Communication and the Adult with ADHD: Duties & Dilemmas in the Workplace

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ADHD & Adults

- persistent & pervasive hyperactivity, impulsivity and/or inattention - significantly impairs functioning in social, academic or occupational environments (APA, 2013)

- inattentive symptoms frequently persist to adulthood; hyperactive symptoms typically diminish, become more easily controlled, or manifest as impulsivity (Glöckner-Rist et al, 2013; Stewart & Liljequist, 2012)

- **persists** to adulthood in 50-80% of cases (Alderson et al, 2013; Fleischmann & Miller, 2013; Gajaria et al, 2011; Kim et al, 2013)

- worldwide **prevalence** in adulthood range from 1% to 7% (Matte et al, 2012; Ramtekkar et al, 2010)

Communication impairments: intrinsic or comorbid language impairments common in adults (Engelhardt et al, 2011; Helland et al, 2012; Hill, 2000); negative impact on social relationships (e.g. avoidance) (Glass et al, 2012; Marsh et al, 2012; Miller et al, 2011)

Language: important role in organisation and self-regulation of appropriate behaviour through inner-speech (Barkley et al, 2010; Bruce et al, 2006)

Pragmatic & metalinguistic skills e.g.

- poor topic maintenance; increase in interruptions; excessive talking
- poor auditory processing
- narrative speech that is less cohesive, efficient and informative;
- poor affect recognition and perspective taking- decreased sensitivity to listener's needs

(Engelhardt et al, 2012; Hervey et al, 2004; Hill, 2000; Nilsen et al, 2012)

Adult with ADHD & the Workplace

Job seeking

– difficulty with application forms

– appropriate interactions with prospective employers (Amadou et al., 2013; Landine & McLuckie, 2012)

Occupational performance

– time-management, organisation, following directions

– seemingly careless errors cause employer dissatisfaction

– increased likelihood of job loss (Amadou et al., 2013; Harpin, 2005)

Personal effects

- Interpersonal difficulties compounded by inappropriate social interactions (Overbey et al., 2011; Halbesleben et al., 2013)

– lowered mood levels, sleep disruptions, and poor self-esteem (Asherson et al., 2012)

AIM

\- to explore the social interactive experiences in the workplace, based on self-reports

Method

- Data was collected from 3 online forums dedicated to use by adults with ADHD
- 113 participants, across 20 threads related to the workplace

- 2x person studies (A & B)
- Sources of information for analysis
  - Referral reports
  - Self report : case history and ongoing reporting/ discussion
  - Completion of *The Pragmatics Profile of Everyday Communication Skills in Adults* (Self Report version) (Dewart & Summers, 1996)

- Thematic analysis (Braun & Clarke, 2006)

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	Person A	Person B
Age	Mid 30s	Early 40s
Previous Employment	Full time security	Full-time administration
Current Employment	part-time jobs in the education working a number of social care, and security fields	Extended medical leave
Reason for Referral (from psychiatry)	Full language & communication assessment Engaged in therapy	Full language & communication assessment Engaged in therapy
Timing of ADHD diagnosis	Recent (<3years)	Recent (<3years)
Co-morbidities	Depression, schizophrenia, bi-polar disorder	Depression, OCD, agoraphobia. PTSD

