



**Achieving
Success with
ADHD:**

*Secrets from an Afflicted
Professor of Medicine*

**David B. Sachar
M.D., FACP, MACG, AGAF**

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Afflicted Professor of Medicine**

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ABOUT THE AUTHOR

David Sachar was the first Dr. Burrill B. Crohn Professor of Medicine at Mount Sinai School of Medicine from 1992-1999, when he also held the positions of vice chairman of the Department of Medicine (1991-99) and Director of the Dr. Henry D. Janowitz Division of Gastroenterology at The Mount Sinai Medical Center (1983-99). He is now Director Emeritus of the GI Division. In 2005 he was granted a three-year Arnold P. Gold Foundation Professorship and in 2010 he was named a Master Educator in the Institute for Medical Education.

Dr. Sachar was an honors graduate of Harvard College and Harvard Medical School. While working as a research associate with the U.S. Public Health Service in Bangladesh, Dr. Sachar played a role in the development of oral rehydration therapy for cholera and other diarrheal diseases, an advance credited with saving millions of lives each year, and one which in 2004 The Lancet referred to as “probably the greatest medical innovation of the 20th century.” He was until recently a Captain (Medical

Director grade) and Associate Recruiter in the Commissioned Corps of the U.S. Public Health Service, in which capacity he served a month of active duty in Texas, Sept-Oct. 2005, to assist with hurricane relief efforts.

After completing his medical residency at Boston's Beth Israel Hospital and his GI Fellowship at The Mount Sinai Hospital, he went on to become a specialist in inflammatory bowel disease, a field in which he has approximately 250 publications. He chaired the Research Development Committee of the Crohn's and Colitis Foundation of America, served on the Foundation's National Scientific Advisory Committee, and was the recipient of its Distinguished Service Award in 1991. A founding director of the Burrill B. Crohn Research Foundation, he is also the first American to have been elected Chairman of the International Organization for the Study of Inflammatory Bowel Disease. In 2002, Dr. Sachar was elected a Master of the American College of Gastroenterology; in 2003 he was elected a Patron Member of the Brazilian Association for Ulcerative Colitis and Crohn's Disease; and in 2005 he was named a Fellow of the American

Gastroenterological Association. From 2005-2008, he served as Chairman of the GI Advisory Panel of the FDA.

As the first chairman of the American Gastroenterological Association's Clinical Teaching Project, he developed new resources and set new standards for clinical teaching nationwide. His teaching activities have earned him the 1996 Distinguished Educator Award of the AGA; the 1989 Baker Presidential Lectureship of the American College of Gastroenterology; the Norman Tanner Gold Medal of St. George's Hospital Medical School in London; the K.H. Koster Memorial Lectureship of the Danish Society of Gastroenterology; the Nana Svartz Lecture of the Swedish Society of Gastroenterology; the Oppenheimer-Ginzburg Lecture at Mount Sinai School of Medicine; the first Hyman J. Zimmerman Lecture at Georgetown University Medical School; Fiftieth Anniversary Lectures at the Romanian Society of Gastroenterology and Hepatology; and other International State-of-the Art Lectures on the topic of inflammatory bowel disease in Belgium, Spain, Portugal, Switzerland, France, Germany, Sweden, Italy, Austria, England, Canada, Greece, Turkey, Hungary, Poland,

Israel, India, Iran, Hong Kong, Russia, and China. In 2005, he received the ACG's Berk/Fise Clinical Achievement Award for "an entire career of service to patients and fellow practitioners." In 2007, he was one of 40 AGA Foundation Mentor Research Scholar Award Honorees. In 2009, he was the first Dr. Burrill B. Crohn Memorial Lecturer in Cuenca, Ecuador, and Fiftieth Anniversary Lecturer for the Indian Society of Gastroenterology in Kolkata (Calcutta).

At Mount Sinai, Dr. Sachar has received the 1975 and 1978 Faculty Awards for Excellence in Teaching, the 1984 annual Distinguished Teacher Award of the Department of Medicine, the 1987 Solomon A. Berson Award as the department's outstanding physician and teacher, the Jacobi Medallion for outstanding contributions to medicine in 1994, the Alexander Richman Commemorative Award for Humanism in Medicine in 1996, membership in the Gold Humanism Honor Society, and in 1997 the "Gold-Headed Cane," Mount Sinai's highest award for the physician "best exemplifying the ideals of the profession." Mount Sinai has recognized Dr. Sachar's many years of service to the

institution and the profession by permanently endowing an annual “Joanna and David B. Sachar, M.D., International Award and Visiting Professorship in Inflammatory Bowel Disease” in his honor.

