

THE
DR RUSSELL
BARKLEY
INTERVIEW
COLLECTION



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About the Collection

In the last decade, I have interviewed dozens of ADHD thought leaders around the globe, producing over 500 episodes of Attention Talk Radio, plus more than 300 episodes of Attention Talk Video. In that time, I have found the single greatest source of knowledge was Dr. Russell Barkley. His insights and constructs revolutionized my ability to coach those with ADHD and helped me understand the core fundamental issues that manifest in behavior for those with ADHD.

In short, ADHD is not a deficit of attention, but without Dr. Barkley's insight, it looks like it is. The reality is that ADHD is an issue of self-regulation with a working memory challenge.

In this collection, I share edited versions of my most impactful interviews with ADHD genius, Dr. Russell Barkley.

I encourage you to read and reread the content to fully absorb and digest the knowledge that can help you understand ADHD. One thing we have learned about those with ADHD is that they often know what to do, but they struggle to execute what they know to do. At DIG Coaching, we specialize in helping those with ADHD apply the principal understandings based on constructs I have developed over the years from ADHD thought leaders such as Dr. Barkley.

Warmly,

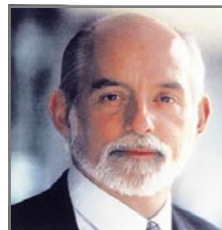
Jeff Copper,

Your ADHD and Attention Coach

Who are Dr. Russell Barkley and Jeff Copper?

Russell A. Barkley, PhD, is a clinical professor of psychiatry at the Virginia Treatment Center for Children and Virginia Commonwealth University Medical Center. He holds a diplomate in clinical psychology, clinical child and adolescent psychology, and clinical neuropsychology. He has been featured in seven award-winning DVDs, has presented more than 800 invited addresses internationally, and has appeared on national television programs and radio programs, such as 60 Minutes, The Today Show, Good Morning America, CBS Sunday Morning, and CNN. He has received numerous awards for his contributions to ADHD research and clinical practice. His publications include 22 books, six rating scales and clinical manuals, and more than 300 scientific articles and book chapters on the nature, assessment, and treatment of ADHD.

A complete bio and other facts on Dr. Barkley's extensive credentials are also available on his website at www.russellbarkley.org where his many other publications are also available.



**RUSSELL A.
BARKLEY,
PHD**



**JEFF
COPPER**
MBA, PCC, PCAC,
CPCC, ACG

Jeff Copper is an attention coach and expert on attention issues, more commonly referred to as attention deficit disorder or ADD/ADHD. As founder of DIG Coaching Practice LLC and the host and founder of Attention Talk Radio (www.attentiontalkradio.com) and Attention Talk Video (www.attentiontalkvideo.com), Jeff coaches individuals and entrepreneurs with ADD/ADHD symptoms who are seeking to improve their personal and business results. Jeff is a frequent speaker and thought leader in the ADHD community. He serves on the Marketing Committee of Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD) and on the Editorial Advisory Board of CHADD's Attention Magazine. He is a member of the Professional Advisory Board for the Professional Association for ADHD Coaches (PAAC).

To learn more about Jeff and his coaching practice, and to access his podcasts on Attention Talk Radio and Attention Talk Video, visit his website at www.digcoaching.com.



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ADHD, Self-Regulation and Life Expectancy: A Public Health Problem

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ADHD, Self-Regulation and Life Expectancy:

••••• A Public Health Problem •••••

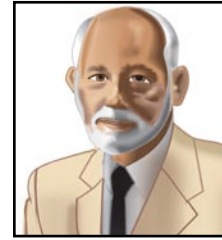
Jeff: *Our guest today is Dr. Russell Barkley, whom I have known and interviewed now for about a decade. All of my interviews with him have been very profound in terms of content and my learning. He's got a very impressive bio. Right now, he's a clinical professor of psychiatry at the Virginia Treatment Center for children in the Virginia Commonwealth University Medical Center.*

I could go on about his background and degrees, but I'm simply going to say, in my opinion, he's probably one if not the foremost expert on ADHD in the world. He's kind of in the sunset of his career right now. Some time ago he released research that we're going to be talking about today, but literally you can Google his name and go anywhere on the Internet. He's all over it.

I jokingly say sometimes that, if you have researched and you haven't cited something from Russell Barkley, it's not necessarily research. Now, I'm just playing around with that, because there's a lot of brilliant minds and stuff out there, but his reputation is that pervasive and we are incredibly honored to have him as a guest on our show. I've done several interviews with him in the past, and I frequently refer people to listen to them. I even go back and listen to them multiple times. So, with all that, Dr. Barkley, welcome to the show.

