problems.



Defining ADHD – 3 Types

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Predominantly Inattentive ~28%

- Avoiding tasks or jobs that require concentration
- Procrastination
- Difficulty initiating tasks
- Difficulty organizing details required for a task
- Difficulty recalling details required for a task
- Difficulty multitasking
- Poor time management, losing track of time
- Indecision and doubt
- Hesitation of execution
- Difficulty persevering or completing and following through on tasks
- Delayed stop and transition of concentration from one task to another

Predominantly Hyperactive/Impulsive ~19%

- Fidgets with or taps hands or squirms in chair
- Has difficulty remaining seated
- Extreme restlessness
- Talks excessively
- Interrupts or intrudes on others
- Has difficulty waiting his or her turn
- Difficulty engaging in activities quietly
- Blurts out answers before questions have been completed

Combined ~53%

(Dr Daniel Amen claims [7 types of ADHD...](#))

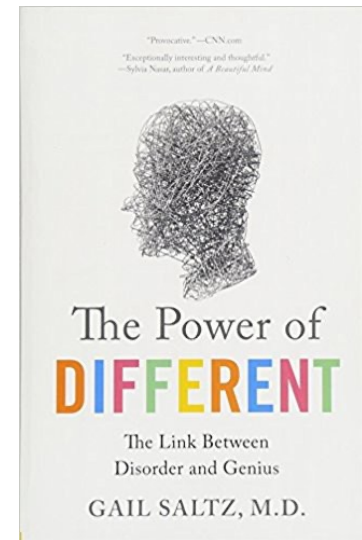
Neurodiversity

Brain differences, so often thought to be "disabilities," show a disproportionate probability for great talent and achievement.

Individuals with brain difference who achieved great things did so *because of those differences*, not in spite of them.

- Gail Saltz, M.D.

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Defining ADHD - Dodson

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Dr. William Dodson defines ADHD as a different nervous system:

- Genetic, neurological / brain-based condition
- Where the individual experiences difficulty with engagement as the situation demands...
- In which not just performance, but also mood and energy level...
- Are solely determined by the momentary sense of...
 - **Interest** (Fascination)
 - **Challenge** or competitiveness
 - **Novelty** (Creativity), or (sometimes)
 - **Passion**
 - Or, if the above are not sufficiently present, **Urgency** (usually related to a deadline).

"A person with an ADHD style nervous system has ALWAYS been able to do anything they want IF they can get engaged through ICNPU and they have NEVER been able to make use of the 3 things that organize and motivate the other 90% of people in their lives." – Dr William Dodson

The ADHD Interest-based Nervous System

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The ADHD “Interest Based Nervous System” model says that the source of motivation is different for neurotypical individuals and those with ADHD:

Neurotypical

Importance-based

- Activates because something is important
 - Primary importance (self)
 - Secondary importance (others)
- Able to start a task based on importance, rewards, or consequences.

ADHD

Interest-based

- Activate because something is interesting:
 - Interesting – problem solving, researching, learning
 - Challenging – in a “good way”
 - Novel or Creative - generating something new
 - Passion – based emerging research
- OR, as a last resort...
Urgent – usually deadline based – links to importance

Managing or “Treating” Adult ADHD: Medication

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- Given that ~85% of adults with ADHD are undiagnosed, many identify their ADHD and/or are diagnosed later in life.
- Stimulant medications are effective – and can provide life-changing benefits for ~85% of adults.
 - Methylphenidate (Ritalin, Concerta, etc.)
 - Amphetamines & derivatives (Adderall, Vyvanse, etc.)
 - Stimulants are not addictive nor scary as often portrayed in media.
- Remaining 15% of adults use non-stimulants
 - Atomoxetine (Strattera)
 - Bupropion (Wellbutrin)
 - Generally considered to be less effective
 - Can be used in combination therapy.
- There are purported natural approaches (supplements, exercise) to treat ADHD, but research hasn't demonstrated effectiveness. It does seem possible that higher functioning individuals could be successful with some of these approaches.

Managing or “Treating” Adult ADHD: Behavioral Work

- Adults with ADHD can successfully develop strategies (e.g. routines, habits, “rules”, systems) to support improved or optimal functioning.
- Coaching or therapy can support development and maintenance of these strategies.
- Research has shown that behavioral work without medication to be largely ineffective, so optimizing medication first is generally recommended.
- However, it does seem possible that higher functioning individuals may experience some success with behavioral work alone if medication isn’t an option.

ADHD & Coaching

- Behaviors that may indicate someone has ADHD
- How to discuss ADHD with a client
- Tips for coaching and adult with ADHD

ADHD & Coaching

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- ADHD is more likely to show up more in coaching and career transition populations – as overwhelmed and struggling (and likely undiagnosed).
- If you find yourself thinking your client “just needs to stop thinking about it and just do it” (or if they say the same of themselves) there’s a good chance ADHD is present.

