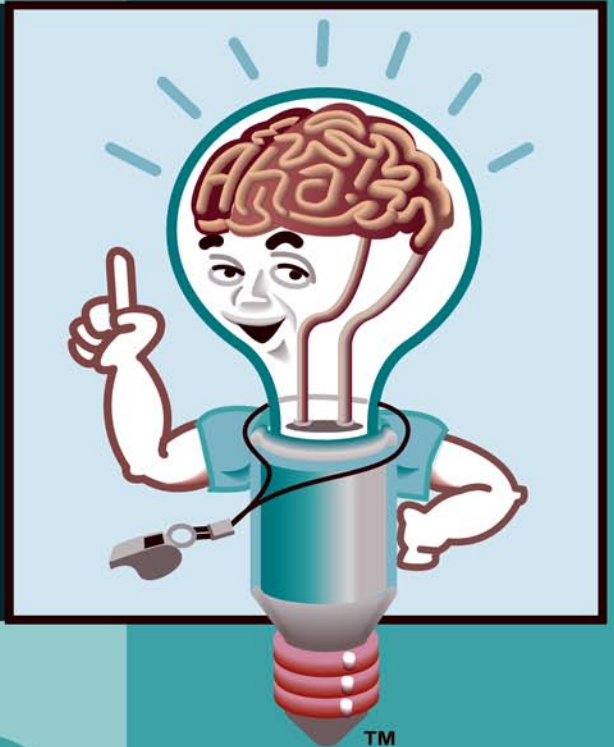


ADHD:



The Gift of Hope



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ADHD: *The Gift of Hope*



Over the last 15 years as an ADHD coach, I have witnessed an ongoing debate around ADHD. Is it a gift or a curse? The conversation is often polarizing and emotional. In the debate, the ADHD community has pitted Dr. Ned Hallowell and Dr. Russell Barkley against each other unfairly, with Dr. Barkley as Dr. Evil and Dr. Hallowell as Pollyanna.

In 2011, Dr. Hallowell reached out to Dr. Barkley suggesting they address the issue head on in a keynote address at the 2011 CHADD Convention in Orlando, Florida.

Separately, they presented their positions on the issue. At the conclusion, I walked away with three profound observations. First, Dr. Barkley is a researcher. He is focused on normative data and averages. In general, how does the average person with ADHD compare to the average of the general population. In those averages, it is crystal clear that there is no trait that stands out in a

superior way over the general population; thus, it is clear that ADHD actually is not a gift.

In his presentation, Dr. Hallowell made his belief clear that ADHD was a gift but with a different nuance. He said, “With the proper diagnosis and proper treatment, one can live a fulfilling life.” What he focused on is the hope of ADHD. As a clinician, it’s important to instill hope within people. While hope is not a strategy, it is the fuel that drives the strategy that leads to resiliency.

My third profound observation was that hope really is one of the most motivational and important emotional concepts in the human experience. Without it, there is despair.

After hearing their debate in that conference, I knew I wanted to be a part of their message. Later, in separate interviews, I talked with Dr. Barkley and Dr. Hallowell on the topic, and now, I’m bringing those conversations to you.

It’s clear that they both agree there is a gift of hope with ADHD. It could cause irreparable harm in an individual’s life; however, if addressed properly, there is hope for a fulfilling life. In this eBook, I’m sharing with you the content of my interviews with each of them.

I hope you will come to understand that ADHD is a serious issue, but it’s not the end of the world. You can, in fact, live a very fulfilling life, and when all is said and done, that is a gift.... the gift of life.

ADHD-ADD: The Gift or Curse Debate

Interview with Dr. Russell A. Barkley

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Jeff: *Dr. Barkley, welcome.*

Dr. Barkley: *It's good to be back again, Jeff, thanks so much.*

Jeff: *Our topic today is interesting, and I hope that I'm not trying to get too much accomplished here, but there's a lot of perspectives and concepts and even some other interviews that we've done with some other people that I think kind of tie into this. I'm hopeful that we can bring all this stuff together in a way that really makes a lot of sense.*



The conversation is very emotionally charged about whether ADHD is a gift or a curse.

Dr. Barkley, you and I did a show about two years ago on emotions and ADHD. At the time you made a really good case as to why emotions are very much a part of ADHD. And I have to say that I think this particular conversation is very emotionally charged about whether ADHD is a gift or a curse, particularly for the people in this community. Would you agree with that?

Dr. Barkley: *Absolutely. As I travel and speak with a number of my professional colleagues and others, there's no question that there seems to be a great deal of polarization around this issue, and so I'm glad that you chose to focus your show on it.*

Jeff: *Yes. And I'm going to talk about it in a little bit more detail, but I want to preface this a little bit by saying this is going to get to some things about my own particular issues later. But when I look at this debate,*

is ADHD a gift or a curse, for lack of better terms, what I hear in the background is there's a lot of stigma that is the root of it. I mean, certainly it would be nice to say ADHD is a gift and kind of de-stigmatize it. But that's just my thoughts and perspectives. Does that make sense?

Dr. Barkley: *Well, it does in the sense that you are trying to relieve the suffering of people and to reduce the harm from any disorder they have.*

And in so doing one way of helping them with their suffering is to reframe their disorder so that it's less of a stigma, less of a disorder, less of something to be ashamed or embarrassed or humiliated about it. And, if it benefits them to reframe it in that way, I don't think there's any harm.



But I think we have to be careful in trying to help people cope with a diagnosis as you are trying to do and trying to portray the disorder as really a benefit that conveys something to the people who possess it that is not possessed by the rest of the public.

And I think there are some definite liabilities to that particular point of view. So, I think in terms of trying to help people accept and cope with the diagnosis, there's probably no harm. But if you portray it as representing the status of the scientific literature, that there's something great about having this disorder, that people who don't have it just can't benefit from, I think that's mistaken.



Labeling leads to prejudging discrimination and ultimately the stigma and certainly no one wants to be stigmatized. How can you call it a gift and then turn around and ask for accommodations?

Jeff: We did an interview with Dr. Stephen Hinshaw not too long ago, and I actually saw him in his keynote address at the 2012 CHADD conference. He says that stigma in language matters, labeling leads to prejudging discrimination and ultimately the stigma and certainly who wants to be stigmatized? But in this debate, to me, so many people want to de-stigmatize it and call it a gift, but on the other side of it, I've heard you say, "Listen, ADHD is no gift." And to me you make an exceptionally valid point. How can you call it a gift and then turn around and ask for accommodations? It just doesn't work that way.

Dr. Barkley: No, it certainly doesn't. And, in fact, it comes across not just as hypocritical, but as destructive to 20 to 30 years of efforts to gain access to accommodations, entitlements, and so on for people with a legitimate disorder. So that in fact brings up one of several downsides to this notion that there may be a gift here that people need to be quite careful about.

