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J. Russell Ramsay & Anthony L. Rostain

THE ADULT ADHD TOOL KIT

Using CBT to Facilitate Coping Inside and Out

ROUTLEDGE

The Adult ADHD Tool Kit

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A central source of frustration for most adults with Attention-Deficit/Hyperactivity Disorder (ADHD) is that they know what they need to do, but they have difficulties turning their intentions into actions. These difficulties also interfere with their ability to use self-help books and to get the most out of psychosocial treatments that provide coping strategies that promise to improve their functioning. Drs. Ramsay and Rostain are experts in the assessment and treatment of adult ADHD and are leaders in the development of effective psychosocial treatments for this group of patients. Their newest book, *The Adult ADHD Tool Kit: Using CBT to Facilitate Coping Inside and Out,* is a coping guide for adults living with ADHD, one that does not just present useful coping strategies but also provides specific tactics designed to help readers implement these skills in their daily lives and brings them to life in a user-friendly format. The authors discuss many different settings in which ADHD may cause difficulties, including work, school, matters of physical health and well-being, and the issue of excessive use of technology. Although written for consumers, clinicians will find the book to be a clinically useful tool for their adult patients with ADHD, serving as a companion to the newly updated and expanded second edition of Drs. Ramsay and Rostain's professional treatment manual *Cognitive-Behavioral Therapy for Adult ADHD: An Integrative Psychosocial and Medical Approach.*

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JRR dedicates this book, as always, to my daughters, Abigail and Brynn.

ALR dedicates this book to my amazing wife, Michele, and to my wonderful kids, Isabelle, Julian, Sam, and Gen who have taught me what it really means to be a dad.

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Preface

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Benjamin Franklin said, "You may delay, but time will not, and lost time is never found again." We are two mental health professionals by trade, a psychologist (J. Russell Ramsay—JRR) and a psychiatrist (Anthony L. Rostain—ALR), who specialize in assessing and treating adults with Attention-Deficit/Hyperactivity Disorder (ADHD) through our Adult ADHD Treatment and Research Program at the University of Pennsylvania, the institution founded by Franklin. Most patients who seek out our program want to be better able to set out and follow through on their plans, including academic and work tasks, keeping up with errands and personal affairs, and any number of other personally relevant endeavors. The solution seems as simple and obvious as a well-known advertising campaign—"Just do it!" This maxim is not unfamiliar to adults with ADHD; in fact, the core underlying difficulties that define ADHD are directly related to the mechanisms that allow us to "do it."

Discussions of ADHD focus a great deal on the "A" and the "H," with the name of the diagnosis and resulting acronym being somewhat misleading. Yes, "A" and "H" represent its symptoms, but they do not adequately describe the ADHD syndrome. ADHD is currently understood as a disorder related to poor self-regulation or self-control—adults with ADHD have problems turning their intentions into the actions that are required to handle many of the demands of daily life. More specifically, it is difficult for adults with ADHD to proactively and consistently develop, organize, and enact and follow through on plans over time for which there is a future (but not immediate) pay off. Instead, ADHD adults repeatedly face the stress of looming deadlines or crisis situations that result from putting off tasks, only being provoked to action by an emergency situation on par with trying to defuse a ticking time bomb.

Think of all the stories and fables we learned as children about the virtues of planning ahead and persevering on a task, such as the little pig that built a house of bricks, the tortoise who keeps a steady pace over a long race with the hare, religious teachings about the benefits of self-restraint and self-control ("Thou shalt NOT . . ."), etc. Each lesson involves deferring immediate gratification for a greater but distant reward. A famous study of self-control led by Walter Mischel had children sit alone in a room with a plate of sweet treats. The children were told that they could have a single treat of their choice, but if they could wait without eating it until the examiner returned to the room, they could earn a second one. Some children, despite the promise of greater reward, succumbed to the temptation to eat the single treat, losing out on the bonus; other children were able to resist temptation long enough to earn the reward of a second treat. The main finding of interest in what has come to be known as the "marshmallow study" is

that the impulse control exhibited in childhood predicted later success at all points in life, with the children who were able to defer gratification being better off on average, even 40 years later (Mischel et al., 2011).

Although the lessons and solutions seem straightforward and have been reinforced by grandparents, parents, teachers, bosses, fairy tales, cautionary tales, etc., self-regulation is more multifaceted than it seems. There are many fundamental skills that provide humans with the capacity to do what they want to do or need to do when they need to do it. These skills, known as the *executive functions,* operate in an exquisite choreography to help us navigate the myriad demands of adult life. Hence, ADHD is currently understood as a disorder of impaired executive functions. That is, the farther in the future the reward for a behavior lay, the greater difficulty an adult with ADHD will have performing the necessary component steps in the here-and-now, thus decreasing the likelihood of achieving the payoff (despite full awareness of the consequences). Alas, the penalties for poor self-control in adulthood are much steeper than the loss of a marshmallow.

ADHD also involves distinct *motivational deficits* inasmuch as motivation is considered the ability to generate emotions that help you to engage in a task without relying solely on an immediate reward or consequence. Adults with ADHD have difficulties accomplishing jobs that range from setting up a retirement fund ("I'll get around to it later. I have time.") to something as immediate as mowing the lawn on a weekend afternoon ("I'll get around to it later. I have time.").

As was mentioned earlier, we established and have operated a specialized clinical program for the assessment and treatment of adult ADHD since 1999. An established treatment for ADHD is pharmacotherapy, the use of medications to treat the core symptoms of developmentally inappropriate levels of inattention, impulsivity, and/or hyperactivity. Similar to obtaining corrective prescription eyeglasses, effective medication treatment of ADHD reduces the symptoms of ADHD, such as improving the ability to sustain attention and to reduce restlessness and impulsivity. Although an effective and safe treatment for most adults with ADHD, medications alone do not necessarily improve behavioral functioning and well-being in one's day-to-day life. That is, you may be less prone to distraction and fidgetiness while on a medication, but you will not spontaneously complete your income taxes or get started on a monthly report for work.

The other treatment we provide at our program is cognitive behavioral therapy (CBT), a specific form of psychotherapy that has been adapted to address problems commonly encountered by adults with ADHD. The *cognitive* in CBT refers to the thoughts, beliefs, and attitudes that affect how we perceive and react to events, as well as our self-perception. Negative thinking has no causal influence on having ADHD, although it often develops as a consequence of growing up and living with ADHD and trying to manage its effects on your life. Said differently, you did not develop difficulties organizing and following through on tasks because you have negative thoughts about them; however, the repeated difficulties you have experienced because of ADHD have likely given rise to pessimistic outlooks about these tasks, which, along with even residual symptoms of ADHD, create a double whammy and make it even harder to follow through on them, that is, insufficient motivation.

The *behavioral* in CBT refers to one's actions and to the therapeutic process of developing a more adaptive behavioral repertoire with which to cope with ADHD. Once more, having ADHD does not result from the fact that self-control behaviors were not

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adequately emphasized by your parents when you were a child or from eating too much sugar-coated cereal. Indeed, individuals with ADHD "know" quite well how to handle the situations that cause them problems. Ask a grade school student with severe ADHD what he should do if he knows the answer to a question asked by the teacher during class, and he will correctly answer, "Raise my hand and wait to be called on by the teacher." The crux of the problem is that ADHD interferes with the student's execution of the behaviors required to obey this rule during class.

CBT for adult ADHD, as in other "talk" psychotherapies, involves regularly scheduled office meetings. By necessity, these meetings occur outside the environments in which individuals with ADHD experience the difficulties that bring them to treatment. The necessary solutions for the common problems related to managing ADHD are obvious and logical—use of a planner, getting started earlier on tasks, spending time organizing files, etc.—but the problem is carrying out these solutions in your daily life at the "point of performance."

In a nutshell, our goal for this tool kit is to share the ways we have tried to make the coping tools for adult ADHD "sticky" so that they will stay with you and you will be able to use them to positive effect in your day-to-day life.

The purpose of this handbook is to serve as a coping resource for adults with ADHD in order to increase the consistent use of effective coping strategies that will improve one's ability to manage his or her daily affairs. Of course, the notion of a "self-help" or "do-it-yourself" book for adult ADHD, a condition that we have already identified as a problem related to poor self-regulation (i.e., core difficulties with self-help), might seem oxymoronic—or maybe just moronic. The executive function/motivational deficit definition of ADHD we described would make it seem that ADHD interferes with your ability to make changes in a do-it-yourself fashion. We do not expect that simply reading about what you need to do will make you more productive. If that were the case, any one of the excellent books on adult ADHD already on the market would have sufficed.

Rather, we envision this book as akin to a tool kit, an assemblage of a variety of coping tools that can be accessed whenever needed. The strategies herein have been adapted to the needs of adults with ADHD, acknowledging and addressing the very problems that make it difficult to use them. Hence, we emphasize implementation tactics that will increase the likelihood of using these skills at the point of performance, and so that they will be used enough that they will become habitual and less effortful, akin to tasks such as brushing your teeth, making coffee in the morning, or any other task you reliably perform, even on your worst day. Of course, if you find that you have drifted away from using the skills, you can return to a relevant section of the tool kit for a refresher.

Psychologists, counselors, or other nonphysician mental health professionals cannot write prescriptions for medications; however, we can write "behavioral prescriptions" or written reminders of important behavioral strategies. One of the reasons CBT for adult ADHD has been found to be an effective psychosocial treatment for adult ADHD is the focus on the use of coping skills during the 167 hours of the week outside of the weekly therapy hour. Spending time planning how to implement coping strategies during the week and writing out summary coping reminders of the plan increases the likelihood of the timely practice of coping principles outside of the office.

Thus, in addition to discussing foundational coping skills for adult ADHD, many sections of the tool kit will include straightforward "take away" points comprised of a list

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of step-by-step reminders for instituting them. These take away points offer reminders that can be referred to or carried with you to help you to turn intentions into actions when it counts. Similar to having a recipe for cooking, even if you say "I cannot cook," you are able to follow each of the individual steps required to prepare a basic dish. The implementation of these strategies sets the stage for the most powerful source of reinforcement in developing coping skills for adult ADHD, which is your "felt experience" when carrying out a plan, seeing positive results, and gaining confidence in your ability to handle situations that previously seemed overwhelming. Just as with cooking, you can personalize the recipes to your unique circumstances, but at the very least, they provide an anchor point to help you get started (or restarted when dealing with coping drift).

This clinical tool kit reflects the principles, skills, and methods used in our clinic, which are very similar to those used by other clinicians with an expertise in adult ADHD. While many of the coping strategies will be familiar to readers of other books on managing adult ADHD, we have tried to emphasize the factors that promote the implementation of the coping skills combined with specific tactics to use in real time. These factors work together to make your coping plans "sticky" so that they go with and are more likely to be carried out and that you can get "unstuck" in various situations in your life.

Of course, no book will be able to address each and every situation you will face, but we have attempted to cover the most common problem areas encountered by adults with ADHD in a way that can be generalized to other situations. We have organized the book in a logical sequence of coping skills from the basics of using prioritizing tasks and your daily schedule to dealing with procrastination and negative thinking to handling different roles in your life as well as maintaining overall well-being. Although adults with ADHD as a group encounter many common and familiar difficulties, each person's coping needs will be different. Hence, readers are invited to jump to chapters relevant to their specific coping issues and need not read the book in order from beginning to end.

We encourage you to look for ways to get started using the coping skills outlined in the coming chapters but to also be patient with yourself during the change process. We hope that by finding ways to implement these strategies in your daily life, you will notice improvements. However, this sort of change process often involves taking two or three steps forward and then one step backward. Change is hard work and it is important for you to recognize and appreciate progress, even if it is not perfect. For example, maybe a college student reports that he now hands in 80% of his assignments on time after having a semester when he was on time with only 50% of them. Although he strives for 100% timeliness and views himself as still falling short of his goal, we use the reframe that "If you and I invented a medication that helped someone improve this behavior by the same 30% you have achieved, we'd be billionaires right now." These sorts of positive changes are valid, important to recognize, and will result in improved quality of life without having to use perfection as the benchmark.

To this end, our final wish is that you will use and overuse this tool kit. That is, as with our attempts to provide evidence-supported treatments for adult ADHD that can be personalized, this tool kit provides a useful framework of skills that you and others with ADHD can use and make your own. Using the metaphor of a tool kit, we provide some tools and some instructions for their use; you the reader can use these tools to build newfound opportunities and, more importantly, to be able to "stick with" your endeavors.

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A Note for Mental Health Clinicians

Although written as a handbook for adults with ADHD who are seeking useful coping strategies, this tool kit is also designed to be a resource for clinicians who treat adults with ADHD. This tool kit is a companion to the second edition of our treatment manual, *Cognitive Behavioral Therapy for Adult ADHD: An Integrative Psychosocial and Medical Approach* (Ramsay & Rostain, 2015), which provides information about the theoretical underpinnings of the CBT model for adult ADHD, the case conceptualization, more detailed discussion of many of the strategies in this tool kit, reviews of case examples and clinical challenges, and a review of the empirical support for this and similar CBT approaches for adult ADHD. We do not have a session-by-session prescription of topics to address, although this tool kit represents the way we divide up and implement coping skills with patients in sessions.

The development of this handbook stemmed from feedback provided by readers of the first edition of the treatment manual. The most common request was for even more specifics about coping strategies and the "nitty gritty" of *how to* implement CBT for adult ADHD. Hence, we have tried to encapsulate what we do in collaboration with our patients, including the emphasis on the use and implementation of these skills in daily life, which is the primary measure of their effectiveness. That is to say, we not only discuss the coping strategies but also discuss more specific "tactics" for how they can be put to use.

The tool kit itself provides patients with an externalized reminder for therapeutic exercises to perform as well as a means for personalizing these skills. The take away reminders can be copied to serve as coping cards and provide a means to make between sessions therapeutic exercises "sticky" and portable in order to increase the likelihood that the skills will be implemented at the point of performance. The different chapters could also conceivably be used in a group format, with different chapters providing themes for each meeting.

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The authors wish to thank the Routledge/Taylor & Francis Group for supporting us throughout the process of writing this handbook. Dana Bliss was the editor on the first book we wrote and he enthusiastically supported our idea for *The ADHD Tool Kit.* After Dana left Routledge, Anna Moore stepped in and was an equally encouraging and capable guide through the rest of the process.

We would like to thank all of the past and present members of our team at the University of Pennsylvania's Adult ADHD Treatment and Research Program. Operating a program such as ours requires a great deal of time management and organizational skills, and dedication by all involved to keep it running smoothly. We have been fortunate to work with a variety of talented colleagues and trainees in order to provide evidence-supported assessment and clinical services, as well as to provide training in adult ADHD to the next generation of clinicians.

JRR would like to thank my wife, Amy, and my daughters, Abigail and Brynn, for all the love and support they provide. My mother and sister also deserve thanks for their ongoing encouragement.

One of the principles discussed in this handbook is establishing a work station that becomes a target for and associated with productivity. To this end, JRR would like to give a special word of thanks to the whole team at Main Street Java in Souderton, PA, which is where the vast majority of this book was written (and it will likely be the location for future projects of mine).

ALR would like to thank my wife, Michele, for her forbearance and encouragement, and my family and friends for "being there" for me through thick and thin. ALR also thanks my close colleagues at Penn along with the psychiatry residents whom I've had the distinct pleasure of supervising over the years—for providing me with intellectual stimulation and honest feedback.

Finally, we both wish to acknowledge the patients living with ADHD whom we have been privileged to serve since our program started in 1999. We have been awed and moved by their various accounts of adversities in their lives, and inspired by the spirit and strength with which they take on the hard work of facing and transcending ADHD. All of the advice we offer in this handbook has come from our clinical work, and thus we view this book as a tribute to adults with ADHD.

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1 Introduction

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> "I know what I need to do, but I just don't do it. I've tried to change on my own, I've tried self-help books, and nothing has worked. *How is this tool kit going to help me deal with my ADHD when nothing else has worked?*"

Why Should I Expect That This Tool Kit Is Going to Help Me?

This is a reasonable question, but, as with many issues pertaining to Attention-Deficit/Hyperactivity Disorder (ADHD) in adults, the answer to the simple question is multifaceted.

First, most of the coping skills we will discuss in this tool kit are probably similar, if not identical to those you will find in the many popular books offering advice for coping with adult ADHD. ADHD is not a problem of lack of knowledge about what to do, but rather, it is a performance problem—being unable to reliably do what you set out to do.

Second, because ADHD is a skill performance problem, the similarity of the coping strategies and approaches across different books and programs, and the repetition of this information, is not a bad thing; in fact, having multiple and diverse reminders of these strategies helps to continually refresh the importance of these habits in your life. The combination of the review of the skills with slightly different presentations of these ideas across different formats provides a degree of novelty and offers you different takes on old ideas. Just as in learning, the diverse presentation of ideas and lessons increases the likelihood that these concepts will "stick" and come online during daily life when you need them the most. Diet and exercise books consistently place among the top sellers each year, not because previous books did not provide useful advice, but rather because it is difficult to change these behaviors.

Third, we have been posed a similar question by many patients seeking treatment through our Adult ADHD Treatment and Research Program at the University of Pennsylvania. The question usually takes the form of the one posed at the beginning of the chapter and ends with, "So, what is your treatment approach going to do for me that other treatments have not?"

Our answer has been, "We think we are good at helping adults with ADHD *understand how they* ***do not do*** *things they set out to do.*" When you are able to recognize in a nuanced and personalized way the ways in which ADHD interferes with your endeavors, you can then find many more pivot points at which to apply specific coping skills.

For example, many adults with ADHD aim to reduce procrastination. They set a goal to "not procrastinate" and attempt to do all the things that they know they are supposed to do—work on a project a little bit each day leading up to a deadline, have a plan of steps to follow, etc. However, most of these ADHD adults will end up falling into old patterns despite the goal to "not procrastinate" and despite the knowledge that they will regret putting things off. They may muddle through by using the pressure of a deadline to complete the task, but end up feeling frustrated and overwhelmed in the process.

It is not enough to know that you procrastinate, but you must understand how ADHD affects your procrastination as you go through your daily life. You need to be aware of the component parts of your procrastination profile. This framework helps you to "see" how you procrastinate and then to use some targeted skills to handle the specific barriers to your follow-through on tasks. Rather than the quick and familiar conclusion that you "procrastinated, again," instead, you will have a better grasp of the interplay of the effects of ADHD on how you think about, feel about, and manage (or avoid) tasks. In turn, you can employ specific tactics that help you apply your skills in order to change your procrastination "script" (rather than doing the same thing again and hoping for a different outcome).

Fourth and finally, in addition presenting the coping skills that are known to be effective, we emphasize the implementation of these skills. Each of the chapters in this handbook includes discussions of the barriers to follow-through on coping strategies, ways to promote their use, and several step-by-step "take away" reminders for carrying out these skills. You know what you need to do, but understanding the barriers and having a hard copy of instructions akin to a recipe for doing what you need to do greatly increases the likelihood of getting unstuck and getting engaged. Keeping copies of these reminders handy in your daily life is a way to make the coping strategies portable so that you will use them when they are most needed.

Our approach asks a lot from you in terms of your commitment to change. The coping strategies and take away reminders are useful tools but are not immutable laws of physics—they must be used to be helpful. You will have to be willing to face and suspend your doubts about your ability to change. These doubts may be based on past frustrations or a view of yourself as being incapable of change. If your experiences are like those of the untold numbers of patients with ADHD we have seen, you have likely already invested a lot of time, effort, and money in trying to use these sorts of skills with disappointing or at least incomplete results. One of the myths about adult ADHD that we have encountered is the view that the diagnosis is "an excuse" or "an easy way out" of facing hard work. Our experience has been the exact opposite—most adults with ADHD whom we have encountered have worked long and hard to manage the effects of ADHD but grow frustrated with exerting such effort without getting a fair result, working "twice as hard for half as much," as our professional colleague Dr. Steve Copps has said. We hope that the approach described in this handbook will help you to get much better returns from the investment of your time and efforts.

A starting point in this endeavor is to arrive at a shared understanding of *what is ADHD* in order to understand, in fact, what it is that you are trying to manage better. We will begin with a brief background on the diagnosis and history of ADHD. This review will conclude with a contemporary, scientifically supported model for understanding ADHD and the difficulties with disorganization, poor time management, impulsivity, procrastination, motivation, etc. that people experience in their daily lives. Finally, we

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will extend this model of ADHD to the coping strategies discussed in this tool kit, our emphasis on implementation, and provide the rationale for this handbook and set up a context for its use.

Adult ADHD Background

Despite claims that ADHD is solely an outgrowth of the frenetic pace of 21st century lifestyles in Western society, there has likely been ADHD as long as there have been human brains. The date of the first appearance of ADHD-related phenomena in clinical writings has moved from 1902 and the publication of George Still's (1902/2006) lectures on overactive and inattentive children to the late 18th century and the writings of the physician Alexander Crichton (1798/2008), and most recently, settling on 1775 and the observations of Melchior Adam Weikard (Barkley & Peters, 2012). The salient point is that ADHD is not a recent syndrome and that it has caused problems for affected individuals wherever and whenever it is found.

Nonetheless, the advent of compulsory education in the 20th century created a situation in which children entered classrooms, en masse. A classroom filled with children that is presided over by a single teacher for several hours of instruction is a setting that requires a reasonable degree of developmentally appropriate self-control. Moreover, this context shed light on behavioral and learning difficulties that may have been covered up in other situations (Hinshaw & Scheffler, 2014).

The syndrome now known as ADHD was given a variety of names over the years before being first described in the second edition of the Diagnostic and Statistical Manual (DSM-II; American Psychiatric Association [APA], 1968) as the "hyperkinetic reaction of childhood (or adolescence)" with a 22-word description, including the assurance that "the behavior usually diminishes in adolescence." The diagnosis was renamed as Attention Deficit Disorder (either with or without Hyperactivity) in DSM-III (APA, 1980) and DSM-III-R (APA, 1987). Many people continue to refer to the disorder as Attention Deficit Disorder or ADD, even though it was renamed as Attention-Deficit/Hyperactivity Disorder in DSM-IV (APA, 1994). ADHD is listed in the fifth edition of (DSM-5; APA, 2013) under the section on neurodevelopmental disorders. ADHD can be further specified by different presentations: Predominantly Inattentive Presentation, Predominantly Hyperactive/Impulsive Presentation, and Combined Presentation.

Stimulant medications were found by accident to be a helpful treatment that led to improved attention and self-control in children. There have been studies of various forms of psychosocial and educational interventions to further improve functioning, mostly by adapting the child's environment through teacher and parent training.

Research studies since the 1960s revealed that children with ADHD had ongoing difficulties into adolescence and adulthood, but the notion of adult ADHD did not gain wide notoriety until the 1990s with the publication of several popular books on the topic. Cross-sectional and longitudinal research has indicated that ADHD persists in well over 50% of children diagnosed with ADHD, probably closer to two-thirds of them. Lower persistence rates are often obtained when strict diagnostic criteria are used that may not adequately capture the manifestations of symptoms in adults with ADHD. It is estimated that 4.4% of the adult population in the United States exhibits ADHD, with similar prevalence rates (3.4%) obtained in international samples (Fayyad et al., 2007; Kessler et al., 2006).

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The past 20+ years have witnessed a rise in genetic and neuroimaging research aimed at understanding the etiology of ADHD. For instance, ADHD is known to have complex genetic underpinnings for which there are different pathways and forms, unlike a simple genetic trait, such as eye color. The advent of neuroimaging technology has shed light on the architecture and workings of different brain regions implicated in the manifestations of ADHD. Multiple brain systems have been implicated in ADHD that individually and in concert add to our conceptualization of the symptoms of ADHD, as well as the variety of developmental trajectories and clinical presentations of the syndrome.

A meeting point for this and other research on ADHD has been the *executive functions.* Although difficult to define precisely, the executive functions have been described as higher-order cognitive skills that manage and choreograph a variety of brain functions in order to efficiently and adequately address the demands of our environment. Metaphors of "conductor" or "manager" often are invoked to illustrate the role of the executive functions on behavior.

ADHD is currently considered a developmental disorder of impaired executive functions. Using a definition established by Dr. Russell Barkley, the executive functions represent

> the use of self-directed actions so as to choose goals and to select, enact, and sustain actions across time toward those goals usually in the context of others often relying on social and cultural means for the maximization of one's longer-term welfare as the person defines that to be.
>
> (Barkley, 2012, p. 176)

Said differently, individuals with ADHD have problems organizing and following through on tasks and endeavors that will create a desired long-term outcome, but for which there is not sufficient short-term reward. After providing this definition to a newly diagnosed man with ADHD, he slapped his knee and exclaimed, "That's it! My boss always said that if he needed something from me in 10 minutes, he got it in 5 minutes; if he needed it from me in 10 days, it took me a month."

Executive functions have generally been viewed as a single factor, but according to Kessler et al. (2010), some semi-distinct factors relevant to day-to-day life are the following:

Time management
Organization/problem solving
Self-motivation
Impulse control (inhibition)
Emotional management

Although counted among the executive functions, motivation holds a distinct place in the contemporary view of ADHD. Dopamine is a neurotransmitter in the brain that provides you with the sense of reward and pleasure in different situations. Individuals with ADHD have less dopamine available in the brain's reward networks (Volkow et al., 2011). Thus, it is more difficult for someone with ADHD to generate the drive to engage in a task unless it is inherently enjoyable, or if there is some other strong incentive for doing so, such as the pressure of a deadline. There is also an aversion to the delay of rewards

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(i.e., delay of gratification). This delay makes it more difficult to generate the motivation to persist toward longer-range goals even though you logically know that they are important. Many tasks in daily adult life are important, but not necessarily exciting, such as running a household, keeping up with work, or managing finances. Even priority tasks that are personally fulfilling may involve short-term inconvenience, such as exercise or staying in touch with friends you don't see often.

This executive function/motivation model provides a useful framework for understanding and assessing ADHD as well as designing targets for treatment. More investigation is needed to understand the dynamic interactions of brain processes that underlie ADHD, but we now have a good understanding of what needs to be done to promote behavior change.

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Development of the Adult ADHD Tool Kit

When we started the University of Pennsylvania's Adult ADHD Treatment and Research Program in 1999 (March 8, to be exact), there was not much in the way of research-based treatments for adult ADHD. Medications offered a solid starting point seeing as there were many FDA approved medications, primarily within the stimulant class, that were effective for children and adolescents and for which there was research on their effectiveness for adults. However, it was not until 2003 that there was FDA approval of a medication specifically for ADHD in adults.

It was apparent that medications alone, while beneficial and essential for most adults with ADHD, did not provide sufficient treatment. That is, many patients continued to struggle with various quality-of-life or functional issues in their lives. Life problems and impairments related to executive function/motivation deficits persisted despite symptom improvements provided by medications (and in some cases patients stopped medications due to side effects). Hence, there was a need for adjunctive psychosocial treatments that represent psychotherapy approaches modified to address the common issues faced by adults with ADHD.

Cognitive behavioral therapy (CBT) has emerged as the psychosocial treatment of choice for adult ADHD based on research supporting its effectiveness, most often in combination with medications. CBT is a well-researched form of psychotherapy that was originally developed by University of Pennsylvania psychiatrist Dr. Aaron T. Beck (1976), and it has been applied to a variety of emotional and behavioral problems. In an all-too-brief nutshell, CBT emphasizes the interplay of thoughts and behaviors and their influence on emotional reactions. Interventions emphasize coping strategies designed to help individuals recognize and change distorted thoughts and to develop adaptive behavior patterns.

Negative thoughts have nothing to do with why someone has ADHD, but they often arise in the wake of the various life frustrations commonly experienced by adults with ADHD. Thus, adults with ADHD may have pessimistic and otherwise negative attitudes about projects at work, homework, managing finances, and virtually any responsibility of adult life that is associated with emotional frustration that, in turn, is the result of the various executive function/motivation problems characteristic of ADHD.

The effects of ADHD magnify and are magnified by the mounting stress associated with tasks that non-ADHD adults seem to complete easily. Consequently, there develops a braided cord of living with ADHD, coping frustrations, negative thoughts, emotional

distress or discomfort, and avoidant behavior patterns that lead most, if not all, of our patients to express the desperation that we introduced at the start of the chapter—"I know exactly what I need to do, but I just cannot do it."

Based on the observation of these patterns in our patients, we developed a model of CBT designed to address the needs of adults with ADHD. We have published open outcome studies and case studies based on our approach, as well as our treatment manual (Ramsay & Rostain, 2008). When asked to write a revised and updated second edition of the manual (Ramsay & Rostain, 2015), we recalled that the most common piece of feedback we received from readers of the first edition (both professional and lay readers) was the desire for even more specific "how-to-do-it" guidance for coping with ADHD. Hence, this tool kit is meant to be a patient handbook that is a companion to the second edition of the treatment manual.

We present the coping strategies in a logical sequence starting with planning and prioritizing tasks and moving on to other essential coping skills. The later chapters focus on the application of these strategies in various real world adult roles and settings, including some special topics toward the end of the book. Thus, in addition to the various internal coping strategies related to managing executive dysfunction, attitudes and self-esteem, behavioral strategies, and dealing with emotions and motivation, we discuss putting these strategies into action at school, at work, in relationships, and various other contexts; hence the subtitle of the tool kit is, *Coping Inside and Out.*

The coping strategies themselves are probably not earth-shattering to you. They are similar to those that have been developed and studied independently and concurrently by our professional colleagues at other adult ADHD programs around the world. We have the utmost regard and respect for these clinical programs and they (and their publications) are listed in the Appendices. However, as our colleagues would all agree, it is the implementation of these skills that is the key to making positive changes in your life.

The externalization of information is a helpful coping skill for managing ADHD. Seeing plans or skills written out instead of trying to hold them in your mind increases the likelihood of being able to execute them. Even though you know how to perform the strategies listed herein, it is important to have reminders. Consequently, each chapter includes a discussion of the common barriers to follow-through and targeted suggestions for ways to increase your implementation of these skills. The most convincing reinforcement of these skills and what will increase the likelihood of their becoming habits is your actual gut-level experience that "This works. I can do this, even when I do not feel like doing it." To this end, we use various take away reminders, metaphors, movie lines, and other ways to try to make the coping strategies "sticky," so that they stay with you and so that you will be more likely to use them when you need them.

In the spirit of using one of these reminders, our goal is for you to have the experience that Woody Allen's character described in the movie *Husbands and Wives* when facing a potentially compromising situation: "Right now I'm feeling $30,000 of psychoanalysis dialing 9-1-1." We want you to "remember to remember" to use these skills when it counts in your life.

Before you delve into the chapters, we want to set realistic expectations for the change process. That is, change is difficult. Even when you are logically aware that a behavior is not working, there is likely some benefit you gain from it, even if it is short-lasting and trivial. For example, delaying homework provides a temporary sense of relief (i.e., escape) from

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facing a potentially frustrating task. Although there may not be any new postings on your Facebook page, scanning through friends' profiles seems preferable in that moment to starting on yard work. There are countless other examples of difficulties taking small steps toward a longer-range goal you want to achieve, but that require initial, though fleeting and mild discomfort. However, this is the nature of ADHD—a problem following through on the initial step toward a long-range goal in the absence of a near-enough reward.

Thus, this handbook is yet another tool that holds the promise of being helpful. Moreover, we can say definitively that these coping strategies will work when used, based on over 20 clinical outcomes studies from different researchers that reported positive results obtained from CBT for adult ADHD. When we start working with patients in CBT, however, we start by setting specific and realistic goals for treatment. Trying to do too much too soon results in feeling overwhelmed and disappointed by lack of progress; on the other hand, doing too little and not committing to making some changes results in similar disappointment that "nothing has changed."

We encourage our patients to "start small." Find a starting point and target a specific behavior in a specific setting (e.g., "I will go through and organize my mail each day this week."). Also identify a positive behavior related to this target to increase (e.g., "I will take bills and other items requiring action and put them in a shoe box on my desk.") and an interfering behavior to decrease (e.g., "I will not sit down in front of the TV until I have checked the mail."). The process is similar to how Mr. Miyagi taught karate to Daniel Larusso in the movie *The Karate Kid.* Unbeknownst to Daniel, the seemingly gratuitous chores assigned to him to wax the car, sand the floor, and paint the fence and house were designed to train him in the essential martial arts skills, revealed in the classic "wax on, wax off" scene.

Behavior change often follows a "two steps forward, one step back" scenario and it is important to normalize that there will setbacks. These experiences provide opportunities to strengthen the use of the coping strategies and to develop trust in your resilience.

Our hope for this tool kit is that it is a go-to resource to help you better manage the effects of ADHD and be able to follow through on your endeavors. To that end, the pages herein are meant to be read, used, marked up, dog-eared, and be accessible when needed, akin to a tool kit, which we adopted as the title. In this spirit, let us propose the first take away points to help you get started using this tool kit.

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Take Away 1.1. Getting Started Using the Adult ADHD Tool Kit

1. Keep this book open.
2. Define a realistic step you can take to find a useful piece of information before setting aside the book, such as looking through the table of contents to find a topic relevant to you.
3. Make a commitment to scan a chapter that is either time based (e.g., "I will read through it for at least 2 minutes.") or task based (e.g., "I will at least read the section headings and take away points.").
4. Begin by turning to the table of contents to look for a topic. Once you have turned the page, you cannot say that you procrastinated.
5. Congratulations, you are now engaged!

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2 What Do You Have to Do?
The To-Do List

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In Chapter 1, we reviewed the current view of Attention-Deficit/Hyperactivity Disorder (ADHD) as a problem related to executive function/motivational deficits. That is, executive functions represent the self-regulation that allows you to identify and follow through on tasks across time in order to achieve personally relevant objectives. The issue for most people with ADHD is not an absence of goals or lack of desire, but rather the fact that ADHD interferes with the consistent follow-through on the step-by-step process over time to achieve those goals, especially when the payoff does not follow soon enough. For example, we all want to be in better physical shape, but it is difficult to follow through on the daily routine of eating better and exercising until we start to see the results we want.

The issue for adults with ADHD is that it is even harder for them to break down long-term or big goals into step-by-step plans and then consistently follow these plans. To this end, it is essential to have plans throughout your day that are concrete and specific. These intentions help to create the structure and flow of your day. This is particularly relevant for days (i.e., weekend) or times of day when you do not have the structure provided by work, school, or other regular commitments. You may have a life situation that requires you to set your own schedule to a large degree, such as being self-employed, a graduate student working on a dissertation, or a stay-at-home parent. Chapter 3 will focus on using a Daily Planner as a tool for organizing and arranging your schedule. For now, though, your task is to determine the specific tasks you will perform on a particular day that, when put together, will form the scaffolding for your day.

Apart from providing the structure for your day, task selection and prioritization reflect how you choose to "spend yourself," including your investment of time, effort, and energy. There will be an array of tasks to sort through that include relatively mundane chores associated with running a household (e.g., take out the recycling), necessary errands and tasks (e.g., food shopping, paying bills), recreation, and fostering relationships, and other central personal endeavors (e.g., exercise, work, school).

The purpose of this chapter is to discuss the role of the To-Do List as a tool that helps you to identify, sort through, and prioritize the various tasks and activities that are relevant in your life. There are many steps in using the To-Do List in order to make it manageable and usable. We will differentiate between the Comprehensive and Daily To-Do Lists and discuss ways to prioritize tasks to increase the likelihood of follow-through. The first step in the process is having a plan to plan, and making the time to do so.

Planning Time to Plan

Although we are introducing the notion of "planning time to plan" here, it will be a recurring issue for time management and other coping skills throughout this workbook. Planning is an investment that requires a small deposit of time and effort at the outset—often much less than you assume—for larger dividends later in the day, week, and month—often much greater than you assume.

An unavoidable reality of coping with adult ADHD is that it requires time and effort to do so. One of the mistaken thoughts held by most adults with ADHD is that "other people do not have to go through all these steps in order to manage their day." This view may trigger a long held sense of being different from others or serve as a rationalization for not spending the time and effort to work on a To-Do List—it is viewed as "unnatural" or "weird," and therefore you convince yourself to not do it. You then reassure yourself that "I'll just figure it out as I go—I have a lot to do and I'll just start doing things and it will all get done." Unfortunately, skipping the planning step usually leads to the sense at the end of the day that "I was busy and running around all day but I did not accomplish anything important."

In fact, most non-ADHD adults spend time planning their days and use some form of a To-Do List. Someone without ADHD might be able to get away without writing down or referring back to their tasks lists, and their follow-through appears to be effortless. These individuals probably have developed set routines such that it now requires less effort to maintain them. Truth be told, everybody expends at least some time and effort to orchestrate their day.

In terms of what to do, we recommend spending an "honest" 10 minutes—a full span of 600 seconds—devoted to working on the sorts of planning tasks we will outline below. The only materials needed for working on the To-Do Lists are an electronic word processing file or spreadsheet, notepad feature of a smart phone, or simply (and probably the best way) paper and pen. The simpler, the better is a useful credo.

The more definitive and specific the plan for planning, the better; that is, we advise that you choose a specific place where you will sit to work on your To-Do List and at a realistic time of day when you will have at least 10 minutes to devote to it. Sometimes adults with ADHD describe being distracted by other thoughts or having difficulty focusing at the outset, which is the precise reason we suggest a minimum of a 600 second time commitment—the "honest" 10 minutes to which we refer—at least until planning becomes a habit. This time frame provides you with sufficient time to get engaged in and complete the exercise, and to "remember to remember" what you need to do.

The steps thus far have focused on getting you into the position to construct your plan. It is most helpful if these steps can be made routine, going to the same place at the same time each day to spend your 10 minutes planning. Even when this routine is interrupted, such as being out of town on business, the principles can be adapted to the setting.

In order to prioritize and develop a list of tasks to perform on a particular day, it is necessary to have an understanding of the wide-ranging tasks, responsibilities, and obligations that provide you with a roll call of possible options. Hence, the next section discusses the role of the Comprehensive To-Do List.

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Take Away 2.1. Planning Time to Plan

1. Devote 10 minutes (600 seconds) to planning.
2. Find a place free from distractions.
3. Spend an honest 10 minutes (600 seconds) planning out your day.
4. Write down your plans in your Daily Planner.
5. Define To-Do tasks using specific, behavioral terms for what you will "do."

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Comprehensive To-Do List

The Comprehensive To-Do List is exactly what its name suggests: an all-encompassing list of your various tasks, responsibilities, and undertakings. It can also be viewed as a "dump list" of all that you have to do. A commonly reported source of distraction and stress for many adults with ADHD is the attempt to keep in mind various obligations throughout the day, with many additional items "popping into mind" at inopportune times, including the awful, too-late recall of things forgotten (e.g., "Oh no, my sister's birthday was yesterday and I forgot it!"), as well as those looming issues that randomly materialize but are not yet urgent (e.g., "Valentine's Day falls on a Saturday this year. I'd better not wait until the last minute to make dinner reservations.").

The Comprehensive To-Do List is an externalized and personalized record of everything you have to do rather than having to hold it in memory. The two-fold purpose for the list is, first, to have a process for thinking through and unloading these tasks and, second, to have an enduring record of them so that you do not have to continually remember and maintain the list in your head.

You will define how "comprehensive" you want your Comprehensive To-Do List to be relative to your circumstances. For the most part, your Comprehensive To-Do List will extend out the next 1 to 6 weeks, with tasks relevant for the next week being most important for your Daily To-Do List. However, there may be upcoming events that require action in the next week or so, such as vacation plans, business trips, passport renewal, or work or school projects that should not wait until the last minute. It is also useful to think through some endeavors that do not have a timeline, but can be defined as tasks to be performed, such as investigating preowned cars to replace yours that is starting to need more and more repairs, making a will, arranging for home repairs, or other tasks that are currently low urgency but will eventually become important.

A common reaction to the proposition of the Comprehensive To-Do List is, "It is too overwhelming for me to think about and face everything I have to do every day." We agree that it is overwhelming, which is the precise reason to get it out of your head, down on paper (or in an electronic file), and then put in safekeeping for future reference. You may have the experience of an important task popping into your head during the day and then it becomes a distraction from what you are trying to do in the moment, whether it is the fact you are out of milk or need to schedule a car inspection by the end of the month. The Comprehensive To-Do List provides a place to jot down and store these haphazard tasks and ideas.

The periodic review of the Comprehensive To-Do List helps you to remember and define priorities, and to incorporate new tasks and obligations that may have arisen since the previous review. You are not meant to construct a new Comprehensive To-Do List each day; rather it is an exercise to zero in on what are your important short-, mid-, and long-range tasks over the next 6 weeks or so. Then again, many people find it useful to sit down from time to time to review and update their lists or to spend time going through the exercise of periodically reconstructing a new Comprehensive To-Do List from scratch as a way to get a handle on what needs to be done in the coming several weeks (and, honestly, sometimes the lists are misplaced and need to be reconstructed, but this need not be an excuse to abandon the exercise).



Take Away 2.2. Comprehensive To-Do List

1. Get a notebook or open a computer file that will be devoted to your Comprehensive To-Do List.
2. Find a place free from distractions.
3. Write down all of your obligations, plans, errands, commitments, recreational ideas, etc. for the upcoming 1 to 6 weeks (or whatever time frame suits your needs)—this is your "dump list."
4. Store your notebook or computer file in a place where you can retrieve it and refer to it later.
5. The Comprehensive To-Do List provides you with reminders of tasks and obligations without relying on your memory. Refer to it periodically for helpful reminders of things that you can do, but this is *not* your Daily To-Do List.

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Another way to think about the Comprehensive To-Do List is that it is akin to an iTunes account that holds all your music and video downloads, and various apps. It is a library of all your media. From this account, you can download onto your iPod the items that are of most immediate importance to you. The Daily To-Do List represents your download of specific tasks for completion today, which is discussed in the next section.

Daily To-Do List

The Daily To-Do List, as its name implies, is a daily list that represents a personalized collection of task reminders that are relevant for you but that run the risk of being forgotten or put off. You probably do not need a reminder to go to work, but you will need to devote an entry on you Daily To-Do List to make a specific business-related phone call or to devote time to a report during your work day. To-Do tasks represent the jobs that require a targeted effort by you to perform in the course of your typical day, such as getting items from the grocery store, scheduling a doctor's appointment, exercising, or a specific household chore (e.g., unload dishwasher). The Daily To-Do List can also be used to identify specific duties to carry out in other roles, e.g., classroom parent, little league coach, etc.

Whereas the Comprehensive To-Do List is meant to be a record of all your pending responsibilities, the Daily To-Do List is meant to be an easy-to-access, disposable list of tasks for today. That's why we suggest that the Daily To-Do List be written on a small index card or other piece of paper (e.g., back of an envelope) that can be kept in your pocket or otherwise within easy reach (e.g., posted on a computer monitor or other visible location). The index card's small size hopefully keeps the task list within reason, with our recommendation being to start with only two or three tasks (and definitely no more than five) in order to avoid feeling overwhelmed. Smartphones and other electronic devices offer easy-to-use and convenient notepad features that can be used for this purpose. An old-school paper version still represents a quicker and easier way to access and refresh the information in your mind. The very act of writing out the list by hand improves the encoding of the tasks and to prime you for behavioral follow-through. In any case, it is important that you decide on a format that will be easiest for you to use and maintain.

Another principle for constructing the Daily To-Do List is to define tasks in specific, behavioral terms in order to increase the likelihood of follow-through. For example, you may have an item on your list that says "clean up kitchen." Although this is a personally relevant task, worded as such it ends up being too overwhelming because it involves numerous smaller jobs (e.g., unload dishwasher, reload dishwasher, wipe down countertops, clean inside of microwave, organize cupboards, etc.). You run the risk of getting stuck on deciding where to start, feel mounting stress, and end up avoiding the task, usually with a comforting but ultimately self-defeating rationalization, such as "I'll check my e-mail and then I'll be 'in the mood' to tackle the kitchen."

An essential coping skill that will come up again in later chapters is that of "breaking large tasks into their component parts." This skill is not a shocking revelation for anyone with ADHD, but the Daily To-Do List provides an opportunity to implement this skill in specific ways. As was illustrated above, "clean up kitchen" can be more specifically and behaviorally defined as "unload dishwasher and put away clean dishes

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where they belong," or whatever initial task seems manageable to you in that moment (e.g., "I will unload the bowls."). If you complete that task and decide to do no more, that is fine. You may enter another kitchen-related task on your Daily To-Do List for the next day. On the other hand, most adults with ADHD (and everyone else, for that matter) have had the experience that "Once I get started, I usually keep going." Consequently, the initial specific and behaviorally defined task is designed to get you activated and engaged by making the first step manageable, akin to wading into the shallow end of the swimming pool. This initial step helps you begin, and you will likely end up doing more than you anticipated because the task ends up not being as bad as you anticipated it would be. The principle sounds simple, but it is the implementation of it that makes it effective.

Similar to reserving time to plan, another step you can take to increase follow-through is to define specific times when you will perform tasks on your Daily To-Do List. In effect, you make an appointment with yourself for tasks—including a start time and an end time. You are probably trying to complete tasks on your To-Do List in the midst of managing other commitments and responsibilities during your day, such as meetings at work, attending classes, or driving children to and from various activities. Consequently, you will have to "find time" during the flow of your day to, say, wash a load of laundry or call to schedule an appointment. However, what seemed at the start of the day to be a task easy enough to fit in "somewhere" ends up going undone in the midst of a hectic day.

Devoting discrete increments of time to tasks is another way to keep them manageable (e.g., "I will put a load of laundry in the washer at 7 p.m. I will put it in the dryer at 7:30 p.m. That will leave me plenty of time to relax."). Again, making the task specific and behavioral helps, such as the reminder "I only have to carry one laundry basket down to the basement, put the clothes in the machine and turn it on. It will take me less than 2 minutes to get it started," which sounds less onerous than "doing laundry."

Because there is only so much discretionary time in the course of your day, it is important to prioritize the items you put on your Daily To-Do List. You already dedicate time to work (including working as a stay-at-home parent), school, parenting responsibilities, and other roles (e.g., youth soccer coach, church council, volunteer work) that populate your daily schedule. The Daily To-Do List helps you to reserve time for priority tasks in the precious open slots in your day. Then again, even relatively light, unstructured days benefit from the use of a Daily To-Do List to ensure that desired tasks—including recreational tasks—are completed (see Table 2.1).

Table 2.1. Example of a Daily To-Do List

9 – 9:05 a.m.–Return customer phone call–Inform him that the quote I gave him is the lowest I can offer.
1 – 1:30 p.m.–Make calls to prospective new customers. Start at top of spreadsheet compiled on Friday. Dial the number and use the script you made up to get started.
4:50 – 5 p.m.–Call HR department. Ask about status of tuition reimbursement request.
6 – 6:30 p.m.–Stop by grocery store on way home from train station–remember milk.
7:45 – 9 p.m.–Drive to gym. Start with 30 minutes on elliptical machine.

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There is great flexibility in how you select, rank, and prioritize tasks. A three-level hierarchy can be used to identify high-, medium-, or low-priority tasks, with some people using color-coding to identify different levels of priority (e.g., green, yellow, red). The four quadrant approach in which tasks are assessed in terms of their ratings (high vs. low) on the domains of urgency and importance provides an externalized format for assessing the relative priority of tasks (Covey, Merrill, & Merrill, 1994). The goal of the quadrant model is to expend most effort on those tasks high in importance but low in urgency (i.e., Quadrant II), which is a rubric used in Mary Solanto's (2011) group cognitive behavioral therapy approach for adult ADHD. Planning your Daily To-Do List gives you time gauge the relative priority of different tasks in order to tease apart the most important ones.

Many adults with ADHD say that they make lists and identify priority tasks but do not reliably carry them out. At the same time, it is challenging to balance these tasks with other competing obligations in your life. Again, these problems are variations on the theme "I know what I need to do, but I just don't do it" or "I've tried lists before, but they do not work for me." These complaints are consistent with the view of ADHD as a performance deficit.

The Daily To-Do Lists are not ends in-and-of themselves but rather portable reminders of hand-picked tasks that are a subset of everything you have to juggle in the course of a day. Making the tasks behavioral and manageable, then, represents an implementation-focused approach. The next section provides more detailed tactics to aid in the implementation of specific tasks that have made the cut for your Daily To-Do List.

"Enter the Room with a Plan"

Writing out your Daily To-Do List and reviewing it throughout the day is designed to help you keep track of these priorities. Each review and reminder is an exposure to something you would typically avoid and primes you for action instead of letting these important tasks fall prey to poor memory or "finding yourself" engaged in distractions.

