



Helping an Unserved Population

Parents of
Financially
Dependent
Adults with
ADHD

ALESSANDRO DI NOIA / ISTOCK



by Sharyn S. Rhodes, PhD

AS A RESULT of effective interventional strategies, the vast majority of children with ADHD today will finish high school; many will attend college, and most will marry and have families of their own. They will find jobs that are satisfying and become fully self-supporting. But not all who came along twenty or more years ago, before access to modern treatments, have enjoyed a good outcome. Some do not function well enough to “leave the nest.”

Many late middle-aged and senior parents are still living with, or supporting their adult children. Some of these adult children are in their late twenties, thirties, forties, and even fifties, but have failed to fully launch. Some have returned home (often more than once) as the result of a divorce, unemployment, underemployment, loss of a roommate, etc. Some have never left home; others don't live in their parents' home, but are still dependent on them financially.

In most cases, the issues of ADHD that developed in their childhoods still persist in these adults, and parents are still trying to be supportive, as their adult child struggles with failed or difficult relationships, organization, maintaining employment, money management, credit issues, and sometimes alcohol and drugs. In many cases, additional mental or physical health issues have emerged in the adult child, complicating the situation, and creating powerful feelings of guilt, hopelessness and concern in the parents, who respond with yet *more* reminders, unsolicited advice, and anger.

As situations spiral down, the relationship between the parent and adult child becomes more and more strained; resentment grows on both sides, and everyone is angrier, more frightened and less happy. Complicating all of this is often the adult child's refusal of treatment for their ADHD symptoms.

A pilot support group

In June 2014, CHADD of Greater Baltimore launched a pilot support group for parents of adults with ADHD. Six people who had adult children with ADHD living in their homes attended that meeting. Through our listserve, email data base and Facebook page, the group quickly grew to twenty-four, with approximately twelve forming the core. Not all members attended every meeting, but the average was nine to eleven attendees per monthly meeting.

The first issue that came to the table and became the subject of several meetings was: *What will happen to my adult child when I die?* This concern was held universally and overshadowed any others. A disabilities estate specialist addressed the group and discussed options, the group shared additional methods they were planning on using, and after three months, this issue began to subside. At this point, more feelings began to emerge, each validated by the group:

- **GUILT.** What did I do, what did I fail to do, to create this situation?
- **FEAR.** How will my adult child handle an inheritance?
 - Trusts are expensive but there is no one else to be my executor.
 - Will my child be homeless within a few years of my passing?
- **GRIEF.** Loss of dreams for their bright, cheerful child
 - Loss of dreams of being a grandparent.*
 - Loss of the ability to depend on their child for support as they aged.
- **DISAPPOINTMENT.** Not having an adult-adult relationship with their child; watching poor decisions being made over and over.
- **RESENTMENT.** Dealing with disrespectful and ungrateful adults who still need them; not wanting to actively parent at their ages.

*NOTE: Only one member had a grandchild in our first year. Her adult son is not married to the child's mother, both drink heavily, and the mother's parents are supporting the three of them in their home. Today, an additional couple in the group have two grandchildren, both of whom live with them as does their father, who is the forty-year-old adult child with ADHD. The male grandchild has ADHD, Neither father or son is being treated.

The role of the support group, phase one

Initially, our group provided what all good support groups offer:

- a safe place to talk
- a peer group who gets it
- information about the disorder and its affects on children and adults
- sharing of known resources
- info on resources that were previously unknown
- lessening of shame and guilt
- the recognition that you aren't alone
- creative solutions to specific problems.

And, over time, an acceptance that your adult child has a real disability, and that poor problem solving, poor executive function and difficulty with interpersonal relationships are some of that disability's symptoms. The group agreed to use *Is It You, Me, or Adult ADD* by Gina Pera (1201 Alarm Press, 2008) as a common text. This allowed the group to come to a meeting knowing something about a topic like "treatments" or "typical symptoms."

At the end of 2015, a year and a half after our support group was formed, it seemed that the members had achieved all of the above. They understood ADHD and they accepted that their adult child was exhibiting the symptoms. They had mastered AWARENESS of the disorder and ACCEPTANCE of their adult child's real struggles.