Table of Contents

ABOUT THE AUTHOR

INTRODUCTION

PROBLEM I:

“I KEEP FORGETTING THINGS”

PROBLEM II:

“I CAN’T GET ORGANIZED”

PROBLEM III:

“I CAN’T SEEM TO GET STARTED”

PROBLEM IV:

“I GET DISTRACTED”

PROBLEM V:

“I LOSE TRACK OF TIME”

PROBLEM VI:

“I NEVER GET AROUND TO THE BIG JOBS”

PROBLEM VII:

“I’M DROWNING IN PAPERWORK”

PROBLEM VIII:

“I GET OVERWHELMED SO EASILY”

PROBLEM IX:

“NONE OF THESE RULES IS WORKING”

PROBLEM X:

“SO I FINISHED THE BOOK, NOW WHAT”

INTRODUCTION

The title of this book has been chosen carefully. It's not, "Conquering ADHD" or "Overcoming ADHD." ADHD can't be conquered or overcome; it's not going away.

It's not, "Achieving Success Despite ADHD." We can't spite it or deny it or avoid it.

It's not, "Living with ADHD." That's no big deal. ADHD isn't fatal; we're going to live anyhow but that's not good enough.

It's "Achieving Success with ADHD." We're going to succeed, and we're going to do it with ADHD firmly on board. We're not shaking it off; we're going to achieve success *with* it.

This book is about how to do it. At least, it's about how I did it; and I figure if I could do it, anybody can do it. I say that because my case was a really bad one. It was forcing me to pull all-nighters; it was sending me into panics and tailspins; it was gnawing away at my marriage. I say that also because I believe, immodestly, I have achieved success. I'm not going to describe

that success here, though; you can read the book jacket to see what the publisher says about it.

But we need to get one thing straight before we begin. This book is going to describe tricks and tactics, strategies and systems, all based on *behavioral modification*. I can absolutely testify that behavioral modification works—but it rarely if ever works all by itself. It certainly didn't for me. In fact, for behavioral modification to even begin to make a dent in ADHD, it usually needs to invoke the help of the *M-word*. No, I don't mean "modification" or "motivation"; I mean *medication*.

Let's not kid ourselves. ADHD is a *brain disorder*, not a manifestation of weak will or original sin. Certain brain pathways are not being activated properly by the chemicals they depend on. Behavioral modification can help find alternate pathways, but pharmacology is usually required to provide the right chemicals in the right amounts.

Let me tell you a bit about my story to make the point. From my 20s to my 40s, I was flying off the handle, shouting at my kids, being hyper-defensive with my wife, eating myself up

with anxieties at work. It was worse than just ADHD; there was neurosis stirred heavily into the brew. Hence, three solid courses of psychotherapy: insights into distorted family values, impaired self-image, insecurities, inferiorities, yadda-yadda-yadda.

After three courses of good old-fashioned talk therapy with some of the best practitioners in the business, I was much less of a monster and my wife and kids were tolerating me a lot better. But I was still driving like a maniac, still forgetting things whenever I left the house, still running late for appointments, still unable to stop agonizing over details, and still having trouble getting organized and finishing jobs in a timely fashion.

In other words, I still had ADHD.

Since I was smashing up the car too often, and didn't think I needed more driver's education. I figured out that maybe I should go to an ADHD expert. I found a real expert, who specialized in psychopharmacology. He administered a 10-item questionnaire and promptly confirmed the diagnosis.

So first to control my impulsivity, so maddeningly and expensively exhibited behind the wheel, he prescribed Strattera®.

Terrific! I stopped having auto accidents, my wife was no longer so fearful of driving with me, and it took only a little while for me to figure out how to cope with the bladder side effects of the medication.

OK; impulsivity better but obsessive-compulsive behavior still running loose. Hence, next step, Celexa®. Another milestone! No more fussing, fixating, ruminating, perseverating. But I was still having trouble focusing and concentrating.

No problem; just sprinkle in some Concerta®. Bingo! Now, like Mary Poppins, I was practically perfect in every way. But not all the way perfect. I was still distractible and still having trouble getting my act together.

