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THESIS

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) AND THE U.S. ARMY: RECRUITING AND READINESS IMPLICATIONS

by

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December 2018

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ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) AND THE U.S. ARMY: RECRUITING AND READINESS IMPLICATIONS

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ABSTRACT

An all-volunteer force, the U.S. military faces a decreasing eligible recruitment population due to declining health, declining education, and increasing criminal history. This thesis examines one aspect that currently affects sufficient force capacity for the Army: the increasing number of individuals with an ADHD diagnosis. Currently, in the United States under DoD policy, individuals with an ADHD diagnosis can, in some cases, serve their country, but just as long as they have not leveraged any of the evidence-based core treatments for ADHD. Increasingly, scholarship points to the benefits rather than the stigma of the neurodivergent population at large, including those with ADHD. Both other militaries and the private sector specifically recruit neurodiverse individuals, including the Israeli Defense Forces, which has created unit 9900, where neurodivergent individuals can and do benefit their country. This thesis suggests alternative insights that individuals with ADHD offer unique abilities that are best suited for military service and can be leveraged in emerging jobs, and further diversify the Army. The thesis presents a detailed literature review, subjective narratives from two current soldiers, and a comprehensive analysis that includes a Strengths, Weaknesses, Opportunities, and Threats (S.W.O.T.) analysis, as well as recommendations for future research.

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LIST OF ACRONYMS AND ABBREVIATIONS

ADHD	Attention Deficit Hyperactivity Disorder
APA	American Psychiatric Association
AR	Army Regulation
ARI	Army Research Institute
ASD	Autism Spectrum Disorders
ASVAB	Armed Services Vocational Aptitude Battery
CDC	Centers for Disease Control
DMZ	Demilitarized zone
DoD	Department of Defense
DODI	Department of Defense Instructions
DSM	Diagnostic and Statistical Manual of Mental Disorders
FY	Fiscal Year
IDF	Israeli Defense Forces
IR	Immediate Release
LMTV	Light Medium Tactical Vehicle
MEPS	Military Entrance Processing Station
MOS	Military Occupational Specialty
NDS	National Defense Strategy
NSCH	National Survey of Children's Health
NSS	National Security Strategy
PCM	Primary Care Manager
S.W.O.T.	Strengths, Weakness, Opportunities, Threats
TOVA	Test of Variables of Attention
UCMJ	Uniform Code of Military Justice
USAREC	United States Army Recruiting Command
XR	Extended Release

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-Matthew

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—Marvin

I. INTRODUCTION

A. PROBLEM STATEMENT

The global security environment is perpetually complex and uncertain, and threats to U.S. national security continually emerge. In order to deter war and protect the security of our nation, the size of our military force matters. The U.S. Army relies on an all-volunteer force to fight today and to prepare for tomorrow's conflicts. However, the eligible population continues to decline, due to rising health problems, lack of minimum education criteria, and increasing criminal history;¹ the decline of eligible volunteers poses a challenge to sustaining sufficient force capacity.²

Our thesis explores one aspect of rising health problems that negatively impacts sufficient force capacity: the military entrance policy that applies to individuals with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) who aspire to serve in the U.S. Army. We aim to identify whether the Army—and, in turn, operational requirements and national security—might be served by further research on allowing entrance to military service to those with an ADHD diagnosis.

B. SIGNIFICANCE

As the United States continues to face the challenge of helping global stability, the national security environment continuously grows more complex. As stated in the *Summary of the 2018 National Defense Strategy* (NDS), the United States works relentlessly to "ensure favorable balances of power that safeguard the free and open international order."³ Global disorder due to multiple wars, a complex security

¹ "Ready, Willing, and Unable to Serve," Mission Readiness, accessed June 26, 2018, http://cdn.missionreadiness.org/NATEE1109.pdf.

²Ben Watson, "Here's What Concerns the General in Charge of Recruiting America's Future Army," *Defense One*, October 12, 2017, https://www.defenseone.com/ideas/2017/10/heres-what-concerns-general-charge-recruiting-americas-future-army/141701/.

³ Department of Defense, Summary of the 2018 National Defense Strategy of the United States of America: Sharpening the American Military's Competitive Edge (Washington, D.C.: Department of Defense, 2018), https://dod.defense.gov/Portals/1/Documents/pubs/2018-National-Defense-Strategy-Summary.pdf.

environment, and inter-state strategic competition intensify that challenge.⁴ Failure to mitigate these issues may further a decline in global influence and decrease the longstanding U.S. military advantage. Moreover, the United States faces a rising proliferation of cyberspace challenges that pose significant threats to national security.⁵ Although Maness and Valeriano dispute the severity of cyberattacks globally, they do agree that the United States is "an attractive target to cyber attackers."⁶ Jonathan Kirshner asserts, in his book *Globalization and National Security*, an increasing concern that strategic competitors have taken active roles in funding and facilitating cyberterrorists.⁷

Simultaneously, while specialists have increasing roles in facing national security issues, more and more strategists cite, as a fundamental issue, a decline in the sheer size of the U.S. military. A Pentagon report, *Ready, Willing, and Unable to Serve*, urges U.S. leaders to educate the nation's youth to foster national security.⁸ The report goes on to suggest that the United States faces a reduction of viable citizens due to issues with obesity, physical fitness, education, and criminality, as well as a rise in health problems.⁹ Some experts argue that a component of military power is derived by sheer mass of its force.¹⁰ *Ready, Willing, and Unable to Serve* also states that approximately 75% of Americans, ages 17 to 24, cannot join the military.¹¹ If only 25% of potential recruits are eligible, that will inevitably affect the United States' ability to compete strategically in the current and future security environment.

⁴ "A New National Security Strategy for a New Era," The White House, December 18, 2017, https://www.whitehouse.gov/articles/new-national-security-strategy-new-era/.

⁵ The White House, "A New National Security Strategy for a New Era."

⁶Brandon Valeriano and Ryan C. Maness, Cyber Hype versus Cyber Reality: Restraint and Norms in Cyber Conflict (Oxford: Oxford University Press, 2014), 92.

⁷ Jonathan Kirshner, "Globalization and National Security" (New York: Routledge, 2013), 378.

⁸ "Ready, Willing, and Unable to Serve," Mission Readiness.

⁹ "Ready, Willing, and Unable to Serve," Mission Readiness.

¹⁰ Amos A. Jordan, William J. Taylor, Jr, Michael J. Meese, and Suzanne C. Nielsen, American National Security (Baltimore: Johns Hopkins Press, 2011).

¹¹ "Ready, Willing, and Unable to Serve," Mission Readiness.

To address this concern, the *NDS* requires the Department of Defense (DoD) to cultivate workforce talent.¹² As stated in the *Summary of the 2018 National Defense Strategy*, "the creativity and talent of the American warfighter is our greatest enduring strength, and one we do not take for granted."¹³ U.S. Army recruitment focuses heavily on specific procedures and standards for entrance into military service. As such, a person who does not meet prescribed criteria is disqualified for service. With the abovementioned Pentagon report indicating a struggle to recruit under the current military guidelines, perhaps integrating new or diverse capabilities can aid a disintegrating force.

While the solutions to how the United States can recruit and train a sufficient force capacity are varied, and we cannot take our ability to do so for granted, and even the question of health eligibility touches on many complex issues, this thesis focuses on one aspect: whether U.S. Army recruitment may be served by further research on accepting individuals with ADHD diagnoses.

C. RESEARCH QUESTION

Although the U.S. Army has slightly reformed its policies regarding individuals who have received an ADHD diagnosis, stipulations still exist and questions abound as to whether individuals with an ADHD diagnosis can serve the military. For instance, applicants must not be on medication. Would the U.S. Army be well served by further research on its policies regarding accepting applicants who have received ADHD diagnoses? A secondary, and key, question regards whether the U.S. military, a highly structured environment, is an ideal environment in which individuals with ADHD diagnoses can thrive and contribute.

¹² The White House, "A New National Security Strategy for a New Era."

¹³ Department of Defense, Summary of the 2018 National Defense Strategy of the United States of America: Sharpening the American Military's Competitive Edge.

D. RESEARCH DESIGN

The purpose of our thesis is to provide the reader with awareness and knowledge about the nature and impact of ADHD through extensive research and, fundamentally, through the subjective experiences of two soldiers with ADHD.

We, therefore, conducted an extensive literature review regarding ADHD to include relevant DoD and U.S. Army policies for enlistment eligibility and fitness for deployment. We also wrote the subjective experiences of two individuals with ADHD. Additionally, we conducted a Strengths, Weakness, Opportunities, Threats (S.W.O.T) analysis and provide recommendations for future research.

Following this introduction, Chapter II provides a detailed literature review. Chapter III details the personal and professional experiences of two soldiers who have received ADHD diagnoses. Chapter IV analyzes the concept of a neurodivergent workforce and provides a S.W.O.T analysis, and Chapter V concludes with recommendations.

II. LITERATURE REVIEW

To address whether further research on inclusion of individuals with ADHD diagnoses would benefit the U.S. Army's need to meet force capacity, Chapter II provides a detailed literature review. The review has seven sections that examine, respectively: what ADHD is, how ADHD is diagnosed, how ADHD is treated, ADHD prevalence globally, ADHD prevalence among U.S. military members and their children, the relevant recruitment statutes affecting those that have an ADHD diagnosis who wish to enter into the U.S. Army, and the scholarly debate over neurodiversity.

A. WHAT IS ADHD?

ADHD is a relatively modern term first attributed to McGill University Professor Virginia Douglas when she addressed the Canadian Psychological Association in 1970.¹⁴ Up until that point, the condition was referred to as "hyperactivity," "hyper-kinesis," or "minimal brain dysfunction."¹⁵ ADHD is characterized by inappropriate levels of hyperactivity, impulsivity, and/or inattention with effects on executive function interfering with development and behavior.¹⁶

The *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (DSM-5) is a product developed over a decade of concretive effort by a volume of health care professions in all aspects of mental health.¹⁷ The efforts of these health care professions have yielded an "authoritative volume that defines and classifies mental disorders" in efforts to provide a framework to improve diagnoses.¹⁸ The DSM-5 recognizes three types

¹⁴ Thomas Armstrong, "The Myth of the Normal Brain: Embracing Neurodiversity," *AMA Journal of Ethics* 17, no. 4 (April 2015): 30, 348, https://doi.org/10.1001/journalofethics.2015.17.4.msoc1-1504.

¹⁵ Thomas Armstrong, "Neurodiversity Discovering the Extraordinary Gifts of Autism, ADHD, Dyslexia, and Other Brain Differences," (Cambridge, MA: Da Capo Lifelong, 2010), 29.

¹⁶ Dorothy E. Stubbe, "Attention-Deficit/Hyperactivity Disorder: An Overview," *Psychiatric Annals* 46, no. 1 (2016): 33–38, https://doi.org/10.3928/00485713-20151203-01.

¹⁷ American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders: DSM-5. (Arlington, VA: American Psychiatric Publishing, 2013), xli.

¹⁸ American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders: DSM-5. (Arlington, VA: American Psychiatric Publishing, 2013), xli.

of ADHD: the inattentive presentation; hyperactive/impulsive presentation; and a combination of the two.¹⁹

B. HOW IS ADHD DIAGNOSED?

The DSM-5 list nine criteria symptoms that suggest one of the three forms of ADHD in an individual. Symptoms must interfere with an individual's "functioning or development" in a way that directly impacts academic, vocational, and or social activities.²⁰ An individual must exhibit "six (or more)" of the nine symptoms from one of the lists²¹ in Figure 1.



Combine Type: demonstrate ≥5 symptoms from each category inattention and hyperactivity / impulsivity

Figure 1. Diagnostic Criteria for ADHD.²²

¹⁹ Stubbe, "Attention-Deficit/Hyperactivity Disorder: An Overview," 33.

²⁰ Diagnostic and Statistical Manual, DSM-5, 59.

²¹ Diagnostic and Statistical Manual, DSM-5, 59.

²² Source: Ulrich Muller, "DSM-5 Criteria for ADHD," chart, in *What Is ADHD? Update on Pharmacology and Neuroimaging*, 1–47 (Cambridge, U.K: University of Cambridge, 2014), 5.

Symptoms must "have persisted for at least six months to a degree that is inconsistent with developmental level" and critically impact the aspects of an individual's day-to-day activities.²³ The severity of symptoms is classified as either *mild*, where few symptoms are present and impairments do not interfere with occupation or social settings, *moderate*, where symptoms are within mid-spectrum, or *severe*, where symptoms are evident and result in marked "impact to occupation and social functioning."²⁴ The DSM also specifies that teenagers and adults need to demonstrate just five of these symptoms in multiple settings to merit the diagnosis.²⁵ There is still considerable debate on what causes ADHD, including whether social factors such as environment or neurological factors play a part.²⁶

Crucially, there is no objective test for ADHD, so any ADHD diagnosis leans on subjective factors such as a patient's history of symptoms, many of which are common to a range of individuals, which can lead to misdiagnosis.²⁷ Some think ADHD is a catch-all phrase that involves over 20 conditions that can involve symptoms that lead to ADHD with each requiring a different treatment.²⁸

Additionally, there is a contentious debate as to whether ADHD exists at all, and whether, if it does, it can be accurately diagnosed. In an *Ethical Human Psychology and Psychiatry* article, professor and researcher Dr. Jeanne Stolzer openly challenges ADHD as a legitimate medical condition and provides reasons to believe pharmaceutical industries have "a vested economic interest in promoting ADHD as a valid medical disorder."²⁹

²³ Diagnostic and Statistical Manual, DSM-5, 60.

²⁴ Diagnostic and Statistical Manual, DSM-5, 59.

²⁵ Diagnostic and Statistical Manual, DSM-5, 60.

²⁶ Matthew Smith, "Hyperactive: The Controversial History of ADHD" (London: Reaktion Books, 2012), 23.

²⁷ Susan Okie, "ADHD in Adults," *The New England Journal of Medicine* 354, no. 25 (June 2006): 2637–8, https://doi.org/10.1056/NEJMp068113.

²⁸ Richard Saul, "Doctor: ADHD Does Not Exist," *Time*, March 14, 2014, http://time.com/25370/ doctor-adhd-does-not-exist/.

²⁹ J. M. Stolzer, "Attention Deficit Hyperactivity Disorder: Valid Medical Condition or Culturally Constructed Myth?," *Ethical Human Psychology and Psychiatry* 11, no. 1 (2009): 7, https://doi.org/10.1891/1559-4343.11.1.5.

Stolzer asserts that, while many Americans believe it to be a neurological disorder, there is "no scientific evidence" to substantiate that ADHD exists and "no neurological, metabolic, or attentional tests to confirm the existence of ADHD."³⁰ According to Dr. Fred Baughman Jr., who has over 45 years of experience in adult and child neurology and authored *The ADHD Fraud*, ADHD merely identifies a set of behaviors. There has yet to be evidence produce that meets proper scientific standards.³¹ A study by Alen Salerian provides an in-depth analysis regarding why the DSM-5 is subsequently flawed in its attempt to provide a scientific diagnosis for ADHD.³² Salerian states that the DSM-5 is 62.5% accurate when tested objectively.³³ Thus, Salerian claims that the DSM-5 presents critical flaws concerning five psychiatric disorders, ADHD being one of them.³⁴ Similar to Baughman, Salerian argues that the "DSM-5 cannot differentiate from a disease complication or progression."³⁵ Essentially, until researchers develop and support objective data, any ADHD diagnosis remains fully subjective.³⁶

C. HOW IS ADHD TREATED?

ADHD can have challenging effects on an individual's life and an accurate diagnosis of ADHD is crucial as it guides effective treatment options.³⁷ Therefore, the most effective treatment strategies require an extremely accurate diagnosis, a tricky notion at

³⁰ Stolzer, "Attention Defecit Hyperactivity Disorder," 6.

³¹ Fred A. Baughman and Craig Hovey, *The ADHD Fraud: How Psychiatry Makes "Patients" of Normal Children* (Victoria, B.C.: Trafford Publishing, 2006), 94.