Much to my surprise, some members stopped coming to the group. They had taken what we offered, gained from it, and now were putting their time elsewhere. Those who were still attending recognized that although they now felt more comfortable and had much greater understanding, none could identify non-negotiables in their relationship with their adult, such as:

- We will only speak civilly to each other.
- You will not have women/men spending the night in your bedroom with you.
- You must have a job or be in school full time to live here.

Because they could not articulate their boundaries, they could not set them. Nor could they separate their own happiness from that of their adult child. If the adult child was sad and lonely, they could not be happy themselves. In short, the members had Awareness and Acceptance, but they could not yet take ACTION.

The group discussed what should be done about this. They agreed that although they knew better, they were still doing the same things that led to resentment from both

their side and the adult child's side: giving too much, advising, reminding, and questioning. They also agreed that they wanted to behave more in line with what they knew to be better: respecting privacy, setting boundaries, allowing natural consequences, and living their own lives. They just didn't know how to do it. They had lost their happiness in this relationship, and they wanted it back! The question was "How?"

Twelve Step programs have changed the lives of millions of people who drink, eat, gamble, or drug too much, and also the lives of the families who love these people. Having experience with a family group for those whose loved ones drink too much, the power of making changes first to your thinking, and then to your behavior over time was a familiar one.

While not every aspect of twelve-step programs was appropriate for my group's use, it seemed that the concepts of powerlessness over others and sequential change through changed thinking could be very supportive to parents trying to get their happiness and their own power back. It was worth a try.

The first draft of The Ten Keys to Happiness was written in January 2016. After that one, and each subsequent draft, the group made suggestions and edits. Everyone was excited about the Keys, and anxious to start working with them. The final draft was brought to the January 25, 2016, meeting. The group decided that we would accept them as our focus, and discuss each Key, in order, one step per meeting. (Later, we decided to open and close each meeting with a reading of all the Keys.)

The role of the support group, phase two

In phase two the parents are taking stock of themselves—how they interact with their adult; how they have given their own power away, while being powerless over others, no matter how deeply they love them. Their work is to reclaim their happiness, regardless of their adult's situation. They will learn to care without feeling responsible to fix or "help" their adult. They will live their own lives.

Once the Keys to Happiness were in place, our group discussions changed. Although we still checked in with everyone, the focus of the meeting was the Keys. Over the next six months, changes began to happen. Members started saying things like:

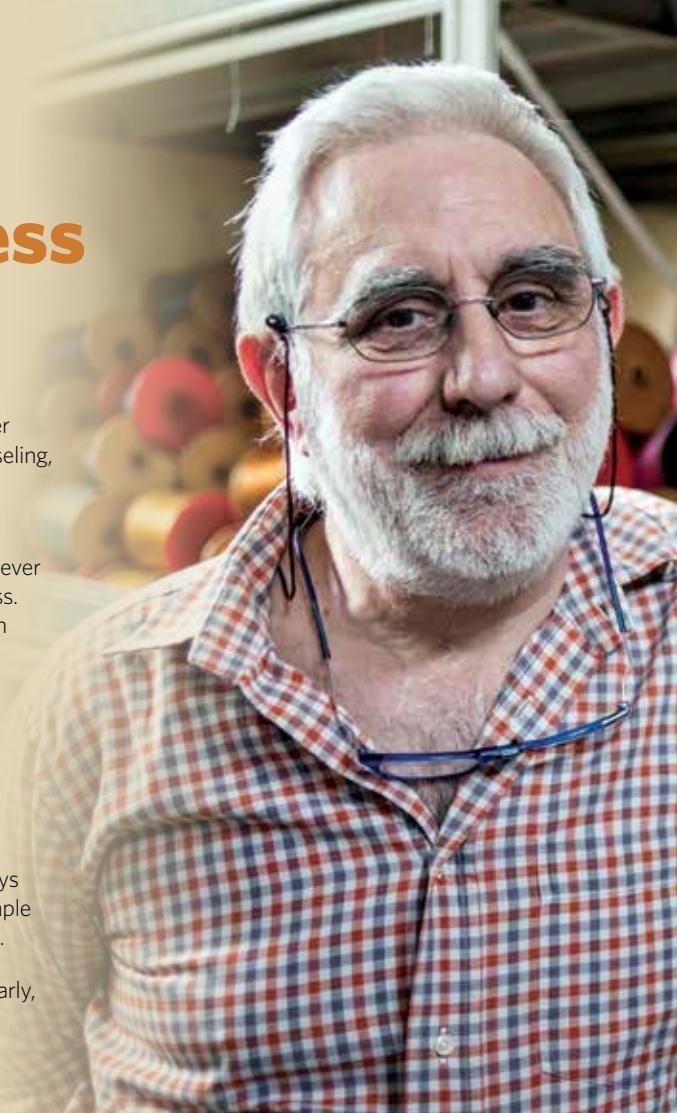
- "I really wanted to jump in there and solve her problem, but knew that wouldn't help in the long run. Instead, I

