

## Beyond Medications: Identifying Learning Techniques in Adults with Attention-Deficiency Hyperactivity Disorder

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### Introduction

Attention-Deficiency Hyperactivity Disorder (ADHD) is considered a medical disorder which is frequently accompanied by learning and behavioral issues. An individual with ADHD typically exhibits one or more symptoms of inattention, hyperactivity, and/or impulsivity. Although ADHD is believed to be caused by interactions between genes and environmental or non-gene factors and is incurable, treatment with a combination of medication, special education and training, or therapy, can reduce symptoms and improve functioning. (National Institute of Mental Health, 2016).

ADHD is the most common childhood neurodevelopmental disorder, present in 6% to 9% of all children. Symptoms are now known to persist into adulthood for approximately half of all cases, with an incident rate of 4% to 5% among adults. Research indicates that this disorder has a severe and pervasive effect in several areas of the lives of adults. Although, in general, adults with ADHD attain lower levels of schooling, some adults with ADHD seem to outperform others in educational achievements, especially those who struggle to attend postsecondary studies (Fleischmann & Miller, 2013, pp. 47-48).

Targum & Adler (2014) identify that only 10 to 25 percent of adults with ADHD are actually diagnosed and adequately treated. In one recent survey, it was found that despite seeing a healthcare professional in the past year, more than 40 percent of the patients who met the criteria for adult ADHD had not been diagnosed, and that only 10 percent of these adult ADHD patients had received any treatment for the disorder (“How often does ADHD continue into adulthood?”).

### Problem Statement

Fleischmann & Miller (2013, p. 48) have identified a lack of research studies on how adults with ADHD manage their lives from their own perspective, and a lack of research on how adults with ADHD that was not diagnosed in childhood manage their lives before and after their diagnosis. Given that some ADHD adults appear to outperform other ADHD adults, we need to ask - why? Do some adults with undiagnosed ADHD autonomously develop behavioral coping skills that help them adapt to conventional learning techniques? Could awareness of these behavioral skills be used to develop learning techniques which can benefit undiagnosed/untreated ADHD adults?

### Purpose Statement

The purpose of this qualitative study will be to identify possible common behavioral skills that are characteristic of atypical ADHD adults who outperformed typical ADHD adults with educational accomplishments before their ADHD diagnosis. This information will be used to establish macro-level learning techniques specifically for medically untreated adult ADHD learners. The study will utilize personal narratives of a selected group of participants who were diagnosed with ADHD as adults, but achieved educational accomplishments and successful careers before their diagnosis and subsequent medical treatment.

### Disclosure of Bias

The researcher brings an inherent bias to this study as he was diagnosed with ADHD as an adult late in life. Although every effort will be made to ensure objectivity, a potential exists for the researcher to make conclusions that are not fully justified by the data. On the other hand, the researcher's life experiences also provides insight into the issues faced by ADHD adults before and after diagnosis, and provides the possibility of recognizing commonalities in the data another researcher, without this insight, may not detect.

## **Literature Review**

### Key Terms

ADHD is classified as a neurodevelopmental disorder by the American Psychiatric Association and defined in the Diagnostic and Statistical Manual of Mental Disorders (5th Ed.) (DSM-5). The American Psychiatric Association characterizes three variants of ADHD, each with distinct symptoms.

- *Predominantly Inattentive (ADHD-PI or ADHD-I)*. Symptoms include being easily distracted, difficulty maintaining focus on one task, become quickly bored with a task unless it is particularly interesting, appear to not be listening when spoken to, struggle to follow instructions, and overlooks or misses details.
- *Predominantly Hyperactive (ADHD-PH or ADHD-H)*. Symptoms include regular fidgeting or squirming, constantly in motion, impatient and often interrupt conversations, constantly in motion.
- *Combined Type (ADHD-C)*. Symptoms include a mix of symptoms from the two ADHD types not explained by other neurological disorders.

*Hyperfocus*. A reported characteristic of ADHD, not formally recognized by the American Psychiatric Association but discussed in literature, is "hyperfocus," described as "the clinical phenomenon of 'locking on' to a task in patients with ADHD who have a difficulty of shifting their attention from one subject to another, especially if the subject is about their interests." Patients with ADHD "are reported to be stuck in the activities they are interested in and they keep on doing these things for hours while they lose interest in their surroundings" (Ozel-Kizil, et al., 2016, p. 1).