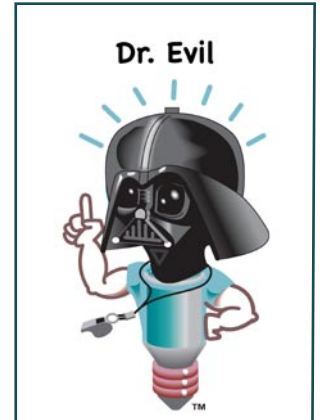
Let me just clarify so that people understand what we're talking about. Because usually when there's a disagreement like this within the field, it in part stems from a failure to define the terms that you're using. And so, I want to be very clear when I say that ADHD is no gift, what I'm referring to here is that there is no evidence in any research whatsoever in the thousands of studies that have been done on ADHD, that people with ADHD have some trait or ability or potential or attribute that is a benefit beyond what we see in the general population.

In other words, they possess something that is above average, above normal, that the normal or typical population doesn't have. If that's what you mean by a gift, that you've been blessed with something that typical people don't have, then, of course, that's not the case. And we've never, on hundreds of measures that have been used in studies from cognitive abilities to personality to academic achievement to occupational functioning, driving, marriage, child rearing, social skills, I mean, you name the domain, we've looked at it. And in none of those areas does ADHD come out being better than what we see in the general population. So, that's the idea we're trying to lay to rest here.

Now, there could be some other interpretations of what we mean by a gift, and that's where you and I can perhaps have some discussion around just what benefit might someone who has the disorder find in meeting the challenges of the disorder?

In a weird sense, you've been stigmatized as Dr. Evil on this particular topic, but the data is clear: It's no gift.

Jeff: *I want to highlight the word "challenges." We'll come back to that in a second, but I want to just touch base. Dr. Barkley, one of the reasons I was honored that you came today and one of the reasons I thought you'd be particularly good was that you actually got up at the 2011 CHADD conference with Dr. Hallowell to address this very issue, because in this process you've been speaking from the science side of it and the evidence side from normative data, composite-type numbers. And as you've elicited, there's nothing there. In a weird sense, to me, you've been stigmatized as Dr. Evil on this particular topic.*



Dr. Barkley: Yes, I have.

Jeff: *Just as a result of some of this stuff. And one of the reasons I wanted to have you talk about this is in part to address this head on. Because I don't think that we can call it a gift and ask for accommodations, but at the same time, I don't think you're getting your due by being tasked as Dr. Evil on this. You're just looking at the data and saying the data is clear. It's no gift.*

However, we are going to come back to that “challenges” thing that you pointed out.

Dr. Barkley: Yeah, I hope so.

ADHD is not something you’d wrap up and give as a present.

Jeff: You were onstage with Dr. Hallowell at the 2011 CHADD conference to address this. And you said, as a researcher, you look at the data this way. But Dr. Hallowell and, for lack of a better term, he’s been tasked as the poster child for ADHD as a gift, and it was great because he made it clear this is not something you’d wrap up and give to a present. But he spoke to hope, the role it plays on an individual level. What struck me was that, on the individual level, hope is the fuel that drives resiliency and is an important part of the process. But as he said, it shouldn’t be confused as a gift. Hope is just that motivational thing to help people pursue and move forward.

Hope is the fuel that drives resiliency. Instilling hope for people is extraordinarily beneficial.

Dr. Barkley: Yes, and that’s very important as you pointed out just a few moments ago in helping people to understand and to cope with the challenges that present them. Instilling hope for people is extraordinarily beneficial. I think we have to be careful not to make it sound as if ADHD is something beneficial to have, not just for the reason you mentioned, that it invites a loss of credibility and almost an invitation to hypocrisy.

But I think also, if it’s taken too far, in other words there’s nothing wrong with a person with ADHD; it’s everybody around you that’s the problem. It could really wind up undercutting the motivation that’s necessary to rise to the challenge of meeting and overcoming your disorder, and instead blaming everybody else around you as being a prob-

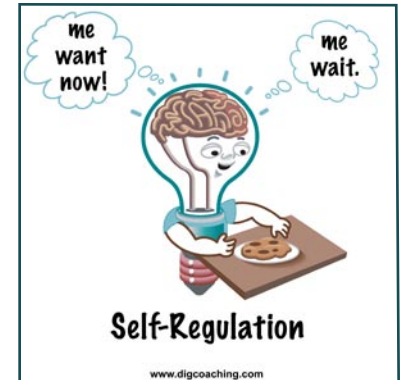
lem. And certainly, that was one thing that we spoke about very briefly at the CHADD meeting, whether this is going the opposite direction and removing the motivation to change.

Jeff: Which takes us back to, just from my perspective, the fact we don’t like the stigmas. According to Dr. Hinshaw, we’re not really making a lot of progress. They’ve done surveys for decades, and we’re really not moving a lot forward on destigmatizing mental health disorder. But as he talked about it, if we can begin to humanize it a little bit, and people can understand the challenge that they face, that people will have some empathy and it actually can help us move forward.

We can’t really call it a gift, but we don’t like calling it a curse either. So, what do we do here?

And so, when I come back to the question. We can’t really call it a gift, but we don’t like calling it a curse either. So, what do we do here? Because going back to what I learned from you is ADHD is a self-regulation issue, and attention and motion, bodily movement, are things that you need to regulate. So, it’s a particularly charged atmosphere. We’re stuck in this space because we all kind of want to be right. But at the same time, it’s just a kind of quagmire. And so, what I’d like to touch base with you to look at the challenge side of it.

Dr. Barkley: Sure, well, we can certainly do that because, as you pointed out in this effort to almost cast this debate as a sport-



ing event, I think people like Dr. Hallowell, who is a friend of mine, their positions have been so polarized and made so extreme as to almost look Pollyannish, that Dr. Hallowell believes that this is a blessing. And he certainly doesn't believe that, as he pointed out at the CHADD conference.

And likewise, my position has been grossly misrepresented as someone who seeks to over pathologize the disorder. And some people have even gone so far as to claim that I do that at the behest of the pharmaceutical companies I do consult with from time to time in order to help them continue to expand their market share. And nothing could be further from the truth. But the fact is that people love a good sporting event, like the sensationalism, and I think it just misrepresents both of our positions. So, I'm certainly glad that you have pointed that out earlier.



The fact is that people love a good sporting event, I like the sensationalism, and I think it just misrepresents both positions.

I think when we get into addressing the challenges, it helps people to keep in mind that, when I say ADHD is no gift, as I said earlier, it means that, across all people with the disorder, we cannot find a single area of asset or benefit that the disorder conveys to people that typical people don't have.

So, let's just put that aside. That's not happening. It's not like if you have ADHD, you are more creative, you are more intelligent, you are more gifted, you are more comedic or humorous, or you are more capable of demonstrating your artistic talent than other people. We don't find any of that. And that's been some of the common misconceptions about ADHD. They're not just gifted, misunderstood lateral thinkers.

In none of those comparisons did we find the ADHD group has any advantage whatsoever. If anything, we find that they have multiple difficulties with deficits or impairments in their life.



We compared one group of people, like adults with ADHD, to typical people. In none of those comparisons did we find the ADHD group has any advantage whatsoever. And that speaks to the seriousness of the disorder that people need to appreciate.

But on the other hand, what we just talked about are called main effects in research. We compared one group of people, like adults with ADHD, to typical people. In none of those comparisons did we find the ADHD group has any advantage whatsoever. If anything, we find that they have multiple difficulties with deficits or impairments in their life.