The reminder to "enter the room with a plan" is a useful credo to keep your priorities foremost in your mind at the point of performance. One of the challenges of ADHD is inhibiting the impulse to do something else that is more interesting but less important than what you set out to do.

Entering the room with a plan entails reminding yourself of your reason for entering a room, store, or opening a computer file, or any other action that is part of your immediate task plan. Getting something you need for a project or switching between tasks are vulnerable times during which you are prone to distraction, such as catching a glance of something else that needs to be done. Entering the room with a plan gives you a target to get past a risky situation, such as being tempted to click on the Internet icon when opening a computer file you need for a work project (e.g., "I am going to work on the report until 1 p.m. and then I can 'play.'"). This coping reminder can also help you return to a task when you find yourself digressing aimlessly at home or at the office at times that you want to be productive ("I came downstairs to get paper for the printer. I will get it and go back upstairs to finish my work.").

In this vein, it is crucial to anticipate common triggers for distraction and escape from tasks, and to develop preemptive plans for dealing with them. For example, let's say

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Take Away 2.3. Daily To-Do List

1. Find an index card, back of an envelope, or other disposable piece of paper.
2. Devote 10 minutes (600 seconds) to defining your To-Do List for the day.
3. Your Daily To-Do List is made up of tasks you want to do that are not part of your typical schedule but that require a special investment of time and effort to complete.
4. Limit your list to no more than two to five items. When in doubt, err on the side of fewer items rather than more—you can add more after you complete these, if you like.
5. Define tasks in specific, behavioral terms or actions that you can "do."
6. Set a realistic time frame to spend on each task.
7. Use your Daily Planner to find times in your day when you will make an "appointment" with yourself to perform each task.
8. Do each task at the scheduled time—get it off the list.

Take Away 2.4. "Enter the Room with a Plan"

1. Specify your reason for entering a room (or office, or sitting at a desk, etc.). What is your intention, and why is this intention of value to you?
2. Define the behavioral steps or the actions you will take in the room in order to start the task and act consistently with your intentions.
3. How might you get "off task"? What could interrupt your intentions? Predict a likely barrier or distraction you will encounter while working on the task.
4. How will you handle the interruption? Devise your strategy for dealing with this barrier/distraction using an "*IF-THEN*" plan. ("*IF* I encounter X, *THEN* I will handle it by doing Y.")
5. Proceed and "enter the room with a plan" to perform your intended action by following your step-by-step plan.

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you set out to work at your desk but anticipate that coworkers will stop by to invite you to get coffee or that you get an e-mail that offers an excuse to stop working. There is research to suggest that coming up with an "if-then" plan for managing these possible interruptions will increase the likelihood you will stay on task (Gawrilow, 2011), that is, "If someone invites me to get coffee, then I will thank him but say that I must keep working on this project" or "If I see an interesting e-mail, then I will remind myself that I can read it after I finish my time on the task." Making these implementation plans explicit increases the likelihood of effective follow-through.

Returning to the definition of ADHD as characterized by difficulties organizing behavior across time, it stands to reason that you need a tool that helps you to bring together and orchestrate various tasks and obligations over the course of a day, week, and month. The Daily Planner is a tool and a process to manage the tasks identified on To-Do Lists and to fit them in within the context of other demands of your daily life. Although it is a distinct coping skill that will be discussed in the next chapter, the Daily Planner represents the final step in the "To-Do List" domain of coping strategies for adult ADHD.

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3 How Do You Spend Yourself?
The Daily Planner

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As we will repeat throughout this handbook, Attention-Deficit/Hyperactivity Disorder (ADHD) is not a knowledge deficit but rather a performance deficit insofar as it is difficult for adults with ADHD to convert intentions into actions. The previous chapter focused on the issue of identifying, organizing, and prioritizing various plans into manageable tasks and keeping track of them using a portable Daily To-Do List. The current chapter focuses on the Daily Planner as a tool for defining times in one's day, week, or month that are designated for action on your objectives, as well as to arrange all of your obligations and commitments.

When you think about it, the Daily Planner is a simple tool. Fundamentally, any planner is composed of a series of empty columns and rows, with the columns representing a single day and the rows representing increments of time within that day. This straightforward format lets you survey all that must be done and provides you with a sense of the "flow" of your day. These rows and columns serve as containers for time and allow you to strategize how you want to spend these increments of time.

It is recommended that the Daily Planner become your companion throughout the day. As with many other coping strategies focused on externalizing information, the Daily Planner is similar to a flash drive or the cloud for your brain, a device that offers more memory capacity than is provided by your neural circuitry. The process involved in developing the Daily To-Do List and entering it into the Daily Planner represents cognitive rehearsal of the coming day and helps with its encoding, although the main benefit of having a record of your daily schedule is that you can refer to it throughout the day and do not have to remember what needs to be done.

There are several aspects of using the Daily Planner that will help you make an informed choice about a system that will be most helpful to you. Likewise, there are several suggestions for getting the most out of your Daily Planner that will be discussed below. The first step in using a Daily Planner, however, is choosing a Daily Planner.

Choosing a Daily Planner

It would seem as though the choice of a Daily Planner system is as easy as going to the nearest office supply store or simply tapping the calendar feature on your smartphone. As with most aspects of coping with ADHD, however, it is important to take a pause and make an informed decision about the type of system that will work best for you and that you will use over the long haul.

The first choice about a Daily Planner boils down to "paper or digital." Do you prefer a traditional daily calendar, such as a spiral-bound appointment book, or using the calendar feature on an electronic device that can be synchronized with your computer? Both options are feasible, but the deciding factors should be the format that will be most portable and convenient to use, and will serve its fundamental purpose: to provide a means to record and track your daily plan.

At first blush, it would seem that the digital version wins this argument, hands down. That is, smartphones, computer tablets, and/or other electronic devices already have an established place alongside wallets, keys, purses, and so on as the essential "tools of daily life." These gadgets are convenient, portable, and have alarms that provide important reminders.

Our observation over our years of working with many adults with ADHD, however, is that despite all these benefits, digital calendars are underutilized as a coping tool for ADHD. People generally do not reference their smartphone or computer tablet calendar enough during the day, and we hear the lament, "I had it in my phone, but did not check it." Alarm systems can be used as reminders for tasks, but these are imperfect. An alarm that goes off 30 minutes before a scheduled meeting is not helpful if you are in a shopping mall 60 minutes away from where you will need to be. Moreover, multiple alarms on a smartphone have become akin to car alarms—we hear them go off but are desensitized to them and ignore them. That said, some people are "wired in and synched up" throughout the day, and they make good use of electronic calendars, though this still seems to be only a small minority of adults with ADHD we see.

Traditional paper Daily Planners offer an easy-to-use format that is simpler to access than a digital calendar. In addition to being able to quickly grab and open a planner, it can be referred to during the day to see "what is next" or can lay flat on a desk where you can glance at it. You are able to see your day, week, or month in a single view rather than having to scroll through several small screens. We mentioned earlier that writing entries in your planner helps encode this information. Likewise, glancing at a record of upcoming tasks helps "prime" you for action. The Daily Planner also provides a diary of sorts inasmuch as you have a collection of past schedules that can be referred to when necessary (e.g., "When was the last time I had the car in for an oil change?").

The drawback of the paper Daily Planner is that it can be forgotten, misplaced, or lost, which is also a risk for electronic devices. Size and portability are important considerations, and the planner should provide adequate space in which to log your commitments. Some people make due with a monthly calendar with a single square for each day, while others need a day-by-day schedule with 15-minute increments throughout each day.

We recommend using a paper Daily Planner, though it is ultimately your choice in terms of what fits your lifestyle. It is not a forever decision and you may start with one format and later switch to the other. Once deciding on the planner, it is the implementation of the Daily Planner that determines its usefulness. In the next few sections, we discuss some general principles for the use of the planner before spending Chapter 4 outlining the implementation of the Daily Planner as a tool.

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Take Away 3.1. Choosing a Daily Planner and General Guidelines

1. Decide on paper vs. electronic planning system—if in doubt, start with paper planner.
2. Find a planner size and format that fits the scheduling demands of your life.
3. Plan to "overuse" your Daily Planner. It is a place for scheduled appointments, work and school commitments, as well as personal, recreational, and self-care tasks.
4. Err on the side of "underscheduling," leaving enough buffer time between tasks and meetings.
5. Keep your "task appointments" as specific and behavioral as possible.
6. Define start times and end times for tasks and activities, whenever possible—"lower the bar."
7. Your Daily Planner is a "tool of daily life," along with your keys, wallet, purse, cell phone, etc.

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(Over)use It or Lose It

We discussed the choice of what type of Daily Planner you will use. Whatever system you decide on, it is important to remember that something is better than nothing. The ultimate benefit of the Daily Planner depends on how you use it in your daily life. As with buying a gym membership, you must use it to attain the desired results.

Even among ADHD adults who consistently use a Daily Planner, it is still often underutilized. The Daily Planner is not only for use for professional appointments or dates for exams in school, but also to be used to help you to manage your personal, social, recreational, and other discretionary time and activities throughout each day.

The planner provides scaffolding with which to plan and organize your day. Rather than "winging it," it is essential to schedule times for tasks, including reserving time for basic needs, such as meals, sleep, and other self-care tasks. In fact, including these sorts of activities in your schedule helps you appreciate how much time and effort these tasks require.

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Self-Care Activities

As we alluded to above, it is important to consider self-care, including your health and well-being, as prioritized tasks, such as exercise, reading, hobbies, and simple downtime. You may think that these are the "easy" tasks that already take up too much of your time and that you need to focus on more productive tasks. Yes, you are more likely to procrastinate on important obligations that are not immediately reinforcing. However, ADHD interferes with planning and following through on personal interests, too. We do not want you to give up enjoyable activities but rather to be more mindful about how they fit into your day and to be proactive in reserving time for them as rewards for time spent on other tasks.

An aspect of the choreography of your schedule is managing your energy and effort. It is vital to schedule breaks throughout the day, including time for meals or exercise, etc. A side effect of the distraction and poor self-monitoring features of ADHD is that you may not notice signals that you are hungry, tired, or other cues about your current physical state that affect functioning. Reserving time for self-care provides stop gaps to make sure you attend to your well-being.

One of the barriers to prioritizing self-care is the thought, "I cannot think about exercise when I have so much to do" (or the more punitive thought, "I mismanaged my time earlier in the day and therefore I cannot justify allowing myself to still exercise."). We view "self-care" (including recreational) tasks as crucial to promoting follow-through on other "work" and "school" tasks or any other important obligations. Rather than "wasting time," self-care is essential to promoting overall well-being and efficiency. There will be times, of course, when a situation dictates that you sacrifice a self-care task for another priority (e.g., "I will have to skip my downtime on the Internet tonight in order to prepare for my presentation tomorrow."). For the most part, however, it is beneficial to maintain self-care behaviors and to not deny yourself the advantages that sleep, exercise, and healthy diet provide.

Err on the Side of Underscheduling

At the same time we promote overutilizing your Daily Planner, we encourage you to err on the side of underscheduling. In the spirit of "starting small," when in doubt, schedule fewer rather than more tasks and give yourself more buffer time between tasks and

appointments than may seem necessary, at least as you become accustomed to your Daily Planner. Executive function deficits make it more difficult for you to gauge and monitor how much time it takes to perform tasks, how much transition time is needed between tasks, and what constitutes your realistic pace throughout the day. Thus, it is better to start small and gradually build up your schedule.

We propose a "less-is-more" mindset, at least at the outset of using the Daily Planner. Similar to the notion of setting limits on the number of items on the Daily To-Do List to avoid becoming overwhelmed, allow yourself time to become familiar with the planner and the pace and choreography of your day. It will take some time and effort for you to develop the habit of consistently using the planner and finding the right choreography of tasks, and your pace for completing them. Remember, you are not only managing time and tasks, but your effort and energy as well.

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Define Start and End Times for Tasks

Many tasks and meetings have discrete (or at least reasonably predictable) start and end times, such as college classes, meetings at work, church services, television programs, a time-based exercise routine (e.g., yoga class, 30 minutes on treadmill), and so on. These sorts of activities are easier to schedule and maneuver around other commitments in your Daily Planner because they are time bound.

Many projects do not have such defined time commitments. You may plan to do some housework or work on a paper for a class, but no one else will know if you do not end up following through on these tasks. It is easy to rationalize that "I can work on this later." In fact, if you do work on it later, then it is not a problem. However, most adults with ADHD describe putting off tasks until they are facing either a time deadline, such as the due date for a project, or an untenable situation, such as not having any clean clothes, or a room reaching an upsetting level of disorganization and clutter.

Tasks without definitive endpoints are more challenging to plan. You probably have seen electronic signs on highways around large cities that alert drivers to the estimated travel time to various exits and interchanges. Even if there will be a delay, it has been found that drivers can adjust their attitudes and expectations and thereby lower their frustration levels when given a specific time estimate to their destination rather than it being unclear (Vanderbilt, 2008). It is the same with tasks entered in the Daily Planner—it is helpful to know when they start as well as when they will end as a means to adjust expectations in order to promote follow-through.

Many adults with ADHD declare that they "work best at the last minute," but the people who seek out help for ADHD have usually encountered significant problems stemming from this pattern of "brinksmanship." Even if you are able to pull an "all-nighter" or spend marathon sessions catching up on work or chores (which is romanticized as "hyperfocus"), these strategies come at a cost to you and your physical and emotional well-being. Establishing end times for tasks helps guard against the risk of falling into this crisis pattern.

Using the format of the Daily Planner, a coping strategy you can use for open-ended tasks is to schedule realistic start and end times. Projects such as working on a research paper for college, a presentation for work, or cleaning up and organizing a room at home can be daunting, and several hours can be spent on any one of these important tasks

without reaching completion. Although these are exactly the sorts of tasks for which you want to reserve time in your Daily Planner, there will likely never be an adequate chunk of time to complete them in one sitting. In fact, even if you do have an open schedule without any commitments, it is not likely that you or anyone will schedule and follow-through on an 8-hour block of time devoted to "clean and organize my bedroom" or "write the assigned 20-page paper." You do not devote that much time to activities you enjoy, much less a chore or an assignment.

The notion of scheduling start and end times for projects, first and foremost, is meant to set realistic and achievable expectations for task performance, particularly those that are not naturally enjoyable or "motivating." Using the example from above, you may not be able to commit to 8 hours of cleaning up a room, but you will be able to handle 30 minutes. You are still working on a chore, but you are narrowing your focus and expectations by defining an increment of time for a task that is manageable and helps you to get engaged in a productive activity. This coping strategy is another specific step involved in "breaking down tasks" to make them more doable. Rather than attempting to raise your motivation for the task, you can "lower the bar" and set a more reasonable expectation.

A second benefit of having start and end times is that it makes it easier to schedule tasks, which, in turn, promotes follow-through. These tasks are probably the sort that you will want to include on your Daily To-Do List. This approach is particularly helpful when working on a large undertaking that cannot be completed all at once. You define a specific part of the project to work on during a specified block of time, which allows you to make headway without becoming overwhelmed (and then procrastinating).

Lastly, the use of start and end times for tasks is a useful way to handle days in which you have a great deal of discretionary time, such as a vacation day or a weekend. This is not to say that you must be "productive" all day and scheduled in each available block of time. However, this approach helps to define some reasonable tasks (including recreation and downtime) that provide anchors during the day and to guard against the experience of reaching the end of a "free day" and feeling that it was wasted.

You may be thinking that "I have used lists and calendars before but still did not follow them." You are correct that the Daily Planner is a tool, and it must be used in order to achieve benefits. Even constructing a well-planned schedule still only represents a blueprint for the day and does not guarantee performance—planning is not doing. The next chapter will focus in more detail on the use of the Daily Planner to promote time and task management and the implementation of your plans.

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4 Define, Prioritize, and Choreograph What You Do

Time and Task Management

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Once you have a sense of your Comprehensive To-Do List, your prioritized Daily To-Do List, and a Daily Planner system, you have the basic tools with which to manage your time, tasks, effort, and energy. Akin to learning to play chess, while understanding the rules of the game and the defined moves for each of the pieces is essential, there is the distinct skill of playing the game and contending with an opponent. In a similar fashion, you may have developed many ornate lists and well-designed plans in the past but did not keep to them. Thus, it is in how you play the time management game that determines how well you manage your Attention-Deficit/Hyperactivity Disorder (ADHD). This chapter will focus on the time management "moves" and tactics that will help you to put together the different skills and tools we have discussed thus far in order to follow through on plans.

Review the Daily Planner—Early and Often

One of the principles we mentioned early in this handbook is the need to transform coping strategies into routine habits in your daily life. One of the foundational habits is the regular use and review of the Daily Planner, which is ideally done in tandem with making the Daily To-Do List.

We recommend that you establish specific times dedicated to sitting down, setting up, and tracking your plan for the day. Most people find that spending a 10-minute block of time either at the beginning or end of their day (or both) helps establish the habit of thinking through the plan and recording it in the Daily Planner. A stay-at-home parent may plan out a day the night before; an office worker often can start a work day by sitting down at his desk and setting out the day's agenda; and workers whose jobs are more fluid, such as salespeople or contractors, often have to revise their plans throughout the day in order to accommodate opportunities that pop up. Time spent planning is also a good way to decide how to make use of unstructured or discretionary time. For example, it is beneficial to think through how you want to use your weekend or a 2-hour break between classes, either for recreation or to run errands that are tough to fit in during a typical day.

We recommend at least 10 minutes—an honest 600 seconds—for these daily planning sessions. We say an "honest" 10 minutes/600 seconds to point out that planning requires at least several minutes to accomplish adequately instead of the more common use of "10 minutes" to suggest an imprecise, but brief, time (e.g., "Give me 10 minutes to

take care of things and then I'll stop by your office"). Such a time frame is short enough that it is feasible, yet it provides you enough time for this crucial step in your day. You will soon find that this 10-minute investment reaps dividends by saving time and effort throughout the day that would otherwise be lost to scrambling to address problems that could have been avoided.

The Daily Planner is designed to be referenced throughout the day, allowing you to repeatedly revisit your plan and to keep you on track. You should be glancing at it throughout the day to see what you have completed, make adjustments to your plans (if needed) and remind yourself of what is coming up later that day, in the evening, or later that week. This habit allows you to keep tabs on your time and tasks in manageable increments and to identify some useful anchor points throughout the day that can help you to pace yourself as you move from task to task (e.g., "I will finish working on this project and then I have a lunch break.").

As your Daily Planner assumes its place among your "tools of daily life" (i.e., keys, cell phone, wallet, purse, etc.), you will use it to schedule upcoming commitments, such as social events, exams, meetings, appointments, etc. as they arise. In addition to organizing your day, the time spent thinking about and planning your activities is a "priming" activity that increases the likelihood of behavioral follow-through.

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Write Down All of Your Existing Obligations

The best way to get started using your Daily Planner is to populate that day's schedule with all of your existing obligations for that day, even if they seem obvious and routine. Your Daily Planner is akin to a financial budget with a daily account of 24 hours to be "spent." Your existing obligations represent standard expenses, such as utilities, taxes, etc. that are deducted from your budget. Thus, time in classes, meetings at work, pick-up times from preschool, yoga class, etc. all are entered into your Planner to represent deductions from your 24 hours.

Thinking through the flow of your day and your different roles is another way to recognize all that you already get done, which adults with ADHD often underestimate. Commitments such as a meeting with a teacher at school, an errand to run for your church or synagogue, picking up a package at the post office, attending a review session at school, or a scheduled meeting at work all belong in the planner. Make sure to include planned exercise, "appointment television," or a planned get-together with a friend. Remember to account for travel times and to reserve time for basic self-care, namely the morning wake-up routine, meals, various household chores, and sleep. The Daily Planner is a coping tool that externalizes time and allows you to see how all of your tasks and obligations fit together rather than relying on your "sense" of time, which is often faulty.

Some day's schedules will include obligations specific to a particular day of the week, such as attending religious services, a weekly exercise class, or a standing volunteer commitment. Of course, the Daily Planner is a useful tool for keeping track of less frequent, stand-alone obligations, such as semiannual dental or medical visits, meeting with an accountant during tax season, parent-teacher conferences, or other professional appointments.



Take Away 4.1. Reviewing Your Daily Planner

1. Review your Daily Planner at the start of your day (or night before).
2. Glance at, review, and "refresh" your Daily Planner throughout the day to give yourself reminders of upcoming tasks and plans.
3. If your situation involves frequent changes to your plans, have some set times that you can make the adjustments to your Daily Planner.
4. Record any new, future commitments in your Daily Planner as they arise.
5. Use your Daily Planner to keep track of what you have completed in addition to checking off tasks from your Daily To-Do List.
6. Repeat.

Take Away 4.2 Using Your Daily Planner

1. Get your Daily Planner and take it to a reduced distraction setting.
2. Devote at least 10 minutes (600 seconds) to planning your day.
3. Review any obligations you have already recorded in your Planner.
4. Record any known commitments or obligations for that day, including meetings at work, classes, picking up and dropping off from school, etc.
5. Reserve times for self-care tasks, such as sleep, meals, exercise.
6. Leave adequate buffer time between tasks for breaks, commuting, etc.
7. Make appointments for tasks from your Daily To-Do List.
8. Make sure that tasks in #7 are defined in reasonable, behavioral terms.
9. Schedule "downtime" and other recreational or social activities.
10. Make sure the order of tasks throughout your day makes sense and is realistic.
11. Trust the plan—focus on engaging in your first task and take it one step at a time.
12. Refer to your Daily Planner frequently throughout the day.

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Define Tasks for Your Daily To-Do List

After establishing the main obligations and tasks in your day, it is important to coordinate your schedule with your Daily To-Do List, the portable record of specific priority tasks for that day. Items on your Daily To-Do List can be scheduled in your Daily Planner, such as running a special errand or devoting time to an important project for work or school. For example, you may have a standing 2 p.m. class each Monday that is listed in your Daily Planner as an obligation, but you need not put that on your Daily To-Do List. If you are scheduled to make a presentation in the next meeting of that class, however, you can reserve the break before that class in your Planner for your final preparations, which is a task entered on the Daily To-Do List.

The Daily Planner is akin to the Google Maps feature in which you can start with a wide view of the general area and the route you will take. Similar to the map feature, you can telescope in on progressively more detailed views of individual weeks, days, and portions of a single day. The Daily To-Do List becomes the street level view in which, after defining the time of day it will be performed, you arrive at that task for performance using step-by-step directions. Of course, as with good directions, it is important to have useful and accurate steps for these tasks, which we discuss next.

Breaking Down a Task into Its Steps

There are a series of philosophical problems known as Zeno's paradoxes. One of them says that as you attempt to leave a room, you must first reach the midpoint between you and the exit. As you continue toward the doorway, you will again reach the new midpoint, with each successive attempt to exit the room requiring you to reach the next midpoint. The paradox is that you should be unable to leave a room because you can infinitely halve the distance to the exit without ever getting out of the room.

You may often feel like you are the person trying to leave the room when facing tasks on your Daily To-Do List inasmuch as it seems as though you can never get them started. We use the Zeno's paradox example to illustrate that most tasks you will encounter can be broken down into ever-smaller component steps. More importantly, taking the right first step on a task gives you the sense that "I can do this," a seemingly small matter that holds big rewards.

When setting out your priority tasks, you will encounter some undertakings that activate a sense of dread, an overwhelmed feeling, or thoughts that you cannot deal with them. Rather than automatically avoiding them ("I can't handle this now!"), the first step is to consider what you want to accomplish and if your task, at least as you currently think of it, is too big or vague. The overall objective is still important, such as "organize my room" or "work on paper for school," but framed in such broad terms it is hard to picture a way to get started.

As with the example of leaving a room, you can divide the large project into its component steps. Thus, "organize my room" is broken down into the separate tasks of removing clutter that does not belong in the room, deciding what items will stay in the room, and identifying where each of these items will be stored. Even the first step of removing clutter might be too stressful. If that is the case, this step can be shrunk down to focus on a

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specific item, such as "I will start by picking up any dishes in my room and take them to the kitchen."

Similarly, a work or school project is comprised of different steps. There may be data that need to be compiled or analyzed before delving into the monthly report write-up. Time spent organizing one's thoughts or outlining a paper is a helpful way for a student to begin a project without having to jump right into writing. Even once you have started your write-up, you may procrastinate on getting back to the unfinished paper. The goal of "continue to write the report" seems daunting, so, an initial, smaller step toward this end can be framed as "I will read the last paragraph I wrote and I will then write the first sentence of the next paragraph."

The principles to remember here are to define the task in simple and behavioral terms in order to turn the task objective into an action you can perform. You will be able to find a way to reduce most tasks into the smallest, behavioral first step that you feel capable to perform in order to overcome procrastination. A straightforward way to first "touch" many work and school projects is to make sure you have accurate information about the parameters of the task, due date, etc. (e.g., "I will check the syllabus to make sure I am clear about the assignment."). Simply opening the computer file for a work project or picking up the textbook to be read for a class represent simple action steps that greatly increase the likelihood of taking a next step on the task (see Table 4.1).

Time spent visualizing and planning the task itself represents a small first step of engagement and is an exposure exercise that fosters your ability to face something that you typically avoid and escape. A spreadsheet, a sheet of paper, or index cards can be used to tease apart the different steps of a large project steps, including your start point, the desired end point, and all the steps in between. This exercise is particularly beneficial when a task is large and has a future deadline. This sort of project requires "doing a little bit" each day rather than being stuck doing everything at the last minute in a panic. Even if you plan to devote an hour or two on a single day to a task, such as chores, errands, or yard work, it is useful to have a plan for breaking down and ordering your steps (including a reward). Breaking a task down into a manageable step is an essential strategy to help you to get started and to stay on track.

Table 4.1. Example of Breaking Down a Task

Task: Monthly Report due in two weeks	1. Save last month's report as a template for this month. 2. Enter basic demongraphic information relevant to this month into template. 3. Send e-mail reminders to department heads for their monthly data. 4. Spend 30 minutes on Friday confirming my data are entered. 5. Spend 60 minutes on Saturday at 10 a.m. analyzing my data. 6. Enter numbers into template on Monday at 9 a.m. 7. Spend 45 minutes on Tuesday modifying summaries in template to match new data. 8. Spend 45 minutes on Thursday entering data and summaries from other departments. 9. Spend 45 minutes on Saturday at 10 a.m. editing and proofreading. 10. Submit report by e-mail on Monday at 9 a.m.

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Take Away 4.3. Define Tasks in Behavioral Terms

1. Look at the tasks on your Daily To-Do List.
2. See if any tasks are worded in ways that seem overwhelming or are too broad (e.g., "write paper" or "clean house").
3. Reword the task in terms of a smaller, more specific step that seems reasonable and doable (e.g., "reread last paragraph of paper" or "unload dishwasher").
4. Keep doing #3 until you have defined a task as an action that you are confident that you will carry out.
5. Use this redefined task on your Daily To-Do List. It will get you started.

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Commuting and Other Buffer Times

When ordering coffee, the barista may ask, "Do you want room for cream?" If your cup is filled to the rim, you will not have enough room to prepare your drink to your liking and will likely end up spilling it. Likewise, it is easier to begin with a modest schedule and then add tasks than it is to have an overly ambitious plan and running the risk of becoming overwhelmed by having too much to do—and ultimately not doing any of it. Hence, it is important to leave adequate time between tasks when making your daily schedule.

Commuting time offers a good example of the buffer time principle. Our ADHD program is located in the wonderful city of Philadelphia. One of the few things not so wonderful about Philadelphia is the traffic and parking situation. When helping people review their daily plans that involve navigating the roadways of the Greater Philadelphia area, we see that people fall into the "60 mile-per-hour" planning error. That is, when scheduling an appointment that involves, say, a 15-mile drive to the office, the assumption is, "It will take me about 15 minutes to get to the appointment," based on the 1-mile-per-minute calculation when traveling at highway speed. However, this calculation involves the assumption that the person will leave home on time, will get into a car already moving at highway speed, will maintain that rate the entire trip (unimpeded by traffic, stoplights, or weather), and will find open parking at the front door of the office building before stepping directly into a waiting elevator in the lobby. Not only is there no room for error, but this plan goes against any reasonable expectation of driving conditions in and around Philly (or most anywhere else). This mindset is an example of how "positive thinking" is not necessarily adaptive. In fact, this situation usually stems less from a positive bias than it does from disregarding all the factors that necessitate factoring in buffer time.

A useful piece of advice for calculating buffer times was provided to us when discussing this topic with one of our patients who owned a boat. He said that a guideline used by boat owners to help them set realistic expectations for how long maintenance and repairs to their crafts will take is, "However long you think the job will take, double the number and add an increment of time." Thus, if you think a boat repair will take 2 hours, plan for it to take 4 days; if you think it will take 4 days, expect it will take 8 weeks, etc.

Although not meant to be followed literally, the spirit of the idea is that it is a useful practice to err on the side of allowing more rather than less time for commuting or other tasks for which people do not often calculate how long they require. Activities such as the morning routine for getting ready for work, various household chores, food shopping, time spent sitting in the waiting room before seeing a physician, etc. often take up more time than we anticipate. In fact, it is a useful experiment to actually use a timer to get an accurate sense of how long these tasks *really* take in order make more realistic plans.

Scheduling Unstructured, Discretionary, and Downtime

People often underutilize their Daily Planners. These planners are viewed as tools solely for keeping track of academic or work obligations, or professional appointments. While these engagements are important to record, the Daily Planner can be used to manage all the remaining slots in your day. This is not meant to imply that you must be obsessively and completely scheduled with obligations or productive tasks from morning until

night; rather, you can use the Planner to make informed decisions about how to make use of your day, your time, and your energy—how you "spend yourself," to return to our financial budget metaphor.

For example, many of our patients say that they are more productive at work and school when they use these time management and planning skills. When reaching the weekend or a vacation day, however, they decide that they will go with the flow and view these days as not requiring a plan. By the time they have to go back to their regular schedule, they often describe feeling disappointed that they did not make better use of their free time, including recreational pursuits. ADHD adults who work from home or otherwise set up their own schedule, such as a graduate student working on a thesis, face the unique situation of having priority work tasks to complete without having the external organizational scaffolding provided by a work or school schedule.

The same strategies that improve efficiency during the work week are also helpful when planning weekends or other unstructured time. The Daily Planner is used to plan the "flow of the day" when working from home, to make use of free time in the midst of a typical work/school day, or to make plans for days off. When planning work at home, it is important to define specific projects to which to devote time that day, and better still, when you define specific and behavioral To-Do tasks connected to these projects. Each of the steps can then be performed within realistic time frames, including a start time and end time for these tasks. In a similar fashion, making plans for weekend activities helps ensure that you will have enough recreational and social activities, as well as taking care of a few errands in order to feel that you are on top of things.

We are big believers in scheduling downtime. It is important to protect time for things that you find enjoyable, relaxing, and regenerative, which help reward your follow-through on other tasks. Hence, you may decide to spend the hour while your child is having her music lesson sitting in your car with your eyes closed, or playing a game on your computer tablet. Breaks in your day can also be used to take care of nagging chores, to study in the library between classes, or to exercise. Discretionary time at work can be used to catch up on e-mails or other administrative tasks that are not priorities at other times. At home, you may spend some downtime surfing the Internet, watching television, or otherwise "vegging out" (see Table 4.2).

We like the phrase used in reference to vitamins and minerals in breakfast cereal ads: "recommended daily allowance." A well-balanced daily schedule includes your "recommended daily allowance" of work, school, and other obligations, but it is important to have enough time for exercise, hobbies, downtime, etc. to maintain your overall well-being.

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Choreography and Realistic Expectations

The movie *Apollo 13* was a dramatized account of a manned space mission to the Moon in 1970 that was abandoned in mid-flight due to mechanical difficulties. The objective of the mission changed from landing on the Moon to safely returning the astronauts to Earth. The damaged spacecraft carrying the astronauts had limited battery power to deliver to the different computer systems needed for reentry into the Earth's atmosphere. The NASA engineers on the ground had to determine the correct sequence for reactivating these systems that would conserve enough energy without draining the batteries. We use this metaphor to illustrate that the use of the Daily Planner and Daily To-Do List

Table 4.2. Example of a Daily Plan

5 a.m. – 6 a.m.	Sleep
6 a.m. – 7 a.m.	6:30 a.m. – Wake up shower, dress
7 a.m. – 8 a.m.	7 – 7:30 a.m. – Breakfast 7:30 a.m. – Walk dog Leave for train by 7:50 a.m.
8 a.m. – 9 a.m.	Train to work, walk to office
9 a.m. – 10 a.m.	9 – 9:10 a.m. – Plan for day 9:10 – 10 a.m. – Check e-mails, return phone calls
10 a.m. – 11 a.m.	10 – 10:30 a.m. – Staff meeting
11 a.m. – 12 noon	11:55 a.m. – 12 noon – To Do = Schedule oil change
12 noon – 1 p.m.	Lunch break Downtime, go for walk?
1 p.m. – 2 p.m.	1 – 1:45 p.m. – To Do = Monthly Report – Start by entering summary data in introduction 1:45 – 2 p.m. – E-mails, calls
2 p.m. – 3 p.m.	Discretionary work time
3 p.m. – 4 p.m.	3 – 3:30 p.m. – Meeting 3:30 – 4 p.m. – Organize notes, enter data into spreadsheet
4 p.m. – 5 p.m.	4:45 – 5 p.m. – E-mails, calls, confirm tomorrow's meeting
5 p.m. – 6 p.m.	Train
6 p.m. – 7 p.m.	6 p.m. – To Do = Pick up dry cleaning Arrive home, walk dog, go through mail
7 p.m. – 8 p.m.	7 – 7:30 p.m. – Dinner 7:30 – 8 p.m. – Clean up, downtime
8 p.m. – 9 p.m.	8 – 8:30 p.m. – Downtime (8:25 p.m. – put on workout clothes 8:30 – 9 p.m. – Treadmill
9 p.m. – 10 p.m.	Shower, choose clothes for work, downtime
10 p.m. – 11 p.m.	Downtime, to bed at 11

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involves not only finding places for all the prioritized tasks for that day, but also paying attention to the sequencing and ordering of these tasks. It is important to remember that you are managing your effort and energy throughout the day, too.

Some adults with ADHD prioritize early morning exercise, which helps them to focus on high-priority tasks at the start of the day, later moving on to other tasks. Other people prefer to "warm up" with lower priority administrative tasks at the start of the day before facing higher-priority, more challenging tasks. Students learn that there are certain times during the day that are better for them to focus on some academic tasks more than others, such as devoting morning times for writing assignments and afternoons to assigned readings. Similarly, certain pivot points during the day can be identified as good times for certain mundane tasks, such as going through the mail as soon as you arrive home from work or catching up on e-mails for 15 minutes after returning from a lunch break at work. It is important to figure out "how your brain works" in order to set up your schedule accordingly and to honestly assess how well your choreography works. One

person's adaptive warm-up task is someone else's escape behavior. The key is to find what is realistic and sustainable for you.

Make Adjustments, as Needed

Life happens. Situations will inevitably arise that require you to adjust your expectations and your plans, such as leaving work to pick up a sick child from school or taking care of an emergency car repair. Apart from the logistics of reorganizing your schedule, the Daily Planner provides a coping tool for managing, or at least limiting the emotional stress that comes with unexpected changes. Referencing your Planner lets you see what changes you must make and how to make them. There may be sacrifices that you will have to make, such as skipping a trip to the gym or rescheduling an appointment in order to complete a project by a deadline. Having a record of your scheduled commitments, however, provides a framework with which to deal with the situation by taking the necessary steps to cancel and reschedule meetings, or any other adjustments that must be made in order to effectively "manage the problem."

In addition to handling an unexpected change to your schedule, the Daily Planner helps you to determine if the event was truly unexpected or if it resulted from procrastination or underestimating the priority of certain tasks. These skills and systems provide you with a more organized way to learn from mistakes and to decrease their recurrence.

Do It Now

There is a saying that "time is nature's way to keep everything from happening all at once" (attributed to the physicist John Archibald Wheeler). This quote encapsulates one of the goals of the Daily Planner and the time and task management strategies—to identify and organize the myriad responsibilities, commitments, and endeavors you face within the framework of the Daily Planner. Thus, you can focus on the task you want to perform at 10 a.m. and strategically forget about the one you have scheduled for 4:30 p.m. because you have it recorded and will get to it at its appointed time.

Rather than being overwhelmed by everything you have to do, the Daily Planner and Daily To-Do List provide placeholders for individual tasks. Your focus switches to engagement in the task, getting it done, and then getting it off the To-Do List. Breaking down tasks into manageable, behavioral targets further increases the likelihood of follow-through. By doing so, you will experience the satisfaction of task completion, which is positive reinforcement for getting things done. These reward experiences create momentum that will increase your ability to follow through on endeavors that are meaningful.

The use of time and task management strategies provides a blueprint or recipe for follow-through. However, similar to a blueprint or a recipe, if it is not followed, there is nothing to show for it. While you will likely notice improvements in your ability to organize and manage tasks, coping with adult ADHD requires ongoing diligence. It is normal to encounter difficulties with the ongoing implementation of these skills and with follow-through on tasks, akin to keeping up with an exercise routine. The next few chapters address the common difficulties encountered with follow-through on plans, with Chapter 5 focusing on overcoming procrastination.

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5 Putting the Plan into Motion (or "Once I Get Started . . .")

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On the television show *Seinfeld,* there was an episode in which Jerry was incredulous at being informed by a rental car agent that there were no more cars despite the fact he had made a reservation. As he explained to the woman behind the counter, "You know how to take the reservation; you just don't know how to hold the reservation. And that's really the most important part: the holding." Similarly, To-Do Lists and the Daily Planner represent intentions for your day. But, anyone can make plans—the important part is the doing.

Indeed, when the appointed time arrives to perform one of your tasks, you find yourself hesitating, suddenly finding other jobs that "need" to be done instead, perhaps making a deal with yourself (e.g., "I'll do these other things first, then I'll be 'in the mood' to do it."). But, you ultimately end up avoiding your main priority, altogether, despite your awareness that you will suffer the consequences. This is the very definition of procrastination: "[T]o procrastinate is to voluntarily delay an intended course of action despite expecting to be worse off for the delay" (Steel, 2007, p. 66).

In many ways, we consider procrastination the most insidious feature of Attention-Deficit/Hyperactivity Disorder (ADHD), having referred to it as the cancer of ADHD. In fact, it can be considered the quintessential failure of self-regulation insofar as you put off doing something despite knowing full well that you will suffer negative consequences. Procrastination eats away at your plans, intentions, energy, and time, and leaves you with frustration and regret for lost opportunities. In this way, procrastination also interferes with the fulfillment of personal ambitions as well as important responsibilities, and therefore, it has cascading implications for your sense of self, not to mention any practical damages from missed deadlines, incurring late fees and fines, effects on health, lost opportunities, etc.

As noted before, ADHD is characterized by problems developing, organizing, and enacting plans in your life across time, particularly those for which there is not some sort of immediate payoff or urgency attached. Thus, you will have to pay more attention to getting started on tasks in your Daily Planner than most other people. You know what you need to do, but you need to develop a better grasp for how you *don't do things* in order to more effectively tackle these barriers, which is the focus of this chapter. The first step is to make sure you have a clear idea of the steps you need to take to follow through on your plan.

Define Tasks in Specific, Behavioral Terms

What is the precise task that you are avoiding? What are your automatic reactions to this task? Is there another way to define the task to promote follow-through?

We have discussed the benefit of defining a task or action you will perform in as specific and behavioral terms as possible. You may have items on your To-Do List or in your Daily Planner, such as "work on monthly report," "clean up kitchen," "exercise," or "do readings for Economics class." Some individuals can take these thumbnail descriptions and translate them into action plans, such as using the plan to "clean up kitchen" as a prompt to first unload the dishwasher. However, individuals with ADHD have problems translating these broadly defined tasks into a specific sequence of actions that promotes follow-through (e.g., "There is too much to do. I don't know where to start. I can't handle this now.").

On your Daily To-Do List or whenever carrying out such tasks, it is to your advantage to outline your plan in specific, behavioral terms or action steps that you can take. For larger tasks that are comprised of multiple, smaller tasks, such as a monthly report or cleaning up a room, it is valuable to define a smaller, component step that gives you a manageable target that gets you engaged. Said differently, you want to "lower the bar" to increase the likelihood you will get started.

For example, "working on the monthly report" can be redefined as "spend 30 minutes calculating the sales statistics for the past month" or "find last month's report as a framework to enter information for this month." "Cleaning up the kitchen" is defined as "unload clean dishes from dishwasher and reload with dirty dishes." This suggestion is a variant on the notion of breaking down a large task into its component steps. Of course, we have all heard this advice and we know *what* we should do, but the point here is to script out *how* it will be done, including the smallest first step that bridges the gap between inaction and action.

Conversely, ongoing procrastination on a task can be a useful sign that you do not yet have a clear starting point. The next section focuses on ways to define the crucial first step that represents the difference between procrastination and engagement.

Define the Smallest Step of Behavioral Engagement

Despite the previously mentioned strategies, you may still find yourself having difficulties getting started on tasks. The sorts of tasks on which you continue to procrastinate are likely those for which you view even these small steps as being somewhat boring or painful, such as various chores, academic tasks (e.g., reading textbooks, writing assignments), or administrative tasks of adult life (e.g., dealing with taxes, finances).

These and other tasks trigger negative thoughts and feelings for you that also interfere with follow-through, even on initial steps. A way to get started on these tasks is to define in strict, behavioral steps the smallest behaviors that are required to start the task. These initial behaviors may not involve actually completing the task, but they are necessary steps and help you to "touch" a task rather than keeping it at arm's length.

This approach is meant to help you break down tasks into their strict behavioral steps, akin to a recipe for cooking. You may say, "I do not know how to cook" or "I cannot do it." However, once you follow the specific steps, including "get saucepan out of cupboard," "fill with water," etc., you are now engaged in the task rather than being cognitively, emotionally, and behaviorally removed from it. It is an interesting exercise to see how other tasks that are typically avoided can be broken down into steps, such as a phone call ("pick up phone receiver, enter the nine-digit phone number, wait for answer,

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converse in my native language . . .") or going to the gym ("stand up, go to room and find workout clothes, put in gym bag, . . .").

For example, a college student may have reading assignments for multiple classes. He reserves 30 minutes in his schedule to devote to one of the readings, planning to get as far as he can in that time. However, he is still unable to pull himself away from the computer to start the reading despite knowing that it must be done. The first step of behavioral engagement is to stop the task that interferes with the plan, and then take the smallest step toward the target task. For the college student mentioned above, the task becomes "stand up and go pick up the textbook." The next step is defined as "open to the first page of the chapter." The third step is, "read the first sentence of the chapter," at which point the student is reading. Thus, he is no longer procrastinating. He may stop after the first sentence, or after 12 minutes, or he may continue reading for the full 30 minutes (and beyond). Regardless of what happens next, at least the student has an action-based framework for facing procrastination instead of simply trying to "not procrastinate."

You may react to this coping suggestion with the thought that "This is so basic, it will not help me." If you are procrastinating on tasks, though, it is obvious that something in how you approach them is not working. Thus, it may seem absurd to have to handle a phone call by defining a first step as "pick up receiver" or "find person in my contact list," but most adults with ADHD have examples of task avoidance that are similarly absurd (e.g., "I can't believe I still have not made that phone call. I may have missed my opportunity."). In fact, the purpose of the first step of behavioral engagement is to frame a task as such an absurdly simple action step that it becomes absurd to not do it.

An experiment we encourage you to perform is to simply monitor how you delay tasks throughout your day in order to see how you do not do things. Of course, not all task delays represent procrastination, but the experiment helps illustrate the process. It might be as simple as not picking up a crumbled piece of paper on the floor that bounced off the edge of a trash can, not answering an incoming call on your cell phone, or something more personally relevant, such as a work task or a workout. The exercise is designed to help you observe the different thoughts, feelings, and escape behaviors that constitute your procrastination profile. Procrastination is a habit that can become as reflexive as tying your shoes. However, the ability to recognize the signs of procrastination as they unfold helps to make the process less automatic, provides you with cues you are delaying tasks, and opens up various interventions points for implementing your coping skills.

The aforementioned strategies are designed to bring you the precipice of your desired action plan. Ultimately, you will have to take that first step that represents actually doing what you set out to do. Each of the previous steps is intended to help prime you for the task and to take proverbial baby steps toward follow-through rather than automatically falling into the overlearned pattern of procrastination.

An important point to remember is that you still may not be "in the mood" to perform the task or action. In fact, remember that you may overestimate how little energy, focus, etc. is actually required to start a task. The final push to start a task or action is similar to legislative "swing votes"—it need not be a unanimous decision; you simply need to get to a 51–49 result to take the first step of behavioral engagement. As most people proclaim, "Once I got started, it was not as bad as I thought it would be."

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Take Away 5.1. Break Down a Task and Take the Smallest First Step

1. Identify a task you want to complete.
2. Is there a deadline for completing the task or some other time limit?
3. Break down the task into its component steps. Develop a "behavioral recipe" or a set of instructions that would allow someone else to perform this task in the time allotted.
4. What are the different steps you need to take from the starting point in order to reach the end point at which the task is complete? You can also work backwards from the end point to the starting point.
5. Make the steps specific and behavioral.
6. Use your Daily Planner to budget out the steps across the time leading up to the deadline. Make appointments to perform the different steps.
7. Define the smallest, first task you can perform to get you engaged in the task or at least "touching it" today.
8. If you are still procrastinating, break down this first step into even more specific steps until you find a first step you can do.
9. Perform this "smallest step of behavioral engagement." You are no longer procrastinating.

Take Away 5.2. Implementation Plans

1. Define the smallest first behavioral step you can take to get engaged in a task.
2. Specify how long you can spend on this task. Err on the side of expecting to spend less rather than more time on task.
3. Make an appointment with yourself in your schedule to perform this task. Have a start time and an end time consistent with #2.
4. Devise a plan for getting started using the "*IF* X happens, *THEN* I will do Y" framework.
5. Predict the most likely distractions or barriers that could get you off task.
6. Devise a plan for handling risks for procrastination using the "*IF* X happens, *THEN* I will do Y" framework.
7. Do the first, small step on the task.

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Once you get engaged in the task, by definition, you are no longer procrastinating and the likelihood of persistence increases exponentially. This good start does not mean that you are immune to interruptions, distractions, or frustrations, but it is an important step to move from the anticipations of a task to engaging in the reality of the task.

Implementation Plans

Although getting started is a necessary step, part of the reality of dealing with procrastination is that you will be facing various distractions and lower-priority tasks that are easier, more enjoyable, or that simply arise as convenient excuses for escape once your initial gusto wears off a bit. It is useful to have implementation plans to support follow-through.

Drawn from research on children with ADHD (Gawrilow, 2011), implementation intention plans are designed to externalize executive functioning by anticipating threats to your objectives and developing plans for managing those threats. You can think of these strategies as a kind of malware for risks to your time management plans.

For example, a college student who plans to read an assigned textbook for 30 minutes will likely face many distractions. Even if he reads in the library, he may see a friend walk by, receive a text message, or have a random thought about something he needs to do later. Each of these innocuous distractions runs the risk of knocking him off track.

Implementation plans involve developing contingency plans for these events. If-then plans are used to develop a strategy for getting started, such as "If I go to the library, then I will read for at least 30 minutes," or for countering a specific distraction, such as "If I see a friend, then I will tell him I have to finish reading but will see him later," "If I receive a text, then I will put my phone away and check it when I'm done reading," and "If I think of something else I must do, then I will write a quick reminder to myself and then keep reading." Instead of trying to maintain motivation by repeatedly focusing on an overall goal, implementation plans target specific risks to the current plan (which is part of a larger objective), which is consistent with the tactic of "entering the room with a plan." Considering how easily adults with ADHD can be distracted, we have emphasized developing these if-then plans to handle various task-interfering distractions, as well as to handle transitions between tasks, returning from breaks, etc.

There is no guarantee that you will never be distracted or succumb to distraction. Instead, the combination of getting engaged in the task, thinking through potential distractions, and developing your adaptive responses (including preventative measures, such as turning off your phone) work together to increase the likelihood of better follow-through on your plans than you have had in the past. What is more, these tactics provide you with actions you can take to engage or reengage with tasks.