*Comorbidity.* An additional feature commonly identified in people with ADHD is “comorbidity;” additional neurological conditions simultaneously present. Common comorbid disorders include; receptive and expressive language impairments, Oppositional Defiant Disorder (ODD), Conduct Disorder (CD), learning disorders, depression, and anxiety disorders. In adults with ADHD, lifetime prevalence rates of comorbid anxiety approach 50%. (Toner, O'Donoghue, & Houghton, 2006).

*Triarchic theory.* The Triarchic Theory of human intelligence as developed by Dr. Robert Sternberg theorizes that human intelligence comprises three main aspects: analytical, creative, and practical. (Grigorenko, Jarvin, & Sternberg, 2002). Sternberg (as cited in Gottfredson, 2003, pp 345-346) summarizes the characteristics of these three aspects, described as “domains of mental processing” as follows.

- *Analytic Intelligence.* Solve problems, learn from context and reason, think critically, analyze and evaluate ideas, make decisions, measured by conventional psychometric tests. Facile acquisition of formal academic knowledge.
- *Creative Intelligence.* Decides what problems to solve, cope with novelty, and go beyond what is given to generate novel and interesting ideas.
- *Practical Intelligence.* Make solutions effective, solve real-world everyday problems, the ability used when intelligence is applied to real-world contexts. Facile acquisition and use of tacit procedural knowledge, action-oriented.

*General Intelligence.* Individual differences in intelligence are usually measured using psychometric tests (“IQ tests”). These tests cover cognitive domains such as reasoning, processing speed, executive function, memory and spatial ability. Although cognitive domains are sometimes considered to be independent, differential psychology has firmly established that they are not: people who perform well in one domain also tend to perform well in the others. This is recognized in the term “general intelligence”, which is usually designated “g” (Deary, Penke, & Johnson, 2010, p. 201)

### Theoretical Framework

The theoretical framework of this study is the Triarchic theory of intelligence describing the three main aspects of intelligence, as developed by Dr. Robert J. Sternberg, which postulates intelligence as how well an individual deals with environmental changes throughout their lifespan across three defined aspects of intelligence (Sternberg, 1985). The hypothesis of this study is that some adults who were unaware of their ADHD condition autonomously developed coping mechanisms and learning skills that adapted their ADHD manifestations to conventional teaching methods. This research project will attempt to identify those manifestations using a mix of analytical, creative, and practical aspects of intelligence that enables some ADHD adults to succeed despite their lack of medical treatment.

### Literature

The literature has been reviewed in light of the three general areas this research covers; the current state of acceptance of the Triarchic theory of human intelligence, current research on ADHD, and research related to academic issues for adult learners with ADHD.

### *Triarchic Theory of Human Intelligence.*

Sternberg’s major contention is that “conventional” (standardized educational) testing is predisposed in measuring human intelligence using assumptions that are not necessarily valid for all test-takers. Sternberg refers to the conventional understanding of intelligence as the “general intelligence factor”

symbolized by *g*. Under his Triarchic Theory, Sternberg (1990) argues that individuals may have a higher quotient of one intelligent aspect than another, which accounts for educational and life success outcomes that are not predicted by testing. Sternberg argues that a combination of his three identified aspects make up “practical intelligence.” “Real world problems are ill-structured, not well-structured. Teaching children or adults to be smart by solving well-structured problems is a disservice because that's not the way life is” (Sternberg, 1990, Pg. 38).

Sternberg's theory, which falls into the general category of multiple intelligence theories, has received considerable opposition from researchers. Gottfredson's contention (2003, Pg. 344) is that Sternberg's Triarchic theory “seems to defy the huge edifice of research results showing that *g* forms the common backbone of all mental abilities; and important because, if true, it would require a major reorientation in scientific thinking on intelligence.” Gottfredson (2003) lays out a very detailed argument that there is extensive empirical research “to conclude that *g* is both a highly general mental ability and a relatively stable human trait.” (Gottfredson, 2003, Pg. 349). While Gottfredson (2003) agrees with Grigorenko & Sternberg (2002) that Intelligence Quotient (IQ) tests are essentially tacit knowledge tests, she argues that this is exactly the purpose of a general IQ test. However, Gottfredson (2003) also acknowledges work performed by Carroll (1993) in defining the *g* factor as being at the apex of a hierarchy of mental abilities.

Carroll's “three-stratum” theoretical summary of the evidence assigns a range of abilities across a three-tiered stratum (Carroll, 1993, as cited in Gottfredson, 2003). These three tiers are defined as:

- *Stratum I.* including narrow abilities such as spatial relations, spatial scanning, perceptual speed, associative memory, and free recall memory.
- *Stratum II.* factors are broad group factors such as broad visual perception, general memory, and processing speed.
- *Stratum III.* Consists of *g*, which is the only factor that is common to all Stratum II factors.

