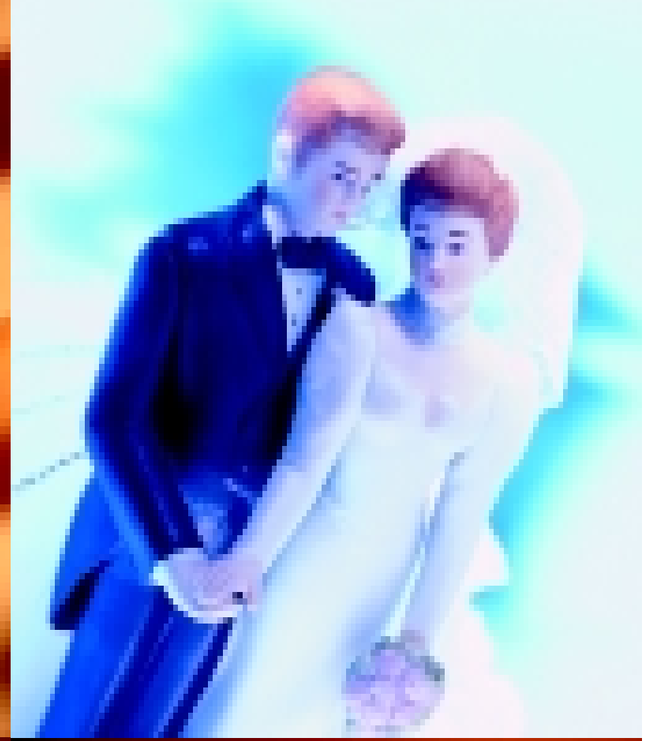
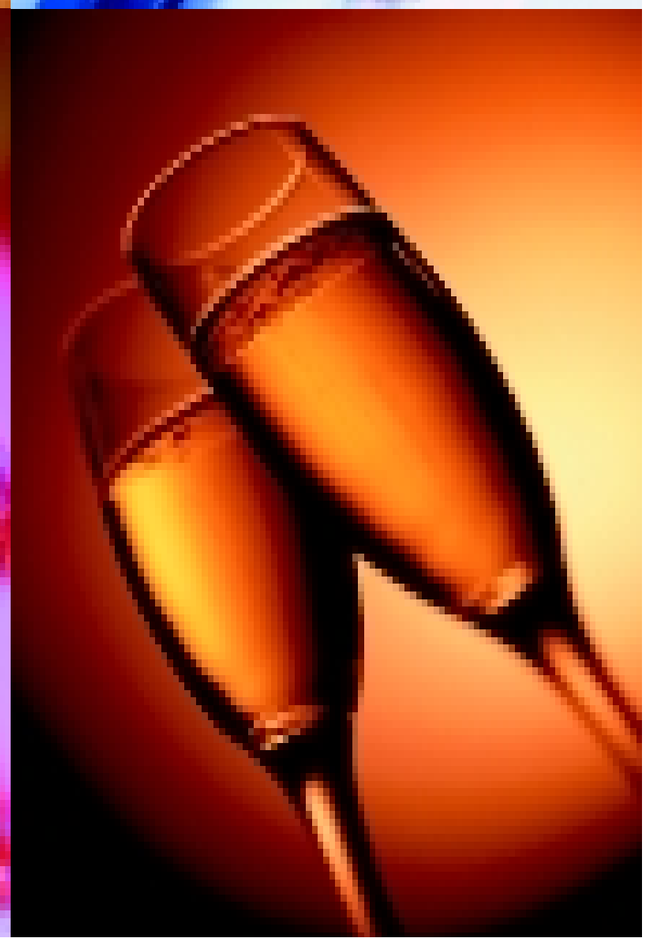