Dr. Barkley: Thank you, Jeff. It's good to be back.

Jeff: *I'm particularly excited to have you with us again. We've done a lot of interviews. I remember our first one was back in March of 2011. It's been a really, really long time. And there's so much that I've learned from you in the years that's really shaped a lot of what*



An interview with ADHD Genius,
**DR. RUSSELL
BARKLEY**

I do. I think a lot of the coaching industry is really kind of latching onto some of your theories. You and I have talked about emotions and motivation and working memory and other things, but today we're talking about life expectancy and self-regulation. I think everything kind of comes together in this topic.

You had been doing some research a while ago and basically found that ADHD does have an impact on normative life expectancy. Can you just give us a little bit of overview of your thoughts on this? We'll talk about the research and then we'll transition into the meat of it, what you call the second-tier variables.

Dr. Barkley: Yeah, I'd be glad to. Thank you for asking. The research began actually out of an idea that I've had for a long time, and that is in our longitudinal study in Milwaukee following kids up to adulthood, we had clearly shown that they were experiencing a variety of health problems by the time they reached young adulthood, from teen pregnancies to increased use of substances, but also accidental injuries, as well. And then just generally poorer health, the more bodily complaints.

A longitudinal study following kids up to adulthood shows that they were experiencing a variety of health problems by the time they reached young adulthood.



Other studies also began documenting the problems with binge eating and bulimia in girls in addition to an increased risk for medical problems, such as migraine headaches and so on, all of which began to suggest that there's more here than a mental health condition. There was a public health problem that people weren't paying attention to.

So, what I did is I was able to take a lot of the data from the Milwaukee study, and I found at the University of Connecticut their actuarial tables that they're allowing us to use to estimate life expectancy. So, I ran all the data through that, and I was shocked at the results, literally shocked. I had no idea. I mean we knew we were going to see something, just because of all the health problems that they were having.

What we didn't realize is how big it would be. If you were diagnosed in childhood with ADHD, whether you grew out of it or not, your life expectancy was projected to be about nine to 10 years less. If your ADHD persisted to age 27, then the life expectancy was going to be about 12 to 13 years lower than it would be if you didn't have it or if your disorder didn't persist.

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And that's shocking, and the reason it's so shocking is because, if you look at all the other variables we worry about in public health when it comes to life expectancy, smoking reduces your life expectancy by about 2.4 years. If you smoke more than 20 cigarettes a day, it's about six years. We know that diet and exercise can improve your life, but that adds anywhere from nine months to two years. And the same with alcohol use.

So, here's all these things, from smoking to alcohol to obesity and diet that we're all spending billions of dollars on public health to improve life expectancy, and ADHD turned out to be worse than all of them combined. And the reason is that ADHD predisposes people to do all of these things. And so, they carry all the risks with them on top of their risk for accidental injury and so on. So, when you think about it, it makes perfect sense, but it means that ADHD is worse than all the other things we worry about, much worse, and here people don't even associate it with reduced life expectancy.

Jeff: I heard your presentation on this topic at the international conference on ADHD. And just for our audience out there, life insurance companies have actuarial tables that they use to calculate premiums for life insurance, and there's data that we have had that they accumulate over a long period of time to determine what those are, because insurance companies really aren't in the risk business; they're in the predicting business. It's really a statistical analysis.

And, Dr. Barkley, what I understand is that for years you had this, but you could never get to those actuarial tables because they're all proprietary. And when you did get them, you found there are 14 variables that you plugged this stuff into and you made a couple adjustments.

Billions of dollars are spent on public health each year to improve life expectancy, and ADHD turns out to be worse than all of the other factors combined.

What was really interesting to me is, I think, there are four or five of them that you really can't do very much about, but the rest of them are something that you can, which relates back to what we're talking about, that ADHD predisposes you to challenges. I think you talked about conscientiousness, and I talked about self-regulation, and that is the ability to manage some of this stuff.

And what's fascinating to me is this data. It's really shocking. We need to do more studies, but I think you said that the correlations are pretty significant. So, there's probably something here, but it's a little frightening to know that we're talking about like 10 years off of life expectancy for people with ADHD, which is just a number that we didn't know. So now, how do we frame that as a public health problem?

Out of the 14 variables that we did use to predict life expectancy, we found that 10 of them were creating the risk, and they're all changeable.

Dr. Barkley: Well, thank you. I appreciate that because you're right. Out of the 14 variables that we did use to predict life expectancy, we found that 10 of them were creating the risk, and they're all changeable, they're all malleable. And so, what that means is that, if you want to, you can improve life expectancy. These figures aren't cast in stone; they're just estimates. If you continue on the course you're on, this is what we would expect of your life expectancy, but you can change that. And it had to do with things like smoking and exercise and sleep and getting more education and alcohol use, and so on, not drinking and driving and stuff. So, you're absolutely right.

