

Fostering Resilience in Youth with ADHD

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ABSTRACT: This article reviews the implications of recent research for intervention with youth with Attention Deficit Hyperactivity Disorder (ADHD) and Learning Disabilities (LD). In providing a relationship that stresses the building of self-knowledge, child and youth care workers can assist these youth in developing resilience, overcoming obstacles and beating the odds.

This article shares the results of our research that examined sources of resilience in youth who had grown up with Attention Deficit Hyperactivity Disorder (ADHD). It is our view that a child and youth care approach to intervention, that stresses strength based programming and an emphasis



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on supportive relationships that build self esteem, is uniquely suited to enhancing the development of children and youth who struggle with ADHD and Learning Disabilities (LD).

In recent years, child and youth care workers have been called upon to deal with an increasing number of youth who suffer from ADHD. Working with these youth is a daunting task, made more difficult by the complicating conditions that often coexist with ADHD, the lack of understanding about the disorder itself, and the paucity of resources available to the youth and families afflicted by the disorder as well as to those who work with them. Typically, child and youth care workers are not given support to further their training so that they can deal with ADHD, nor are they often able to devote dedicated time and energy to building

sustained one-on-one relationships with these youth. Yet it is well known that youth with ADHD are over-represented in foster care, residential treatment facilities and juvenile detention centres, and that these particular youth in care are doubly disadvantaged in relation to their academic lives. The problems that youth in care already face in relation to successful integration in school, given the disruptive impact of placement, are only compounded by the presence of ADHD.

Statistics from the Learning Disabilities Association of Canada (LDAC), 2001) indicate that 30 to 70% of young offenders have ADHD, 45.6% of adult inmates with ADHD were involved in youth court, and 50% of females with ADHD will be mothers within three to five years of leaving high school. One important research study

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reported that individuals with ADHD have higher rates of teen pregnancy, sexually transmitted disease, car accidents, substance abuse problems, mood and personality disorders, and persistent employment problems (Fischer, Barkley, Smallish, & Fletcher, 2002).

Results from longitudinal research on ADHD youth indicate that the problems they face constitute major obstacles to successful school functioning. It is estimated that 90% of youth with ADHD underachieve at school, 50% repeat at least one academic year, 35% drop out prior to the completion of high school (which is twice the rate of their peers) and only a small percentage complete a four-year college degree (Barkley, 1998; Barkley, Fisher, Edelbrock & Smallish, 1990; Hechtman, 1996; Murray, Goldstein, Nourse & Edgar, 2000; Rojewski, 1999; Weiss & Hechtman, 1993). It must be noted that the presence of co-occurring LD is often identified when a diagnosis of ADHD is made. Studies indicate that 35% to 50% of individuals formally diagnosed with ADHD also have one or more specific LD (e.g. dyslexia, auditory processing disorders, developmental coordination disorder etc.) and that ADHD and LDs are the most common long term conditions experienced by children and youth, persisting into adulthood (Brown, 1996; Brown, 2000; Hechtman, 2000; Tannock & Brown, 2000). Many youth with ADHD experience serious social problems,

including problems with peer relations, and show a pronounced difficulty in making and keeping friends. Fifty percent of adolescents who commit suicide have been diagnosed with ADHD and LD (LDAQ, 2001).

Despite the dismal outcomes for young people with ADHD, there are some who do manage to beat the odds and achieve positive outcomes, both in terms of academics and overall adjustment. In our work as professors, we became aware of students in our classes who had managed to come to university despite the low probability of achieving admission to post-secondary education in this population. We undertook a qualitative study, where we interviewed volunteers in order to learn more about the factors that played a key role in positively affecting the educational attainment, academic success and social integration of these students (Litner, Mann-Feder, & Guerard, 2005). In other words, our interest was in exploring sources of resilience in the lives of these students. In doing so, we adopted Rutter's (1987) concept of resilience as the outcome of buffering processes that do not eliminate risks and adverse conditions in life but allow the individual to deal with them effectively.

About ADHD

ADHD is a complex neurobiological disorder or inefficiency in the area of the brain which controls impulses, aids in screening sensory input and

focuses attention. ADHD is believed to be caused by the malfunctioning of neurotransmitters, which are the brain's chemical messengers. It is a chronic, most often inherited, disorder, which typically begins in early childhood and continues throughout adulthood (Faraone & Doyle, 2000, 2001). Litner (2003) points out that while ADHD is not an emotional disorder; those affected by the disorder, tend to exhibit emotional, behavioural and interpersonal problems at home, at school and at work. She goes on to comment:

“There is a socially low tolerance and acceptance of individuals with ADHD because of their difficulties with social interaction and interpersonal relationships. Thus, they often experience loneliness and peer rejection and develop negative reputations, furthering their social isolation. These factors, coupled with continual academic struggles, become a downward spiral leading to behaviour problems and emotional disorders.” (p.139)

What we found out

Overall, our findings suggest that internal factors and personality strengths contributed more to the resilience in our participants than any external supports *per se*. Our major finding was that students with ADHD and LD who were admitted to university were characterized by internal strengths which became important sources of resilience. These special attributes included the



capacity for self-reflection, which tended to be characterized by an ability to re-evaluate experiences, including experiences of failure, with a self-enhancing perspective.