The 10-Minute Rule

We have condensed several of the coping principles discussed to this point into the specific coping strategy we call the "10-minute rule." You probably procrastinate because you feel overwhelmed by aspects of a task, the time commitment, or other negative expectations you have. For example, a college student plans to research and write a 10-page essay on a day when he does not have any classes. He plans to start writing at 10 a.m. and to

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keep writing for however many hours it takes him. It is important to remember that we do not spend that much time on tasks we *enjoy,* much less a task as difficult as working on a whole research paper, start to finish.

What happens instead is that the student keeps putting off the task because his view of the time involved (e.g., several hours, "all day") or the task (e.g., the "whole" paper, 10 pages) is too overwhelming. The student "chases the task" all day, putting it off an hour at a time—"I'll get coffee and then I'll get started" or "I'll watch Sports Center and then I'll be 'in the mood' to write," etc. The student ends up frustrated that he has wasted away a full day and is still facing the fact he must write the entire paper with even less time in which to do so.

Instead, we ask the student, "What is the minimal amount of time you could work on the paper even if it ends up being as difficult and uncomfortable (e.g., distracted, cannot organize thoughts) as you anticipate it might be?" Usually, the answer is somewhere around 10 minutes, hence our nickname for the intervention. The behavioral task is to work on the task for a full and "honest" 10 minutes (600 seconds). The specific step of engagement for the student is defined, such as "sit in front of the computer with the essay file open and attempt to write down some thoughts without editing them." Implementation plans for handling possible task-interfering distractions can also be outlined.

After spending those 10 minutes on task, the student reassesses the status. If the task is, in fact, overwhelming or the student cannot focus on it, then it is acceptable to stop working on it, guilt-free. The student did not procrastinate but rather made an "informed decision" based on his on-task attempt. Most often, however, after 10 minutes, the student will have overcome the initial aversion to the task and will be able to make some headway on it. The student probably will not finish the entire paper but will likely have a productive writing session, and will be much more satisfied than had no work been done.

Be Aware of Your Escape Behaviors

Despite the aforementioned coping strategies, including the use of implementation strategies, it is important to recognize to what distractions you are vulnerable when you are in the throes of procrastination. You will come to recognize a list of "usual suspects" of escape behaviors that may include checking e-mail, social networking sites, favorite websites, reading, napping, or any number of other activities that, if not enjoyable, are at the very least less stressful than the prospect of your task plans. A change process we have observed with adults with ADHD is the movement from not realizing they procrastinated, to recognizing after-the-fact that they were engaged in an escape behavior (e.g., "I knew I was procrastinating when I decided to run to the store instead of working on the report."), to then using the impulse to engage in an escape behavior as a signal to use their coping strategies (e.g., "If I find myself checking my e-mail, then I will remind myself that this is an escape and that I will check it after I complete the 30 minutes I scheduled for this task."). In fact, these "escape" activities can be used as rewards for task completion, transforming their behavioral function from negative reinforcement of off-task behavior to that of positive reinforcement for on-task behavior (see Table 5.1).

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Take Away 5.3. The 10-Minute Rule

1. Define the "smallest step of behavioral engagement" that will get you on-task.
2. Define the briefest amount of time you think you will be able to endure this first step of the task—even if it ends up meeting your expectations for a "worst-case scenario." We recommend at least 10 minutes—an honest 600 seconds.
3. The clock starts when you are in position to perform the smallest first step.
4. Devote 10 minutes (600 seconds) of a good-faith effort to the task and then reassess.
5. Congratulations, you did not procrastinate.
6. Decide whether to keep going or to stop for now.

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Table 5.1. What Are Your Escape Behaviors?

What are the common tasks, websites, gadgets, games, etc. that if you find yourself doing them, you are avoiding something else? Are there other seemingly productive things you will do instead of a priority task, such as cleaning, taking a nap, etc.?		
_____	_____	_____
_____	_____	_____
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Procrastination involves a mix of steps involved in the delay of tasks. It is important to understand your procrastination "script" and to disentangle the individual elements that put you at risk for this habit in order to start to rewrite this script. We have covered many behavioral aspects of dealing with procrastination. Another essential element of overcoming procrastination is managing your thoughts about the tasks you set out to perform.

Procrastination Thoughts

A significant component of the procrastination script is your in-the-moment attitude about a task. More specifically, we are referring to the reflexive or automatic thoughts and reactions you have when you face a priority task (or any other sort of task you want to do). When constructing your Daily To-Do List, each task you put on this list was defined in behavioral terms, seemed doable, and was a priority. You probably felt more enthusiastic at the prospect of taking action and about your ability to do so.

When actually coming face-to-face with the task, however, you suddenly find your outlook has changed. You start to think that "I'm not up to this right now" and "There are so many other nagging tasks I can get done right now; it will be good for me to do them instead of this other task. I will do it tomorrow and it will be better because these other things will be out of the way and I'll be able to focus just on this task. This is good!"

All of a sudden, you are off doing something else, perhaps even recognizing that you are procrastinating as you do it. Later, as you realize that you did not keep to your plan and misappropriated valuable time, you start to get down on yourself, thinking "I had plenty of time to get this done today. How did I do this, again? I don't know when I will have time to work on it in the next few days and I'm running out of time to get it done. This is bad!"

The examples used above are not statements you or others make aloud but rather descriptions of your flow of thoughts or self-talk in the moment. These "automatic thoughts" about your priority tasks occur just out of your conscious awareness. You might not even be aware of how quickly and persuasively they influence your emotions

and actions. The thoughts seemed plausible as they bounce around in your head, but they are ultimately self-defeating.

These sorts of automatic thoughts and how they are handled represent the "cognitive" component of cognitive behavioral therapy. ADHD is not caused by negative or distorted thinking, but, as you can see in the example above, it does not make living with ADHD any easier. People without ADHD have similar thoughts when they delay a task but are able to correct their reactions to ensure timely enough follow-through. Adults with ADHD, in contrast, end up repeatedly falling into the same procrastination cycle despite facing penalties for doing so. Thus, catching and changing these automatic thoughts is an important coping tool to learn.

The first step in dealing with negative automatic thoughts about a task or plan is to catch them by asking, "What am I thinking right now?" These thoughts often do not occur in the form of grammatically correct sentences, but may be expressed in brief phrases (e.g., "Oh no," "I hate this stuff," a string of expletives, etc.). In fact, sometimes procrastination starts with an accurate statement (e.g., "The gym is crowded after work."), but that can kick off a string of assumptions that result in procrastination (e.g., "I won't be able to find any open machines. It will either take me 3 hours to finish my workout or I won't be able to do my full workout. I'm tired and I'm not up to dealing with crowds tonight. There is no use in going to the gym."). The subsequent evening spent watching lousy television shows while eating way too many cheese puffs leads to self-critical thoughts and frustration with the missed workout (e.g., "I could have gone to the gym. I would have been done by now. Now I have to find time to make up this workout.").

At the outset, it is vital to be aware of how your thoughts make you prone to procrastinate. Automatic thoughts are often distorted and impact your feelings about tasks. Hence, you start to psych yourself out of doing something without having a chance to get started on it, which increases the likelihood of resorting to avoiding the task through an escape behavior.

In Chapter 7, we will discuss in greater detail some of the distorted thoughts and strategies for modifying them, particularly with regard to the emotions they trigger, including pure and simple discomfort about a task (i.e., "Ugh"). When dealing with procrastination, however, the most common distortion we encounter is *magnification/minimization.* That is, you pull out and embellish all the negative elements about performing a task and you overlook or play down the positive elements and your ability to handle the task in question.

For example, let's say you reserve time on Saturday to work on a project for your job. You define the task in specific, behavioral terms, and at the time, the plan seems doable. As the "appointment time" reserved for the task draws near, you start to magnify how difficult the task will be, that you are "not up to it," and you envision spending the rest of your Saturday futilely struggling with the project, not making any progress and therefore wasting precious weekend time. At the same time, you minimize the fact that you only planned to work on it for 1 hour, you forget that you almost always work well once you start, and dismiss the likelihood that you will feel better keeping to your plan. Afterwards, you are frustrated that you did not work on the task, and now have to carve out time during your busy week to work on it.

Table 5.2 shows some of the common justifications for procrastination you will face. Can you come up with other thoughts that make you vulnerable to procrastination?

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Table 5.2. What Are Your Procrastination Rationalizations?

What are the thoughts, excuses, justifications, etc. you commonly have that make it *seem* acceptable to avoid a task?
1. "I'll do this first and then I'll be 'in the mood' to get to work on X."
2. "I really cannot get started on X until I take care of this other thing."
3. "I'll relax the rest of today and then I'll start fresh tomorrow and work on X."
4. "I don't feel like doing X now."
5. "I need to be in the mood to do X."
6. "I have plenty of time. It is ok if I do not do X now."
7. "There is a different task I can get done instead of X. I'll still be productive."

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The next two sections focus in more detail on the cognitive and emotional anticipation of the task that affects follow-through and ways to modify them.

Change the Negative-to-Positive Anticipation Ratio

As was indicated above, it is common for there to be a one-sided ratio of task predictions, such that the negatives about a plan outnumber and outweigh the positives of doing it. There are some essential tasks, such as chores, errands, or other "have-to" tasks that will never be viewed as recreational, although it does not mean that they are necessarily completely unpleasant. In fact, some chores are used as escape behaviors for other tasks, such as a run to the store for milk and bread to avoid dealing with income tax preparation.

An initial reframe is that you do not have to view a task as fun, but rather that it is doable and time limited. Identifying the distorted view of the task and formulating more adaptive outlooks is an essential step. Previously mentioned strategies of defining the task in behavioral terms and targeting the smallest step that will get you engaged will help to get you out of your head and focused on a realistic view of the action steps. You need not "be in the mood" for the task. You only need "enough" energy and commitment to get engaged in doing it.

In addition to changing the negative side of the negative-to-positive ratio, it is helpful to regenerate your commitment to your plan to build up the positive side of the ratio. You likely underestimate the positive feelings associated with getting things done and getting commitments off of your Daily To-Do List. It is a satisfying feeling to get rid of tasks on your lists and to not have to think about them anymore. Moreover, getting these things done helps create a momentum that can carry over to other tasks—an object in motion tends to stay in motion.

Answering the following questions also helps you to think differently about a task: How will this task be of benefit to you? What are some positive feelings and outcomes you will achieve by devoting some time to this task? What might be some positive experiences you will have while you are engaged in the task? Can you view the urge to procrastinate as a personal challenge (e.g., "I can get started on this just to prove to myself I can.")?

It is okay to be a bit of a cheerleader for yourself in order to build momentum for the task. In executive function terms, motivation is generating an emotion about a task in the absence of an immediate consequence that helps get engaged. Even saying out loud to yourself the first step you will take is a way to get out of your head and get active. Inspirational quotes or movie lines or other meaningful sayings can stir up positive feelings and help you to refocus on implementing your action plan. It is often helpful to make a verbal commitment to someone else to increase your accountability for a task. These steps help to recalibrate your attitude about and anticipation of the task and to increase its salience in the moment to increase the likelihood that you get engaged in it. Remember, you only need enough "swing votes."

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Identify and Accept Discomfort

You will invariably face jobs that are associated with uncomfortable feelings, ranging from relatively minor annoyance (e.g., taking out the garbage in the rain) to more persistent and recurring feelings of stress and discomfort (e.g., dissertation, organizing income taxes) that activate your procrastination script. Even a minimal degree of stress or inconvenience (what we have come to describe as the feeling of "Ugh") can be potent enough to make you delay action.

Think about some of the mundane examples of procrastination, such as watching a boring television show because the remote control is out of reach (e.g., "It's ALL THE WAY over there.") or exercise (e.g., "I'm TOO TIRED to change into my workout clothes."). The use of capital letters is meant to illustrate the tone of voice of your self-talk, which serves to exaggerate and convince you of the difficulty of what you want to do. You are capable to perform the action, but your thoughts and feelings (including feeling tired or "low energy") makes you conclude that you are not at your best and therefore cannot and will not follow through (for seemingly justifiable reasons).

You might think, "I have to be in the mood to do some things." But, how often are any of us in the mood to do many of the tasks on which we end up procrastinating? The very fact that we have to plan them indicates that these tasks require some targeted planning and effort. When facing emotional discomfort, ADHD adults are particularly at risk for bolting to pleasant, easy, and yet often unsatisfying activities, such as eating junk food, watching television, social networking, surfing the Internet, etc.

In fact, sometimes you may escape from stressful tasks by performing other, lower-priority errands or chores. Thus, you rationalize violating your high-priority project plan in order to run out to fill your car with gas. This strategy can be seen as a form of "plea bargaining"—"I will do something productive in order to justify not doing the higher priority but less appealing task." Moreover, these errands are often more discrete and time limited than the task you are putting off (i.e., "If I start mowing the lawn now, I will be done in 1 hour. I don't know how long taxes will take me."), which is often their appeal—even though they are low priority, you are more confident you will get them done.

You need not be "in the mood" for a task in order to perform it. A useful reframe is the reminder that you have "enough" energy to get started and recall that once you get started on the first step, you usually feel better and more engaged. Breaking the task down into its discrete steps and setting an end time help you to reframe the plan (e.g., "I'm tired, but I have enough energy to do this task for 15 minutes."). Rather than

setting up the unrealistic expectation that you must be stress-free and 100% energized before you can do tasks, the notion of acceptance of discomfort is a useful mindset to adopt and practice.

Acceptance of discomfort normalizes the fact that most tasks, even those that you value, such as exercise, require a degree of inconvenience and effort to perform (Hayes, 2005). This is the reason that the motivational deficits associated with ADHD are so impairing. Rather than setting minimal discomfort as a prerequisite for action (and an unrealistic one, at that), you remember that other people experience some degree of discomfort when they face the tasks with which you struggle.

It is important to notice and acknowledge your feelings, but nevertheless accept that the feelings are manageable (even when uncomfortable) and that they do not dictate your actions. You can feel tired but still perform the steps to prepare to go to the gym; or you can be somewhat distracted and on edge but still go through the steps involved in working on a school project for a minimal amount of time. You can use "scaling" to maintain perspective on your discomfort (e.g., "I'm tired but I'm not falling asleep on my feet," or "The monthly reports always stress me out but most people probably face things worse than this that they do not like to do.").

The notion of adopting a nonjudgmental, mindful awareness and acceptance of your physical and emotional sensations is a useful coping skill for managing ADHD (Zylowska, 2012). Mindful awareness offers a degree of impulse control insofar as you can notice and tolerate discomfort without being compelled to immediately escape the feeling. In effect, you notice your emotional impulses without trying to change them. With practice, you will be better able to recognize that feelings in these situations are distinct from your actions and that you do not have to make the feelings go away as a precondition for follow through on tasks. Moreover, you will increase your ability to stay committed to the task at hand rather than automatically engaging in escape.

Getting started is simultaneously a small and a huge step in overcoming procrastination. The gap between not doing and doing a task is often small but may appear large based on negative cognitive and emotional reactions to the task and the tempting escapes that are all around. Getting engaged in a task greatly increases the likelihood of further follow-through. However, once started, maintaining effort on a task through to completion requires the endurance of coping efforts, which is the focus of the next few chapters.

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Take Away 5.4. Dealing with Procrastination

1. Identify the specific task on which you are procrastinating.
2. Pinpoint your thoughts about doing the task. In what ways do you *magnify* the negative aspects of a task?
3. Label your feelings about the task, including sense of boredom or simply a gut feeling of "Ugh (I don't want to do this)."
4. Now, think about and highlight why this task is of value to you and how it will feel to get it done.
5. Pinpoint the positive aspects about your ability to face the task that you may *minimize.*
6. Think about the positive feeling you will have when you complete the task.
7. Break down the task into a small, first step you can take to get started despite how you feel.
8. Invest a few moments of discomfort and uncertainty as you take the step in #7.
9. You are no longer procrastinating.

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6 Keeping the Plan Going (Part 1)
Motivation, Emotions, and Energy

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The vast majority to responsibilities you will face in life will require persistent and multiple efforts across time to complete or sustain, such as completing a large project for work, keeping up with school assignments, completing home repairs, or recurring tasks, such as paying bills, maintaining an exercise routine, managing household chores, etc. We have heard many patients say, "Sometimes I can get started on a goal and keep going for a little while, but I cannot maintain it," which is a hallmark of the executive dysfunction and motivational deficits that underlie Attention-Deficit/Hyperactivity Disorder (ADHD). While the various planning, time management, and other "getting started" skills will continue to be important to use, there are additional steps you can take to help keep your plan going, stay on top of things, and not get sucked into a vortex of chronic and debilitating procrastination.

Renewing the Plan

We wish there was a spicier way to put it, but it is important to keep using your time management skills to make sure your priority tasks keep landing on your Daily To-Do List and Daily Planner. Defining a specific action task to perform on your To-Do List that relates to a larger project is the best way to keep moving ahead with it. The more habitual these skills become, the more useful they will be to a wide array of tasks in your life.

If you find yourself drifting away from using your time management skills, a good anchor point is to return to the practice of setting out a plan for the day. From there, you can identify one or two To-Do tasks that you can reserve time slots to perform. Framing tasks in behavioral terms or actions you can perform is always helpful.

A final helpful tip specifically for tasks you cannot complete in one sitting is used as you wrap up working on a part of the task, such as a home improvement project or a writing assignment. As you reach the stopping point, take a moment to plan the first step you will take the next time you reengage in this project. For example, if you are working on an essay, we advise that you jot down a couple key words or a short phrase that will remind you of the idea you want to express in the next paragraph; or, after compiling all your income tax documents in a manila envelope, you can make a note to yourself to collect receipts for medical expenses from the past year as your next step. By the time you reach the end of your scheduled task commitment, you will be feeling a measure of accomplishment, and it is an ideal time to plan how to get back on task later in order to make it easier for you.

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Manufacture "Enough" Motivation

The topic of motivation often comes up when dealing with the issue of follow-through on plans. Many adults with ADHD may aspire to achieve a goal (e.g., exercise) or get through an unavoidable obligation (e.g., exam, paying bills), but fall prey to an apparent lack of motivation, despite their best intentions. This situation reminds us of a quote attributed to the late fitness expert, Jack LaLanne, who at the age of 93 was quoted as saying, "I'm feeling great and I still have sex almost every day. Almost on Monday, almost on Tuesday . . ."

Returning to the executive dysfunction view of ADHD, motivation is defined as the ability to generate an emotion about a task that promotes follow-through in the absence of immediate reward or consequence (and often in the face of some degree of discomfort in the short-term). Said differently, motivation is the ability to make yourself "feel like" doing the task when there is no pressing reason to do so. Thus, you will have to find a way to make yourself feel like exercising before you achieve the results you desire or feel like studying for a midterm exam that is still several days away. You "know" logically that these are good ideas, but it is negative feelings (including boredom) or lack of feelings about a task that undercut your attempts to get started. In fact, one of the common thinking errors exhibited by adults with ADHD when procrastinating is the *magnification* of emotional discomfort associated with starting a task usually coupled with a *minimization* of the positive feelings associated with it.

Adults with ADHD experience the double whammy of having greater difficulty generating positive emotions (i.e., motivation) needed to get engaged in tasks and greater difficulty inhibiting the allure of more immediate distractions, including those that provide an escape from discomfort. In fairness, from a developmental standpoint, adults with ADHD have often experienced more than their fair share of frustrations and setbacks with regard to many important aspects of their lives. Hence, our experience has been that various life responsibilities and duties have become associated with a degree of stress and little perceived reward, which magnifies the motivational challenges already faced by ADHD adults.

We have adopted the metaphor of food poisoning to illustrate how one's learning history due to ADHD creates barriers to the pursuit of valued personal goals. Food poisoning involves ingesting some sort of tainted food. It is an adaptive response that your brain and digestive system notice the presence of a toxin in the body and react with feelings of nausea and rapid expulsion of said toxin through diarrhea, vomiting, or both. Even after you have fully recuperated and have figured out that you had food poisoning, the next time you encounter that same food item, even before it reaches your lips, the sight and smell of the food will reactivate protective feelings of nausea due to the previous association of the stimulus (i.e., the food) with illness and discomfort. You can make all the intellectual arguments about your safety, and obtain assurances that the food is untainted, but your body will have this initial aversive reaction, regardless. It takes progressive exposure to untainted morsels of the food (sometimes mixing it in with "safe" food, in extreme cases) in order to break the food poisoning association.

Similarly, in the course of your efforts to establish and maintain good habits for managing ADHD, you will encounter some tasks that elicit discomfort despite knowing the value of the task at hand. Therefore, it is essential to be able to manufacture motivation, just enough of it, in order to be able to shift out of avoidance and to take a "taste" of the task that you are delaying.

As mentioned before, you will need to feel like doing the task you are avoiding, at least enough that you can take the first steps to get started on it. This does not mean that you must feel zeal about what you are setting out to do. Rather, you need only know that you can carry out your immediate action plan, even if you are not "in the mood" to do it. This sort of motivation is built from the ground up by shrinking your focus to the steps involved in getting engaged in the desired task. Getting started on a task often changes your outlook by dealing with the reality of your actions rather than being mired in your anticipations and ambivalence. Moreover, once you take the first step to engage in the task, by definition, you are no longer procrastinating.

Said differently, rather than trying to raise your motivation to meet the demands of the task, you can lower the initial demands of the task to match your current motivation level and reach the point that you say, "I can do this." Similar to doing the limbo, the question becomes, "How low can you go?"

As discussed in Chapter 5, taking small steps to "touch" a task gets you get jump-started on them without waiting to feel motivated—action often precedes motivation. Returning to the food poisoning metaphor, these steps help you taste a small enough morsel of the food that was previously toxic in order to help you reestablish the positive associations with it and let your brain and body feel safe again. In the course of keeping plans going to better manage ADHD, you will run into some very entrenched patterns of avoidance that seem to be impervious to change and that require more specialized effort to conquer.

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Behavioral Scripts

Personal enterprises that must be sustained over time are often the type that are challenging for you. It is also easy to escape these tasks in the midst of other obligations in your life, which places these tasks at high risk for procrastination. Even important goals can be at least a little nerve-wracking, such as a job search. You may make an action plan and have every intention of taking steps toward these goals, but still never seem to consistently follow through.

We have found a useful way to think about these patterns of avoidance is as "behavioral scripts." For example, Mark is a young man in his mid-20s with ADHD who is underemployed, lives with his parents, but wants to move out on his own. He says that he often leaves his part-time job with the intention to research new jobs when he gets home. However, as he arrives home and walks into his house, he feels his energy and motivation drain away. He ends up lying on the couch, watching television, playing video games, and otherwise putting off his job search and "running out the clock" on his day, day after day.

Mark has a very strong and overlearned "coming home" script. That is, he enters the door of the house and has a patterned sequence of behaviors that involves getting a snack, sitting on the couch and watching some television, playing video games, etc. This routine has become associated with getting out of work, disengaging from responsibilities, and ends up dominating his evening and siphoning his time and energy. His behaviors are not illegal, immoral, or unethical, but they are maladaptive inasmuch as Mark is frustrated by his inaction on his goals. Although not yet changing his behaviors, reverse engineering and pointing out his "coming home" script helps Mark understand how he *does not do* his job search. By doing so, he is better able to see the behavioral sequence unfold and the different choice points at which he is nudged further away from his plan.



Take Away 6.1. Manufacturing (Enough) Motivation

1. Define a task in specific, behavioral terms to make it doable.
2. Define the smallest, first step of behavioral engagement.
3. Identify negative emotional reactions to the task that create barriers to getting started.
4. Identify the ways in which you are *magnifying* your negative expectations and *minimizing* your ability to handle the task, tolerate discomfort, and achieve positive outcomes.
5. Notice, label, and accept your emotions about the task. You can feel these feelings *and get started* on the task.
6. Remember the simple behavioral steps that you can do to get started and that you do not have to be in the mood for the task.
7. Once you take that step, you are no longer procrastinating and will feel much better.

Take Away 6.2. Your Old Behavioral Script

1. What is the new behavior plan you are trying to implement?
2. When during your day is a good time to implement it?
3. As it is now, what typically happens instead of implementing the new plan? What is your "old behavioral script" that keeps you stuck?
4. List out the steps that define the old behavioral script to see what interferes with your new plan.
5. What do you get out of this old behavioral script? What about it is enjoyable or rewarding, even if it keeps you stuck?

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Mark needs a new "coming home" script that includes time spent on a job search. The first step is to ensure that the job search is a valued goal for him and to explore any ambivalence he might have. Once he establishes his commitment, the job search goal is broken down into discrete, manageable steps, including specific initial steps that he says he can perform, such as "bookmark websites for potential companies" or "apply to at least one 'good enough' job on an employment site." Mark's problem, though, is that he never gets to the computer to do his search in the first place.

Having defined the goal into action steps, Mark works on developing a new behavioral script that will promote rather than impede his efforts to perform these steps. The "script" defines a modified sequence of behaviors upon entering the house after work, such as walking through the front door and proceeding past the couch and television, instead aiming himself toward the room with his computer. He will then turn on the computer, open up a job search website, and sit down and engage in the defined job search steps for at least 15 minutes. The behavioral script approach integrates planning and cognitive rehearsal of these behavioral steps, which prime him for follow-through. Specific implementation plans can be devised to promote follow-through and to manage potential distractions (e.g., "If I think about turning on the TV, then I will remind myself that I can do that as reward after I spend time on my job search.").

As with other coping skills and tactics, these suggestions are not immutable laws of physics. Mark will slip into old scripts and will procrastinate from time to time. The difference is that he has a better understanding of his procrastination script and he is now armed with a specific and personalized implementation plan. Although not guaranteeing follow-through, his probability for follow-through has increased.

Reframe Time

A common stumbling block for keeping plans going is the time commitment that is required. More accurately, it is not merely the time, but rather your thought about and visceral sense of the amount of time, energy, and effort required to do something. Thinking about doing a chore or a difficult project probably conjures up images of a long and tedious ordeal with no end in sight, making it easy to rationalize putting it off until later. Usually when hearing someone's anticipation of what a task will be like—"I'm going to spend four hours trying to write this five-page paper, I won't be able to focus, I won't be able to organize my thoughts, and what I eventually write will not be coherent. I'll be left feeling exhausted, stupid, and I'll probably get a failing grade on it."—it makes perfect sense that the person would not want to engage in the task, at least based on that particular scenario.

You can take steps to recognize and change your automatic thoughts about a task, such as disputing the obvious magnification of how bad writing the five-page paper will be in the example above. Adults with ADHD may also have distorted thoughts about time, including how long things will take and expectations for how long they must devote to different jobs.

A first step for dealing with time is to set up realistic time frames for how long you will spend on different tasks. Most items on your Daily To-Do List will require one hour or less, with most day-to-day tasks needing much less. Establishing a start time and an end time for a job thereby makes it finite and feasible (e.g., "I will start this task at 2 p.m. and I will stop at 3 p.m. That is not really that long and I will still have the rest of the

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Take Away 6.3. Your New Behavioral Script

1. Using your "old behavioral script," develop an alternative script that will promote the implementation of your new behavior plan.
2. For each step of your old behavioral script, develop an alternative and realistic step that will be incompatible with the old patterns.
3. Develop a "new behavioral script" made up of the action steps consistent with following through on your new plan.
4. Identify some rewards you can set up for following the new plan.
5. Use other take away suggestions for handling implementation issues, such as breaking down a plan into steps and defining small first steps.
6. Use your "new behavioral script" and follow it step-by-step.

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day."). On the other side of the coin, if you are working on a bigger job, you may dismiss one hour as not enough time in order to justify putting it off ("I need a much longer block of time in order to make any real progress."); instead, you can remind yourself that one hour is an adequate chunk of time to complete at least some steps in this job. It is a no-lose scenario—if you work for an hour and stop, then you kept to your plan; if you decide to keep going beyond an hour, then you make bonus progress. The essential key is to be able to engage in the task.

There are other ways to reconsider your outlook on the time reserved for a task. When we describe the "10-minute rule" (Chapter 5) or the 10 minutes for planning out your day (Chapter 4), we translate these times as 600-second commitments. Six hundred seconds sounds very different than 10 minutes. You can develop other ways of reframing various increments of time based on your day-to-day experiences. For example, if you have reserved 15 minutes to return phone calls at work, you might remind yourself, "If I was 15 minutes early for my train, I would not think of it as a long wait and I would stay there on the platform. I can make phone calls for that long."

Another way to reframe time is to consider how much time is misused even in recreational situations. You might consider the example of delays while commuting (e.g., "Twenty-five minutes? I've sat stopped in my car during rush hour for longer than that.") or other ways to reframe chunks of time in order to have a different emotional reaction to working on a project or chore for that increment of time (e.g., "I've spent 30 minutes watching boring television because I did not feel like looking for the remote," "I've sat through 20 minutes of commercials while watching a football game on television," or "I've sat in a waiting room doing nothing for 15 minutes"). Thus, you might convince yourself to devote the same chunk of time to a task on your Daily To-Do List.

Using a timer or a clock to externalize and track time is helpful. In particular, analog clocks with the hour and minute hand are useful to this end. Although it is an increasingly antiquated notion in this digital age, the notion that "when the big hand reaches six, then I can stop" helps you to track the passage of time in visuospatial terms and see that "it is not really that long." A digital timer with a countdown feature provides a similar function. When doing work on a laptop computer or other electronic device, unplugging the power source turns the battery power indicator into your timer, switching the emphasis from how long you must work on a task to how little time you have left, akin to a countdown (see Table 6.1).

Finally, the purpose of setting up specific time frames for tasks and defining them in behavioral terms is to give yourself specific, concrete, and reasonable expectations and plans that have an end point. However, sometimes it is less the time increment that fuels procrastination than your thought that "I do not have enough energy." As said earlier, time management actually involves managing time, managing the task, and managing your energy, the last of these being the focus of the next section.

Managing Energy

Time management also involves energy management. Sometimes the rationalization for procrastination is wrapped up in the form of the statement "I'm not up to this," which reflects the fact you feel tired, stressed, or some other uncomfortable state. Consequently, you conclude that you do not have the requisite energy for a task, which is likely

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Table 6.1. Reframe Time

What are different ways to define the amount of time you can devote to a task? What are helpful ways to think about time? Here are some helpful questions to ask:

1. How long will this task take me, really?
2. Instead of minutes, I can calculate the number of seconds for this task.
3. Instead of hours, I can calculate the number of minutes.
4. I can remind myself that if I sat through a movie that lasted 90 minutes, I would not think that it took up "my whole day."
5. I have lost more time sitting in traffic or using time wasters at home than I need to spend on this task that is important to me.
6. I've sat through boring TV shows for 30 minutes. I can spend 30 minutes on this task.
7. I've sat through 10 minutes of commercials. I can spend 10 minutes on this task.
8. If I spend one hour studying, it will be 2 p.m. and I still have the whole rest of the day and evening ahead of me. I'll probably feel better knowing my studying is done, too.
9. Once I get started, I usually forget about the time.
10. I'm going to have to spend an hour on this sooner or later; I'd rather do it now than over the weekend or when there is something fun I want to do.
11. What are other examples you can think of?

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combined with a distorted justification for putting it off (e.g., "I have to be at my best or else I will be unable to do it.").

Similar to reframing time, it is helpful to respond to the "I'm not up to this" reaction by reframing energy. Thinking through the actual behavioral and energy requirements of a job challenges the initial and often distorted reasoning with a more realistic view. Remember, you only need "enough" energy to start the task. Consequently, being "too tired" to unload the dishwasher or put in a load of laundry can be reframed to see these tasks as requiring only a low level of energy and focus.

This sort of reframing can be used to address automatic thoughts about energy on tasks that require a little more get-up-and-go. For example, it is common for people to be on the fence about exercising because of the thought "I'm too tired to exercise." That assumption can be redirected to consider the energy required for the smaller steps involved in the "exercise script" that serve as the "launch sequence" for getting to the gym (e.g., "Are you too tired to stand up and get your workout clothes? Carry them to the car?" etc.). You can also ask yourself if you have ever seen people at the gym who are slumped over the exercise machines because they ran out of energy from trying to exert themselves when "too tired." Instead, you can draw on past experience that you will end up feeling better and more energized after exercise; in fact, you will sleep better, be more rested, and have the positive outcome of keeping up with your exercise plan. If nothing else, going through this process rather than giving into the impulse to avoid makes it more likely that you will make a reasoned decision rather than an impulsive one about the task.

A separate energy management issue relevant to keeping plans going is your ability to maintain energy (and thereby your effort) over longer courses of time. Managing ADHD is an endurance sport. It is said that good soccer players find their rest on the field in order to be able to play the full 90 minutes of a game. Similarly, you will have to

manage your pace and exertion throughout the day. That is, the choreography of different tasks and obligations in your Daily Planner affects your energy. It is important to engage in self-care throughout your day, including adequate sleep, time for meals, and downtime and recreational activities in order to recharge your battery. Even when sequencing tasks at work, you can follow up a difficult task, such as working on a report, with more administrative tasks, such as responding to e-mails or phone calls that do not require as much mental energy or at least represent a shift to a different mode. Similarly, at home you may take care of various chores earlier in the evening and spend the remaining time relaxing.

A useful reminder is that there are ways to make some chores more tolerable, if not enjoyable, by linking them with preferred activities for which you have more motivation. Folding laundry while watching television, or doing yard work or household chores while listening to music on an iPod are examples of coupling obligations with pleasurable activities. Moreover, these pleasant experiences combined with task completion will likely be rewarding and energizing.

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Setting Up Rewards

Another basic behavioral principle you can use to enhance motivation and follow-through is the use of reward systems. A well-established psychological tenet is the Premack Principle, which holds that you increase the likelihood of performing a less desired task by following its completion with the reward of a highly desired task. Said simply, the examples of eating vegetables before having dessert or doing homework before watching television epitomize the principle.

Having a positive reward as an incentive to complete a less enjoyable task serves as a carrot at the end of stick to incentivize a task that is not inherently enjoyable. The reward should be something that you truly want and, ideally, something that you only earn for completing that task. Thus, you may reward follow-through on exercise with a fruit smoothie or completion of a study session for a final exam with a song download. These behavioral plans do not represent immutable laws of physics and you will be tempted to violate them (e.g., "I want a smoothie but I don't feel like exercising—this will be an advance on tomorrow's workout."). However, the very association of an activity with a reward will likely increase its salience for you. At the very least, it creates a pause in time and action (i.e., behavioral inhibition) that allows you to think through the task rather than reflexively putting it off.

Accepting and Retraining Emotions

Another facet of dealing with ADHD you should know is that you are likely going to experience difficulties handling your emotions, at times. This does not necessarily mean that you have a mood or anxiety disorder. Rather, emotional regulation difficulties characteristic of ADHD are typified by problems handling feelings in situations that most people encounter, be they negative, such as handling work stress, or positive, such as hearing exciting news. Whereas anyone will likely have an emotional reaction to upsetting news, such as an exorbitantly large car repair bill, or an unexpected and inconvenient change in one's work schedule, the person with ADHD is more likely to have an



Take Away 6.4. Managing Your Energy

1. What are some important ways you can recharge your battery and maintain your energy throughout the day? How does the order of tasks or their choreography affect your energy?
2. Do you need breaks? What is a reasonable length of break? What can you do during a break? What should you not do during a break?
3. When do you eat? Do you need some sort of snack between meals? What are good food choices for you? What foods should you avoid?
4. Does physical activity and movement help you? What are your options for exercise, including brief walks, standing up from your desk, etc.?
5. How well rested are you? Do you get enough sleep at night? Is it helpful to use relaxation strategies during the day?
6. Do you have some downtime during your day? What are some recreational activities you value? Do you have any activities you do that actually make you feel worse?

Take Away 6.5. Reward System

1. What are some rewards you can give yourself for following through on your plans? What are immediate rewards you can earn for a task plan completed today? What are some longer-term, bigger incentives you can use for larger tasks?
2. What are some enjoyable things that you can link with your task plans in order to increase your follow-through? Is it helpful to listen to music while you exercise or do chores? Do you enjoy having tea or coffee while doing paperwork?
3. What are some of the positive experiences you notice when you follow through on your plans and get things done?
4. Conversely, what are some escape activities that might "reward" procrastination? Is there a way to transform these activities into positive rewards for task completion?

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overreaction that might create additional stress, such as having difficulties concentrating on work or school, or being more likely to "fly off the handle" with others. It may take longer for someone with ADHD to calm down, later coming to the realization that "I don't know why I got that upset," but then having to deal with the aftermath of the reaction in addition to the original source of stress.

Thus, managing ADHD also requires that you build up your "emotional endurance" for facing things that, in the short term, you do not want to do but that, in the long term, are connected with valued goals. Again, these are the sorts of endeavors that executive dysfunction makes more difficult for persons with ADHD. When facing tasks and situations that trigger emotional discomfort, it is important to remember that the only way out is through.

There will be many times that you will have to tolerate discomfort when facing tasks you typically avoid. In these situations, a coping skill is the recognition that you can recognize your feelings, label them, *and still follow through* on the steps involved in the task you want to perform, even if you still feel discomfort (Hayes, 2005; Zylowska, 2012). The ability to recognize feelings, to endure them, and to stay on track with what you are doing represents our rudimentary approach to mindful acceptance of emotional discomfort involved in managing ADHD. Just as you may have to do something despite having a headache, there will be some tasks that you can do with an emotional "ache," often stress, boredom, or the feeling of "ugh."

In fact, an emotional management strategy is to act in a way opposite of your current emotion, what we sometimes describe as the "method acting" approach or acting "as if." You might make yourself smile if you feel angry about something, act as if you are a confident salesperson in order to make a sales call you have been delaying, or clap your hands together and say aloud "Okay, enough TV, it is time tackle my report" to get started on a task. These skills are combined with other task engagement strategies, such as defining a first step and setting realistic time expectations that can help you, if not retrain your emotions associated with the task, at least change your relationship with these emotions inasmuch as you discover that you can tolerate them instead of having to eliminate them as a precondition of getting started on the task.

As you start to tackle jobs you have typically avoided, you will find that you are better able to do so without becoming derailed by your emotions. You will still have feelings associated with certain tasks, but you will be less likely to be knocked off track by them, which will open up new and rewarding possibilities for you.

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Take Away 6.6. Managing Emotions and Tolerating Discomfort

1. Identify your emotional reactions that contribute to avoiding an immediate task.
2. Recognize your feelings, including boredom, mild anticipatory stress, or "Ugh" ("I don't want to do this right now.").
3. Rate your "discomfort" along a continuum. How strong is it, really? Rate it on a 0 (relaxed) to 100 (worst pain I've ever felt) scale.
4. Notice your emotion and how it feels—without trying to make it go away. Is it tolerable even if it is somewhat uncomfortable?
5. Focus on breathing through your feelings with a slow, steady pace.
6. Recognize that your feelings need not dictate your behaviors.
7. Consider that you can follow through with your plans *and feel* a degree of discomfort.
8. Engage in and focus on the smallest behavioral step for your task.
9. Observe what happens to your feelings once you get started on the task.
10. Practice these skills when facing other situations and tasks throughout your day.

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7 Keeping the Plan Going (Part 2)
Attitudes, Beliefs, and Self-Esteem

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Although Attention-Deficit/Hyperactivity Disorder (ADHD) is not caused by distorted thinking patterns, it is not surprising that pessimistic attitudes and a negative self-image often emerge over the course of a life spent living with ADHD, particularly if it has gone undiagnosed until adulthood. These outlooks are likely the downstream effects of longstanding and repeated frustrations in various aspects of life, such as school, work, relationships, and any endeavors from which you derive your sense of self.

In fact, recent and converging research indicates that negative thinking plays a distinct role in ADHD as experienced by adults. Namely, setbacks stemming from living with unrecognized ADHD seem to play a central part in the development of negative outlooks, which, in turn, make individuals prone to developing upsetting emotional associations with various life tasks and demands. Consequently, adults with ADHD may adopt an avoidant style when faced with life stressors or any situation in which there is perceived risk for failure (Knouse, Zvorsky, & Safren, 2013; Mitchell, Benson, Knouse, Kimbrel, & Anastopoulous, 2013; Strohmeier, Rosenfield, DiTomasso, & Ramsay, 2013; Torrente et al., 2014).

We have used the metaphor of "invisible fences," the kind that are used to train dogs to stay in their owners' yards to illustrate how ADHD affects attitudes (Ramsay, 2011). When using invisible fences as a training device, a dog wears a collar that delivers a mild shock when it reaches the boundary of the property. Over time, the dog associates crossing the property line with the aversive feeling and is conditioned to stay within the confines of the yard. This association and behavior will be maintained even after the dog no longer wears the collar.

The disappointments and setbacks that come from living with ADHD deliver similar "shocks" in the form of myriad life frustrations, both large and small. Over time, these frustrations train you to avoid or at least be reticent about certain opportunities, such as a new job or promotion with new responsibilities, signing up for classes, or committing to a romantic partner. In some cases, you may automatically assume that you cannot do something without even giving it a try based on your worry that you will get "shocked," yet again. Although a dog will learn to be perfectly happy running and playing within the confines of a yard, the invisible fences of ADHD tend to creep in on you over time, creating even more constraints for your life and well-being.

Based on such frustrations, adults with ADHD are at risk to develop pessimistic outlooks that may appear to be logical conclusions drawn from the evidence from one's life (e.g., "I never finished college; I must simply be lazy," or "I forgot to pay the credit card bill, again; I am not able to handle the normal demands of life."). These attitudes make you doubt your ability to enter into situations in which there is a risk for failure, such as

trying new things or changing old habits (e.g., "I tried keeping a daily planner a few years ago and it did not work.").

Although ADHD is not the direct result of negative thinking, paying attention to and changing your attitude are important elements in your coping plan. In fact, facing and managing your ADHD represents your effort to move beyond your invisible fences. This chapter will focus more explicitly on tactics for adjusting your attitudes in order to transcend ADHD. Many of these principles were introduced in our discussion of procrastination thoughts in Chapter 5, and these ideas will be expanded here to include the role of negative thoughts as one of the common barriers to the consistent use of coping strategies.

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Catching Your Automatic Thoughts

Our thoughts, including images, attitudes, rules, and our deeply held beliefs help us categorize and make sense out of experience. We all experience a flow of thoughts or interpretations of experience that occur just out of awareness, but which you can easily recognize when you pay attention to them (e.g., "What am I thinking right now" or "What thought just went through my mind when . . ."). Most of these thoughts will be neutral and ephemeral, and ideally, there is a higher ratio of positive-to-negative thoughts. The main point is that these automatic, reflexive thoughts are ripe for being distorted and, in turn, will interfere with your follow-through on tasks and use of coping skills.

Distorted automatic thoughts are not delusions but rather represent incorrect or rash conclusions about an event without conclusive evidence (e.g., "I forgot to call my friend. She must be angry with me."), or that are due to a biased interpretation (e.g., "I received a low grade on my essay. It is because the instructor does not like me."). In each of these examples, the interpretation is plausible and possible, but the final verdict cannot be established, at least not yet. A distorted thought, however, might become a trigger for subsequent negative thoughts that start a landslide of assumptions, emotions, and actions that kicks off a self-defeating episode ("Because the instructor does not like me, I will not get a good grade, so it does not matter if I attend class or not. I'll just stop going because it is pointless for me to even try anymore.").

Because most distorted thoughts skew events in a negative direction, cognitive behavioral therapy (CBT) is sometimes viewed as the power of positive thinking. However, there can be distorted positive thoughts or what is known as the positive illusory bias seen in ADHD. For example, gamblers are very positive thinkers even though their expectations fly in the face of everything we know about statistical probability. The goal of catching your automatic thoughts is to develop the skill of recognizing your reactions to a situation and how they affect your outlook, feelings, and perceived options for action.

As was mentioned before, the first step in changing your attitude is simply directing your attention to your automatic thoughts. This is a simple yet important skill that represents a way to exercise impulse control—being able to pause and consider a situation rather than reflexively reacting to it. An easy way to practice catching these thoughts is to notice when you have an emotional reaction to something in your daily life, however strong or subtle the reaction, particularly when you notice yourself procrastinating. You may have a noticeable emotional reaction to a news report, a task assignment at work, after tripping over someone else's shoes left in the middle of the floor at home, etc. and simply notice your interpretation of the situation and how it might be distorted, even if just a little bit.



Take Away 7.1. Catching Automatic Thoughts

1. Use changes in your feelings, including discomfort about a task, or the fact you are avoiding a task as signs that you are having negative automatic thoughts.
2. Think back and figure out what situation, task, or event triggered this reaction.
3. What was your thought about or interpretation? ("What thought went through my mind about it? What does this mean to me?")
4. How does this thought influence your feelings and your behavior?
5. Are you engaging in any thinking errors? How might you look at things differently? (Refer to Table 7.1 and the list of *thinking errors.*)

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ADHD adults often are able to catch their cognitive reactions to various tasks, chores, or responsibilities after being introduced to the notion of automatic thoughts. Even when reading through this handbook or thinking about other suggestions for managing ADHD you have heard, you may have had thoughts such as, "Yes, that sounds good, but it does not work for me," "The authors do not know how hard it really is," or "I will never be able to do that." When facing a project at work or school, you may start thinking about the enormity of the project, that it will be difficult, and that you really do not want to do it. Left unchecked, these reactions will lead to rationalizations that justify avoiding the task, such as "I really should catch up on my e-mail now and then I will be in good shape to start working on the project tomorrow," or "I'm not in the mood to work on homework, so I will take care of these other things first. I still have plenty of time."

These thoughts and attitudes seem perfectly reasonable as you have them, but later in the day, you will berate yourself that you did not take advantage of free time to work on a task. This is the insidious nature of automatic thoughts—even subtle distortions or rationalizations run the risk of creating large problems from procrastination that can have cascading and negative effects on important areas of your life. The next section focuses on some of the common ways in which these automatic thoughts can be distorted so that you can begin to recognize their effects.

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Thinking Errors

Our friend, colleague, and top-notch CBT clinician Dr. Cory Newman says that merely recognizing your automatic thoughts does not accomplish the end goal of changing your outlook. However, similar to a new car's resale value depreciating immediately after you drive off the dealer's lot, the effects of distorted thoughts greatly depreciate once you identify them as such. It is very often the case that the thoughts that seem so very reasonable as they bounce around in your head appear less so when subjected to even a little scrutiny.

Thus, a tactic with which to change your thinking is to recognize and categorize thinking errors (aka distorted thoughts). Some of the more commonplace distortions we observe in adult ADHD are listed in Table 7.1. These thoughts represent phenomena that are common in daily life and can be relevant for a variety of clinical issues. There is also a great deal of overlap among distortions, and a single automatic thought may fit into different categories, but the important point is to tag and assess your reactions to situations.

We introduced the distortion of *magnification/minimization* in Chapter 5 and its relevance to procrastination. Another distortion we want to highlight here is *comparative thinking,* or measuring yourself against other people. That is, ADHD adults often assume that everyone else effortlessly manages the demands of life without having to exert much effort to do so, much less having to use all the coping steps discussed in this handbook. You may develop the view that you, too, should be able to get by without all the added hassle. There is a tendency to pick-and-choose among different examples of people who cope better than you, such as comparing your appearance to the coworker who always seems to arrive well-dressed and neatly organized. You then compare your time management skills to a different, Type-A personality, coworker who never seems to be late or miss a detail. It is easy to create an idealized chimera out of other people and their different abilities that is impossible for you to match.

Table 7.1. Thinking Errors

Magnification and minimization = Exaggerating the negative aspects of a situation and underestimating the positive aspects (e.g., "Working on this paper is going to be tedious and unproductive and it will ultimately be a waste of my time.").

Comparative thinking = Judging yourself based on how you or your actions measure up against those of others—even though this comparison is often unfair or inaccurate (e.g., "I spend hours preparing for a brief presentation at work and my colleague does not look stressed and is able to do a good job without much preparation.").

All-or-nothing thinking = Also known as black-or-white thinking, this error refers to viewing yourself or your performance in absolute, categorical terms (success or failure) that does not acknowledge a continuum of qualities or performance (e.g., "I still procrastinated on working on my taxes and I missed my haircut appointment. This treatment for adult ADHD is not working at all and I'm still at square one.").