In other words, I still had ADHD.

What to do next? The answer: cognitive behavioral therapy. That brings me to the point where I entered treatment with Mary Solanto, Ph.D. About a dozen or so sessions with her filled in the missing links—the tricks and tactics to which I referred earlier. “Tricks,” by the way, is not a term that is demeaning, dismissive, or pejorative. The fact is that these little “tricks” have proved to be

life-savers for me. And since I believe they can be life-savers for many fellow sufferers with ADHD, I have decided to write this book.

I've decided to divide this book not into chapters but into "problems," with each short—really short—section devoted to one of the commonest problems experienced or commonest complaints expressed by ADHD people (or at least by me). For each problem, I propose a few "Simple Rules" to help solve it.

I hope it helps.

PROBLEM I:

“I KEEP FORGETTING THINGS”

Let's start with a simple problem—forgetting things. Whenever I left the house to go to work, it seemed I had forgotten something I needed: pens, wallet, pager, appointment book, a manuscript I was reviewing, whatever.

Simple Rule #1:

Post a checklist on the door.

Nothing special. You don't have to read and abide by every detail of Atul Gawande's brilliant little monograph, “The Checklist Manifesto.” Just make a list of the essential items for every day's work and stick it up on your exit door.

Here is what mine looks like:

- Pens
- Wallet

- Calendar books
- Blackberry
- Pager
- Special

The only reason that “Keys” isn’t on my list is that I can’t start the car without them anyhow, and house and office keys are also on the same key ring.

And what does “Special” mean? It refers to anything I particularly need for that particular day. It means I pause for a moment and think about that day’s “special” activities—a journal review, a meeting agenda, notes for a research conference, etc.

I should point out that reviewing the list isn’t sufficient. As you read each item, pat yourself wherever needed to be sure that the item is actually there. Nobody has to watch you go through this odd self-touching ritual; just do it.

Simple Rule #2:

Set up a tray.

For physical and occupational therapists, “ADL” means “Activities of Daily Living.” For those of us with ADHD, it could stand for “Accessories for Daily Living,” many of which are tabulated on the sample checklist in Simple Rule #1 above. The checklist, however, only reminds you what they are; it doesn’t tell you where to find them.

So set up a tray somewhere near the entrance to your home. When you get in, dump the accessories into the tray: car keys, sunglasses, wallet, whatever. If you need to keep some of the items with you wherever you go at home—perhaps your pager or cellphone—then have a second tray in the bedroom for those articles.

Now nothing gets forgotten or lost; everything is in the trays.

Simple Rule #3:

Don’t go yet; stop.

As you leave a room, don’t leave. Stop for a minute; look around. Is there a book on the desk that you’re supposed to take

with you? Is your briefcase sitting there, left behind? The pause just gave you a second chance.

Or if you're in the kitchen, are your breakfast dishes still on the table? Pick them up, rinse them off, put them away, and make somebody happy. Dirty clothes in the bedroom? Same thing; into the laundry hamper. Now you're not a slob; you're a hero.

Simple Rule #4:

Never assume that you're going to remember something without help.

If you are interrupted while you're on-line or on the phone, and there is something you were supposed to do when you were finished, the chances are that you're going to forget the task by the time you return to the computer or the telephone. So just as you are turning away to deal with the interruption, write yourself a 2-3 word reminder that you are sure to see when the interruption is over. A notepad next to the computer or the phone is a handy device for this purpose. You might even jot the reminder on a Post-It® note to stick on the computer screen or the telephone. Don't let these notes accumulate, though; they could pile up, make a mess, and thus become part of the problem instead of the solution. As

soon as your memory has been jogged and the purpose fulfilled,
discard the note and leave the pad free for the next time.

PROBLEM II:

“I CAN’T GET ORGANIZED”

Organizational ability is not a rare gift of nature, and it does not take a miracle to acquire it. Organizational ability is just a fancy name for doing whatever it is that needs doing. No matter how bad our case of ADHD may be, we know perfectly well what needs doing; we just have trouble doing it.

Simple Rule #1:

Make a list.

It doesn’t have to be a checklist. It doesn’t have to be in any particular order—not priority order, not chronological order, not alphabetical order. Just make a list of whatever needs doing. Once it’s down on paper (or a hard drive or whatever), it’s off your shoulders. You don’t have to carry it around in your conscious, subconscious, or preconscious mind. You don’t have to worry

about it ever again. All you have to do is look at the list, pick something off it, and sooner or later just do it.