Poor Self-Control

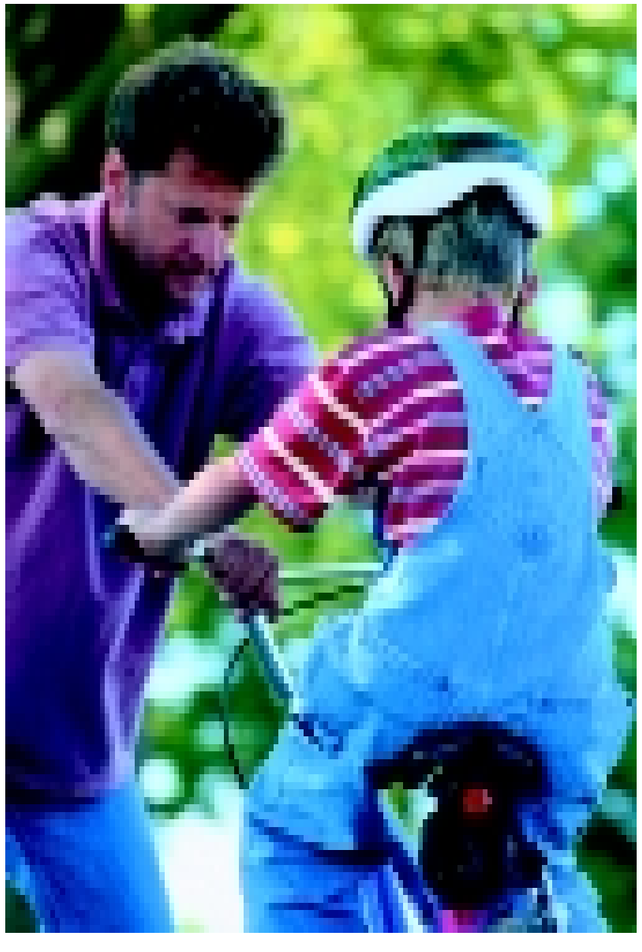
AND HOW IT IMPACTS RELATIONSHIPS

by Phyllis Anne Teeter Ellison, Ed.D., and Sam Goldstein, Ph.D.

AT WORK I am animated when expressing my views on issues during meetings. My colleagues think I am angry and intimidating. It doesn't feel that way to me. I see myself as passionate and engaged in lively discussion or debate. Why do I feel like people don't understand me and are misreading my emotions? Am I too intense or are they stoic and disengaged? What am I missing? At parties I often say things that I don't really mean to say. Sometimes I am a little too colorful. I make jokes and people don't laugh, they gasp. Other times, I delve into personal issues that I really don't mean to discuss. I tell stories that reveal personal things that are embarrassing to my spouse. Sometimes my stories seem to have a life of their own and ramble on for too long. I'm so eager to tell my story that I miss what other people are saying. I interrupt constantly and am uncomfortable if I'm not talking. I feel like I really don't belong. I get nervous before I go to parties, talk too much when I get there, drink more than I'd planned, and spend the ride home lamenting all my social gaffs. I'm at a lost to explain why I feel so different. Everyone else seems so at ease and comfortable. Where was I when everyone else was learning how to make small talk and to get along so well? I feel like I am on an emotional roller coaster. I go from being anxious, to being hyper-verbal, to being depressed after I'm around people. Sometimes it's easier to make up an excuse and just stay home. When things go wrong in my relationships, I get so frustrated and angry that I can't think straight. I get really worked up over little things that don't mean much. In the middle of arguments, I say things I regret. I don't know when to back down. I try to win every argument. It seems like I must have the last word. I think my spouse and kids don't like to be around me because I cause so much chaos. I'm so controlling and unrelenting that I am no fun to be around. I can't seem to calm down even when I am trying to walk away. Even when I know I should stop, I can't control my angry outbursts.

For many individuals with Attention-Deficit Hyperactivity Disorder (AD/HD), problems in peer relations that start in childhood persist into adolescence and adulthood (Murphy, 1998; Weiss and Hechtman, 1993). Adolescents with AD/HD tend to have fewer close relationships and have increased rates of peer rejection than teens without AD/HD (Bagwell, Molina, Pelham, and Hoza, 2001). Impaired social relations persist even when AD/HD symptoms diminish in adolescence, possibly due to a long history of tenuous peer relationships. Furthermore, as a result of "impulsivity, interrupting, forgetfulness, inattentiveness, hyperactivity, difficulty reading social cues, temper or mood swings, adults with AD/HD frequently report difficulties maintaining friendships" (Murphy, 1998, p. 583). Adults with AD/HD have been described as self-absorbed, impulsive, intrusive, inattentive, irresponsible, rude and insensitive in social situations (Murphy, 1998). Poor self-esteem and low self-confidence are common, and are often associated with isolation and feelings of loneliness. Thus, impaired social relationships appear to be a life-long problem for individuals with AD/HD. Many adults feel like they missed important lessons in life—how to express themselves, how to feel at ease, and how to control their emotions in social interactions. They have!

Poor self-control impacts almost all aspects of adjustment including work, family and social domains.