³² Alen J. Salerian, "DSM-5 May Have Adverse Effects," *Mental Health and Addiction Research* 2, no. 2 (2017): , doi:10.15761/mhar.1000131, 1.

³³ Alen J. Salerian, "DSM-5 May Have Adverse Effects," 1.

³⁴ Alen J. Salerian, "DSM-5 May Have Adverse Effects," 1.

³⁵ Alen J. Salerian, "DSM-5 May Have Adverse Effects," 2.

³⁶ Alen J. Salerian, "DSM-5 May Have Adverse Effects," 1

³⁷ "What is ADHD?" American Psychiatric Association, accessed November 06, 2018, https://www.psychiatry.org/patients-families/adhd/what-is-adhd.

best. Usually, identifying the appropriate treatment strategies requires a holistic approach that entails complementary methods.³⁸

Pharmacotherapy is considered to be the appropriate treatment option to improve symptoms of ADHD among adults.³⁹ Many adults benefit from pharmacotherapy by taking a stimulant, non-stimulant, and or anti-depressant medication to help cope with the condition.⁴⁰ Stimulants, the most common of the ADHD medications, are available in two formulas: immediate release (IR) and extended release (XR). Stimulants are prescribed for treatment of hyperactivity, increasing attention span and focus, and improving interpersonal interaction.⁴¹ Non-stimulants are prescribed to help boost the brain chemical called norepinephrine, which can regulate mood, reduce hyperactivity, and increase attention span.⁴²

Because treatment for ADHD primarily involves pharmacotherapy, generating many questions regarding side effects of medication and long-term implications, a comprehensive approach that includes psychotherapy should be included so that individuals can optimally manage symptoms and lead successful lives. Studies indicate that a combination of pharmacotherapy and psychotherapy is effective in most adults with ADHD.⁴³ Through collaborative psychotherapy, a psychologist can help an individual work through problems to better create productive wellbeing.⁴⁴

To help individuals develop healthier, more effective habits, psychologists use scientifically validated procedures to help develop strategies to confront and resolve

³⁸ Anthony L. Rostain and J. Russell Ramsay, "A Combined Treatment Approach for Adults with ADHD—Results of an Open Study of 43 Patients," *Journal of Attention Disorders* 10, no. 2 (December 2006): 150–9, https://doi.org/10.1177/1087054706288110.

³⁹ American Psychiatric Association, "What is ADHD?"

⁴⁰ American Psychiatric Association, "What is ADHD?"

⁴¹ American Psychiatric Association, "What is ADHD?"

⁴² American Psychiatric Association, "What is ADHD?"

⁴³ Rostain and Ramsay, "A Combined Treatment Approach for Adults with ADHD—Results of an Open Study of 43 Patients," 150-9; American Psychiatric Association, "What is ADHD?"

⁴⁴ "Understanding Psychotherapy and How It Works," American Psychological Association, accessed November 10, 2018, https://www.apa.org/helpcenter/understanding-psychotherapy.aspx.

issues.⁴⁵ Other methods that psychologists use to help individuals are: cognitive-behavioral therapy, interpersonal therapy, and other forms of talk therapy, to include fostering a supportive environment that allows a for a free exchange of dialogue.⁴⁶ Overall, a psychologist's goal in helping individuals who have received ADHD diagnoses is a common one for the work: to help them make positive changes in their lives.⁴⁷

In addition to pharmacological and psychological treatments, there is an emerging phenomenon regarding a non-medication approach to treatment of ADHD. In addition to counseling, other support options include workplace support accommodations, leveraging awareness of strengths and weaknesses, dietary and nutritional changes, and alternative therapies, such as neurofeedback and neurocognitive training.⁴⁸

A growing number of health care professionals see ADHD not as a disorder but as an advantage in high-pressure situations.⁴⁹ ADHD affects the dopamine transporter gene regulating the brains reaction to surrounding stimuli.⁵⁰ In high-stress situations, for example, someone with ADHD feels a rush of euphoria and focus where a neurotypical person might feel high anxiety or dread.⁵¹ Those on the ADHD spectrum display traits that would be advantageous in high-stress situations which requires non-linear thinking, impulsivity, willingness to take risks, multitasking, calm under pressure, and resilience.⁵² Those with ADHD need a balanced treatment and wellbeing plan that accurately focuses

⁴⁵ American Psychological Association, "Understanding Psychotherapy and How It Works."

⁴⁶ Rostain and Ramsay, "A Combined Treatment Approach for Adults with ADHD—Results of an Open Study of 43 Patients," 150-9.

⁴⁷ American Psychological Association, "Understanding Psychotherapy and How It Works."

⁴⁸ J. Russell Ramsay, Nonmedication Treatments for Adult ADHD: Evaluating Impact on Daily Functioning and Well-Being (Washington, D.C.: American Psychological Association, 2015), 13.

⁴⁹ Dale Archer, *The ADHD Advantage: What You Thought Was a Diagnosis May Be Your Greatest Strength* (New York: Penguin, 2015), 7.

⁵⁰ Archer, *The ADHD Advantage: What You Thought Was a Diagnosis May Be Your Greatest Strength*, 7.

⁵¹ Archer, *The ADHD Advantage: What You Thought Was a Diagnosis May Be Your Greatest Strength*, 8.

⁵² Archer, *The ADHD Advantage: What You Thought Was a Diagnosis May Be Your Greatest Strength*, 13.

on mitigating undesirable behaviors while also creating an environment that builds on the strengths and positive aspects of the condition.⁵³

D. PREVALENCE OF ADHD

The increased prevalence of ADHD has become a global trend as diagnoses continue to rise.⁵⁴ Sociologists Dr. Peter Conrad and Dr. Meredith Bergey explored the widespread increase of ADHD diagnoses using epidemiological data from 1990 to 2003 in five countries: the United Kingdom, Germany, France, Italy, and Brazil.⁵⁵ Conrad and Bergey suggest that ADHD prevalence has increased overall in that thirteen-year span; in the United Kingdom and Germany, diagnoses have increased from 1% to 5%; in Italy, diagnoses have increased from 3.5% to 5.6%; and, in Brazil, diagnoses have increased from <1% to 6%.⁵⁶

In the United States, the methods to measure the percentage of children with ADHD vary depending on the collection means; no matter the method, however, the United States shows an even higher prevalence. The DSM-5 estimates that 5% of U.S. children, ages 4 to 17, have ADHD.⁵⁷ However, the Centers for Disease Control and Prevention (CDC) claims that the rate is doubled.⁵⁸ The National Survey of Children's Health (NSCH), the primary source generator of data for the CDC, estimates that 11% of children in the United

⁵³ Barbara Mather, "The Social Construction and Reframing of Attention-Deficit/Hyperactivity Disorder," *Ethical Human Psychology and Psychiatry* 14, no. 1 (April 2012): 23, https://doi.org/10.1891/1559-4343.14.1.15.

⁵⁴ L. Darlow, "Difficulty Paying Attention (Attention-Deficit/Hyperactivity Disorder)," in *Essential Family* Medicine, ed. Robert Rakel (Amsterdam: Elsevier, 2006), 566.

⁵⁵ Peter Conrad and Meredith R. Bergey, "The Impending Globalization of ADHD: Notes on the Expansion and Growth of a Medicalized Disorder," *Social Science & Medicine* 122 (December 2014): 31, https://doi.org/ 10.1016/j.socscimed.2014.10.019.

⁵⁶ Conrad and Bergey, "The Impending Globalization of ADHD," 32.

⁵⁷ R. Thomas, S. Sanders, J. Doust, E. Beller, and P. Glasziou, "Prevalence of Attention-Deficit/ Hyperactivity Disorder: A Systematic Review and Meta-analysis," *Pediatrics* 135, no. 4 (April 2015), https://doi.org/10.1542/peds.2014-3482; R. Thomas et al., "Prevalence of Attention-Deficit/Hyperactivity Disorder: A Systematic Review and Meta-analysis," Pediatrics 135, no. 4 (2015): doi:10.1542/peds.2014-3482; Diagnostic and Statistical Manual, DSM-5, 65.

⁵⁸ "Attention-Deficit / Hyperactivity Disorder (ADHD)," Centers for Disease Control and Prevention, February 14, 2018, https://www.cdc.gov/ncbddd/adhd/features/national-prevalence-adhd-and-treatment.html.

States were diagnosed with ADHD in 2016.⁵⁹ According to CDC Data and Statistics (2016), approximately 6.1 million children in the United States, ages 2–17, were diagnosed with ADHD.⁶⁰ Among the children diagnosed, approximately 77% received some form of treatment, whether medication, behavior treatment, or a combination of the two.⁶¹ Taking the CDC's 2016 figures, 4.7 million U.S. children received prescription medication for ADHD diagnoses.

Additionally, an investigative study titled *Twenty-Year Trends in Diagnosed Attention-Deficit/Hyperactivity Disorder Among U.S. Children and Adolescents, 1997– 2016* by Xu et al. (2018) examined NHIS data and determined that the prevalence of ADHD significantly increased over the past two decades. Between 1997 and 1998, there was a 6% increase, and, between 2015 and 2016, there was an 11% increase; the likelihood of underreported data could mean that the overall landscape could be more significant.⁶² Xu et al. also explored whether the increase was connected to gender, environmental, socioeconomic, and other factors; however, they could not determine the root factor.⁶³ Dr. Daniel Dickstein, a child and adolescent psychiatrist, suggests that the study by Xu et al. provides useful insight.⁶⁴ Advance of knowledge and the efficiency of diagnosis and treatments are drastically impacted when prevalence is underestimated.⁶⁵ Tracking the prevalence of ADHD and the increasing trend has important implications for furthering

⁵⁹ Centers for Disease Control and Prevention, "Attention-Deficit / Hyperactivity Disorder (ADHD)."

⁶⁰ Centers for Disease Control and Prevention, "Attention-Deficit / Hyperactivity Disorder (ADHD)."

⁶¹ Centers for Disease Control and Prevention, "Attention-Deficit / Hyperactivity Disorder (ADHD)."

⁶² Guifeng Xu, Lane Strathearn, Buyun Liu, Binrang Yang, and Wei Bao, "Twenty-Year Trends in Diagnosed Attention-Deficit/Hyperactivity Disorder Among U.S. Children and Adolescents, 1997–2016," *JAMA Network Open* 1, no. 4 (August 2018), https://doi.org/10.1001/jamanetworkopen.2018.1471.

⁶³ Xu, Strathearn, Liu, Yang, and Bao, "Twenty-Year Trends in Diagnosed Attention-Deficit/ Hyperactivity Disorder Among U.S. Children and Adolescents, 1997–2016," 1.

⁶⁴ Darlow, "Difficulty Paying Attention (Attention-Deficit/Hyperactivity Disorder)."

⁶⁵ Xu, Strathearn, Liu, Yang, and Bao, "Twenty-Year Trends in Diagnosed Attention-Deficit/ Hyperactivity Disorder Among U.S. Children and Adolescents, 1997–2016."

research, health care, policies and decision making on ADHD, and the needs of the people.⁶⁶

E. PREVALENCE OF ADHD AMONG U.S. SERVICE MEMBERS AND THEIR CHILDREN

We found no longitudinal studies that examine the long-term prevalence of ADHD among military children as compared to the overall U.S. child population. A study on *Attention Deficit Hyperactivity Disorder and Medication Use by Children During Parental Military Deployments* by Hisel-Gorman et al. examined children with ADHD, ages 4 to 8, from military families to gain understanding on whether aspects of a parent's deployment can lead to an increase in behavioral health visits and prescribed medication.⁶⁷ Hisel-Gorman et al. identify that children of military families have an ADHD prevalence rate of 8%, and 55.9% of those children are prescribed medication to treat ADHD.⁶⁸ Additionally, children with ADHD and a deployed parent service member will have a 13% increase in behavioral health services.⁶⁹

Current studies indicate that genetics may be a factor in ADHD.⁷⁰ The prevalence of ADHD among military service members suggest the likely prevalence of ADHD among their children. As the U.S. Army faces recruiting challenges, the prevalence of ADHD among military members and their children could further those challenges.

⁶⁶ "Attention-Deficit / Hyperactivity Disorder (ADHD)," Centers for Disease Control and Prevention, February 14, 2018, https://www.cdc.gov/ncbddd/adhd/features/national-prevalence-adhd-and-treatment.html.

⁶⁷ Hisle-Gorman, Eide, Coll, and Gorman, "Attention Deficit Hyperactivity Disorder and Medication Use by Children During Parental Military Deployments."

⁶⁸ Hisle-Gorman, Eide, Coll, and Gorman, "Attention Deficit Hyperactivity Disorder and Medication Use by Children During Parental Military Deployments."

⁶⁹ Hisle-Gorman, Eide, Coll, and Gorman, "Attention Deficit Hyperactivity Disorder and Medication Use by Children During Parental Military Deployments."

⁷⁰ Centers for Disease Control and Prevention, "Attention-Deficit / Hyperactivity Disorder (ADHD)."

F. MILITARY ENTRANCE POLICIES RELEVANT TO ADULTS WITH AN ADHD DIAGNOSIS

An ADHD diagnosis does not exclusively disqualify a person from U.S. military service; however, the diagnosis means stricter limitations, and, for the U.S. Army, usually a waiver. The following documents establish policy and procedures and criteria and delegate authority with regards to physical and medical standards for entrance into military service.

1. DoD INSTRUCTION 6130.03: Medical Standards For Appointment, Enlistment, or Induction into the Military Services, dated 6 May 2018

The DODI 6130.03 is the principal document that directs U.S. military service branches including the Coast Guard, Reserve Components, and Army and Air National Guards to apply and uniformly implement the standards contained therein. Section Five specifies all disqualifying conditions that mean an individual does not meet military medical fitness "standards by virtue of current diagnosis or for which an individual has a verified past medical history" as listed in Figure 1.⁷¹

⁷¹ Department of Defense, *Medical Standards for Appointment, Enlistment, or Induction Into The Military Services, DoD Instruction 6130.03* (Washington, D.C.: Department of Defense, 2018), 44, http://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/613003p.pdf?ver=2018-05-04-113917-883.

Attention Deficit Hyperactivity Disorder			
DODI 6130.03 dtd. MAY 2018 (p. 44)	Army Regulation 40-501_dtd. JUNE2017 (p.15)		
MEDICAL STANDARDS. Unless otherwise stipulated, the conditions listed in this section are those that do not meet the standard by virtue of current diagnosis, or for which the candidate has a verified past medical history. The medical standards for appointment, enlistment, or induction into the Military Services are classified into general systems in Paragraphs 5.2. through 5.30.	MEDICAL CONDITIONS. The disqualifying medical conditions are listed in paragraphs 2–3 through 2–32, below. (The ICD codes are listed in parentheses following each standard in chap 2.) Unless otherwise stipulated, the conditions listed in paragraphs 2–3 through 2–32, below, are those that would be disqualifying by virtue of current diagnosis, or for which the candidate has a verified past medical history.		
Paragraph 5.28(a) Attention Deficit Hyperactivity Disorder, <u>if</u> with:	Paragraph 2–27(a) Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder does not meet the standard, <u>unless:</u>		
1. A recommended or prescribed Individualized Education Program, 504 Plan, or work accommodations after the 14th birthday;	No use of medication(s) in the previous 12 months		
2. A history of comorbid mental disorders;	Demonstrate passing academic performance		
3. Prescribed medication in the previous 24 months			
4. Documentation of adverse academic, occupational, or work			
performance			

Figure 2. Medical Standards for Appointment, Enlistment, or Induction into the Military Service (2018) DODI 6130.03⁷² and Standards of Medical Fitness (2017) AR 40-501.⁷³

Those with ADHD diagnoses are not automatically disqualified; however, qualifying depends on whether a person has: received pharmacological treatment for ADHD in the previous 24 months, required accommodations to aid in development for success (the use of individualized education or work programs after the age of 14 years of age),⁷⁴ presents coinciding chronic condition(s), suffered a level of severity that interferes with functioning that directly impacts academic or vocational settings.