Now let's talk about "sooner or later."

Simple Rule #2:

Transfer each item to a schedule.

The shape, size, and format of the schedule don't matter. Paper, electronic, digital, portable, desktop; it doesn't make any difference. It just has to be a schedule. My own favorites for schedules are 3x6" calendar books: the TIMEWISE® Pocket Memo System for daily two-page entries in a monthly calendar book and the TIMEWISE® Two-Year Calendar for future commitments.

If I don't do something on the day it's scheduled, no sweat; I just transfer it to another day. The point is, nothing ever gets forgotten and everything ultimately gets done.

Simple Rule #3:

Never mind the schedule if the item doesn't fit.

Some tasks, projects, or ambitions are too vague to be amenable to scheduling. Not to worry. Write them down anyhow.

In simplest format, I write these overarching aims in a list on one of the unmarked pages at the front of my monthly calendar books. Miraculously, by the end of the month, not too many of them remain incomplete; but for those that do, they just get transferred to the front page of the next month's book. Ultimately, they get done, or else become no longer relevant.

When I was nearly overwhelmed with responsibilities for a few years as Vice Chairman of my Department of Medicine, I resorted to a slightly more elaborate system called Exec-U-Scan®, which allowed me to put each job or each piece of responsibility on a 2x4" card and insert it into a slot in a slim 8 ½ x 11" fake leather folder that held 72 such cards in four neat columns. Another card holder I've used in other circumstances is called the Axxcess T-Card system (www.npsg.com); it works just about the same way, with the added attraction that the cards come in five different colors. Still another system is called Memogenda (Norwood Products Co., Inc.)

These devices didn't actually do any of the work for me but they sure made me feel as though I were in control of my

responsibilities, and even better, conveyed that impression to my colleagues and my boss.

The particular system you use doesn't really matter. All that matters is that everything gets captured in writing one way or another. Remember: *Whatever is written down automatically becomes finite and manageable.*

Simple Rule #4:

Capture every task in writing before you forget it.

I remember a lot of my to-do jobs when I'm in bed or in the car and find it inconvenient if not impossible to write it down immediately. Of course, if I don't write it down immediately, I'll forget it. (ADHD, remember?) So I have a tiny dictating machine at the bedside and also strapped to the visor of the car, so that when the job pops into my head, I record it on the machine before it pops out again. From the machine, it's easy to get it somewhere onto one of the lists (if I don't forget to make the transfer).

PROBLEM III:

“I CAN’T SEEM TO GET STARTED”

No matter how big or how little the job is, the hardest part seems to be sitting ourselves down and getting started. There is something weirdly intimidating about making the commitment to begin. But once we start, the worst is often over (unless we get distracted—more about that in the next section).

Simple Rule #1:

Chip off a little chunk of the job for starters.

This rule is analogous to the Chinese proverb, “A journey of 1000 miles begins with a single step,” or more prosaically, we usually put pants on just one leg at a time.

Before starting any project, even something as simple as paying a stack of bills or answering some mail, I used to have to be sure that I had a completely clear playing field ahead—a guaranteed stretch of several hours in which I could not be

distracted or interrupted. I couldn't bear the thought of possible *taskus interruptus*.

These guaranteed stretches were generally between 2 and 5 AM. Jobs ultimately got done but only at the price of serious sleep deprivation.

The remedy proved strikingly simple. Don't think of the task as a monolithic whole; regard it as a series of little chunks. No matter how intimidating the whole task appears, don't be afraid to start off with just one tiny chunk. It will mean that you've accomplished something and, more often than not, this breaking of the ice will reveal that it's not such a big glacier after all. In fact, taking the first whack at will probably initiate a continuing stream of ice chips until you've knocked off more of the job than you had anticipated at the outset.

Simple Rule #2:

Come back anytime and chip off a little bit more.

The same principle that applies to starting the job applies to making continuing progress on it. Once you realize that it's not like trying to jump over a canyon in two leaps, you can finish

almost any job in stages, one piece at a time. In fact, this “one piece at a time” trick is very useful for filling “time chinks”—little segments of perhaps 15 to 30 minutes available and all-too-easy to fritter away. But if you have a job that can be chipped away at in pieces, an unscheduled “time chink” is ideal for filling with one of those detached pieces.