And that speaks to the seriousness of the disorder that people need to appreciate. But it doesn't mean, Jeff, that there can't be an interaction of the disorder with gifted traits that you possess for other reasons. You can be a gifted artist without attributing it to your ADHD. You can be very intelligent. You can be a performer or a musician or an actor like Ty Pennington or a great athlete like Michael Phelps or a great golfer like Payne Stewart was.



Having their traits and their gifted abilities with their ADHD, the interaction of those two could well lead to some very unique combinations that you wouldn't see just in everybody with the disorder.

All of these people were highly accomplished individuals. But in none of these instances is their level of expertise in their specialty due to their ADHD. They would have had that whether they had ADHD or not. But having their traits and their gifted abilities with their ADHD, the interaction of those two could well lead to some very unique combinations that you wouldn't see just in everybody with the disorder. And so, perhaps Ty Pennington wouldn't be as good a host on "Extreme Home Makeover" or on his newer program on "Travels Across America."

And perhaps Michael Phelps certainly wouldn't have been the person he is today, such an accomplished swimmer. He would have been a great swimmer, but the interaction of the two and the way he had to organize his environment around him in

order to cope with and compensate for his disorder might well have made a very unique combination for him.

Jeff: *You were using words like “cope” and “compensate,” and I want to throw two concepts out on the table. One of them is a little bit easier. And I look at it this way. If I were to lose my vision, I just lost one sense. I’m not so sure that makes my ears better than anybody else’s, but I now need to compensate in the world due to the lack of vision. So, I might rely more on my sense of smell or rely more on my ears or, as I say, pay attention to it more because that energy that I would use to look at things visually.*

I might now have to funnel that energy and focus more on sound. To me that’s an illustration of how losing my eyesight is certainly not a gift, but I’m having to compensate. And I might develop a keener sense of sound because I’m paying more attention to it.

What are your thoughts on that conceptually? Is it an illustration of how you can have a problem in one area, but it doesn’t mean you’re gifted somewhere else, but you’re having to rely on it more so you might develop it more.

Dr. Barkley: Yes. I think that’s quite the case for a number of people. Again, they may well have been good at a particular activity. Let’s take athletics for instance, or comedians. These are areas in which we find adults with ADHD may be more likely to self-select into these kinds of occupations. Or we could just as easily speak about performing artists or musicians.

But the point is that having ADHD, having to struggle with it, having to overcome it, to compensate, and get treatment for it, may well lead them not only to choose these professions. But to try to become even more expert at them than other people who might not apply them-



selves or need to apply themselves so strongly or forcefully to succeed in that area.

As a result, there could be an interaction of having a disorder with going out of the way to, as you say, compensate for some of the deficits. And in so doing, having forced yourself to rise to a challenge that you wouldn’t have done otherwise and that other people don’t necessarily have to do. And in so doing, in that particular area you might actually be a little bit more successful than other people who didn’t have that challenge to face.



If we look at Howie Mandel, for instance, who claims to have ADHD, would he have been as good a comedian if he hadn’t been somewhat impulsive and scattered and a little freer in his thinking and less inhibited? And it’s possible he might not have been quite so good.



Did ADHD make Howie Mandel a comedian? No. He already had the attributes necessary, but by being a little more ADHD and a little more impulsive, it’s quite possible that he then capitalized on that to be a bit more spontaneous in his thinking and in the jokes he was writing. So, the ADHD wasn’t a gift, but by combining it with the gifts he already possessed, he rose to success.

So, did ADHD make him a comedian? No. He already had the attributes necessary, whether it was being the class clown earlier in life or so on. But by being a little more ADHD, and a little more impulsive, it’s quite possible that he then capitalized on that to be a bit more spontaneous and lateral in his thinking and in the jokes that he was writing.

And in so doing, he might well have succeeded where other comedians might not have because of that unique interaction of the two. So, the ADHD wasn’t a gift, but by combining it with the gifts that he already possessed and rising to the challenge of meeting that, he might well have succeeded where previously he might not have.

Jeff: I'm glad you mentioned that and particularly Howie Mandel, because we're going to get back to the end of it. And that's one of the things of humanizing to destigmatize the mental health condition to begin with, but we'll come back to that.

Dr. Barkley, I'll tell you that I have dyslexia and a learning disability, and I had all the tutors growing up. It was always frustrating. I barely got to college. I'm not even sure I would've gone had I not been an athlete. And when I got to college, all of a sudden, I found myself without all those support systems, taking sociology of sport my first semester, and the reading was massive. I just couldn't keep up with it. And I was having to figure out literally what I was going to do.

I decided not to read the words, but to pay attention to the gist of what I thought the words were trying to convey. And it's the only way I could keep up with the reading.

And I got to the point where I would read the first sentence of each paragraph, which there's a lot of run-on sentences in the book. So, I got it down to the first line of each paragraph and I decided not to read the words, but to pay attention to the gist of what I thought the words were trying to convey. And it's the only way I could keep up with the reading.

And then I really came in contact where I had to do my first serious research paper and being overwhelmed with it all. I was just thinking about this vision of having gone to the library. And all of a sudden it dawned on me, if I could go interview a subject matter expert, I could bypass all that stuff and I could use their quotes and footnote them in my paper.

And my radio show is a direct result of admitting that's not the way I do it, that I'm going to have to focus on what I do as a compensatory strategy to do it.

And it was a license for me to have stumbled on some of those. And I went through college and a lot in life having to rely on this sense of paying attention to what's really going on at a higher level.



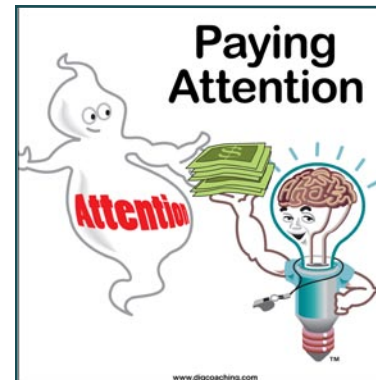
To try to figure out how I was going to accomplish what I was going to do, many times in a very different way.

And I'll fast forward. When I got into the coaching business here, it was like, you got to write a book, you got to do a blog. And I'm like, no, no, no, you don't understand. And my radio show is a direct result of admitting that's not the way I do it, that I'm going to have to focus on what I do as a compensatory strategy, if you will, to do it.

And now it's fun, because I'm not so sure I'm any good at it, but I stand out a little bit among people because it's unique and novel. And I would have never done this if reading and writing were easy for me. I can tell you, I'm sure I would never have even tried this.

People with particular disorders not only need to enhance the areas or the abilities that aren't affected by the disorder to compensate for it, but they also need to engage in a specialized kind of niche picking to see where they are likely to be less impaired and perhaps more successful.

Dr. Barkley: Yeah, well, I think that is a great illustration of another point that we can go into.



Because what it shows is that people with particular disorders not only need to enhance the areas or the abilities that aren't affected by the disorder to compensate for it, but they also need to engage in a specialized kind of niche picking, as we call it. They need to look around them and see in what

environments, given this unique combination of their ADHD and their other traits, that they are likely to be less impaired and perhaps more successful.