Essentially, the policy suggests that an individual could potentially serve as long as he or she is not currently receiving any forms of treatment for the condition, which may be unlikely and possibly unhealthy among those with ADHD diagnoses. In light of the constraints, the medical examiner may find an individual with a previous history of ADHD, who has been off medication for over 24 months and does not display obvious symptoms

⁷² Department of Defense, *Medical Standards for Appointment, Enlistment, or Induction Into The Military Services*, DoD Instruction 6130.03, 44.

⁷³ Department of the Army, *Standards of Medical Fitness*, 15.

⁷⁴ Department of the Army, *Standards of Medical Fitness*, 15.

of the condition during medical processing, to be medically qualified for military service without submission of a waiver.

2. Standards of Medical Fitness Army Regulation 40-501, dated 14 June 2017, in Conjunction with New Policy Regarding Waivers for Appointment and Enlistment Applicants Army Directive 2018-12, dated 30 June 2018

Those with an ADHD diagnosis that want to join the U.S. Army, however, may need to both meet stricter limitations and procure a waiver. The two documents discussed in this section implement the proscribed procedures contained within DODI 6130.03 to regulate actions associated with physical and medical standards that apply to active duty Army, Army Reserves, and Army National Guard.

Army Regulation 40-501 Standards of Medical Fitness governs the standards as they apply to medical fitness standards for entrance, retention for service in the U.S. Army, and medical criterion for specialized military occupational specialties (MOS) and specialty training.⁷⁵ Chapter Two of AR 40-501 catalogues the medical conditions that affect U.S. Army entrance. According to the regulation, having ADHD means that an individual does not meet the standards for medical fitness "unless [the] applicant can demonstrate passing academic performance and there has been no use of medication(s) in the previous 12 months."⁷⁶

Army Directive 2018-12 delineates the medical waiver process and authority for specified medical conditions. Army Directive 2018-12 stipulates that an individual with ADHD does not meet medical fitness standard unless the individual provides evidence that demonstrates adequate academic or work performance, does not visibly display current or active characteristics of ADHD, and has not used ADHD medication within the previous 12 months. Upon the completion of a thorough review of all available information regarding the issue or condition, as well as the specific needs of the military, the individual may be considered for a waiver.

⁷⁵ Department of the Army, *Standards of Medical Fitness*, *AR* 40–501 (Washington, DC: Department of the Army, 2017), 2, http://cdm16635.contentdm.oclc.org/cdm/ref/collection/p16635coll11/id/672.

⁷⁶ Department of the Army, *Standards of Medical Fitness*, 15.

G. NEURODIVERSITY AND RECRUITING

Neurodiversity may be every bit as crucial for the human race as biodiversity is for life in general.

—Harvey Blume⁷⁷

As is well known, the U.S. military forms the backbone of national security. Therefore, when assigning individuals to fill various positions, officials must conduct an in-depth background check, selecting only those who are fit to serve. The military entrance standards provide the procedures and requisite criteria for selection into the military, and any slight blunder could be costly to U.S. national security and its interests. Simultaneously, that means that the information on which qualification decisions are based must be correct, non-discriminatory, and not influenced by outside interests.

A relatively new term, *neurodivergence*, which Nick Walker and this thesis define as "the diversity of human brains and minds—the infinite variation in neurocognitive functioning within our species,"⁷⁸ can refer to individuals diagnosed with Autism Spectrum Disorder (ASD) or ADHD, according to the DSM-5.⁷⁹ While some consider Henry Blume's 1998 use of the term in *The Atlantic*⁸⁰ to be its first use, others attribute the term's origination to the online autism community in the late 1990s, specifically to sociologist Judy Singer or to advocacy movement started by parents of those with Autism Spectrum Disorders (ASD).⁸¹ Since the 1990s, the thinking on neurodiversity has evolved from being

⁷⁷ Harvey Blume, "Neurodiversity," *The Atlantic*, September 30, 1998, accessed November 14, 2018, https://www.theatlantic.com/magazine/archive/1998/09/neurodiversity/305909/.

⁷⁸ Nick Walker, "Neurodiversity: Some Basic Terms and Definitions," Neurocosmopolitanism (blog), September 27, 2014, http://neurocosmopolitanism.com/neurodiversity-some-basic-terms-definitions/.

⁷⁹ Diagnostic and Statistical Manual, DSM-5, 50.

⁸⁰ Blume, "Neurodiversity."

⁸¹ Timo Lorenz, Kathrin Heinitz, Nomi Reznik, "A Different Point of View: The Neurodiversity Approach to Autism and Work," in *Autism: Paradigms, Recent Research, and Clinical Applications*, eds. Michael Fitzgerald and Jane Yip (London: InTech, 2017), https://www.researchgate.net/publication/ 316037640_A_different_point_of_view_The_neurodiversity_approach_to_Autism_and_work; Armstong, Neurodiversity Discovering the Extraordinary Gifts of Autism, ADHD, Dyslexia, and Other Brain Differences, 6.

considered a pathological medical condition to being seen as a natural form of human cognition variation.⁸²

The concept of neurodiversity provides a different perspective from the traditional view of conditions considered "disabling" or "disordered" by emphasizing that all human brains have differences.⁸³ Dyslexics, for example, can visualize the world in three dimensions while those with ADHD have a more diffused attention style.⁸⁴ Armstrong considers neurodiversity as a reinterpretation of these mental challenges as disorders of neurological origin but also as alternative forms of natural human difference.⁸⁵ Armstrong argues that humans all look at the world through different mental filters. Armstrong further frames the issue by pointing out that, while the world agreed to the universal kilograms as the current weight measurement, we have no such standard as to what is considered a "normal" brain.⁸⁶

Considering neurodivergence not as a disability but rather an advantage may be beneficial. In the past 60 years, the United States has witnessed an exponential growth in new psychiatric illnesses resulting from an ever-expanding disability culture.⁸⁷ The first edition of the DSM in 1953 listed one hundred psychiatric illnesses, and by the year 2000, that number had tripled.⁸⁸ What if some or all of those diagnosed with illnesses are simply different? Professor Micki Mcgee writes that neurodiversity should be considered in the

⁸² "Neurodiversity at Work," CIPD, accessed November 14, 2018, https://www.cipd.co.uk/knowledge/fundamentals/relations/diversity/neurodiversity-work.

⁸³ Armstong, Neurodiversity Discovering the Extraordinary Gifts of Autism, ADHD, Dyslexia, and Other Brain Differences, 5.

⁸⁴ Armstong, Neurodiversity Discovering the Extraordinary Gifts of Autism, ADHD, Dyslexia, and Other Brain Differences, 5.

⁸⁵ Armstong, Neurodiversity Discovering the Extraordinary Gifts of Autism, ADHD, Dyslexia, and Other Brain Differences, 8.

⁸⁶ Armstong, "The Myth of the Normal Brain: Embracing Neurodiversity," 348.

⁸⁷ Armstong, Neurodiversity Discovering the Extraordinary Gifts of Autism, ADHD, Dyslexia, and Other Brain Differences, 8.

⁸⁸ Armstong, Neurodiversity Discovering the Extraordinary Gifts of Autism, ADHD, Dyslexia, and Other Brain Differences, 3.

same discourse of individual rights as race, gender, ethnicity and sexual orientation.⁸⁹ John Elder Robison, a scholar-in-residence at the College of William & Mary, says that neurodiversity is an idea that neurological differences such as Autism and ADHD diagnoses result from a normal, natural variation of the human genome.⁹⁰

Neurodivergent psychopathologies may have aided primitive humans with evolutionary advantages.⁹¹ Dr. Walter Glannon, in the *Journal of Ethics in Mental Health*, contends, for example, that the multi-dimensional thinking of dyslexic people may have given an advantage to a prehistoric human in the making of tools, planning hunting routes, and building living structures.⁹² ADHD's tendencies towards hyperactivity, lack of sustained focus, and brashness may have been advantageous traits for rootless hunter/ gatherer societies continually searching for food, reacting quickly to their dangerous surroundings, and a needing nimble approach to hunt possible game.⁹³ Professor Mcgee argues that the speedup of production and technology in the past two decades has created a whole new group of the neurological debilitated who have deficits of attention, flexibility, and sociability.⁹⁴

Neurodivergent thought also aids present-day humans⁹⁵ and contemporary workforce needs. Recent studies show that some of those with neurodiverse conditions, such as ASD, often thrive in jobs requiring highly structured skills such as computer

⁸⁹ Micki Mcgee, "Neurodiversity," *Contexts* 11, no. 3 (August 2012): 12–13, https://doi.org/10.1177/ 1536504212456175.

⁹⁰ Robert D. Austin and Gary P. Pisano,"Neurodiversity as a Competitive Advantage: Why You Should Embrace It in Your Workforce," Harvard Business Review 95, no. 3 (May-June 2017): 96–103, https://hbr.org/2017/05/neurodiversity-as-a-competitive-advantage.

⁹¹ Martin Brüne, Jay Belsky, Horacio Fabrega, Hay R. Feierman, Paul Gilbert, Kalman Glantz, and Joseph Polimeni, "The Crisis of Psychiatry – Insights and Prospects from Evolutionary Theory," World Psychiatry 11, no. 1 (February 2012): 55–57, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3266750/.

⁹² Armstrong, Thomas. "The Myth of the Normal Brain: Embracing Neurodiversity." AMA Journal of Ethics 17, no. 4 (April 2015). https://doi.org/10.1001/journalofethics.2015.17.4.msoc1-1504, 349.

⁹³ Armstrong, "The Myth of the Normal Brain: Embracing Neurodiversity." 441.

⁹⁴ Micki Mcgee, "Neurodiversity," 13.

⁹⁵ Brüne, Belsky, Fabrega, Feierman, Gilbert, Glantz, Polimeni, "The Crisis of Psychiatry – Insights and Prospects from Evolutionary Theory."

languages, math, and machines technology.⁹⁶ The U.S. Army is looking for these very technical skills to fill various positions in the new Cyber Branch, calling for officers to write algorithms, ciphers, scripts, and other computer programs. Technology companies such as Microsoft actively hire workers with ASD for specific routine tasks, such as data systems management and searching for network bugs, that require repetitive tasks.⁹⁷

While Robison states that those who embrace the concept of neurodiversity believe that this is a condition with no need for a cure,⁹⁸ some scholars argue against the neurodiversity movement, saying that it romanticizes the advantages while forgetting that ADHD, autism, and dyslexia all have challenging aspects.⁹⁹ Certainly, many with autism have hypersensitive nervous systems that can exacerbate simple acts such as a knock on the door while those with ADHD, when they need to concentrate, often have little control over their thoughts or focus.¹⁰⁰ An individual with a neuropsychiatric condition may display poor social skills while simultaneously demonstrating exceptional mathematical ability or creativity.¹⁰¹ Some argue that using the term neurodiversity can be a source of stress for neuro-diverse communities concerning the neuro-typical or "normal" world.¹⁰² Dr. Christina Nicolaidis argues that the neurodiversity movement faces controversy over the perceived characterization of mental disorders concerning the strengths while minimizing the disabilities.¹⁰³ Nicolaidis contends that categorizing people as high or low-

⁹⁶ Armstong, "The Myth of the Normal Brain: Embracing Neurodiversity," 348.

⁹⁷ Armstong, "The Myth of the Normal Brain: Embracing Neurodiversity," 349.

⁹⁸ Austin and Pisano, "Neurodiversity as a Competitive Advantage: Why You Should Embrace It in Your Workforce."

⁹⁹ Aaron Rothstein, "Mental Disorder or Neurodiversity?," *The New Atlantis*, no. 36 (Summer 2012), 107, https://www.thenewatlantis.com/publications/mental-disorder-or-neurodiversity.

¹⁰⁰ Rothstein, "Mental Disorder or Neurodiversity?," 109.

¹⁰¹ Walter Glannon, "Neurodiversity," *Journal of Ethics in Mental Health* 2, no. 2 (November 2007), http://www.jemh.ca/issues/v2n2/documents/JEMH_V2N2_Theme_Article1_Neurodiversity.pdf.

¹⁰² Francisco Ortega, "The Cerebral Subject and the Challenge of Neurodiversity," *BioSocieties* 4, no. 4 (December 2009): 430, https://doi.org/10.1017/S1745855209990287.

¹⁰³ Christina Nicolaidis, "What Can Physicians Learn from the Neurodiversity Movement?" *Virtual Mentor* 14, no. 6 (June 2012): 504, https://doi.org/10.1001/virtualmentor.2012.14.6.oped1-1206.
functioning may harm those with the disorder by depriving the high functioning of necessary support.¹⁰⁴

Most scholars, however, see neurodiversity as a way to recognize and accommodate human differences. Glannon argues that neurodiversity recognizes people of a variety of neurological abilities and disabilities while forcing society to ask what should be labeled as a mental disorder rather than simply a difference.¹⁰⁵

Both sides of the argument minimize the fact that each person with a neuro-disorder has a complex combination of strengths and challenges presenting a broad spectrum of variations in brain function.¹⁰⁶ The concept of neurodiversity does provide a tempting answer for a vulnerable audience as many persons with mental disorders tend to have extremely low self-esteem.¹⁰⁷ Researchers continue the search for autism's "brain address," viewing it as a brain dysfunction or even suggesting the autistic brain is an extreme version of the "male brain" due to their own inability to identify the condition's origins or develop a consensus on treatment methodology.¹⁰⁸ Research fails to provide a definitive, conclusive and cohesive answer to either the origins of autism or to the causes of ADHD.¹⁰⁹

Neurodiversity's danger is the proclivity to venture into the identity by demanding unconditional love and universal acceptance without legitimate concern of various neurodiverse disorders.¹¹⁰ In the follow-up to the school shooting in Parkland, Florida, a report in the *New York Times* discusses the history of the shooter, including his numerous incidents with authorities, and referencing the shooter's mother who stated that her son had

¹⁰⁴ Christina Nicolaidis, "What Can Physicians Learn from the Neurodiversity Movement?" 507.

¹⁰⁵ Glannon, "Neurodiversity," 1.

¹⁰⁶ Nicolaidis, "What Can Physicians Learn from the Neurodiversity Movement?" 507.

¹⁰⁷ Ortega, "The Cerebral Subject and the Challenge of Neurodiversity," 430.

¹⁰⁸ Ortega, "The Cerebral Subject and the Challenge of Neurodiversity," 435.

¹⁰⁹ Ortega, "The Cerebral Subject and the Challenge of Neurodiversity," 435.

¹¹⁰ Ortega, "The Cerebral Subject and the Challenge of Neurodiversity."

anger issues and that he had ADHD.¹¹¹ With the controversial debate over gun control currently raging in the United States, the concern arises that those with neuro-diverse disorders, such as ADHD, may be scrutinized and stigmatized as unfit for society, let alone for service in the military.

Regardless of social bias, of the CDC's 6.1 million children diagnosed with ADHD in 2016, 66% were prescribed medication for ADHD, meaning that, were they to continue to take their prescribed medication, they would be ineligible for military recruitment.¹¹² Additionally, as indicated in the 2016 DoD *Population Representation in the Military Services* report, the military has accessed its recruitment pool in predominantly two categories to mirror that of the represented population, race and ethnicity.¹¹³ However, with a prevalence of 6.1 million children with ADHD alone exceeding some minorities in the Army and exceeding the population of 34 states, based on the 2017 *United States Census Bureau*, conceivably the Army should seriously consider embracing neurodivergence as its own category.¹¹⁴

Furthermore, many experts like Dr. Sami Timimi, a consultant child and adolescent psychiatrist and professor, highlight that pharmaceutical companies ultimately control the health field, to include physicians.¹¹⁵ Timimi states, "child psychiatry is especially vulnerable to the influence of the pharmaceutical industry...there are no objective tests for external validation...the boundaries of normality and disorder can be easily

¹¹¹ Richard A. Oppel, Jr., Serge F. Kovaleski, Patricia Massei, and Adam Goldman, "Tipster's Warning to F.B.I. on Florida Shooting Suspect: 'I Know He's Going to Explode,'" *New York Times*, February 23, 2018, https://www.nytimes.com/2018/02/23/us/fbi-tip-nikolas-cruz.html.