We came up with these nine or 10 variables that the ADHD group was experiencing much more adversely than the control group was. But the next thing we did is we said, "Okay, so why? What is it about ADHD that is predisposing to all of these factors that adversely affect your health?" And that's where the conscientiousness came in.

We've known for a long time in health psychology that the single best predictor of human life expectancy, bar none, is the personality trait of conscientiousness, which you can measure from childhood onward. So, we had a proxy measure for that in our study. It was a measure of behavioral inhibition, which correlates very highly with conscientiousness, just thinking about your actions before you do them, and about the longer term consequences of them. That's what conscientiousness refers to.

And so, we found in our study, as you nicely pointed out, that almost 40% of the variation in the outcomes of our children were as a result of that one trait. So, basically, you could take one variable and predict life expectancy from that, because that was leading to all these first order health risks. Why are you smoking more than others? Why are you



drinking more? And it all comes back to disinhibition and low conscientiousness, which is highly associated with ADHD, and yet it can be changed. So, you're absolutely right, that was a critical find.

Jeff: *Is self-regulation a part of consciousness? Is it a different frame? Just what's the relationship between those two?*

Dr. Barkley: They're the same thing. It's just in the self-regulation literature we call it one thing and the personality literature gets picked up under the dimension of conscientiousness. So, this is in regard to the future, as you and I have talked about. Hindsight, foresight, working memory, self-control, those are all part of conscientiousness.

Jeff: *I'm generalizing here, but basically the research is suggesting that those with ADHD have a life expectancy of about 10 years, depending on how we divide that up, less than the general population. Underlying the research is all the factors that we took away, conscientiousness or self-regulation.*

If you're telling me you don't want treatment for ADHD, you'd better know what you're asking for.

I want to add something that I heard you say that I think is really important as we begin to tie in a lot of the shows that we've done in the past, and, Dr. Barkley, you can correct me if I got this wrong. I think you said, if you're telling me you don't want treatment for ADHD, you'd better know what you're asking for. In this moment, if you don't want treatment for ADHD, we're illuminating it, and this is normative information. We have outliers, but what you're talking about is the potential life expectancy difference of about 10 years.

The thing that really comes together for me is your theory 10 years ago that ADHD is really an executive functioning issue, largely one of self-regulation, which requires the thinking brain to pause and direct an action back on itself to change your behavior, to change the future. It's a very effortful act to use the thinking brain to override the automatic brain in order

to self-regulate. My sense is that's the heart of everything that we're talking about. Is that an accurate reflection?

Dr. Barkley: Yes, it is, absolutely. What we're looking at here is that ADHD disrupts those seven executive functions that you've talked about previously on your show. Each of those executive abilities is a means of controlling yourself in order to improve your future. That's how it gets over into the life expectancy aspect of it because those executive abilities give you this power of self-regulation. They give you these seven mind tools for self-control. Self-control is part of this conscientiousness trait and it is related to life expectancy.

But I want to keep coming back to the idea this is not cast in stone. Change your self-regulation, change your ADHD, improve your symptoms, and these figures change. You can eliminate this gap in life expectancy just by seeking appropriate treatment and staying in treatment and paying better attention to your health and your lifestyle. It's not bad news. It's actually good news. We can change all of these things. But the bad news is, if you don't change them, and like you said, if you don't seek treatment and you're going to do this alone, well then, on average we're looking at 10 to 13 years less life expectancy.

You can eliminate this gap in life expectancy just by seeking appropriate treatment, staying in treatment, and paying better attention to your health and your lifestyle.

Can't is a self-fulfilling mindset.



Jeff: And you can do something about it. I really want to pause for a second and just give everybody a tangible thing of how this cascades. I'm going to put words in your mouth a little bit, Dr. Barkley, and you can correct me. Those with ADHD are predisposed to more of a Western fast food, high carb diet. We know that, but what that does is it predisposes them to higher incidents of diabetes, high blood pressure, obesity.

These things start to have a cascading effect. The propensity, maybe to do that and/or smoke increases cardiovascular events if it starts at a younger age, and these are the types of things that hit life expectancy. All of these things go back to the ability to pause and override and not participate in those diets, actually getting sleep. They require self-regulation.

Those with ADHD are predisposed to more of a Western fast food, high carb diet. We know that, but what that does is it predisposes them to higher incidents of diabetes, high blood pressure, obesity.

I do a lot of coaching around sleep about when you're in bed a lot of times adults are doing something that's very stimulating to their minds, and they're not allowing their minds to surrender to sleep. So, they pass out from exhaustion; they're sleep deprived. Again, this is all self-regulation.

