

**Driven to Distraction: Suggested Diagnostic Criteria
For Attention Deficit Disorder in Adults
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NOTE: Consider a criterion met only if the behavior is considerably more frequent than that of most people of the same mental age.

(A) A chronic disturbance in which at least twelve of the following are present:

1. A sense of under achievement, of not meeting one's goals (regardless of how much one has actually accomplished). We put this symptom first because it is the most common reason an adult seeks help. "I just can't get my act together," is the frequent refrain. The person may be highly accomplished by objective standards or may be floundering, stuck with a sense of being lost in a maze, unable to capitalize on innate potential.
2. Difficulty getting organized. A major problem for most adults with ADD. Without the structure of school, without parents around to get things organized for him or her, the adults may stagger under the organizational demands of every day obstacles. For the want of a proverbial nail... A missed appointment, a lost check, a forgotten dealing...their kingdom may be lost.
3. Chronic procrastination or trouble getting started. Adults with ADD associate so much anxiety with beginning a task, due to their fears that they won't do it right, that they put it off, which, if course, only adds to the anxiety around the task.
4. Many projects going simultaneously; trouble with follow through. A corollary of number 3. As one task is put off, another is taken up. By the end of the day, week, or year, countless projects have been undertaken, while few have found completion.
5. Tendency to say what comes to mind without necessarily considering the timing or appropriateness of the remark. Like the child with ADD in the classroom, the adult with ADD gets carried away in enthusiasm. An idea comes and it must be spoken.
6. A restive search for high stimulation. The adult with ADD is always on the lookout for something novel, something engaging, something in the outside world that can catch up with the whirlwind that rushing inside.
7. A tendency to be easily bored. A corollary of number 6. Boredom surrounds the adult with ADD like a sink-hole, ever ready to drain off energy and leave the individual hungry for more stimulation. This can easily be misinterpreted as a lack of interest; actually it is a relative inability to sustain interest over time. As much as the person cares, his battery pack turns low quickly.
8. Easy distractibility, trouble focusing attention, tendency to tune out or drift away in the middle of a page or a

conversation, often coupled with an ability to hyper focus is also usually present, emphasizing the fact that this a syndrome not of attention deficit, but of attention inconsistency.

9. Often creative, intuitive, highly intelligent. Not a symptom, but a trait deserving a mention. Adults with ADD often have creative minds. In the midst of their disorganization and distractibility, they show flashes of brilliance. Capturing this “special something” is one of the goals of treatment.
10. Trouble in going through established channels, following proper procedure. Contrary to what one might think, this is not due to some unresolved problem with authority figures. Rather, it is a manifestation of boredom and frustration: boredom with the routine ways of doing things and excitement around novel approaches and frustration with being unable to do things the way they’re supposed to be done.
11. Impatient, low tolerance for frustration. Frustration of any sort reminds the adult with ADD of all the failure in the past. “Oh, no!” he thinks, “here we go again.” So he gets angry or withdraws. The impatience has to do with the need for stimulation and can lead others to think of the individuals as immature or insatiable.
12. Impulsive, either verbally or in action, as in impulsive spending of money, changing plans, enacting new schemes or career plans, and the like. This is one of the

more dangerous of the adult symptoms, or depending on the impulse one of the more advantageous

13. Tendency to worry needlessly, endlessly, tendency to scan the horizon looking for something to worry about alternating with inattention to or disregard for actual dangers. Worry becomes what attentions turns to when it isn’t focused on some task.
14. Sense of impending doom, insecurity, alternating with high risk taking. This symptom is related to both tendency to worry needlessly and the tendency to be impulsive.
15. Mood swings, depression, especially when disengaged from a person or project. Adults with ADD, more than children, are given to unstable moods. Much of this is due to their experience of frustration and/or failure, while some of it is due to the biology of the disorder,
16. Restlessness. One usually does not see, in an adult, the full-blown hyperactivity seen in a child. Instead one sees what looks like “nervous energy”: pacing, drumming of fingers, shifting of position while sitting, leaving a table or room frequently, feeling edgy while at rest.
17. Tendency toward addictive behavior. The addiction may be to a substance such as alcohol or drugs, or to an activity such as gambling, shopping, eating or overwork.

18. Chronic problems with self-esteem. These are the direct and unhappy results of years of conditioning: years of being told one is a klutz, a space out, an underachiever, lazy, weird, different, out of it, and the like. Years of frustration, failure, or of just not getting it right to lead to problems with self-esteem. What is impressive is how resilient most adults are, despite all the setbacks.
19. Inaccurate self-observation. People with ADD are poor self-observers. They do not accurately gauge the impact they have on other people. This can often lead to big misunderstandings and deeply hurt feelings.
20. Family history of ADD or manic-depressive illness or depression or substance abuse or other disorders of impulsive control or mood. Since ADD is genetically transmitted and related to the other conditions mentioned it is not uncommon (but not necessary) to find such a family history.

(B) Childhood history of ADD (It may not have been formally diagnosed, but in reviewing the history, the signs and symptoms were there).

(C) Situation not explained by other medical or psychiatric condition.