Current conceptualizations of AD/HD suggest that primary deficits in executive functions interfere with development of self-control (Barkley, 1997; Goldstein and Ellison, in press; Teeter, 1998). Poor self-control impacts almost all aspects of adjustment including work, family and social domains. Strayhorn (2002a) defined self-control as the ability to engage in "behaviors that result in delayed (but more) reward," and "doing something less immediately pleasurable than an alternative, because it has greater total expected benefit or is more ethical" (p. 7). Barkley (1997) describes self-control as "the ability to alter a behavior (or response), which in turn alters the consequence of that event" (p. 51). For individuals with AD/HD, poor self-control appears to be a major problem across the life span that has significant consequences on social functioning (Teeter, 1998).

Deficits in self-control make it difficult to (1) regulate one's emotions, (2) attend to verbal and non-verbal cues in social situations, and (3) control exaggerated temperament or over-reactivity to social situations. Emotional regulation involves the ability to counterbalance or change a strong reaction in the face of an external situation or event (Barkley, 1997). Temperamental over-reactivity, emotional outbursts and difficulties calming down may be problematic and make it difficult for adults to compromise and negotiate when conflicts arise. Frustration tolerance may also be poor, so little things may get blown out of proportion. Problems with self-control make it difficult to engage in meaningful, intimate relationships that are built on reciprocal, caring interactions. Adults (and children) with AD/HD miss important verbal and non-verbal cues that may alert them to regulate their emotional reactions and to modify their behaviors when things are not going well in social interchanges. Oftentimes they are oblivious to the subtle cues that suggest we need to modify how we feel and behave.

Many adults with AD/HD feel like they missed important lessons in life—how to express themselves, how to feel at ease, and how to control their emotions in social interactions.

The Consequences of Poor Self-Control

There are a number of other risk factors for poor adult adjustment that appear in part to be a consequence of poor self-control. These risk factors significantly interfere with normal adjustment, and may have severe consequences for the well-being of the individual:

- Sexual adjustment problems (e.g., earlier sexual experimentation, more sexual partners and increased risk for sexually transmitted diseases in adolescence)
- Higher rates of divorce and less marital satisfaction
- Comorbid alcohol, drug use/abuse
- Comorbid psychiatric problems (e.g., depression, anxiety)
- Comorbid personality disorders (e.g., anti-social, dependent)
- Frequent job changes and fewer advancements
- Reduced educational attainment

Considerations for Treating Adults with AD/HD

Unfortunately, there is little empirical evidence available on psychosocial treatments and few controlled studies on adults with AD/HD (Murphy, 1998). The following ideas are offered as promising clinical practices, and should be carefully monitored to determine progress and efficacy for the adult you may be working with. Some of these approaches are being successfully used in multi-modal treatment plans at the University of Massachusetts Medical Center Adult AD/HD Clinic. Research is needed to determine the efficacy of these treatment options. See Strayhorn (2002b) for other promising strategies for increasing self-control in children.

Individual counseling or therapy might help adults develop better adjustment and interaction skills. The adult can practice self-control techniques through role playing with the therapist. Strategies for negotiating and compromising might be useful. Family or couples therapy may also be needed if relationships are dysfunctional or severely strained (Kilcarr, in press).

Specific training in anger management might be useful when emotions are out of control or when constant arguments at home or at work interfere with adjustment. Anger management techniques might include: becoming aware of events that trigger anger,

For many individuals with AD/HD, problems in peer relations that start in childhood persist into adolescence and adulthood.

using calming statements and relaxation to prepare for stressors, and re-framing and re-structuring expectations (more realistic). Practice techniques with the therapist, then try them at work or at home. Keep an anger log to understand feelings and become aware of situations that go well. Re-think the plan when things don't go well. Plan alternative coping strategies (e.g., take a walk, break for 3–5 minutes before continuing conversation).

