

ACMHA ARM CHAIR REFLECTIONS

ADHD: A Behavioral Health Issue Not Well Tolerated at Work

Gregory Baird, CEO, Wholepoint Communications, Morristown, NJ

In the 30 years I have worked in corporate America, I have been impressed by the significant progress made by ACMHA members in addressing the ignorance, stigma, and inertia surrounding conditions such as depression, bipolar disorder, and substance abuse. You have brought greater clarity, informed purpose, and keener insights where they were needed. Now as a new member of ACMHA, I turn to you with another area that would benefit tremendously from your skills and leadership – adult attention deficit hyperactivity disorder (ADHD).

I know what it is like to have ADHD in corporate America. I have ADHD, and I have worked with it in the health care industry for many years. Thanks to the enlightened perspective and support from several mentors in my career, I was able to advance to the top level of this industry, sitting on the executive committees of global health care corporations. But even at this level of success I was keenly aware that discrimination against ADHD was always present in my environment and capable of taking away any success I had achieved unless very carefully managed.

Like most of the general public, corporate America erroneously views adult ADHD as a behavioral problem limited to childhood and adolescence. It is not surprising. Even in the most recent edition of the American Psychiatric Association's DSM, adult ADHD is treated as one of the "Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence." Also, APA task force members who worked on the DSM-V were primarily comprised of people from the field of child psychiatry.

The fact is that competent services and proper understanding of ADHD end with adolescence. Those who develop workforce training and policies do a much poorer job than our primary and secondary educational systems regarding ADHD. This is because the prevailing opinion is that – like orthodontic issues – ADHD is a childhood condition that should be "fixed" by the time someone enters the adult work environment. Therefore the condition meets little tolerance in the adult work environment.

The prevailing view of adult ADHD in the workplace is that it is a defect. This view not only compromises the career advancement opportunities of someone with ADHD, but it also can be a barrier to employment or result in unemployment. This latter point is born out by the high number of members of Children and Adults with Attention Deficit / Hyperactivity Disorder (CHADD) who have either dropped out of the workplace or are underemployed.

This deficiency in service and understanding for adult ADHD is so profound that the primary care community typically does not address or treat it. This is not just my experience, but also

confirmed by CHADD. In contrast, depression (because of the considerable work of the various sectors of the behavioral health community) has increasingly become addressed and treated in many primary care practices.

Where are the experts from within the professional mental health community to serve as champions for adults with ADHD? Why do their voices of advocacy become silent as youngsters with ADHD reach adulthood? And why does research to date about adult ADHD in the workplace, such as the excellent work by Ronald C. Kessler, focus almost exclusively on the losses and liabilities to employers?

Few businesses make excuses for not providing a balanced playing field for workers with ADHD, and the human resource professionals who should do something about it fail to recognize the significant unmet need in this area, or choose to ignore it. This is discouraging given the role HR typically plays in assuring equal opportunity for people with diverse needs, talents, or disabilities. It is time to speak up.

My purpose with this reflection is to create a call to action within ACMHA to stimulate greater understanding that leads to more effective integration of adults with ADHD in the workplace and community life in general. This outcome will be a win-win for employers and employees, and it will also be important for the broader interests of local communities. Many people with ADHD are your clients, and some of them are ACMHA members. But everything starts with a newly enlightened understanding.

As Kay Redfield Jamison has urged in her eloquent and enlightening writings about her experience with bipolar illness, ADHD should be something that makes one look for good things. So many of the adults I know with ADHD:

- See the world in new ways and identify new trends;
- Have a natural affinity for change and make great 'change agents' and early adopters within an organization;
- Thrive in new life experiences and challenges; and
- Are creative – perhaps based on the seemingly random way they juxtapose thoughts, concepts and experiences, thereby creating new, unexpected connections.

To understand those of us with adult ADHD, one needs to recognize how our minds work. We are gyroscopically driven toward what is next versus what is now. This makes distraction irresistible to us. It is not a whim or a want; choice has nothing to do with it. It is a mechanically driven phenomenon. We are hardwired to focus on distractions. But since this varies significantly from normative behavior, society tends to see these behaviors as poor choices or deviant.

But there is some good news in the realm of distraction. Among the co-workers with ADHD I have known, many of us have an ace up our sleeve: hyper-focus. It is the abracadabra factor of adults with ADHD. In the proverbial eleventh-hour, we often gain the ability to hyper-focus and achieve very high productivity against projects and deadlines. Even so, our last-minute homerun violates the rule book of standard office procedure. Last-minute rushes are typically seen as needless procrastination and risk-taking. This perception is valid when you consider normative behavior. So the typical workplace verdict is that it should have been handled better.

But adults with ADHD *could not* have handled it better. "Better" has nothing to do with it. We just work differently. Acknowledging this is key to acceptance that allows us to integrate effectively in the workplace.

Much like other behavioral health conditions, there are straightforward ways to assist the ADHD in the workplace. But that assistance is needed so that ADHD becomes understood and accepted as a different way of working. This does not obviate the need for adults with ADHD to learn ways to manage symptoms that are found most bothersome in the work environment. But there are also very compelling reasons why ADHD should be accommodated no differently than the cultural differences in work styles between Japanese and American executives.

Currently there are no coaching opportunities to foster the harmonious integration of worker with ADHD. Companies see ADHD as an individual performance issue that is solely the responsibility of the employee to correct. While the adult with ADHD shoulders the responsibility to learn ways to assimilate effectively and "get the job done," so too, must corporate America shoulder the responsibility to assist employees with ADHD's successful integration through understanding and coaching in the work environment. To my knowledge, neither the mental health community nor HR departments have developed workplace training programs that focus on workers with ADHD and their work style. So, where are employees with ADHD and their managers to turn?

Through its membership and activities, ACMHA can provide a real service by initiating a new era of understanding – an era that recognizes the potential *contribution* of employees with ADHD, provides coaching models and seminars, and promotes better integration in workplaces and communities across the country.

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