And it winds up taking you down certain pathways in your life that you certainly would not have chosen had the ADHD not been there and probably not quite as good at it. So, there is, I think, something to be said for this kind of concentrated and intentional niche-picking where you really have to think through what your strengths and weaknesses are.

And then look at particular contexts that are more likely to be supportive of them than others. I mean, it's quite likely that had Michael Phelps chosen to go into door-to-door sales or some other occupation, he wouldn't have been nearly as good at it as choosing to stay with swimming and the swimming environment. And as a result, he chose the right niche for someone with his disability and the interaction of the two might well have helped him be a bit more successful.

Let's also not forget something that I think you were implying in your comments, but perhaps you can speak to it more. And that is that there may be an interaction with a very supportive context that you find yourself in, that if you weren't in that, you might well have failed substantially. You might well be in much more serious difficulties.

And I'm thinking here, for instance, of the late golfer, Payne Stewart as a good example. He was an ADHD child. He was treated with Ritalin for years, but he then chose to move into sports and specifically into golf because he had a number

of strengths within this area. And he wasn't doing as well in other areas because of his ADHD. And he probably would have gone on to



be sort of a journeymen golfer, not very well recognized and certainly might not have won the US Open.

But he met a woman at a party who was a very stable individual, very organized, very much in love with him, who was willing to create a context for him, a family support system for him which helped him to succeed profoundly.

And before his death, he attributed a great deal of his success to having met his wife and having found someone who accepted his ADHD but then, held him up to certain challenges and compelled him to be a more successful person while structuring the environment around him so that he had a safety net and a support system.

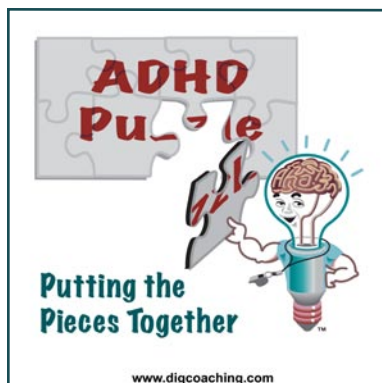
I think you've alluded to that, that certain support systems around you can provide the net underneath you so that you don't necessarily fall through the cracks and fail as other people might have and you may well go on to succeed where you wouldn't have otherwise.

A family support system can be profoundly helpful by providing the net underneath you so you don't fail as other people might have, and you may well go on to succeed where you wouldn't have otherwise.

Jeff: You brought up the concept of niche picking. You talked about the context of Payne Stewart having that support, but there's also something else I'd like to bring in. I'll bring this all together in a second, and that is, being niche picking and then all of a sudden bumping into a context that makes some sense to you.

Pay attention at a higher level and try to figure out what the goal is and how to get there, which isn't necessarily the same for everybody else.

What that looks like for me individually, as I have described in my prior examples, in moving forward in my life has been to try to pay attention at a higher level and try to figure out what the goal is. And trying to figure out how I was



going to get there, which wasn't necessarily the same as everybody else.

When I started coaching, I got into this and I gravitated to ADHD coaching relatively easily, because at the end of the day, we all have challenges. And I was having to deal with my own, all my life.

I had this thing out there that I was doing but I couldn't articulate. I knew that my approach was a

little bit different. And voila, I stumbled in on your EFDD presentations going back a couple of years.

Ultimately, we had you on the show about a year ago, talking about that particular construct in a specific way. The level one thinking tools, which we covered, I think, March 21 of 2012. But it talked about the thinking tools in your construct that only you can observe what you're paying attention to, because it's kind of inside your head. But you talked about inhibition and awareness coming together. In order to inhibit something, you have to become aware of it.

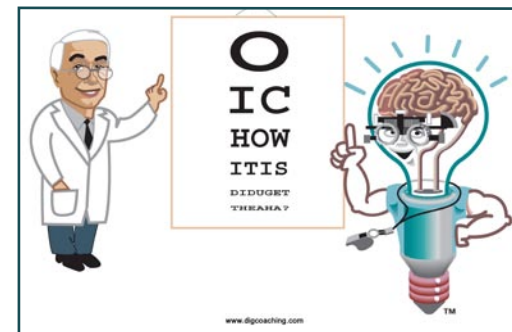
And then you look in your rearview mirror and history to grab information. And then you talk to yourself, which is a language you direct back at yourself and you have emotions. And then you have play, which you talk about externalizing. And as odd as that sounds, when we were having that interview, things were clicking for me left and right.

We were using different words from coaching and what you were describing. I would use a term like "mirroring back," and you were using "mind's mirror." But it was interesting to me because as you began to describe that, things started going ding, ding, ding, ding, ding, ding, ding. I was making some sense and people who listened to the show heard me refer to it.

Because as a coach, so often, I'll sit and listen to somebody and I'll ask them, "Tell me about what you're having some difficulties with." And I'll listen to those things. And effectively, I feel like many times, I'm the external mind's mirror, listening to them talk about some of

their challenges and asking them when they did something, right, and then identifying and saying, "I see it worked for you here." Which is not something that they've noticed before.

And as they begin to see that pattern, the language that they direct back on themselves begins to change because they're able to see this different way that's working for them. And that externalization moves them forward. And all this might be confusing to everybody. But it was weird to me how it fit like a glove, but then what was really powerful for me is, all of a sudden, I was able to describe it.



Look for things you procrastinate on and find patterns and commonalities.

When I'm working with people, I don't pay attention to the tactical-type things like procrastination, chunking it down. I actually say, "Tell me about a bunch of things you procrastinate on and try to look for commonalities and patterns."

Often, it's repetitive, boring routine-type things they can't do. When they're unclear as to what to do, they don't know how long it's going to take them to do something.

When they've got to confront somebody with something, and I say, "You might think you know what to do. Like, you need to go on the internet to do that, but you don't know where you're going to find it. You don't know how long it's going to take. You don't necessarily know what it looks like."

So. many times. they'll go rearrange their sock drawer and feel like they got something else done. But I'm describing that level that I've fought all my entire life,

because I've had to rely on the simplicity of it.

Often when I'm working with people, if it's confrontation, then we talk about how they get past confrontation. And if we can resolve that, many times the procrastination takes care of itself. And there's this level of stuff that I see. Even like organization, people come to me and say, "Well, I need to get organized."

And it dawned on me a couple of years ago that organization means it just needs a home. It might not necessarily mean your shoes have to go into your closet. They might be in a pile at the door. But if you know where they are, that's their home. Maybe we should just put them in a basket and kind of formalize it.



Learn to accept your disability and some of its characteristics. And then, readjust your lifestyle to that very characteristic. You can minimize the impairment by just changing the environment around the symptom.

Dr. Barkley: That's right. And that's the point. Yeah, I think so. And part of that, as we haven't gone into in much detail, is learning how to accept your disability and some of its characteristics. And then, readjust your lifestyle to that very characteristic. I mean, you can minimize how impairing a symptom is by just changing the environment around the symptom.



Now, it doesn't necessarily mean that the symptom, in this case disorganization, has gone away, but you've restructured the environment. You've created some accommodation so that it's not as impairing to you as it would otherwise have been.