¹¹² "Attention-Deficit / Hyperactivity Disorder (ADHD)," Centers for Disease Control and Prevention, September 21, 2018, , accessed November 14, 2018, https://www.cdc.gov/ncbddd/adhd/data.html.

¹¹³ "Population Representation in the Military Services 2016," CNA, accessed September 01, 2018, https://www.cna.org/pop-rep/2016/summary/summary.pdf.

¹¹⁴ "Attention-Deficit / Hyperactivity Disorder (ADHD)," Centers for Disease Control and Prevention, September 21, 2018, , accessed November 14, 2018, https://www.cdc.gov/ncbddd/adhd/data.html; "U.S. and World Population Clock," Census Bureau QuickFacts, accessed September 09, 2018, https://www.census.gov/popclock/.

¹¹⁵ Sami Timimi, "Child Psychiatry and its Relationship with the Pharmaceutical Industry: Theoretical and Practical Issues," Advances in Psychiatric Treatment 14, no. 1 (January 2008): 3–9, https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/child-psychiatry-and-its-relationship-with-the-pharmaceutical-industry-theoretical-and-practical-issues/ 8317C4D646627714C65234234E8849CB.

manipulated."¹¹⁶ As previously stated, reports of a significant increase of ADHD in the United States along with potentially financial-influenced diagnoses in children and adolescents mean that the U.S. Army must research whether false information in the form of misdiagnoses, possibly influenced by pharmaceutical companies themselves, poses a threat to national security.

¹¹⁶ Timimi, "Child Psychiatry and its Relationship with the Pharmaceutical Industry: Theoretical and Practical Issues."

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III. BREAKING THE STIGMA: THE SUBJECTIVE EXPERIENCES OF TWO SOLDIERS IN THE U.S. ARMY WITH ADHD

Chapter III builds on the research by providing the narratives of two of the authors of this thesis, both diagnosed with ADHD while already military officers. As shown in the previous chapter's literature review, individuals with an ADHD diagnosis are not necessarily barred from entering into the U.S. military. However, one core stipulation is that they are not taking prescription medication. While this stipulation may have some solid rationales behind it, it also means that individuals who are already in service and receive an ADHD diagnosis end up needing to choose between treatment and continued service. Simultaneously, while ADHD diagnoses may mean challenges in many facets of life, some functions of the ADHD brain may prove ideal for military service.

A. BACKGROUND

Healthcare professionals use the guidelines in the DSM-5 to help diagnose ADHD. The condition can give the feeling of confusion, varying, ambiguous, and frustration; it can be overwhelming to people who live with it every day. Healthcare professional are gaining knowledge in recognizing that ADHD can manifest differently among children, adults, and those of different genders. The advancement of research is paramount for the comprehensive understanding of ADHD not only among health care professions but throughout society. The expansion of knowledge and understanding of ADHD symptoms alone is not enough; the widespread stigma and stereotypes must also be remediated. The anecdotes about individuals with ADHD, coupled with labels such as deficit and disorder, create negative connotations with which those with ADHD are perceived.

In breaking those stereotypes and stigmas, personal narratives can be of great help. By speaking or writing of their experiences, individuals can also build on their strengths, create coping mechanisms, and master experiences to thrive personally and professionally while further understanding how clinical symptoms coupled with stigma transpose into their lives. An ADHD diagnosis does not necessarily put a person at a disadvantage in life and may, in fact, be a tremendous advantage to those serving and those who aspire to one day serve in the U.S. Army.

As discussed throughout this thesis, ADHD has three key features: inattention (limited attention span), hyperactivity (restlessness), and impulsivity (hasty acts without thought). While inattention remains constant over time, hyperactivity normally subsides as males age, generally after puberty, although emerging research suggest that ADHD symptoms increase with estrogen levels among girls¹¹⁷ and tend to materialize in girls later.¹¹⁸

Hyperactivity, disruptive behavior, and the prevalence of ADHD is widely associated with young boys while girls are likely to be inattentive and introverted; girls' symptoms are likely to be overlooked and remain undiagnosed because they do not act out as often.¹¹⁹ Females also tend to internalize and mask features of symptoms, determined to compensate in order to conform within their milieu.¹²⁰ Consequently, by internalizing aspects of their struggles, being hyper-vigilant about their behavior, and spending excessive amounts of energy in trying to maintain their public persona, females tend to experience negative impacts that further the likelihood of ADHD remaining overlooked and, therefore, undiagnosed.¹²¹ Furthermore, females diagnosed later in adulthood are prone to experience symptoms of depression, anxiety, low self-esteem, risqué behaviors, strained relationships, and difficulties in many aspects of everyday life.¹²² Whether female or male, an individual who is unwitting of symptoms and does not have a diagnosis is unlikely to seek proper treatment.

¹¹⁷ Kathleen G. Nadeau, Ellen Littman, and Patricia O. Quinn, *Understanding Girls with Attention Deficit Hyperactivity Disorder* (Washington, DC: Advantage Books, 2011), 32.

¹¹⁸ Ellen Littman, "The Secret Lives of Girls With ADHD," DrEllenLittman.com, December 2012, http://drellenlittman.com/secret_life_of_girls_with_adhd.pdf, 19.

¹¹⁹ Nadeau, Littman, Quinn, Understanding Girls with Attention Deficit Hyperactivity Disorder, 25.

¹²⁰ Nadeau, Littman, Quinn, Understanding Girls with Attention Deficit Hyperactivity Disorder, 32.

¹²¹ Kathleen G. Nadeau, Ellen Littman, and Patricia Quinn, *Understanding Girls with ADHD, Updated and Revised: How They Feel and Why They Do What They Do* (Washington, DC: Advantage Books, 2015).

¹²² Nadeau, Littman, Quinn, *Understanding Girls with ADHD*, Updated and Revised: How They Feel and Why They Do What They Do.

B. STACY: FEMALE, ASIAN, 35 YEARS OLD, U.S. ARMY OFFICER

I was recently diagnosed at age 35, coincidentally while working on this thesis about ADHD in the U.S. Army. I had scheduled an appointment with my Primary Care Manager (PCM) to address issues I was having with sleep, concentration, restlessness, and anxiety. I was treated in 2008 for similar concerns, and, after a series of treatment methods, I opted to adapt with coping mechanisms and overcompensation; instead of treatment, I incessantly self-monitored, obsessed about organization and structure, and worked hard to conform to expectations in hopes of gaining approval from others.

After evaluating me, my PCM suggested that my symptoms were likely due to anxiety and suggested I schedule an appointment with behavioral health. During two months of meeting with a behavioral health psychologist, I probed my life looking for the root of conflict. I reflected on my expectations, my anxiety over whether I am ever doing enough and, simultaneously, whether I was taking on too many tasks and responsibilities. I reflected on the time I bought a motorcycle without being licensed or knowing even how to operate one, and the time I bought a bass boat; crucially, I also reflected on whether I had neglected relationships to focus on other things. I reflected on the time a friend had confided in me, and, instead of listening intently, I blurted out my own thoughts—"I wonder what the maintenance on a sea-do is like?"

Everybody has idiosyncrasies, and these are fragments of mine. However, I suppose my psychologist did not see it that way and suggested that I exhibited symptoms of ADHD and needed further screening. The clinical assessment process is rather involved. I was given a series of symptom checklist used to screen for ADHD in adults. The feedback gained though the responses—preferably from people who know you well, such as a parent, spouse, friend, or coworker—is supposed to assist the clinician's assessment. I was also tested with the Test of Variables of Attention (TOVA), which is a neuropsychological assessment that measures a person's sustained and selective attention. The diagnosis of ADHD is particularly complex because there is no conclusive diagnostic workup and symptoms can manifest differently among children, adults, and those of different genders.¹²³

Coincidentally, because the nature of the mission of Presidio of Monterey, the behavioral health clinic had the necessary tools and medical staff geared towards identifying ADHD, which is suitable for appropriate diagnosis. Not long after the additional screening, I was notified of the results: essentially, the assessments were indicative of ADHD, with a clinical diagnosis of combined type: meaning that I demonstrated six or more symptoms of inattention and six or more symptoms of hyperactivity and impulsivity. Females commonly have inattentive type.¹²⁴

My diagnosis with ADHD has led to insights, especially regarding my military service. The factor of "just knowing" allows me to appreciate why and how I do the things I do. It also enables me to be less self-critical. More importantly, knowing helps me be more mindful of my relationships. Also, likely heightened by my thesis work, I could not help but reflect on how ADHD and my military service relate. I find that the symptoms of ADHD had proved advantageous in my career; being a divergent thinker, having heightened situational awareness and a resulting ability to react quickly to unforeseen situations, and a likelihood to pursue challenging and demanding jobs have all positively impacted and furthered my career in the U.S. Army. I could not help but notice those realities in context of the fact that current Army policy restricts individuals with my same diagnosis from military service.

My decision to join the military was because it is a "family business." My father served in, and retired from, the Air Force. He passed away when I was five years old, and I was later inspired to serve and enlisted in the Army after high school. Subsequently, I have earned a bachelor's degree and a Commission as an Officer in the U.S. Army, I have served in positions as a Platoon Leader, Executive Officer, Company Commander, various

¹²³ "Adult Attention-deficit/hyperactivity Disorder (ADHD)," Mayo Clinic, accessed October 8, 2018, https://www.mayoclinic.org/diseases-conditions/adult-adhd/diagnosis-treatment/drc-20350883.

¹²⁴ Donald W. Black and Jon E. Grant, DSM-5 TM Guidebook the Essential Companion to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (Washington, DC: American Psychiatric Publishing, 2014), 15.

Staff Officer positions from Division to below, I have deployed to Iraq and Afghanistan, and I am currently a student at the Naval Postgraduate School. Military service has provided structure, security, fear, self-worth, guidance, discipline, order, chaos, stability, camaraderie, opportunity, thrill, and I can go on.

Many experts in the field of ADHD suggest that individuals with an ADHD diagnosis have a higher probability of being effective when their environment is clean and orderly. Systems and routines instill discipline and responsibility. Taking responsibility for the small stuff like returning items back where they belong enforces discipline to repeat the action every single time.¹²⁵ I remember having to do these same tasks in basic training and various other training program, and specialty schools throughout my career; everything had a place and a purpose. Fostering an environment of organization, routine, and positive encouragement can go a long way: don't sweat the small stuff, so you can focus on the real stuff.

In Dr. Littman's article, "Never Enough? Why Your Brain Craves Stimulation," about how an ADHD brain prefers its stimulation, she conveys how brains need optimal stimuli to be alert and reactive and prepared to focus and retain data. When neurotransmitters levels are low, an ADHD brain will become determined to search out that unique balance of stimulation that enables optimal arousal, and the ADHD brain seeks the stimulation that will deliver the faster and potent rush.¹²⁶ That chemistry meant I was good in crisis and chaotic environments, and I do prefer a livelier work setting than a quiet day at the office.

As soldiers progress in the Army, it is inevitable that they find themselves one day on a military staff. Being on a staff, is an interesting and, in retrospect, worthwhile place to be assigned. While I was a Staff Officer at a Division Headquarters, I found myself thrust into a myriad of staff meetings, on subjects ranging from operational planning, training,

¹²⁵ Diagnostic and Statistical Manual, *DSM-5*, 15; Mayo Clinic, "Adult Attention-deficit/hyperactivity Disorder (ADHD)."

¹²⁶ Ellen Littman, "Never Enough? Why Your Brain Craves Stimulation," ADDitude, accessed October 1, 2018, https://www.additudemag.com/brain-stimulation-and-adhd-cravings-addiction-and-regulation/.

resource, commanders' updates, and other staff functions. It is an invaluable opportunity for lateral collaboration with others. While people with ADHD may be inattentive, we use our constant scanning ability to gather cues that may not be received by others, approaching situations with greater understanding, intuitive insights, and responses to improve upon the systemic processes that surround us.¹²⁷ When I was assigned a task, no matter how insignificant or part of a greater effort, I would immerse myself in getting the task at hand accomplished, becoming so involved that I would often times forget to eat or call my family to check in.

In retrospect, the hyper focus of ADHD perhaps can be perceived as a devotion or motivation towards duty. Because I obsessed over organization and structure, and demonstrated competency as a Staff Officer. I was subsequently selected to be the Division's Secretary of the General Staff (SGS), responsible for being the key coordinator and advisor to the Commanding General, Deputy Commanding General, Command Sergeant Major, and Chief of Staff, which entailed being the focal point for the command groups' engagement activities and the coordinator for the field for the dissemination of information. I fared well handling multiple projects at once, being able to find alternative solutions and was able to seeing order in chaos; this position was very fast-paced, complex, unpredictable, and vastly demanding. When assigned a task for a command general or their staff, you must be able to adapt quickly, find every viable solution to accomplish the task, and deliver. As I substantiated my ability to fare well in this position, I was then selected to be the engagements officer for a deployment to Afghanistan. This position was likewise challenging, dynamic, and involved being on the move constantly, which I preferred because I prefer to constantly stay engaged and busy.

When I was a Company Commander, I would always try to find ways to get out of the office and in the midst of things. On Motor Pool Mondays, I conducted Preventive Maintenance Checks and Services on my own assigned vehicle. During training exercises, I would put myself on the manifest to drive in the convoys out to the training areas. I used to get dazed looks from soldiers when they jumped into the cab of the LMTV (Light

¹²⁷ Ellen Littman, "Never Enough? Why Your Brain Craves Stimulation."

Medium Tactical Vehicle) and saw me. This also gave me the opportunity meet and connect with soldiers.

In fact, my interest in ADHD initially began as an observation while I was a Company Commander. I noticed a frequency of appeals to impose non-judicial punishments¹²⁸ (also known as Article 15 of the Uniform Code of Military Justice (UCMJ) on soldiers for the purpose of correcting minor disciplinary and behavioral infractions. In reviewing the administrative actions¹²⁹ (evidence used to decide whether to proceed, typically delegated down to the soldier's supervisor), I noticed that supervisors were not investing in efforts to resolve minor infractions at their level, instead expeditiously electing to impose punishment. While I acknowledge that a pattern of misconduct and disrespect undermines good order and discipline and needs to be excised immediately, it is also the duties of leaders—especially commanders—to acknowledge the health and welfare of their soldiers. Mindfulness of the soldiers' circumstances, background, or experience may bring a different perspective that differently accounts for the misconduct.

This was a situation I came across during an Article 15 proceeding to consider whether to impose punishment on a soldier for patterns of lateness to formation or duty and failure to maintain personal appearance standards. The soldier had willingly revealed that he or she had been experiencing some challenges for a period of time and was being evaluated for ADHD.¹³⁰ At the time, I lacked awareness and information about ADHD, and I was concerned about the soldier's challenges; therefore, I consulted with mental health providers to gain insight into the soldier's condition and any related issues for further military service. I learned that the soldier's challenges were symptoms of ADHD and that a diagnosis of ADHD is not cause for medical evaluation or separation unless symptoms repeatedly interfere with a soldier's ability to perform his or her duty.

¹²⁸ Nonjudicial punishment is administrative in nature to be imposed for minor disciplinary problems to correct, educate, and reform the soldier accused.

¹²⁹ Administrative actions include corrective measures such as counseling, and extra military instruction (also known as corrective actions) to correct infraction.

¹³⁰ Soldiers are not required to disclose mental health issues to their chain of command, and commanders will only be informed if it involves threat of harm to self, others or mission, or hospitalization and or admittance into treatment.

This soldier demonstrated capabilities suitable for further military service. This soldier did not have a prior diagnosis, had scores on the Armed Services Vocational Aptitude Battery (ASVAB) that permitted service as a Military Intelligence Analyst (minimum score of 101), had completed all phases of Initial Entry Training (Basic and Advance Training), possessed a security clearance, and had been on active duty for more than 24 months. However, untreated mental health conditions increase the probability of adverse events, and, in this case, being late and other challenges was negatively impacting performance.