Awfulizing = Also referred to as catastrophic thinking, this error refers to inflating the negative aspects of a situation to make it seem worse than it really is (e.g., "My boss pointed out that I've arrived late for work and said that he needs me here on time. He's getting ready to fire me.").

Mind reading = Assuming that you "just know" what others think about you or a situation without clear evidence (e.g., "It is no use asking for an extension at this point. I just know the professor will say no.").

Anticipating the future = Also known as fortune-telling, this thinking error refers to assuming things will inevitably end up going badly (e.g., "I know that I will make positive changes for a little while, but I'll eventually mess up and then I'll be right back where I started.").

Emotional reasoning = Using your emotional reaction to a situation as evidence for your negative conclusion (e.g., "I feel like an idiot."). This error also appears in the thought that "I must be in the mood to do a task, or else I cannot do it."

Overgeneralization = Taking a circumscribed example of a mistake and blowing it and its implications out of proportion (e.g., "I did poorly on a test. I do not belong in college.").

Fallacy of fairness = The unrealistic expectation that things in life will work out in a fair and equitable fashion (e.g., "It is not fair that I have to spend more time than my classmate to complete the same reading assignment.").

Should statements = Holding yourself or others to overly rigid rules that create unrealistic performance expectations that result in disappointment (e.g., "I should be able to sit down and read for an hour without having to take breaks.").

Jumping to conclusions = Making rash, extreme assumptions about yourself, someone else, or a situation without having all the evidence (e.g., "I want to organize my closet but there is too much in there. There is no way I can do this.").

Labeling = Using judgmental or negative terms to describe yourself, others, or a situation that are unfair characterizations and do not focus on specific behavioral issues (e.g., "I procrastinated because I'm lazy" versus "I procrastinated because the task seemed overwhelming and I escaped to the computer.").

Magical thinking / Positive bias = Overreliance on circumstances out of your control, "good luck," or the unrealistic expectation that there will be a simple solution and underestimating actions you can take to deal with issues (e.g., "I work best at the last minute—it will work out, somehow.").

Externalizing blame = Inordinate responsibility and culpability is placed on others (e.g., "My doctor should give me a full session, even if I show up late. That is why I'm here.").

Selective abstraction = Also known as filtering, you focus on information that supports a negative view, and dismiss other information (e.g., "I got a late start, hit traffic, and missed my flight. I got the next flight and arrived a few hours later than I expected. The meeting went well and preparing in advance paid off, but the fact I missed that flight wrecked the whole trip for me.").

Note: Drawn from Beck (1976); Burns, (1989); Ramsay and Rostain (2015)

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One principle for working through comparative thinking is remembering that most people without ADHD, in fact, probably do have an easier time managing their affairs. That being said, they still use the steps and skills we outline in this tool kit, at least in some form. With regard to direct comparisons with others, such as the example of the well-dressed and neatly organized coworker, your comparison may not be fair. That is, the coworker might be single and wake up earlier than you do in order to attend to his or her appearance. You, on the other hand, may have children you are getting off to school at the same time you get ready for work.

The issue usually gets redirected to the question of how you can better handle your personal situation. Are there changes you want to make in your preparations for work, such as spending time the night before choosing your clothes and organizing your briefcase? Can you accept that you prepare yourself "well enough" and that you have different circumstances and priorities than your coworker? Similar to the notion of playing poker, the issue becomes how you play the cards you have been dealt. The next sections focus on ways to modify your thoughts and attitudes.

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Changing Your Thoughts: Consulting Your Defense Attorney

The goal of cognitive modification is to identify distortions and then consider other, more adaptive outlooks in order to keep your options open for handling the situation. At the very least, this step of reviewing the situation and considering alternatives introduces time for reflection to counteract the impulse to escape situations or fall into unproductive habits.

A particularly useful strategy for evaluating your thoughts is to consult your personal "Defense Attorney" (drawn from Freeman & Reinecke, 1993). Throughout this tool kit, we have used various metaphors, quotes, and catchphrases that will help you to remember coping skills in order to make them "sticky" so that you are more likely to remember and use them. The Defense Attorney is one of these reminders that we hope will stick with you and come online for you when you need it.

Your negative thoughts seem convincing not because they are complete and accurate, but rather because you have only considered the apparent evidence supporting your initial reaction. Thus, you are liable to avoid a situation or criticize yourself based on a single, often negative and limited view of an event. The situation is similar to being on trial in a Court of Law where the Prosecuting Attorney presents "negative" evidence against you, and a judgment is rendered by the judge after only hearing this one side of the argument. A fair trial means that your legal counsel is guaranteed an opportunity to object and mount a case on your behalf to the full extent of the law. In fact, we could make the case that you are violating your own Constitutional rights if you do not scrutinize your automatic reactions!

Your personal Defense Attorney is retained to support you, to keep your options open, and to ensure that the final "verdict" will be fair. For example, you might consider skipping a dose of your prescribed medication for ADHD because you have a day off from work and you do not feel like walking back upstairs for it. These assumptions can be considered as the evidence in the Prosecutor's case against taking your medication. Your Defense Attorney acknowledges that while you have a day off, there are some activities for which you want to have good attention, such as pleasure reading, not to mention that you plan to run some errands that will require you to drive your car, which requires focus. A case can also be made that walking up the stairs is not a true hardship that by itself justifies not keeping to your medication regimen.



Take Away 7.2. Changing Automatic Thoughts Using Your Defense Attorney

1. Recognize your automatic thoughts about a task that affect your follow-through.
2. Reconsider these negative thoughts as though they were arguments made against you or the task by a Prosecuting Attorney who is presenting a case against you to a Judge and jury.
3. Now, consider how your Defense Attorney would object to any thinking errors, incomplete information, and exaggerations in the Prosecutor's argument and make a case on your behalf focused on a balanced, realistic view of the situation.
4. Weigh the evidence and consider ways that you can take action using an adaptive view.
5. Use previous take away suggestions for getting engaged in a task.

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Your Defense Attorney also helps you manage your emotions, such as discomfort associated with tasks or situations. Using the legal metaphor, you have the right to be informed of the charges brought against you. Thus, it is useful to identify specifically what you are feeling in a particular situation. This sounds simple, but there may be a few worries or other feelings bundled together.

For example, a student has several different assignments to organize and complete and feels overwhelmed. The Defense Attorney helps him to focus on the specific worries and then review them one-at-a-time. The student might have the thought that there is "no way" to get enough done, that he will end up not finishing any assignments, and thus contemplates not studying at all. The Defense Attorney helps him to see that he is engaging in all-or-nothing thinking—"If I cannot catch up in all my classes today, then it is not worth doing anything." Instead, the student separates out the assignments and defines a specific step to take on each one, allotting a realistic time frame for each one over the next few days.

The Defense Attorney idea is also helpful for handling the mood and anxiety patterns that may coexist with ADHD. Managing depressed feelings often involves modifying negativistic outlooks. In some cases, dealing with these thoughts involves facing real-world disappointments, such as a lower-than-expected grade or some other setback. Reactions to negative events tend to overgeneralize the implications of them for the individual and his or her future. Thus, a college student with the low grade might think, "I'm not a good student. I'm not going to be able to get a good job if I keep getting grades like this." The Defense Attorney draws on past evidence to show that the student met the qualifications for acceptance to the college and can figure out behavioral explanations for the low grade, such as poor preparation or class attendance. It is much easier to change behaviors than it is to change the self-image of being a "bad student."

Dealing with anger, frustration, and boredom often involves a cognitive shift from reactions to "what happened (or didn't happen)" to "how will I handle it." That is, anger (associated with the interpretation that something is not fair or right) and its variants can be healthy insofar as it can motivate us to action. Thus, if something happened that, in fact, is not fair and there is a recourse you can take to correct it, then it is good to do so. On the other hand, problems arise when there are overreactions to these sorts of situations or to the expected hassles of daily life. Moreover, agitated moods make it difficult to focus on the here-and-now, to engage in problem solving, and make it more likely that you will lash out at others.

A useful first step is to reverse engineer the situation back to the triggering event and to define the specific problem you are facing. You can then determine options for handling it. The various manifestations of anger reflect a sense that something is "not fair," which is related to a *should statement,* such as "this should not happen." Dealing with "shoulds" involves acknowledging that you obviously are not happy that something happened, but that you must still face the fact that it did happen. Thus, the task then turns to dealing with the situation.

Perspective taking is another useful way your Defense Attorney can help you deal with frustrations. You consider how things could be worse than they are, despite whatever difficulty you are facing. Thinking through the situation to its resolution helps you to recognize that the situation will ultimately be time limited, that is, "I will be without my computer while it's being repaired. That's very inconvenient, but at least I will not need to buy a new one." Considering a worst case scenario and gaining perspective on it can be helpful, too, such as "If my computer cannot be fixed, I can use a computer at the local public library

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while I save up money for a new one." It is also helpful to practice gratitude and focus on resources that you might take for granted, such as "If this is the worst thing that happens to me this week, it is manageable. I'm sure others are facing bigger problems."

Catching and changing these automatic thoughts seems easy enough to do, but it takes a concerted effort to disentangle your thoughts, feelings, and actions. Working through your automatic thoughts on paper allows you see how unreasonable they can be as opposed to dealing with them bouncing around in your head, where they "feel" convincing to you. We have included a version of a thought change record. There are many variations, including simply drawing a line down a sheet of paper or the back of an envelope in which you compare the Prosecutor's thought with your Defense Attorney's response (see Tables 7.2 and 7.3).

There are a number of questions to consider when formulating your Defense Attorney's case that will guide your efforts to maintain an adaptive perspective.

- If a friend of mine (particularly one with ADHD) faced this situation and had this thought, would I hold him or her to the same standards to which I am holding myself? How would I advise him or her?
- Is there another way to think about this situation that will help me to manage it better? What could be the effect of changing my outlook?
- Do I already know what I need to do to manage this situation but do not want to do it? What about this option makes me uncomfortable?
- Can I accept a degree of imperfection or discomfort in order to face this situation? Do things usually end up being as bad as I think they will? How will I feel in 5 minutes if I face this situation rather than avoiding it?
- In the grand scheme of things, how significant is this situation? What is the worst that will happen? Will it seem this important to me in an hour? Tomorrow? Next week? Next year? How do I plan to handle it?

Table 7.2. Example of a Thought Record Form

Triggering Situation	*Prosecutor Attorney Thoughts*	*Reactions–Feelings, Behaviors, etc.*	*Defense Attorney Thoughts*	*Action Plan*

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Table 7.3. Example of How to Use a Thought Record Form

Triggering Situation	*Prosecutor Attorney Thoughts*	*Reactions–Feelings, Behaviors, etc.*	*Defense Attorney Thoughts*	*Action Plan*
I am putting off working on my 10-page report	• I don't know where to start. • I need several hours free to devote to it. • I need to be in the mood to write. • This is going to be torture. • Distortions = Magnification/ Minimization, Awfulizing, Anticipating the Future	• Worry • Stress • Playing video games to "get in the mood" • Taking naps during free times	• There are ways to clarify what to do. • I can make progress in an hour working on it. • No one "feels like" doing a 10-page paper. • Once I get started, I will feel better by working on it.	• I will reread the syllabus and spend 15 minutes planning what to write. • I will devote my breaks I have between classes this week to the paper. • I will define a specific section to work on before I start each writing session. • If I get stuck, I will ask for help.
I forgot my son's teacher conference	• I'm a lousy father. • I look stupid. • Distortions = Overgeneralize, Mind reading	• Embarrassed • Angry • Avoid contacting teacher	• I am very involved in my son's education. • It was a mistake. I'm not the first person in the history of the world to forget a meeting.	• I will contact the teacher, apologize, and reschedule. • I will put it in my planner right away.

The late motivational author Steven Covey was quoted as saying, "You can't talk yourself out of what you've behaved yourself into." Extending this quote to cognitive modification, modifying your thoughts helps keep your reactions balanced. This process, in turn, allows you to stay present and engaged in the moment so that you can better keep your actions in line with your intentions. The next sections focus on strategies for taking action using your new outlooks.

Method Acting Approach

The phrase "fake it until you make it" suggests that you can handle unfamiliar situations by acting "as if" you already have the necessary experience. An extension of this coping reminder is the "method acting approach." This approach involves acting as if you were a certain person in order to get started. Thus, an actor may find ways to act as if he or she were a certain character with whom he or she has little in common by drawing on personal experiences or research on similar figures. Over time and through repetition, these behaviors will become more natural for you.

For example, you may not be used to using a Daily Planner to write things down, especially in front of others. In fact, this prospect might seem weird to you, which may decrease the likelihood you will do it (e.g., "You mean I should take out my Planner in front of my supervisor to write down reminders to myself while she watches me? There's no way I can do that!").

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Take Away 7.3. Developing Alternative Thoughts

1. What am I thinking about this situation? Am I using any thinking errors?
2. What is another way to think about this situation? What would my Defense Attorney say?
3. What is the worst possible outcome? What is the best possible outcome? What is the most likely outcome in this situation?
4. What are some specific steps I can take to influence this situation? Can I handle the situation?
5. If a friend of mine (particularly someone with ADHD) was in this situation and had these reactions, how would I advise him or her?
6. In the grand scheme of things, is this situation as bad as I'm making it out to be? How will I look at this situation in an hour? A day? A month? A year from now?
7. What can I do to handle this situation, such that I can look back on it with a sense of satisfaction? What is a small step I can take to make this happen?

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In order to practice these skills, you allow yourself to act as if you are a worker who sees it as a perfectly natural and appropriate thing to do to write things down in the Planner before leaving a meeting. You may have someone in mind who is a role model whom you can imitate. It can be helpful to sketch out your behavioral script for the new action, including developing useful phrases to use (e.g., "Let me take a moment to make sure I write down our next meeting."). This framework provides an opportunity to handle situations differently in order to gain experience using new coping skills.

Values and Commitment

Along the same lines as the strategies for manufacturing motivation that we discussed in the Chapter 6, cognitive strategies are essential to maintain your drive for and commitment to longer-range endeavors. It is all too easy to engage in rationalizations and escape behaviors in order to avoid what is viewed as a difficult task. Coping drift can occur after you have gotten off to a good start, such as sorting through your daily mail for several weeks, or using your Daily Planner but then start to allow small breaches of your plans to creep in. What starts off as isolated, minor violations of your plans, e.g., "I'm tired now. I'll take care of this later," ends up with you falling back into old habits and facing familiar frustrations, such as paying a late fee for an overdue bill.

It is a useful exercise to refresh your reasons and motivations for your coping plans. If and when you notice your coping habits starting to slip, the following questions will help increase the likelihood of keeping a specific plan going:

- What about this task am I thinking that I cannot do?
- Have I been able to do this sort of task before?
- Do I really have to be in the mood to do this?
- Can I handle working on the task for five minutes? How might it feel to make progress?
- What are some positive experiences I might have?
- How will it feel to get started on this task rather than avoiding it?
- How uncomfortable will this task be, really? Can I handle it?
- Is it okay to perform this task if only to "get it off my list"?

As an adjunct to these cognitive strategies for reestablishing commitment, it is useful to remind yourself what you personally value about the task at hand. Answers to the following questions can help you to cultivate and enrich your commitment to the task:

- Why is this task important to me?
- How does this task fit into a larger plan?
- How much have I already done toward my ultimate objective? What is the next step?
- Can I commit to this step of the plan, even if it feels uncomfortable to start?
- How will I feel after I complete the task? Will it seem as difficult then?
- What are the benefits to me of starting this task? What are the drawbacks of procrastination?
- How will I feel knowing that I can face and manage a task such as this?
- Can I at least do something related to this task so I know that I did not avoid it?

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Take Away 7.4. Recommitting to Your Plan

1. What is the plan with which you are struggling?
2. What about this plan has been difficult for you? What has interfered with follow through?
3. Is this plan still worth the time and effort it requires? Have circumstances changed?
4. Make an informed decision about your commitment to the plan by weighing its risks and benefits. If it is no longer a priority, you can let it go.
5. If you still want to pursue this plan, why is it still important to you? What is its value to you?
6. How will it benefit you in the long run?
7. How would you feel if you abandoned this plan? How would it feel to keep working on it? How do you anticipate you will feel when you complete your plan?
8. Are you willing to face and tolerate the discomfort in order to take the next step?
9. What are the next steps you can take to move forward, even a little bit?
10. Are there any additional resources or assistance you need to keep going?

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Keeping the plan going involves finding ways to keep in mind the value and importance of your coping plans and how to sustain them. There will be slip ups or instances in which "life happens" and gets in the way of your plans. In fact, there may be times that you recognize that your priorities have changed and you reorganize your coping plan. Going through this process at least allows you to make an informed decision about your plans rather than a hasty escape.

Aron Ralston (2004) wrote the book *127 Hours: Between a Rock and a Hard Place* that was later made into the movie *127 Hours.* The book and movie provide his account of hiking and getting trapped in a canyon when his hand became wedged between a falling boulder and a wall of rock. No one was aware of his whereabouts and he faced the prospect of dying there after several days. He eventually freed himself by severing his hand as his final option for survival.

The point for our discussion is that throughout the early sections of his book, Ralston shared stories of his various exploits as an extreme outdoors enthusiast, mountain climber, etc. After an account of being stuck on the side of a mountain, huddled alone, and shivering inside a small tent during a storm, he quoted the author Mark Twight that "it does not have to be fun to be fun." The take away idea is that even though Ralston admitted he was not necessarily enjoying himself in the middle of the storm, that momentary experience was a relatively small cog of a larger and personally valued experience of facing a challenge, climbing a mountain, and other parts of an otherwise rewarding and fulfilling journey. This sort of motivational reminder—"It doesn't have to be fun to be fun"—helps you to regain perspective about the relatively brief, anticipatory discomfort about a task in order to help you to handle it to gain the experience of getting engaged in what you set out to do.

Changing Your View of Yourself

Adults with ADHD as a group have often experienced more than their fair share of disappointments and frustrations associated with the symptoms of ADHD, in many cases not realizing the impact of ADHD has had on them. When you reflect on a history of low grades, forgetting or not keeping promises made to others, repeated exhortations from others about your unfulfilled potential and the need to work harder, you may be left with a self-view that "I'm not good enough," "I'm lazy," or "I cannot expect much from myself and neither can anyone else." The end result of these repeated frustrations can be the erosion of your sense of self, what is often called low self-esteem.

These deep-seated, enduring self-views, or "core beliefs" about who you are can be thought of as a lens through which you see yourself, the world, and your place in the world. Adverse developmental experiences associated with ADHD may unfairly color your lens and result in a skewed pessimistic view of yourself, at least in some situations. When facing situations in the here-and-now that activate these negative beliefs, you experience strong emotions, negative thoughts, and a propensity to fall into self-defeating behaviors, most often resignation and escape. These core beliefs might only be activated in limited, specific situations for some people with ADHD; in other cases, these beliefs color one's perception in most situations. It should be noted that many adults with ADHD, despite feeling flummoxed by their symptoms in many situations, possess a healthy self-view, though there may be many situations that briefly shake their confidence.

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These core beliefs or "schema" develop over the course of time from childhood through adulthood and reflect our efforts to figure out the "rules for life" (Beck, 1976; Young & Klosko, 1994). They can be thought of as mental categories that let us impose order on the world and make sense of it. Thus, as we grow up and face different situations, people, and challenges, we make sense of our situations and relationships and learn the rubrics for how the world works.

The capacity to form schemas and to organize experience in this way is very adaptive. For the most part, these processes help us figure out, adapt to, and navigate through different situations encountered in life. In some cases, people develop beliefs and strategies that help them get through unusually difficult life circumstances, what are sometimes called survival strategies. These old strategies may be left behind as people settle into new, healthier settings and adopt and rely on "healthy rules." In other cases, however, maladaptive beliefs persist, are not adjusted by later experiences (or difficult circumstances persist), and these schema interfere with efforts to thrive in adulthood.

In our work with ADHD adults, particularly for those who were undiagnosed in childhood, we have heard accounts of negative labels or hurtful attributions affixed to past problems that become internalized, toughened, and have had a lasting impact. In many cases, however, many ADHD adults report that they arrived at negative conclusions about themselves based on their experiences (e.g., "None of my friends had to go to summer school."). Negative schema may lay dormant, akin to a hibernating bear, but are easily reactivated in adulthood when facing similar gaffes or difficulties, including when there is even a hint of possible disappointment or failure. The function of these beliefs is self-protective—shock me once, shame on you; shock me twice, shame on me. However, these maladaptive beliefs insidiously trigger self-defeating behaviors that represent an attempt to cope with situations, but that end up worsening the problem and thereby strengthening the negative belief in a vicious, self-fulfilling cycle. Returning to the invisible fences metaphor, these beliefs keep you stuck in a yard that is too confining in order to avoid possible "shocks."

Table 7.4 lists some of the more common schema categories and associated beliefs seen in adult ADHD. Your schema may be rooted in verifiable past mistakes and frustrations. However, the conclusions you make about them and yourself are often overly harsh and maladaptive insofar as they interfere with moving forward in your life. It is impossible to put into words the desperation associated with straining to pay attention in a lecture (almost pulling a muscle trying to do so, as one patient related to us), laboring through assigned readings, or the sinking feeling associated with remembering a promise or a deadline after it is too late to do anything about it. You end up recycling "can'ts" instead of your "cans," that is, focusing on your mistakes to the detriment of your strengths and abilities. Our point is not to cast blame on anyone who did not recognize your ADHD, or to absolve you from past mistakes, but rather to acknowledge that ADHD is a game changer that affects most areas of life and requires a unique set of skills to manage, not the least of which is addressing your self-regard (see Table 7.4).

A useful technique for uncovering your core beliefs is called the "downward arrow" (aka "vertical arrow;" Burns, 1989). The exercise starts with identifying your common automatic thoughts. Select a commonly occurring distorted thought and answer the question, "If I assume that this thought is true and accurate, what does this say about me or what does that mean?" You may have another thought in response to that question,

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Table 7.4. Maladaptive Schema/Core Beliefs

- **Self-mistrust**—"I cannot rely on myself to do what I need to do. I let myself and others down."
- **Failure**—"I have not met expectations. I always have failed and always will fail at what I set out to do."
- **Incompetence/Inadequacy**—"I am too inept to handle the basic demands of life."
- **Defectiveness**—"I'm basically a bad, flawed person."
- **Instability**—"My life will always be chaotic and in turmoil."
- **Unlovability/Social Exclusion**—"No one will ever want to put up with me over the long run," or "People will reject me."

(Drawn from Ramsay & Rostain, 2003; Young & Klosko, 1994)

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which you again subject to the same question, "If I assume that this thought is true, too, what does this say about me or what does that mean?" You keep going until you reach the underlying conclusion.

For example, you may have waited too long to start working on a project for work and you realize that you will miss the Monday morning deadline. You just sent your boss an e-mail on Sunday night telling him that you will not be in the office on Monday in order to finish it. Your thought is that "He is going to be upset and I am going to look unprofessional." Below is what your downward arrow might look like:

Q: "If I assume that my boss is upset and thinks I'm unprofessional, what does this say about me or what does this mean?"
A: "He may start monitoring my work more closely and he will see how disorganized I am."
Q: "If he sees I'm disorganized, what does this say about me?"
A: "Everyone will figure out that I don't know what I'm doing and I'm not cut out for this job."
Q: "If people find out that I'm not cut out for this job, what does this say about me?"
A: "They will find a way to get rid of me or I will have to quit before that happens."
Q: "If I am forced to leave my job, what does this say about mean?"
A: "I really am a fraud and I never had the potential that everyone said I did." [Failure schema]

Cognitive modification strategies can be used to reexamine these beliefs and the evidence on which they are based. Possessing a more balanced self-image will help you to face situations you reflexively avoid. From these novel behavioral and emotional experiences, you may begin to revise your rules for the world. Self-esteem rooted in confidence and competence is the most desired type. It is best developed through facing and managing realistic challenges and gaining the visceral, felt sense that you can handle things. Similar to the dog who is no longer bound by the invisible fence, it will take time and repetition for you to trust that you can take on opportunities and challenges without getting shocked in the same way as you have in the past. These experiences provide the building blocks for a new view of yourself as you break down the invisible fences that have been holding you back.

8 Outsourcing Coping Skills

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After our multichapter discussion of steps you can take to proactively manage the effects of Attention-Deficit/Hyperactivity Disorder (ADHD) on your life, this chapter shifts the focus to setting up systems for dealing with troublesome chores so that you do not have to rely as much on your coping skills. That is, a good way to cope with executive function skill deficits is to find ways to outsource them so that they are taken care of without you having to do much—trouble avoided is a problem solved. The coping strategies we will discuss in this chapter require a brief investment of time and energy to set up these systems, but they will save you valuable time and minimize frustration over the long haul. While there are many opportunities to automate or otherwise farm out recurring tasks, we also caution against the pursuit of "Fool's Gold," or looking for the perfect system that ends up actually being a source of procrastination that ends up creating more headaches.

Setting Up Automated Payments

Although not diagnostic in and of itself, forgetting to pay bills and incurring late fees (and having services cut off as a consequence of unpaid bills, in severe cases) is a very common complaint among individuals with ADHD. A convenient way to address this problem is to set up automatic payments for each of your monthly bills for which this option is available. In particular, essential utilities and other services for which late payment may interrupt service are priorities for this arrangement, which is made easier by that fact that most companies encourage electronic payments, and often provide incentives to do so.

Some individuals with ADHD worry about setting up such payments that are connected to their bank accounts because they are unsure of their account balance and therefore risk overdraft penalties (not to mention security concerns about having one's account linked to online transactions). An option, if possible, is to have a savings account that is linked to the checking account for purposes of overdraft protection. We realize that many adults with ADHD do not have extra savings and, moreover, we are proposing an extra task for you to perform.

A simpler option is to have a separate credit card earmarked solely for automatic payments. It is wise that you do not keep this credit card on your person in order to avoid the impulse to use it for other purchases. Your monthly credit card statement will be a record of your automatic payments that you can pay off in one lump payment each month. If

you pay this bill each month, you then will avoid paying interest on your credit card balance; even if you miss the credit card payment, at least your services will already be paid. The objective is to make sure you pay your bills on time and consolidate payments.

You will receive payment notifications or other information through your e-mail or text accounts. These messages may include warnings that your credit card information needs to be updated due to a pending expiration date. However, these notices can be overlooked or forgotten in the wave of messages most people receive each day. Hence, an additional organizational step is to set up a separate e-mail account devoted specifically to your automated payments (and other financial matters, if relevant). Thus, if you see that there are messages waiting for you in this account, they are most likely important for you to read—automated prioritization.

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Setting Up Automatic Reminders

All things being equal, we advise using a paper Daily Planner rather than an electronic system. There are benefits derived from writing down commitments and being able to easily see your plans laid out for the next day, week, or month in a single view. However, a benefit that electronic planners have over the paper planners is the ability to set up alarms for recurring appointments and other tasks that are scheduled.

You can augment the use of your paper Daily Planner by using the alarm features on your smartphone or computer tablet in order to give you a heads up for important meetings or tasks. Ideally, intact working memory helps us "remember to remember" these sorts of things, akin to the little vibrating disk you are given at a busy restaurant that goes off to notify you when your table is ready. However, working memory is often faulty or at least unreliable in adults with ADHD, and alarms represent a useful reminder technology. Alarms can also be used to signal times for certain chores or regular errands, such as when it is getting near the time for a monthly refill for prescription medications. Infrequent appointments, such as a biannual dental appointment, or sporadic errands, such as picking up dry cleaning, are the types of tasks that are prone to be forgotten without back-up reminders, such as an alarm.

There are specialized apps that provide reminder features (see Appendix E), including those offered by pharmacies, medical offices, and other professionals and companies whose services you use. It is convenient to download these apps onto your smartphone or computer tablet, to sign up for reminder texts or voice mails, as well as to make the most of any other benefits they provide, including having an e-version of a "bonus card" you have for a pharmacy that might save you some money.

Along these lines, some business and social networking websites and apps allow you to set up recurring orders and/or reminders for products, services, or other regularly occurring tasks. Reminders for birthdays, anniversaries, or other important dates can also be arranged. Standing orders can be set up with an online retailer for some products that you know you will need on a regular basis so that they are automatically shipped to your door. You will have to determine the right balance of your financial and organizational priorities, but many people find that the reduced time, effort, and stress and increased convenience are worth a little added cost for these services (although there is often a discount associated with them). Said differently, how does the cost for these time-savers compare to the costs of ADHD in terms of not using them?

One final suggestion for this section on reminders and alarms is for you to wear or have access to a readily visible time piece. Wearing a wristwatch is a very simple way to externalize and monitor time. Individuals, particularly members of the Millennial Generation, who have lived in the digital age in which the smartphone is a tool of daily life may insist on using their phones as a time piece. However, phones are often kept in pockets or purses and are not easily retrieved for quick glances needed to keep track of time. Having a visible timepiece, that is, wristwatch, is a simple solution that allows for more consistent time monitoring.

Analog clocks and watches with the hour and minute hands probably do a better job of externalizing time than digital versions. Both serve the necessary function of giving you the current time. However, analog watches provide a visual sense of how close you are getting to a particular time by the decreasing distance of the minute hand to the top of the hour, for example. (The old fashioned hourglass probably provides the best analog representation of the passage of time as measured by the ratio of sand in the upper and lower chambers.) There is a variety of time management products marketed for individuals with ADHD that use a variety of colors and sounds to represent time remaining. Digital watches provide a countdown feature, too, but there seems to be more of a sense of "It is not 3 p.m., yet" when tracking time with a digital watch that may be a rationalization for "cutting it close," as compared to seeing how close the big hand of an analog watch is to a target time. This may seem to be a minor point, but it is useful to consider, particularly in light of the fact time estimation (and temporal discounting) is an area of difficulty for most adults with ADHD.

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Hiring and Bartering

Most outsourcing strategies can be put into place without any cost to you, other than the sweat equity of having set them up and maintain them. You will likely experience a net gain in time saved, reduced effort, and lowered stress over the long haul.

Another option for outsourcing coping skills is to hire people to do them for you. An accountant can be hired to complete your taxes, a landscaper to mow your lawn and perform other yard work, a handyman to finish those nagging home repairs, etc. These are the sorts of chores about which you probably say, "I know I can do it myself, but I never get around to it." In fact, it is often a should statement that gets in the way of hiring someone else to do these tasks (e.g., "I am capable of doing this. I *should* be able to do it myself without having to pay someone else.").

Once you decide to hire someone for a particular job, the task of investigating options becomes an item for your Comprehensive To-Do List. For example, in December you think about researching accountants in anticipation of income tax season, or in February you think about finding someone to mow your law and trim your trees during the spring and summer months. Even hiring someone is a large objective that must be broken down into specific action steps on your Daily To-Do List (e.g., "I will call my friend to see whom she uses for an accountant.") in order to move forward with them. As with automated payments, it requires a little set-up time and effort to set up the system before you can reap the benefits.

We certainly appreciate that you will not be able to afford to hire outsiders to perform each and every difficult or inconvenient task that you face. However, even if you are able to identify one particularly challenging chore to outsource, you can weigh whether the time and stress saved by not having to face this chore is worth the cost.

If hiring someone is not feasible, another option is bartering, or trading objects or services. Hence, even though you are not able to afford hiring a landscaper to mow your lawn, you might "hire" your neighbor's son who is home from college for the summer in exchange for the use of your Wi-Fi while he is around or some other fair trade. Similarly, your accountant friend might agree to complete your taxes in exchange for your painting his home office. There are other ways to make a trade with a friend that is mutually beneficial, such as with household organization (e.g., "On Saturday we will go through and organize my closet and on Sunday we will work on your closet."), or college students agreeing to be study partners.

For tasks that you must perform on your own, it is useful to be accountable to someone else. The notion of intrinsic motivation or self-generated drive is held as the ideal, but ADHD is characterized by motivation difficulties. There is nothing wrong with extrinsic motivation, using accountability to others and rewards to help you get engaged in a task, which you can think of as outsourcing accountability (which is not the same as outsourcing responsibility).

You can announce your plan to a friend or family member to make it salient for you (e.g., "I'm going to go out to the garage for at least an hour and see what I can get rid of."). If there is no one immediately available, you can post your intention on a social networking site, later posting an update on the site about your progress on the task (e.g., "Three bags of garbage and two boxes of items for donation!"). Similarly, arranging for brief, regular check-ins with a supervisor at work or attending professors' office hours at college are helpful ways to stay on track with projects by focusing on a product to present at the next meeting. In a pinch, even stating aloud to yourself or a pet your intentions, and reciting an implementation statement can be enough to tilt the balance toward action.

The point of this section has been to find creative ways to outsource coping skills and to make jobs easier for you. Although we have tried to cover many common coping skills, there are undoubtedly many examples of computer software tools, organizational aids, apps, and other gadgets that may help you increase your organization, time management, and productivity. It is important to remember, however, that there is a delicate balance between finding a useful tool and chasing the elusive "perfect solution."

Find Good Tools, but Avoid "Fool's Gold"

The right tool, coping strategy, or outsourcing arrangement can make a big difference in your ability to manage the effects of ADHD. However, spending too much time seeking out an ideal solution, or repeatedly taking steps to "get ready to get ready" to do something represent distractions in and of themselves. We use the term *pseudo-efficiency* to describe the experience of being busy working on a variety of tasks during the day, but ultimately not spending time on priority endeavors. Thus, you take care of numerous little tasks and feel busy and productive, but these tasks actually distract you from spending time and energy on more important objectives.

In terms of its effects on outsourcing, pseudo-efficiency manifests in spending too much time researching and obtaining various organizational tools, apps, and gadgets, but not using them to make progress on a task. These sorts of patterns are what we refer to as Fool's Gold, representing a subtle but virulent form of procrastination because it provides the "feeling" of productivity without being productive.

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Take Away 8.1. Options to Outsource Tasks

1. Set up automatic payment systems for recurring bills.
2. Set up automatic deposit of your paycheck.
3. Use online banking.
4. Set up reminder features for recurring important dates, for example, birthdays, anniversaries.
5. Sign up for reminder texts or e-mails from pharmacy, medical office, etc.
6. Consider if there are challenging tasks for which you can hire someone to perform, for example, tax preparation or lawn care.
7. Consider if you can barter services with someone else.
8. Are there other options for outsourcing or automating tasks?

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When counteracting the pursuit of Fool's Gold, it is important to remember the credo that simple coping is often better coping. Try to find solutions to problems that are safe, easy, and cheap. Hence, a person who struggles with losing his or her keys may decide to put a nail or hook in the wall by the door, or a bowl on the dresser where he or she gets ready for work to hold his or her wallet, keys, and cell phone. A shoe box set by the front door is a perfectly fine solution for holding and keeping track of the daily mail (including bills). You may decide to modify your coping plans as you discover some new and better ways to manage them, but allow yourself to begin with simple steps that provide you with positive results. You can then incrementally seek to improve these results rather than losing time seeking a "perfect" solution from the outset. Be on guard for rationalizations to justify the ongoing search for an ideal coping tool, instead of using one you already have. The merits of a coping tool are assessed by its ability to solve problems and improve functioning—you just need to find something that is good enough.

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9 Data Management

Recording, Organizing, and Managing Information

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We can sum up the coping strategies in this chapter as "get it before you lose it." However, it also is important to *get it* in a manner that you will be able to *use it* later. You are bombarded by loads of information each day, most of which you can (and sometimes must) ignore, but some of which you will need to categorize and access later. Data management is particularly crucial for school and workplace functioning, although people who work as stay-at-home parents or who have other roles (e.g., soccer coach, volunteer coordinator of a local Children and Adults with Attention Deficit Disorder chapter) also have to organize and keep track of important information. This chapter will review some basic strategies for tracking everyday information.

The Daily Planner, Again

Here is another example of where people underutilize their Daily Planners. If the planner is to serve as your centralized organizational system, it is the go-to coping tool for all time and task management issues. The Daily Planner is the place to keep track of your appointments, obligations, recreational activities, and various other tasks you want to perform.

The Daily Planner is also a handy tool for recording important information as it is given, as well as useful ancillary information you might need. For example, if you schedule a meeting with a colleague, you will obviously record the date and time of the meeting. It also may be important to note where the meeting will be held, the person's contact information, etc. (particularly if you are meeting at an unfamiliar off-site location). Even if you already have a phone number for the friend, colleague, or doctor with whom you have a meeting stored elsewhere, it does not hurt to rerecord it in the Daily Planner with the meeting entry as an easy-to-access backup.

There may be cases in which the Daily Planner does not provide enough room in which to record the information in the detail you require. In such cases, you can use the notepad or voice recording features of a smartphone, a document file on a tablet or laptop computer, or a paper notebook to record such information.

Electronic Backup

The Daily Planner provides a convenient and portable record of your schedule and your priorities. Smartphones, computer tablets, flash drives, and other electronic tools each

offer a convenient and portable warehouse of important data, such as contact information, files, etc. Although it is helpful to have this information in the Daily Planner, an enduring electronic record of vital information, particularly for contact information, is desirable, with smartphones representing the 21st century version of the "little black book."

There may be times you cannot immediately record or enter contact information that you are given on a business card, letterhead, in an e-mail signature, or that is handwritten on a piece of paper. All the same, this information should be transferred into your phone or tablet as soon as is possible, and the paper record discarded to reduce clutter. It is a good and simple coping strategy to spend a few moments when initially getting this information to enter it into your contact list in your phone and to double-check its accuracy.

Electronic contact information needs to be managed and monitored. As you learn of changes to contact information for people in your contact list, it is important to invest a few moments of time to update the entry in your phone in order to avoid later frustration. Similarly, backing up and/or synchronizing your information on your smartphone with your computer or the cloud helps save you from the potential loss of all of this information in the event of a technological problem. Although the electronic contact list provides convenient storage, experiencing the effects of a computer virus or smartphone glitch is not unlike suffering a technological stroke in terms of the loss of information recall.

Another source of incoming information is through e-mail. Colored highlighting features can be used to flag messages requiring follow-up or for easy location of specific messages. For a small investment of time and effort, you can set up e-mail folders with which to manage and organize your e-mail messages. The folder titles should separate messages pertaining to different projects or obligations for easy organization. Traditional manila folders or accordion files can be used to keep track of and organize papers you want to keep rather than scan or if you do not want to rely on electronic versions or accounts. However, going paperless is a handy option for managing information and reducing clutter.

Going Paperless (Other Than Your Daily Planner)

As we discussed in Chapter 8, the benefit of setting up automated payments is that you can pay your bills without having to do anything. One might think that receiving a paper bill provides a good, tangible reminder of the need to pay the bill. In fact, some people continue to prefer to pay in this manner, developing a system of paying bills at a regular time and using the routine of writing or printing out checks to track one's finances. This is a perfectly feasible approach, and we embrace the pragmatic view of "whatever works" for a person represents good coping.

On the other hand, the problem for many adults with Attention-Deficit/Hyperactivity Disorder (ADHD) is not the single bill, but rather keeping track of that bill amidst a pile of other bills, as well as dealing with a backlog of e-mails, and a stream of other pieces of information that require organization and action. Consequently, another way to outsource coping is to go paperless and to store things in electronic format, as much as is possible.

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Your personal banking account can be monitored and managed online, including printing out checks. Automated payments and setting up online access to accounts further reduces the need for paper records, and provides a useful way to manage and monitor your financial information. Various media, such as books, movies, and music can be stored on e-readers, iPods, and in the cloud. Similarly, various important papers can be digitally scanned and stored on computer drives and external hard drives.

Going paperless requires a commitment on your part to make this transition. You will have to set up usernames and passwords (and record them in a safe place) for different accounts. Similar to maintaining other organizational systems, there is a degree of maintenance required. You can use your Daily Planner set up regular times to back up files, scan important papers, and otherwise manage digital files. The actual time commitment may only be 15 minutes or so every other week. Rather than waiting to "find the time" to do it, we suggest that it is better to set a specific time reserved for these sorts of maintenance tasks. Moreover, getting started on one task seems to activate engagement in other tasks.

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Assertiveness and Information Management

Although we have emphasized the various technologies for managing information to this point, it is useful to consider the interpersonal component of data management. That is, a good deal of information is communicated through face-to-face interactions or at least through electronic correspondence. Hence, assertiveness is an underappreciated coping skill for managing information.

Assertiveness in data management involves asking for others' patience to allow you the necessary time to record the information. For example, saying "Let me take a minute to get your information in my phone," and then confirming what you have is correct, is an example of assertiveness. There is often a cognitive component that interferes with taking this seemingly simple step. You may think that "this person must be in a hurry and does not want to sit and wait while I put this information in my phone" or "I'll get it later." If the person is, in fact, in a hurry, he or she will tell you so. Rather, the person has likely been in your shoes before and knows the benefit of getting the information recorded. Moreover, as we tell patients who are apologetic as they take time before leaving our offices to record their next appointment, first, we value that they are taking time to use an effective coping strategy, and, second, we further appreciate that they are treating the next appointment as an important commitment. This coping step is well worth a few extra moments.

Another effective use of assertiveness is requesting that people send e-mail summaries or reminders to you for things you have agreed to do, including at work. For example, you may meet with a colleague to divide up different responsibilities for a joint project. In addition to repeating and confirming this agreement in person, you can ask your colleague to send a summary as an e-mail reminder. If the coworker balks, you can offer to send a summary message that your colleague can then confirm and modify, as needed. At worst, the summary will be a redundant confirmation; it is more likely that the summary will provide a useful reminder and clarification about the project.



Take Away 9.1. Assertiveness

1. Assertiveness is the ability to state a question, assertion, request, or suggestion.
2. Assertiveness can be communicated in a cordial, professional, collaborative way.
3. Identify the specific question, statement, request, or suggestion you want to express.
4. Do not engage in "mind reading" and do the other person's thinking for him or her. Focus on what you want to say.
5. Make your statement in as simple and straightforward a manner as possible, what may be restating your view of the facts (e.g., "I think I ordered a vegetarian meal.").
6. Once you have made your statement, your job is done and you have been assertive. It is now up to the other person to respond.
7. Assertiveness is a coping skill for ADHD that can be used in the following ways:

   Request follow-up e-mail summaries after work meetings.
   Request reasonable accommodations at work.
   Suggest and negotiate deadlines for projects.
   Ask for help, such as weekly meetings to monitor progress on a project.

8. What are other ways you might use assertiveness as a coping strategy?

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A less widely known example of impulsivity within ADHD is that of "impulsive compliance." Impulsive compliance refers to the tendency to reflexively agree to do a favor or assume a responsibility when it is wiser for you to decline, such as agreeing to take charge of a project at work when you are already overcommitted. Although your end goal is to be able to say "no" to these offers, there will be time you simply do not yet know whether or not you can take on the project. What is more, the project might sound exciting to you and your impulse is to accept it without considering everything else you have on your plate. Impulsivity makes you feel that you must provide an answer on the spot, perhaps to avoid the feeling of missing out on something important. By doing so, however, you run the risk of later regret when you find that you are flooded with and overwhelmed by too many things to do.

Impulsive compliance is positively reinforced by others, particularly when it benefits them (e.g., "Yes, I can cover your Saturday shift."). Your automatic agreement to help out might reflect a core belief reaction related to inadequacy. That is, you try to make up for past underperformance by taking on added duties, thereby hoping to be seen in a positive light (e.g., "I've been late meeting some deadlines, so I can balance that out by agreeing to work Saturday."). This is not to say that you should never help out or be a team player, but rather that you need to be judicious and to make realistic decisions about what you can manage—that it is acceptable to say, "I am too busy with my current projects."

Assertive responses include those that buy you time, such as, "I need to look at my schedule," or "It's an exciting proposition but let me get back to you tomorrow. I don't want to say yes but then realize I have conflicts." For requests made when you are already sure that your answer is no, you may think, "I must provide a reasonable justification for why I cannot do it." However, a useful and assertive starting point is providing a simple no and then, as politicians do, "stay on message"—do not waver and simply return to your clear answer. By investing in a few seconds of discomfort, you will avoid later stress.

Workplace Information

All of the coping suggestions mentioned thus far are relevant for managing information at work, such as organizing information and e-mails associated with different projects, etc. There are a few points that we want to emphasize for workers who have ADHD, a topic to which we will return in Chapter 14. We realize that the category of "worker" is a broad and diverse one that includes a wide variety of jobs and settings. That said, there are some coping strategies that can be adapted to your unique needs.

The first step is making sure that you have the information you need. Taking an extra minute to record complete and accurate information when given a job is a step that will save you from countless headaches later on. Simple statements, such as "Let me get this down," or "This makes sense right now, but I want to make sure I remember the details when I get to work on this later," communicate that you are taking the task seriously. Restating the steps aloud as you write them down and then summarizing the information after you have recorded it help increase its accuracy. Asking for confirmation and clarification from your colleague, customer, or supervisor are further steps that reduce misunderstandings and represent good coping skills regardless of whether or not someone has ADHD.

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Take Away 9.2. Saying No to Avoid Overcommitment

1. Get essential information about the request—do not assume.
2. Use a buying time statement in order to avoid an impulsive decision, such as:

   "Let me think about it and get back to you."
   "Give me 24 hours to check my other commitments."
   "I cannot give you a firm answer right now."

3. Honestly assess whether it is feasible to take on a new project or if it will be less stressful to say no. When in doubt, say no.
4. If possible, negotiate better terms for yourself, such as a different deadline.
5. If your final answer is no, simply decline the proposal and "stay on message" if the person keeps asking. There is no need to give a justification.

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Just as there is a half-life to medications indicating the rate at which their effects wear off, even detailed notes and summaries may "wear off" over time or when there are other projects competing for your time and attention. Hence, it is appropriate to review or "refresh" these understandings and plans. There may be new information or events that necessitate a change to the previously agreed-upon plans. Whenever possible, it is helpful to have a standing meeting with a supervisor or team members to discuss progress on various projects in order to keep them fresh and salient. Having a commitment to another person is also a way to increase your follow-through on a task.

Finally, it is useful to get summaries of information covered in meetings. As you will see below, we advise students with ADHD to take notes during class in order to increase their engagement, even if they have access to a note-taking service. Similarly, we recommend that workers with ADHD take notes during workplace meetings and trainings, and it is beneficial if there is a summary of the important points from these meetings provided to attendees, too.

The issues faced by workers and students with ADHD overlap to a large extent. There are some data management issues that are discussed below in the section on students with ADHD that may be relevant for workers with ADHD, particularly associated with reading.

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Classroom Information

Although technology has found its way into the classroom, there remains a great deal of academic information communicated through lecture and textbooks. Even though it is difficult to pay attention and to record material presented during lectures, it is recommended that students with ADHD take notes during lectures as a means for increasing their engagement, even if the student has been granted the academic accommodation of a note-taking service. There also is the obvious benefit of having a record of important information.

Students may rationalize saying, "It is a waste of time to attend class. I cannot focus," but we offer the reframe that class attendance, even if a student's focus is inconsistent, is better than not attending. If nothing else, attending class gets the student out of bed, out of their dorm, and started on their day. We also provide the reframe that attending class and hearing a lecture counts as time spent "studying," although it is not often thought of in that way.

As a means to augment note taking, students with ADHD can request an instructor's Power Point slides before class or download them from the class website. These slides can be read beforehand in order for students to familiarize themselves with the information to be presented in lecture. Notes can be taken on a printout of the slides to emphasize and/or clarify important points.

It is helpful to have a single notebook for keeping notes that is divided up by your different classes. For example, a three-ring binder can be used with plastic dividers to separate the paper notes for different courses. Some students have used separate spiral notebooks devoted to the different classes that can be stored together in such a binder. The syllabi for each class can be downloaded, printed, and kept in the respective sections for easy review. Some students may subsequently scan their notes into electronic versions or may take notes directly onto a laptop or computer tablet. Different digital folders can be organized for different classes, and it is important to back up these files.

Assigned readings are a primary source of information in most college courses. Many of our college student patients with ADHD report that they reached college without keeping up with assigned readings (and many other assignments), if they have done them at all. Many of them say that they were able to get by in high school by relying on notes, listening in class, or reading online summaries of the readings. In fact, the inability to initiate and sustain concentration on assigned readings combined with low comprehension of what was read is a common complaint among students with ADHD.

An alternative and interactive reading approach is the SQ4R strategy (Forsyth & Forsyth, 1993; Robinson, 1970). This approach to reading involves actively interacting with the text and developing a framework for the topic rather than passively reading it. The first step is to *survey (S)* the organization and content of what is going to be read. This process involves reading the title, and introduction to the text. The reader then scans the various boldface section headings, as well as the introductory sentences to these sections. The titles of illustrations, figures, charts, or other visual aids are read, as is the end-of-chapter summary. If there are review questions or bullet points provided, these, too, are reviewed. This survey provides the reader with an overall gist of the subject matter covered in the reading.