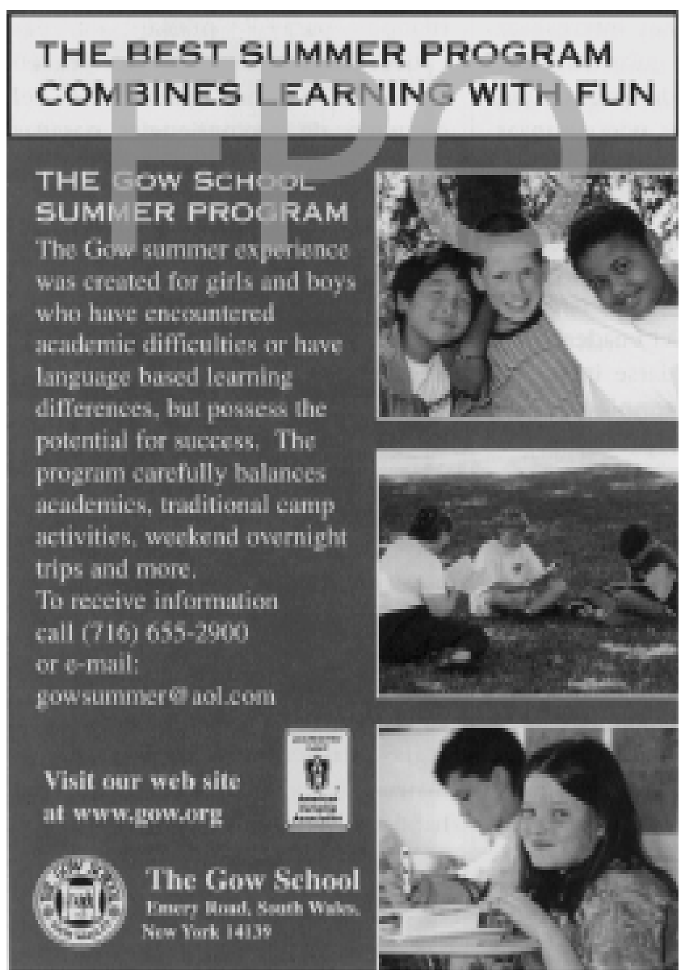
Practice self-control through setting achievable goals (e.g., improving relationships at work). Personal coaches may facilitate this process by structuring, monitoring and providing feedback when setting goals and trying new social skills (e.g., listening, regulating amount of talking, controlling emotional tone of conversations). The adult is encouraged to take responsibility and to become more self-aware through ongoing contact with the coach (Murphy, 1998). Short, directive and pragmatic approaches help identify strategies to meet goals, reinforcement for staying with a plan, and support and encouragement when things go wrong (Ratey, in press). Although there is no empirical evidence showing that coaching is effective, it remains a commonly used intervention for adults (Murphy, 1998, in press).

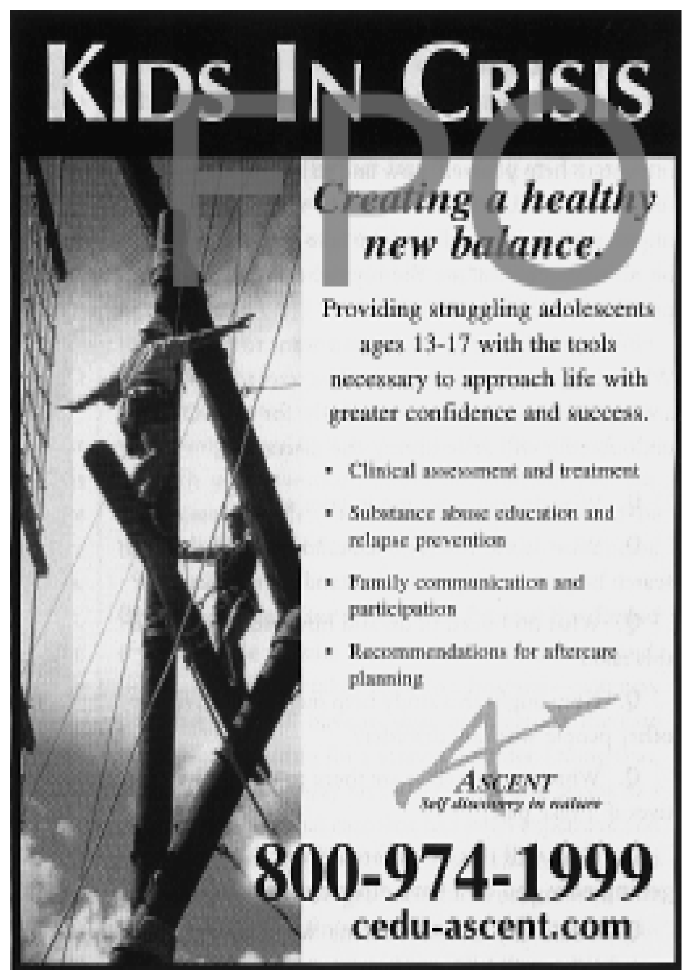
Seek treatment for other comorbid psychiatric problems (e.g., anxiety, depression, antisocial personality disorders) **and comorbid alcohol, drug use/abuse problems**. These problems will exacerbate social relationship difficulties and are typically not addressed in individual, family or anger management approaches.