Seeking treatment, whether physical or mental, allows for any individual to construct effective measures that allow for a higher probability for success. Based on my own experience and learning, I have realized how little information and research regarding ADHD diagnoses and military service exists, and I strongly believe that more awareness and knowledge about the nature and impact of ADHD in the U.S. Army is necessary in order for individuals to have a real chance at experiencing positive well-being as well as for the United States to sustain sufficient force capacity.

C. MATTHEW: MALE, CAUCASIAN, 42 YEARS OLD, U.S. ARMY OFFICER

If I had a dollar for every time I got distracted, I wish I had some ice cream.

—ADHD internet meme

My name is Matthew Nelson. I am a Major in the U.S. Army. I have been in the Army for over 17 years. The quote above is from one of my favorite memes circulating on ADHD; it describes how I feel every day. Currently, I am attending the Naval Postgraduate School, having arrived in July 2017 to study information warfare. Soon after arriving, my now ex-wife informed me that she wanted a divorce and, in November, flew back to Florida with our three daughters. Fast forward a few months, and I would be sitting in the Army clinic listening to an Army psychiatrist say that I had ADHD.

As a child, I always was on the go. I always wanted to be outside doing something like building a fort, constructing a deep ditch to mimic a trench I had seen in an old war movie on AMC, or constructing a problematic obstacle for my matchbox cars using the doormat and my father's work shoes. In my mind, I was always on an adventure, but, in reality, these adventures would always cause trouble. My father drove the riding mower into the World War II ditch I had dug because I covered it with palm tree branches, and he then had to tow the mower out with a truck. My father would trip over my matchbox car obstacle course because I crammed all his shoes under the inside doormat. In my mind, I was creating complex and dynamic worlds while others only saw mischief. I was a boy with a brain that always seemed to be going a million miles an hour, often thinking about too many things at the same time.

Dr. Dale Archer, in his book *The ADHD Advantage*, states that ADHD can best be understood as a brain with a very low boredom threshold.¹³¹ Those with ADHD despise the routine and monotonous but often excel in chaotic situations.¹³² As a young boy growing up through high school, I was full of what seemed like endless amounts of energy. By the end of kindergarten, my teacher told my mother that I was not mature enough for first grade and needed another year in kindergarten to play. That was 1980, the year that the American Psychological Association (APA) first recognized Attention Deficit Disorder (ADD), with two subtypes of with hyperactivity, or without hyperactivity. In 1987, the name changed to Attention Deficit Hyperactivity Disorder (ADHD).¹³³ So, the year I was held back in kindergarten, the recognition of ADHD in the United States was only in its infancy. My parents also put me in amateur swimming, with two hour after-school practices and an additional practice on Saturday morning. I swam all the way competitively until I was a senior in high school. Looking back, I believe swimming was essential to tempering the ADHD and allowing me to excel in school.

My ADHD would be a challenge in my military career. In 2012, as an officer chasing my next promotion and a recent graduate of the Information Operations course at

¹³¹ Archer, The ADHD Advantage: What You Thought Was a Diagnosis May Be Your Greatest Strength, xvi.

¹³² Archer, The ADHD Advantage: What You Thought Was a Diagnosis May Be Your Greatest Strength, xvi.

¹³³ Archer, The ADHD Advantage: What You Thought Was a Diagnosis May Be Your Greatest Strength, xix.

Fort Leavenworth, Kansas, I arrived with my family to my assignment at the 7th Infantry Division at Fort Lewis, Washington. Immediately, I was assigned the mundane task of managing the orders for the unit. I knew that, as an Information Operations officer, being at a desk job was not going to get me promoted, so I volunteered to support a Special Forces unit in Afghanistan. Upon returning, I would volunteer to go to an infantry brigade and serve in a position one grade above my own. I would be gone for another year to five different training events in three different countries in Asia; the Philippines, Korea, and Thailand. Often, I found myself restless and bored out of my mind when my job entailed clerical duties. At the end of my time at that unit, I would be chosen for assignment in South Korea with a unit stationed by the demilitarized zone (DMZ). For almost four years, I was so focused on attaining the assessments that would get me promoted that I neglected my family. I was impulsive and often would volunteer for assignments that would take me far away from my family not thinking about the impact it would have on my personal life. The impulsivity associated with ADHD can be a positive influence by getting a group to engage and face reality from a new perspective.¹³⁴ The drawback is that, when I am engaged, I often neglect other things in my life that require and merit my attention.

Throughout my military career, I can look at each success, whether an award or promotion, and see the positive impact my ADHD had on those triumphs. Whether it was my poise under pressure during a promotion board or soldier competition, my resilience in the face of multiple deployments, or successfully facing the end of my marriage, ADHD gave me the ability to get through those challenging events.

My non-linear thinking helped me in my first job as a Signal Officer. We were unable to get satellite connection on a training exercise on a remote post in Alaska, and, through collaboration with resourceful soldiers, we used command wire to rig a connection to our satellite dish to a hard building nearly a half mile from our training area. My work in the Army with its fast pace, multiple problems, and constant crises is the exact environment for which my ADHD brain is wired. When home with my family, my mind

¹³⁴ Peter Tymms and Christine Merrell, "ADHD and Academic Attainment: Is There an Advantage in Impulsivity?" *Educational Neuroscience* 21, no. 6 (December 2011): 757, https://doi.org/10.1016/j.lindif.2011.07.014.

would wander. I would forget simple tasks or stop mid-task to do something else that caught my attention. Without a diagnosis or the resulting understanding of ADHD, my partner was unable to understand my behavior, and I was unable to adopt the strategies necessary to combat some of the tendencies of an ADHD brain.

An Australian study states that those with ADHD can "become obsessively concentrated on particular tasks to the exclusion of others and social relationships."¹³⁵ While in my element at work, I succeeded because of my ability to excel in chaos and my ability to hyper focus while, at home, I failed to fulfill commitments. I forgot birthdays of both my wife and my kids. One year I forgot our anniversary, and, without knowing that I had ADHD, my partner thought it indicated laziness or lack of effort.

I share these events and experiences to show that, despite these challenges, I excelled in my military career. My ability to adapt in high-stress circumstances often benefitted my units while deployed as well as during high-stress training events. My personal life, though important to me, seemed to get less attention than those around me. In my mind, I was working hard at my job to increase my chances at promotion, which resulted in making the next rank and being selected for the Naval Postgraduate School. I think that knowing earlier about my condition would have assisted me in better managing my time in regards to both my profession and family.

D. CONCLUSION

Current DoD policy cites that a diagnosis of ADHD still remains a disqualifying condition for military service. However, the most recent Army Directive 2018-12 governs that a waiver may be considered as long as the individual is not being treated for the diagnosis, such as receiving accommodations to aid in academic success and or work performance, does not have an adverse academic or work performance; and has not taken prescribed medication in the past 24 months.

¹³⁵ Bruce Arnold, Patricia Easteal, Simon Easteal, and Simon Rice, "It Just Doesn't Add Up: ADHD/ ADD, The Workplace and Discrimination," *Melbourne University Law Review* 34 (2010): 359–870, https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1743879, 366.

The paradox here is that individuals with ADHD are permitted to serve just as long as they have not leveraged any of the evidence-based core treatment options for ADHD such as pharmacologic treatment, therapy, and accommodations. There may be some rationale for these stipulations, but currently there are very few studies about ADHD and the Army or the military in general. In Chapter II, we reviewed DoD medical standards for which a condition of ADHD is a disqualifier for military service; however, we have not uncovered substantive rationale for the disqualifying stipulations.

The current DoD policy for military medical fitness may inadvertently disqualify those most capable for military service: individuals diagnosed, treated, and willing to disclose their history of ADHD with medical examiners. Early diagnosis and treatment increases individual outcomes without hindering their ability to enter into military service. We suggest a study to evaluate the individuals with ADHD diagnoses who have entered service and have subsequently received diagnoses but opted for no treatment in order to comply with the DoD accession policy.

IV. A NEURODIVERGENT WORKFORCE

Our nation's Armed Services are faced with the continuing challenge of attracting large numbers of qualified young men and women. Since the introduction of the all-volunteer force, the Armed Services have had to compete with private sector employers and educational institutions for these young people. This competition promises to become ever more intense in the near future because the number of Service-eligible youth is declining while the manpower needs of the Services are growing.

-Rebecca M. Pliske, Timothy W. Elig, and Richard M. Johnson¹³⁶

In June 2018, the U.S. Army announced the establishment of "Futures Command," headquartered in Austin, Texas. Futures Command will lead the Army's force modernization initiatives into "the future" in efforts to divert and break the Army's carbon past. Being headquartered in a metropolis ideally gives proximity with high-tech industry, academia, and a culture of entrepreneurship and seems like a very fitting opportunity for a person with an ADHD diagnosis. As the U.S. Army faces the emergence of threats with efforts to leverage technology, a core dilemma remains and is likely to worsen if it is unable to recruit enough military service members. While Chapter III provided the subjective narratives of two Army officers, this chapter analyzes five relevant aspects: the U.S. Army's current recruiting dilemma, the military as a family business, the inherent workplace challenges for neurodivergent individuals, the Israeli Unit 9900, and a S.W.O.T. analysis and discussion regarding those with an ADHD diagnosis and the military.

A. THE U.S. ARMY'S CURRENT RECRUITING DILEMMA

The excerpt quoted at the beginning of this chapter comes from a 1983 Technical Report by the Army Research Institute for the Behavioral and Social Sciences (ARI) that analyzed the feedback from New Recruit Surveys regarding their reason for enlisting.¹³⁷

¹³⁶ Rebecca M. Pliske, Timothy W. Elig, and Richard M. Johnson, "Towards an Understanding of Army Enlistment Motivation Patterns," technical paper no. 702, U.S. Army Research Institute For The Behavioral And Social Sciences, A Field Operating Agency under the Jurisdiction of the Deputy Chief of Staff for Personnel (Alexandria, VA: U.S. Army Research Institute), 1–42.

¹³⁷ Pliske, Elig, and Johnson, "Towards an Understanding of Army Enlistment Motivation Patterns."

According to the U.S Army Recruiting Command Archive records, in Fiscal Year (FY) 1982, the Army achieved its active recruiting goal of 127,000 and, in fact, surpassed that goal, ending the FY with 130,198 new soldiers.¹³⁸ The 1980 Military Compensation Act afforded pay increases averaging 14.3%, allowing military pay to be leveled with private sector pay. The economic and social conditions during this period were significant factors in improving military recruitment. Offering incentives, such as a combination of pay and bonuses, education benefits, training, and increased support for young men and women in uniform contributed to the dramatic turnaround in accession and retention of military personnel.¹³⁹ Almost four decades later, however, the report's statement is just as if not more relevant.

Today, the U.S. Army needs to grow to meet today and tomorrow's threats. Maintaining sufficient force is a perpetual top priority for the Army, ensuring its ability to remain responsive in defense of the homeland and to continue to execute overseas contingency operations while trying to prevent emerging threats. The Army ended FY2017 having achieved the recruiting mission of 68,500; however, it fell short in meeting the Army Reserve recruiting goal of 14,400.¹⁴⁰ Faced with combatant commands' high demands for Army soldiers to fulfill critical operational requirements, the Army set its recruitment goal at 80,000 Active Army and 15,500 Army Reserve soldiers by the end of FY2018. However, in April, two quarters into the fiscal year, the Army had only recruited 28,000 new soldiers.

U.S. Army Sergeant Major Daniel Daily told *Army Times* that the mark would now be 76,500 soldiers for the Active Army.¹⁴¹ SGM Daily cited that the increase was

¹³⁸ "Manning the Army," Department of the Army Historical Summary, accessed July 10, 2018, https://history.army.mil/books/DAHSUM/1982/ch04.htm.

¹³⁹ Department of the Army Historical Summary, "Manning the Army."

¹⁴⁰ "U.S. Army Recruiting Command Goals," U.S. Army Recruiting Command, accessed August 18, 2018, http://www.usarec.army.mil/hq/apa/goals.htm.

¹⁴¹ Meghann Myers, "'No Changes to Standards': Army Leaders Take Control of Waiver Controversy," Army Times, November 15, 2017, accessed November 5, 2017, https://www.armytimes.com/news/your-army/2017/11/15/no-changes-to-standards-army-leaders-take-control-of-waiver-controversy/.

significant, and additional recruiters are needed.¹⁴² However, retention has increased and will bring the Army closer to end strength.¹⁴³ SGM Dailey emphasized that the Army would not forego quality over quantity and would not divert from Defense Department recruiting standards.¹⁴⁴

These recruiting goal challenges in the context of a larger social and media discussion on military recruitment standards. In November 2017, *USA Today* published an article with the headline "Army Lifts Ban on Waivers for Recruits with History of Some Mental Health Issues," citing that the Army had updated policies which would allow mental history waivers in attempt to achieve the 80,000-recruitment goal.¹⁴⁵ The story caught traction as other media outlets chimed in and senior leaders attempted to rectify the misunderstanding.

Ensuing events paint a complex picture of the Army's internal understanding of its own policies and obscured position on mental health. As senior leaders attempted to contain the situation, the Secretary of the Army, the Chief of Staff of the Army, and the Sergeant Major of the Army all stood together at the Pentagon to engage the media and clarify any misunderstandings.¹⁴⁶ Army Chief of Staff General Mark Milley stated, "There's been no change in standards. The Army hasn't reduced standards or changed standards,"¹⁴⁷ adding that the Army does not have the authority to change DoD standards.

What had changed is that waiver approval had been delegated to the Commander of U.S. Army Recruiting Command (USAREC) or a state's Adjutant General in the case

¹⁴² Meyers, "'No Changes to Standards': Army Leaders Take Control of Waiver Controversy"

¹⁴³ Lolita Baldor, "Army Lowers 2017 Recruiting Goal; More Soldiers Staying on," *Army Times*, April 22, 2018, https://www.armytimes.com/news/your-army/2018/04/22/army-lowers-2017-recruiting-goal-more-soldiers-staying-on/.

¹⁴⁴ Baldor, "Army Lowers 2017 Recruiting Goal; More Soldiers Staying on."

¹⁴⁵ Tom Vanden Brook, "Army Lifts Ban on Waivers for Recruits with History of Some Mental Health Issues," *USA Today*, November 14, 2017, https://www.usatoday.com/story/news/politics/2017/11/12/army-lifts-ban-recruits-history-self-mutilation-other-mental-health-issues/853131001/.

¹⁴⁶ Meghann Myers, "'No Changes to Standards': Army Leaders Take Control of Waiver Controversy," *Army Times*, November 5, 2017, https://www.armytimes.com/news/your-army/2017/11/15/ no-changes-to-standards-army-leaders-take-control-of-waiver-controversy/.

¹⁴⁷ Myers, "'No Changes to Standards': Army Leaders Take Control of Waiver Controversy."

of the National Guard. Delegating authority for waivers to the Commander USAREC is aligned with the other branches of services: Navy, Air Force, and Marine Corps.¹⁴⁸

In April 2018, a question about mental health was brought up during a spouse lunch at Fort Bliss, Texas, while Secretary of the Army Mark Esper attended.¹⁴⁹ According to *Army Times*, a woman shared her concern that, because her son was receiving behavioral counseling, he would not be able to serve as his father had.¹⁵⁰ Secretary Esper's response was "that the experts are taking a holistic approach when evaluating a waiver for what might have otherwise barred a potential soldier from service."¹⁵¹ Also in attendance was Lieutenant General Thomas Seamands, the U.S. Army Deputy Chief of Staff G-1 for manpower and personnel, who added "that the service was beginning to have more of an open mind about recruits' mental health history" and that "what the waivers do is give us the means to look at past historical incidents and weigh it out in order to look at the 'whole person' concept."¹⁵²

B. THE MILITARY IS A FAMILY BUSINESS

The draft ended in 1973, and, since then, the U.S. military has relied on an allvolunteer force to defend national security. The decision to join the military is a significant commitment that can stem from a variety of intrinsic motivations including pride, honor, a desire to increase self-esteem, and a desire to create a better life¹⁵³ as well as economic

¹⁴⁸ Myers, "'No Changes to Standards': Army Leaders Take Control of Waiver Controversy."