Based on this survey, the student comes up with *questions (Q)* about the text, often generated by transforming section headings into questions. The text is then *read (R)* one paragraph at a time, with the aim of answering the question posed at the start of the section. Note taking, such as *recording (R)* the answers to the questions or making notations directly on the text (or using note-taking features in e-readers), helps to keep the reader engaged and to highlight important information for later review (and in some SQ4R models, this R denotes "*reflecting*" [Forsyth & Forsyth, 1993]). At the end of each section, the reader *recites (R)* the answer to the question posed or summarizes what was read, including summarizing aloud to reinforce the information. It may be necessary to look back in the text to fully answer some questions. Finally, after completing the reading, the reader goes back through the sections to again *review (R)* for understanding of what was read. The combination of reading with a purpose, breaking the text down into sections, and rehearsing and reviewing information helps to increase focus and comprehension.

Assigned reading is an academic task ripe for procrastination. In the same way that other avoided tasks can be broken down by making them small and behavioral, the first step in reading is to take hold of the textbook or article. An important reframe for a student is to recognize that she or he will not comprehend and remember everything read, but neither will anyone else. The goal is to be familiar enough with the assignment, to gain a measure of understanding (something is better than nothing), and to be able to complete the assignment rather than putting it off.

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Take Away 9.3. Managing Information

1. When receiving important information, use the statement "Let me get this down."
2. Use your Daily Planner or other appropriate means to record the information.
3. Take your time and record the information accurately and completely.
4. Get confirmation of your understanding of the information.
5. Make sure the information is recorded so that it is accessible later.

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10 Materials Management

Organizing and Managing Your "Stuff"

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The previous chapter focused on managing the influx of information that you encounter each day, particularly at work and school. Despite the fact that many "things" are available in or can be converted into digital formats, such as scanned documents, e-books, digital movies, and electronic music files, there remains a good deal of "stuff" to be managed and organized. Moreover, although it may seem to be a nuisance symptom of Attention-Deficit/Hyperactivity Disorder (ADHD), misplacing or losing important items is an issue that can have serious consequences in some cases. This chapter focuses on approaches for managing the stuff of life.

Do You Need It?

The first step is prioritizing what you choose to bring into your living space (or elsewhere) by asking yourself, "Do I really need this?" This step is one that is common when decluttering, but it is also a useful question to help you to develop a plan for organizing and managing your possessions, including at the point of acquisition.

Ultimately, the choices about your possessions and how they fit your lifestyle are personal ones to make based on your preferences. However, it is helpful to view these preferences, in fact, as choices in order to challenge the automatic reaction that "I must have this," particularly if you find it difficult to manage clutter. It is important to make informed decision about your belongings.

There are many items that can be stored in digital format, which was covered to varying degrees in the Chapters 8 and 9, particularly with regard to going paperless. There are many options that will allow you to save space by reducing books, CDs, DVDs, paper files, etc. Going digital is an option that reduces clutter and makes it easier to manage your physical surroundings.

There are other items, such as clothes, dishes, furniture, and various appliances and knickknacks that are necessary but which take up space. Even though a particular item may have been in your possession for a long time, you can look through your things and consider their usefulness. For example, you can consider how often items are actually used relative to the space they take up, and decide to discard some items that are no longer needed or used. Clothing is a commonly used example to illustrate a coping skill for sorting through possessions.

For example, you can sort through your clothing and eliminate items that do not fit you anymore, are worn out, out of style, or that you are otherwise unlikely to wear again. A

second level of review is to look at items that have not been worn in the past 6 to 12 months. These pieces of clothing may be perfectly fine, but simply are no longer in the rotation of what you typically wear, for whatever reason. Perhaps you already have enough of that particular item of clothing. There may be sentimental value, such as a concert t-shirt from way-back-when or a beat-up jersey of a favorite team. You will have to use your cognitive modification skills to honestly determine whether you really will wear these items with a frequency that warrants keeping them. This is not to say that you should not keep a few items for which you have an emotional connection ("But it was a great concert!"), but the vast majority can be discarded. You might have to cycle through a few rounds of this process, finding that you hold onto an item for an extra couple of weeks before concluding, "I'm really not going to wear this" and then being able to let go of it.

The main thought that contributes to holding onto items is the worry that "I might really need/want to have this at some point and then I will regret not having it." A useful cognitive reframe to deal with difficulties "letting go" of possessions is that there has never been a better time in the history of the universe to track down items if it turns out that you need one of them again in the future. It is highly unlikely that you will "need" any possession to that degree. Working in an academic institution as we do, we understand the hesitancy of getting rid of a copy of a journal article or and old book that might end up being relevant for a future project. Using this example, however, professional journals have been digitized and electronic versions of articles have become the standard means of access. Even if the book is not available as an e-book or from Google books, it is very likely that a used copy will be available for online purchase, interlibrary loan will be able to track down a copy, or an e-mail request can be sent out to colleagues asking to borrow a copy (or to get a copy of the relevant chapter). The difficult task is letting go of the item; after it is gone, though, you will not miss it, representing another example of investing short-term discomfort for a longer-range gain.

The other side of the materials management process is making reasoned rather than impulsive decisions about the acquisition of new possessions. The first question is, "Do I really need this?" Even if you have the immediate reaction that, yes, you need or especially want an item, the question is then, "Do I need to obtain it *right now*?" You may invoke a 24-hour delay to "sleep on it" as a means to manage the impulse to buy an item right away. This sort of delay tactic represents an exposure exercise. By facing these feelings of discomfort, you buy time that allows you to think through the purchase rather than succumbing to impulsivity. It is the relief from the discomfort of not having the item that is most reinforcing, rather the benefit of having the item (magnified by ADHD-related impulsivity), which is why such an exposure/response prevention approach is necessary.

An adaptive way to handle an immediate urge to obtain an item is to consider other ways for procuring it. For example, you may see an interesting book that has just been released on a favorite topic or by a favorite author. You may consider the likelihood that if you get the book, whether you will then actually read it immediately. Even if you think you will do so, instead of spending the full price for the hardcover edition or electronic version, you can see if it is available through your local public library, with many libraries loaning e-books. If you get the book from the library, there is no cost if you do not read it (as long as you return it by its due date). If you are still interested in owning a copy of the book later on, you will able to obtain a used copy at a discount from an online store, a more economical paperback version, or perhaps as a gift. If the book remains a

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priority for you, you may use it as a reward toward which you work, such as a positive reinforcement for completing a project at work or for reducing the number of clothes in your closet. Impulsivity often swamps your ability to work through these options, and it results in one of the literal and figurative "costs" of ADHD.

You will invariably obtain new items and possessions. An adaptive framework for doing so is that for every item you acquire, you discard an equivalent item. Often this is a simple matter, such as obtaining a new kitchen appliance to replace one that is broken. However, there may be other circumstances in which the purchase of a new item helps you to discard another, such as the purchase of a few new dress shirts allowing you to finally get rid of a bunch of older ones that you had been holding onto because they were "good enough."

We realize that these coping strategies are guidelines and may not apply to all possessions. You may choose to "violate" them. Also, there may be some situations for which our suggestions do not apply, such as when purchasing things you need for the arrival of a new baby, or keeping a collection of items that you do not use much but that you value, such as old baseball cards. These suggestions are meant to provide a decision-making framework with which to help you manage impulsivity.

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Finding a Place for Your Stuff

As with the saying about real estate, the three most important aspects of managing your stuff are "location, location, and location." As much as is possible, having specific, dedicated places where you store items helps to keep them organized, or at the very least allows you to find them easily. The repetition of storing items in these go-to places helps make the process more automatic and will save you untold stress, frustration, and time spent searching for things.

Different readers will have different residential circumstances, from sharing a studio apartment with a roommate to living in a spacious house, each set-up providing its own storage challenges. Finding containers for your items, be it a section of a closet, a filing cabinet, a large plastic container, or a desk drawer are the seemingly simple steps you can take, but they require at least a minimum of time and effort to establish. There are smaller containers that further help you organize items, such as silverware holders, a cup to hold pens on your desk, or a plastic box in which you keep your multiple flash drives.

There may be some important, but infrequently used, items that must be stored, such as luggage or the rotation of seasonal clothing. Again, having a defined space where these items are kept, such as a corner in the attic, the back of a closet, box in the garage, or other location, helps you keep track of them and find them when you need them. If you have limited space, it may be worth the investment in renting an external storage space or bartering for storage space at a family or friend's house. The realization that you do not have enough space for your things may prompt you to sort through and discard unnecessary items.

Tools of Daily Life

There are many items that you use on a daily basis that are essential to keep track of. Keys, a wallet or purse, a work or school ID card, cell phone, and eye glasses are the crucial "tools of daily life." Some readers have additional essential "tools," such as an

inhaler for asthma, prescribed medications, epi-pen, or other health-related items. Students may have additional academic materials they need for class, such as a book bag (a smaller container for your books and notebooks) and laptop or computer tablet (and do not forget your charger!), or a worker might have a briefcase. As the late comedian George Carlin would say, these are all just smaller places for your stuff.

It is important to have a centralized location for unloading and reloading these tools. Many adults with ADHD devote a decent amount of time and stress each day in a frantic search for these tools of daily life, trying to retrace steps, rifling through coat pockets and seat cushions, and organizing a household search party to track them down. Well-intentioned advice and help offered by bystanders only fans the flames of your annoyance and embarrassment.

Most people eventually arrive at the solution of storing the tools of daily life in some sort of container by the front door. A nail or more decorative holder on the wall works well for keys. Other options include reserving a cabinet drawer for these items, a container on a dresser in the bedroom, or in some other conspicuous location. These systems are helpful not only for getting off to work or school with a minimal searching, but also for getting out the door when running errands or for other personal commitments. There is never a good time to misplace these items, so it is a good practice to establish and maintain the centralized place for your essential tools.

There may be some items that you use regularly, but not each day, which are at risk for being forgotten, such as a gym bag or items needed for a weekly meeting at work. Simply setting them by the door or posting a reminder note on a door knob provides you with visual reminders to take these items with you. Packing them in your car the night before also takes the pressure off having to rely on your memory.

The key to the success of these coping strategies is your consistency in storing the tools of daily life in the defined location and being on guard for coping drift. You might set your keys down on a coffee table in the living room and have the thought, "I'll be using them later. I don't need to put them by the door." After using your cell phone, you slide it into the pocket of your jacket, thinking, "I'll remember to put it in my purse when I'm on the train." Later on, the keys will be hidden under a newspaper, and the phone will be nestled in the pocket of the jacket hanging safely in the closet as you desperately rummage through your house looking for them.

So what gets in the way of using these helpful coping skills? As with procrastination on tasks, it is common to magnify the inconvenience and minimize the utility of taking the steps to put an item where it belongs. Hence you will have to challenge these thoughts (e.g., "I'll have to go *all the way back* to the other room to get my phone out of my jacket."), to consider another way of looking at it (e.g., "It will take me less than 30 seconds, there and back, and then I will not have to worry about it."), and to invest a brief amount of inconvenience to follow through (which is never as bad as you think it will be). You will save yourself from lost time, stress, aggravation, and potential negative consequences associated with not using your coping strategy (e.g., late to a meeting or an exam due to missing car keys).

Keeping Up with Mail

As much as you may try to reduce clutter by setting up automatic payments, going paperless, and discarding little-used items, there still will be a regular flow of incoming

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stuff. Postal mail continues to present a daily prioritization challenge comprised of a mix of important items and unnecessary clutter.

Many people with ADHD describe anticipatory stress at the prospect of sorting through their mail—primarily bills. They assume that the chore will be more of a hassle than it really is, thereby reducing the likelihood of staying on top of it. There are financial concerns about dealing with bills that may be related to specific circumstances, such as having a tight budget or being low on funds, which creates worries about finding an unexpected bill. Some people describe a global negative thought of "Whatever important mail I receive cannot be good news." Lastly, you may simply be avoiding the hassle of facing this particular chore.

The end result of these assumptions is that you avoid going through your mail to escape the aggravation and to avoid the possibility of getting some kind of bad news—"If I do not see it, it does not exist." The logical response is that it is statistically unlikely (but still possible) that there will be an unexpected bill, however, you may also avoid dealing with one of your regular bills due to the anticipated stress of facing a large payment. Another adaptive response is that it is better to be informed, face the issue, and to deal with the bill.

We recommend sorting through the mail immediately when you have the chance and to discard all but the essential items, such as bills, tax information, greeting cards from friends and family, etc. Everything else gets discarded. It is helpful to have a trash can or recycling bin nearby to make the process easier.

You will receive advertisements or offers in your mail that seem interesting and you contemplate keeping them, "just in case" you decide that you need them. We suggest that unless you are 100% sure that you will use it (e.g., coupon for an item you are already planning to purchase, discount for an oil change from your mechanic), get rid of it. This suggestion follows the idea of OHIO—"only handle it once." You make the decision in the moment and then move on—once you let it go, it will not bother you anymore.

After purging the junk mail, you will be left with important items. Most often, the remaining items will consist of bills to be paid, tax forms, or some other item requiring follow-up action by you, such as a car registration renewal. At the very least, it is useful to have a container or location for these items so that you can find them later. This container can be as simple as a shoebox or a large manila folder that is dedicated for this purpose. Having this system will provide you with the confidence that "if I received it, it is in this container."

Of course, you will have to devote some time and effort to follow up on the items in the container. You may arrange to go through the items later that same day or perhaps set up a weekly routine, such as devoting time on Saturday morning to going through the container, pay the bills, file the forms, etc. One of our patients took her shoebox to a favorite coffee shop on Saturday morning, ordered a coffee, and dealt with her week's mail there. You can make an appointment with yourself in your Daily Planner for this task.

Although we advise going paperless in order to reduce clutter, an advantage of having a piece of paper is that it provides an external reminder of a task. Thus, when going through a box of mail and bills, you can see your progress as you empty out the box. A particular mail item might provide you with an electronic option for taking care of it, such as renewing your automobile registration online. Dealing with this online task as part of your mail review ensures that it gets done rather than run the risk of the task being delayed.

With the reduction in postal mail in recent years, there is a corresponding increase in e-mail, which requires its own efforts to manage. While a shoebox of postal mail will

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reach a point of overflow that can be seen, your e-mail inbox can be "overflowing," but your screen still will only show the most recent 25 or so messages.

Similar to sorting through snail mail for action items, you will have to find time to go through your e-mail. During these times, you can delete unnecessary items and use a tagging or flagging system for important e-mails requiring follow-up (e.g., red flag for time-urgent items, green tag for personal commitments, etc.). Different message folders can be set up and devoted to different projects or categories of e-mails (e.g., personal, bills, work). The final step is allocating time to go through the flagged e-mails and act on them. In addition to planning specific times at work or at home to do so, you can use portable devices to go through your e-mails while in a waiting room, commuting on the train, or during other downtimes.

In Chapter 8, we suggested having an e-mail account dedicated to your automated payments that is separate from your other e-mails. This is also a useful piece of advice when providing an e-mail to retail stores. Most retailers will obtain an e-mail address from you or to receive other offers or notices, but you run the risk of being inundated with advertisements, etc. Even though it is not strenuous to hit the delete button, the onslaught of e-mails may distract you from more important ones.

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Staying Organized

Organization requires time to establish and maintain. The goal of "getting organized" often seems overwhelming and makes the task susceptible to procrastination—"I'll get to this later, when I have time and am in the mood." Adults with ADHD often overestimate how much time and effort will be required and underestimate the feeling of accomplishment of being better organized that accompanies taking these steps.

Organization can be established and maintained by targeting specific tasks and keeping them small and specific. We focused on mail and e-mail management above, though the approaches for handling these items can be used to manage other items and situations. The task is then to think through a plan and the requisite tools that you may need. The simpler the plan and the tools, the more likely you will be able to implement and sustain their use. The benefit of a coping tool is assessed by its ability to help you solve a problem. Hence, easy to find items, such as a shoebox by the front door or a nail in the wall are perfectly adequate ways to hold mail and keys, respectively.

It is beneficial to reframe an organizational task into behavioral terms. For example, many adults with ADHD report that seeing clutter or disorder further distracts them and makes it difficult to focus on other priorities, such as trying to do work in a messy office. However, the goal of "organizing the office" is too large, vague, and thus overwhelming to take on. Instead, you can define a specific *task-based* approach, such as "I'm going to start by picking up all of the loose papers and unshelved books." This approach provides a specific target for action that helps you navigate through the larger mess. A *time-based* plan aims to get as much done as you can within a reasonable amount of time, such as "I'm going to spend the 15 minutes before my next meeting cleaning up my office." Lastly, a *terrain-based* method focuses on one location, such as "I'm going to clear off the top of my desk." The variety of approaches gives you different options for getting started on organizational tasks you are otherwise likely to avoid.



Take Away 10.1. Managing "Stuff"

1. Have a specific location where you keep your "tools of daily life."
2. Reduce clutter by going paperless, as much as is feasible for you.
3. Define storage spaces and tools for keeping essential paperwork and other items.
4. Go through incoming mail each day and only keep those items that are essential (e.g., bills, tax items, etc.). Store essential mail in a shoebox or other container. Schedule a few minutes each week for paying bills and taking action on these items.
5. Remember that managing "stuff" takes a small investment of time and effort each week but will pay off dividends in the long run.
6. Your organizational system need only be "good enough" to do the job.

Take Away 10.2. Getting Started on Organizational Maintenance Tasks

1. **Task based**—Target one item to get started (e.g., unload bowls from dishwasher).
2. **Time based**—Get as much done as you can during a specific time frame (e.g., "I will pick up and put away as many items as I can until my friend arrives.").
3. **Terrain based**—Target one location to organize (e.g., clean off kitchen table).

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11 Environmental Engineering
Managing Your Surroundings

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The purpose of this chapter is to have you take into account the various settings in which you live, work, study, and perform any other roles, and consider whether they represent "good fits" for you and your efforts to manage Attention-Deficit/Hyperactivity Disorder (ADHD). There may be steps you can take to rearrange these settings or to change where you choose to perform certain tasks that represent more ADHD-friendly approaches.

We recognize that there will be limitations in any living or work space that makes it less than ideal for some tasks. For example, it would be nice for all members of a household to have their own computer and a separate room in which they can work or study, although the reality may be that a family shares one computer within the confines of a small apartment. However, there are usually at least some minor adjustments that can be made to help you make better use of your surroundings.

Your Work Station at Home

We have already discussed materials management in Chapter 10, including the idea of establishing "homes" for different tools of daily life. There are other areas of your living space that can be earmarked for specific tasks, such as sorting through the mail while sitting at the kitchen table, or folding laundry in the living room while watching television.

You can assess other areas of your home and their fit for the types of work that you do there, and to consider if there are better alternatives. For example, it is useful to have a defined work space or work station. The work station might be a study space for students, where a worker performs job-related tasks at home, or where administrative tasks for the household (e.g., paying bills) are taken care of.

It is ideal if your work station can be in a separate room, such as a small extra bedroom or attic/basement space in order to protect you from distractions. Wherever you stake out your work station, it is important to think through other aspects of the setting to make sure it is conducive to your work needs. How is the lighting? Are there enough outlets for your electronics? Is there a window in the room; where is your desk positioned relative to the window? How noisy is the work area? Are there other distractions?

We cannot offer definitive home decorating or feng shui suggestions about how to set up your work station, but we encourage you to consider your sensitivities and to adjust the space accordingly. For example, one person may find it helpful to have her

desk placed in front of the window to allow natural light to shine in rather than relying on fluorescent lighting; another person finds that he keeps looking out the window at every bird, squirrel, and car that goes by and instead either turns the desk to face a wall or makes sure he closes the blinds while working.

Similarly, you might realize that you are sensitive to and distracted by even slight noise coming in from the rest of the house. If this is the case, you can invest in a white noise machine (or find a website or app that produces white noise), or simply wear headphones or earplugs. Some people find it helpful to work with instrumental music playing at a low volume, and others work better in silence. Just as with food sensitivities, two people may order the same food item but have different reactions. So it is, too, with setting up your home work station—you have to respect your sensitivities.

There are situations in which a work station must be established in a public area of the house or in the bedroom due to space limitations. A general recommendation is to avoid working or studying within sight of your bed in order to keep your bed from becoming associated with stress, and thereby interfering with sleep. Another risk is that you will escape work or studies by taking a nap. The reality is that there will be situations in which this setup is unavoidable, such as a small dorm room or studio apartment where you study/work and sleep in the same space. Even within this configuration, you can turn your desk away from your bed and at least make an effort to not do work while on your bed.

The goal of having an established work station is to associate it with work and productivity. Even sitting down at a desk or table in a public area of the house will hopefully be a cue that "primes" you to get into a work mode, often facilitated by the use of various behavioral engagement tactics we have discussed in previous chapters.

In fact, your work station provides a convenient target when you lower the bar to engage in a task you typically avoid. When breaking down a task into its component steps, the smallest first step of behavioral engagement can be phrased as an implementation strategy: "If I simply walk over and sit down at my work station, then I can spend at least 10 minutes doing work." This kind of target is an example of making a task manual (i.e., "go to work station"), and it provides an essential first step of a launch sequence for getting started on a task.

Stimulus Control

Stimulus control is the technical, behavioral term to describe removing temptations in order to reduce the likelihood you will fall prey to them. Hence, someone who is trying to stop smoking cigarettes should not keep cigarettes in her house or car; a person trying to reduce unhealthy eating habits should not have ice cream in his freezer or potato chips in the cupboard. Similar to the advice offered in 12-step recovery programs, stimulus control represents steps to avoid "people, places, and things" that put you at risk for deviating from your goals.

Stimulus control for managing ADHD involves engineering your home or work environment to be a better fit for you. Hence, in addition to the tips for setting up a work station at home, consider related factors, such as where you place your entertainment center, be it simply a small television or a large multimedia system. Just as it is important to have an area associated with work and productivity, it is also important to have areas in your household where you can enjoy recreation and entertainment. As much as is possible, it is beneficial to consolidate and keep items, such as DVDs, books, etc. near

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the entertainment center. If these items are near the work station, they become risks for distraction from work.

A challenge to stimulus control in the 21st century is that entertainment and work stations are increasingly digital and reside together on our computers, tablets, and smartphones—distraction is only a click away. Task engagement strategies discussed in previous chapters can be useful for managing this temptation. More specifically, the tactics of setting up a realistic work plan (e.g., 45 minutes), defining a specific task to perform on your computer (e.g., "turn on the computer with a plan"), developing implementation strategies to handle distractions (e.g., "If I get the urge to check Facebook, then I will remind myself how much time is remaining on this task and keep to my commitment."), and then deferring entertainment as a reward for task completion. (We devote Chapter 17 to issues related to dealing with technology.)

Alternative Work Stations

We assume that home represents the first option for establishing a work station for most people. Home is an obvious first and most convenient choice for handling various household administrative tasks, but workers and students will likely have at least some work that needs to be done there. Still, it is helpful to establish other work locations as backup options. In fact, for some individuals these alternative options are their preferred work stations, and home is the backup.

College students have access to a campus library, the lounge of a dorm, or an empty classroom or office in their department. Office workers may be able to close the door of their office or find an empty conference room. Other alternative work stations may include a public library, coffee shop with Wi-Fi, or using a relative's house as a quiet getaway. The ultimate measure of the work station is whether it promotes your productivity while you are there. There are many options that can be good fits, but it is important to avoid obvious poor fits.

Your Work Station at Work

We will discuss adult ADHD and workplace issues in Chapter 14, but environmental engineering principles are relevant there, too. It would seem as though you are forced to make due with whatever work station your job provides, including if your office is your truck, in the case of contractors; home, in the case of stay-at-home parents; or the nearest nurse station with computer access to electronic medical records for healthcare professionals on patient floors.

Working in a traditional office space presents situations that are poor fits for many people with ADHD, but for which there may be ways to work around them. A commonly encountered situation is working in an open cubicle or in an office with an open door policy. These formats are designed to foster a sense of community and accessibility in the workplace, but they may create distracting situations.

There are options for creating alternative work stations at the office. You can find an unused conference room when working on a project that requires sustained focus. If there is an open door policy, you can petition for permission to close your door at specific times. If these options are not possible, wearing headphones and listening to quiet music

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Take Away 11.1. Work Station

1. Define a place where you can devote to doing work.
2. It is useful to define a work station in your residence as well as an outside one (e.g., library, coffee shop). One can be your primary spot and the other a backup.
3. Make sure it has the minimal requirements you will need to do your work.
4. Be mindful of your sensitivities (e.g., lighting) or potential distractions.
5. Use stimulus control to minimize distractions in and around your work station.
6. Going to your work station is often the smallest first step to take action on a task.

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or white noise, or using protective, noise-reducing ear wear are steps to reduce distraction. A worst case scenario might involve engineering your work plan to spend time on projects during the lunch hour or at other times when the office is less crowded.

Other steps that can be taken to improve on-task behavior in the office is to mute the ringer on your office phone (and cell phone), log off your e-mail access, and otherwise create barriers to common sources of distraction when you are trying to work. A useful metaphor is to think of these risk factors (e.g., cell phone, e-mail) as "allergies" when you are working. Akin to a food allergy, it is important to make sure that a dish does not include an item to which you are allergic; when at your work station, it is important to reduce these distractions.

For workers in "offices" without walls, such as contractors and other laborers, physicians on patient floors, etc. different strategies will be needed to perform their jobs. A contractor may use a portable, hard plastic file box to organize invoices for jobs. These files can later be organized digitally on a smartphone or computer tablet. Similarly, healthcare providers have access to electronic charts and other useful information (e.g., drug interaction data) on computers at nurse stations, smartphones, and tablets. These workers will have to find time at various points during the day or after work hours spent organizing files, making follow-up phone calls, processing billing, or any other tasks that are hard to perform in the midst of their hectic jobs.

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Your Sleep Station

We will discuss sleep issues in Chapter 16, which is devoted to factors affecting your overall well-being. However, sleep plays a central and fundamental role in managing your ADHD. The symptoms of ADHD often interfere with sleep and, in turn, poor sleep magnifies your ADHD. It is crucially important to consider the effects on sleep when taking stock of your physical surroundings.

Your bedroom should be arranged in a manner that is conducive to restful sleep. Your bed should only be used for sleep and sex, and not for work, studying, or other activities. Even if you must study or do work in the same room in which you sleep, keeping these activities separate and positioning your desk so that your bed is out of sight helps protect the association of your bed with sleep (and to avoid having it become associated with stress).

The use of electronic items while in or around your bed, particularly in the evening, should be minimized, if not eliminated. In addition to being arousing and distracting you from the physical cues when you are tired, the light emitted from computer, tablet, and smartphone screens reduce the brain's production of melatonin, thereby further delaying sleep onset (Wood, Rea, Plitnick, & Figueiro, 2013).

There are many steps you can take to promote good sleep, such as having curtains that keep out sunlight. The room should be kept at a temperature you find comfortable for sleeping. There are many other factors that may increase the likelihood of getting a good night's sleep that will be discussed in Chapter 16.

As with the various other environmental factors discussed in this chapter, many persons without ADHD are able to take these things for granted and easily adapt to their surroundings. However, seemingly small issues can be quite disruptive for adults with ADHD. It is worthwhile to consider adjustments you can make to your environment to support your functioning.

12 Problem Management

Putting Skills Together to Navigate the World

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One of the frustrating things about Attention-Deficit/Hyperactivity Disorder (ADHD) and executive dysfunction/motivational deficits is that they interfere with your ability to handle problems and make decisions as they arise in daily life. Problem solving and decision making reflect "tests" of the executive functions insofar as you must sort through various and sundry possible scenarios and options and use a host of coping skills to deal with real-world situations. The outcomes of decision making and problem solving can range from deciding what entrée to order at a restaurant to handling legal problems, choosing a job, or managing sensitive personal issues that may have long-term effects on your life.

In this chapter, we review templates for problem solving and, by extension, decision making. We have often used the phrase *problem management* instead of *problem solving* to make the point that not all problems can be solved, at least not as we would wish them to be. Thus, your ideal solution for a pending IRS audit is that "Maybe the auditor will hear that I have ADHD, and he will change his mind and cancel the audit." While this solution is not very likely, there are other ways to face a tax audit and eventually put it behind you.

These templates provide useful ways to externalize the problem management and decision-making processes. There are many factors relevant to these processes, such as deadlines, knowing your options, managing your emotional reactions, including feelings about uncertainty or possible risks associated with committing to a plan of action. You will need to draw on all of your coping skills to handle many of the problems and decisions, both big and small that arise in your multiple adult roles.

Problem Management Template

The first step in the problem management process is *defining the specific problem* that you are facing. This step seems relatively straightforward, but the problem you are confronting may be comprised of several distinct issues; in fact, what you are calling a problem may be a decision. So, a problem is that your car will not start when you try to start it in order to drive to a scheduled meeting. There are several problems nested within this event, including informing the people with whom you are meeting of your situation, dealing with any other commitments that may be impacted by your immobility, and arranging for your car to be towed. A subsequent decision is whether to pay for extensive repairs to your car or to purchase a new car. The process of taking time to dismantle

large problems into separate, specific problems or steps, each of which can be addressed through different means, helps you to slow down your thinking, manage your stress, and reduce the likelihood of making an impulsive choice you later regret.

After defining the problem, the next step in the problem management process is to *brainstorm potential solutions.* You consider any and all solutions to the problem without editing or eliminating ideas. Taking time to contemplate possibilities rather than jumping at the first reasonable (though not necessarily best) option helps guard against a hasty decision that is made to simply make the problem (and your stress) go away.

After assembling a list of options, the next step in the process is to *assess the advantages and disadvantages of each option.* This phase in the process is involves sorting the possible solutions into a hierarchy in descending order from most to least promising. In many cases, this step confirms the action you reckoned you would have to take, even if it is difficult. Going through the process makes you face the problem and what you must do to deal with it rather than engaging in cognitive avoidance of (e.g., "I don't want to think about this") and emotional escape (e.g., distracting activities).

The next two companion steps in the problem management process are to *implement the best option* and then *assess the outcome.* Even after defining the best option for problem management, you will need to draw on the task implementation strategies to actually enact the solution. You may have to tell your spouse that you did not pay estimated taxes throughout the year, and you now face a large tax bill. If you are a student, you may have missed the deadline for several consecutive assignments, and the appropriate step is to contact the professor and discuss your options.

If dealing with problems was easy, there would not be a need for this sort of template. Many adults with ADHD will have visions of a worst-case outcome, which magnifies their discomfort and will lead to avoidance. Of course, dodging the issue usually only worsens the situation or at least reduces viable options for handling it. Tackling problems involves facing the risk of disappointment or some sort of penalty (e.g., professor gives you a failing grade for the missed assignment) in order to optimize the hope that there are proactive steps you can take to orchestrate better outcomes (e.g., professor allows you to submit the assignment late with a 1/2 letter grade penalty).

An important cognitive reframe is that facing the situation is yet another example of the skill of accepting emotional discomfort in order to look after your best interests. Defining your course of action in strict, behavioral terms (i.e., problem management script) helps to keep the plan simple and, as much as is possible, to disentangle your emotions (e.g., "I need to send an e-mail to my professor explaining why I missed classes, and ask about my options for moving forward."). After you have completed those steps, you can take comfort in having faced the problem, regardless of what happens next (e.g., "I will know I did the right thing, even though it is difficult."). Similar to the coping skill of assertiveness discussed in Chapter 9, enacting an action plan represents a shift from passive resignation that there is nothing you can do, to one of active resolve to discover what you can make happen.

The next step is to assess the outcome. In most cases, the situation will be resolved, one way or another, and you will focus on putting it behind you. Even when facing a less-desirable outcome, you will gain a sense of satisfaction with your ability to face the situation and the relief of no longer having to worry about it. Alfred Hitchcock, the legendary suspense director said, "There is no fear in the 'bang,' only in the anticipation of the 'bang.'" So it is, too, with anticipations of a worst case in most situations—even

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if it happens, thinking about it happening is much worse than facing reality and getting down to the business of dealing with it.

There will be some cases when the assessment of the outcome step allows you to *reenter the problem management sequence.* For example, there may be an opportunity to negotiate conditions or to implement a second attempt at a solution. The template allows you to keep your options open and to manage the problem to its completion.

It is important to monitor your automatic thoughts that may affect problem management. Many adults with ADHD are familiar with disappointment in their lives, primarily resulting from their symptoms. Facing a problem, particularly one that may be the direct result of difficulties with ADHD (e.g., forgetting things, mismanaging time, poor follow-through) will likely activate thoughts of self-criticism. Negative core beliefs and feelings of shame may give rise to further procrastination due to the belief "I deserve whatever I get," an ingredient of the passive resignation to which we referred earlier.

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Decision-Making Template

Decision making follows a similar template to that of problem management. The first step involves *defining the specific decision to be made* based on any limiting parameters. That is, you may be a student with ADHD making course selections for a coming semester but need classes that fulfill graduation requirements. The next step is to *identify the different choices or options for making a decision,* such as all the required courses that are offered for the next semester. After developing a list of your options, the next step involves *weighing the advantages and disadvantages of each option* to identify the best choice. There is often additional information gathering during this stage to help differentiate between options. For example, the ADHD student reviewing signing up for classes may research two sections of the same required course to see if there are differences in the time of day it is offered, or type of graded assignments (i.e., in class exams vs. papers). The final two steps involve *committing to your choice* and *assessing the outcome* and, if needed, reentering the decision-making process.

When using the problem-management template discussed earlier, most individuals easily determine the "right" way to deal with a problem but have difficulties doing the right thing because it means facing an uncomfortable situation. In the case of decision making, we have seen many people have problems committing to a decision once they reach a point that there are at least two highly ranked options that fulfill all necessary criteria without either one emerging as the clear winner—both choices are right. The individual agonizes over the final choice despite the fact there is no additional information that will help flush out the better option. For example, the college student with ADHD finds two equally interesting courses, each taught by dynamic, well-liked professors, offered at the same time of day, and for the same number of credits.

When exploring these sorts of stalemates, adults with ADHD worry about making a "wrong" decision, even though both options have passed muster. When asked to describe their thoughts, patients report images of being stuck in a bad situation as a result of a poor choice while plagued by regret about not selecting the other option. Hence, they delay making a decision, perhaps doing more research, asking others for opinions, etc., none of which break the tie. The ambivalence about the decision is associated with the belief held by many ADHD adults that "I always make bad decisions," which is tied with a sense of past failures.



Take Away 12.1. Problem Management Template

1. Define the problem to be managed in specific, behavioral terms.
2. Brainstorm as many options for handling the problem as you can think of—do not edit yourself.
3. Assess the pros, cons, and feasibility of each of the options.
4. Implement the best option (which may not be the easiest or most comfortable one).
5. Assess the outcome. If the problem persists and if possible, reenter the template at Step 1.

Take Away 12.2. Decision-Making Template

1. Define the decision to be made in specific, behavioral terms.
2. Identify the different choices or options for making the decision.
3. Weigh the pros and cons of each of the options in order to define the best option.

   Consider if more information is needed in order to differentiate options.
4. Select the best option; make and commit to that option. ("Live into a good decision.")
5. Assess the outcome. If needed and if possible, reenter the template at Step 1.

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The reframing of this all-or-nothing view (i.e., one choice is right, the other choice is wrong) focuses on the fact that "there is no way to make a wrong decision" based on the available information. That is, the first point to be made is that the person exercised due diligence in the decision-making process and has weighed the relevant factors. The second point to be made is that if the person chose one option and lived his life forward and, subsequently, his life could then be magically rewound and the other option selected instead, each scenario is capable of ending up as a "good decision."

After reframing the options as equally valid in terms of the available information, the focus then turns to identifying what the person feels like doing. Although a good deal of discussion in this handbook have been geared toward managing uncomfortable emotions and reducing impulsive reactions, a key role of human emotions is to help us identify what we value. In order to commit to a decision, you can ask yourself, "If I flipped a coin to determine what choice to make, while the coin is in midair, how would I be rooting for it to land?" The answer is one way to help you to identify your emotional decision.

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Facing Uncertainty

A challenge to facing problems and making decisions, particularly for adults with ADHD, is that these steps involve facing a degree of uncertainty. Uncertainty is often associated with feelings of worry and apprehension. Procrastination and avoidance provide short-term relief but, at best, only delay handling a situation and, at worst, will reduce your viable options. Hence, problem management and decision making require that you face uncertainty and take action despite discomfort.

Many problems may worsen or options will be lost if you wait too long to act. We have deemed this passive approach to the problem management/decision-making process as the "pocket veto." That is, akin to a presidential pocket veto of a congressional bill, the measure is not actively rejected, but it is functionally rejected when too much time has passed without it being signed into law. While there are procedures through which Congress can override a presidential veto, indecision and inaction in the real world often results in lost opportunities and penalties that cannot be undone, which may leave you with a strong sense of regret and guilt for your failure to act.

A common source of uncertainty and discomfort stems from the long-range implications of a choice, such as "How will I know I will want to do this job a year from now?" A useful reframe is that there are some decisions that are "right" at the time you make them but that later will have run their course, in part because you may have changed and grown as a result of the choice you are contemplating. Hence, you may take a job that provides you with good experience and connections, but 2 or 3 years later, you are ready to move on to a new challenge. This does not mean that the original choice was wrong, but rather that it allowed you to gain experience and develop new goals.

We have offered the reframe that there are two levels of decision making (which also apply to problem management). The first level is making the best decision based on the information available at the time. The second level is then "living the choice into being a good decision" by implementing it fully and making it work for you. Whether the choice is a class, a job, or a car, you commit to the direction you have selected and take advantage of all it has to offer. To use a quote attributed to the U.S. Army General George S. Patton, "Make a decision and then do it like hell."

13 Managing College with ADHD

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College poses a unique challenge to students' ability to manage Attention-Deficit/Hyperactivity Disorder (ADHD). It is no surprise that many adults first identify their ADHD when encountering problems managing the transition to college. A complete handbook could be devoted to coping with ADHD in college. In fact, although it does not appear on any curriculum, college is as rigorous a test of your executive functioning and motivational skills as it is of your academic abilities. However, we will cover some of the main issues that we have observed when working with college students with ADHD.

For simplicity, we will refer to coping with college throughout the chapter. However, many of the issues discussed are also relevant for most adult educational activities, including adults in GED programs, graduate or professional school, and certification programs or continuing education classes that may be required for a job.

Readiness and Setting the Stage for College

One of the assumptions about college is the script that you enroll immediately after high school, you do not have to work, and a degree is completed in 4 consecutive years. However, only about 25% of students fit this traditional profile with the majority taking a different path. Moreover, graduating "on time," based on the Department of Education's definition, is within 5 years of matriculation (Snyder, Dillow, & Hoffman, 2007), making the "4-year college" an increasingly outdated term.

For college-bound high school students who already have the diagnosis of ADHD, the first step is making an informed choice about readiness for college, and what campus offers a "good fit" for you. Many college students with ADHD find the first year of college is a difficult transition year, particularly those who move away from home to live on campus (even if they only move a few miles away).

We have said that moving away to college for a student with ADHD is the closest thing to being enrolled in the Witness Relocation Program that a law-abiding citizen will ever encounter. You move away from your scaffolding of support, including the house where you lived and the family that provided support and structure. At the same time, you lose the "collateral" you accumulated throughout high school in the form of the support of teachers, coaches, and friends who may have helped keep you get through classes and into college. As challenging as the academic demands of college are, so, too, are the demands of living independently without the regular oversight of family and teachers.

Community colleges and other 2-year programs offer a high-quality, affordable entry point to postsecondary education. The opportunity to live at home without having to manage the jump to on-campus life is a good first step for some students with ADHD. There is the added benefit of completing required introductory courses at an affordable tuition rate.

Local community colleges also offer an opportunity to get back on track to those students who are on academic leave from their college due to academic difficulties. Devoting a semester or two of their academic leave to community college classes, part-time work (or other structured activity, such as volunteer work), and getting treatment for ADHD are the common steps we recommend to prepare students to return to their primary college (or to arrange a transfer). In some cases, credits earned at community colleges can be applied toward degree requirements at specific area colleges and universities based on agreements between these institutions.

In many cases, the difficulties that led to the academic leave could have been avoided by more thoroughly researching the initial college choice. During the process of college selection, students with ADHD should take into account a few factors in order to make an informed choice about their education. First, the size of the school and corresponding class size is a consideration. The quick reaction is that a small school and smaller class size is better. This may be the case for students who find it easier to pay attention in small seminars that emphasize participation. On the other hand, larger schools offer more sections of different courses, which allows students with ADHD to avoid classes or instructors that may pose difficulties (e.g., dry lecturer, emphasis of essays vs. in-class exams) and seek out classes and programs that fit their learning style (e.g., hands-on learning, field experience). (See Gladwell, 2013 for an interesting discussion of class size and goodness of fit.)

It is important to investigate the availability of on-campus resources, particularly the services offered through the Office of Student Disabilities (OSD) as well as the student learning support and counseling centers. For students already diagnosed with ADHD, it is wise to secure the necessary documentation for academic accommodations through the Americans with Disabilities Act (ADA). The diagnosis of ADHD by itself is not sufficient for ADA protected accommodations. The OSD will outline the requirements, process the request, and support the implementation of the accommodations. On some campuses, the student health and counseling centers may have specific policies regarding the diagnosis and treatment of ADHD among students, that is, medications, due to concerns about misuse and diversion of stimulant medications. It is important for students entering college with a diagnosis of ADHD to be informed of the resources and policies at their institutions.

Formal academic accommodations represent adjustments to the learning and/or testing environment, including access to auxiliary learning aids and modifications to courses and exams to counterbalance the effects of a disability. What is most relevant for students with ADHD is that there must be psycho-educational testing performed within the past 3 years by a qualified mental health or educational professional that documents the presence of a learning disability. In cases in which there is evidence of a comorbid psychiatric diagnosis, this diagnosis can be used to petition for accommodations for an emotional disability. The documentation and an application for formal accommodations must be submitted to the campus OSD. Some of the common accommodations include extended

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time to complete exams, taking exams in a reduced distraction setting, priority registration for classes, and various others, depending on the resources of the particular college.

Some students with ADHD are ambivalent about applying for and using the accommodations to which they are entitled. You might be uncomfortable with the notion of being identified with a disability or that you are getting "special privileges." On the other hand, you may find yourself frustrated that your grades do not reflect your knowledge of course material despite adequate and diligent preparation because you run out of time and cannot complete exams due to distractibility.

We generally advise that students with the requisite documentation go through the process to be identified as a student with a learning disability and to secure their right to accommodations. At that point, it is up to the student as to whether or not to use them—just because you are granted accommodations, it does not mean you are mandated to use them. However, they are already in place if you encounter difficulties and change your mind and decide to use them. The accommodation process takes time and it is not something that can be completed a few days before an exam.

Many students may arrive at college having already been engaged in treatments or educational supports that they want to continue in college. Thus, it is important to research the campus learning center for academic support resources or any specialized ADHD services that may be available. It is also important to check with the student counseling center regarding the availability of therapists familiar with ADHD, the availability of psychiatric services for ADHD, and any special documentation that is required for medication management (i.e., stimulants). As was mentioned above, due to the increased diversion and misuse of stimulant medications on college campuses, it is useful to check beforehand of any sorts of required steps that may impact your ability to fulfill your prescription through on-campus clinics.

We advise that you take care of as many of these details as you can before you arrive on campus, particularly before your first semester if you already know you have ADHD. Whenever possible, new students who seek clinical services through our program are encouraged to complete the evaluation process over the preceding summer, or to schedule an appointment time for soon after they plan to arrive on campus. Setting up initial appointments with a therapist, psychiatrist, learning center counselor, etc. during the early weeks of the semester (ideally the week before it starts) also helps get the coping and treatment supports in place before the semester gets too busy. A useful reframe to remember is that setting up an evaluation and treatment is more akin to scheduling a surgery than a haircut: Most offices cannot accommodate walk-ins.

A final issue to be addressed regarding expectations for college harkens back to the notion of the 4-year college. Many students with ADHD will end up needing more than 4 years to complete undergraduate degree requirements, or more than 2 years to complete community college. Many students with ADHD come to embrace the notion of taking a lowered course load across some or all semesters. They may sign up for particularly challenging courses as their only course during a summer session, or simply extend their graduation date in order to set out a more manageable and agreeable academic pace.

We appreciate that there are important considerations associated with this coping option, such as the impact of less-than-full-time status on financial aid, the additional cost for housing for additional semester, etc. Moreover, students must work through their cognitions, such as "I'll be so old (i.e., 23 or 24) when I graduate" or "I will be

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embarrassed when I try to explain my situation to friends and potential employers." On the other hand, students who have adjusted their graduation timelines often see a noticeable and positive difference that reducing their load by even a single class can have on their ability to keep up with work. Students are reminded that they are not doing any less work and that their degree will not have an asterisk on it.

Thus far, we have brushed some broad strokes regarding how to personalize your college choice and path to a degree. In the remaining sections of this chapter, we will discuss the various demands of college that are particularly challenging for students with ADHD and ways to cope with them drawing on many of the coping strategies introduced in earlier chapters.

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Managing the Demands of College

Dorm Life (or Living at Home While Attending School)

One of the first challenges facing college students is handling life on campus, particularly dorm life. The main things to consider about your living situation are the various sources of distraction, making informed decisions about how to set up your living area, and being realistic about what you can to expect to get done in your room (i.e., can you expect to study there, or should you go elsewhere?).

Environmental engineering is important. Decisions about what to have and what not to have in your room are important. The choice of whether to have a television has become increasingly antiquated, with media available on portable devices, but it is a consideration. Some students are able to set up their room in a way such that it also serves as a study space, such as a dorm suite with a shared living area and private bedroom; in other cases, students recognize that they have a problematic "behavioral script" for their room such that even though they enter it with the intention of studying, once there they fall prey to distractions. In such cases, the campus library provides a good study station. It is important to be honest with yourself about your tendencies and plan accordingly.

Even having a studious roommate can be disruptive for a student with ADHD who is easily sidetracked by simply having someone else around. When the dorm is too distracting, a reasonable accommodation is to petition for single room housing. For the most part, though, students with ADHD can manage the group-living situation as long as they are aware of and take steps to address various "risky" situations.

Reserving Time for Studying

We make the point to college students with ADHD that "there is time enough to do everything . . . but you may not be able to do everything at the exact moment you desire." That is, it is possible to strike a healthy balance of attending classes, keeping up with studies and assignments, having a social life, and pursuing other interests. The challenge, however, is that you may want to go out with friends on Tuesday night, but you have an assignment due the next day that requires you to stay in and work on it instead.

A common thought voiced by students is, "I don't want to miss something" (or what has been deemed FOMO: "fear of missing out"). The reframe that we advocate is that

there will always be more social opportunities that will come around, probably within the same week. Challenging all-or-nothing reactions is a step toward impulse control and tolerating the relatively brief discomfort associated with "letting go" of (and declining) an invitation. Anticipating and rehearsing how you will handle potential distractions when you know you must do work is a good use of implementation tactics (e.g., "If one of my friends invites me out, I will tell him I have to study and that we can do something over the weekend."). You will then be able to devote sufficient time to your studies, which will pay off later, that is, deferred gratification.

The Daily Planner, Daily To-Do List, and the various "getting-started" strategies are vital skills for studying. Some college students bristle at using a Planner, noting that their class schedules for a semester are well established. However, the Daily Planner is also useful for coordinating recreational and social activities, such as intramural sports or weekend commitments. We encourage you to experiment with using a planner to simply keep track of what you do and to monitor how you use your time. Once you see how you spend your time, you will likely be able to sort your social activities, academics, and other commitments into different blocks of time.

When using the Daily Planner, fill it in with all of your commitments for the week, including classes, labs, intramural sports, etc. Look for opportunities to devote time to your studies and assignments. You may have a break between classes, or a day in which your first class is not scheduled until the afternoon. Maybe you get out of your last class at 4 p.m. and can go directly to the library for an hour or two before meeting up with friends for dinner. After identifying possible times, set up a start time and an end time for studying, for example, "I will plan to study from 10:30 a.m. to 12 noon. I can then have lunch before my 1 p.m. class." Identify a specific task or tasks you will target during that study block, defining the task as behaviorally as possible, for example, "I will work on my problem set for economics. I will start by reading through each question at least once and will then work on the easiest problem first."