Those are the fundamental things that show up with those health risks down the road over a long period of time. Back to what you're saying is that, with some help, you can do something about this and have a fulfilling life. Anything to add?

Most mental health people, and many coaches, as well, are not aware of these health problems, so they don't ask about them. They don't assess them in their initial evaluations, because they're viewing ADHD as a mental health issue. It's a public health issue.

Dr. Barkley: Yes, absolutely. Those are the implications that we discuss with other professionals, with our patients. The problem is most mental health people, and many coaches, as well, are not aware of these health problems, so they don't ask about them, they don't assess them when they do their initial evaluations of their clients, because they're viewing ADHD as a mental health issue.

It's a public health issue. So, broaden the lens, talk with your clients about their health, their lifestyle, their sleep, their smoking, their weight. You have to look at them as a complete person and not just the specific mental health issue that brought them to you because it's going to be these other things that are going to really wreak havoc on their life down the road. As you pointed out, they're cumulative.

There's a cascading across your life if you don't make these changes. But you can make these changes and professionals can make these changes, too, by just being aware to ask about them, look for them, and counsel people about them.

That includes primary care providers, not just mental health people, because it's primary care people who will see you for your smoking or your weight and their problem is they don't assess you for ADHD. They just assume that, if you fail at some kind of weight loss or smoking cessation program, well then you just don't care. What we're trying to encourage them to do is to wait a second. If somebody fails at self-change, you need to assess them for ADHD, because one of the reasons they may not be able to change with our help is the fact that they have this self-regulation problem. So, you're absolutely right, Jeff. It just all ties together into one nice, neat package that this is a health disorder, not just a mental health disorder.

Willpower is a finite resource. When it's up, it's gone.

Jeff: Again, tying in so much from our prior shows, a lot of times I think the prescription of the mental health field and just society in general is that you just need to try harder or use willpower. I've heard you say before so eloquently that willpower is a finite resource. When it's

up, it's gone. I think that sometimes just the general population's prescription is really to use willpower, use self-regulation to overcome self-regulation. When you think about that, that is really, really challenging to do. It sets you up for failure. Thoughts on that?

Dr. Barkley: Well, it does, but it doesn't have to, because that's why you reach out to your professional, to your coach. You go on medication. You reorganize your environment to be more supportive of your self-control.

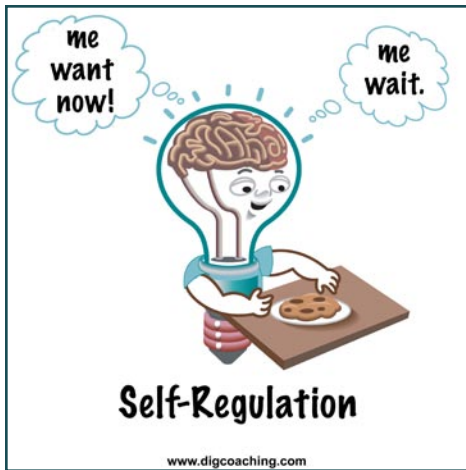
This is what people don't understand. They think self-control is this little trait that we all have and that we differ in this trait and there's not much that you can do about it. But research shows that we don't vary that much in our impulse control, from well-regulated people to impulsive people. It's not that big a range. Where people differ in their self-control is that smart people know how to rearrange their environment to support their self-regulation. That's why they don't fall prey to the impulsiveness.

Where people differ in their self-control is that smart people know how to rearrange their environment to support their self-regulation. That's why they don't fall prey to the impulsiveness.

I'll give you an example. You want to lose weight, so you're walking down the street and you happen to be passing by a doughnut shop. You have this attraction to doughnuts, right? Well, first of all, the smart person wouldn't have walked down that street. He would have taken a different route. He would have crossed the street.

Do you see what he's doing? He's reorganizing his environment so that the temptation just doesn't even occur. Whereas if you keep bringing temptations into your life, you just keep challenging your self-control and inhibition. As you pointed out, at some point, you're going to exhaust it.

The best self-regulation is around environmental organization, changing the way your house or your job or your workspace is organized.



The best self-regulation is around environmental organization, changing the way your house is organized, your job is organized, your workspace is organized. Reaching out to your coach to help you do that, and to keep you on track and adhering to that reorganization. Then you're not putting temptation in your way and taxing that very limited inhibitory resource that you have.