¹⁴⁹ Meghann Myers, "After Waiver Controversy, Army to Evaluate Troops' Mental Health Pasts on Case-by-case Basis," *Army Times*. April 20, 2018. https://www.armytimes.com/news/your-army/2018/04/20/after-waiver-controversy-army-to-evaluate-troops-mental-health-pasts-on-case-by-case-basis/.

¹⁵⁰ Myers, "After Waiver Controversy, Army to Evaluate Troops' Mental Health Pasts on Case-by-case Basis."

¹⁵¹ Myers, "After Waiver Controversy, Army to Evaluate Troops' Mental Health Pasts on Case-by-case Basis."

¹⁵² Myers, "After Waiver Controversy, Army to Evaluate Troops' Mental Health Pasts on Case-by-case Basis."

¹⁵³ Andrew Von Ah, *DoD Advertising: Better Coordination, Performance Measurement, and Oversight Needed to Help Meet Recruitment Goals*, U.S. Government Accountability Office (U.S. GAO), May 12, 2016, accessed November 4, 2017, https://www.gao.gov/products/GAO-16-396.

benefits including pay, education, and healthcare.¹⁵⁴ DoD devotes a significant amount of funding and incentives towards recruiting tools,¹⁵⁵¹⁵⁶ accession and evaluation methods, to determine the most effective ways to meet force capacity goals.

While trends show varying attitudes toward military service,¹⁵⁷ one factor remains consistent: a significant portion of the force comes from a lineage of service. Starting in 2012, Defense Human Resources Activity administered a "New Recruit Survey" fielded at Military Processing Stations (MEPS) across the country. The survey data revealed that 80% of the recruits come from families where a relative (parent, sibling, grandparent, aunt/ uncle, or cousin) had served the military with 44% of those either a father or mother.¹⁵⁸ RAND conducted similar studies aimed at understanding the decisions of recruits joining the Army. In the study *Insights from a New Survey of Army Recruits*, 83% of recruits joined due to a family history of service, and, in the second study *Life as a Private*, 88% of soldiers indicated a history family of military service.¹⁵⁹ The data from all three studies suggest that military service is a family business. Interestingly, Army recruits are the most likely to report that a parent has served in their same branch of service.¹⁶⁰

If the prevalence of ADHD continues to rise among children and adolescents as suggested Hisel-Gorman et al., and children of military families have an ADHD prevalence

¹⁵⁴ Von Ah, U.S. DoD Advertising: Better Coordination, Performance Measurement, and Oversight Needed to Help Meet Recruitment Goals.

¹⁵⁵ "Tools" reference used in the Congressional Budget Office Study: As the number of recruiters, advertising, enlistment bonuses, and educational benefits.

¹⁵⁶ Von Ah, U.S. DoD Advertising: Better Coordination, Performance Measurement, and Oversight Needed to Help Meet Recruitment Goals.

¹⁵⁷ Von Ah, U.S. DoD Advertising: Better Coordination, Performance Measurement, and Oversight Needed to Help Meet Recruitment Goals.

¹⁵⁸ Department of Defense, New Recruit Survey Wave 1 Findings (October 2012–March 2013), PowerPoint Presentation, Defense Human Resources Activity.

¹⁵⁹ U.S. Government Accountability Office, "DoD Advertising: Better Coordination, Performance Measurement, and Oversight Needed to Help Meet Recruitment Goals"; Todd C. Helmus, S. Rebecca Zimmerman, Marek N. Posard, Jasmine L. Wheeler, Cordaye Ogletree, Wuinton Stroud, and Margaret C. Harrell, "Life as a Private: A Study of the Motivations and Experiences of Junior Enlisted Personnel in the U.S. Army," *RAND*, accessed August 28, 2018, https://www.rand.org/pubs/research_reports/RR2252.html.

¹⁶⁰ Andrew Von Ah, "DoD Advertising: Better Coordination, Performance Measurement, and Oversight Needed to Help Meet Recruitment Goals," U.S. Government Accountability Office (U.S. GAO), May 12, 2016, , accessed November 4, 2017, https://www.gao.gov/products/GAO-16-396.

rate of 8%, of which 55.9% are prescribed ADHD medications,¹⁶¹ given current restrictions, that means that the eligible population will reduce by that same amount.

Two members in this thesis come from families with a military legacy. Stacy says: "My dad served in the Korean War, and Vietnam War, and retired from the Air Force. Although my dad passed away when I young, I was still inspired to go into military service. My mom wanted me to pursue higher education after High School, but I wanted to go into the military. I ended up doing both!" Matthew says: "My dad served in the Korean War. It had a lot to do with me joining the Army and not any of the other services. The Army was one of the things my dad and I had in common. Having the opportunity to serve in the same area where my dad had served during the Korean War, was indeed an honor."

C. INHERENT WORKPLACE CHALLENGES FOR NEURODIVERGENT INDIVIDUALS

The neurodivergent population face a myriad of challenges in the workplace. The population lacks employment opportunities in various fields despite some people having specific skills and capabilities required to complete the tasks.¹⁶² The mental health stigma attributed to ADHD denies the individual growth in their career. Research regarding the socioeconomic impacts of ADHD found that most of the people with the condition were experiencing job instability.¹⁶³ Additionally, a significant number of the respondents stated that ADHD led to their failure to perform well in school settings, leading them to drop out.¹⁶⁴ If individuals with ADHD do not complete schooling, the resulting inability to achieve higher career placement will effectively relegate these individuals to mundane

¹⁶¹ Hisle-Gorman, Eide, Coll, and Gorman, "Attention Deficit Hyperactivity Disorder and Medication Use by Children During Parental Military Deployments," 1.

¹⁶² Austin and Pisano, "Neurodiversity as a Competitive Advantage," 96–103.

¹⁶³ Meredith Ringel Morris, Andrew Begel, and Ben Wiedermann, "Understanding the Challenges Faced by Neurodiverse Software Engineering Employees: Towards a More Inclusive and Productive Technical Workforce," in *Proceedings of the 17th International ACM SIGACCESS Conference on Computers & Accessibility*, ACM (Lisbon, Portugal, 2015): 173–184, https://dl.acm.org/ citation.cfm?doid=2700648.2809841.

¹⁶⁴ Ringel Morris et al., "Understanding the Challenges Faced by Neurodiverse Software Engineering Employees: Towards a More Inclusive and Productive Technical Workforce," 173.

jobs. In the workplace context, a wide array of challenges impedes the professional growth and development of the neurodivergent population.

In some instances, neurodivergent populations are underemployed,¹⁶⁵ an economic issue with significant social effects. Studies show that people who are underemployed are often unproductive due to lack of motivation.¹⁶⁶ The lack of neurodivergence understanding means most individuals cannot obtain or hold career positions for an extended period.¹⁶⁷ The workplace setting tends to focus on employees who fall within an organization's typical hiring parameter. The first issue that emerges within these parameters regards hiring. Conventional employers are interested in hiring employees who are capable of receiving guidance in a similar fashion as to those distributing that guidance. Further, any potential employee whose medical record points to a cognitive anomaly—for example, ADHD or autism—is likely to be overlooked for career placement, creating a culture that systemically and systematically discriminates against the neurodivergent population.

The discrimination that the neurodivergent population experiences in the workplace setting is attributed to misunderstanding and lack of awareness about the different neurodevelopment conditions.¹⁶⁸ Misconceptions and stigmatization are still rampant in many workplaces, hindering neurodivergent individuals' ability to find appropriate and fulfilling work.¹⁶⁹ Society is still deeply rooted in the negative misconception that hinders

¹⁶⁵ Mary V. Solanto, David J. Marks, Jeanette Wasserstein, Katherine Mitchell, Howard Abikoff, Jose Ma. J. Alvir, and Michele D. Kofman, "Efficacy of Meta-cognitive Therapy for Adult ADHD," *American Journal of Psychiatry* 167, no. 8 (August 2010): 958–968, https://doi.org/10.1176/appi.ajp.2009.09081123.

¹⁶⁶ Ernest H. O'Boyle Jr., Ronald H. Humphrey, Jeffrey M. Pollack, Thomas H. Hawver, and Paul A. Story, "The Relation between Emotional Intelligence and Job Performance: A Meta-analysis," *Journal of Organizational Behavior* 32, no. 5 (July 2011): 788–818, https://www.jstor.org/stable/i40068908.

¹⁶⁷ O'Boyle, Jr., Humphrey, Pollack, Hawver, and Story, "The Relation between Emotional Intelligence and Job Performance: A Meta-analysis," 788.

¹⁶⁸ O'Boyle, Jr., Humphrey, Pollack, Hawver, and Story, "The Relation between Emotional Intelligence and Job Performance: A Meta-analysis," 789.

¹⁶⁹ O'Boyle, Jr., Humphrey, Pollack, Hawver, and Story, "The Relation between Emotional Intelligence and Job Performance: A Meta-analysis," 790.

company leaders and other workers from understanding the innate value that exists in the neurodivergent population.¹⁷⁰

Debunking the myths and misconceptions, therefore, is the first step of incorporating the neurodivergent population in the workplace. According to Nadeau, the first issue to deal with or a fundamental challenge that faces the population is the lack of understanding due to ingrained misconceptions.¹⁷¹ Research shows that company leaders and several organizational stakeholders must take a proactive approach to discover and utilize the potentials of the neurodivergent population.¹⁷² Acknowledgment of the neurodivergent population in the workplace requires concerted efforts from both the leaders and the employees. The environment that an organization creates determines the level of success of a neurodivergent individual. Through a collaborative approach, neurodivergent individuals can acquire the necessary support required for them to work effectively and maximize organizational productivity.¹⁷³

If a neurodivergent individual knows of the stigmas yet still wants to work, he or she may be tempted to conceal their condition. Research conducted at Microsoft Headquarters identified supplementary causes that hindering the progress and success of those that are neurodivergent.¹⁷⁴ The investigators discovered fear of stigmatization obliges the neurodivergent population to conceal this condition.¹⁷⁵ The majority of the individuals fear disclosing their condition as it may result in uninvited judgment and discrimination

¹⁷⁰ O'Boyle, Jr., Humphrey, Pollack, Hawver, and Story, "The Relation between Emotional Intelligence and Job Performance: A Meta-analysis," 790.

¹⁷¹ Nadeau, Kathleen G., "Career choices and workplace challenges for individuals with ADHD," Journal of Clinical Psychology 61, no. 5 (February 2005): 549–563, https://doi.org/10.1002/jclp.20119.

¹⁷² O'Boyle, Jr., Humphrey, Pollack, Hawver, and Story, "The Relation between Emotional Intelligence and Job Performance: A Meta-analysis," 793.

¹⁷³ Joseph Biederman, Eric Mick, Ronna Fried, Megan Aleardi, Anya Potter, and Kathleen Herzig, "A Simulated Workplace Experience for Nonmedicated Adults with and without ADHD," *Psychiatric Services* 56, no. 12 (December 2005): 1617–1620, https://doi.org/10.1176/appi.ps.56.12.1617.

¹⁷⁴ Leonard A. Sandler, and Peter Blanck, "The Quest to Make Accessibility a Corporate Article of Faith at Microsoft: Case Study of Corporate Culture and Human Resource Dimensions," *Behavioral Sciences & The Law* 23, no. 1 (January/February 2005): 39–64, https://doi.org/10.1002/bsl.625.

¹⁷⁵ Biederman, Mick, Fried, Aleardi, Potter, and Herzig, "A Simulated Workplace Experience for Nonmedicated Adults with and without ADHD," 1617.

within the workplace.¹⁷⁶ However, considering the nature of traditional workplaces, neurodivergent individuals are often justified in concealing their condition if they wish to avoid unpredictable repercussions including employment termination.

However, concealing the condition disallows forward progress for society as a whole, specifically in two ways. First, if an individual discloses his or her condition, care managers and co-workers can extend care. Organizations can make necessary alterations to accommodate the individual with a resultant effect of improved productivity and performance. Second, concealing the condition does not help eliminate workplace abuse. Neurodivergent individuals are vulnerable to intimidation and victimization at work. Disclosing the condition can elicit mixed reactions with some people becoming overly cruel and inconsiderate resulting in decreased morale and performance. Sometimes, Neurodivergent individuals experience job termination due to their assumed uniqueness and unpredictability.¹⁷⁷ For example, in a job survey conducted in 2013, respondents with ADHD recounted different instances where they were fired from their jobs.¹⁷⁸ From the legal and ethical standpoint, the discrimination and mistreatment of the neurodivergent population contravene all laws and morals that govern society.¹⁷⁹

The principle of equity and diversity dictates that all humans have fundamental rights that should be respected. In agreement, the DoD distributed a Diversity Strategic Plan that centers around three goals: to "ensure leadership commitment to an accountable and sustained diversity effort"; to "employ an aligned strategic outreach effort to identify, attract, and recruit from a broad talent pool reflective of the nation we serve"; and to

¹⁷⁶ Sander and Blanck, "The Quest to Make Accessibility a Corporate Article of Faith at Microsoft: Case Study of Corporate Culture and Human Resource Dimensions," 49.

¹⁷⁷ Biederman, Mick, Fried, Aleardi, Potter, and Herzig, "A Simulated Workplace Experience for Nonmedicated Adults with and without ADHD," 1618.

¹⁷⁸ Biederman, Mick, Fried, Aleardi, Potter, and Herzig, "A Simulated Workplace Experience for Nonmedicated Adults with and without ADHD," 1620.

¹⁷⁹ Rebecca Smith and Sarah Leberstein, "Rights on Demand: Ensuring Workplace Standards and Worker Security in the On-demand Economy," National Employment Law Project, September 2015, https://nelp.org/wp-content/uploads/Rights-On-Demand-Report.pdf.

"develop, mentor, and retain top talent from across the total force."¹⁸⁰ How, then, does this Diversity Strategic Plan interact with the waiver system for those individuals with an ADHD diagnosis? If equal employment opportunity rights are to be adhered to, perhaps the military should assess each individual holistically. After all, the NSS indicates the necessity to "remove barriers" and embrace "rapid hiring" practices to attract and retain employees.¹⁸¹

The neurodivergent population in society has often been dismissed in workplaces including the military. The overt discrimination of the neurodivergent population has denied organizations crucial workplace resources. Moreover, those who interpret an ADHD diagnosis as a mere limitation lose sight of the Army's continual pursuit to improve mission effectiveness in instances such as navigation through a broad range of cultures and circumstances essential to mission success.¹⁸² The DoD, in its *Diversity Management and Equal Opportunity Policy*, acknowledges the need for a more diverse organization and no longer restricts on the basis of ethnicity, gender, religion, and sexual orientation.¹⁸³

Leadership being vital in military service, a research group from the Neuropsychology Laboratory in Hawthorn, Victoria, Australia conducted an experiment to explore the relationship between emotional intelligence and effective leadership. Perhaps the most thought-provoking discussion in their research stems from sensing and monitoring emotions of subordinates. The team of researchers asserts that a "leader who focuses on observing their subordinates emotions, is considered to be an effective leader."¹⁸⁴ In essence, effective leaders have the ability to sense when their "subordinates require

¹⁸⁰ Department of Defense Diversity and Inclusion Strategic Plan 2012–2017 (Washington, D.C.: Department of Defense, 2012), https://diversity.defense.gov/Portals/51/Documents/ DoD Diversity Strategic Plan %20final as%20of%2019%20Apr%2012[1].pdf, 1.

¹⁸¹ National Security Strategy of the United States of America (Washington, DC: The White House, 2017), https://www.whitehouse.gov/wp-content/uploads/2017/12/NSS-Final-12-18-2017-0905-2.pdf.

¹⁸² Department of Defense, *Diversity Management and Equal Opportunity in the DoD*, DODD 1020.02E (Washington, D.C., Department of Defense, 2018), http://www.esd.whs.mil/Portals/54/ Documents/DD/issuances/dodd/102002e_dodd_2015.pdf.

¹⁸³ Department of Defense, Diversity Management and Equal Opportunity in the DoD.