You will have to be flexible and adapt your study expectations to different blocks of time, being realistic about how much you can get done. You will figure out what constitutes a reasonable, minimal work block, such as 30 minutes in which you can get "enough" done, such as reading a few pages or tracking down sources for a paper. On the other end of the continuum, you will also discover the upper end of your study range, such as 2 hours for working on larger projects. This upper limit represents the "point of diminishing returns" on your productivity when you will need an extended break. Reframing time to keep it in perspective (e.g., "I can study for 2 hours on a Saturday morning and still have the rest of the day for fun.") and recognizing that you can handle and accept a degree of discomfort in order to get started are coping principles that are helpful for students.

Reading, Writing, and Arithmetic

Some of the academic tasks on which ADHD students often struggle are assigned readings, writing assignments, and mathematics. Although we will not do these topics justice in this brief section, and there are many talented educators and learning specialists who will have more sophisticated coping ideas, we provide some suggestions for facing these topics.

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Take Away 13.1. SQ4R Technique for Reading

1. Survey the text, particularly section headings, bold face terms, illustrations, etc.
2. Develop questions about the topic of the text based on your survey of section headings, etc.
3. Actively read each section of the text. Make notes on the page or elsewhere.
4. Actively take notes and record information that helps you to understand the text and to formulate answers to your questions. Write them down in your own words.
5. Recite what you have read by answering the questions for that section and summarizing it in your own words.
6. Review again the headings, etc. and your answers to the questions, your notes, etc.

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We already introduced the SQ4R strategy (Forsyth & Forsyth, 1993; Robinson, 1970) for handling reading assignments in Chapter 9, and it is summarized in Take Away 13.1. Rather than starting with the first word of a chapter and reading through it line-by-line while trying to extract the important information, the SQ4R offers an alternative, proactive reading approach that has you read with purpose.

Writing papers is often a challenge for students with ADHD. Written assignments can be overwhelming because the notion of "working on a paper" encompasses many distinct steps. Hence, a first step in writing the paper does not involve writing at all.

You may put off getting started on a paper because it is a large and nebulous task. You probably also have some negative images of writing, such as spending long and late hours slogging through a paper for disappointing, or at least inconsistent results. These experiences create associations with feelings of stress that, in turn, make it more likely that you will delay writing for as long as you can. To have a clearer starting point, we suggest that you begin writing a paper by making sure you are clear about the assignment. Reread the syllabus and make sure you understand the assignment, parameters (i.e., page requirement, formatting, topic), and due date as a way to overcome initial avoidance and to "touch" the task.

Next, start to "think about" and organize the paper. You can sit down and formulate, outline, or otherwise develop a game plan for the paper. At the very least, we recommend that you devote a specified study block to strategizing your paper, including writing down ideas and bullet points. You will be able to think through points you want to make, key topics to cover, or questions you will answer in the paper—something is better than nothing.

Your ideas for the paper need not be written out in the order in which they will appear in the final paper or in a traditional outline format. We have worked with students who found it helpful to record their ideas on index cards, which in turn can be sorted into different sequences before being finalized. Another useful strategy is to think of your paper as a Power Point presentation and organize your ideas as bullet points. You can continue to add to this outline as you gain more information or, in some cases, you may need to reduce it to keep the paper within the defined page limits. (In one case, the assignment for a college student with ADHD involved a class presentation followed by a write-up. The student said that it was the easiest paper he wrote in college because he already completed an outline by preparing his presentation.)

By the time you get to the actual writing, you will have worked out some ideas, helping to decrease the stress associated with starting out with the proverbial blank page. You may be self-critical and try to edit your text as you write it, getting bogged down by individual sentences; instead, allow yourself to free write without yet concerning yourself with grammar or style. You can go back later and edit what you wrote. Breaking down the task of "writing a paper" into these specific subtasks also provides you with specific, manageable action tasks.

When writing papers, it is important to be mindful of the tendency to fall into a pattern of "pseudo-efficiency"—working on tasks associated with the paper but that are not productive. It is a subtle but disruptive form of procrastination. The most common example is spending inordinate time tracking down resources, such as downloading journal articles, rather than writing the paper when you already have enough sources. It is better to devote time to writing a paragraph or two based on sources you have already collected.

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Take Away 13.2. Writing Papers

1. Read the description of the assignment to make sure that you are clear about it, the specifications for the paper (e.g., pages, format), and the due date.
2. Break down the paper into different tasks, including any research, reading, outlining, drafts, as well as any intervening due dates, that is, topic approval, submitting a draft, etc.
3. Using the due date for the final paper, work backwards and define times to work on the different tasks required to complete the paper.
4. When it comes time to write the paper, start with time spent thinking about and outlining your ideas, which is considered a step in writing. Write down ideas and points you want to make or use index cards to remember and organize your ideas. You may also organize ideas by thinking how you would present them in a Power Point presentation.
5. When actually writing the manuscript, follow your outline. The first draft involves getting ideas down even if they are incomplete or the wording and grammar are not finalized. Do not edit your writing, yet, just get down your ideas.
6. After getting the ideas down, you can return to the document and start to clarify the expression of your ideas. This is a different task from #5, which helps make each of the tasks distinct and manageable rather than trying to do it all at once.
7. Lower the bar and aim to meet the minimum requirements of the paper so that you can submit it by the due date. This is an easier target than trying to write an "A" paper.
8. Trust the plan.

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Some ADHD students find mathematics to be an easier topic for them than those requiring a lot of reading and writing. Conversely, many students with ADHD have problems with mathematics, sometimes to the point of having a coexisting math learning disability. One notion of how ADHD might negatively affect math performance is the fact that enough sustained attention and working memory is required to hold information in one's mind long enough to reach an "aha" moment of understanding (see Gladwell, 2008). It makes sense then that when the benefits of stimulant medications for ADHD were first (and serendipitously) identified, they were dubbed "math pills" by teachers working with students with ADHD.

Unfortunately, we do not have the equivalent of an SQ4R strategy or suggestion to think about your paper as a Power Point presentation to deal with math difficulties. However, we do have the suggestion that dealing with difficulties in math requires investing enough time and effort to adequately address these frustrations. We do not mean to simply do "more of the same" of whatever does not seem to be working. Instead, we suggest developing different ways to engage in the topic rather than avoiding it.

For example, you might use the SQ4R approach when reading the math textbook as a means to gain useful information rather than assuming, "I cannot learn math from a book." Performing a Google search of the particular concept or calculation may yield presentations of it (including You Tube videos) that provide clarifications. It is important to spend enough time working on problem sets, recording examples in class, and devoting time to homework. It may sound basic, but if you get stuck on one problem, move on to the next one, as you will get more out of incomplete homework than stopping altogether.

A final point that is a segue for our next section is to seek out help from others for handing difficulties with math (as well as for difficulties with reading or writing). An underutilized resource is seeking out your instructor during office hours or other arranged times for further attention to your difficulties. The campus learning center or outside tutoring are other means for additional support in understanding the concepts with which you struggle and perhaps any assistive technologies that may be available.

Asking for Help and Self-advocacy

Students with ADHD often underuse the resources available to them on campus. Even if you never utter the letters "A-D-H-D," there are many ways that you can find help for managing any difficulties you are facing. High school teachers had enough contact with you to notice your struggles and then approach you with their concerns. College faculty and staff, for the most part, will not have this level of interaction with you and will not know there is a problem unless you reach out to them, which is the notion of self-advocacy for college students with ADHD.

The most direct step that can be taken for help with academics is to take advantage of instructor office hours. There may be recitations and review sessions for some courses that are essential to attend for additional exposure to class information. Teaching assistants and other resources for classes can also be used.

College students with ADHD often underestimate the benefits of reaching out to their instructors for help. Problems with overdue assignments or multiple class absences often escalate into crises because students avoid dealing with them. The act of approaching an

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instructor during class or sending an e-mail that simply acknowledges a situation, and expresses a desire to resolve it, goes a long way toward reaching a solution.

Academic advising is another readily available resource. Although not necessarily specialized in dealing with ADHD, advisors can be helpful in sorting through course options and deciding between different sections of courses in terms of those that may or may not be a good fit for you. Contacting your advisor is often a first step when considering dropping a course, sorting through the implications of taking a reduced course load, or initiating a request for a leave of absence from school (or a return from academic leave). The OSD and student learning center also provide helpful support.

You may also underutilize your treating clinicians as resources. Sometimes we have student patients who do not tell us when they have difficulties in a class, have missed an assignment or exam, or have stopped going to class. Thus, we only learn of these facts when there is a crisis at the end of the semester and coping options are limited. College student patients may skip therapy sessions, stop taking prescribed medications, or run out of them without contacting us for several weeks. Similar to instructors and support persons, we cannot provide help if we do not know there is a problem.

The central skill involved when reaching out for help is to handle the discomfort associated with initiating contact, which is an emotional regulation skill. You (and all of us) have a very effective way for dealing with discomfort, which is to avoid it; unfortunately, this "cure" only lasts for a few minutes, and there is the side effect that this avoidance will worsen the original problem.

As with facing other difficult tasks, a first step is defining in specific and behavioral terms what you need to do, shrinking it down to its core elements (e.g., "I need to contact my professor and explain the situation."). A second step is to challenge the what-if thoughts and worst-case scenarios that interfere with taking action (e.g., "What if my professor is angry with me?" or "I will be kicked out of college and my parents will never forgive me."). Although your concerns are possible, your Defense Attorney can help you to develop a more realistic outlook about facing the situation (e.g., "This is not the first time my professor has dealt with a student who did not hand in an assignment. She might respect that I reached out to her." Or, "I might have to retake the course, but I probably will not be kicked out. My parents will probably be upset, but it is better that I tell them than waiting for them to find out from someone else."). Neutralizing the what-if thoughts allows you return to the only outcome that is fully under your control—reaching out and asking for help.

At the point when you are ready to follow through on an e-mail to an instructor, to walk into office hours, or to contact the learning center for an appointment, you will likely have some rationalization for putting it off. A final adaptive outlook is, "I can invest 15 seconds of discomfort and follow through on this task that will reap many more positive dividends for me in the near future."

Self-care

In addition to managing the often competing academic, social, and daily life demands of college, a particular area of struggle related to self-regulation is maintaining adequate self-care. College students often do not realize their reliance on the scaffolding provided by their home and family life before college in terms of maintaining sleep-wake patterns, a healthy diet, and a general structure for daily life.

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Two primary issues of importance for all college students, but particularly those with ADHD, are that of sleep and substance use. Poor sleep habits are ubiquitous in college students but have particularly negative effects on students with ADHD. Likewise, untreated ADHD is a known risk factor for substance use, particularly marijuana, alcohol, and nicotine, which, in turn, further complicates students' ability to manage ADHD. Chapter 16 offers an extended discussion of self-care issues that is particularly important for college students with ADHD.

Dealing with Technology

College students and other young adults with ADHD are at particular risk for developing problematic computer and other technology use. The current and future cohorts of young adults are those who have lived their whole lives within the digital age. At the same time, technology plays an essential and helpful role in daily life and coping with ADHD in college, such as providing organization tools and smart classrooms, but it also serves as an ever-present risk for distraction and other problems. In extreme cases, technology use becomes all-consuming to the point it could be considered an addiction, if not in strict diagnostic terms, at the very least that it is a compulsive behavior that persists despite causing obvious problems.

Some individuals find the addiction metaphor helpful in understanding their difficulties managing their technology use, at least in some settings. Thus, a student who is easily distracted in class commits to turn off her smartphone during class and disconnect the Wi-Fi in order to use a laptop to take notes. She can then "reconnect" during a planned break between classes.

We said earlier that there is "time enough for everything in college," but that you will have to make judicious decisions and be able to let some things go in the moment, knowing that these or similar opportunities will be available later. The same goes for the impulse to check text or e-mail messages, play online games, etc. However, this is the ongoing battle in managing ADHD at college. Chapter 17 offers and extended discussion of the issue of dealing with technology that is also relevant for college students with ADHD.

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14 Managing the Workplace with ADHD

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The demands of employment present unique and ongoing challenges to someone with Attention-Deficit/Hyperactivity Disorder (ADHD), whether you enter the work force straight out of high school, after college, or at any point in your life. The various contexts in which people work are so varied that it is difficult to pin down a specific set of coping strategies relevant for all workers with ADHD. A stay-at-home parent in Philadelphia will face different demands than a Silicon Valley software designer, who has different circumstances from a waitress working in a busy restaurant in Traverse City, Michigan, all of whom share a diagnosis of ADHD.

We will discuss the "goodness of fit" of a job, namely the match between, on the one hand, the demands of the work you will perform and the setting in which this work occurs, and, on the other hand, your distinct abilities and interests, as well as the potential effects of ADHD on this match. This topic is also relevant for individuals seeking out jobs that might be "good for someone with ADHD." We will highlight the use of foundational coping skills discussed in the earlier chapters that are particularly relevant for workers with ADHD. Finally, we will review workplace accommodations, either formal or informal, that may be helpful, including a discussion of whether or not to disclose your diagnosis to an employer.

Goodness of Fit

There are no specific jobs that we can recommend that will necessarily be a good fit for you solely based on the fact you have ADHD. People who share the diagnosis of ADHD represent a diverse group with regard to their symptoms, impairments, and not to mention occupational skills and aptitudes. There are individual differences in what you versus others with ADHD find inherently interesting and therefore easier to focus on and do for a living. In fact, a confounding facet of ADHD is the maddening inconsistency ADHD adults experience within their lives.

The treatment and management of your ADHD plays an important role in your job search and eventual work life experience. Treatment with medications is associated with a reduction in problematic symptoms that will make many work duties easier for you to handle. However, to maintain these benefits requires that you are diligent in taking your medications, and keeping up with follow-up appointments and prescription refills. The coping skills discussed in this and other books on ADHD are also helpful, but only when they are consistently implemented. It is easy to drift away from adaptive coping routines and then conclude that these strategies do not work when difficulties resurface.

There will be certain aspects of any job or profession that will be challenging to manage despite effective treatment for ADHD. You may be aware of your particular vulnerabilities based on your school history or your past job history. For example, students who have inordinate difficulties organizing and writing papers will likely not do well in a graduate program or academic job for which writing is a central requirement, that is, "publish or perish." Similarly, an individual who is easily bored when working at a desk job will have difficulties in a position that requires sustained focus on detail-oriented work in an office setting.

Career counseling (particularly with an ADHD-friendly counselor) can help you to identify and figure out vocational pathways that allow you to work around or avoid these sorts of mismatches in your job search. Likewise, clinicians familiar with adult ADHD may also help you sort through these issues. We realize that there are real world factors involved when seeking employment, namely the need to have an income. There will be times when you have to accept a job that is offered and make the best of it in order to make ends meet.

However, an important coping strategy for managing ADHD is assertiveness. As was mentioned in Chapter 9, assertiveness does not mean that you will always get what you want, but it highlights that you can be proactive in asking questions and negotiating situations based on your needs. One setting in which you can be proactive to your benefit is during a job interview. The notion that you are interviewing a potential employer may seem to be cliché, but the interview provides a chance to gain information about the job, setting, and expectations that will help you make a more informed decision about it. Even if you are not in a position to decline any job offered to you, you can gain a sense of steps you will have to take to make a go of it.

For example, you may accept a restaurant server job despite knowing that you have a poor memory, which makes the prospect of taking an order from a table full of hungry diners a stressful one. However, you can survey friends or coworkers for tips about taking and remembering orders. You can also use assertiveness with diners by repeating back their orders to them, and having a system for taking the order that helps you to recall who ordered what. Some people use humor as a tool for managing these sorts of situations (i.e., "I'm a waitress with ADHD, so bear with me. I want to make sure I get this right and that you have a fun meal.").

It is important to identify and make use of your personal strengths in your job, which will help you work around your relative weaknesses. The example of a waitress using humor represents an adaptive use of her engaging personality and nondefensiveness, which sets the stage for the use of other coping tactics for taking a table's order. Another waitress with ADHD may choose to say, "I am a waitress with bad memory," or simply say, "After I take your order, I am going to go around the table again to make sure I have it correct," with no mention of a diagnosis.

Planning, Organizing, and Getting Started

Work settings are different across jobs, but one of the main issues facing most workers with ADHD is getting started on and following through on work to completion. We have heard many of our patients report that they end up staying late at the office (or otherwise spend inordinate time on work) because they fritter away the first few hours at the office, or they spend too much time on low-priority tasks. Self-employed workers

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often describe doing well in their primary craft, but struggle with administrative tasks, such as scheduling or billing.

There is no way around it—it requires time to plan your day. For office workers, we encourage that the first 10 minutes at the office be spent planning out the day. A portion of this time will be devoted to identifying and prioritizing work tasks in the Daily Planner. There is the added reality that you will probably have to devote at least some personal time to doing work at home. The extra time given over to work may reflect the reality of your chosen profession, or may be a necessary step you take to deal with the effects of ADHD. It is essential to identify blocks of time dedicated to work tasks in the evening or over the weekend in order to avoid putting it off and then "chasing the task" all night or weekend. As in earlier chapters, tasks should be framed in behavioral terms and slated to be done within a reasonable block of time in order to keep in check the time and energy spent on work. This approach also serves to protect the rest of your time and energy for rest, relaxation, or other endeavors.

You may have a fluid work schedule that changes throughout the day, depending upon various circumstances. For example, you may have to make yourself available to meet with new customers or to respond to calls for emergency repairs. When these situations arise, you will have to take a few moments to recalibrate your schedule. It is important to challenge the thought that "Now my schedule is messed up, and I cannot recover," which promotes disengagement. Having the anchor of the Daily Planner, which provides a means to find a way to get back on track, will help you deal with the unexpected situation and then reestablish target priorities.

The planning stage at work is crucial when you are juggling several different tasks and projects. Similar to a student thinking through and organizing his assignments for several different courses, you are planning out your day and week to budget time for different jobs. Use your Daily Planner to establish future placeholders for tasks that need to be done, but that you must strategically defer until later. This step allows you to then forget about these tasks in order to focus on more pressing projects. Work blocks are reserved for deferred tasks at specified times later in the week or month at which time you will attend to them. You can use a spreadsheet or white board to maintain externalized tracking information for the multiple projects on which you are involved.

Accommodations: Coping with an Imperfect Fit

Despite all the best coping skills and preparations, the workplace poses many challenges to workers with ADHD. ADHD is difficult enough to manage when you are at home where you have more control over the environment. However, most adults with ADHD work in settings with coworkers and other sources of distraction. Stay-at-home parents with ADHD are faced with setting up routines that must be flexible enough to deal with all of the unpredictability associated with raising children and tending to their health needs, sleep schedules, dietary idiosyncrasies, moods, etc.

As with college students, the diagnosis of ADHD by itself is not sufficient for Americans with Disabilities Act (ADA) protected accommodations. There must be demonstration of impairments to a degree that constitute a disability inasmuch as it can be documented that ADHD substantially limits an individual's functioning at work compared to the manner in which the "average person" in the population performs the same job. Moreover, the person must be otherwise qualified to perform the job. Finally, to

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qualify for workplace protections under ADA law you must disclose your disability to your employer as soon as possible, which is a decision that we discuss at the end of this chapter. (See Latham & Latham [2007] and Ramsay [2010] for discussions of ADA issues relevant to adults with ADHD.)

Regardless of whether or not you seek formal accommodations, there are many informal steps you can take to make the workplace "fit" your ADHD style, at least a little bit better. One step some workers take is to simply stay late at work, or to use other personal time to catch up on tasks owing to the fact it takes them longer to get things done. For example, a preschool teacher with ADHD may arrive a little early and stay a little later to organize classroom materials that she cannot get to during the day.

You may find that the amount of extra time required to adequately manage ADHD in your job is a hardship, resulting in spending inordinate time on work, to the detriment of other areas of your life. Moreover, you may be paid an hourly wage, and your employer will not approve overtime pay for your extra hours. You can request adjusted or flexible hours from your employer. That is, you still work a full day, but you negotiate a later starting time if you are not productive in the mornings, perhaps arriving at 10 a.m. instead of 9 a.m. and finishing work at 6 p.m. rather than at 5 p.m. You need not mention ADHD when discussing this plan. Instead, you can present your proposal as allowing you to balance different demands in your life. It also helps to point out how the arrangement will benefit the employer in the form of your increased ability to meet your work demands, a prediction that can be monitored over a test period of a few months.

There are many simple coping steps you can take that are similar to those we would advise to promote any sort of task engagement, as well as those related to setting up a work station that were discussed in Chapter 11. Turning off or muting your office and cell phone will help reduce the impulse to respond to incoming calls. If this is not possible due to the nature of your job, or being on-call for your child's school, etc., we advise that you have an implementation plan for responding to calls (e.g., "If it is anyone other than the school or the customer I have been trying to reach, I will not answer the phone.").

As with scheduling and planning your personal life, computers and technologies are ubiquitous and can be a great aid to ADHD workers trying to cope with the demands at work. In addition to scheduling systems, there are software programs that help with organizing and tracking projects, helping you to break down tasks into specific steps, each with a target deadline. There are various assistive technologies and underutilized features of standard software programs that may help with reading and written tasks, including the use of voice activated software.

Despite the availability of technologies for managing tasks, there is a great deal of information that is communicated verbally and requires accurate recording and organization of these data (see Chapter 9 for other tips for managing such information). It is important to have some method for recording the information communicated about a project during a meeting or discussion, including using the audio recording feature of a smartphone, a digital recorder, or a basic notebook for writing down key points. We all tend to underestimate the simple communication strategies of repeating and summarizing what we have been told (i.e., "I want to make sure I understand this and have it down correctly.") in order to confirm the accuracy of our understanding. A follow up e-mail confirmation, either by having it sent to you or sending it to others involved in a project is another means of double checking (and having a record of) an arrangement.

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Standing meetings with a supervisor or colleague to review progress on a project are a useful way to track performance. These sorts of meetings provide tangible, incremental "deadlines" for tasks. The obligation of meeting and providing an update to someone else makes your work tasks more salient. Even though the check-in meeting is scheduled in your Daily Planner for, say, Friday, the emotional resonance of this meeting will help you work on the project on Wednesday, perhaps putting the task on your Daily To-Do List.

There are many of other accommodations specific to different professions and settings, such as physicians with ADHD using smartphone apps to do a quick double check on medication interactions, or a research assistant using a checklist of essential items when screening potential subjects for a study rather than relying on memory. These self-initiated coping skills can be carried out informally, without disclosing your diagnosis of ADHD.

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Assertiveness and Negotiation

Workers with ADHD often underestimate their ability to assume a more proactive role in managing the work that they are assigned. To put it in coping skill terms, self-advocacy, or assertiveness is a way to manage adult ADHD. In Chapter 9, we discussed many ways to use assertiveness to manage information in the workplace, including dealing with impulsive compliance and making sure that you record information before you lose it.

Another use of assertiveness is to be proactive and realistic when negotiating task deadlines. That is, your supervisor asks that a project be delivered by Friday at 5 p.m. You instinctively agree to this plan but then realize that you have other projects that will take up your time that make the deadline unrealistic, or at least "iffy." Rather than engaging in magical thinking (e.g., "If I cannot get it done by then, it will all work out, somehow."), it is prudent to address these concerns right away (e.g., "I have several competing projects and deadlines that make my ability to meet the Friday deadline unlikely. I don't want to set up unrealistic expectations. I can reasonably deliver the final project on Wednesday of next week. Is that acceptable?"). Even if the supervisor insists on the Friday deadline, you might gain some leverage that allows you to defer other projects as a compromise. If nothing else, you have informed your supervisor about your plight and have reached out for a solution. This is a much better scenario than saying nothing, letting the supervisor expect to receive the product on time, and then you are left scrambling to hand it in late and facing any repercussions.

The use of self-advocacy probably comes across as sound advice, but there are many automatic thoughts that interfere with its actual use. A common response we hear is, "I cannot ask for special treatment when I already have been late on projects and have been 'cut some slack' in other ways." This thought represents a typical shame-based reaction rooted in the view that you have built up a debt at work based on inconsistent performance and therefore cannot make any more withdrawals from your account. These are distinct issues. Yes, you may have made some mistakes and hopefully are taking steps to manage them better. In fact, you are not asking for "special" treatment but, instead, are taking the necessary steps to meet expectations. Being assertive represents your attempt to cope better and is a positive way to build collateral at work by creating a situation in which you will be able to perform better.



Take Away 14.1. Coping with Work

1. Consider the goodness of fit between you and the demands of your current job or a prospective new job or career.
2. Where there is a poor fit, determine if there are reasonable accommodations that can be made (informally or formally) that will improve your ability to manage the situation.
3. Use the skills of assertiveness and negotiation to handle tasks and deadlines at work. You are allowed to be proactive and to make requests of a supervisor and to offer suggestions and proposals that will improve your ability to handle your job well.
4. Get information down before you lose it.
5. Use your Daily Planner and Daily To-Do List (and other skills) at work.

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Do I Tell My Employer That I Have ADHD?

Workers with ADHD often ask whether they should tell their employer that they have ADHD. There is no clear and easy answer to the question of whether or not to disclose your diagnosis of ADHD to your boss. The choice must be made on a case-by-case basis, with full consideration of the factors relevant to your circumstances. One question to consider is, "to what end the disclosure will serve?"

The only situation in which it is required that you disclose your diagnosis of ADHD to an employer is when you are requesting formal workplace accommodations, as protected by the ADA. In such cases, individuals with ADHD are encouraged to disclose as early as possible, including during the interview process. It is important to figure out if your employer is even covered by ADA law, as not all businesses are.

Most adults with ADHD have the realistic concern that revealing their diagnosis during the interview process will be held against them, resulting in not getting the job, ostensibly for other reasons. It should be noted that although we are adopting a skeptical view in order to consider the risks of disclosure during the interview, it may well be that an ADHD diagnosis is not held against an applicant, and someone else is hired for valid reasons. In fact, a case could be made that not disclosing the ADHD diagnosis during the interview provides a way to determine if an applicant is deemed "otherwise qualified" for the job.

More often we see established employees who struggle with whether to disclose their diagnosis to a supervisor in order to seek informal support, or simply to explain inconsistent job performance. Based on our experience, circumstances that are associated with constructive disclosures are that a worker with ADHD has established himself or herself in a position, and has demonstrated a degree of competence in the job. The disclosure of the ADHD diagnosis occurs in the context of a request for a reasonable accommodation, such as weekly check-in meetings, written summaries of work tasks, or some minor adjustment of work duties. A disclosure may be informal, such as telling colleagues on a project team, or commenting on ADHD-related challenges during a training situation.

Regarding the exact nature of the disclosure, the specific elements associated with a positive outcome are (1) the fact that you have ADHD (and are taking active steps to address it); (2) how ADHD makes certain job tasks more challenging or you; and (3) your request and plan for what can help you better perform your job. For example, a worker with ADHD might say, "I should tell you that I have ADHD. It makes it difficult for me to organize and follow through on tasks as efficiently as I would like. I'm working on using some coping skills to help me out, but sometimes I have a hard time remembering some of what we discuss in our meetings by the time I have a chance to work on them. It would be helpful for me if you and I can devote a few moments at the end of our meetings to make sure that I have a clear understanding of what is expected of me. I'm going to write it down in detail, but it would help me if we could arrange a check-in meeting the week before my part of the project is due in order to check on my progress."

Some of the main points to consider when managing ADHD in the workplace are to identify the specific areas of difficulty you are facing. It is easy for individual problems associated with ADHD to snowball and to mask your skills and strengths. There are many coping steps you can take to work around these difficulties. In cases in which you need additional support, self-advocacy is an important skill, which entails asking for some form of assistance that will yield benefits for your work performance.

15 Relationships, Family, and Adult ADHD

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In his book-length review of the executive functions, Dr. Russell Barkley (2012) explored the reasons that these skills evolved in humans in the first place. He makes the compelling case that it was the selection pressures associated with humans living in larger groups of genetically unrelated individuals, which made it selectively advantageous to have good self-regulation skills. That is, these abilities became more important to survival as humans became more interdependent with and reliant on dealings with people who were not family.

Attention-Deficit/Hyperactivity Disorder (ADHD) and executive dysfunction continue to have effects on the myriad relationships and social interactions in daily life. These connections include romantic and committed relationships/marriage, relationships with parents, siblings, children, and other relatives, friendships, and interactions with employers, coworkers, and customers. The executive functions in relationships also figure in the capacity for empathy and tracking social debt, that is, the balance of favors you owe others and favors owed to you. The ability to effectively organize behavior across time in goal-directed activities gains you "social collateral." That is, the more you deliver on promises and projects, the more that you will be sought out by others and maintain bonds with them.

Some of the common manifestations of ADHD and executive dysfunction that may create problems in relationships include:

- Distractibility during conversations
- Forgetfulness about matters relevant to another person
- Verbal impulsivity—talking over someone else
- Verbal impulsivity—saying the "wrong thing"
- Breaking promises (acts of commission, e.g., making an expensive purchase despite agreeing to stay within a household budget)
- Poor follow-through on promises (acts of omission, e.g., forget to pick up dry cleaning)
- Disregarding the effects of one's behavior on others (e.g., building up excessive debt on a shared credit card account)
- Poor frustration tolerance, anger (e.g., overreacting to children's behavior)
- Lying to cover up mistakes
- Impulsive behaviors that reduce trust (e.g., romantic infidelity)

The relationship impact of ADHD is a challenging topic to cover, as it warrants specific treatment of the attachments that are affected. There is increased attention being paid to the impact of ADHD on marriages and other committed relationships in which at least one partner has ADHD (Orlov, 2010; Pera, 2008). However, there currently are no evidence-supported couples or family therapy models for addressing adult ADHD, even though some approaches are being proposed that might lend themselves to being studied (see Ramsay, in press).

In the absence of evidence-supported approaches, we will offer some suggestions for managing the effects of ADHD on relationships. Some of these suggestions reflect standard coping skills for managing ADHD that are applied to various interactions. Other suggestions are more specific to relationships and represent our adaptation of standard relationship enhancement strategies in order to apply them to adults with ADHD.

As a guiding framework for this chapter, the coping suggestions will focus on steps to take to improve a romantic relationship or committed partnership, as problems in these relationships are the ones that most likely lead adults with ADHD to seek treatment. Nonetheless, these coping strategies can be modified for other interpersonal connections in your life, such as with friends or coworkers or with children.

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Committing to Treatment for ADHD

One of the foundational steps that you can take to improve connections with others if you are an adult with ADHD is to get individual treatment for ADHD. Your relationship functioning may be an additional, specific target for treatment. This is not to say that all relationship problems can be pinned on ADHD. However, we would predict that your interactions will improve if you take steps to deal with the effects of ADHD. Moreover, dealing with ADHD in marriages and committed relationships is an issue that must be recognized and addressed by both partners.

It is very often the ripple effects of your executive function and motivational deficits that cause problems with others. As you can see from the list of difficulties presented earlier in the chapter, people are liable to take it as a personal affront when you are typically late for planned events, do not keep promises, lose things, or otherwise do not deliver on promises. The various tasks and plans that are important in your relationships are amenable to the coping skills discussed in the first several chapters. A promise to a friend is a prioritized task on your Daily To-Do List, or an errand you promised to run for your wife is scheduled in your Daily Planner. As with various tasks on which you procrastinate, you must take steps to make relationships a salient target for your behavior change.

Scheduling Times for Important Conversations

Just as we have encouraged scheduling appointments for important tasks, it is helpful to use this strategy for important conversations. Reserving a specific, "protected" time and place for such talks emphasizes their importance. The conversation may be with your boss to request flexible work hours, or with your spouse to discuss the household finances.

The purpose of scheduling times to speak about important matters is not to avoid spontaneity altogether, but rather to address the fact that people rarely "spontaneously" want to have a serious conversation about finances or other uncomfortable topics that are all too easy to ignore. Knowing that a conversation is coming up at a particular time allows you time to prepare, strategize, and get into "conversation mode." This mode includes preparing coping reminders for managing ADHD, such as remembering to listen to the other person without interrupting, repeating back what you hear, getting clarification about unclear details, and translating feedback into behavioral terms rather than viewing feedback as a personal attack. These steps will increase the likelihood that the discussion will be collaborative, constructive, and will reach some sort of resolution, even if it the agreement that "we need to speak about this some more."

Conversely, ADHD adults are easily distracted and typically have difficulties switching to or staying in "conversation mode." You may have something else on your mind and have difficulties focusing on what the other person is saying, or the topic being discussed might be a stressful one for you and you zone out. Being told, "You never listen to me," will likely activate your anger and feeling emotionally blindsided, which leaves you prone to an angry, defensive reaction that may be out of proportion to the situation (if not downright inappropriate, excessive, and harmful to the relationship). This sort of emotional response may also result in a flurry of thoughts that are distracting, hard to organize, and result in your shutting down.

This is not to say that you are not permitted to have emotional responses; in fact, anger can be quite adaptive, informative, and healthy. Indeed, your feelings may very well be the same as those which most non-ADHD adults would experience in the same situation. ADHD compromises your ability to keep your feelings in check enough to use your other coping skills. It is often the magnitude and expression of your emotions, however, which cause problems, and your emotions end up commandeering your actions, overshadowing the valid points you may have on your side.

Despite these preparations, there will be times you will find yourself in the midst of a challenging discussion. In such cases, you have the option to ask for a time out, noting that you are starting to feel overwhelmed or had not anticipated the discussion, and need time to collect your thoughts. A buffer of even a few minutes, such as finishing a work task before meeting your boss in her office, can make the difference between a constructive discussion and an argument.

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Scheduling Regular Check-In Meetings

In addition to scheduling important conversations, it is helpful to regularly coordinate with a significant other about relevant matters before they become "issues." "Trouble avoided is a problem solved" is a useful adage that extols the virtues of prevention. In Chapter 14, we suggested that regular meetings with a supervisor or coworker on a project are a useful way to monitor your progress on a task and to engage in preemptive problem management.

Regular "check-ins" with a significant other helps keep track of matters that affect the relationship, similar to keeping up with regular maintenance on your car. The check-in is the very first homework assignment we assign when working with

ADHD-affected couples (Ramsay, in press). We advise partners to set up at least two times in the coming week when they sit down together in the same room, face-to-face, with their full attention given to the discussion (i.e., not while doing other things around the house), and without any surrounding distractions (e.g., television, children, cell phones). Check-in time allows you to spend time with your partner discussing simple household matters or any other business of daily life. You will build on this platform to discuss more challenging issues, such as finances and parenting, as well as simply having light and enjoyable conversations through which you can rebuild positive connections with each other.

As check-ins become more habitual, you and your partner will likely be able to build on this foundation, such as talking while on a walk together or in the car while running errands, yet adhering to the basic tenets. The basic plan provides an anchor point to return to whenever you notice there is a drift away from having enough contact.

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Empathy Behaviors and Emotional Regulation

The cognitive distortion that is the most common in relationships is that of mind reading. This distortion reflects the assumption that you "just know" what someone else is thinking or can discern the "real" motivation behind another's behavior without being told. Thus, a wife without ADHD will interpret the fact that her ADHD husband was late to pick her up from the train station as "He does not care enough about me to be on time." Although not changing the fact of his lateness, this rash assumption may underestimate the role of his ADHD and poor time estimation, or that there was an unexpected accident that shut down the route to the station. On the other side of the equation, the husband with ADHD who is running late may engage in his own mind reading: "My wife is loving this, right now. She loves when I mess up. I'll be hearing about this for years."

The other side of the coin is that adaptive mind reading reflects the uniquely human capacity for empathy, or the ability to imagine what others think or feel in a situation, which is an important skill for relationships. ADHD symptoms, such as inattention, distractibility, and impulsivity, however, may make you appear indifferent to those you care about. There are empathy behaviors that can be used and practiced, even if they do not seem to flow naturally for you (see Burns, 1989).

Two communication strategies that are particularly helpful to use when receiving feedback are the companion skills of *summarizing* and *disarming* (or *nondefensive responding*). It is human nature that when you feel attacked, you will try to defend yourself, including attempts to challenge, discredit, or cite contrary examples to perceived accusations (e.g., "Yes, but how about the time you . . ."). However, this often results in an argument that escalates and loses sight of the original issue.

Disarming consists of finding a grain of truth in what the speaker says, regardless of whether or not you agree with it or think it is reasonable. The purpose of this skill is not to say that you are giving in (e.g., "You are right. I am a horrible person."); rather, you listen and find points of agreement with the person that may help reduce the emotional intensity and lead to a more fruitful discussion (e.g., "You are right to be hurt and frustrated that I was late and left you waiting. I am frustrated with myself because I do not want you to think that I do not care about you."). Summarizing (and clarification)

involves listening and stating back the main points made by the speaker for understanding ("So what you are saying is . . .").

Thought and feeling empathy involve putting yourself in the other person's shoes and imagining what he or she went through in the situation being discussed, again in a nondefensive way. The goal is to gain an understanding of the other person's experience and for that person to feel understood by you. Using phrases such as, "I imagine that you were thinking that I had forgotten about you, altogether. You must have felt stuck trying to figure out whether to keep waiting or find another way to get home" and "If I were in your shoes, I would have been feeling hurt, angry, and confused, too." *Inquiry* can be used to further explore the speaker's reactions to a situation, such as "Is there anything else I'm missing?"

The other side of the equation involves your self-expression skills. In addition to being a nondefensive listener, it is useful to phrase your points in a constructive way. A common suggestion is to use "I" statements instead of "you" statements inasmuch as the latter are more likely to trigger defensive reactions. Moreover, tying your reactions to specific events and behaviors (rather than negative labels, e.g., *late* vs. *unreliable*), describing your reaction, and expressing your desire for a resolution is another useful way to organize and express yourself. This three-step approach can be remembered as the *XYZ strategy* (e.g., "When X happens, I feel Y, and I would like us to be able to Z." Or, "When X happens, without Y, then I feel Z.").

None of these skills will be perfect, but they provide you with a framework for organizing and handling your reactions to challenging situations rather than having them dictated by unchecked emotions. The more you practice them, the more comfortable you will feel when using them. What is more, there are many opportunities to practice these skills in everyday conversations about relatively neutral topics.

Handling Emotions during Interactions

In addition to using empathy skills, it is useful to have a game plan for handling emotions that are triggered in these circumstances. Similar to our advice to "make tasks manual" in order to increase follow through, there are steps you can "do" in these situations to better manage them. First, define your "role" or your job in the situation. That is, your role may be "I am an employee listening to what my boss has to say," or "I am going to be a husband who will listen to his wife's observations." Classifying the part you play in an interaction helps create a behavioral script that you can follow, including how you handle your emotions.

Whatever role you may play in a situation, it very often involves hearing some sort of stressful information. Thus, a second step is to remind yourself to be a good listener and to not interrupt the speaker. Using mindful acceptance strategies, you can notice and feel your reactions, but that having these feelings does not mean that you are obligated to act on them. It is often helpful to focus on your breathing and to make an effort to keep your muscles relaxed, such as allowing your arms to dangle loosely at your side. Empathy behaviors and statements can be used throughout the interaction to help you focus on what is being said.

Finally, you will need some time after the interaction to get away from the situation and contemplate what you heard. In fact, even when dealing with a stressful situation,

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things often seem much more reasonable and manageable after having a few minutes to process them (although this is the very sort of perspective that can be undercut by ADHD-related emotional dysregulation). You can then return to your "role" definition to decide on your action plan based on the feedback (e.g., "My boss wants me to arrive on time or I will be written up. Let me make a new plan for leaving for work on time."). What is more, after the initial wave of emotion subsides, you will likely have better perspective about the discussion and be able to notice positive feedback you might have received but dismissed.

How you handle an interaction goes a long way toward influencing the outcome. Being able to hear someone out is a demonstration of your commitment to him or her. The goal of using empathy skills is to be able to stay engaged in a discussion in a constructive, here-and-now manner, and to be able to take in and handle feedback. It is difficult for another person's anger to escalate when they are told "you are right" rather than facing your defensiveness.

We have introduced the various communication and empathy skills in terms of handling feedback from others because this can be a sore spot for adults with ADHD. However, these same coping strategies can be used by you to deliver feedback to others, to bring up sensitive issues, or to ask for help. For example, there will be times you experience frustration that is adaptive and informative, such as if your spouse frequently moves the basket by the front door that you use to keep track of your keys and cell phone so that you do not misplace them. You can define your role as a partner who is able to communicate your ADHD coping needs to your partner, for example, using the XYZ strategy as well as explaining the importance of having a consistent location for the tools of daily life.

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Implementation Plans for Predictable Settings

It is prudent to have game plans for managing difficult social situations you often face but do not handle well, or for which you would at least like to improve your average. These settings may include meetings at work, family gatherings, special dinner meetings, or parenting situations. The difficulties we hear of from adults with ADHD often include saying the wrong thing, speaking for too long and not letting others speak, and impulsive anger. Because the situations in which these behaviors occur are often planned events, you have the opportunity to prepare for them.

Saying the wrong thing at the wrong time is a manifestation of verbal impulsivity in adult ADHD. The content of what is said may be innocuous, but the timing and context are wrong (e.g., a humorous remark during a staff meeting at work). On the other hand, there are times when you may blurt out something that is inappropriate or a remark that would have been better said in private with a friend or your partner.

A strategy for managing the risk of verbal impulsivity is to anticipate an upcoming situation and the role you play in that situation, which will help you sort through what you will do and say (and, more importantly, what you will *not* do and say). You may define your role at a staff meeting as to "listen, take in information important for my job, and share information relevant to my project when it is my turn"; on the other hand, you may remind yourself that "If I have a humorous thought, then I will err on the side of not sharing it," or "This is not the time and place to voice my complaints about the new

benefits policies." Similarly, if you are going to a dinner with coworkers of your spouse, it is useful to have a game plan about what to say or not say, even if you are on a friendly basis with the attendees (e.g., "No one else knows that Susie is considering leaving her husband, so don't mention it during dinner.").

Another issue that arises for individuals with ADHD is having difficulties organizing one's ideas, which results in long monologues as you try to sort out your thoughts at the same time you are expressing them. The result is often a combination of getting off topic and increased anxiety as you may forget the point you are trying to make, as well as concern about how you are coming across to the other person.

A simple coping reminder is the *three-sentence rule* (Rosenfield, Ramsay, & Rostain, 2008). The idea is to try to have a limit in which you express yourself in three sentences before you take a pause before proceeding. The pause may serve as a check-in to affirm understanding, e.g., "Does it make sense to you what I am saying?" or allow time for the other person to speak before proceeding.

Finally, dealing with anger and frustration is an important issue that parents with ADHD often encounter when managing their children's behaviors, especially when a child also has ADHD and needs a special level of patience and understanding. The emotional management strategies discussed earlier are apropos for parenting issues, too. That is, taking a moment to remind yourself of the situation and your role as parent helps you buy some time, reorient to handling the task at hand, and to decrease the sense of frustration you may be feeling. From a cognitive standpoint, it is helpful to keep in perspective (and decatastrophize) the typical stressful parenting and child-rearing challenges, such as tantrums, age-appropriate argumentativeness, or countless other behaviors. Although it may be important for you to intervene at the moment, remember that "in the grand scheme of the universe," the situation will eventually be resolved and likely be forgotten. It is useful to maintain a positive outlook and to model an appropriate response for your child. Speaking in a clear but somewhat quieter-than-usual voice is more likely to get a child's attention than is raising the volume of your voice, which will escalate your and your child's emotions.

These reminders help you to monitor and keep your emotions in check, reducing them to manageable levels, although do not expect your reactions to be totally muted. You will feel upset inside, but similar to our use of the term problem management vs. problem solving, the topic here is emotion management and not emotion solving.

You can likely predict situations that are ripe for frustration for you and your child, such as a long wait for a table in a restaurant. It is perfectly acceptable and consistent with problem management to strategically avoid some of these situations (e.g., do not take an easily bored child along when food shopping) or to make accommodations (e.g., wait until several weeks after the release of the new animated movie to see it in the theater and at a time when it will be less crowded). For circumstances that cannot be avoided, you may devise a game plan for managing a situation that has a reasonable likelihood of occurring. The components of such plans usually include the use of distractions and reward of positive behaviors to avoid trouble in the first place; at the other end of the continuum, an "exit strategy" can be planned for situations in which there is a "meltdown" that simply requires removing your child from the situation. There are many useful behavioral parenting resources that can provide approaches

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to use in real-world parenting situations. As with our coping strategies, nothing is perfect, but entering a situation with a plan is much better than trying to make it up as you go.

Assertiveness and Negotiation

The experience of many adults with ADHD is that they have accumulated a social debt with others. The cumulative effects of showing up late for movies, forgetting plans or cancelling them at the last minute, forgetting to follow through on promises, or myriad other examples of infractions leave you with a sense that you will never be able to fully repay your debt. Hence, you become reluctant to ask others for favors, disagree with them, or otherwise look out for your needs, thinking, "How can I bring this up after all I've put her through already?"

This way of thinking about relationship gaffes reflects a combination of mind reading and overgeneralization. There is no doubt that you can document very real mistakes (related to ADHD) you have made within a relationship, but you then make a sweeping conclusion that because you, for example, commonly arrive late for get-togethers, you are then not permitted to ask a friend for a favor. You are having both sides of the conversation within your own mind, including doing your friend's thinking without giving her an opportunity to answer for herself. It is possible that your friend might decline your request of a favor, specifically citing frustration over your past tardiness. A more likely reason she might decline, however, is that she has a legitimate conflict, such as a work commitment. Lastly, do not lose sight of the most likely outcome that, in fact, she will agree to do you a favor, viewing the value of your friendship as far outweighing any ADHD-related inconveniences.

Another use of assertiveness and self-advocacy when managing adult ADHD is asking for help. Common thoughts that interfere with seeking assistance are, "I should be able to do this myself" and "Other people do not seem to need as much help as I do." You may underestimate how much help others seek. Rigid standards for yourself will leave you stuck in a situation due to the double bind that you cannot get out of trouble without assistance, but you forbid yourself from asking for the very help you need. The situation is similar to the stereotypical view of a male driver who is lost somewhere but is unable to bring himself to ask for directions.

Asking for help includes making small requests, such as asking your doctor for a different appointment time (e.g., "Traffic is really bad around this time of day. Do you have any open times either a little earlier or a little later?"), about modifying a therapeutic agenda (e.g., "Could we spend a session discussing how ADHD affects my relationship with my family?"), or other reasonable matters. Regardless of the outcome, you will feel better after speaking up for yourself and will greatly increase the likelihood of achieving a satisfying result.

Externalized Coping Reminders

The main issue with the coping skills in this chapter, as with the other chapters, is remembering to use them in real time situations. It is useful to have externalized reminders or coping cards to help refresh your memory and commitment to a plan. Thus, you

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may have an index card or a tablet of paper that you take into a staff meeting at work with some reminders for yourself about what to do (e.g., "Ask for clarification about the deadline for handing in monthly reports.") and what not to do (e.g., "No jokes during this meeting."). These sorts of "cheat sheets" can also be used to recall coping steps for managing your child's behavior or the different listening and empathy skills before a check-in with your spouse. Reminders for dealing with common distorted thoughts, such as mind reading are tailor-made for being put on coping cards (e.g., "Don't do others' thinking for them."). You probably have no qualms about using a GPS to find your way through an unfamiliar city; these coping cards are a low-tech way to navigate through various interactions and situations.

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Take Away 15.1. Coping with ADHD-Affected Relationships

1. Confirm diagnosis and get individual treatment for partner with ADHD.
2. Schedule regular check-in times with each other. At least 10 minutes, sitting together, face-to-face, without interruption from children, cell phones, television, etc.
3. Use check-in times to coordinate the business of daily life, as well as to arrange positive time and activities with each other.
4. Use empathy and communication skills to manage emotions during conversations and various other interactions.
5. Couples therapy with a clinician familiar with adult ADHD can be helpful.

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16 Health, Well-Being, and Adult ADHD

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The executive function/motivational deficit view of Attention-Deficit/Hyperactivity Disorder (ADHD) redefines it as difficulties organizing and sustaining effort across time to achieve a beneficial goal in the future. This chapter focuses on the long-range impact of adult ADHD on major areas of managing health and well-being across time. Although taking steps to improve health behaviors cannot be considered treatments for ADHD, unhealthy behaviors can be an effect of ADHD and further magnify features of the condition (see Kooij, 2013; Nigg, 2013). Hence, establishing healthy behaviors provides a good target for treatment and is an essential foundation for an overall wellness plan for managing ADHD.