The Ten Keys to Happiness

(BASED ON TWELVE-STEP PROGRAMS)

by Sharyn S Rhodes, PhD

1. I accept that I am powerless over my adult children, including their mood, behavior, choices, attitudes, illnesses, addictions, and everything else.
2. I believe that **I** have the right to be happy, regardless of whether my adult child with ADHD is doing well or not.
3. I give myself **permission** to be happy, regardless of what my adult child is or is not able to do, and I keep the focus on myself.
4. I make a searching and fearless inventory of the impediments to **my** being happy, including **my attitudes, behavior, choices, illnesses, addictions and anything else that gets in the way.**
5. I share my inventory of impediments with at least one other person or the group.
6. I move towards happiness in whatever ways work for me, i.e., exercise, counseling, spa days, visits with friends, etc. I am grateful for all I have.
7. I make a specific plan to change whatever I can that interferes with my happiness. I keep in mind that the only thing I can change is myself.
8. When I “slip” into old behavior, I acknowledge it and remember that “improvement, not perfection” is my goal.
9. As I become happy through the practice of these keys, I pass these keys to happiness onto others by my example and thereby invite others to use them.
10. I revisit these keys to happiness regularly, and apply them to all my affairs.



listened to her without commenting, and she came to a solution she liked and did it the next day!”

- “I realized how much of my thinking time was given over to worrying and not doing what I wanted to do. I rejoined my gym.”
- “I set a boundary that was non-negotiable. When my adult tested it, he found me unmovable. He threw a tantrum and got physical with his dad. We told him to leave the house and he did. He got a job, which he would not before, and now lives with a girlfriend. We stay in touch by text, but he has not apologized to his dad, and so may not come to visit. He has told me that he needed to feel like an adult, making his own decisions. He also said he knows he needs to apologize, and he will. So far, he hasn’t. My husband and I are enjoying our quiet home and are so grateful we did what had to be done.”
- “We realized our child would not be able to support a rent or mortgage though he had a job for over five years. We bought a condo unit as an investment after determining that he could afford all the monthly expenses solely on his

income. If he does it for a year, we will deed it over to him. We are all much happier! Now I have a son over to dinner and not a sloppy housemate.”

This group, only eight months into the Keys, has changed too. New members are coming; the group shows them unconditional love from the first day they join us. The acceptance new arrivals feel is indicative of the way members are learning to love themselves and others who suffer the pain they understand so well. Some of the adult children are changing too; some faster, some slower, but each in response to the change they see in their parent. The parents are happier, and that is the key. **A**

Sharyn S. Rhodes, PhD, became a special education professor at the university level in 1975, after starting her career as an inner-city elementary school teacher. As a professor and consultant, she has trained thousands of teachers to use best practices in instruction, assessment, and management of children with disabilities. In 2009, after retiring from full-time teaching, Dr. Rhodes joined the CHADD board of directors. Her attention was first drawn to the issues of adults with ADHD in her chapter, CHADD of Greater Baltimore, and then to the concerns of their parents as a result of numerous interactions with friends who are living with and caring for their adult children.