I think that's a great example here of where the disorder forces you to do things in a different way, that other people don't have to do it that way. But by doing it that way, you're less impaired by it. And you

wouldn't have chosen to do it that way if you didn't have to.

Jeff: *And bringing this full circle, you talked about niche picking. I certainly enjoyed your construct because it put it in a way that I can go into more detail, but I can articulate it now and illustrate what I do a little bit better. And then there's some type of things that I've done, and I would like to stress, I don't think I'm any more gifted or talented than anybody else in this. It's just what I've had to rely on much of my life in a good way.*

So, we took a stab at this topic back in December with my cohost who asked me, "Would you be willing to give back your learning disability?"

It actually caught me off guard for a second because I'm saying it's not a gift, but would I want to give it back? And because of the challenges I faced, I'm not so sure I would have stumbled into some of these successes, and I'm not so sure. I don't want to give it back now.



Rising to the challenge of a disorder forces you to meet a level of struggle and accomplishment that Dr. Oren Mason called heroic.

Dr. Barkley: Yes. That's right. It's interesting you say that. A friend of mine, Dr. Oren Mason, who has written a book on adult ADHD because he is an adult with ADHD. And yet he is also an accomplished physician. He put it beautifully, I think, when he said that rising to the challenge of a disorder forces you to meet a level of struggle and accomplishment that he called heroic. That other people never have to face in their life.

And a good example of that is, if you look at people who come back from war who may have lost limbs and had amputations. Or if you look at some of the people like the woman runner who lost her foot in the Boston terrorist attack and was a dancer but who now is applying herself with the help of others to not only return to dance but trying to be even better at it.

Those are challenges that you would not have had or risen to meet in your life. And sometimes people have

argued that you're actually a better person as a result of that than you would have been. Not only can you appreciate other people's attempts to overcome their disorders better than you would have. You would have been very complacent without your own particular disorder, but you may well, in fact, be someone of stronger character, someone of more compassion, someone who is better able to help other people with disabilities because of having risen to that challenge.

So, that was a point that I hadn't seen that Oren in his own struggle said that he felt, like you, that he wouldn't necessarily give the disorder back. It's not something he would wish on anybody else. And he certainly wished he didn't have it. But having had it and having to meet the challenges that posed for him, he felt that he was a much stronger person because of it.

Jeff: Absolutely.

Dr. Barkley, now I want to kind of bring it all together because I really think there's some real common ground here. The notion on my side of this debate kind of really centers on stigma, that people are kind of moving away from it.

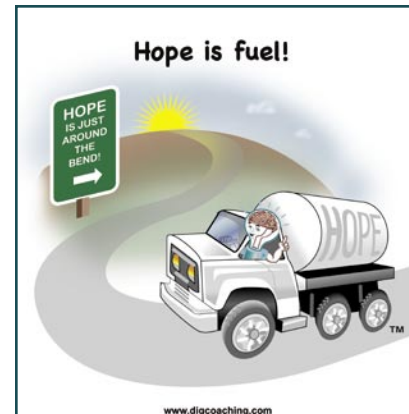
In my interviews with Dr. Hinshaw, the notion of de-stigmatizing ADHD is to humanize it and to reveal it. And we've talked about the challenges. I've shared my challenges. And one of my notions, or as you were talking about it, is this. Sometimes you're dealt with adversity and you've got to rise above that.



This can be framed out in a positive way if we use hope as the fuel that those with these particular issues use as a resiliency to rise above some of this stuff to find their ways in doing that.

And to me, this all kind of comes together. This can be framed out in a positive way if we use hope as the fuel that those with these particular issues use as a resiliency to rise above some of this stuff to find their ways in doing that.

And if we begin to tell these stories, these very real stories of the challenges these people have faced and the things that they've been able to accomplish, then we've humanized what's going on to



the point that we can actually admire those people for what they've done and what they've accomplished, bringing empathy and thereby de-stigmatizing it in a way. We're not calling it a gift. We're not calling it a curse. We're just using hope to fuel the drive to move past the challenges and holding that up as something for people to marvel at as a way to minimize stigma. Can you share your thoughts on that concept?



We're not calling it a gift. We're not calling it a curse. We're just using hope to fuel the drive to move past the challenges and holding that up as something for people to marvel at as a way to minimize stigma.

Dr. Barkley: Well, I think that's exactly the case because first of all, we don't want to deny that there was a disorder there because to do that, first of all, flies in the face of 240 years of research and tens of thousands of papers. But more importantly, it defines away the very disorder itself. And as a result, you could wind up losing insurance coverage and ADA accommodations and some people's Social Security disability, and school children would lose special education. So, you're quite right. Let's not run down the hallway screaming, what a great thing, what great gift ADHD is to have.

Where I think there is room for hope and discussion here is having conceded that there is a disorder here. All right, now, what are you going to do about it? And what are the treatments that you need to access? And what are the environments and the niches you need to be looking at to capitalize on your strengths, your talents that other people may not have?

And that is the challenge, I think, that you're talking about that instills hope. It does require, in my opinion,

first of all, that you have to go through a grief reaction. You have to acknowledge this loss of, for lack of a better term, normalcy, but this loss is what other people take for granted. Life isn't going to be as easy for you in certain ways as it is for people who don't necessarily have ADHD.

And as you know, and we've talked about it on your show, some people do experience a grief response to that loss of that view of themselves. But then comes the opportunity to reframe your disorder in such a way and reframe your view of yourself in such a way that you can rise to meet that challenge. And as you know, the end stage of grieving is acceptance.

You are not going to move on to do something to meet those challenges and to rise to that occasion if you haven't accepted your disorder first.

And you are not going to move on to do something, as you have done with your life, to do something to meet those challenges and to rise to that occasion if you haven't accepted your disorder first because there would be no need to. You could just walk around saying, there's nothing wrong with me. I don't have to do anything. Everything is fine. Leave me alone. You know, the people around me are the problem. Not me.

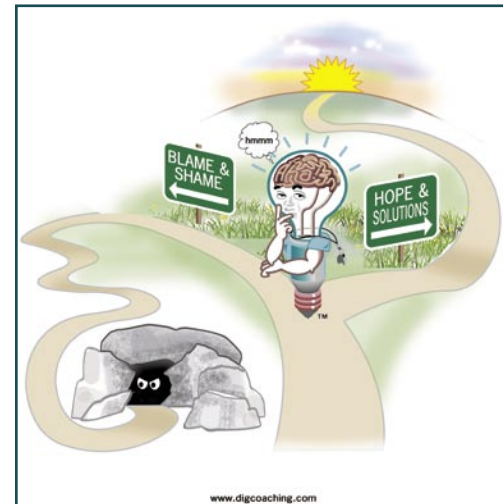
The other thing I think that's embedded in what you're talking about is accepting the diagnosis of ADHD. It does bring into view that this is a neurodevelopmental disorder, as DSM-5 is going to classify it in a few weeks when the new manual comes out for diagnosis. And by viewing it that way, it removes it from the realm of moral failure.

Neither blaming others nor viewing yourself as somehow morally flawed or less of a person is helpful.