Sleep

Individuals with ADHD often report problems with the onset, amount, and quality of their sleep. Although most people can get through the day after a poor night's sleep with little trouble, the situation is often more challenging for persons with ADHD. As sleep difficulties become more frequent and chronic, the effects on well-being become more pronounced. Insufficient sleep is associated with lowered attention, increased distractibility, and greater difficulties staying engaged in tasks, lectures, and conversations and staying alert, and it disrupts various other self-regulatory functions—exactly the opposite of what someone with ADHD needs. What is more, when your sleep schedule gets knocked off track to the degree that you define yourself as a "night person" who cannot fall asleep until well after midnight, this shift negatively impacts other bodily systems, such as appetite and mood, and has been found to be associated with risk for cancer (see Kooij, 2013 for a review). The benefits of being a "night person" should be placed alongside of "hyperfocus" and "multitasking" on the Mount Rushmore of romanticized myths about ADHD.

Chronic sleep problems themselves look very similar to ADHD. In fact, some individuals with untreated, primary sleep disorders, such as longstanding sleep apnea may mistakenly think they have ADHD. Conversely, many people with a history of ADHD have a coexisting sleep problem, with each of these clinical issues magnifying the other.

Most adults with ADHD describe poor sleep as a direct consequence of features of ADHD. The most common difficulties are described as a "problem shutting off my mind" or "procrastinating on sleep," especially staying up late to watch television, play

video games, or engage in various online activities despite physical tiredness. When these factors persist over enough time, there will be a change in one's sleep-wake cycle. Exposure to sunlight through the eyes helps one stay awake and alert during the day, and conversely, the absence of light in the evenings is associated with the brain's release of melatonin to help you to fall asleep. Thus, people function better when keeping a morning circadian orientation in which they awaken in the morning, are active during the day, and sleep at night. As individuals with ADHD delay their sleep, there is a gradual shift to an excessively evening circadian orientation, or viewing themselves as a night person. This self-identification is used to justify and maintain the maladaptive sleep-wake cycle and further disrupts the body's regulatory processes.

As you can imagine, having adequate sleep is a crucially important step in managing ADHD, and most people take too lightly the degree to which poor sleep hinders functioning. Returning to a theme of this handbook that adults with ADHD "know what to do, but just don't do it," you probably tell yourself that getting to bed at a reasonable time is important, but each night, you "find yourself" staying on the computer or doing something else much later into the evening than you intended. Perhaps you have resigned yourself to not even trying to get to bed at a reasonable hour. Each day you intend to get more sleep, but the problem is that you do not have an implementation plan for doing so.

The first step involves treating sleep as a priority task to be performed. That is, rather than defining sleep as staying awake and active until you cannot keep your eyes open, it becomes a targeted behavior that you "do" (e.g., "I will get into bed to sleep at 11 p.m."). In order to calculate your bedtime, you will first need to decide upon the time at which you must wake up in the morning and then count backwards by the number of hours of sleep you need for a full night of sleep (not the minimum number to "get by"), thereby setting up defined sleep and wake times.

Your Daily Planner is a tool that allows you to objectively view your commitments and gauge the time at which you need to wake up and get out of bed in the morning in order to get ready for school, work, or other obligations. Even if you do not have an early morning start, such as a student whose first class is not until noon or someone who works second shift, you probably observe that you spend a lot of time in bed and yet do not feel rested. Thus, we advise that you identify a target time for starting your day and plan around that time.

After arriving at your realistic wake up time, work backwards by 8 or 9 hours to figure out the time you should go to sleep. It is easy to cite various exceptions, such as someone who knows that 7 hours represents full and sufficient sleep, or a working single mother of three children whose responsibilities do not permit her that much sleep time. You will have to adjust this number to the realities of your situation, but we also ask that you honestly assess and challenge the thought that "there is no way I can get into bed and fall asleep any earlier." We advise that you consult your Defense Attorney to consider adaptive thoughts about sleep.

You are an independent, free-thinking adult and will make your own decision about how you want to manage your life. However, we invite you to do an experiment for at least 1, but better for 2 weeks to see if feeling better rested helps you to function better during the day. You may find that you derive more satisfaction from what you are able to accomplish during the day—both work/academic and recreational—than from those things you do late at night rather than sleeping. This experiment asks you to change your nighttime behaviors and test your view that you are a "night person" and thus cannot change.

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Think about how you sleep. In fact, the actual act of sleeping is not so much something that you do, but rather a series of behaviors you perform that put your body and brain in a mode that allows you to then fall asleep. After defining your targeted sleep times, the next step in "doing" sleep involves breaking down the task into a series of sleep-promoting behavioral steps that you carry out. Over time and with repetition, these steps will train and cue your body and brain to more quickly and easily be able to go to sleep.

Just as is arranged for children, you need a nighttime routine. Whatever time you identify as starting your sleep time, you will also need to identify a "get into bed time." Some people recognize that they easily and quickly fall asleep "as soon as their head hits the pillow," and they may not need such a ritual other than committing to getting into bed. Other people need more time lying in bed before falling asleep due to difficulties unwinding or quieting their minds.

Before getting into bed, it is useful to have a regular routine that is designed to help you to wind down your day and prepare to sleep. You might start by readying things for your next day at work or school, preparing book bags and lunches for your children, or turning off lights and putting things away. Getting out the clothes you will wear to work the next day or setting up your coffee maker are great time savers that also help prime your "sleep script."

We advise that you set aside or move away from computers, tablets, and smartphones at least 90 minutes before sleep. These gadgets will trigger rationalizations for violating your sleep plan (e.g., "I just need to take care of these couple of e-mails before bed," or "I'll watch one more episode of this program."). There is solid research showing that the blue light emitted from the screens on computers, tablets, and smartphones makes your brain think it is daylight and therefore interferes with your brain's production of sleep-promoting melatonin (Wood, Rea, Plitnick, & Figueiro, 2013). In addition to melatonin suppression, this lighting also contributes to difficulties winding down the body's activity and adjusting body temperature as part of the sleep onset process. More than half of adults with ADHD will exhibit Delayed Sleep Phase Syndrome (see Kooij, 2013). There are some apps and other lighting adjustments that can be used on electronic devices (see Appendix E).

Spending time engaged in a relaxing activity is helpful for getting into sleep mode. Many people find reading serves this function, although some say that they become too engaged in a book. We suggest collecting some go-to reading materials for sleep, such as a boring text book, a book with many short chapters, or a book you enjoy but have read so many times that you will be able to easily set it aside. Old magazines that you have already read several times also serve this purpose. We have had some people who do stretching exercises or mild yoga before getting into bed. Relaxation strategies can be performed prior to getting into bed or after lying down.

It is worth saying a brief word about relaxation and coping with ADHD. We discuss the notion of mindful acceptance and the ability to tolerate a degree of discomfort when facing tasks, and this advice also applies to improving sleep. You may not feel drowsy at the end of your nighttime ritual but this does not mean that your plan is not working and that you are not tired. ADHD interferes with your ability to self-monitor, which includes being distracted from paying attention to your body and its cues, including tiredness. The sleep routine gives you a structure with which to train your brain and body to be able to keep a healthier sleep schedule. Thus, mindful acceptance involves recognizing that your body is resting even though you are not yet asleep. What is more, lying in bed is more restful than engaging in the other tasks that keep you alert and aroused.

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Take Away 16.1. Sleep Routine

1. Treat sleep as a priority task.
2. Define the time at which you must awake in the morning.
3. Work backwards using the number of hours of sleep you require in order to calculate the time at which you should go to sleep. This sleep time should be entered in your Daily Planner.
4. Devise a sleep routine that promotes getting into "sleep mode." This routine might include preparing your clothes and other items for the next day, setting aside electronics 90 minutes before getting into bed, engaging in reading or other relaxing activities, etc.
5. Adhere to standard sleep hygiene principles throughout the day, such as no caffeine after a certain time, limit alcohol use, using your bed only for sleep, avoiding exercise too late in the day, making sure the bedroom is a comfortable temperature, limit daytime naps, etc.
6. Be mindful of thinking errors about sleep. Even if you have a poor night's sleep, you will have enough energy to function adequately the next day, even if you are not at your best.
7. Do not to watch the clock if you awake during the night.
8. If you have difficulties getting back to sleep, get out of bed for 10 minutes or so to read or sit quietly before going back to bed.

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While lying in bed, you can perform some relaxation strategies. The essential steps of relaxation can be boiled down to distracting your mind from day-to-day worries and regulating your breathing, such as inhaling and exhaling for specific counts. That is all it takes.

Having a neutral image in your mind, a color, etc. and calmly accepting when a worrying thought pops in helps to quiet your mind. Focusing on having a slow and steady rhythm to your breathing helps to keep your body calm. You can focus on relaxing your muscles and letting your bed do the work of holding you as a way to reduce muscle tension.

These and other common sleep hygiene tips, such as an early enough cut-off time for caffeine intake, exercise during the day (but not too close to bedtime), and not watching the clock if you awake during the night represent useful things you can do to increase the likelihood of improved sleep and resetting your circadian schedule. If you take a prescribed stimulant medication for ADHD, you should consult with your prescribing physician about the timing of your last dose and how it might affect sleep.

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Exercise

It will not be a shocking revelation that exercise provides many positive health benefits, including improved sleep. Exercise is associated with particular benefits for adults with ADHD, including time-limited improvements in attention and mood (Ratey, 2008). The potential long-range utility of exercise for people with ADHD is that it can be used to counteract and hopefully avoid some disturbing health trends that have been identified in research that has tracked children with ADHD as they grow into adults. In addition to the persistence of ADHD symptoms into adulthood, these individuals have lifestyle profiles that put them at risk for developing coronary heart disease (Barkley, Murphy, & Fischer, 2008; Nigg, 2013). These trends are not yet definitive, but adults with ADHD are prone to have a sedentary lifestyle, poor eating habits, and to engage in unhealthy behaviors, such as nicotine use. Consequently, it behooves you to find a way to maintain a healthy activity level.

Let us differentiate between health and fitness. You can be healthy without necessarily being physically fit. The goal of exercise need not be to achieve a measure of physical fitness or athletic skill, although these are worthwhile objectives that motivate some people. Rather, our hope for you is to define a realistic health behavior in specific terms, focus on first steps to get started, and then schedule appointments with yourself to execute this plan (with a start time and an end time). Hopefully you will establish and sustain this exercise regimen over time.

Simple, easy, and cheap is an easy way to identify plans that you will be more likely to start and sustain. Walking offers an easy-to-implement behavior for most people. There are many ways to start a walking plan without much change to your existing schedule, such as taking the stairs rather than the elevator at work, walking to the office from the train station instead of taking the shuttle, taking a walk during lunch or other breaks, or taking your dog for an extended walk when you get home from work.

Having a commitment to someone else, such as walking your dog or planning walks with a coworker or spouse fosters follow-through and benefits relationships. Similarly, signing up for a yoga class or playing on a softball team keeps you accountable to others

and increases the likelihood that you will keep up with your plan. You might prefer other forms of exercise, such as bike riding or going to a gym 3 days per week. The key is to find an exercise or a menu of activities that you will be able to maintain.

A rationalization many people have for not starting an exercise behavior is, "I do not have time." Rather than automatically assuming that this is the case, examine your Daily Planner and consider, "When do I have time to fit in some exercise?" Again, it is useful to define the type of exercise you have in mind. Even if you cannot afford the time or cost of going to a gym, you can find times for some sort of additional walking during the day, even if it involves taking the stairs rather than an elevator at work or parking at the far end of the parking lot at work or at a store.

Of course, exercise is one of those tasks particularly susceptible to procrastination and a host of negative thoughts, such as "I'm too tired," "I'm not in the mood to exercise," and "I'll do it tomorrow." In fact, we often use the example of exercise when illustrating the common procrastination scenarios and cognitions (regardless of ADHD status).

Identifying and challenging these procrastination thoughts using your Defense Attorney is crucial: "I'm tired after work but I know that once I get started I will feel better and will feel more energized," "No one is ever in the mood to exercise. Let me focus on turning off the TV, standing up, and changing into my exercise clothes," and "I'm magnifying the negatives about exercise and underestimating the positives. I will exercise for at least 15 minutes and if that is all I can do today, I will stop." Focusing on the positive feelings you have during exercise and the satisfaction of completing it are useful to remember and factor into your decision making.

People often ask us how long it takes for a behavior to become a habit. We cannot provide a definitive answer to this question but have found that 2 weeks—2 work weeks and 2 weekends—is a good heuristic. We encourage you to do an experiment with a healthy behavior, such as going for a daily walk, to allow it to become more habitual and therefore requiring less effort to perform.

Healthy Eating

As with exercise, maintaining healthy eating habits is a good way to improve overall health and create a healthy foundation from which to better manage your ADHD. There are several components to healthy eating that are relevant to ADHD, including food choices, paying attention to when and how much you eat, and dealing with impulsivity.

Individuals taking prescribed stimulant medications for ADHD may find that they have reduced appetites, which is a common side effect of this class of medications. Reduced appetite among children or adolescents taking prescribed medications for ADHD requires monitoring to ensure they get enough calories and nutrition in their diet. Young adults, particularly those in college, must be mindful of maintaining adequate diets and food intake. Even if there is not a concern about health or nutrition, poor self-monitoring of the bodily cues of hunger combined with poor planning and impulsivity can lead to overreliance on unhealthy convenience foods. Adults with ADHD may also under estimate the role of escalating hunger and drop in blood sugar on mood, impulse control, and concentration.

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It is useful to make sure to have something to eat at each of the three traditional meal times, even if it is a relatively small amount. Similarly, it is useful to carry a stash of healthy snacks, such as crackers or granola bars that provide you with enough nutrition and energy to fend off excessive hunger until you can have a proper meal or at least a more substantial snack. Staying hydrated is another important consideration, as poor self-monitoring may leave you at risk for dehydration that even in mild form may leave you feeling unwell. Seeing as dry mouth is a common side effect of many medications, water offers a simple, healthy, no-calorie option.

Stimulus control is the name of the game when it comes to healthy eating. Making informed choices about the food items you keep in stock represents a form of environmental engineering. You remove the pressure of whether to have that late night bowl of ice cream if you have no ice cream in your freezer. These steps require strategizing to identify healthy alternatives (e.g., crunchy fruit instead of crunchy potato chips). These sorts of targeted changes are specific, reasonable health behavior tasks that can be part of your overall coping plan.

We do not want you to engage in all-or-nothing thinking about eating and suggest that adults with ADHD cannot enjoy some guilty pleasures. That said, you must be careful to not use Ben Franklin's maxim, "moderation in all things—including moderation" as a rationalization for impulsive behaviors. Similar to establishing sleep patterns after drifting into becoming a night person, you can modify your eating habits despite claims that you are a "junk food junkie."

We suggest that you start the change process by focusing on a single implementation target, increasing one healthy behavior and decreasing one unhealthy behavior. For example, for 1 week you can experiment with buying apples (or a variety of fruits) as the healthy snack of choice and not purchasing potato chips (or other unhealthy snack food). Another idea is to make a healthy change within a particular snack food, such as unbuttered microwave popcorn as opposed to the mega-ultra-theater-arterial-clogging-style-butter variety. Similar to overcoming procrastination to start a task, once you select a healthy alternative, you will likely find that you magnified how much you "could not live without" an unhealthy food and minimized your enjoyment of a healthy alternative. The purpose is not to have you eliminate all but the healthiest foods from your diet but rather to make informed decisions about your eating, shift it in a healthier direction, and to decrease the effects of impulsivity on your well-being.

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Monitoring Your Health over Time

Another factor that may put adults with ADHD at risk for poor health outcomes is poor follow-through on regular health visits. Annual physical examinations, biannual dental check-ups, annual ob-gyn visits, and any other recommended check-up appointments represent important opportunities to assess your current health status and to complete any age-appropriate screening exams. However, these periodic visits are scheduled many months, if not a year, in advance and are easy to forget, cancel, or skip, particularly if it seems that there is no pressing need to keep the appointment, despite increased availability of multiple reminders, including text messages, e-mails, and phone calls from

medical offices. Many adults with ADHD may not have a primary care physician and such check-ups are not scheduled in the first place.

Using your Daily Planner and To-Do List to set up such visits, even well in advance, helps to increase the likelihood of follow-through. You may not yet have your paper Daily Planner for the next calendar year when you schedule your next dental visit, for example. However, you can devote the back page of your current planner to holding these upcoming visits until you can enter them in the new planner. These sorts of medical appointments also provide an occasion to use the calendar feature of your smartphone to set a reminder. Signing up for any available reminder system with the doctor's office is another way to receive backup notifications, including the "we have not heard from you in a while" prompts.

Maintenance healthcare visits provide an opportunity to detect signs of risk factors, such as elevated cholesterol or hypertension. There will be other regular screenings that are performed, such as pap tests and mammograms for women, or screenings for prostate or colon-rectal cancer for men. In such cases, disorganization and poor planning add another level to the typical justifications people have to delay these tests, although they may catch potentially life-threatening conditions at an early stage.

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Women's Health Issues and ADHD

In addition to maintaining regular ob-gyn visits as a part of an overall health plan, there are other women's health issues that interact with ADHD symptoms and their management. Many of these associations with ADHD are still being explored, and specific, evidence-supported guidelines are not yet available. The women's health issues discussed below represent problems that may exist regardless of one's ADHD status. However, any of these issues makes coping even more difficult for women with ADHD, and it is important to be aware of them.

The various hormonal variations associated with a woman's menstrual cycle are known to be associated with a wide variety of cognitive and bodily symptoms and sensations that may range from quite mild, representing nothing more than a nuisance, to significant and disruptive mood and physical symptoms. Many women with ADHD notice a worsening of their inattention and distractibility symptoms during their cycle. At one end of the developmental continuum, adolescent girls with ADHD entering puberty and who start menstruating will likely experience a worsening of their ADHD symptoms and ability to manage them during this time. At the other end of the continuum, women going through perimenopause and menopause will have experiences that reflect a combination of physical sensations, such as hot flashes, heart racing, and poor sleep, and cognitive symptoms, such as forgetfulness and distractibility, as well as mood lability. Many menopausal women with ADHD experience a worsening of symptoms; in fact, many menopausal women without ADHD may feel as though they have "caught ADHD."

Pregnancy offers its own challenges to women with ADHD, even apart from the need to suspend medication treatment. The increased number of prenatal examinations, health considerations, and various preparations for parenthood demand a degree of organization and time management that is challenging to coordinate. The various physical changes, and

idiosyncratic and fluctuating responses to being pregnant may exact a toll on your executive functioning. Conversely, some women describe feeling better during pregnancy, experiencing the proverbial "glow," and the pregnancy may provide a natural means with which to prioritize tasks. Pregnant women also benefit from the fact that most other people will accommodate their various prenatal appointments and other needs.

In addition to the various and increased demands on one's executive functioning that come with parenthood, mothers with ADHD may experience increased difficulties coping during the postpartum phase. These adjustment problems may stem from significant postpartum depression and anxiety or from the additional cognitive interference that comes with the recalibration of hormones after birth. Many mothers with ADHD have older children to care for, are solo parents, must return to work soon after delivery, and/or have other complex life circumstances that find them juggling even more responsibilities than ever (and with decreased sleep, to boot). Even when the mother has the support of family or a stable partner, the number and magnitude of these additional life stressors can be overwhelming. Yet, some ADHD mothers report that, although exhausting and demanding, focusing on the activities of caring for a newborn, in fact, simplifies and prioritizes what needs to be done.

Regarding menstruation, perimenopause, and menopause, there are various medication and hormonal treatments for handling the symptoms, sensations, and mood lability associated with these issues. Considering their impact on executive functioning, you should discuss with your prescribing physician and ob-gyn the option of adjusting the dose of your ADHD medication during these times.

Medication treatment during pregnancy is a trickier issue. There is no absolute prohibition on the use of medications during pregnancy or while breastfeeding; nor is there any existing research evidence that indicates there is heightened risk to the fetus. However, there are so few studies of ADHD medications and pregnancy that we simply do not know enough to say one way or another. The going professional stance is that pregnant women with ADHD are advised to discontinue their ADHD medications during pregnancy and afterwards, if they are breastfeeding. Even without the assistance of medications, the coping strategies discussed in this tool kit, books written by our colleagues, and other resources (see Appendix B) provide useful coping strategies for managing ADHD in daily life during the time you are not taking medications.

Motherhood and ADHD

Motherhood represents a singular challenge to women with ADHD. Whereas it had previously been challenging enough to organize yourself, you now face the demands of being responsible for your child (or twins), perhaps already having older children who factor into the equation. Lesser-discussed motherhood issues include adoption, foster parenting, assuming a parenting role for step-children in a blended family, or related caretaker demands of looking after a dependent elder or other family member with significant healthcare needs who lives in the household. There are a host of other possible scenarios that will increase the complexity of your particular situation. Although fathers have come a long way in regard to their hands-on involvement in child rearing, the nitty-gritty of child rearing still typically falls on the shoulders of mothers. (We want to acknowledge that the partner with ADHD who assumes the primary child-rearing role

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in same-sex families or a solo father with ADHD will face the same difficulties, but we use the term *mother* for simplicity.)

Mothers with ADHD shoulder many organizational demands, including managing children's time, transporting them to daycare or to medical check-ups, managing their "stuff," such as keeping track of their laundry, toys, book bags and homework, managing behavior, etc., as well as managing other adult roles. You may discover at some point that a child has ADHD or some other condition that requires keeping up with special appointments and prescriptions, not to mention dealing with payment and insurance issues, etc. There may be artistic or athletic skills that require their own added entries in your Daily Planner for lessons or practices.

The research indicates that one of the best things you can do as a mother with ADHD is to make sure your ADHD and your mood is well treated and stable. There will be positive ripple effects for your child as you follow through with your own treatment, use coping skills to take care of your and your family's affairs, and carve out enough time for self-care.

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Sexual Health

Another ADHD-related topic that is important to address is the issue of sexual health. Having ADHD is associated with being four times more likely to have an unplanned pregnancy, and there is corresponding risk for contracting a sexually transmitted disease (STD) owing to unsafe sex practices (Barkley et al., 2008). Sexual health is the responsibility of both partners in a relationship or for two people considering even a single sexual encounter. However, it is all too easy to be swept up in a moment of desire and not consider the potential long-range consequences (e.g., "It will be okay just this one time."). It takes planning to make sure that you have condoms or other prophylactic measures that guard against STDs, which is not the strong suit of individuals with ADHD.

In addition to STDs, there is the aforementioned increased risk for unplanned pregnancies among ADHD adolescents and young adults. Again, contraception is the responsibility of both partners, but it is the woman who will face the physical and emotional demands of the actual pregnancy. It requires planning for women to take birth control pills on a consistent basis. It also takes planning to have a condom or other birth control device on hand, or to replenish a stash kept at both your and your partner's place. The birth control device should be one that also provides protection from STDs, in case you find yourself in an intimate situation and do not trust that you and your partner will stop and take the additional necessary steps to be safe.

Driving

Another domain of health and well-being that is important to mention is that of driving an automobile when you have ADHD. Driving is probably one of the most straightforward real-world "tests" of executive functioning that could be devised. You have a task of arriving at a destination at a scheduled time that requires that you navigate a 1-ton (if not more) vehicle on multiple roads, which present you with different challenges (e.g., traffic congestion, different speed limits, various traffic lights and signs, weather conditions); while monitoring your speed and steering; keeping track of other drivers and pedestrians (often using mirrors to do so); and sustaining your concentration and

emotions throughout the duration of your trip.

Drivers with untreated (i.e., unmedicated) ADHD have much worse driving behaviors than non-ADHD drivers as measured in driving simulators and reviews of driving records. In fact, one driving simulation study reported that performance of untreated ADHD drivers was similar to those non-ADHD drivers who performed it while legally intoxicated.

Driving too fast has been documented as a reliable symptom of adult ADHD (Barkley et al., 2008). Poor frustration tolerance may lead to aggressive driving, road rage, or at the very least impatience that may result in poor judgment. Inattention while driving results in missed stop signs or being sidetracked from attending to the road by distractions within the car, including the use of a cell phone. Even if you are looking straight ahead while talking on a cell phone, you are not fully attending to what is happening on the road in front of you. Finally and simply, there is absolutely no way to justify texting while driving for any driver. It should be obvious, but any and all of these driving risk factors are magnified for drivers with ADHD; the risks are further magnified by any trace of alcohol or other illicit substances in your system when you have ADHD.

The best thing you can do to improve your driving with ADHD is to take your medication as prescribed and to make sure it is in your system while driving. One of the benefits of the stimulant medications is that they have a short half-life, which means they are metabolized and exit your system quickly. Thus, you may only take it when in school, at work, or when you otherwise "need it." However, the downside of this flexibility is that you may underestimate when you "need it," such as while driving. Thus, we encourage you to consider and discuss with your prescribing physician driving as an important domain of well-being when considering whether or not to take a dose of your stimulant medication. (A benefit of the nonstimulant medications for ADHD, such as atomoxetine, is that they are in your system 24 hours a day when you are taking them as prescribed.)

We mentioned earlier the coping reminder to "enter the room with a plan" to reduce the likelihood of getting distracted from a task by other things. Similarly, it is useful to "enter the car with a plan." These will be good coping steps for all drivers, but even seemingly small distractions for drivers with ADHD can have significant, potentially tragic consequences. Take care of any phone calls or texting and set up your GPS before starting to drive the car. Thinking through your route and setting a realistic estimate for your arrival to your destination will help you to leave enough buffer time and reduce your frustration. (In fact, the reason that many major highways have electronic billboards that list the mileage and current time estimation to interchanges is to reduce frustrations by giving people information with which to adjust their expectations accordingly [Vanderbilt, 2008].)

If you realize there is a possibility of being late, you can call ahead and alert the person (before you start driving or after pulling to the side of the road, of course). Using your Daily Planner and scheduling "buffer times" for commuting help reduce the likelihood of running behind schedule before you get in your car. Decatastrophizing lateness while driving is a useful cognitive skill. Although you are working to improve your time management, a useful reframe once you realize that you are running late (either due to inefficiency or because of events out of your control) is to accept the situation and focus on how to manage it.

Lastly, you may set specific driving goals (i.e., implementation plans) for yourself, such as staying within an acceptable driving speed, erring on the side of slowing down at

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yellow lights, or allowing drivers who are merging or changing lanes to go ahead of you rather than trying to race ahead of them. It is also important to make sure that you are rested enough to drive and that you do not have alcohol or other substances in your system that may impair driving. As an aside, we have found that administrative oversights associated with driving, such as not submitting a registration renewal or auto insurance payment, or completing a required annual inspection result in additional citations when a driver with ADHD is cited for a moving violation. These administrative tasks are tailor-made to be entries in your Daily Planner, such as dates for the next oil change or auto insurance payment due dates.

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Changing Harmful Habits

ADHD is associated with increased risk for substance use problems, most commonly (but not limited to) alcohol, marijuana, and/or nicotine use. You might also use caffeine to excess, with many young adults using highly caffeinated energy drinks to self-medicate symptoms, and as a means for staying awake to counteract the effects of poor sleep habits.

There are various pathways for the development of these unhealthy habits. You may have been exposed to them within your family of origin, which may also reflect a genetic risk for substance use. Impulsivity magnified by peer pressure can lead to adolescent experimentation with substance, which may persist, in part, as self-medication of unrecognized ADHD. Regardless of the course of onset, these behaviors create their own problems in your life and make coping with ADHD even more difficult.

In cases of full-fledged addiction to drugs and/or alcohol, the first step is getting treatment for the addiction through a detoxification program. It has been estimated that 25% of individuals in drug treatment programs have a history of ADHD. Even if ADHD is the obvious culprit that put you at risk for these problems, you will need a period of being clean and sober before dealing with the symptoms of ADHD with medications, psychosocial treatment, or any other means. A history of addiction and the likelihood of coexisting mood or anxiety symptoms increase the complexity of your clinical situation and treatment needs, including monitoring your risk for relapse.

For most readers, substance use, if it exists at all, will not be at the frequency or magnitude that requires inpatient rehabilitation or that is even in the neighborhood of being considered an addiction. However, you might notice some problematic habits insofar as they interfere with your ability to manage ADHD and represent avenues of distraction or escape. Thus, you might use marijuana and alcohol to manage stress or racing thoughts when you try to sleep, but these habits also have effects that keep you stuck in a cycle of procrastination, avoidance, and under functioning. Similarly, excessive reliance on nicotine and/or caffeine may increase your ability to focus on a task in the short term, but they may have health risks that outweigh their benefits.

The recognition of these unhealthy behaviors as contributing to your coping difficulties is a first step in more directly facing your ADHD. Once involved in treatment, these behaviors often become targets for intervention. Medications for ADHD that reduce core symptoms will hopefully help you to better manage tasks, and therefore, you will not have to use substances to escape the stress and other emotions associated with these tasks.



Take Away 16.2. Coping with Health and Well-Being

1. Adequate sleep is a priority.
2. Define a reasonable amount of activity/exercise as a priority task in your daily schedule.
3. Focus on implementing at least one healthy eating habit and reducing one unhealthy eating habit.
4. Use your Daily Planner to plan and monitor your health behaviors.
5. For women, be proactive in seeking help with changes in symptoms due to menstrual cycles, pregnancy, perimenopause, or menopause.
6. Practice safe sex, including using birth control devices that also provide protection from sexually transmitted diseases.
7. Practice safe driving. Take your medications as prescribed on a daily basis if you will be driving. Do not drink alcohol at all if you have ADHD and are going to drive. Do not ever text or talk on a cell phone at all while driving.
8. Monitor and take steps (including seeking treatment) to reduce unhealthy behaviors, namely substance use, including nicotine and excessive caffeine use.

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Treatment of substance use behaviors in cognitive behavioral therapy involves what is called a functional assessment or reverse engineering of the purposes that these addictive behaviors serve. We often find that addictive behaviors develop to help address or circumvent symptoms of ADHD and as means to escape the uncomfortable emotions associated with coping problems in daily life. This approach to understanding these habits helps you to identify more effective replacement coping skills for managing these situations more directly and effectively.

An issue with managing adult ADHD is that there are many behaviors that might become "addictive" even though not fitting the classic definition of abuse or dependence. In particular, there are many elements of technology use and having access to various electronic and online activities that may develop into harmful patterns for ADHD adults that require intervention discussed in the next chapter.

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17 Your Relationship with Technology

Good Servant, Poor Master

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If you have a severe drug addiction that you want to stop, you can enter a detoxification program. During your stay, you will be supervised in a controlled setting where you will not have access to your drug of choice, thus having time to get it out of your system and for your body to go through withdrawal, thereby "cleansing the system." At this point, you can take steps to make lifestyle changes and seek out additional treatments to focus on developing and maintaining a healthy, drug-free lifestyle.

Individuals with Attention-Deficit/Hyperactivity Disorder (ADHD), particularly young adults, are at increased risk for problematic overuse of technology and the Internet. Although most cases will not reach a level at which it is considered an addiction, many adults with ADHD have ongoing struggles resisting the lure of technology, often sacrificing time and energy for priority tasks in order to go online, text, play computer games, and engage in other digital diversions. We have witnessed extreme cases in which technology use has created life impairments on par with those seen in addictions, inasmuch as the behavior persists despite the undeniable problems it creates and exacerbates.

Moreover, it is virtually impossible to detox from technology. Although the case could be made that someone living in the 21st century could function adequately without technology (e.g., cell phone, Internet access, etc.), even groups known for eschewing many modern technologies, such as the Amish, have made concessions (at least some factions) to allow its use in business dealings.

We view problematic use of technology as akin to an eating disorder—you cannot go through a 28-day detox for food and then abstain from eating, altogether. Rather, you must develop a healthy relationship with food. Similarly, you must develop a healthy relationship with technology such that it promotes adaptive functioning and well-being and is not a source of distraction that interferes with your well-being.

This chapter will review some strategies for developing a healthier relationship with technology in order to take advantage of the benefits it offers for managing ADHD and to limit its downsides. We will discuss ways to adapt the coping strategies discussed in earlier chapters to gain better control of your technology use.

Benefits of Technology for Managing ADHD

The benefits of technology for managing adult ADHD are many. Although we generally advise the use of a paper Daily Planner and To-Do Lists for reasons discussed in Chapter 3, the calendar, notepad, and task list features of smartphones, tablets, and computers offer

useful backups, and many people have improved their organization through the use of these readily available features. The ability to enter fixed commitments, such as a weekly meeting at work or a standing therapy appointment, and to set up advance reminders of these scheduled meetings at the touch of a finger is a great time-saver. You can synchronize calendars with other members of your family or coworkers, as well as coordinate your different work and personal schedules. Alarms and other notification features provide timely reminders for upcoming commitments and plans. All of these technological features help you to compensate for many of the various executive function deficits that are characteristic of ADHD.

We also have espoused the benefits of automated payment of bills and using folders in your e-mail account and other digital files to decrease clutter and manage important information. The increasing portability of a wide range of powerful electronic tools allows you to take care of tasks in a timely manner, including taking advantage of downtime in a waiting room or while commuting on a train.

Technology is a source of recreation and reward for completing tasks. You can listen to Internet radio while doing a chore, or reward yourself for finishing a paper for class by watching a movie downloaded onto your computer tablet. Some motivational apps can be set up to award you points or other incentives for task completion. However, the easy access to the rewarding aspects of technology makes it tempting to skip the priority task and go straight to the enjoyable activities first. This is one of the drawbacks of technology that we will discuss next.

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Drawbacks of Technology for Managing ADHD

Technology and the Internet provide countless sources of distraction and escape. The lure is powerful because various computer, video, and smartphone games, social networking sites, and websites devoted to any and all of your interests offer ever present temptations. Moreover, these features are presented in stimulating ways that draw your attention and which make them inherently and immediately compelling. Thus, it is difficult to resist these distractions in order to do work instead, particularly for someone with ADHD.

The fun aspects of technology and electronics distract you from the use of their adaptive features. It is difficult to disengage from techno-tainment in order to do something else, even if it is more important and urgent. Think about a game as simple and innocuous as computer solitaire. A cognitive loop develops that makes it difficult to disengage, even when you know you should—Rule #1 = "I cannot end with a loss, I must end on a good note with a win;" and Rule #2 = "I cannot end with a win because I must see how long I can keep winning until I lose." There is no exit rule (except, maybe, "I cannot let the boss catch me playing this at work.").

Many young adults use their smartphones as their time piece instead of wearing a wristwatch. However, they do not check the time enough to know "when they are" in their day. Digitally stored daily plans and task lists also are not checked enough to help keep him or her on track, thereby defeating their very purpose. There is the possibility of losing a smartphone or tablet, but this risk also exists with a planner or other organizational tool. However, electronic tools require being adequately charged, having access to a power source, and/or Wi-Fi in order to be used. A problem with any one of these

conditions (e.g., "I forgot to charge my phone.") undermines the coping benefits of technology and opens the door for escape and avoidance.

Apart from these pragmatic issues, the main challenge technology poses to you is the fact that diversion is always "just a click away." Click the icon on the left, and you are opening up a spreadsheet and doing work; click the icon on the right, and you are looking up Johnny Depp's filmography or perusing online debates about the new Doctor Who. Engaging in these pleasurable activities first, rather than as a reward for task completion violates the Premack Principle (discussed in Chapter 6), that it is better to complete a higher-priority task first, and then earn the desired reward for doing so second. This is advice we all know, but ADHD makes it much, much harder to follow and makes it all the more critical to be diligent in coping.

The remainder of this chapter will present ways to develop and maintain a healthy relationship with technology.

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"Turn On the Device with a Plan"

In Chapter 2, we presented the coping tactic we call "enter the room with a plan." The idea is to set out a clear and in-the-moment agenda for what you are going to do upon entering a room. This sort of implementation strategy also involves planning how you will handle distractions in that setting (e.g., "If I see that bills have arrived in the mail, then I will put them in the shoebox where they belong and return to working on my tax return.").

"Turn on the device with a plan" represents a similar idea. Your task plan for using a device, such as your computer, should already provide realistic and specific behavioral script for getting on-task (e.g., "I am going to open the report file, spend the first 5 minutes reviewing what I have already done and then focus on the next section, looking at the notes I wrote for myself last time I worked on it."). Implementation plans will help you by having a script for resisting temptations to escape inherent when using the computer (e.g., "If I have the urge to go to a website, then I will remind myself that I only need to spend an hour on the task. I can 'play' when I'm done."). Cognitive strategies and your Defense Attorney are used to challenge other rationalizations that may interfere with your task (e.g., "I can handle a little bit of discomfort, make it through these final 35 minutes, and then I will have a break. I will reread the paragraph with which I'm having difficulties. If that does not work, I can work on a different section.").

Recognize Your Procrastination Risks

You could probably come up with a list of "usual suspects" comprised of websites, games, or other electronic distractions to which you gravitate when procrastinating or where you end up during an innocent "break" in the middle of a task (but from which you do not return), your "technology distraction script." These targets for distraction may be simple, guilty pleasures that you easily recognize as such, or there may be some seeming rational justification for seeking information, but definitely not at the moment you have devoted to a task (e.g., "What is the weather forecast for tomorrow?").



Take Away 17.1. "Turn On the Device with a Plan"

1. Specify your reason for using this device. What is your intention and why is it of value to you?
2. Define the behavioral steps or the actions you will take in order to stay "on task" and use the device in a way consistent with your task intentions.
3. How might you get off task? What could interrupt your intentions? Predict the distraction you might encounter using the device that could get you "off task."
4. How will you handle the distraction? Devise a strategy for dealing with this barrier/distraction using an "*IF-THEN*" plan. ("*IF* I encounter X, *THEN* I will handle it by doing Y.").
5. Proceed and "turn on the device with a plan" and follow your step-by-step plan.

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Recognizing these risks as distractions increases the likelihood of interrupting your procrastination script and keeping to your adaptive "technology script." Recognition is probably not enough, but it is important to honestly recognize these escape behaviors as signals that you are avoiding something else. Consequently, it is useful to develop an implementation plan for managing these risks (e.g., "If I start to want to check the weather, then I will remind myself that this is a sign of an escape behavior and I will refocus on the task at hand and how close I am to finishing it."). These tactics help you reach the point that you can finish strong on the task and then use technology as a positively reinforcing reward.

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Stimulus Control

Stimulus control involves taking steps to remove distractions and temptations. It is the same with technology: Trouble avoided is a problem solved. A magazine interview with the noted author Jonathan Franzen revealed that he writes using an older laptop computer that does not have any Internet capability or any other potential diversions from his work. In addition to resisting technological distractions, it is useful to take steps to sidestep them, altogether.

Most technological devices are so recent that even older models are bundled with enough bells and whistles that can be distracting. Even so, you can set up barriers to these distractions that will buy you time (i.e., inhibition) during which you can use coping steps to stay on task. Turning off Wi-Fi on your device and setting it up so that you must actively connect each time it is available (rather than having it connect automatically) creates a useful step that forces you to think through your intentions. Many of our patients have found websites, apps, or little known features on devices that allow them to disable or at least restrict access to websites or games (e.g., must enter a password first) they find distracting. These seemingly brief delays offer artificial, though perfectly valid forms of impulse control that may keep you on track.

Implementation Strategies for Pivot Points

It is particularly helpful to have implementation plans set up to manage your risk for distraction and impulsivity when interacting with technology at important pivot points throughout your day. A particularly vulnerable time for distraction is when you are transitioning from one task or role to another. During these breaks, you may innocently check e-mail, texts, tweets, take a look at a news website, or any other small reward you have earned for your hard work. If these breathers give you a time-out and help you get back on track with your plan, they are doing their job. However, if your break ends up being a slide into the digital vortex, then technology has become a source of distraction and escape.

Some times of the day are particularly vulnerable to problematic distraction by technology. Getting out the door for work or school (or other commitments requiring a timely departure) can be interrupted and delayed by the impulse to check one more e-mail. Discretionary time during evenings/weekends that is better spent on some productive task or desired recreational task may be frittered away online. Lastly, many a good night's sleep has been ruined by staying up too late playing games on a computer

tablet or other mindless online activities. These times represent lulls in the flow of your day when you may have intentions for what you want to do, but when you are prone to get sucked into technology use. Hence, although you were on track to leave on time for class, get back to work after a break, take care of a chore at home, or get into bed for a full night's sleep, you get distracted by technology, resulting in a disappointing outcome, snatching defeat from the jaws of victory.

A useful reframe for making sense of your up-and-down relations with technology is to view it as akin to a food sensitivity. That is, you must be mindful of when and how much you have. Thus, you may be able to enjoy a spicy dish at lunch, but have a few bites of the leftovers from lunch as a snack before bedtime and you may experience indigestion when trying to sleep.

You may develop your personal rules for eating spicy food that helps you balance your enjoyment of it with the realities of its effects on your digestive system. Similarly, you will have to plan for dealing with technology that acknowledges its necessary role in your work and enjoyment, as well as the risks it poses to you. Perhaps you respond well to setting guidelines, such as "no more technology after 10 p.m." if your priority is to get enough sleep, or "I will not respond to any texts until after I reach the office" if your priority is to leave your house on time.

When using technology as a reward for task completion or during a break, you will benefit from having implementation plans to deal with the penchant for becoming engrossed in it and then not being able to disengage from it, an exit strategy of sorts. The first step is to define a start time and end time for the break. Depending on the length of your break, you may decide against a technology break, instead going with a coworker for coffee, taking a short walk, etc. If you choose to take a technology break, in addition to "turning on the device with a plan" (e.g., "I will take a 10 minute break, check my e-mails, and look at the website for my favorite baseball team."), you should have a plan for dealing with the temptation to overdo it (e.g., "If I find myself going to other websites, I will 'X' out, go get a cup of water, come back to my desk and get started with the smallest step on my next job."). Using alarms or a timer provide externalized reminders that help you to track time.

Planned Distraction Time

A major problem for most adults with ADHD is being able to follow through on plans and objectives. Hence, most of this tool kit has emphasized ways to organize and manage time and effort to help you get engaged in valued tasks. However, we are also proponents of using the Daily Planner to schedule downtime and other times devoted to recreation or to simply relaxing and enjoying yourself. It can be useful to set a certain time in the evening after which it is "free time" to do with as you please. Otherwise, you can set up "technology times" when you go online, play video games, etc., until your heart is content.

Of course, there are other ways to enjoy downtime, and you might consider alternatives to technology if it seems to dominate your time. You can commit to engaging in physical activities in which technology is not the primary focus. Going for a walk or bike ride, working out at a gym, or scheduling get-togethers with friends help to maintain a balance of activities. Technology might be a companion on such

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endeavors, such as listening to music while exercising, but its use in this case supports overall well-being.

The use of technology requires striking a healthy balance between its benefits for managing ADHD, as a tool necessary for most jobs and school assignments, a means for communication, and as a source of entertainment. By making informed decisions about how technology can help you and identifying its risks for being a source of distraction and procrastination, you will be able to stay on track with your efforts to cope with ADHD.

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Take Away 17.2. Managing Technology

1. Identify the technology habit that is problematic for you.
2. When is this habit particularly risky for you? First thing after you awake? Late at night? When trying to do work? When bored? Around bedtime?
3. What is your old behavioral script for this habit?
4. What is a new behavioral script that is more adaptive and realistic? What are the steps that will allow you to perform or "do" this script?
5. Why is this new behavioral script beneficial and of value for you?
6. How might you fall into your "old script" when you try to implement your new plan?
7. How will you handle it if you drift into the old script? Devise a strategy for dealing with this drift using the "*IF* X happens, *THEN* I will do Y" framework.
8. Give your new plan a try.

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18 Committing to Undoing the Effects of Adult ADHD

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In Chapter 1, we discussed ways that we hoped you would use this tool kit. That is, it is meant to be a go-to resource for how to handle situations, providing specific tactics and take away reminders to use as you make plans, face tasks, and otherwise manage the effects of Attention-Deficit/Hyperactivity Disorder (ADHD) on your life. These strategies can be personalized as you see fit in order to tailor them to your needs.

We now turn our attention to your continued use of this tool kit over the long haul. As with exercise, these strategies will have to be maintained across time in order to undo the effects of ADHD on your life, manage ADHD more effectively, and stay on track for your valued goals.

Dealing with "Coping Drift"

Behavior change is difficult, particularly for adults with ADHD. It is all too easy to skirt around the coping steps that you know will help you but that are difficult to implement. The relapse rate for slipping into old habits is 100%—you will invariably slip up at times. The reality of human nature and establishing new habits is that even when you have reached a point that the new patterns are fairly well established, it takes ongoing diligence to maintain them.

The signs of "coping drift" are subtle, reflecting a slow creep away from good coping skills, such as getting lax about keeping track of your tools of daily life. Each single coping violation by itself is probably minor and inconsequential, but bit-by-bit, they add up and you "find yourself" back in familiar territory of, say, suffering the consequences of replacing lost keys. The point that we want to make is that it is not whether these lapses will happen—they most certainly will; rather, it is how you handle these lapses that help you to keep them from turning into a relapse or, worse yet, a collapse.

A first step is to consider the factors that contributed to the coping drift in the first place. As with other behaviors, it is useful to reverse engineer the coping drift from the current point back to where things started going awry. From there, you can identify the behavioral script you have fallen into and develop an alternative coping script.

For example, John's boss at work pointed out that he was arriving to work late and he needed to arrive on time. John knew that he had been showing up late, but did not realize it was so noticeable to others. He traced his drift to the point when he stopped setting up his coffeemaker and timer as part of his evening routine (not being able to recall exactly why he stopped doing so). Instead, John's morning routine shifted to include a stop at a

coffee shop on his way to work. He assumed, "It only takes a few moments," although it actually added several minutes to his commute for which he did not account. Moreover, he used the fact that he no longer had to ready his thermos in the morning (which took about a minute or two) as a justification for hitting the snooze button each morning (which added another 10 minutes).

The second step is twofold, which is to make sure you have a good definition of precisely what behavior you are trying to implement and a sense of why this is a worthwhile goal for you. John recommitted to his habit of brewing his own coffee at home. He recognized that this small step saved him time and money. More importantly, John valued the benefits that came from arriving on time to work, including positive performance ratings.

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Shifting Priorities

John's example above represents a pretty straightforward case of drifting away from an effective coping routine and then recommitting to that routine. From a motivational standpoint, John was embarrassed when his boss commented about his lateness and he did not want that lapse to overshadow the improved quality of his work.

In some cases, however, coping drift may reflect a change in your circumstances or priorities. A goal that originally seemed worthwhile may not be as important to you now. For example, it would have been perfectly acceptable had John decided that he liked stopping by the coffee shop. His focus would have shifted to adjusting his morning routine to account for the extra time for his commute. In fact, some ADHD adults may attempt to make changes and end up making an informed decision, for example, to rely on staying up late the night before a deadline to complete a project rather than working on it bit-by-bit. We do not want to fall into all-or-nothing thinking and suggest that each reader will need to follow *all* of our suggestions or that our suggestions are the *only* ways to cope. The best measure of the effectiveness of a coping plan is how well it works for you. Thus, examining your coping drift offers an opportunity to reassess your commitment to a behavioral goal and to consider revising your goal in light of your current view of your priorities.

Instead of reflecting a change in priorities, coping drift may reveal that you took on too many changes and goals all at once and became overwhelmed. You may conclude that nothing is working for you and are ready to give up on all of your goals, thinking, "Nothing ever works for me." Many ADHD adults have an understandable impatience and eagerness to turn their lives around right now to make up for "lost time." However, change is difficult, and we encourage you to "start small" and to focus on making a few targeted changes, allowing yourself to build up your coping regimen. As we pointed out in an earlier chapter, you probably underestimate the satisfaction that you will feel from small successes, which help you to sustain motivation. Moreover, if your plan does not seem to be working, focus on what is wrong with the plan, not what is wrong with you. Remember that it is easier to change behaviors than it is to change a character flaw.

Many adults with ADHD seek treatment for added professional support in their efforts to make changes in their lives, after having been previously ambivalent about taking this step. This tool kit represents an overview of the coping strategies that are part of our cognitive behavioral therapy (CBT) program for adult ADHD. However, as much as we try to make them relevant for a wide array of readers, no handbook is going to be able to replicate the individual attention from working with a CBT clinician expert

in ADHD. Similarly, medication treatment is effective for most adults with ADHD, but the treatment plan is personalized to your needs and situation (see Chapter 19).