Behavior that may indicate someone has ADHD

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ADHD can be a spectrum condition with a range of strengths and challenges:

Typical Strengths

- Creativity
- Flexibility
- Higher IQ
- Highly Intuitive
- Hyperfocus
- Curiosity
- Entrepreneurial
- Divergent, non-linear thinking
- “Connects the dots” faster than others – or in ways others can’t
- Generates multitudes of ideas and possibilities
- Comfortable with risk and ambiguity
- Learning and experimentation mindset
- A “Catalyst”?
- More ...

Typical Challenges

- Poor cognitive-self regulation
 - Negative self talk/ANTs – need more “discipline” or “willpower”
 - Anxiety & Depression
- Task activation/procrastination
 - Over-reliance on collaboration?
 - “I just need to...”
- Rejection Sensitive Dysphoria
- Overwhelm – esp. women
- Emotional control
- Time awareness
- Organization
- Planning & Prioritizing
- Working memory
- Sustained attention
- Impulsivity

See also “Useful vs Problematic Behaviors” in Appendix

ADHD & Coaching: RSD

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Rejection Sensitive Dysphoria

- Not a formal diagnosis, but one of the most common and disruptive manifestations of emotional dysregulation and oft-misunderstood symptom of ADHD, particularly in adults.
- Dysphoria is the Greek word meaning unbearable; its use emphasizes the severe physical and emotional pain suffered by people with RSD.
- Characterized by characterized by intense mood shifts triggered by a distinct episode, typically one of the following:
 - rejection (the real or perceived withdrawal of love, approval, or respect)
 - teasing
 - criticism, no matter how constructive
 - persistent self-criticism or negative self-talk prompted by a real or perceived failure when they encounter real or perceived rejection, criticism, or teasing.

[New Insights Into Rejection Sensitive Dysphoria](#) – Dr William Dodson

ADHD & Coaching: RSD

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Rejection Sensitive Dysphoria (con'td)

Individuals suffering from rejection sensitive dysphoria may exhibit the following behaviors:

- Sudden emotional outbursts following real or perceived criticism or rejection (can look like Borderline Personality Disorder in this way)
- Withdrawal from social situations
- Negative self-talk and thoughts of self-harm
- Avoidance of social settings in which they might fail or be criticized (for this reason, RSD is often hard to distinguish from Social Anxiety Disorder)
- Low self-esteem and poor self-perception
- Constant harsh and negative self-talk and rumination that leads them to become “their own worst enemy”
- Relationship problems, especially feeling constantly attacked and responding defensively

[New Insights Into Rejection Sensitive Dysphoria](#) – Dr William Dodson

How to discuss ADHD with a client

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- Observe and reflect behaviors, strengths, challenges. If you have a reasonable suspicion ADHD is present, have an empathy-based conversation:
 - What do you know about ADHD?
 - Have you ever thought you might have ADHD?
 - Is there any chance that ADHD runs in your family?
 - I have friend/colleague who was diagnosed with ADHD and their story made me think of you...
 - This is what I'm seeing that makes me make this connection...
 - This is what I know about how identifying ADHD can help – and what I would wish for you.
- Provide resources (see appendix)
- Best next step is for individual to be evaluated by an *ADHD-informed* medical provider or psychologist and pursue medical treatment.

Tips for coaching an adult with ADHD

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- Adopt a strengths-based approach and reinforce the positive.
- Take pains to suspend judgement – more so than with a neurotypical client. Beware of RSD!
- Encourage use of improvement goals, progress goals, or learning goals instead of performance goals, which tend to provoke self criticism.
- Provide tools to convert negative self-talk to helpful self-talk (aka replacing negative thoughts/ANTs with performance enhancing thoughts/PETs).
- Encourage client to ensure their “foundation” is in good shape (see “The Leading with ADHD Model for Success” in appendix):
 - Medication is in place and recently “tuned”
 - They are practicing good physical self-care (diet, exercise, sleep)
 - They are actively seeking support from family, friends, and appropriate professionals
 - They are leveraging their knowledge of ADHD and their own version of it to their best advantage.

Tips for coaching an adult with ADHD

Consider the primary “accommodations” for ADHD from the Job Accommodation Network:

- Help identifying strengths instead of focusing on weaknesses
- Reinforcing creativity
- Pointing out any signs that the individual is overworked – not taking vacations, staying at work late frequently, not eating lunch [or over-focusing on their job search?]
- Providing an ADHD coach to suggest ways to increase productivity and maintain a healthy work-life balance

Questions?

Appendix

Resources

- [ADDitude Magazine](#)
- [CHADD](#)
- [ADDA](#)
- [ADHD Coaches Organization](#)
- [Job Accommodation Network/ADHD](#)
- [See resources on my Dropbox](#)

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The Leading with ADHD Model for Success



What do I do if I think I might have ADHD?