Mastering this chink-filling technique is part of the overall therapeutic goal of freeing ourselves from the “all-or-nothing” thinking that is so inimical to us ADHD people.

PROBLEM IV:

“I GET DISTRACTED”

There is a reason they call this thing “attention deficit.” It means we too easily get distracted. Solving this problem requires a fair amount of conscious effort.

Simple Rule #1:

Remember who’s in charge here.

Unless you have just been recalled to active military duty, you are in complete charge of what you choose to do or not do at any given moment. So you’re the boss; you set the program and you decide whether or not to stick with it.

Simple Rule #2:

Stick with the program.

Nobody is holding a gun to your head to make you abandon your self-prescribed program and go off to do something else. If the temptation arises—and of course it will—exert your exclusive

authority and say to yourself (out loud if necessary, assuming no one is listening), “I’m in charge here and I order me to stick with my program.”

Simple Rule #3:

Cognition rules.

When you are tempted to wander off course, recognize that it is the siren song of ADHD coaxing you away. It is impulse that is trying to lure you off track, not reason. Sure, you can always make up a reason that you really need to make a phone call, read the newspaper, check your e-mail, or look in the refrigerator instead of finishing your report due tomorrow. But the rationalization is usually spurious.

Tell yourself, “Impulse be damned; cognition rules!”

PROBLEM V:

“I LOSE TRACK OF TIME”

A distorted perception of time is one of the hallmarks of ADHD. Almost all of us have it, and it means (a) things always take longer than we think they will and (b) we are very often late for appointments. Actually, the two problems are closely linked.

Simple Rule #1:

Plan double the time to do a job that you first estimate.

Really, it's no joke; don't kid yourself. Thirty minutes to shower and get dressed? Figure sixty. Two hours to pay the week's bills? Allow four. Three days to read all the files on a case? Plan six. One week to prepare the tax returns? Fuggedaboutit; it'll take two.

This rule has a broader corollary, to follow.

Simple Rule #2:

Lower your expectations.

It's not just that those of us with ADHD can't work as fast as we think we can. We can't do most things as smoothly, easily, effortlessly, or efficiently as we wish we could or think we should.

This impairment means that we should never be reluctant to use external aids, just as someone with a gait disorder might need crutches. *We all need crutches.* In fact, one of the goals of this book is to help us find crutches that work.

In previous sections, we've talked about checklists, schedulers, dictating machines, and even phrases to recite to ourselves. Now we're about to suggest one of the simplest crutches of all.

Simple Rule #3:

Set an alarm clock.

I guarantee you: for those of us with ADHD, an alarm clock is a virtually indispensable survival tool. You think you can't possibly forget that you're supposed to leave for your haircut in ten minutes? Believe me, you'll forget. The important call you promised to make to your client at 2 PM? You'll forget.

Set the darn alarm clock!

Simple Rule #4:

The time you have to do something is not the same as the time you have to get ready to do it.

This rule is perhaps the most self-evident of all of them, but it was somehow one of the hardest for me to assimilate and act upon. We have to leave for the restaurant in town at 5:15 PM? Yeah, I know; so what? It's only 5:13 PM. Hey, Dummy; it takes more than two minutes to shut down the computer, put on the coat, find the car keys, and settle the dog.

So here's what needs to be done: (a) establish the time for departure, or whatever it is we have to do; (b) estimate the time it will take to get ready; (c) double the estimate ([see Simple Rule #1](#)).

Then set the darn alarm clock.

PROBLEM VI:

“I NEVER GET AROUND TO THE BIG JOBS”

We all have big jobs we want to complete, but the little jobs always seem to get in the way. There is a big report to write, a long novel to read, a challenging piano piece to learn—but, oh no, first we have a phone call to make, an e-mail to send, a package to open. Then by the time we’ve gotten these little jobs out of the way—whoops! No time to get to the big job today. Sigh....Perhaps some other time....

Simple Rule #1:

Learn to leapfrog.

Leapfrogging is one of our most powerful tools. It simply means taking a non-deadline, non-time dependent job of low urgency but high priority that we’d like to accomplish, and

consciously, deliberately *leapfrogging* it over all the little stuff that invariably gets in the way.