Findings: Thematic Network

Negative Occupational History

Communication Barriers

Response to Negative Experiences
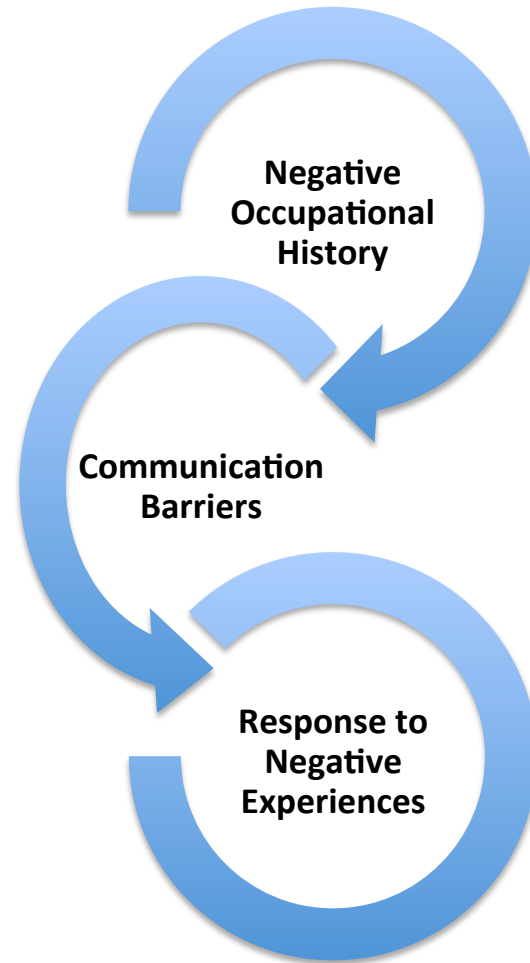
Findings 1:
Negative Occupational History

Negative Occupational History	Online Accounts	Person A	Person B
Difficulty finding employment	✓		
Bad reputation	✓	✓	✓
Losing or leaving employment	✓	✓	✓
Being 'passed over' for promotion	✓		✓

Narrative examples:
Negative Occupational History

- *"It affects how people see me, especially in a work capacity, people judge me **as less intelligent or capable**"*

- *"My communication with others in the office has gotten me a bad rep"*

- *"I've had so many jobs its not funny"*

- *"I lost my last job as a supervisor **because I made my employees 'uncomfortable'**"*

- *"ADD has affected everything about my work performance. I'm great at what I do but I am passed over for things because I think they see me as an airhead."*

Findings 2: Communication Barriers

Communication barriers	Online Accounts	Person A	Person B
Excessive chatter	✓		✓
Frequent interruptions	✓	✓	✓
Difficulty staying on topic	✓	✓	✓
Difficulty holding temper in check	✓		✓
Tactlessness	✓	✓	✓
Recalling spoken instructions	✓	✓	✓
Following conversations	✓	✓	✓
Processing written instructions	✓	✓	
Composing written communications	✓		✓
Maintaining eye contact	✓	✓	

Narrative examples: Communication Barriers

- *"I find myself **blurting out my thoughts** before speaking and interrupting my supervisors"*

- *"During the 45 scheduled minutes of questioning, **I TANGENTALISE**, & waffle on"*

- *"He said I was like a machine with no 'off' switch"*

- *"I am very quick to send out emails or say what I am thinking **without taking the appropriateness into account**"*

- *"I have asked the question, 'Is that something I was supposed to do?' often… I seem to **miss a lot of information**"*

- *"When I am speaking to someone I stare at them and in my head I am thinking 'focus, focus, pay attention!.' Then I walk away and think wow, I didn't hear anything that person said"*

Findings 3: Communication Barriers: Awareness & Insight

Awareness & Insight	Online Accounts	Person A	Person B
Lack of awareness	✔		✔
Hyperawareness		✔	✔
Surprise when confronted about communicative behaviours	✔		✔
Negative feelings when confronted	✔		✔
Desire to change	✔	✔	✔
Lack of desire to change	✔		

Narrative examples: Communication Barriers: Awareness & Insight

- *"I want to know if I'm doing something wrong or not"*

- *"I'm afraid self-awareness is sorely lacking for me too"*

- *"It's like scales falling off my eyes. How can I have had a self-perception that is so radically different from how others perceive me? I'm **shocked, appalled, humiliated**."*

- *"I've only very recently been diagnosed with ADHD and began treatment. In the two weeks since, I've mainly focused, not on coping anymore, but on **how I can better understand it** and on improving my interpersonal relationships and social interactions"*