Work by Deary (2000) (as cited in Gottfredson, 2003) has taken these three hierarchical multiple-levels-of-generality models and defined a unified model of intelligence referred to as “semi-settled consensus” that is receiving growing consensus among intelligence researchers. Gottfredson argues that Sternberg's theory “attempts to nullify a growing consensus on *g*'s generality and stability in order to make his case for practical intelligence” (Gottfredson, 2003, Pg. 350).

#### *Current Research on Adults with ADHD*

One paper particularly relevant to this study researched the impact of undiagnosed ADHD in adults, and the effects of diagnosis on the individual's self-perceptions and coping processes after a diagnosis. Research by Fleischmann & Fleischmann (2012) suggest that traits in adults with undiagnosed ADHD include poor academic performance, low occupational status, low income, high divorce rates, flawed cognitive ability, flawed emotional coping, and a relationship between stress and the manifestation of ADHD traits.

In their research, Fleischmann & Fleischmann (2012) focused on life stories of persons who were diagnosed ADHD after high school, using narrative biographies written by the individuals and published online. Fleischmann & Fleischmann (2012) identified that prior to diagnosis adults with ADHD typically struggle with distress, unhappiness, and poor self-esteem. These adults and those in their social circles perceive ADHD-induced misbehaviors as personality flaws, and their ignorance of the reasons for their

misbehaviors makes it impossible for them to obtain appropriate help. Following diagnosis, these adults developed new coping skills and were able to come to terms with their condition.

The researchers stated that, to the best of their knowledge, the online biographies had never previously been studied scientifically (Fleischmann & Fleischmann, 2012, Pg. 1487).

Another area of research on ADHD adults relevant to this study is differences in symptoms and comorbidity between men and women. Research by Fedele, Lefler, Hartung, & Canu (2012) indicates that there has been a lack of study on sex differences of ADHD adults in symptom manifestation and impairment. Their research on ADHD college-age men and women identified sex differences in levels of ADHD symptoms, both inattention and hyperactivity, and those college women had higher levels of symptoms and impairment. These findings were largely divergent from previous studies that found few or no sex differences in adult ADHD. (Fedele et al, 2012, p. 115). The researchers did conclude that there is preliminary support to the notion that college men and women are differentially affected by ADHD.

#### *Academic Issues for Adult Learners with ADHD*

This literature review was focused on identifying coping skills and personality traits that adults with undiagnosed ADHD autonomously developed, which facilitated achievement of atypical postsecondary education and a stable post-education employment career. The majority of literature most relevant to our research topic focused on the issues of college students who were already aware of their ADHD.

In their research Kaminski, Turnock, Rosén, & Laster (2006) identified that individuals with ADHD tend to have more academic problems than other students, which include lower grades and fewer years of education completed. They identified that 12% and 15% of their ADHD samples had completed a bachelor's degree. Kaminski et al (2006) then performed a study to determine if high-performing college students had developed coping skills which differentiated them from low-performing ADHD college students. The study also had a secondary objective to use qualitative research methods to identify other predictors of academic success.

Their study was inconclusive in identifying a set of specific coping skills. Their results seemed to indicate phenomenological factors were more significant than personal coping skills. However, the researchers did concede that their sample, a high-functioning group of affluent, primarily Caucasian ADHD students, both men and women, without documented comorbidity who were enrolled in an exclusive liberal arts college may not have been representative of most ADHD young adults (Kaminski et al, 2006, Pg. 69).

Schaffer (2013), independent of Kaminski et al (2006) also studied high-performing ADHD college students to identify potential compensatory strategies and motivational factors. This study looked at the methods high-performing ADHD students used to ensure academic success, obstacles to their success, sources of motivation, and social support. The sample was seven male Caucasian undergraduate students from a small, private university who self-reported having ADHD and had high grade point averages.

Schaffer (2013) concluded that all participants reported using an array of compensatory strategies to maintain their academic performance. All participants (100%) also relied upon social support for coping with their ADHD issues. The most commonly reported motivational factor was proving to themselves they could succeed (71.4%) followed by making their parents proud (42.9%). The most reported factor for decreasing motivation was boredom with coursework (85.7%) followed by having a poor memory

and feelings of uncertainty over their academic performance (71.4%) (Schaffer, 2013, Pg. 92). The conclusions by Kaminski et al (2006) appear to conflict with conclusions by Schaffer (2013).