And as you know, many people with ADHD before their diagnosis often blamed themselves. They viewed it as a character weakness or a particular flaw, or they just couldn't get it together. Or they just needed to wake up and smell the coffee, or they blamed other people around them. But neither blaming others nor viewing yourself as somehow

morally flawed or less of a person is helpful.

So, to me, the diagnosis not only brings with it this potential of hope, but it also allows you to reframe it as the neurodevelopmental, neurological disorder that it actually is. And then I think you can rise to the challenge of how do I overcome this limitation that I have been given as a result of my brain and my genes. And that then is the struggle you're talking about that I think can better you as a result of meeting that struggle.



Jeff: Absolutely. I want to reiterate, you were talking about grief a second ago, and Dr. Barkley, it is so clear to me in my work now after your discussions. You know, when I look at ADHD as a self-regulation issue, not an attention issue, so much makes sense. I mean, kids can play computer games all day long. Their issue is they can't regulate and stop playing it. But the emotional side

of it more and more, I'm noticing, that down-regulation or that desire to kind of go into the dramatic realm and modulating that sometimes goes back to grief is an emotion.

Acceptance and down-regulating can absolutely help you move forward because it is very much a part. And sometimes it's more of a challenge for those with ADHD because of the nature of the need to regulate the emotion.

And many of those with ADHD, if they just sit down and kind of work their way through it, can realize that that is part of this process. And acceptance and down-

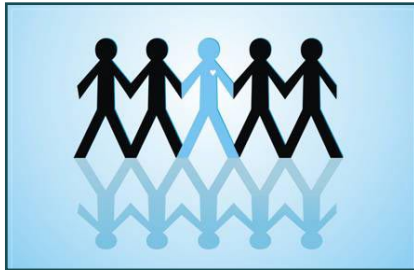
regulating absolutely help them move forward in it because it is very much a part. And I think sometimes it's more of a challenge for those with ADHD because of the nature of the need to regulate the emotion.



It's the people you choose to surround yourself with that can make or break you with this disorder.

Dr. Barkley: Yes, absolutely. And as you know, in the wrong environment, that need for external structure and self-regulation, especially over emotions, can become quite destructive if you don't put yourself in the right environment. For example:

- If you choose to enter into relationships with other people who are having significant self-control problems.
- If you choose to place yourself in with deviant peer groups that are engaging in antisocial behavior because you're angry that the other people, the more successful people may have rejected you.
- If you choose to have an intimate relationship with someone, for instance, who is even more impaired than you are and who wishes to do nothing about it and wishes to drag you down with them.



It can become a downward spiral and not the upward spiral that we're trying to encourage people to embrace and struggle with and overcome the deficits that they have.

So, I think part of the niche picking, which you were talking about earlier, is this idea. It's not just the niche, the context, or the occupation. It's the people you choose to surround yourself with that can make or break you with this disorder. And so, you have to be careful about whom you're choosing to associate with, or you can make your disorder worse.

Jeff: Absolutely. Well, I think we've come full circle. We've talked about the stuff at the top. We've talked about stigma. It's an emotionally charged topic. Hopefully, we've addressed many of the issues to describe the pros and cons, taken a look at it for what it is so that those out there can digest it.



My hope is that we can, as a community, come together with this and move forward and put the debate and the whole Dr. Evil thing behind us because the facts there really make some sense. If we can get onto this and accept it, and move forward with it, all the better for everybody else.

And so, as always, Dr. Barkley, thank you so much for talking with us today.

Dr. Barkley: Thank you very much, Jeff. I appreciate it.

ADHD

and the Role of Hope

Interview with Dr. Edward (Ned) Hallowell

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Jeff: Dr. Hallowell, welcome.

Dr. Hallowell: Good to be with you.

Jeff: I've always been grateful for your time. We do have some very meaningful shows. I remember the last one we did was a couple of years ago; it was kind of cool. I stumbled into the fact that ADHD coaching was first found in print in your book, *DRIVEN TO DISTRACTION*, and we actually were able to do that show during ADHD Awareness Month 20 years after it was published. So, being an ADHD coach, it was certainly a lot of fun, and we appreciate your time for that.

Dr. Hallowell: No, thank you. Thank you.

Jeff: It was profound to me, several years ago, you and Dr. Russell Barkley did a presentation at a CHADD conference talking about your views of ADHD. You talk in terms of hope, and Dr. Barkley talks in terms of ADHD as being a condition and somewhat negative.

What I took from the presentation, number one is, I believe and I'm not so sure, that you're the one



that was the emphasis of kind of saying, "Hey, let's do this thing together."

But he's a researcher and looks at kind of normative data and you're a clinician who deals with the individual, and that's really two different perspectives. I want to talk about your view of that hope for a second, but can you just tell us a little bit about the coming together of that keynote presentation and just kind of frame out how that took place?

Often Russ [Barkley] and I are pitted against each other, which is a mistake. He sometimes gets represented as Darth Vader, and I get represented as Pollyanna, and we wanted to blow up that myth.

Dr. Hallowell: Well, often Russ and I are pitted against each other, which is a mistake. We're good friends, and honestly, Dr. Barkley is one of the great pioneers in the field. He's done probably more than anyone to establish ADHD as a condition with a scientific basis to it and deserves the utmost respect, really a true giant in the field.

But he sometimes gets represented as Darth Vader and I get represented as Pollyanna, and we sort of wanted to blow up that myth. We're really two sides of the same coin. Russ has built his career showing, proving, how crippling, how devastating, how terrible ADHD can be if you don't take it seriously.

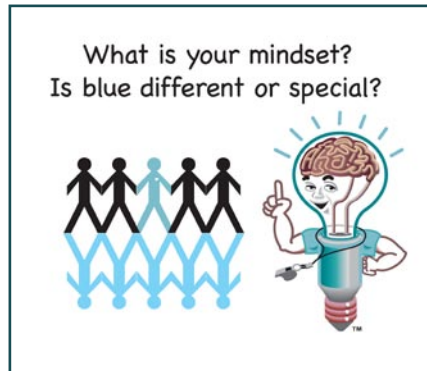
If you don't diagnose it, treat it, and do something about it, it can ruin your life and indeed kill you. And he's shown that and deserves all the credit in the world for bringing that to the attention of the public, that this is a potentially lethal condition.



“Fully 50% of young adults who have ADHD become addicts. The halls of the unemployed are full of over-represented people with ADHD, depressed, suicides, so on and so forth. My work emphasizes the other side of the coin.”

The prisons are full of people with undiagnosed ADHD, the halls of the addicted. Fully 50% of young adults who have ADHD become addicts. The halls of the unemployed are full of over-represented people with ADHD, depressed, suicides, so on and so forth. My work emphasizes the other side of the coin, the CEOs, most entrepreneurs have it, the Pulitzer Prize winners, Nobel Prize winners.

People who are at the top of their fields, professional athletes, master chefs. People who are contributing in major ways to society; the man who founded JetBlue Airlines, the current CEO of AOL merged with Yahoo has it. It's found in Wall Street in abundance, in Hollywood in abundance.