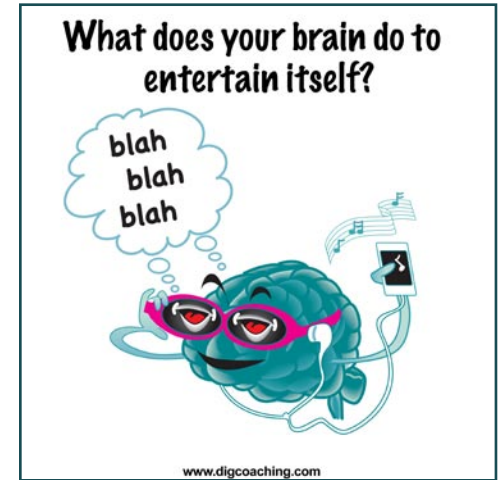
It's not as hard as people make it out to be, and you don't have to sit there and grit your teeth and avoid falling prey to temptation. If you just never brought the temptation your life, it wouldn't be a problem.

Jeff: You are nailing this right here and it's burying a lot of stuff. In fact, I want to go back. You and I did an interview on Attention Talk Radio about working memory and GPS. It's one of my favorite interviews of all time. Dr. Barkley talks a lot about it. We went into some of the things that I do to help people see it. We concluded at the end that sometimes paper is high-tech for people with ADHD.

The reason I'm saying this, Dr. Barkley, is that I have had, particularly when COVID happened, when you're working on a computer screen, it's like a little window. It's like watching a basketball game through a telescope from a working memory perspective. When I went to school, I could spread everything out on the desk. I could annotate, highlight, and my eyes could dart back and forth between the two. But on a computer, you look at the screen and you read something, but you can't highlight it. If you need to compare it to something, you've got to click on a tab and you've got to move and you've got to do all these instructions and hold that thought and remember it by the time you read the other thing. Often what happens is it evaporates, and it's hard. What you do is you end up escaping to go do something else.

Having multiple computer screens or printouts on paper makes it a lot easier. It's less taxing on your working memory and you have less of an urge to go escape to that. It's great if you remove some of those temptations. But my point really is that a lot of people come to me wanting want tips, tricks, and strategies.

But I say it's really about making it less taxing to your working memory by changing your environment by using multiple screens or actually going on paper. These are the types of things that help people self-regulate that a lot of people aren't necessarily looking for. This type of stuff is really problem solving. Thoughts on that? Anything to add.



Dr. Barkley: Well, no, I think it fits very nicely in with this idea of the executive disorder. There are ways of coping with an executive deficit without getting rid of the deficit. In my latest book, which will be out this month, called *The 12 Principles for Raising a Child with ADHD*, one of those principles is that you have to offload working memory. The second is you have to make time physical. You and I have talked about this before, but that's just two of 12 strategies that you could institute, and that's not changing your ADHD. You still have your ADHD. You still have the self-control problem.

If you have one computer strictly for gaming and another computer strictly for work on which there are no games, you've eliminated the temptation while you're working to open up the gaming app, because it's not even in the room with you.

But if you've compensated for it, you've basically mitigated your ADHD by going to journals and paper and multiple screens and having one computer strictly for gaming and having the other computer strictly for work on which there are no games. You've eliminated the temptation while you're working to open up the gaming app, because it's not even in the room with you. It's just that kind of thoughtful reorganization that professionals and coaches and others can help you do with yourself that doesn't get rid of your ADHD, but man, it can just completely mitigate the impact of ADHD on your work and home life if you'll just put a little thought into the reorganization.

The underlying challenge through all this is really self-regulation ... It's about changing your environment to make it easier for you to self-regulate than it is to just use willpower to get over it.

Jeff: *Absolutely. The underlying challenge through all this, oversimplified, is really self-regulation, the ability to pause and direct action back on yourself. And if a person takes action and with intent begins to manage these things, often with some help, they can actually begin to mitigate these factors and live a very fulfilling life.*

But the thing about this conversation, is that it's really about changing your environment to make it easier for you to self-regulate than it is to just use willpower to get over it. And we're talking a little bit about some of these things with regard to working memory and removing some of those temptations. And I have to say, Dr. Barkley, I'm finding in the world today that it's convenient for society if you do it their way, and I'm finding more and more that society is kind of bullying people into things that make it more difficult for people to self-regulate.

Case in point is that during our working memory interview, we talked about how paper sometimes is really high tech for people with ADHD, yet we're bullied to go paperless with regard to that statement.