## **Research Methods**

### Description of Data Collection Approach

The data collection format chosen will be a qualitative narrative study focused on understanding the subject's life story in the context of their learning events. Mitchell & Egudo (2003) describe narratives as a means to incorporate temporality, provides a social context with complicating events, and an evaluative conclusion that together make a coherent story. Narratives provide a window into the process of identity construction.

Riessman (1993) as cited in Mitchell & Egudo (2003, p. 2), describes the value of a narrative approach as:

Narrative is inherently multidisciplinary, and is an extension of the interpretive approaches in social sciences. Narrative lends itself to a qualitative enquiry in order to capture the rich data within stories. Surveys, questionnaires and quantitative analyses of behavior are not sufficient to capture the complexity of meaning embodied within stories. Traditional scientific theory adopts a rational and empirical approach to achieve an objective description of the forces in the world, and scientists attempt to position themselves outside the realm of study to observe. In this way traditional science falls within a positivist notion, dealing with random samples and statistical analyses. In contrast, using the story metaphor, people create order and construct texts within particular contexts. Narrative analysis then takes the story itself as the object of study.

Thus the focus is on how individuals or groups make sense of events and actions in their lives through examining the story, and the linguistic and structural properties.

In this study we will be looking to capture the rich data within the life stories of the subjects. We will be focused on how ADHD individuals were able to make sense of the events in their lives, created actionable traits that enabled them to cope with learning and developed skills for achieving academic and professional success.

Due to the sensitive nature of the data, all subjects will be guaranteed complete confidentiality with their provided information. The information itself will be scrubbed as part of the analysis to remove any data that could be used to trace a specific answer back to an individual.

### Population and Sample Demographics

The study population will be adult males living within the United States who were diagnosed with any one of the three variants of ADHD as adults, who completed an accredited post-secondary education course of study either academic or trade school. After graduation, the subjects will have maintained a stable career as defined by holding employment for a period of at least five contiguous years. Continuous employment with the same employer over that time period is not a requirement, as the pattern of employment will be one of the evaluated data points.

Based on the findings of Fedele et al (2012) that there are potential but undefined sex-based ADHD impairment differences in adults, there is a potential to induce unrecognized variables into this study and distort the findings by selecting both male and female samples. Therefore, this study will focus

exclusively on adult males. A repeat of this study with exclusively adult women ADHD subjects could be the focus of a future project.

Due to the nature of the research questions, this study will exclude males who were diagnosed as children but not treated with medications. This study is attempting to identify the self-taught coping skills of men who were not aware they had ADHD until they were adults and had already gained educational and professional accomplishments.

#### Recruitment of Participants

Participants will be recruited through ADHD support groups with an online presence in social media and ADHD-themed websites. We will be tailoring the request for participants using a motivational approach of potentially assisting future adults with ADHD.

Given that all on-line ADHD support groups can reasonably be expected to be “closed groups” (all requests to join are pre-screened by a group moderator or group administrator functioning as gatekeepers), we expect to work through the various moderators to gain access to the group. Given privacy concerns and discussion of personal information in this study, we feel an open approach of honestly stating the goals and purposes of this research to gain access to participants is the most effective approach.

The study will request association referral from the National Institute of Mental Health (NIMH), as further testament to credibility. This study will also list with ResearchMatch, a National Institute of Health (NIH) funded initiative to match researchers with people interested in volunteering for research studies.

#### Explanation of How Survey/Protocol Was Created

This qualitative research approach is a semi-structured narrative study within the framework of the Triarchic theory of intelligence (Sternberg, 1985).

Assuming an ADHD incident rate of 4% among adult males, the study would like to have a sample of adult males between the ages of 35 – 60 who were diagnosed with ADHD as adults at or over the age of 30. The sample will be drawn from each region of the United States; the Northeast, Southwest, West, Southeast, and Midwest, and the study would like to have between eight to ten respondents from each region. This broad geographical range may depict regional/cultural characteristics among the sample and mitigate the potential biases of samples from one location inherent in earlier studies by Kaminski et al (2006) and Schaffer (2013).

The questionnaires and follow-up interviews will be conducted via Internet, which will preclude travel expenses. Should there be a language issue with qualified participants who do not speak English as their primary language; the study will employ an interviewer fluent in the participant’s primary language.