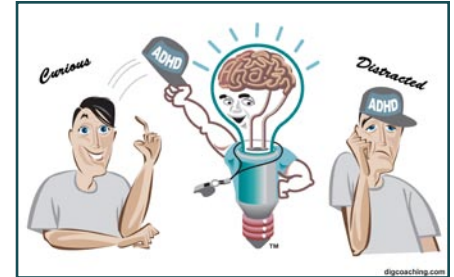
I was just talking to Tim Armstrong, CEO of AOL-Yahoo, and we're going to make a documentary together on the strength-based approach to ADD. He was just in a gathering of producers out there, and everyone in the room had it.

ADD is common among highly creative people, and that's what makes this condition so interesting. It can be a terribly, devastatingly, crippling condition, but at the same time, it can be just amazingly enabling. It can just equip you with tremendous talent and take you to the very top of whatever field you're in.

“If properly diagnosed and if treated properly, one can live a very, very fulfilling life. With the proper diagnosis and the proper treatment, there is hope.”

Jeff: Well, one of the things that I've heard you say before that's very interesting to me and we'll break it down. I'm going to walk my way through this and let you comment on it. And that is, “ADD, if properly diagnosed....” I really want to emphasize and highlight that, if properly diagnosed and if treated properly, one can live a very, very fulfilling life.

And I think that statement actually is an incredible statement because it really backs up some of the people that you just described, and it provides hope. Because there is hope. You can enjoy a very fulfilling life. Do you just want to talk about that a little bit? You've said that time and time again, but I think that with the proper diagnosis and the proper treatment, there is hope. So, do you want to speak to that?



“You don't want to rely on luck. Luck is not a good strategy.”

Dr. Hallowell: Oh, more than hope. There's almost a guarantee that you'll do great things. But you do need to get the right kind of help, because if you don't get that, bad things can really happen. You can be heading for a disaster. Now, sometimes you'll luck out like I did. I didn't get diagnosed or treated, and I lucked out. But you don't want to rely on luck. Luck is not a good strategy. So, you want to try to get diagnosed early, and then get the right kind of help.



Jeff: So, if you didn't get the diagnosis early, still, there are people along the way, I think, for a lot of people out there now

who really were instrumental in their life who gave them hope. And I think I've heard you tell a story about your first-grade teacher, the reading out loud, the one with the powder. Can you tell that story again? Because I think it's a great story. In a way I think you struggled, from what I remember you telling it, and it gave you some hope. So, would you mind sharing that again with us?



My first-grade teacher would sit down next to me and put her arm around me. Then, I didn't have the real disabilities, which were fear and shame. So, I often say my IEP was Mrs. Eldridge's arm.

Dr. Hallowell: Yeah, Mrs. Eldridge. She simply sat down next to me. We'd be sitting at these little round tables reading out loud, and it would come to my turn and I couldn't read. I'd stammer, I'd stutter. Well, she didn't excuse me from reading. She would just sit down and put her arm around me. And so, when it would come to be my turn, with her arm around me, I didn't feel afraid. And so, I'd struggle, but with her arm around me, I didn't have the real disabilities, which were fear and shame. And so, her arm just took those out of the equation. And I often say, "My IEP was Mrs. Eldridge's arm." [Editor's note: "IEP" is Individualized Education Program.]

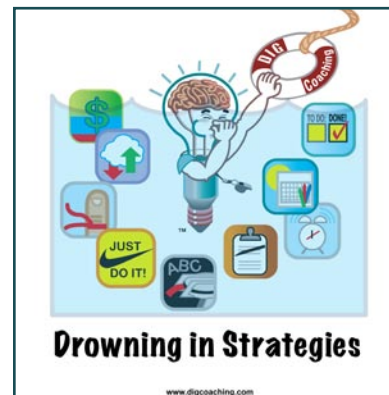
Jeff: *I think that's such a great story because she would put her arm around you, she'd just be this safe environment, and it enabled you to do that. I've heard you say how it's odd that you struggled back then, but now you make very much a living with words, and that in itself is a lot of hope.*

Dr. Hallowell: Yeah, I have dyslexia. And that's a so-called learning disability, but I majored in English at Harvard and graduated with high honors and make my living with words. By the way, John Irving has dyslexia, too, and he's one of the world's foremost novelists.

Jeff: *Wow! We're talking about this all starting from the presentation or keynote address that you did with Dr. Barkley at a CHADD conference and the differences in how they're pitched. And we are really talking a lot about hope and what was profound to me that I really took from that presentation, Dr. Hallowell is hope is this amazing thing that, without hope, there's just really despair. And you tell lots of stories about hope when you work with people, and it seems to me that's the single greatest thing a coach or a clinician or a teacher can really bring to the table with somebody with ADHD. And my understanding is day to day when you're working with people, that's in the back of your mind. Can you talk to us about that?*



Without hope, you often don't get started; you don't even want to use the strategy. So, hope is the fuel. Hope is not a strategy. But I couldn't agree with you more that hope is the fuel. You need the hope, and you need the strategy.



Dr. Hallowell: Remember though, hope is not a strategy, and that's actually the title of a book. I've never read the book, but I do love the title, Hope Is Not A Strategy. But I couldn't agree with you more, hope is the fuel. Without hope, you often don't get started, you don't even want to use the strategy. So, hope is the fuel.

Once you've got the fuel, once you've got the hope, then you want to use the strategy, but you do need the strategy. So, you need both. You need the hope, and you need the strategy. And I like to think in my books, I provide both and you really do need both.

Unfortunately, I think a lot of people provide a lot of

strategies and they're good strategies, but they don't provide much hope. They don't give many examples, or they don't give much in the way of just showing that you really can reach the heights. You really can do a lot. You really can make your dreams come true. And you can, you really can.

So, the world is wonderful for people with ADD. And I'm not just saying that. I've lived it myself. I've seen it and I've had a blessed life. I've written 20 books, had three wonderful children, 29 years of a wonderful marriage. I have clinics, and my success is small potatoes compared to lots of people. David Neeleman who started JetBlue, Tim Armstrong, the CEO of AOL.



ADD folks have a terrible tendency to just get very down on themselves.

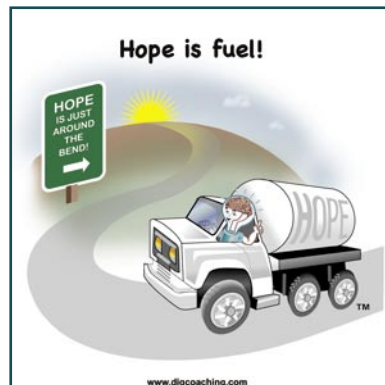
And success is only one measure. A lot of people with ADD just lead lives of just amazing fun and humor, just bouncing from project to project or even mishap to mishap but they're incredibly funny mishaps. And they just add a lot of joy to the world. They add a lot of humor to the world. They add a lot of fun to the world.

And so, I think the combination of hope and strategy is what folks need, parents of these kids and the adults who are looking for a way.

Interestingly enough, they usually do find ways and so you might be right. What they need more of is hope because ADD folks have a terrible tendency to just get very down on themselves. They have a terrible tendency to think less of themselves than they should.

They just get very down on themselves and think whatever successes they've had are done by smoke and mirrors and just really beat up on themselves in very disheartening ways and often keep that hidden from the rest of the world and they suffer in silence. Their moments of solitude are really not very happy moments.