¹⁸⁴ Benjamin Palmer, Melissa Walls, Zena Burgess, and Con Stough, "Emotional Intelligence and Effective Leadership," *Leadership & Organization Development Journal* 22, no. 1 (2001): 7, https://doi.org/10.1108/01437730110380174.

feedback," and are better positioned to be of greater use to the military.¹⁸⁵ As discussed previously, if an individual with ADHD discloses their condition, an effective leader with the ability to observe emotions is capable of recognizing when subordinates display characteristics of boredom or distraction.¹⁸⁶ Therefore, by training a leader to recognize emotional changes, organizations have made the necessary alterations to accommodate neurodivergent individuals who can provide a competitive advantage for the Army.

Equally, military leaders should be at the forefront of promoting and understanding how an agile force can accomplish objectives. By doing so, the rest of the institution can emulate effective leadership.¹⁸⁷ Therefore, it would be beneficial for military leaders to identify occupational stressors that may obstruct those with ADHD from working effectively.¹⁸⁸

D. ISRAELI DEFENSE FORCES: UNIT 9900

You search and search, and don't find it at first. Sometimes, it feels like forever until you find it. There are whole days that I couldn't find what I was looking for. Other days I'd locate it in every picture.

 $-CPL O.^{189}$

The Israeli Defense Forces (IDF) has launched an innovative initiative, establishing a unit aimed to recruit the neurodivergent among the Israeli population, specifically, people with autism who would otherwise be exempt from the mandatory service requirement.¹⁹⁰ The Israeli military, apparently aware of the strengths of autistic individuals who possess an above average visual perception skills,¹⁹¹ created Unit 9900. The unit is a selective

¹⁸⁵ Palmer, Walls, Burgess, and Stough, "Emotional Intelligence and Effective Leadership," 8.

¹⁸⁶ Palmer, Walls, Burgess, and Stough, "Emotional Intelligence and Effective Leadership," 8.

¹⁸⁷ Palmer, Walls, Burgess, and Stough, "Emotional Intelligence and Effective Leadership, 8."

¹⁸⁸ Palmer, Walls, Burgess, and Stough, "Emotional Intelligence and Effective Leadership, 8."

¹⁸⁹ Yaakov Lappin, "The IDF's Unit 9900: 'Seeing' Their Service Come to Fruition," JNS, May 4, 2018, https://www.jns.org/the-idfs-unit-9900-seeing-their-service-come-to-fruition/.

¹⁹⁰ Shira Rubin, "The Israeli Army Unit that Recruits Teens with Autism," *The Atlantic*, January 6, 2016, http://www.theatlantic.com/health/archive/2016/01/israeli-army-autism/422850/.

¹⁹¹ Lorenz, Heinitz, and Reznik, "A Different Point of View," 7.

intelligence unit that utilizes an autistic soldier's heightened perceptual skills as an asset in deciphering satellite pictures in real-time during Israeli operations.¹⁹²

What would seem like tedium to most, if staring at satellite images was their job every day, is a job that brings one soldier, CPL O., great satisfaction while allowing him to serve in his country's defense forces in a special intelligence unit. Soldiers in Unit 9900 often spend up to eight hours a day doing what neurotypical soldiers often are unable to do: using their attention to detail and intense focus to analyze intelligence data for the upcoming mission.¹⁹³ These soldiers often can detect patterns quickly and can maintain this detailed focus for long periods of time, noticing minute changes in the images often resulting in an operational advantage that can save soldiers' lives on the battlefield.¹⁹⁴

This type of program aspires to identify and integrate strategies that accommodate the neurodiversity within their organizations and are integral to convincing the neurodiverse that they can find a meaningful position in the military and provide a cornerstone within the civilian world. Those who serve in Unit 9900 gain knowledge of location-based technologies such as GPS, experience in machine vision, augmented reality, photo analysis, and even Cyber.¹⁹⁵ *Ro'im Rachok*, Hebrew for "seeing in the future," is a program that assists students with autism prepare for service in the IDF.¹⁹⁶ This military service becomes a vehicle for those with autism to have a chance at social inclusion and professional success in life after the military.¹⁹⁷

¹⁹² Ben Sales, "Deciphering Satellite Photos, Soldiers with Autism Take on Key Roles in IDF," Jewish Telegraphic Agency, December 8, 2015, https://www.jta.org/2015/12/08/news-opinion/israel-middle-east/ deciphering-satellite-photos-soldiers-with-autism-take-on-key-roles-in-idf, 3.

¹⁹³ Sales, "Deciphering Satellite Photos," 4.

¹⁹⁴ Rubin, "The Israeli Army Unit That Recruits Teens With Autism," 2.

¹⁹⁵ Amir Mizroch, "Rise of Computer Vision Brings Obscure Israeli Intelligence Unit into Spotlight," *Forbes*, May 28, 2018, https://www.forbes.com/sites/startupnationcentral/2018/05/28/rise-of-computer-vision-brings-obscure-israeli-intelligence-unit-into-spotlight/, 2.

¹⁹⁶ Rubin, "The Israeli Army Unit That Recruits Teens With Autism," 4.

¹⁹⁷ Shirley Blaier-Stein, "Israeli Military Utilizing Talents of Young People with Autism," Autism Speaks, January 13, 2016, https://www.autismspeaks.org/blog/2016/01/13/israeli-military-utilizing-talents-young-people-autism, 2.

This military service initiative is also advantageous to those neurodiverse individuals who rely on the Israel government for support since they will no longer be eligible for governmental aid after the age of twenty-one.¹⁹⁸ Often the soldiers serving in the intelligence field in the military find a direct path to employment after service in Israel's emerging technology sector.¹⁹⁹ Many founders of cutting-edge technology startups served in Unit 9900.²⁰⁰ Avi Vaidman, a former officer in Unit 9900, is the founding CEO of Nucleai, an Israeli technology company specializing in machine vision algorithms for computerized analysis of biopsies.²⁰¹ Kirill Slavin, a former Unit 9900 member, co-founded Annoto, an annotation and chat tool for online video platforms.²⁰² According to the Unit 9900 alumni association, it is not uncommon to find the units alumni working for location-based businesses such as Waze, Gett, and Moovit who have a considerable need for both visual and big data analysis.²⁰³

With the increased interest of international technology behemoths such as Google, Uber, Amazon, Apple, and Facebook now investing heavily in computer vision for independent mobility, image recognition, and augmented reality, the interest in Unit 9900 is likely to significantly increase.²⁰⁴ In a time before Waze and Google Maps, hardly anyone other than those working in the military saw satellite imagery, but now every phone has GPS and a camera, increasing the relevance and the need for the skills of those in Unit 9900.²⁰⁵

In 2011, the IDF instituted a new policy allowing those joining the military that had been previously diagnosed with ADHD to join combat units.²⁰⁶ Though the IDF had not

¹⁹⁸ Rubin, "The Israeli Army Unit That Recruits Teens With Autism," 6.

¹⁹⁹ Rubin, "The Israeli Army Unit That Recruits Teens With Autism," 5.

²⁰⁰ Mizroch, "Rise of Computer Vision," 1.

²⁰¹ Mizroch, "Rise of Computer Vision," 2.

²⁰² Mizroch, "Rise of Computer Vision," 6.

²⁰³ Mizroch, "Rise of Computer Vision," 7.

²⁰⁴ Mizroch, "Rise of Computer Vision," 4.

²⁰⁵ Mizroch, "Rise of Computer Vision," 8.

²⁰⁶ Dan Even, "IDF to Allow Draftees with ADHD to Serve in Combat Units," *Haaretz*, August 10, 2011, https://www.haaretz.com/1.5043477.

previously wholly barred those with an ADHD diagnosis from military service, those with ADHD diagnoses had been excluded from service in combat units.²⁰⁷²⁰⁸ According to the Israeli newspaper *Haaretz*, with the rising number of Israeli draftees diagnosed with ADHD, the IDF Medical Corps instituted new regulations allowing those with ADHD to serve unless the assessment of ADHD impairs the draftees performance.²⁰⁹

However, some studies do show negative impact on military functioning. A 2016 study by lead author Dr. Eyal Fruchter, an IDF military psychiatrist, suggests that ADHD has an adverse effect on military service with those draftees being "less medically fit for combat service and more likely to be diagnosed with personality disorders and anxiety disorders."²¹⁰ A study on suicide in Korean soldiers found those with thoughts of suicide showed "significantly high correlations with ADHD, depression, anxiety, self-esteem, and impulsiveness."²¹¹ Though the IDF recruits with ADHD diagnoses now see more service in combat units, they are still barred from certain military jobs, such as serving as lookouts and air traffic controllers, that require special concentration.²¹² According to Dr. Iris Manor, of the health social network Kmoni, once ADHD is treated, the learning abilities of the diagnosee remain entirely intact.²¹³

The U.S. Army can look to Israeli Unit 9900 and how the IDF has utilized the gifts of the neurodivergent citizens to contribute not only to the country's national security but also to private industry long after military service. The 2019 National Defense Authorization Act for FY2019 is modernizing the officer promotion system to allow

²⁰⁷ Eyal Fruchter, Hadar Marom-Harel, Daphna Fenchel, Ori Kapra, Keren Ginat, Shirley Portuguese, and Mark Weiser, "Functioning of Young Adults with ADHD in the Military," *Journal of Attention Disorders* (2016), https://doi.org/10.1177/1087054716652478.

²⁰⁸ Even, "IDF to Allow Draftees with ADHD to Serve in Combat Units."

²⁰⁹ Even, "IDF to Allow Draftees with ADHD to Serve in Combat Units."

²¹⁰ Fruchter, Marom-Harel, Fenchel, Kapra, Portuguese, and Weiser, "t al., se, and Weiser, ITATIwith ADHD in the Military," 3.

²¹¹ Na Ye Kim, Pyo Kyu Lee, and Myung Ho Lim, "Suicidal Idea, ADHD, Depression, Anxiety, Self-Esteem and Impulsiveness in Korean Soldiers," *Journal of Psychiatry* 18, no. 5 (August 2015): 3, https://doi.org/10.4172/2378-5756.1000314.

²¹² Even, "IDF to Allow Draftees with ADHD to Serve in Combat Units."

²¹³ Even, "IDF to Allow Draftees with ADHD to Serve in Combat Units."

civilians an initial appointment as officers up to the rank of Colonel with constructive service credit so the military can compete with the private sector for those with critically needed skills such as Cyber.²¹⁴ The Army could take this a step further by investigating whether those within the neurodiverse population could be an additional pool of talent to fill the increasing need for Cyber Forces.

E. STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS (S.W.O.T.)

We present a framework for identifying and analyzing how a neurodivergent individual, such as an individual diagnosed with ADHD, could affect an organization. This framework, which characterizes strengths, weaknesses, opportunities and threats, is a model that is often applied in military strategic planning. The list is not inclusive and may contain a wider range of attributes for each section.²¹⁵

1. Strengths

- Highly creative.
- Hyper-focused on quality.
- Good in crises
- Quick starters and ardent learners.²¹⁶

2. Weaknesses

- Can lack social skills required in the military workplace.²¹⁷
- Requires routine, therefore, must be stabilized in one environment.

²¹⁴ John S. McCain National Defense Authorization Act for Fiscal Year 2019, HR 5515, 2018, https://armedservices.house.gov/ndaa.

²¹⁵ Department of the Army and Department of the Navy, *Joint Planning* (JP 5-0), June 16, 2017, http://www.jcs.mil/Portals/36/Documents/Doctrine/pubs/jp5_0_20171606.pdf.

²¹⁶ William N. Bender, *Understanding ADHD: A Practical Guide for Teachers and Parents* (Upper Saddle River, NJ: Merrill/Prentice Hall, 1997), 50.

²¹⁷ Ilina Sigh, "Beyond Polemics: Science and Ethics of ADHD," *Nature Reviews Neuroscience* 9, no. 12 (December 2008): 957, https://www.ncbi.nlm.nih.gov/pubmed/19020513.

- Requires a conducive environment insulated from unstable factors.
- Can be emotionally unstable.
- Can be easily distracted as they respond to each external stimulus.

3. **Opportunities**

- Effective and highly productive when treated with appropriate therapeutic measures.
- Enhances diversity in the workplace, which is good for the national image and diversity goals.
- Create competitiveness of the military institution in the global arena.²¹⁸
- 4. Threats
- Unsupportive military leadership may deter them from working effectively.²¹⁹
- Politicization of military issues may impede sustainability of the group in the military.
- Discrimination and lack of awareness are rampant and difficult to eradicate.²²⁰
- Legislation and policy reforms often impact military policies.

F. DISCUSSION

A military's greatest asset is it's service members. Just as weapons and technology testing, development, and innovation are key to innovation, so is innovation key to human

²¹⁸ Beth M. Kaspar, *The End of Secrecy: Military Competitiveness in the Age of Transparency* (Columbus, Biblio Publishing, 2001).

²¹⁹ Kaspar, The End of Secrecy: Military Competitiveness in the Age of Transparency.

²²⁰ Jon P. Howell and Dan L. Costley. *Understanding Behaviours for Effective Leadership*, 2nd ed. (Upper Saddle River, NJ: Pearson Prentice Hall, 2006).

capital. The innovation that leads to the development of successful militaries is associated with their level of creativity. Dr. Thomas Armstrong, the author of many books covering neurodiversity, considers creating an environment built around neurodivergent strengths as a way to showcase their many abilities.²²¹ In Armstrong's book, he highlights what most research illustrates, that those with ADHD do much better at seeing "the big picture" as oppose to focusing on details.

One could perceive the benefits someone with ADHD could bring to any organization vying to compete globally. The greater the creativity in the organization, the greater a plan becomes, and the creativity score for ADHD individuals is much higher compared to non-ADHD persons.²²² Intrinsically, incorporating neurodivergent individuals with ADHD can enhance creativity that the U.S. Army needs. Failing to incorporate soldiers with ADHD denies the Army a powerful tool that generates an exceeding competitive advantage over potential adversaries.

The ability to accomplish any military task requires a strong sense of focus, quality, and timeliness; military mavericks who are stubborn tend to provide military leaders with alternative perspectives.²²³ The Army is benefiting from these individuals, usually found in red team cells where out of the box thinking and questioning is openly invited. Those with ADHD can be hyper-focused on a task that aligns with their strengths and interests. The strong sense of focus affects the quality that is produced. ADHD individuals are often meticulous with the quality of work they produce when given appropriate accommodations in the workplace.²²⁴

Time is another factor that determines the success or failure of a mission. Psychiatrists Hallowell and Ratey highlight that individuals with ADHD diagnoses are

²²¹ Armstrong, Neurodiversity, 85.

²²² Armstrong, Neurodiversity, 54.

²²³ Remi M. Hajjar, "Emergent Postmodern U.S. Military Culture," *Armed Forces & Society* 40, no. 1 (April 2014): 118–145, https://doi.org/10.1177/0095327X12465261.

²²⁴ "Accommodation and Compliance Series: Employees with Attention Deficit/Hyperactivity Disorder (AD/HD)," Job Accommodation Network, August 27, 2018, https://askjan.org/disabilities/Attention-Deficit-Hyperactivity-Disorder-AD-HD.cfm.

remarkably persistent and resilient.²²⁵ Persistence is critical in the military as certain combat operations require a tenacity in response to situations. Those with ADHD diagnoses in the military can catalyze the decision-making process, which may affect the overall military operation. Consider, for instance, a difficult situation that requires concise options; those with ADHD diagnoses suit perfectly in scenarios like disaster management or combat operations. The benefits of including someone with an ADHD diagnosis in the planning process before or during operations are self-evident.

The military often faces instances that lead to dilemmas and crises. The actions that are taken on a particular situation may have a counterproductive effect. Such emergency characterizes most military operations, especially in combat areas. During a crisis, the brain becomes overworked, which can lead to distorted thinking and increased anxiety. Dr. Joel Lubar, a professor and researcher, discovered that one pattern of brain waves, theta waves, are associated with a dream state of mind and were abundantly slow in children with ADHD.²²⁶ Lubar also states theta waves cause relaxation of the mind, but some children with ADHD become hyperactive to counteract the effects of slow brain waves.²²⁷ These findings counter the thought of theta waves causing signs of drowsiness but imply that, during a crisis, an individual with an ADHD diagnosis can work effectively under pressure without making costly mistakes as their mind is usually in a relaxed state.