Pharmacotherapy might also be considered as part of a multi-modal plan for adults with AD/HD. Wilens and Prince (in press) review evidence that adults with AD/HD respond positively to stimulant medications. It is unclear whether medication will help to reduce social problems in adults, but there is promising research to suggest that medication can be "protective" for some adolescents with AD/HD. Although medication did not produce fewer peer problems, medicated teens appeared to have friends who engaged in more socially acceptable behaviors and less substance use (Bagwell et al., 2001). Further, medication may protect some teens with AD/HD from engaging in substance abuse (Biederman et al., 1999).

Bagwell et al. (2001) suggests that increased self-control that results from medication may reduce the number of rule violations and association with deviant peer groups. Other factors, such as parental supervision, may also affect this relationship. Although medication may have some protective actions, combined psychosocial and pharmacological treatments are most likely necessary for children and youth (MTA Cooperative Group, 1999). We need to apply the same rigorous multi-site, multi-method research methodology to determine effective treatment approaches for adults with AD/HD. ■

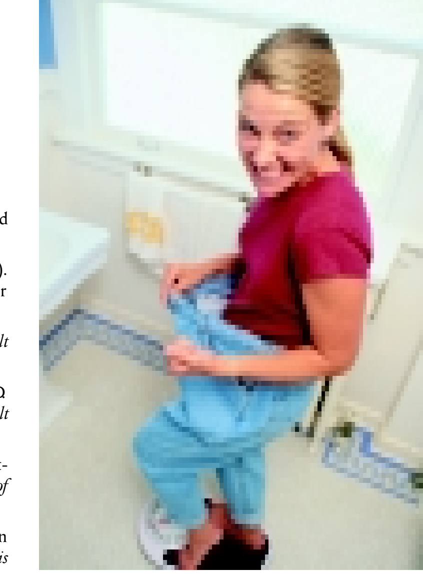
Phyllis Anne Teeter Ellison, Ed.D, chairs CHADD's Professional Advisory Board and is co-chair of the Editorial Advisory Board. Sam Goldstein, Ph.D. is former chair of CHADD's Professional Advisory Board and a member of the faculty at the University of Utah.


THE BEST SUMMER PROGRAM
COMBINES LEARNING WITH FUN
THE GOW SCHOOL
SUMMER PROGRAM
The Gow summer experience was created for girls and boys who have encountered academic difficulties or have language based learning differences, but possess the potential for success. The program carefully balances academics, traditional camp activities, weekend overnight trips and more.
To receive information call (716) 655-2900 or e-mail: gowsummer@aol.com
Visit our web site at www.gow.org
The Gow School
Emery Road, South Wales, New York 14139


KIDS IN CRISIS
Creating a healthy new balance.
Providing struggling adolescents ages 13-17 with the tools necessary to approach life with greater confidence and success.
• Clinical assessment and treatment
• Substance abuse education and relapse prevention
• Family communication and participation
• Recommendations for aftercare planning
ASCENT
Self discovery in nature
800-974-1999
cedu-ascent.com

CHADD DOES NOT ENDORSE PRODUCTS, SERVICES, PUBLICATIONS, MEDICATIONS OR TREATMENTS, INCLUDING THOSE ADVERTISED IN ATTENTION!®

Poor Self-Control



Self-control has been defined as the ability to engage in "behaviors that result in delayed (but more) reward," and "doing something less immediately pleasurable than an alternative, because it has greater total expected benefit or is more ethical.

References

Bagwell, C. L., Molina, B. S., Pelham, W. E., & Hoza, B. (2001). Attention-deficit hyperactivity disorder and problems in peer relations: predictions from childhood to adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry,* 40, 1285–1292.

Barkley, R. (1997). *AD/HD and the nature of self-control.* New York: Guilford Press.

Biederman, J., Wilens, T., Mick, E., Spencer, T., & Faraone, S. (1999). Pharmacotherapy of attention-deficit hyperactivity disorder reduces risk for substance use disorder. *Pediatrics, 104,* 20.

Goldstein, S., & Ellison, P.A. Teeter (in press). *Clinical interventions for adult AD/HD.* San Diego, CA: Academic Press.

