

What My Organizing Clients Wish You Knew About Their ADHD Homes

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What is Chronic Disorganization?

- Past history of disorganization
- An undermining of current quality of life due to disorganization
- Failed self-help efforts to change
- Expectation of future disorganization

Find out more about chronic disorganization and the Institute for Challenging Disorganization at www.challengingdisorganization.org

Examples of ADHD struggles

- 1) Dashboard cough drop
 - “Now or not now” linked to prospective memory
 - 1 moment out of 100s in a day that: Creates a backlog of stuff, Affirms a negative self-concept
- 2) Trash talk
 - Area is set up, but not used. Why?
 - “Simple, but not easy”
 - Brain is attuned to the next stimulating thing
 - Assumption of having learned to do that step in the sequence
 - Skills training that has explicit steps, uses mantras, humor, or silly songs
- 3) Functioning in a Dynamic Environment
 - What are you supposed to pay attention to here?
 - How functional is this space?
- 4) Bedroom of an Adult with ADHD
 - How well is this person sleeping?
 - How easy will it be to get ready for work?
 - What are the chances: Of being late? Of misplacing items? Of the space causing relationship strain? Of feeling overwhelmed and discouraged?
- 5) Bedroom of a Child with ADHD
 - How well can the child sleep? Do homework? Get ready on time?
 - How will the chaos of the room impact the development of executive skills?
 - Now add the factor that his single mom has ADHD

Why Does Knowing This Matter?

- Would your treatment approach change if you knew this was your client's daily struggle?

In Their Words . . . "Believe Me"

- 1) "It was exhausting trying to convince my doctor that I really did have ADHD. I spent years getting treated for depression and anxiety, but not getting treated for the ADHD causing it. Why didn't they believe me?"
 - According to Dr. William W. Dodson, "Clinicians are trained to recognize Mood Disorders but not ADHD. On average, an adult will see 2.3 clinicians and go through 6.6 antidepressant trials before being diagnosed with Attention Deficit Disorder." -"Redefining ADHD For the Rest of Us," CHADD Conference 2017
- 2) "I feel like [treatment providers] don't get how bad this is. My ADHD affects **every** part of **every** day **all the time.**"
- 3) "I want to be treatment compliant."
- 4) "Don't hold one good day against me and think I am just being difficult."

In Their Words . . . Help Connect the Dots between Theory and Practice

- 1) "When I went [to my provider's office] I felt like we were all wasting our time. She would talk to me for most of the time and I just zoned out. I really like having concrete steps."
 - In *Mastering Your Adult ADHD*, Safren et. al., suggest pausing every 3-4 sentences to check client understanding and encourage his or her engagement in the process. They recommend getting as detailed as possible with small steps and to rehearse those steps.
 - In *Cognitive-Behavioral Therapy for Adult ADHD: Targeting Executive Dysfunction*, Solanto emphasizes explicit skills training: "The individual with ADHD needs a nonambiguous statement that has clear implications for action"
- 2) "I didn't know my ADHD would create a problem with fixing my ADHD." Create explicit connections.
 - Are clients aware that symptoms such as distractibility, impulsivity, disorganization, and difficulty following through will be a factor as they implement skill development?
 - Do clients realize that it's normal for new approaches to feel awkward and effortful?
- 3) "Ask me about my sleep and nutrition."

What We Know Works

- Active listening and partnering with clients to find solutions
- Multimodal treatment
 - M.E.S.S.T, (Medication, Education, Support, Strategies, Therapy)
Journeys Through ADDulthood, S. Solden
- Psychosocial Skills training such as Cognitive Behavioral Therapy for ADHD combined with medication is more effective than medication alone.
 - *Mastering Your Adult ADHD*, S. Safren, et. al.
 - *Cognitive-Behavioral Therapy for Adult ADHD: Targeting Executive Dysfunction*, M. Solanto

CBT for ADHD Components

Psychosocial treatments are cognitive and behavioral interventions that build skills needed to improve daily life impairments caused by ADHD