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1. Start with the [Adult ADHD Self-Report Scale \(ASRS\)](#)
2. Find a qualified professional who knows ADHD to get evaluated.
 1. Likely an MD or nurse practitioner, depending on your state. Psychologists can evaluate but not prescribe medications.
 2. Most will evaluate/diagnose based on a ~90 minute clinical interview. Beware “nero-psych testing”, which can be expensive but appropriate in some cases.
3. Be open to medication. Stimulants work for ~85% of adults with few side effects.
4. Get support – family, friends, professionals (therapist, ADHD coach).
5. Develop new strategies to address your challenges.

Adult ADHD Screener (Sample)

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name	Today's Date				
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.	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?					

Note: Responses in gray boxes in 4 out of the 6 items above indicate likelihood of ADHD and warrant evaluation. Full screener is longer and adds more insight, but does not change indication. Download full version [here](#).

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Useful vs, Problematic ADHD-related Behaviors

USEFUL	PROBLEMATIC
Passionate; zealous; idealistic; will sacrifice everything for a cause or a friend	Can become rigid in the service of a cause; can become fanatical, strident, irrational; Captain Ahab syndrome
Meticulous at times, especially on projects that matter a great deal	Usually disorganized, even chaotically so; chaos can rule to such an extent that school, job, marriage hang in balance
Can get a lot done in a short amount of time	Fundamentally different sense of time; there is only NOW and NOT NOW in this world, so procrastination rules, and things rarely get done on time
An appreciation of the offbeat, unusual, unconventional	An inability or refusal to conform or get in line when doing so is obviously in his or her best interest
Dreamer par excellence; visionary; lives on wings of imagination, flights of fancy	Sometimes so bored by reality that he or she ignores it and gets into trouble for having done so
Honest to a fault; will say what others don't dare to say; outspoken; blunt	Can hurt feelings and damage self; can unwittingly be cruel, which is last thing he or she wants to be
Intense desire to be free and independent, own boss; master of own fate	Trouble working on teams; trouble taking orders; trouble with intimacy in private life
Naturally creative; ideas pop all the time like in a popcorn machine	Trouble organizing all the ideas and doing something productive with them
Naturally curious; always wanting to know who, what, where, why, and how; never satisfied until he or she gets the answer	Easily distracted by novelty or any puzzle, conundrum, unsolved problem, or beguiling opportunity, however irrelevant it may be
Enormously energetic; seemingly indefatigable	Impulsive; can't sit still or linger over a conversation or ponder an idea with a colleague or a relative
Mind like a steel trap; can remember details from years ago	Forgets what he or she went into the next room to get; forgets where he or she put car keys; forgets wallet, glasses, umbrella; leaves groceries on roof of car and drives off
Full of ideas	So many ideas they choke the growth of any single one
Decisive; can make an important, complex decision in a split second	Impatient; hates to wrestle with ambiguity; shoots from the hip
Initial surge of excitement over new plan, deal, idea, project, relationship	Excitement peters out in the middle phase; trouble sustaining interest
Takes responsibility; gets done what needs to get done	Trouble delegating, trusting that others can do it as well as he or she can

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USEFUL	PROBLEMATIC
Tenacious; never gives up; will literally collapse before quitting	Stubborn; would rather fail doing it his or her way than succeed taking advice from someone else; can spend a lifetime trying to get good at what he or she's bad at
Can act on the spur of the moment	Procrastination can be a huge problem
Original; sees solutions others do not; comes up with novel ideas	Can seem whacky, eccentric, even crazy; can put people off by being too offbeat and arrogant
Confident; self-assured	Insecure; despite confident exterior feels success was all done by smoke and mirrors
Extremely hardworking	Driven; compulsive; can't let up; maniacal
Lightning-quick mind	Trouble shutting mind down; risk of developing addictions to quiet mind down
Risk taker; focuses and performs best in situations of crisis and danger	Needs danger in order to feel engaged with life and truly alive
Sees the big picture before anyone else	Trouble with implementation and sweating the details
Generous; bighearted; willing to give with no expectation of return	Can give away the store
Funny; the life of the party; can connect with everyone	Secretly lonely; feels no one really knows him
Innovator	Can't/won't follow instructions
Pays close attention when interested	Easily distracted; mind wanders when not interested; frequently on electronic devices and difficult to engage
Supremely talented in several domains	Seriously limited in several domains
A life enthusiast; wants to try everything; can't ever get enough	Overcommitted; about to snap
Strong leader; charismatic	Hates the position of leader; worries he or she will let everyone down; unaware of his or her own charisma
Thrives in highly stimulating situations	Finds contentment too bland and so can disrupt ordinary happiness in order to create high stimulation
Loves debate, conflict, sparring	Intimacy can be difficult unless partner likes these as well

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From "ADHD 2.0" by Ned Hallowell & John Ratey