Resilience: Implications for Post-Secondary Students Diagnosed With AD/HD

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Outline:

The construct of resilience
  -from genetics to contexts
The construct of ADHD
  -what it describes
  -transitional developmental model
Application of resilience for ADHD
  -deficit and treatment research
  -resilience focused research
  -resilience within post-secondary
Case example and discussion
What is meant by “resilience?”
Resilience

-A person has been tested, shows adaptive psychological or physiological responses, and returns to functioning

-The capacity to maintain or recover health following day-to-day challenges or adverse experiences
Personal Resilience

- Physical (body)
- Relational (heart)
- Emotional (spirit)
- Mental (mind)
Social Resilience
describes “societies that provide their members with the resources to live healthy, secure, and fulfilling lives.” Hall & Lamont (p. 2)
Acute stressors can create patterns of dysregulation
What Does AD/HD Describe?

deficit...condition...disorder...gift
chronic illness...delay...difference?
AD/HD: Developmental Condition

Heritable

Identified biochemical factors

Functional areas of the brain implicated
Executive Functioning

- organizing and planning (chunking, prioritizing, estimating time)
- shifting and focusing attention (ignoring distractions)
- motivation and arousal (getting going on non-urgent matters)
- working memory (including weighing long term consequences and inhibiting impulses)
- regulating emotions (stress response, mood, social interaction)
AD/HD in post-secondary

- (Ontario) With disability: Significantly less likely to graduate (78% vs 85%); take longer to graduate (McCloy & DeClou, 2013)

- (US) Significantly less likely to graduate (76% vs 88%) (Maitland, 2010)
  - ADHD/LD twice as likely to be on probation
  - 20% more likely to withdraw
  - Are enrolled two more semesters than RS
  - Significantly lower GPAs (2.7 vs 3.1)
Value of Deficit Research

AD/HD Consequences

Support Resources
Transitional Developmental Model

- Understanding across the life-span
- Shifting context = shifting demands
- Changing developmental tasks: Emerging Adulthood
  - Increased cognitive and social demands
  - Desire for independence
  - Identity development
    - Underestimate symptoms
    - Question diagnosis
    - Want to be like others
    - Lower persistence with treatment
  - Life tasks require increased self-management
- Resource/Demand imbalance over the life-time

(Turgay, et. al., 2012)
Development and Resource Support

![Graph showing the relationship between Functional Demands and Resources across different stages of life: Childhood, Adolescence, Emerging Adult, and Adulthood. The graph illustrates a decrease in Functional Demands and an increase in Resources from Childhood to Adulthood.]
Researching Resilience & AD/HD
Social Resilience: Access to Treatment

Deficits are significantly reduced with adherance to medication treatment.

CBT beneficial when supplementing medication treatment.
Social Resilience: Resources & Climate

- **Summer Transition Program** (McCloy & DeClou, 2012)

- **Faculty knowledge and acceptance**
  (Buchanan, et.al., 2010; Wilson, Getze, & Brown, 2000)

- **Higher use of support services increased greater satisfaction with perception of campus concern**
  (McCloy & DeClou, 2012)

- 76% using services return at least once

- Those who return for services:
  - Significantly higher GPAs with more service contact
  - Significantly higher SATV and SATM scores
  - Trend: higher graduation with more sessions (non-significant) (Maitland, 2010)
Resilience: PS Student Voices

1. Self-regulation (take medication)
2. Proactive choices to improve likelihood of success
   - continue with medication (patterns of improved grades at times of taking medication)
   - school choice that meets needs of ADHD (course load, topics of interest)
   - career aligned with interest and strengths
3. Helping others and humanity
4. Personal support systems
5. Commitment to goals
6. Self-confidence and self-esteem
7. Acceptance (of diagnosis) (Driggers, 2013)
Acceptance & Explanatory Models

- Cultural based resources
- Taken up based on what is available
- Shapes, and is shaped by, experience
- Impacted by values and beliefs

(Wade & Trey, 2010)

Deficit...Condition...disorder...gift...chronic illness...delay...difference?
once upon a time
Jane’s reflections

- Able to talk to myself and listen to myself
- In class: I feel like the professor is talking to me!
- Failed physiology last year...just wrote an exam and got 84%
- I’m rethinking school direction and really considering my choices because I know I can do this now
- Decided I will live at home again because I think I can address the barriers that existed before.
- Living at home will allow me to work less so I can commit more to studying, and volunteer to explore what I’m passionate about
-I look back and wonder about the impact of an earlier diagnosis, but can’t change the past
-I did try to get help with this so I can’t be mad at myself
-My experiences have made me who I am.
  -I know now, what it is like to have a deficit.
  -I’ve had to be creative and find ways to cope.
  -I have the experience of needing to expend effort to learn and I see many other students struggle because they’ve never had to do this.
-I appreciate the drug treatment so much more now.
-I don’t, and won’t ever, take focus for granted.
thanks

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