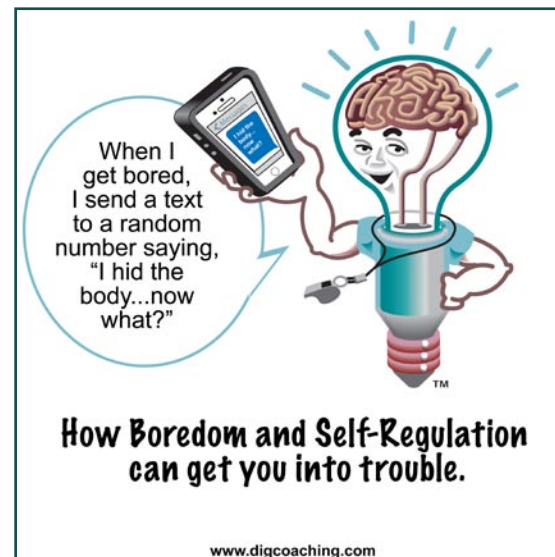
So, becoming aware of your ADHD, aware of self-regulation and what works for you, and to be able to advocate for yourself becomes very, very important, because at the end of the day, it's easier for organizations to send paperless statements. But for many with ADHD,

it's really important to advocate to get the paper. What are your thoughts on that concept and how society is bullying people?

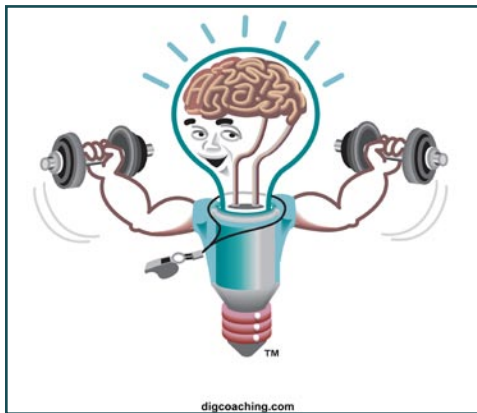
Society has eliminated the obstacles we had that helped our self-control, and it places people who have weak self-control in a very disadvantageous position, because they're the ones who are going to suffer more than people with really good self-regulation, because these hurdles are gone that had helped us with self-control.

Dr. Barkley: I think we are a convenience society, and everything about our society is moving more and more toward this kind of, you know, we have drive-through coffees and we've had drive-through food for a long time. Now we have food delivery, not just drive-through, so you don't even have to leave your home. They can bring it to your door.

So, it eliminates all the obstacles that we used to have that helped our self-control, and society is removing them. And it places people who have weak self-control in a very disadvantageous position, because they're the ones who are going to suffer more than people with really good self-regulation, because these hurdles, if you will, these barricades that had helped us with self-control, are gone.



So, one of the things, as you pointed out, that you have to do, is put them back. For instance, we like to think that people should be able to change themselves alone. You should be able to pick yourself up by the bootstraps, make all these changes on your own. And if you can't, then you're just a weak person. Whereas that's not what smart people do. Smart people reach out to other people to help regulate them. If they want to get up in the morning and go for a run, they ask a neighbor or a friend, and I'll meet you at this time. And by doing that, you make it much, much more likely that you'll get your butt out of bed and go for that morning run.



I work with a couple of professional athletes, and they say very much the same thing, that when they set goals for themselves, they set it with other athletes, with other people who will hold them to that. They're more likely to do it, and they're more likely to succeed at doing it. The second thing they do is they try to break their goals down, and you've

talked about this beautifully before, into much smaller quotas.

Then, as you'll hit each small quota, it's a lot easier to say, "Well, okay, I could do five repetitions." Or, "I could do that five mile run." And at the fifth mile, you're saying, "You know, I could do one more," and that's a lot easier for somebody with ADHD to do than to say, "Oh, today's my 10 or 20 mile run for my marathon." Or, "Today, I have to work out for three hours with the team."

If you just chunk it into these little smaller units, they're easier to attain. When you attain them, you're more likely to say, "I can do one more. I can do another." And that's all just part of this reorganization. But use other people, use your coach, use your friends, use your colleagues and coworkers as much as you can when you're goal setting, and you'll be a lot more likely to get there than if you said, "Oh, I have

to be able to do this all on my own, if I'm going to be this mature, self-regulated adult." Well, self-regulated adults don't do it that way.

Jeff: I want to break things down because, when you go on the Internet, that whole chunking it down thing sounds really pretty good. But, Dr. Barkley, when it comes to working memory, you have visual imagery and you have self-talk, and many people have a hard time with the visual working memory, actually trying to chunk it down. So, a lot of times it's sitting down with somebody and talking out loud. Sometimes the other person doesn't even say anything, because if you're talking out loud, you're thinking out loud, and it's easier for you to break these down, particularly if you're doing it on paper, because that's relieving your working memory.

And then when you go exercise, as I described, it's often a social activity. I was an internationally ranked swimmer. I've talked about this a couple of times. But since 1988, since I've been out of college, I've had a workout partner the entire time, and rarely do I ever work out on my own, but I always do it with somebody else. To me, exercise happens, but it's really a social activity. And again, I'm only sharing these things because that "chunk it down" thing, what we've described, is just the tip of the iceberg.