- Sessions have an agenda
- Treatment is modular
- Treatment requires active practice
- Practice is as or more important than session

What Undermines Success

- Implementing skills training willy-nilly
 - Build basic calendaring skills and task tracking/prioritizations are the first steps for both CBT programs (Safren, et al. and Solanto)
- Traditional organizing methods tend to involve items contained out of sight, linear/logic based rules like in filing A-Z, maintaining complex systems of sorting and categorizing, such as for laundry or paper
- Overly negative responses AND Overly positive responses

Going from Intention to Completion – Start Small

5-step process to organize The S.P.A.C.E. Method, Julie Morgenstern,
Organizing From the Inside Out Sort Purge Assign a Home Containerize
Equalize

Implementation Challenges

What does it mean to “pay attention”?

How a Professional Organizer Educated on ADHD Can Help

Done by Treatment Providers

- Medication, Education, Support, Strategies, Therapy (*Journeys Through ADDulthood*, S. Solden)
- Cognitive Behavioral Therapy for ADHD

Done by Professional Organizer

- Reinforcing Education + Support + Strategies
- Accountability when implementing changes
- Quick sorting to facilitate getting through the backlog
- Setting up a sustainable organizing system
- Keeping the client centered on the task

How to Find an Organizer Educated on ADHD

- The Institute for Challenging Disorganization
www.Challengingdisorganization.org Search tool, Look for Level 1 certificate of study in ADHD, Level 2 ADHD specialist, CPO-CD
- The National Association for Productivity and Organizing Professionals
www.napo.net Advanced Search tool, Select ADHD under the business or residential categories

What's a "Body Double"?

- Anchors person to a task
- Sets a specific time and day to do it
- May or may not actually help with the task

Reinforce Skills

"Repetition is the key to helping adults with ADHD learn new skills that will ultimately become more habitual" *Mastering Your Adult ADHD*, S. Safren, et. al.

- External reminders (phone reminders, another person, timer in another room)
- Frequent check-ins (daily texts?)
- Learning to create a pause between thought and action (parking lot)
- Attach a new habit to existing one (meds by bed)
- Using mnemonic devices like songs, funny names, unusual associations, mantras

In Their Words . . . “Please help me find resources”

“I feel like I am stumbling through on my own.”

Can the task be delegated? Compile a resource list that includes services to help with life tasks: housecleaner, grocery delivery service, concierge service, handyman, tax preparer, financial advisor, etc.

Direct them to professionals who understand ADHD Compile a resource list that includes treatment providers who are knowledgeable about (rather than doubting the validity of) ADHD: Psychiatrist, General Practitioner/Pediatrician, Psychologist, Therapist, ADHD Coach, Professional Organizer

Resources

- Barkley, R.A. (2012). *Executive Functions: What They Are, How They Work, and Why They Evolved*. NY: Guilford Press.
- Knerr, P. F. (2014). *The ICD Guide to Collaborating with Professional Organizers: For Related Professionals*. St. Louis, MO: Institute for Challenging Disorganization.
- Knouse, L.E. & Safren, S.A. (2013). “Psychosocial Treatment for Adult ADHD.” In C.B.H. Surman (ed.), *ADHD in Adults: A Practical Guide to Evaluation and Management* (pp. 119-36). NY: Humana Press.
- Morgenstern, J. (2004). *Organizing from the Inside Out*, 2nd ed. NY: Holt
- Safren, S.A., Sprich, S.E., Perlman, C.A., Otto, M.W. (2017). *Mastering Your Adult ADHD*, 2nd Ed. NY: Oxford UP.
- Sibleya, M.H., Kuriana, A.B., Evans, S.W., Waxmonsky, J.G., & Smith, B.H. (2014). “Pharmacological and psychosocial treatments for adolescents with ADHD: An updated systematic review of the literature.” *Clinical Psychological Review*, 34.3, 218-232. doi.org/10.1016/j.cpr.2014.02.001
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