Jeff: *I really like "hope*



is the fuel," but you do need the strategies. And one of the things that we've done over the years on Attention Talk Radio is a lot of shows illustrating wacky strategies that different people have had that worked. One in particular was with David Giwerc at the ADD Coach Academy.

Dr. Hallowell: Oh, yes. I love David.

Jeff: *He talked about how he used to just bounce around all over the place and break couches. And finally, one time his grandmother brought him a rocking chair and he found rocking to be very, very good to help him focus. And before you know it, he's at Syracuse. And what he would do is rock in his rocking chair and sing his notes to himself to the tune of "She'll Be Coming Round the Mountain When She Comes." And he's saying it was amazing and it helped him focus. It gave him hope, and he graduated cum laude from Syracuse.*

We did another interview with Roberto Olivardia. He did his Harvard dissertation in two weeks, because he found, if punk rock videos were playing on the same screen where he was writing, the beat would actually help him stay focused and actually kind of write. And he credits that stuff too it. Again, it's not obvious, but it kind of worked for him. And these are the types of crazy things that have helped people.

I think you know Peter Shankman pretty well. Peter told the story of how he wrote his book one time where he booked a ticket to fly to Tokyo and back just because he knew that he'd be putting himself in that environment that he could write it. And it's not a believable story till you hear him tell it because he flew to Tokyo, he got off the plane, got back on the plane, and came back. And when he got to Customs, they wouldn't let him through because he didn't get his passport stamped on the other side. But as a strategy as he describes, "I was on this airplane with nothing to do." He wrote an entire book going that way.

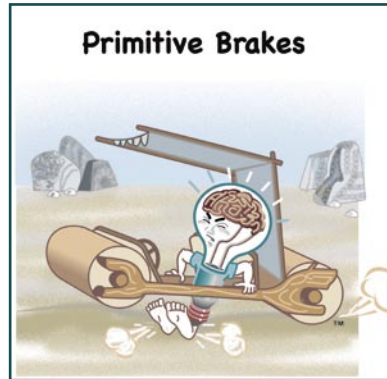


Though not necessarily a mainstream strategy, I think stories like these can help people and give them hope.

Again, not necessarily a mainstream strategy, but stories like that I think really help people, give them hope. And these are all success stories that really illustrate how this comes together. I'm sure you've got the same type of thing, but this is the type of thing that we're talking about, where there is a lot of hope and it can be fulfilling.

Dr. Hallowell: Yeah. Absolutely.

Jeff: When you're working, sometimes you have a lot of famous things I've heard when you're working with kids and stuff like that. And you have a way of putting it together. Like with kids, you talk about how a Ferrari brain with bicycle brakes. Can you just talk about how you work with kids and talk to them in a way that gives them hope?



You've got a Ferrari brain with bicycle brakes. We can strengthen those brakes, and that's so much better than feeling you've got a deficit disorder that has to be treated.

Dr. Hallowell: Well, I say just that to them. I say, "You're really lucky. You've got this Ferrari brain with bicycle brakes and what you've got can't be bought and can't be taught. But what your problem is we can help you with. We can strengthen those brakes. So, you're really lucky, and as we strengthen your brakes, you're going to become a champion."

And so, they leave my office really excited that if they do the work they need to do, then they're going to become champions. That's so much better than that the feeling they've got a deficit disorder that has to be treated.

Jeff: Absolutely. I've also heard some people get really negative by calling ADHD a gift and a strength. What

was challenging for me is you have to talk about it in a positive way, and you have to get people to look at strengths and where they are, because that's what will make that happen. Do you get a lot of criticism for that type of stuff? How do you handle it?

I don't call it a gift and I think it's absurd to call it a gift. It's insulting to call it a gift. It's insulting and really disrespectful to those people who die because they have this gift and that's nonsense to call it a gift.

Dr. Hallowell: Well, first of all, I don't call it a gift and I think it's absurd to call it a gift. It's neither a gift nor a curse.

I've never called it a gift. People misrepresent me that way. It's a trait. It's neither a gift nor a curse. It can become a gift if you manage it right, but it can also become a terrible curse if you don't manage it right. That's the accurate representation.

It's silly to call it a gift. It's just nonsense because there are people who have this condition who die because of it. It's insulting to call it a gift. It's insulting and really disrespectful to those people who die because they have this gift and that's nonsense to call it a gift.



There's no other condition like it in human nature that can be so extremely wonderful or terrible. For most of us, it's a little bit of both.

On the other hand, to say it's an unmitigated curse, well, do you think David Neeleman, the man who founded JetBlue, has an unmitigated curse? Obviously not, and it's disrespectful to him to say that. So, what we need to do is name it for



what it is, namely a trait and an absolutely fascinating trait, because it can make you or break you. There's no other condition like it in human nature that can be so extremely wonderful or terrible. For most of us, it's a little bit of both.

My job as a practitioner and why I love my work is to try to maximize the good part, maximize the wonderful parts of this and minimize the negative, minimize the damage that it does. Fortunately, we have many tools for enhancing the good parts and minimizing the bad parts. I do say I don't treat disabilities; I unwrap gifts. So, by that, I mean I unwrap the good parts of this condition and try to dismantle the bad parts.

Jeff: I'm really grateful for what you said, that you don't call it a gift, that you're misrepresented by that, because I think that's really an accurate statement. I think people jump to the conclusion on some of this stuff.

I know in my work, there's nothing better than working with somebody with ADHD and helping them realize what they're capable of doing and when they accomplish things, and they're just so excited. It's a lot of fun, but it's helping them understand what they can do and not focus on what they can't.

But there's another thing that I wanted to talk to you about. You have been a thought leader for forever. I know my industry is grateful because the first time ADHD coaching was ever in print was in a book that you and Dr. John Ratey wrote back in 1994, called Driven to Distraction.

You've always been a huge advocate, thought leader, and proponent of multimodal. It's everything, it's not just medications. It's tutoring, it's training, it's coaching, it's therapy. Can you just talk to us a little bit about that? Because it's a holistic view of things and I think that that's important for those people, not just to look at one thing and think it's going to solve the problem, that there's hope, but you've got to get a lot involved.



Dr. Hallowell: Yeah, I mean, you want to use all the tools in the toolbox, and fortunately, we do have a lot of tools in the toolbox. How you manage this trait, how you bring out the good and minimize the damage done by the bad, you want to use everything. Coaching, physical exercise, meditation, diet, all the modalities we have to make use of and medication, of course, being another one.

Jeff: Yeah, absolutely. Any final insights or comments around hope that you want to share before we bring this to a close?

The main point is that, with proper management, there's a tremendous amount of hope.

Dr. Hallowell: Well, the main one being that, with proper management, there's a tremendous amount of hope. All these people are winners in the making, champions in the making, these racecar brains, once they strengthen their brakes, will win races and achieve their dreams, achieve their goals. I see it, thank goodness, in my practice every day. It's a great thing to see.

Jeff: To me, it's not even a great thing. It's really awe-inspiring to see people unpack this stuff and really become successful. So, Dr. Hallowell, thank you so much. I really appreciate your time and the effort.

Dr. Hallowell: My pleasure, nice to be with you.