- *"I can understand now how I could have worded it better, but **to me that is straight to the point**. Why do I have to fluff it up? It is annoying."*

Findings 4: Response to Negative Experiences

Response to negative experiences	Online Accounts	Person A	Person B
Anxiety	✓	✓	✓
Avoidance	✓	✓	✓
Need for understanding	✓		
Self-management strategies	✓	✓	✓

Narrative examples: Response to Negative Experiences

- *"**I feel inept**, like people are pre-judging me, talking about me, looking at me."*

- *"It is up to me to devise ways to think before I speak and remember important issues like chain of command and adjust accordingly."*

- *"I need **workable strategies** where I can interrupt my own excessive talking loop, or put a lid on it BEFORE it starts"*

- *"I **write notes** or may draw a diagram. Then I **summarise the conversation** or the action items (if there are any)."*

- *In a way I'm glad that someone realises that something is wrong, and this meeting will be a chance to explain to the nice manager why I'm acting this way and **hopefully we can come up with some solutions** before I lose my sanity, my job, or both!*

Conclusions 1

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Own findings in keeping with current literature:

- profound impact on occupational functioning and satisfaction and on workplace relationships.

- associated with variety of negative, functional outcomes (i.e. education, employment and social relationships) (Gawrilow et al, 2011; Gjervan et al, 2012; Safren et al 2010; Schiffrin et al, 2010)

- frustration on part of co-workers compounded by inappropriate communicative and social interactions (Adamou et al., 2013; Harpin, 2005; Overbey et al, 2011)

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Conclusions 2

However:

valuable insights as to how to adapt or be supported in the workplace (e.g. adapting work environments, time-management tools, regular feedback) (Halbesleben et al, 2013; Landine & McLuckie, 2012; Moyá et al, 2012)

Participants had workable insight; were proactive and considered in approach to therapy and their communication:

- Person A: wanting to remain regularly involved with SLT; gaining a lot from intervention focusing on solution-focused approach & positive reinforcement of social communication strategies and attempts

- Person B : felt empowered & happy to self-manage following short-term education and guidance on ADHD and language/communication

Conclusions 3: Factors that affect social function (adapted Tyrer, 1993; 9)

Concept of **'social function'** in psychiatry useful to forefront here (see Casey, 1993) and in relation to workplace setting

"The adverse effects of prioritising illness and symptoms over their consequences, such as social impairment, are avoided leading to fuller appreciation of the spectrum of difficulties which the patient experiences" (p.12)

Personality

Symptoms

Circumstances

Intellect

Culture

Coping skills
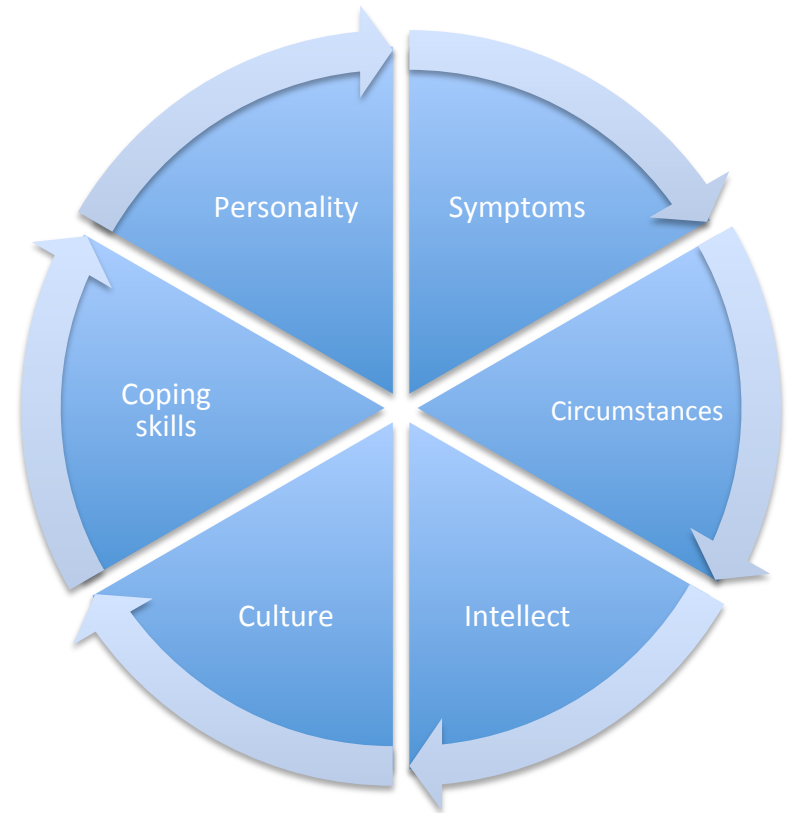
Conclusions 3 (Contd.)