Here's how it works for me. I take piano lessons. I don't mind practicing; sometimes I even like it because once in a while the music actually sounds nice. But my lessons take place only once every week or two, and there are always lots of tasks I need to finish on a daily basis. In fact, there they are on my list for the day ([see Simple Rule #1 for Problem I](#)).

How am I ever going to get around to practicing the piano? Simple! Just leapfrog the practice session over everything else on the list and do it *first*!

But wait; isn't that a violation of [Simple Rule #2 for Problem IV](#) ("Stick to the program")? Well, yes and no, but mostly no. What we're doing here is deliberately modifying the program—not abandoning it—to allow room for a goal of high priority (life-fulfilling priority, that is) ahead of minor daily tasks *that are going to get done anyhow*.

That's the key point: the little tasks are going to get done sooner or later as long as they're still on the list, but the big

important goal is never going to get attended to if it isn't leapfrogged, at least sometimes.

Simple Rule #2:

There is no Simple Rule #2.

Simple Rule #1 is the only one that will work for this particular problem.

PROBLEM VII:

“I’M DROWNING IN PAPERWORK”

You don’t have to be an ADHD person to suffer from the syndrome of a desk buried under intimidating piles of paper, but it’s sure a lot worse for us.

Simple Rule #1:

Your desktop is a tarmac, not a hangar.

The top of your desk is not designed or intended for long-term storage. File drawers are meant for that purpose, although wastepaper baskets and shredders are often preferable.

The point is that your desktop is only a tarmac—meant for papers and things to touch down briefly and then take off again for final destinations.

Simple Rule #2:

Touch each item only once if it can be filed away.

The ideal itinerary for each incoming item is a non-stop flight. If it's destined for a file, as with insurance papers, bank statements, appliance guarantees, or responses to your Christmas cards, then put it straight into its final resting place as soon as it arrives, with no stopovers on your desktop.

Simple Rule #3.

If you don't have a drawer with files for each category of document, make one.

But if it an item requires action before it can be filed, then we move on to Simple Rule #4.

Simple Rule #4:

Set up three separate trays for items of different time-priority. (I say "time-priority" so as not to confuse it with "life-priority." [See Problem VI.](#))

If you cannot touch an item only once en route to its final destination, then put it into a tray depending upon when you have to act upon it:

Tray #1: It has to be dealt with *today*.

Tray #2: It has to be dealt with *before a certain date but not today*.

Tray #3: It has to be dealt with *sooner or later but not by any particular date.*

There; now everything is in three neat trays and your desk looks really neat. Isn't that better?

Simple Rule #5:

Touch each Tray 1 item only once more today.

At the end of the day, Tray #1 should be empty. If it isn't, don't torture yourself; let the unfinished item(s) stay there one more day and get them done for sure tomorrow.

Simple Rule #6:

Subdivide Tray #2 according to deadline date.

Notebook dividers with tabs are handy for separating items according to date; so are manila folders and accordion files.

Of course, not every item comes with a specified deadline date for completion. That's where [Simple Rule #1 for Problem IV](#) is invaluable: You're in charge, so you set the date.

Simple Rule #7:

The items in Tray #3 are ripe for leapfrogging. ([see Simple Rule #1 for Problem VI.](#))

Take a look every so often at Tray #3 and leapfrog anything you want over everything else. That's the beauty of being in charge.

PROBLEM VIII:

“I GET OVERWHELMED SO EASILY”

Everybody gets overwhelmed sometimes, but those of us with ADHD too often live in a constant state of feeling that way. The 19 simple rules we've outlined so far should help with this problem.*

*Compulsion alert: Try to resist the temptation to go back and count them up.

But there are some additional rules as well as some reminders that may be important in gaining control over ourselves and our feelings.

Simple Rule #1:

Give every disturbing feeling a name.

Think of the Bible. How did God give Adam dominion over every living thing? By giving him the power to name everything. It's true: Naming something gives us power over it.

Whether or not you choose to put the names of those feelings onto a written list is up to you. ([See Simple Rule #1 for Problem II.](#)) But if you've got them named, they're more amenable to being pinned down under your control.

Simple Rule #2:

Ask yourself what's the worst thing that could possibly happen.

Go ahead; indulge your fear and imagine the worst-case scenario. What will happen if you miss a deadline? Are you fired, homeless, and in the gutter? No, more likely you'll have to ask for an extension or make up the time on the next task. What will happen if you forget an appointment? Prison, torture, or execution? No, more likely you'll face embarrassment, have a lot of explaining to do, and reschedule the meeting. What will happen if you leave your wallet behind? Washing dishes in the restaurant all night? No, more likely someone else will have to pay the bill; oh, well.