Kilcarr, P. (In press). Making marriages work for individuals with AD/HD. In S. Goldstein & A. Teeter Ellison (Eds). *Clinical interventions for adult AD/HD.* San Diego, CA: Academic.

MTA Cooperative Group, (1999). A 14-month randomized trial of treatment strategies for attention-deficit hyperactivity disorder. *Archives of General Psychiatry, 56,* 1073–1086.

Murphy, K. (1998). Psychological counseling in adults with AD/HD. In R. Barkley (Ed.), *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment* (pp. 582–591). New York: Guilford Press.

Murphy, K. (in press). Clinical case studies. In S. Goldstein & A. Teeter Ellison (Eds). *Clinical interventions for adult AD/HD.* San Diego, CA: Academic.

Ratey, (in press). Life coaching for adult AD/HD. In S. Goldstein & A. Teeter Ellison (Eds). *Clinical interventions for adult AD/HD.* San Diego, CA: Academic Press.

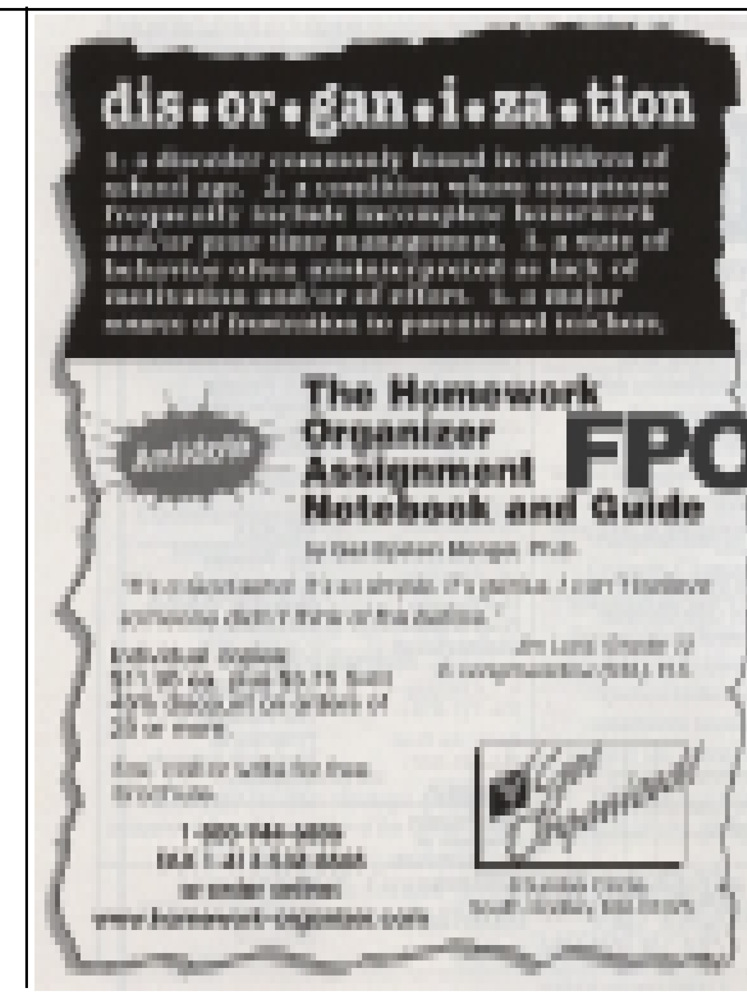
Strayhorn, J. M. (2002a). Self-control: Theory and research. *Journal of the American Academy of Child and Adolescent Psychiatry, 41,* 7–16.

Strayhorn, J. M. (2002b). Self-control: Toward systematic training programs. Journal of the American Academy of Child and Adolescent Psychiatry, 41, 17–27.

Teeter, P. A. (1998). *Interventions for AD/HD: Treatment in developmental context.* New York: Guilford Press.

Weiss, G., & Hechtman, L. (1993). *Hyperactive children grown up (2nd ed): AD/HD in children, adolescents and adults.* New York: Guilford Press.

Wilens, T., & Prince, J. (in press). In S. Goldstein & A. Teeter Ellison (Eds). *Clinical interventions for adult AD/HD.* San Diego, CA: Academic Press.



CHADD DOES NOT ENDORSE PRODUCTS, SERVICES, PUBLICATIONS, MEDICATIONS OR TREATMENTS, INCLUDING THOSE ADVERTISED IN ATTENTION!®