A striking commonality among participants in this study was that alternative activities outside school were critically important sources of self-esteem as they grew up. These activities ranged from participation in alternative institutions like the church or the military, to unstructured participation in the arts. These provided opportunities for the discovery of strengths and talents outside an academic setting, as well as solace and comfort away from their difficulties at school. Werner & Smith (2001) comment that “some of the former delinquents considered going into the armed forces as one of the experiences that had been most important in making them the responsible persons they had become in midlife” (p.128).

Many participants had a keen awareness of their own learning style, and spoke at length of a self-reflective process that had helped them to overcome experiences of failure. All, however, at some point in their respective histories, had realized that having ADHD and LD did not mean that they were stupid. The need to balance appropriate help-seeking with self-reliance was emphasized, as was the struggle to identify strategies and concrete steps that would enhance academic perfor-

mance. Although our participants spoke of pain, humiliation and isolation, many were also assertive in securing the support they felt they required. Some even fought for the support they needed so that they could continue their education. Another striking similarity was that all our participants wanted to avoid quitting, no matter what. All wanted to prove their competence and were characterized by a passionate need to achieve in spite of, or perhaps because of, the odds against them. These students had also developed an ability to strike a balance between self-reliance and appropriate help-seeking, and displayed a strong sense of entitlement despite experiences of adversity. They exhibited a common resolve to focus on positives and avoid quitting, a powerful drive to persevere, prove their worth and succeed, and an inner assuredness of their own competence despite the academic difficulties they continued to encounter even now in university.

These findings are consistent with those of Raskind, Goldberg, Higgins and Herman (2003) of the Frostig Research Centre in California. Their work stresses similar success attributes and emphasizes that these are personal characteristics that can be developed over time, especially given planned intervention (<http://www.ldsucces.org>). They cite self-awareness, proactivity, perseverance, goal setting, and emotional coping strategies as the most powerful

internal factors in successful adaptation to ADHD.

What this means for intervention

Our work points to the importance of intervening to help young people to develop internal resources that become sources of resilience, beyond academic remediation. These personal assets can be developed in any context and, as our participants often stated, can be a source of inner strength even if the environment is not supportive. Child and youth care workers may have influence in improving some of the external factors in these students' lives, for instance the relationship with their teachers and other school staff, but even more importantly, by helping to build and strengthen the internal factors — a re-definition of themselves as able and competent human beings. This is hopeful because, while we have limited ability to change the external systems that our youth need to navigate, we can use ourselves to create conditions that empower youth and build internal sources of resilience.

We need to move from a deficit-based approach to ADHD and LD to one that emphasizes competence. Many of the helping professions focus on problems and behaviours that need to be fixed. For youth with ADHD and LD, already struggling, a deficit-based approach, as well intended as it may be, highlights what is *wrong* with a student and not what is *right*. As Gerry Fewster so aptly pointed out in

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1998, the “soul” of Child and Youth Care Works is about rejecting a tendency to pathologize and “approach(ing) each life as a unique and fascinating part of the human experience” (p.4). As outlined so often in our literature, the pioneers of our field had a positive outlook on youth long ago (Brendtro, Brokenleg & Van Bochern, 2005), even before the concept of resilience began to take hold over the medical model (Fewster, 1998). A strength-based approach, a Child and Youth Care approach, draws attention to students’ achievements, nurturing their growth and the development of resiliency. Our own research reaffirms the importance of this way of working: caregivers should focus on positive adaptation, rather than try to intervene to relieve symptoms. There has to be a shift in the mindset of professionals and young people that creates hope rather than hopelessness. Brooks & Goldstein (2001) insist that these youth need to be supported by people who “build them up” by focusing on their strengths and successes rather than “chip them down” (p.151).

Areas of focus must include realistic and attainable goals. Child and youth care workers should utilize strategies for the development of self-knowledge and self-efficacy, through targeted and specific feedback and opportunities for encouraging young people to retell their stories (Ungar, 2002). Creating experiences that lend themselves to the development

of trusting relationships, finding opportunities for regular work and seeking extracurricular activities for these youth go a long way to promoting autonomy and resourcefulness. Adults can foster problem-solving by providing situations where responsibility and choice are built in. Control can help reverse a sense of helplessness.

Lastly, it is of critical importance that we help young people discover alternative areas of interest, talent, and strength by seeking out opportunities that help to build the experience of success and create what Brooks & Goldstein (2001) refer to as “islands of competence”, a key ingredient in developing a resilient mindset. They provide the following explanation:

“Children with resilient mindsets possess high self-esteem. They feel a sense of control over their lives and believe within reason that they are masters of their destiny. They share a belief that what transpires in their lives is based in great part on the choices and decisions they make. They perceive success as rooted in their efforts and ability ... they typically acknowledge the help of the adults in their lives but believe that they are the influential architects of determining positive outcomes. They assume realistic credit for what they have accomplished.” (p.137)

Child and Youth Care intervention can contribute signifi-

cantly to the development of this sense of self. The results of the current study indicate strongly that the fostering of internal strengths can help children and youth to overcome adversity, both in relation to weaknesses in their external support system and their own individual deficits. These internal characteristics can serve as critical sources of resilience.

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