Additionally, a potential benefit that neurodivergent ADHD individuals possess is their ability to be quick starters.²²⁸ As previously noted, ADHD is characterized by impulsivity. In military institutions, people may be resistant to changes from individuals who hastily execute tasks without thought of outcomes. Military institutions are rooted in procedures and protocols that form part of the organizational culture.

²²⁵ Edward M. Hallowell and John J. Ratey, *Delivered from Distraction: Getting the Most out of Life with Attention Deficit Disorder* (New York: Ballantine, 2005).

²²⁶ "How Neurofeedback Can Be Used to Benefit Kids with ADHD," Therapeutic Options, April 24, 2015, http://www.therapeuticoptions.net/neurofeedback-can-used-benefit-kids-adhd/.

²²⁷ "How Neurofeedback Can Be Used to Benefit Kids with ADHD."

²²⁸ William N. Bender, *Understanding ADHD: A Practical Guide for Teachers and Parents* (Upper Saddle River, NJ: Merrill/Prentice Hall, 1997), 50.

However, due to the emerging challenges in national security, there may be a need for adaption in the procedures to counter the problems. Neurodivergent individuals, like those with ADHD, can best work in a military planning cell and the operational field where quick responses are a necessity. It is well known the Army's military decision-making process can at times be considerably longer in the analysis stage. At times, analysis paralysis occurs, a fact that aggravates situations. It is such a moment that those with ADHD should present their unique neurodivergent abilities. The nature of an ADHD mindset, specifically impulsivity, could be the answer to averting a crisis in the event of analysis impasse.²²⁹

G. CONCLUSION

If the service-eligible youth is declining, should the U.S. Army delay a change in its recruitment strategy? The Army failed to meet the 2018 recruitment goal; if the perpetual priority is to retain a viable fighting force to defend the homeland, one could infer there are now security gaps. Moreover, the Army fundamentally relies on an adolescent recruiting population that has experienced a prevalent ADHD diagnosis where diagnosis among children persists into adulthood.²³⁰ Although the military provides a positive environment that is highly structured, and permits interventions that encourage organizational skills to those with ADHD, a diagnosis is a military disqualifier.²³¹ The U.S. military prides itself on an all-volunteer force that has remained for over 40 years. With the Army's long history of customs and courtesies, choosing to continue the family's military lineage is vital to recruiters. However, the current Army restriction on ADHD individuals and the continued prevalence of the diagnosis may affect recruiter's ability to seek eligible recruits.

²²⁹ Austin and Pisano, "Neurodiversity as a Competitive Advantage."

²³⁰ Margot R. Krauss et al., "Accession Standards for Attention-Deficit/Hyperactivity Disorder: A Survival Analysis of Military Recruits, 1995–2000," *Military Medicine* 171, no. 2 (2006): 99, doi:10.7205/milmed.171.2.99.

²³¹ Margot R. Krauss et al., "Accession Standards for Attention-Deficit/Hyperactivity Disorder: A Survival Analysis of Military Recruits, 1995–2000," *Military Medicine* 171, no. 2 (2006): 99, doi:10.7205/milmed.171.2.99.

Equally, the current military policy to retain an all-volunteer force may very well cease to exist as a draft may be required to fill organizational gaps. Fortunately, the military continues to evolve and so, too, should the Army's recruitment policy and strategies. The U.S. has taken the first step in acknowledging that a diverse military is key to success for future conflicts according to the most current NSS.²³² Similarly, the U.S. military recognizes a requirement that its military reflect its population. With the DoD now recognizing and allowing same sex marriages and transgender individuals into military service, initiating a recruitment strategy for neurodivergent individuals should ensue. Allowing a neurodivergent workforce in the Army will assist in meeting military requirements, and it will also employ the neurodivergent population. As the IDF has debunked the misconception that neurodivergents lack efficacy, so, too, could the Army in its efforts to allow those with ADHD to serve.

However, much research on individuals with ADHD habitually highlights the negative consequences of having the diagnosis. The need to comprehend those with ADHD, to recognize the strengths and positive traits, is necessary to improve the lives of those with ADHD, and it will also aid U.S. national security.²³³

To date, research on the interplay between ADHD in the military is meager. There has been one retrospective cohort study done that looked into allowing individuals who have obtained a waiver with a history of ADHD into the military.²³⁴ Krauss et al. conducted a study on the rates of retention and promotion of 539 service members with a history of ADHD and 1,617 control subjects between the periods of 1995 to 2000.²³⁵ According to Krauss et al., roughly 300 individuals who have revealed a history of ADHD were disqualified from entering military service.²³⁶ The results from study by Krauss et al.

²³² "A New National Security Strategy for a New Era," The White House, December 18, 2017.

²³³ Barbara A. Mather, "The Social Construction and Reframing of Attention-Deficit/Hyperactivity Disorder," *Ethical Human Psychology and Psychiatry* 14, no. 1 (2012): 15, doi:10.1891/1559-4343.14.1.15.

²³⁴ Margot R. Krauss et al., "Accession Standards for Attention-Deficit/Hyperactivity Disorder: A Survival Analysis of Military Recruits, 1995–2000," *Military Medicine* 171, no. 2 (2006): 99, doi:10.7205/milmed.171.2.99.

²³⁵ Krauss et al., "Accession Standards," 99.

²³⁶ Krauss et al., "Accession Standards," 99
revealed that individuals with a history of ADHD are capable of serving in the military no differently than those service members with no history of ADHD.²³⁷ This suggestion is supported by a report from Rice et al. that studied ADHD comorbid with oppositional defiant disorder among soldiers during training, which similarly revealed individuals diagnosed with ADHD had minimal to no impact on performance.²³⁸

However, both studies by Krauss et al. and Rice et al. were limited to service members who had gained entry into military with waivers that primarily required the stipulation of no use of medication in order to enter service. To date, the use of medication for treatment of ADHD remains the primary factor for disqualification from service. Acknowledging the requirement for more research and assisting in identifying the rationale for restricting the use of medication for individuals with ADHD will assist those who are later diagnosed while in military service or wish to serve.

²³⁷ Krauss et al., "Accession Standards," 99.

²³⁸ Valerie J. Rice, Jenny Butler, and Diane Marra, "The Relationship between Symptoms of Attention Deficit and Hyperactivity Disorder and Oppositional Defiant Disorder with Soldier Performance during Training," *WORK* 44, no. 1 (2013): 105, doi:10.3233/WOR-121544.

V. CONCLUSION

This thesis addressed whether the U.S. Army would be will served by further research regarding allowing individuals with ADHD diagnosis into military service. The U.S. military is an all-volunteer force with high operational pace in the wake of growing threats from rogue terrorist elements to the rise of near-peer adversaries. The need to maintain sufficient force capacity to face these multi-front threats within budgetary limits is a tall order fraught with complexity. In order for the U.S. Army to deter these numerous threats, the Army needs to increase its number of soldiers.

Simultaneously, emerging technologies have created the need for specialized talent. The skills needed to meet these requirements are in high demand in both the civilian and military sectors around the world. The U.S. Army needs those with a diverse skill set that not only includes those who can handle the combat load of an infantryman but also those able to wield the power of the keyboard with a hyper-focused brain able to monitor our nation's cyber domain. However, in the United States, the number of eligible recruits continues to dwindle. The U.S. Army must, therefore, consider ways to expand the pool of recruits and to compete with the civilian sector to retain top talent.

Currently, military policies severely restrict those with ADHD from serving in the military if they are seeking treatment. If the Army were to further research and reassess that blanket screening process, it may be seen that those with ADHD diagnoses who are receiving treatment through medication may perform well in the often-high stress situations in the military. ADHD is one of the more common neurological conditions faced by teens, children, and adults in the United States. Without an actual diagnostic test, the general diagnosis standard can result in misdiagnosis while lack of awareness combined with social stigma can result in late, adult diagnosis. When properly treated, individuals with ADHD can manage their condition and have successful lives. However, individuals with an ADHD diagnosis who wish to serve must face not only the complicated military entrance process, but also the dilemma of whether to abstain from treatment.

The neurodiversity movement, which started in the 1990s, gives a new understanding of what it means to be a person with a diagnosis rather than the stigma of a mental disability or disorder. Today, the Army does not, by law, discriminate against individuals based on the color of their skin, sexual orientation, religious beliefs, or gender. Why would we discriminate based on brain patterns rather than finding ways to turn the unique skills of neurodiverse individuals who wish to serve to our advantage? Israeli IDF Unit 9900 is currently utilizing neurodiverse, predominantly autistic, soldiers to occupy highly sensitive, complex jobs in intelligence surveillance, an example that the Army should consider following to remain competitive on the future battlefield.

The U.S. Army needs to balance the needs of the force with the needs and talents of the neurodiverse population. The challenge of considering both the ethical dilemma in this regard and the Army's mission requirements is a challenge, but not an impossible task. By reevaluating current policy and procedure for physical and medical standards as it applies to the inclusion, we can further diversify the Army while enhancing mission accomplishment.

A. **RECOMMENDATIONS**

- The Army could sponsor scientific research into medication prescribed to the current Active Duty population for all treatments of ADHD, anxiety, and PTSD to see how medication and performance are linked.
- The Army could send a team of academics, neuro-scientists, Army personnel to Israel to study Unit 9900 to record lessons of the Israeli experiment and how they can apply in the U.S. Army Cyber/Space force.
- The Army could sponsor research into programs about neurodiverse inclusion in Silicon Valley companies such as Microsoft to learn what accommodation strategies work in the civilian sector and how they can be adopted in the military.

• The Space and Cyber commands could establish a neurodiverse unit to harness the advantages of those with neurodiversity such as ADHD to meet the specific, high demand specialties in those areas.

B. SUGGESTIONS FOR FUTURE RESEARCH

The thesis team highly recommends that the U.S. Army research and address recruiting and screening practices as regards individuals with ADHD diagnoses as well as conducting research on the treatment restriction. Additionally, future researchers might consider how recruiting and screening practices can be adjusted to recruit the neurodiverse for specific U.S. Army needs such as the new cyber force. Researchers might consider both the military application of neurodiverse individual talents in instances like the Israeli unit 9900 and in civilian companies' initiatives like Microsoft's neurodiverse hiring programs to determine how these types of initiatives can be leveraged fill personnel needs. Crucially, future researchers could also examine the impact of ADHD treatment with current active duty personnel to see if their treatment results in improved performance and to see how those serving with ADHD perform in high stress situations in relationship to their neurotypical peers.

APPENDIX A: DODI 6130.03

DoDI 6130.03, March 30, 2018

5.28. LEARNING, PSYCHIATRIC, AND BEHAVIORAL DISORDERS.

a. Attention Deficit Hyperactivity Disorder, if with:

 A recommended or prescribed Individualized Education Program, 504 Plan, or work accommodations after the 14th birthday;

- (2) A history of comorbid mental disorders;
- (3) Prescribed medication in the previous 24 months; or
- (4) Documentation of adverse academic, occupational, or work performance.

b. History of learning disorders after the 14th birthday, including but not limited to dyslexia, if any of the following apply:

 With a recommended or prescribed Individualized Education Program, 504 Plan, or work accommodations after the 14th birthday;

- (2) With a history of comorbid mental disorders; or
- (3) With documentation of adverse academic, occupational, or work performance.
- c. Autism spectrum disorders.

d. History of disorders with psychotic features such as schizophrenic disorders, delusional disorders, or other unspecified psychoses or mood disorders with psychotic features.

 e. History of bipolar and related disorders (formerly identified as mood disorders not otherwise specified) including but not limited to cyclothymic disorders and affective psychoses.

- f. Depressive disorder if:
 - Outpatient care including counseling required for longer than 12 cumulative months;
 - (2) Symptoms or treatment within the last 36 months;
 - (3) The applicant required any inpatient treatment in a hospital or residential facility;
 - (4) Any recurrence; or
 - (5) Any suicidality (in accordance with Paragraph 5.28.m.).

g. History of a single adjustment disorder if treated or symptomatic within the previous 6 months, or any history of chronic (lasting longer than 6 months) or recurrent episodes of adjustment disorders.

h. History of disruptive, impulse control and conduct disorder to include but not limited to oppositional defiant and other behavior disorders.

SECTION 5: DISQUALIFYING CONDITIONS

APPENDIX B: AR-40-501

2–27. Learning, psychiatric and behavioral disorders

a. Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (314), or Perceptual/Learning Disorder(s) (315) does not meet the standard, unless applicant can demonstrate passing academic performance and there has been no use of medication(s) in the previous 12 months.

b. Current or history of academic skills or perceptual defects (315) secondary to organic or functional mental disorders, including, but not limited to dyslexia, that interfere with school or employment, do not meet the standard. Applicants demonstrating passing academic and employment performance without utilization or recommendation of academic and/or work accommodations at any time in the previous 12 months may be qualified.

c. Current or history of disorders with psychotic features such as schizophrenia (295), paranoid disorder (297), and other unspecified psychosis (298) does not meet the standard.

d. Current mood disorders including, but not limited to, major depression (296.2-3), bipolar (296.4-7), affective psychoses (296.8-9), depressive not otherwise specified (311), do not meet the standard.

 History of mood disorders requiring outpatient care for longer than 6 months by a physician or other mental health professional (V65.40), or inpatient treatment in a hospital or residential facility does not meet the standard.

(2) History of symptoms consistent with a mood disorder of a repeated nature that impairs school, social, or work efficiency does not meet the standard.

e. Current or history of adjustment disorders (309) within the previous 3 months does not meet the standard.

f. Current or history of conduct (312), or behavior (313) disorders does not meet the standard. Recurrent encounters with law enforcement agencies, antisocial attitudes or behaviors are tangible evidence of impaired capacity to adapt to military service and as such do not meet the standard.

g. Current or history of personality disorder (301) does not meet the standard. History (demonstrated by repeated inability to maintain reasonable adjustment in school, with employers or fellow workers, or other social groups), interview, or psychological testing revealing that the degree of immaturity, instability, personality inadequacy, impulsiveness, or dependency will likely interfere with adjustment in the Armed Forces does not meet the standard.

 Current or history of other behavior disorders does not meet the standard, including, but not limited to conditions such as the following:

(1) Enuresis (307.6) or encopresis (307.7) after 13th birthday does not meet the standard.

(2) Sleepwalking (307.4) after 13th birthday does not meet the standard.

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(3) Eating disorders (307.5), anorexia nervosa (307.1), bulimia (307.51), or unspecified disorders of eating (307.59) lasting longer than 3 months and occurring after 13th birthday do not meet the standard.

i. Any current receptive or expressive language disorder, including, but not limited to any speech impediment, stammering and stuttering (307.0) of such a degree as to significantly interfere with production of speech or to repeat commands, does not meet the standard.

 History of suicidal behavior, including gesture(s) or attempt(s) (300.9), or history of self-mutilation, does not meet the standard.

k. Current or history of anxiety disorders (anxiety (300.01) or panic (300.2)), agoraphobia (300.21), social phobia (300.23), simple phobias (300.29), obsessive-compulsive (300.3), other acute reactions to stress (308), and post-traumatic stress disorder (309.81) do not meet the standard.

 Current or history of dissociative disorders, including, but not limited to hysteria (300.1), depersonalization (300.6), and other (300.8), do not meet the standard.

m. Current or history of somatoform disorders, including, but not limited to hypochondriasis (300.7) or chronic pain disorder, do not meet the standard.

n. Current or history of paraphilic disorders (302), including, but not limited to, exhibitionistic disorder, transvestic disorder, voyeuristic disorder, and other paraphilic disorders, do not meet the standard.

o. Current or history of alcohol dependence (303), drug dependence (304), alcohol abuse (305), or other drug abuse (305.2 thru 305.9) does not meet the standard.

p. Current or history of other mental disorders (all 290-319 not listed above) that in the opinion of the civilian or military provider will interfere with, or prevent satisfactory performance of military duty, do not meet the standard.

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