Breaking things down into parts gives you clarity on what to do, and if you do it with somebody else, it's a social environment. That makes it easy for people with ADHD to do. But that's the fundamental reason, to me, why chunking it down actually works.

But going back into your theories, the reason it works is you're talking out loud, which is externalizing. It makes it easier for your verbal working memory. You're putting it on paper, which is, you're not having to use visual imagery to pull that stuff together. And that's breaking it down into parts so you have the clarity on what to do, and then you do it with somebody else and it's a social environment, that becomes easy for people with ADHD to do. But that's the fundamental reason, to

me, why those things that you described, the chunking down, actually works. It goes back to everything that we've talked about in all the shows going back. Make sense?

Dr. Barkley: Yeah, absolutely. And working out, not just working out with other people, but making a commitment with somebody else, also improves your motivation. We talked about that ADHD is a motivation deficit disorder. So, it's not just the working memory pieces that you're trying to compensate for. It's the fact that things are not as powerful motivators to you as they are to other people.

You need to find the things that do motivate you, and one of the things that does motivate people with ADHD is when they're with someone else. Just the very presence of that person makes the activity a lot more reinforcing to do than if you were simply trying to slog through it all on your own. So, there's this other motivational piece that you've talked about before that you have to address, as well.



Jeff: So, let's bring in the last piece, which, to me, is the big thing in the room that nobody really talks about. It was in our very first interview in March of 2011 talking about ADHD as self-regulation and the fact that emotions are as much a part of ADHD, because you've got to regulate attention and you've got to regulate emotion. In that interview, we broke emotions down into details. But at the end of the day, I like to think of emotions as a reflex.

When we're triggered and we go into that emotion, we automatically go into an oversimplified fight, flight, or freeze state, and we have a tendency to jump to the end and dwell on the outcome.

I find often with ADHD, when that happens, there's a tendency to begin to shame and blame ourselves, which is an emotional response, where we're labeling ourselves. It actually paralyzes us from moving forward as opposed to pausing, down-regulating, and asking what's going on, admitting your working memory is taxed or that you need to change your environment and problem solve around it.

So, that emotion that I'm bringing up right now is the first thing we deal with when I coach people, because you have to pause and take that off the table because if we don't deal with that emotion, we just jump to the end and we have a hard time activating. Thoughts on that concept?



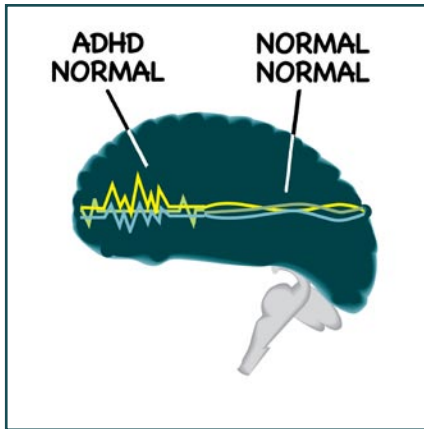
“The difference between the ADHD person and the person without ADHD is disinhibition.”

Dr. Barkley: Well, I think you're absolutely right. Now, medication can help with that. And we do need to emphasize that that is part of the treatment package for many people with ADHD, and it does help them with their inhibition over their primary emotions. Because we're all triggered by things that happen around us. We all have an emotional brain.

The difference between the ADHD person and the person without ADHD is that disinhibition. Other people suppress it, moderate it, talk it down, count to 10, go to their

happy place, and they are able to moderate strong emotions before they act on them. And the person with ADHD finds that much, much harder to do.

But as I said, one way of helping with emotion is to survey your triggers, what it is that provokes you. Is it a recurring thing? Like, for instance, are you stopping off every Friday at the same bar, and there's always this one guy there who's a bit of a bully, or he's provocative, and you wind up getting into an argument or a fight with this guy? Well, guess what? Change the bar. Don't go in there.



There are ways of reorganizing situations where you don't have to necessarily provoke that emotion.

Rather than put yourself in a situation where your emotions have to be inhibited so strongly, there are ways of reorganizing situations where you don't have to necessarily provoke that emotion. But it does require working with somebody to kind of survey your triggers, and what are the provocations, and then work around how can I reduce, avoid, or alter those provocations, rather than just trying to suppress the emotion, which none of us are particularly good at once it's been triggered.

Emotion regulation is a big part of ADHD that nobody talks about ... and yet, we know it's a major factor in the lives of people, particularly their social lives.