The researcher will be performing a study of men who were initially diagnosed with ADHD at the age of 30 or older, but were able to complete a post-secondary educational program and held employment for at least five years after their graduation. All participants will be pre-screened to validate their qualifications. In addition to validating the participant’s qualification to be a participant, the pre-screening will also capture key demographics that will later be used to norm the qualitative data. Demographic information will include:

- Age at time of interview
- Age at time of medical diagnosis
- Variant of ADHD (ADHD-I, ADHD-H, ADHD-C)
- Geographic location
- Marital Status
- Sexual Orientation
- Racial Identification

### Survey and Observation Protocols

The researcher will pose four pre-determined questions to the participants and follow-up with probes to expand on the answers. Answers to these questions will be coded during the analysis stage to identify which of the three aspects of Sternberg's Triarchic theory best applies.

1. Analytic Intelligence. Solve problems, learn from context and reason, think critically, analyze and evaluate ideas, make decisions, measured by conventional psychometric tests. Facile acquisition of formal academic knowledge.

Analysis Coding: A/I

2. Creative Intelligence. Decides what problems to solve, cope with novelty, and go beyond what is given to generate novel and interesting ideas.

Analysis Coding: C/I

3. Practical Intelligence. Make solutions effective, solve real-world everyday problems, the ability used when intelligence is applied to real-world contexts. Facile acquisition and use of tacit procedural knowledge, action-oriented.

Analysis Coding: P/I

The oral interview will be conducted via video feed, and the interview will be recorded for later analysis. The interviewer will write the questions in the Interview protocol sheet, and use both the interview protocol and observation protocols while performing the interview. During the interview, the researcher may take notes annotating the participant's key statements against the three Triarchic aspects, using the interview protocol as shown in



Figure 1.

The researcher may also record descriptive notes and observations of the participants as they provide their answers, using the matrix as shown in Figure 2. “Descriptive notes” are written observations on any item of particular note during the interview. “Reflexive notes” are any personal thoughts or insights the researcher has during the interview, pertinent for later follow-up.

Figure 1 - Oral Question Interview Protocol

Interview Protocol				
#	Question	A/I	C/I	P/I
1	<p>What was your general K-12 education experience?</p> <p>Follow-up Questions:</p>			
2	<p>How did you achieve successes in formal education?</p> <p>Follow-up Questions:</p>			
3	<p>What has been the path of your professional career?</p> <p>Follow-up Questions:</p>			
4	<p>How has your life changed since being diagnosed and treated for ADHD?</p> <p>Follow-up Questions:</p>			

Figure 2 - Observation Protocol

Observation Protocol	
Descriptive Notes	
Reflexive Notes	
1	
2	
3	
4	

## Tentative Data Analysis Plan

Upon completion of the interview, the researchers will code the narratives against the three Triarchic aspects of intelligence using the analysis codes described above in “Survey and Observation Protocols,” as a qualitative analysis approach. Observations from the video recordings and observation protocols will also be included to provide a second dimension to data analysis.

1. Once all narratives have been completed and transcribed, the researchers will independently review each of the narratives and assign coding to relevant sections of the narratives identifying these as either “analytic,” “creative” or “practical.” Any portions of a narrative that does not contain information relevant to one of these three areas will be identified as “null”.
  - a. The video recordings will be reviewed for emotional content. Any portions of a narrative that includes notable emotions by the narrator will also be coded to indicate the specific emotion (i.e.: excitement, anger, joy). Video recordings will also be correlated with the observation protocols created by the researchers during each interview.
2. After all narratives have been reviewed and coded, the coded transcripts will be compared among the researchers. Differences in coding between each researcher will be adjudicated by consensus, and the narrative section will be re-coded as per the adjudication.
3. Once all coding have been adjudicated, the data will be aggregated into the three aspect themes and a fourth “null” theme.
4. The next step of the analysis will involve the use of a qualitative software data analysis package yet to be determined. All four themes will be processed via the software package.
5. After computer analysis, the output data will be reviewed for common threads within each aspect. Of particular interest will be the incidence of specific themes (“threads”) repeated across multiple narratives and possibility even repeated within one theme of a specific narrative.
6. Threads within aspect themes with high incidences of occurrence will be deemed behavioral traits that may be characteristic of atypical ADHD adults.
  - a. For this result, follow-on research would use the same methodology to examine ADHD adults who were not diagnosed until adults, but who exhibited more typical ADHD life patterns of low academic success and difficult careers, to look for differences in these aspect themes.
7. Should the null theme reveal the highest incidence of common threads, it would indicate that behavioral traits within the framework of Sternberg’s Triarchic theory are not a significant factor with high-performing ADHD adults. This result may, however, reveal other behavioral or phenomenological factors that justify further research.

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