"Social function itself and the extent to which it has been restored following an episode of illness may be a more pragmatic and appropriate measure of outcome than symptom severity" (p.16)

e.g. with **Person A and B** in communication therapy – exploited/optimised their insights and focused on their sociability, as opposed to the negative impact of (highly complex) symptoms
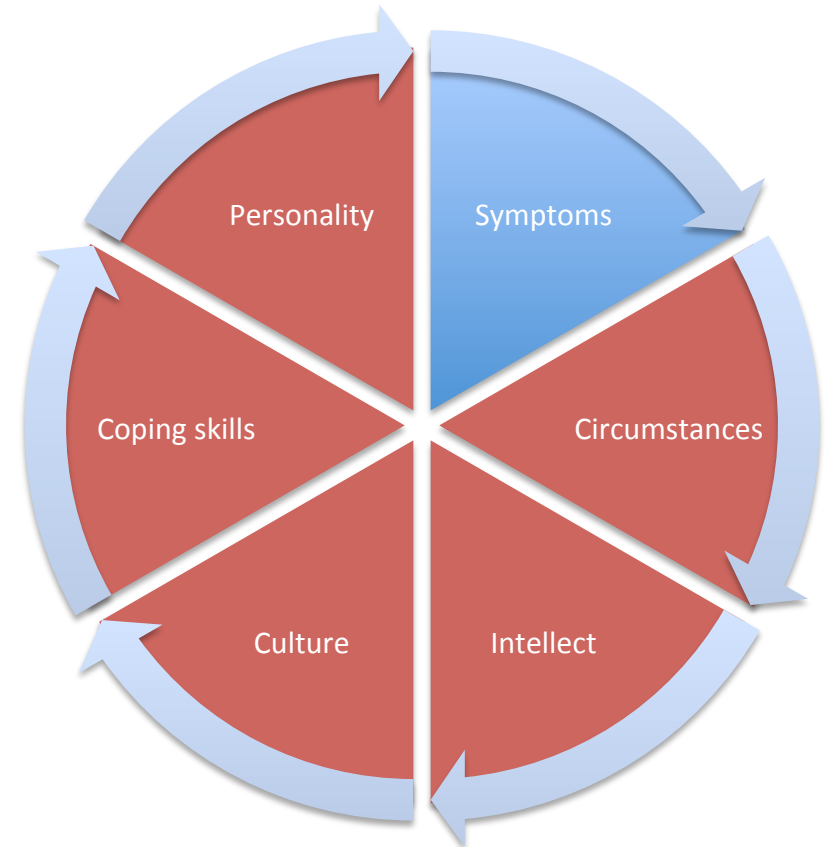
Final words

- Greater understanding of impact of social function in ADHD on quality of life and in workplace settings

- **need for focus on communication as core to this concept and as particularly relevant to ADHD/complex presentations in workplace**

- *"…We suspect it [social function] is overlooked because, like a jelly, it seems to change its shape depending on the constraints imposed [e.g. workplace], and can be made to encompass any aspect of society" (Tyrer & Casey, 1993; ix)*

Thank You

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