Simple Rule #3:

If you get angry with yourself, don't take it out on anyone else.

If you screw up—and you surely will, because we all do—it's natural to berate yourself. But don't take it out on your family or friends or co-workers, or blame your significant other, or kick the dog. It's not their fault. In fact, it's not anyone's *fault*. You may be the one who screwed up, but you didn't do it on purpose; you didn't do it because you're mean or stupid or ugly or lazy; you did it because you're human, even with or without ADHD. So take a look at what happened; name the problem that caused it ([see Simple Rule #1 above](#)); and move on.

PROBLEM IX:

“NONE OF THESE RULES IS WORKING”

Actually, this problem is unlikely to occur in the grammatical form stated above. At least *some* of these rules are bound to work. The more likely form of the problem is, “Not all of these rules are working.” Hardly a surprise. In the immortal closing words of the classic Billy Wilder film, *Some Like It Hot*, “Nobody’s perfect.”

Simple Rule #1:

Lower your expectations.

Let’s pick it up with that Joe E. Brown Principle from *Some Like It Hot*: “Nobody’s perfect.” This precept is true for all of living humanity, and those of us with ADHD have special problems, but too many of us expect to be perfect. So remember: Even with the best of therapy, a polio victim might still limp, a stroke survivor might still stumble over words. Those of us with

ADHD have a disorder (the second “D,” right?). The former Chairman of my Department, in another context, once gave me what is perhaps the best advice I ever received: “David, cut yourself some slack.”

I love that admonition. In fact, I love it so much, I think I’ll reword this rule.

Simple Rule #1 (restated):

Cut yourself some slack.

Simple Rule #2:

Take a few breaths.

I tend to go nuts over every little thing. Something drops or something spills (let me reword that: I drop something or spill something), and I’m fuming and cursing—usually at the top of my lungs; just ask my wife. That doesn’t happen so much any more, though; partly thanks to Strattera (see the Introduction) but also in large measure because I’ve learned to stop, take a few breaths, and say to myself (even out loud, but quietly), “Oops. It dropped. I’d better pick it up,” or, “Oops (a really useful word for us folks with

ADHD, except in an operating room). It spilled. I'd better wipe it up." It's really easy and it helps a lot.

PROBLEM X:

“SO I FINISHED THE BOOK, NOW WHAT”

OK, we've just gone through a bunch of problems and a lot of rules. So where do we begin with implementation?

Simple Rule #1:

Never mind the problems you've got that we didn't cover; just pick the ones that we did.

I'll give you 10-to-1 odds that you don't have all the problems discussed in this book, and also that you have some that weren't even mentioned. But I'll give you 50-to-one odds that you've got at least *one* of the problems we covered. So forget all the rest and just go back and reread the sections that ring a bell with you.

Simple Rule #2:

Start with the easiest rule.

Don't worry about the biggest problems, whether they're creating the most trouble in life or seem like the hardest ones to solve. Pick the one Simple Rule that is the simplest one of all for

you—preferably childishly, foolishly, laughably simple—and try that one first. It’s the best place to start.

Simple Rule #3:

Don’t think you have to follow the rules in any logical order.

Just because the easiest rule was listed with a particular number problem, the next rule you adopt doesn’t have to come under the same number. The rules should be followed in order of simplicity and ease of carrying out, not in order of importance or, Heaven forbid, in any strict numerical sequence.

Simple Rule #4:

Don’t kick the dog or yourself.

In case you’ve been reading this book in order—which I’ve just assured you that you needn’t have done—you’ll recognize this rule as stemming from the discussion of Problem IX. Still, it applies widely to just about all our problems and it can’t be overemphasized. You’ve come this far, you’ve lived this long, and you’ve shown the incredible wisdom and good judgment to read this book; so how bad can things really be?

The fact is, that while all the problems we've covered are real and sometimes serious, the rules are simple and *not obligatory* (except for not kicking the dog). So if there is something you really, really want or need to do, and if you can't find a rule in this book that helps you do it, then forget the book and forget the rules and follow the advice I sometimes give myself:

“Aw, the heck with everything; just go ahead and *@#&*!! do it!”

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