Contemplating treatment or looking through this handbook for helpful suggestions are steps in the change process that involve a shift in thinking about how you deal with ADHD. In effect, managing ADHD requires committing to making lifestyle changes in how you handle many aspects of your life, which is the focus of the next section.

Coping with ADHD as a Lifestyle Change

We view the accurate diagnosis of adult ADHD as the first cognitive modification intervention in treatment for ADHD. That is, once you discover you have ADHD, you can then shift from viewing past difficulties as resulting from personal failings or poor character and, instead, recognize that ADHD is a neuropsychiatric syndrome that affects most areas of your life. With this recognition also comes the need to adjust how you handle many facets of life to account for the effects of this syndrome.

There is virtually no area of adult life that is safe from ADHD. This does not mean that everyone experiences impairments in all areas or to the same degree. Some readers may have generally mild, uncomplicated symptoms that cause stress only at work; others will notice multiple and cascading effects of ADHD in many areas of daily life, perhaps complicated by other factors, such as depression or anxiety. It is useful to think of ADHD as a syndrome that requires lifestyle adjustments to manage, with diabetes often used as an illustrative example.

We have used many examples of difficulties associated with adult ADHD in order to provide templates for showing you how to implement the coping strategies and tactics. The skills we have introduced represent strategies that most people will find helpful to use. Whereas people without ADHD can take shortcuts and get by without using many of them, it is imperative that adults with ADHD take them seriously. We recognize that many readers are facing more severe problems than getting started on a project for work or getting to an appointment on time. Several long-term studies have shown that ADHD is associated with a number of significant, negative outcomes, such as interrupted or abandoned education, under- or unemployment, relationship problems, emotional and physical health issues to name a few categories.

We appreciate that facing the effects of ADHD may involve facing significant and sometimes debilitating life problems for some individuals. That being said, "starting small" and breaking down tasks into manageable steps that you can perform are tactics just as relevant for big problems as they are for small inconveniences. We have found that, for example, people procrastinate on small tasks in the same manner as they procrastinate on larger tasks. Thus, "starting small" involves learning and practicing coping skills using day-to-day examples, which can then be used to tackle larger, more important issues related to procrastination. It does not mean that the steps are easy or that the solution will be quick, but once you get started, you will be headed in the direction of managing the problem and putting it behind you.

Paying Down Debt and Building Up Collateral

We are optimistic that you will gain some immediate benefit from the coping skills we have presented. Perhaps you are able to get started on a task you have put off or that your day goes a little better because you spent 10 minutes planning it out. We anticipate

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that these early successes will be rewarding and will help you to implement these skills in other areas of your life.

At some time in the near future, however, you will reach a point at which you wonder if all of your efforts will be enough to overcome with the accumulated effects of ADHD on your life. We use the metaphor of "paying down debt" both literally and figuratively, as many adults with ADHD have problems with impulsive spending, excessive credit card debt, unpaid taxes, or other financial issues. Even if you do not face significant money problems, you may be facing clutter bordering on hoarding, a bad reputation for missing deadlines for work assignments, or some other seemingly intractable issue related to ADHD.

These and other areas of life that are important to you are worth the investment in the "payment plan" of using coping skills to improve your functioning. There is the obvious desire for a "quick fix" (or "hitting the lottery" to stay with our financial metaphor) and to be able to wipe the slate clean and start over. However, there is a phenomenon known as the "wake effect" of ADHD in which it takes several months for people's opinions to change about someone even after there has been sustained behavior change (de Boo & Prins, 2007). For example, it may take many weeks of on-time arrival to work before your boss no longer sees you as "always late."

Through the persistent and consistent use of these skills, you are making deposits in your account and building up collateral. It is important for you to give yourself credit for these positive steps. It can also be helpful working with a therapist or other helping professionals who understand challenges of ADHD and who can point out the progress you are making (and to help you with the slipups). It will take others longer to see your improvements, but be patient and persist. Trust your plan and continue to invest in your ongoing commitment to change.

Trust the Plan Over the Long Haul

To wrap up this chapter, we encourage you to trust your coping plan over the long haul. It is useful to acknowledge your small and daily successes, such as facing things you would typically avoid. There will likely be daily examples of slipups, too, but, similar to looking at a garden, we encourage you to focus on the flowers as much, if not more so, than you do the weeds.

As an aside, both of us have taken up bike riding in the past few years. In our appreciation of the multiday, grand stage races in Europe, such as the Tour de France, we have seen a metaphor that helps to illustrate the goal of coping with ADHD. These multiple stage bike races last from 3 or 4 days on up to 3 weeks. Different days are spent climbing steep mountain roads, traversing long flat stages of over a hundred miles that end in all out sprints to the finish line, and individual time trials where each rider goes out alone and covers the distance as quickly as possible, known as "the race of truth." The grand champion of a multiday race, however, is the rider whose cumulative time for all the stages is the fastest. That is, if you ride well enough, day-in and day-out, you will be a champion even though you may not be the first rider to cross the finish line on any single day's race.

Similarly, managing ADHD is an endurance sport. You need not cope perfectly all day, every day. The goal is to make progress, cope well enough, handle setbacks without giving up, and over time you will recognize your victory.

Just keep pedaling.

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Table 18.1. General Coping Reminders

- **"It doesn't have to be fun to be fun."** (Mark Twight quoted in Aron Ralston [2004]) – Valued tasks, even those that are important, will not always be enjoyable. You might have to invest some discomfort to get started but doing so is rewarding and satisfying.
- **"Leave room for cream."**—Just as you will leave room in your cup of coffee to add cream and sugar, leave enough buffer room between tasks in your daily schedule to get from place to place, take care of other things, etc.
- **"Swing votes"**—You do not have to be 100% motivated to perform a task, you just need to be motivated enough to get started. Similar to a vote in Congress, you do not need a unanimous result, but simply enough votes to pass.
- **"Choreography"**—Your daily schedule involves not only fitting in everything you have to do but also the sequence in which it is performed. It is useful to pay attention to how you order your endeavors to make sure that your schedule is ordered and balanced in a way that will help you see it through.
- **"Allergy/food sensitivity"**—It is important to recognize your weak spots for procrastination and avoidance, such as technology. In particular, viewing these risks as akin to an allergy or at least to a substance like caffeine can be helpful when making decisions about tasks. For example, a cup of coffee in the morning can help you to get focused on work, but that same cup right before going to bed can interfere with sleep; similarly, playing computer games is a good reward for task completion, but it can be a source of distraction when trying to get started on a report for work.
- **"Turnaround time"** (from *Into Thin Air* by Jon Krakauer)—Climbing Mount Everest is a very involved process that requires several weeks of getting acclimatized to the high altitude and being accompanied by expert mountain climbers. On the day climbers attempt to summit the mountain, there is a prearranged "turnaround time," which is the time at which climbers must stop and start the descent back to camp regardless of whether they reached the top. For individuals who run late for meetings due to trying to do "one more thing," it is useful to set a turnaround time for when they must drop whatever they are doing and leave.
- **"Boat owner's advice"**—When discussing the strategy of scheduling extra time for commuting or working on a task to counteract the tendency to underestimate the time something requires, one of our patients told us about a rubric used by boat owners. That is, "However long you think a boat repair or maintenance will require, double the number and add an increment of time." Thus, if you think a task will take 2 hours, it will probably require 4 days; if you think it will take 4 days, it will probably require 8 weeks, etc.
- **"Right now I'm feeling $30,000 of psychoanalysis dialing 9-1-1."** (from *Husbands and Wives* by Woody Allen)—Recognize the moment in which you are in the midst of a tipping point between falling into an old behavioral script and implementing a new behavioral script. See if you can notice it and tilt the balance toward your new behavioral script.
- **"If you invented a medication that created this degree of change, you'd be a millionaire."**—You will not change every behavior or be 100% efficient. However, if you can change, say, 20%, then that might represent significant improvements. The more times you can employ your new coping strategies and behavioral scripts, the more familiar it becomes, the easier it is to do, and the more confidence you will have.
- **"Recycle cans, not can'ts."**—It is important to identify and acknowledge your strengths and abilities. Similarly, it is adaptive to remind yourself of your ability to take the steps necessary to engage in tasks in order to gain the positive and felt experience of getting things done. You can draw on these experiences and outlooks the next time you need help getting started on a task.

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19 The Role of Medications in the Treatment of Adult ADHD

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The coping strategies reviewed in this tool kit reflect those that are used in ours and others' cognitive behavioral therapy (CBT) approaches for managing adult Attention-Deficit/Hyperactivity Disorder (ADHD). We all have our different takes on things and those areas of special emphasis, but there is a great deal of overlap in and agreement about the coping skills that are beneficial for adults with ADHD.

Numerous studies of the different CBT programs designed for adults with ADHD have indicated that it is an effective treatment option. Results indicate improvements in symptoms of ADHD, as well as coexisting mood and anxiety. CBT generally does not target the symptoms of ADHD per se, that is, inattention, hyperactivity, and impulsivity—but rather how these symptoms affect daily functioning. It is the medications used to treat ADHD that are used to treat specific symptoms. In fact, most (but not all) participants in the clinical outcome studies of CBT for adult ADHD were on a stable dose of medications but continued to have some coping difficulties.

While we have provided a good overview of the coping strategies involved in CBT for adult ADHD, we have not yet discussed medication treatment. This section will review the basics of pharmacotherapy, including the role of medications and the different types of medications commonly prescribed. Various other questions and concerns about their use (and misuse) will be discussed.

It should be noted that there are a variety of other treatment options for adult ADHD that you might encounter. Medications and CBT for adult ADHD have a firm scientific foundation for their use. Other treatments vary in the amount and strength of the supporting evidence. A review of the different options is beyond the scope of this tool kit, but we suggest that interested readers refer to Ramsay's (2010) book length review of nonmedication treatments for adult ADHD for more information.

Why Should I Consider Medications for ADHD?

Medications are the most widely studied treatment modality for ADHD. They have been shown to help children with "hyperkinetic syndrome" (the diagnostic term for ADHD that was used in the early 20th century) since 1937, although most treatment studies date back about 50 years when methylphenidate (Ritalin®) was first investigated. In the intervening time period, there have been *thousands* of articles published on the effects of different medications for the treatment of ADHD. The majority of these studies involved children and adolescents, although a large number of clinical trials of medications for

adults with ADHD have been published over the past 25 years. So the first reason to consider medications is that they work.

Another reason to consider medication treatment is based on what we know about the ADHD brain. In a nutshell, it doesn't work as efficiently as a non-ADHD brain does. There are lots of studies using different methods (neuropsychological testing, neurodevelopmental assessments, observations of behavior, neuroimaging, etc.), and most of them point to significant differences in how people with ADHD process information and control their behavior. In the early part of the 20th century, it was assumed that there was some sort of brain defect or brain damage (captured in the diagnostic terms "minimal brain damage" and "minimal brain dysfunction") present—but this hasn't turned out to be the case. Scientists at the time thought the disorder came from "lesions" or "malformations" in parts of the brain controlling movement, but there was no evidence for this.

In the mid-1900s, the *neurochemical theory* of psychiatric disorders came into favor, and it was hypothesized that chemical imbalances led to the various conditions seen by mental health practitioners. In those days, it was noted that there were differences in the metabolism of dopamine and norepinephrine seen in children with ADHD and that medications that increased these neurotransmitters, like the stimulants, were shown to have a beneficial effect on ADHD symptoms. For the ensuing several decades, the prevailing wisdom was that these neurotransmitter deficiencies were the cause of ADHD and that medications worked by restoring a sufficient supply of these chemicals, not unlike treating scurvy, a vitamin C deficiency, by giving citrus fruits. The vitamin deficiency analogy, while appealing, is simply not accurate to describe the neurobiological basis of ADHD.

Over the past 25 years, a more sophisticated understanding of the mechanisms of ADHD has emerged. This model suggests that the neural circuits underlying our executive functioning (including the ability to process information, to hold information in working memory, to inhibit motor behavior, and to plan complex actions over long periods of time) are not sufficiently or properly synchronized in people with ADHD. This leads to inefficient problem solving and to excess energy consumption in order to accomplish routine daily tasks. In addition, the brain's reward circuits also seem to be underpowered, leading ADHD people to feel bored easily, to crave rewards, and to seek stimulation or excitement more frequently than other people.

These newer models of the brain enable us to explain how medications can be helpful to people with ADHD. In essence, they enable neurotransmission to take place in a more energy-efficient fashion, so that brain functions like information processing, problem solving, working memory, focusing/concentrating, staying on task and sitting still are all improved with ADHD medications. Another way these medications work is that the underpowered reward circuits of the ADHD brain are better at their job—hence people stay on task longer and don't get as bored as easily as they usually do.

A final reason to consider using medication for ADHD is when other nonmedical approaches have been tried, but ADHD symptoms continue to impair functioning and to cause suffering. Over the past several decades, studies have shown that combined treatment (that is, medication along with psychosocial intervention) usually produces the best results in terms of symptom remission and functional outcomes. This makes perfect sense since these approaches work differently ("bottom up" for medications and

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"top down" for psychosocial treatments), and a synergy of effects can result by applying a "bio-psycho-social" approach. This is not to suggest that it's wrong to avoid using medications—many people prefer to tackle their ADHD without relying on them. It's simply to say that there is good evidence showing how the combination approach is often the best way to achieve the most optimal results.

What Are the Medications for ADHD? How Do They Work?

Medications for ADHD are divided into stimulants and nonstimulants. The stimulants, in turn, are divided into those derived from amphetamine (e.g., Adderall®, Adderall XR®, Vyvanse®, Dexedrine®) and from methylphenidate (e.g., Ritalin®, Concerta®, Metadate®, Focalin®, Methylin®, Quillivant®, Daytrana®). Amphetamine, first synthesized in Berlin in 1887, was first released in the United States in 1935 as a decongestant inhaler (Benzedrine®) and was soon used to combat fatigue and mild depression. It was shown to be helpful for ADHD in the 1960s and has been on the market continuously since then. Methylphenidate was first developed in 1944, but it was not identified as a stimulant until 10 years later. It was introduced as a treatment for ADHD in the 1960s and for the past five decades has remained the most commonly prescribed medication for ADHD in the United States (See Appendix F).

Methylphenidate has the simpler mechanism of action of the two stimulants. It works by reversibly *inhibiting* the reuptake of the neurotransmitters dopamine and norepinephrine into the presynaptic neuron where they are made and stored. Inhibiting their reuptake causes the neurotransmitters to stay in the synapse for a longer period of time; hence their transmitter action is prolonged and enhanced (see Figure 19.1).

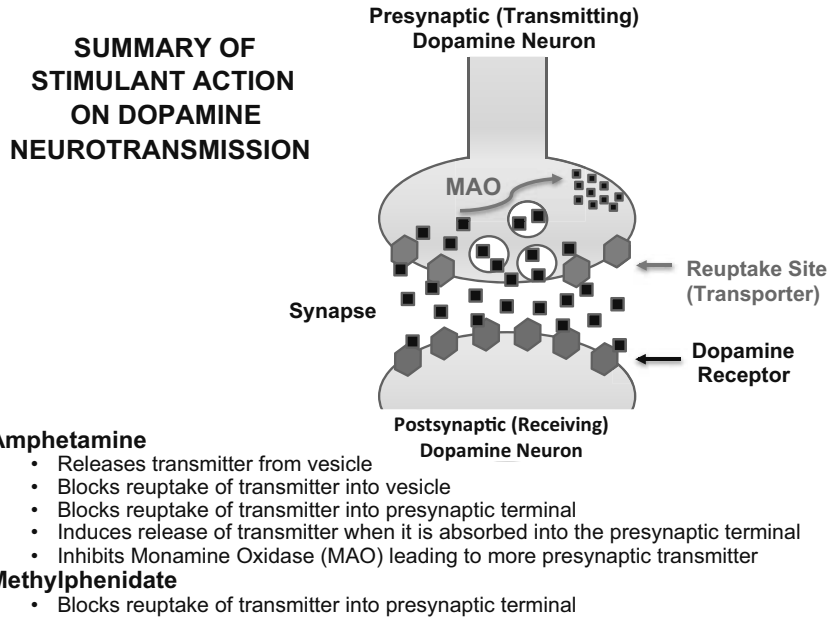


Figure 19.1. Illustration of How Stimulant Medications Work

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Amphetamine has this same property, but in addition, it increases the release of dopamine and norepinephrine, and it slows down their breakdown inside the neuron, hence it is more complex in its effects than methylphenidate.

Both classes of stimulants have an *immediate* onset and a short duration of action (in the range of several hours). They are only effective when present in the central nervous system, which explains why they start working very quickly after they are ingested and why their effects wear off at the end of the day. While different stimulant *preparations* vary in the length of time they work, this is primarily due to the fact that they release the medication over variable periods of time. The duration of action of these compounds in the brain is primarily determined by how quickly the body can clear them out of the bloodstream (which is the function of the liver). Some people absorb and metabolize them quickly, while others do so more slowly. This explains why different doses are given to different patients, and why it's important to try both types of stimulants at different dosage strengths in order to determine the optimal regimen.

The three main nonstimulants are atomoxetine (ATX), guanfacine, and clonidine. ATX (i.e., Strattera®) is a *norepinephrine reuptake inhibitor* (NRI) and the other two are known as *alph2 adrenergic agonists.* In the case of ATX, the turnover of norepinephrine in the synapse is slowed down by the reversible blockade of the reuptake mechanism (which is carried out by the norepinephrine transporter). By increasing the functioning of norepinephrine, the neural circuits of attention, inhibition, and executive functioning are enhanced. ATX takes several weeks to build up in the brain, and the duration of each pill is almost 24 hours.

Both clonidine (i.e., Kapvay®) and guanfacine (i.e., Intuniv®) have a complex mechanism of action. In effect, they improve the symptoms of ADHD by enhancing the neurotransmission of both dopamine and norepinephrine, especially in the frontal lobes. They are "signal boosters" of the neural circuits involved in ADHD even though they don't affect the release or uptake of the neurotransmitters. They are helpful in reducing hyperactivity, impulsivity, and overarousal and in improving attention. They are also effective in reducing aggression, anxiety, and tics.

What Can I Expect from These Medications? How Will I Know if They Are Working?

These medications are designed to reduce the symptoms of ADHD. The stimulants begin to work immediately, the alpha agonists may take a few days to show effects, and ATX can take up to 8 weeks to reach full effects. There are several ways to determine if they are helping or not. To begin with, it is important to observe whether or not it's easier to get started on projects, to get things done, to stay focused on tasks, to complete projects, etc., and if so, to estimate how much easier it is to accomplish these things. Second, if you have a specific target behavior you are particularly hoping to see improve, you should be able to measure if things have changed since taking the medication. For instance, if you want to be able to read a book without interruption, it should be easy to time how long you can read without stopping before and after starting the drug. Third, your clinician is likely to ask you to fill out a symptom questionnaire at the time of each medication management visit. The scores on these scales should be decreasing if the medication

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is working. Fourth, the opinions of significant others (partner, friend, work colleague) should be polled to see if they can detect a positive change in ADHD symptoms. Lastly, in some cases, an objective test of attention and/or impulse control is used to quantify the functional impact of the medication. While this is not necessary to monitor treatment effects, some office visits now include taking a computerized test.

Do I Have to Take Medications Every Day?

It is advisable to take medications precisely as prescribed, especially when it comes to dosing strength and timing of administration. ATX and the alpha agonists must be taken every day because they are long-acting medications that have to be taken daily to achieve and maintain their efficacy. While it isn't absolutely necessary to take the stimulants on a daily basis, it is usually advisable to do so because ADHD can impair multiple domains of life. That being said, it's fine to be flexible with the dosing schedule if it makes sense. Driving is one critical activity for which medications should always be taken, as there is good evidence to suggest that driving ability is often deficient in people with ADHD and that medications can reverse this impairment. Some people prefer to skip taking their stimulant medication on weekends in order to feel more relaxed. If this is the case, it may indicate that the medication is causing some unpleasant side effects and should be modified. It is always a good idea to discuss these concerns with the prescribing clinician.

What Are the Side Effects?

The most common side effects seen with stimulant medications are reduced appetite, weight loss, abdominal pain, nausea, constipation, difficulty falling asleep, mild increase in heart rate and blood pressure, jitteriness, jumpiness, motor tics, moodiness, irritability, or negative mood. When the medication wears off, it is not uncommon to have "rebound hyperactivity"—the reappearance of ADHD symptoms that were controlled while the medication was working. In very rare circumstances, individuals taking stimulants can experience serious side effects like cardiovascular insufficiency (shortness of breath, exercise intolerance), rapid heartbeat, or arrhythmias. It is also important to watch for signs of agitation, mania, depression, or psychosis as some individuals have a tendency to become seriously disturbed on stimulant medications (see next section).

The most common side effects of ATX are dizziness, headache, irritability, nervousness, high blood pressure, abdominal pain, nausea, vomiting, loss of appetite, weight loss, dry mouth, constipation, urinary hesitancy, and decreased sexual desire. There are rare instances in which hepatic insufficiency can result from taking ATX, but this potential adverse effect does *not* require liver function monitoring.

The most commonly seen side effects of the alpha2 adrenergic agonists (guanfacine and clonidine) are sedation, fatigue, dizziness, dry mouth, indigestion, nausea, nightmares, and, paradoxically, insomnia. Anxiety or depression may occasionally result from taking these medications. As mentioned above, it is important not to suddenly discontinue the medications because a hypertensive crisis can result from this (see next section).

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Are There Any Dangers?

The major health risks of ADHD medications concern their impact on cardiovascular functioning. Stimulants and ATX are known to increase heart rate and blood pressure to a clinically insignificant degree whereas alpha adrenergic agonists have the opposite effects. There have been several recent studies indicating that there are no serious adverse cardiac effects from these medications for the vast majority of patients. Nevertheless, if there is a family history of cardiac disease, or if there is *any* sign of heart trouble (exercise intolerance, shortness of breath, rapid heartbeat, chest pain), it is important to discuss these issues with the prescribing clinician prior to getting started on a medication. And once a medication is started, it is important that vital signs and weight be measured, and interval cardiac symptoms monitored on a regular basis to be sure there are no adverse effects. Occasionally, it may be necessary to adjust medication dosages to reduce these effects, or to change medications if they persist.

Are There Any Medical Conditions That Would Prohibit Me from Taking ADHD Medications?

Patients with serious heart disease, particularly those with arrhythmias or with structural abnormalities (e.g., outflow obstruction, valve deformities), should *not* be started on ADHD medications without the advice of a cardiologist. Milder chronic health problems (e.g., essential hypertension, diabetes) are not a reason to avoid ADHD medications.

Will I Have to Take Medications for the Rest of My Life? When Can I Stop Them?

There are no hard and fast rules about the duration of medication treatment for ADHD. In essence, you can take these medications for as long as they are effective, and you can stop them at any time provided you discuss this decision with your prescribing clinician. Stimulants and ATX can be discontinued quickly, whereas the alpha adrenergic agonists should be weaned gradually to avoid "rebound hypertension." But there is no single algorithm for deciding to stop medication treatment. In some cases, it makes sense to discontinue pharmacotherapy for a defined period of time so as to see what happens and to figure out if life is manageable without it. In other cases, it is better to take the medication continuously—most of the time, there is no "wearing off" of efficacy. In those cases where it seems that the medication is no longer working properly, it's advisable to discuss this with the clinician and determine if it's time either to increase the dose or to try a different medication.

What If I Also Have Depression or Anxiety?

Many if not most adults with ADHD also suffer from coexisting conditions like depressive disorder, bipolar disorder, anxiety disorder, or other disorders for which they are taking a medication. Most of the time, it isn't necessary to modify these treatments when considering a medication for ADHD. Clinical prescribers should be able to look up any potential interactions among medications and caution you about potential problems

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that might develop. For example, there is very little concern about combining an SSRI (for depression or anxiety) with a stimulant medication, but caution should be used when combining an SSRI with ATX because they may interfere with each other in terms of liver enzyme activity, which might alter the rate at which the body clears the medications from the bloodstream. If a patient is taking bupropion (Wellbutrin®) for depression, it is important to use caution when adding a stimulant medication, since the combination can cause "overactivation" and even agitation. And if a patient suffers from bipolar disorder as well as ADHD, it is critical that mood stabilization be achieved before starting a stimulant. It is also advisable to avoid using ATX because it is known to cause overactivation of patients with bipolar illness.

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What If I Have Problems with Substance Abuse?

Substance abuse is very common in patients with ADHD, and it poses unique challenges to everyone concerned. For the patient, the possibility that an ADHD medication might induce craving for an illicit substance is a great challenge. It is very important to share any important clinical information with your prescriber so that she or he can choose the medication with the least potential for abuse (e.g. long-acting instead of short-acting stimulants, or nonstimulants instead of stimulants). For many clinicians, the presence of active substance abuse will lead them to avoid using stimulant medications for fear of worsening the abuse. The remedy for this dilemma is to make reduction of problematic substance use or of abuse a treatment goal, along with that of reducing the ADHD symptoms. In this fashion, the patient and clinician can work to address the challenges head on and to build a working alliance built on mutual respect and accountability.

Additional Advice and Information

There is growing public concern about the rise in rates of stimulant misuse, diversion, and abuse. *Misuse* is the use of a controlled substance for reason other than that for which it was prescribed or in dosage different than that prescribed; here, the pattern of misuse does not lead to disability or dysfunction. *Diversion* involves giving or selling a controlled substance to someone else. *Abuse* is the use of a controlled substance outside normally accepted standards of use (e.g., to achieve euphoric effects, to enhance alcohol or other substances), which results in disability or dysfunction (including the notion of "problematic use"). The catastrophic use of a controlled substance involves illegal activity and places the patient at risk for immediate harm (e.g., snorting or intravenous usage of stimulants). In view of these serious health concerns, it is important that there be full disclosure between patient and clinician about expectations regarding appropriate stimulant use and that ground rules are established for scheduling appointments, for monitoring usage, and for refilling prescriptions. The occurrence of lost or misplaced prescriptions is always considered a red flag that signals the possibility of medication misuse, diversion, or abuse.

It is common for patients to experience discomfort with the prospect of taking a medication because of deep seated negative attitudes and/or unconscious biases toward the concept of being "on drugs." For some people, medications are a necessary evil that undermines individual autonomy and achievement. This is clearly a distortion of the

facts. In actuality, medications for ADHD can enhance patient autonomy by helping them to overcome the limitations and impairments that result from this disabling condition. Moreover, the improved ability to complete tasks and to finish projects, or to achieve desired goals and outcomes, is never the result of medication alone. Rather, it is the individual's efforts (aided in part by a medication) that make it possible for him or her to succeed (or at least to persist for a longer period of time before stopping). Individual agency (i.e., self-directed activity) can be drastically diminished by ADHD; by the same token, it can be enhanced (but not determined) by any intervention that reduces the symptoms of ADHD, including a medication.

On the other hand, based on their history of effectiveness and on compelling accounts of the "life-changing" effects of ADHD medications, some patients run the risk of engaging in the cognitive error of *magical thinking* about medications. That is, people may pin their hopes on finding the right medication that will turn their lives around. Indeed, for most adults with ADHD, pharmacotherapy is an essential part of a treatment plan that provides vital benefits. However, the danger is that there are unrealistic expectations that medications will address issues that are better handled through the use of cognitive-behavioral coping strategies, such as a college student with ADHD who took extra doses of his or her stimulant medication to engage in a marathon study session rather than planning out a more realistic (and more effective and healthier) study schedule. Although medications may help to reduce symptoms and open up an opportunity for improved functioning, in and of themselves, they cannot ensure that you will complete a paper or pass an exam in class, receive improved work performance ratings, or arrive on time for appointments. These and other important objectives require follow-through on various other strategies to attain.

In this vein, it is important to keep in mind the role that medications play in the overall treatment plan. More often than not, a combined treatment approach is optimal to pursue. Medications are simply tools for enhancing the learning that takes place during treatment ("pills don't teach skills"), and for sustaining the effort that individuals need to exert in order to achieve their goals. Medications represent an important tool for most adults with ADHD, but it is still important to have a well-stocked tool kit.

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20 Conclusions

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Attention-Deficit/Hyperactivity Disorder (ADHD) and its corresponding executive dysfunction and motivational deficits are associated with some of the most wide-ranging and severe difficulties that are seen among individuals seeking outpatient psychological and/or psychiatric treatment. There is a range of severity that includes relatively mild and limited symptoms, so not everyone who receives a diagnosis of ADHD should immediately think the situation is a dire one (although even mild ADHD may require special attention and effort to manage).

On the other end of the severity continuum are complex and significant presentations of ADHD that may have extensive, negative effects on employment, relationships, and financial and physical well-being. It is all too easy for skeptics to minimize its effects by building up and tearing down the straw man argument that ADHD is a collection of nuisance symptoms (e.g., "If your attention ever drifts or you misplace your cell phone, you, too, could be diagnosed with ADHD") and perpetrating the "everyone has ADHD" myth. This line of reasoning is often used to call into question the need for interventions despite the fact that ADHD has been shown to have corrosive and cascading effects on the lives, outlooks, and well-being of ADHD adults.

The chapters of this handbook represent the topics we cover and approaches we use with adults with ADHD who seek treatment through our Adult ADHD Treatment and Research Program at the University of Pennsylvania, but they are personalized to each person. Any one of these chapters, however, could have been expanded into a book-length discussion in order to deal with the nuances of someone's unique situation. That being said, the issues and coping strategies covered here offer a pretty thorough overview and representation of the essential skills, strategies, and tactics that provide a foundation for coping with and managing the effects of adult ADHD. These skills and strategies are representative of those offered within the cognitive behavioral therapy (CBT) frameworks for adult ADHD that have empirical support, be it through our program or those of our colleagues who specialize in the psychosocial treatment of adult ADHD, many of whom are listed in Appendix D.

In order to get the most out of treatment for adult ADHD, the first step is to make sure that, in fact, ADHD is the source of the difficulties that have led you to consider treatment. Because the symptoms of ADHD, such as poor concentration, are also seen in other conditions, it is important to obtain a comprehensive and competent assessment that includes evaluation for ADHD as well as other diagnoses that often coexist with ADHD or, in some cases, may better explain your symptoms—all that glitters is not gold; all that is inattentive is not ADHD.

Much of the existing controversy about ADHD and its treatment stems from concerns about misdiagnosis, most often focused on overdiagnosis. This is an obvious concern and there are steps to follow to administer a "gold standard" evaluation that will increase diagnostic accuracy and reduce overdiagnosis. On the other hand, underdiagnosis of adult ADHD is a problem because this error delays the opportunity for people to understand the source of their difficulties and to consider treatment options, many of which are quite effective.

Once it has been determined that adult ADHD is the appropriate diagnosis and target for treatment, you will need to consider a treatment plan to address the areas of your life and well-being that are most impacted by ADHD. Many people find that medication treatment alone and the symptom relief it provides offers sufficient benefit and improvement in functioning, but you should review the risks and benefits of this option with a psychiatrist familiar with ADHD.

Nevertheless, most adults with ADHD will benefit most from a combined treatment of medications and CBT. The coping strategies discussed throughout this tool kit have utility in most areas of life and are essential for managing ADHD. Your treatment and coping plan should be personalized to your specific circumstances.

We know that these treatments and coping skills work, based on outcome studies of CBT for adult ADHD, as well as by using common sense. It is the implementation of these coping strategies and tactics in your daily life that is the key to improving your functioning and well-being. However, as we have said before—change is difficult. Hence, most ADHD adults find it beneficial to work with a clinician, ideally one who is familiar with ADHD, to help establish good coping patterns and to address the common barriers to carrying out these plans.

There is one more point we want to make about our approach to treating and managing adult ADHD. We have presented the coping strategies and topics in a systematic way in order to help you develop a structure to your day and your endeavors. Moreover, CBT is known to be a structured psychotherapy approach insofar as it works toward delineated goals and makes a point of identifying and facing life problems head on. The focus on improving structure and follow-through on tasks is centrally relevant for handling academics, occupational functioning, and other adult obligations in 21st century life. The coping tactics also are relevant for personal activities and undertakings that you pursue and which are a part of who you are. However, the emphasis on organization and structure inherent in managing ADHD, executive dysfunction, and motivational deficits might be misconstrued as efforts to create conformists and automatons whose sole purpose is to add to the gross national product, or that you must judge yourself by some measure of academic attainment, income status, or some other calculation of productivity.

To our way of thinking, the reason to manage ADHD by using these coping strategies is not to make you fit a certain mold, but rather to expand your options for managing your life on your terms and for you to make informed decisions about how you "spend yourself" as you strive for personal fulfillment. The choices you make about how you devote your time, energy, and efforts reflect your values and are the building blocks of your sense of self.

Thus, keeping track of incoming bills is, at first blush, not an existentially fulfilling chore. However, not paying attention to these bills puts you at risk for financial stress that may limit your independence and, at the very least, drains time and energy away

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from other things you would rather do. Conversely, spending inordinate time on amusing diversions may be pleasant, but it siphons off time and energy from ventures more directly tethered to your identity. As Shakespeare wrote, "If all the year were playing holidays, to sport would be as tedious as to work" (*King Henry IV,* Part 1).

This is the insidiousness of ADHD—even the escape into enjoyable activities becomes exhausting and infects your sense of well-being and agency. It erodes your ability to pursue the opportunities and experiences that are important to you. Recalling the definition of executive functions used throughout this book, they operate to improve your long-term well-being—however you define that to be. We hope that this *Adult ADHD Tool Kit* provides you with some assistance as you implement your plans and pursue your goals—however you define them to be.

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Appendix A

Online Resources and Organizations

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- Attention Deficit Disorder Association (ADDA)—www.add.org
  (Largest organization solely dedicated to ADHD issues faced by adults)
- Children and Adults with Attention Deficit Disorder (CHADD)—www.chadd.org
- National Resource Center for ADHD—www.help4add.org
  (CHADD-sponsored website providing information about ADHD across the lifespan)
- ADHD Aware—www.adhdaware.org
- Canadian ADHD Resource Alliance (CADDRA)—www.caddra.ca
  (Provides Canadian guidelines for the treatment of ADHD and many other resources)
- ADDISS—www.addiss.co.uk
  (British organization providing information about ADHD across the lifespan)
- Totally ADD—www.totallyadd.com
- Association on Higher Education and Disability (AHEAD)—www.ahead.org
- Learning Disabilities Association of America (LDA)—www.ldanatl.org
- ADD Resources—www.addresources.org

Appendix B
Recommended Readings for Consumers

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Newsletters and Magazines

The ADHD Report	www.guilford.com
ADDitude Magazine	www.additudemag.com
Attention! Magazine	www.chadd.org

Books for Adults with ADHD

- Adler, L., & Florence, M. (2006). *Scattered minds.* New York: Putnam.
- Barkley, R.A. (2010). *Taking charge of adult ADHD.* New York: Guilford.
- Brown, T.E. (2005). *Attention deficit disorder: The unfocused mind in children and adults.* New Haven, CT: Yale University Press.
- Brown, T.E. (2014). *Smart but stuck: Emotions in teens and adults with ADHD.* New York: Jossey-Bass.
- Fellman, W.R. (2006). *Finding a career that works for you* (2nd ed.). Plantation, FL: Specialty Press.
- Grossberg, B. (2005). *Making ADD work.* New York: Perigee.
- Hallowell, E.M., & Ratey, J.J. (1994). *Driven to distraction.* New York: Touchstone.
- Hallowell, E.M., & Ratey, J.J. (2005). *Delivered from distraction.* New York: Ballantine.
- Halverstadt, J.S. (1998). *A.D.D. & romance: Finding fulfillment in love, sex, & relationships.* Lanham, MD: Taylor Trade.
- Hurley, P.J., & Eme, R. (2004). *ADHD and the criminal justice system: Spinning out of control.* Charleston, SC: Book Surge.
- Kolberg, J., & Nadeau, K. (2002). *ADD-friendly ways to organize your life.* New York: Brunner-Routledge.
- Levrini, A., & Prevatt, F. (2012). *Succeeding with adult ADHD: Daily strategies to help you achieve your goals and manage your life.* Washington, DC: American Psychological Association.
- Mooney, J., & Cole, D. (2000). *Learning outside the lines: Two Ivy League students with learning disabilities and ADHD give you the tools for academic success and educational revolution*. New York: Fireside.
- Murphy, K.R., & LeVert, S. (1995). *Out of the fog: Treatment options and coping strategies for adult attention deficit disorder.* New York: Hyperion.

- Novotni, M., & Petersen, R. (1999). *What does everybody else know that I don't?: Social skills help for adults with attention deficit/hyperactivity disorder (AD/HD).* Plantation, FL: Specialty Press.
- Orlov, M. (2010). *The ADHD effect on marriage.* Plantation, FL: Specialty Press.
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- Ratey, J. J. (2008). *Spark: The revolutionary new science of exercise and the brain.* New York: Little, Brown.
- Ratey, N. (2008). *The disorganized mind: Coaching your ADHD brain to take control of your time, tasks, and talents.* New York: St. Martin's Press.
- Safren, S. A., Sprich, S., Perlman, C. A., & Otto, M. W. (2005). *Mastering your adult ADHD: A cognitive-behavioral treatment program—Client workbook.* Oxford: Oxford University Press.
- Sarkis, S. M. (2008). *Making the grade with ADD: A student's guide to succeeding in college with attention deficit disorder*. Oakland, CA: New Harbinger.
- Sarkis, S. M. (2009). *ADD and your money: A guide to personal finance for adults with attention deficit disorder*. Oakland, CA: New Harbinger.
- Surman, C., & Bilkey, T. (2013). *Fast minds: How to thrive if you have adult ADHD (or think you might).* New York: Penguin.
- Tuckman, A. (2009). *More attention, less deficit: Success strategies for adults with ADHD.* Plantation, FL: Specialty Press.
- Tuckman, A. (2012). *Understand your brain, get more done: The ADHD executive functions workbook.* Plantation, FL: Specialty Press.
- Zylowska, L. (2012). *The mindfulness prescription for adult ADHD.* Boston: Trumpeter.

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Appendix C

Recommended Readings for Professionals

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- Barkley, R.A. (1997). *ADHD and the nature of self-control.* New York: Guilford.
- Barkley, R.A. (2012). *Executive functions: What they are, how they work, and why they evolved.* New York: Guilford.
- Barkley, R.A. (2014). (Ed.). *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment* (4th ed.). New York: Guilford.
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- Brown, T.E. (2013). *A new understanding of ADHD in children and adults: Executive function impairments.* New York: Routledge.
- Goldstein, S., Naglieri, J.A., & DeVries, M. (Eds.). (2011). *Learning and attention disorders in adolescence and adulthood: Assessment and treatment.* Hoboken, NJ: Wiley.
- Gregg, N. (2009). *Adolescents and adults with learning disabilities and ADHD: Assessment and accommodation.* New York: Guilford.
- Hinshaw, S.P., & Scheffler, R.M. (2014). *The ADHD explosion: Myths, medication, money, and today's push for performance.* New York: Oxford University Press.
- Kooij, J.J.S. (2013). *Adult ADHD: Diagnostic assessment and treatment.* London: Springer-Verlag.
- Mapou, R.L. (2009). *Adult learning disabilities and ADHD: Research informed assessment.* New York: Oxford University Press.
- Monastra, V.J. (2008). *Unlocking the potential of patients with ADHD: A model for clinical practice.* Washington, DC: American Psychological Association.
- Nigg, J.T. (2006). *What causes ADHD?: Understanding what goes wrong and why.* New York: Guilford.
- Ramsay, J.R. (2010). *Nonmedication treatments for adult ADHD: Evaluating impact on daily functioning and well-being.* Washington, DC: American Psychological Association.
- Tuckman, A. (2007). *Integrative treatment for adult ADHD: A practical, easy-to-use guide for clinicians.* Oakland, CA: New Harbinger.

CBT for Adult ADHD: Treatment Manuals

- Hesslinger, B., Philipsen, A., & Richter, H. (2004). *Psychotherapie der ADHS im erwachsenenalter: Ein arbeitsbuch.* Göttingen: Hogrefe-Verlag.
- Ramsay, J.R., & Rostain, A.L. (2015). *Cognitive-behavioral therapy for adult ADHD: An integrative psychosocial and medical approach* (2nd ed.). New York: Routledge.

- Safren, S.A., Perlman, C.A., Sprich, S., & Otto, M.W. (2005). *Mastering your adult ADHD: A cognitive-behavioral treatment program—Therapist guide.* Oxford: Oxford University Press.
- Solanto, M.V. (2011). *Cognitive behavioral therapy for adult ADHD: Targeting executive dysfunction.* New York: Guilford.
- Young, S., & Bramham, J. (2012). *Cognitive-behavioural therapy for ADHD in adolescents and adults: A psychological guide to practice* (2nd ed.). West Sussex, England: Wiley.

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Appendix D
Adult ADHD Clinics

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Academic Center for Excellence-Florida State University (FL)
The Adult ADHD Clinic of Central Massachusetts (MA)
Brown ADHD Clinic (CT)
Cleveland Clinic ADHD Center for Evaluation and Treatment (OH)
Duke University Medical Center ADHD Program (NC)
Fairleigh Dickinson University Adult ADHD Center (NJ)
The Hallowell Center (CA, MA, NY)
Johns Hopkins University/Adult Attention Deficit Disorder Center of Maryland (MD)
Massachusetts General Hospital (MA)
Mt. Sinai School of Medicine ADHD Center (NY)
New York University (NY)
State University of New York Upstate Medical University ADHD Program (NY)
University of California-Davis MIND Institute-ADHD Clinic (CA)
University of California-Los Angeles ADHD Clinic (CA)
University of California-San Diego Adult Attention Deficit Program (CA)
University of Connecticut Medical School-Neuropsychology Service-Adult ADHD Clinic (CT)
University of Illinois-Chicago Adult ADHD Clinic (IL)
University of Maryland ADHD Program (MD)
University of Pennsylvania Adult ADHD Treatment and Research Program (PA)
Wayne State University Medical School Adult ADHD Clinic (MI)
West Virginia University Health Sciences Center ADHD Treatment Clinic (WV)

Appendix E

Useful Tools and Apps

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- Adult ADHD (tips for managing ADHD)
- Getting Control of ADHD (tips for managing ADHD)
- Due (reminder alerts)
- 30/30 (define time to devote to a task and then get a prompt to move on to next task)
- Epic Win (rewards for task completion)
- Evernote (keep track of ideas, lists)
- f.lux (adjust lighting of electronic devices based on your location and time of day)
- Countdown apps, that is, time-left (using timer to calculate time remaining on a task)
- Home Routines (organize daily chores)
- Time Since (to do reminders)
- Touch Goal (habit tracker)
- Xpense Tracker (finances)
- Bento (organize projects, plans, and important information)
- Clear (list management)
- Dragon dictation (voice activated word processing)
- Remember the Milk (to-do lists)
- Attention Exercise (daily exercises designed to improve attention)
- MindNode (capture good ideas so you remember them later)
- Dropbox (carry around important files so you have them when you need them)
- deskpad Office (post notes to yourself and prioritize using features)

Appendix F
Medications for Adult ADHD

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Generic class (Brand Name)	*Form*	*Strength*	*Max Dose for Adults*	*Administration*
Atomoxetine HCl* (Strattera®)	caps	10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	1.4mg/kg or 100mg/day (whichever is less)	• Swallow whole • Give once daily in the morning or in 2 divided doses • May discontinue without tapering dose
Clonidine HCl (Kapvay®)	Ext-rel tabs	0.1mg, 0.2mg	0.2mg twice daily	• Swallow whole • Titrate by response • Withdraw gradually by 0.1mg/day at 3- to 7-day intervals
Dextroamphetamine sulfate (Dexedrine®)	Scored tabs	5mg, 10mg	Usually 40mg/ day in 2–3 divided doses	• Give in AM and then 1–2 more doses 4–6hrs apart
(Dexedrine spansules®)	Sust-rel caps	5mg, 10mg, 15mg	Usually 40mg/day	• Avoid late evening doses
Dextromethylpheniate HCl (Focalin®)	Tabs	2.5mg, 5mg, 10mg	20mg/day	• Give twice daily at least 4hrs apart • Single isomer methylphenidate product (use ½ of racemic methylphenidate dose initially)
(Focalin XR®)*	Ext-rel caps	5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	40mg/day	• Give once daily in the morning • May sprinkle contents on applesauce and swallow without chewing beads
Guanfacine (Intuniv®)	Ext-rel tabs	1mg, 2mg, 3mg, 4mg	4mg/day	• Swallow whole with water, milk, or other liquid • Do not give with high-fat meals • Withdraw gradually by 1mg every 3–7 days

Generic class (Brand Name)	*Form*	*Strength*	*Max Dose for Adults*	*Administration*
Lisdexamfetamine dimesylate* (Vyvanse®)	Caps	20mg, 30mg, 40mg, 50mg, 60mg, 70mg	70mg/day	• Give once daily in the morning • May sprinkle contents in a glass of water and consume immediately
Methamphetamine HCl (Desoxyn®)	Tabs	5mg	Usually 20–25mg daily in 2 divided doses	• Give once or twice daily 30min before meals • May increase at weekly intervals
Methylphenidate (Daytrana®)	Transdermal patches	10mg, 15mg, 20mg, 30mg	—	• Apply patch to hip 2hrs before desired effect, remove 9hrs after application; may remove earlier if shorter duration of effect or late day side effect appears • May titrate dose at 1-week intervals
Methylphenidate HCl (Concerta®)*	Ext-rel tabs (with immed rel outer coating)	18mg, 27mg, 36mg, 54mg	72mg/day	• Give once daily in the morning
(Metadate CD®)	Ext-rel tabs (with immed and ext rel beads)	10mg, 20mg, 30mg, 40mg, 50mg, 60mg	60mg/day	• Give once daily in the morning before breakfast • May sprinkle contents on applesauce and swallow without chewing beads
(Metadate ER®)	Ext-rel tabs	20mg	60mg/day in divided doses	• May use Metadate ER® when its 8-hr dose corresponds to the 8-hr immed-rel dose
(Methylin®)	Tabs Scored tabs	5mg 10mg, 20mg	60mg/day in divided doses	• Give before breakfast and lunch
(Methylin chewable®)	Chew tabs	2.5mg, 5mg, 10mg	60mg/day in divided doses	• Give before breakfast and lunch
(Methylin ER®)	Ext-rel tabs	10mg, 20mg	60mg/day in divided doses	• May use Methylin ER® when its 8-hr dose corresponds to the 8-hr immed-rel dose
(Methylin oral solution®)	Oral soln	5mg/5mL 10mg/10mL	60mg/day in divided doses	• Give before breakfast and lunch
(Quillivant XR®)	Ext-rel oral susp	25mg/5mL	60mg/daily	• Give once daily in the morning • Shake bottle vigorously for > 10 sec before use

(continued)

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Generic class (Brand Name)	*Form*	*Strength*	*Max Dose for Adults*	*Administration*
(Ritalin)	Tabs Scored tabs	5mg 10mg, 20mg	60mg/day in divided doses	• Give before breakfast and lunch
(Ritalin LA®)	Ext-rel tabs (half as immed-rel, half as e-c delayed-rel beads)	10mg, 20mg, 30mg, 40mg	60mg/once daily	• Give once daily in the morning • May sprinkle contents on applesauce and swallow without chewing beads
(Ritalin SR®)	Sust-rel tabs	20mg	60mg/day in divided doses	• May use Ritalin SR® when its 8-hr dose corresponds to the 8-hr immed-rel dose
Mixed dextroamphetamine/ amphetamine salts (Adderall IR®)	Double scored tabs	5mg, 7.5mg, 10mg, 12.5mg, 15mg, 20mg, 30mg	Usually 40mg/day in 2–3 divided doses	• Give in the morning and 4–6hrs apart
(Adderall XR®)*	Ext-rel caps	5mg, 10mg, 15mg, 20mg, 25mg, 30mg	30mg once/ daily	• Give once daily in the morning • May sprinkle contents on applesauce and swallow without chewing beads

Note: *Indicates FDA approval for adult ADHD; this table is provided as an informational resource. Be sure to consult with your physician regarding your treatment regimen.

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