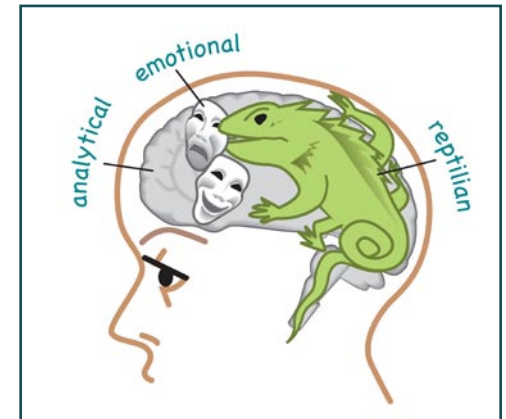
So, you're absolutely right. The emotion regulation piece is a big part of ADHD that nobody talks about. It's not in the diagnostic criteria. And yet, we know it's a major factor in the lives of people, particularly their social lives. The number of friends you have is directly related to your capacity to regulate emotion. Has nothing to do with your attention or

your activity level. And so, if for that reason, if no other, you really do need to get assistance with the emotional piece.

Jeff: Okay, love this. Again, today, we talked about life expectancy. This is real. If you're telling yourself that you don't want to get treatment or help with your ADHD, now you know what you're asking for. There's the research, and we need to do a bit more, but there's a strong correlation here, and clearly that there's an impact on this. That's number one.

We have the automatic brain and the thinking brain. The automatic brain is the dopamine brain, the emotional brain where you're just cruising along. The issue really is to engage the thinking brain and effortfully override the automatic brain.

Number two is, going back to our interviews, think of your brain as a two-level system. You have the automatic brain and you have the thinking brain. The automatic brain is, as I say, the dopamine brain, the emotional brain where you're just kind of cruising along. The issue really is to engage the thinking brain and effortfully override the automatic brain, to take a look at what's going on.



Part of this is self-awareness, consciousness. You have to pause and make that happen, but then get help to problem-solve, to reorganize your environment and make it easier to self-regulate, whether it's cognitive behavioral training or therapy or coaching. At the end of the day, that's all I'm doing is helping people understand their ADHD, or their version

of it, and then help them problem-solve to change their environment and make it easier.

And there's a lot of hope, because all those variables that we talked about at the beginning, you can have an impact. If you are working with somebody, you gain that awareness and you adjust that environment to make it happen, and you begin to advocate. So, over the last decade that I've known you, Dr. Barkley, we've come up with this blueprint, and to me, it's very tangible. It really makes a lot of sense. We understand what's going on. And this piece of it is if you don't want to get that help, you know what you're asking for, because there is a different life expectancy. Anything you'd like to add, adjust on that?

I think the take home message is that we've got a public health problem here, not just a mental health problem, but it is changeable.

Dr. Barkley: No, that about sums it up. I think the take home message is we've got a public health problem here, not just a mental health problem, but it is changeable. You can successfully alter these predictions by engaging in treatment and in self-improvement in these various areas of lifestyle and health. So, while it's a sobering message to begin with, it is a message of hope for people. It doesn't have to be this way.

Jeff: *So, Dr. Barkley, I personally am grateful for you and the work that you've done. You brought things together, and we're using self-regulation as one of those major tools to use as a Swiss army knife to begin to make some sense of all this. And now, after these 10 years, it's clear as a bell to me how it all fits together, and my coaching has been revolutionized by your theories.*

Dr. Barkley: Thank you.

Jeff: *Understanding that ADHD is an issue of self-regulation, I can sit down with people and show them what they always pay attention to. On some things, their issue is not paying attention to it. It's disengaging. It*

can be like problem solving. It could be, in terms of searching for patterns, a case of affirmation. When they understand those things, they can begin to manage it with intent. And now there's hope. We understand that there's an issue there. And again, I give all the credit to you. And I also acknowledge that in the world, when you go out there and you're talking to clinicians, it's going to take a long time for all your theories to move through the system, because you can't change it overnight. I think you and I were in a meeting one time a couple of years ago, when you said it's going to take a generation for all this stuff to trickle down, but I have been so grateful to be a voice or a platform for you to share your message. So, thank you so much for everything you've done.

Dr. Barkley: And thank you, Jeff, for all that you do, as well. I think this is exactly how we move things forward, is by getting the information out through your programs and others, and at these conferences, so that people have a

chance to benefit from the thousands of research papers that are out there that don't get trickled down to the patient, or the client, or the practitioner. And we can short circuit that delay by doing programs just like this. So, thanks for giving me the opportunity to do it.

Jeff: *Thank you so much for coming on the show. For our audience, you can find Dr. Barkley online at russellbarkley.org. Check it out. You'll find lots of valuable information.*

