

# Take Control - Module 8

## Address Bigger Issues



### Objectives

You will

- Define Chronic Disorganization
- Explore other factors that could be contributing to your clutter.
- Understand the role of diet, sleep and exercise

*“This pool might be bigger  
Than you or I know!”*

Dr. Suess, McElligot’s Pool

## Instruction

This section may not be for you if things have just gotten a little out of whack due to the speed of life. It happens. You were able to manage and stay organized when it was just you living on your own. Things were not too bad when you got married or started your job. But then you moved twice in a year. Your uncle passed away and so did your dog. You started a family, three more kids arrived, and now you sit wondering how you kept it all together all those years ago. Maybe all you are facing is the need for a 'reset' button on your current situation.

However, sometimes the life transitions become too much to manage and other times there are more complex situations that need our attention. In Module 6 we talked about removing obstacles to getting organized. Sometimes, those obstacles are bigger and require more time, energy and support than what we described in Module 6.

Chronic Disorganization is a term used by the organizing community to describe the situation in which a person's disorganization has persisted over time even with repeated self-help attempts to make a change. It impacts their daily life and the person can't see a change coming in the future. In the following section we will look at what Chronic Disorganization is and what factors can also be at play. We will explore mental, neurological and physical conditions that can contribute to Chronic Disorganization. Please keep in mind, this exploration is not meant to replace consulting with a qualified medical professional. It may, however, open a door to examine challenges you were already concerned about.

### Chronic Disorganization

I would like to talk to you about Mary. Mary is chronically disorganized. You will not find this diagnosis on her medical chart but it does not mean that the challenges she faces are any less real, stressful or debilitating. Chronic Disorganization is a term used by the organizing community to describe people who face challenges beyond the average disorganized space. Mary has been messy for as long as she can remember. She has trouble holding down a job. She is an amazing and creative fashion designer, but is always missing deadlines and losing parts of

her presentations. Her husband is frustrated because he knows she is a genius with color and style but just cannot seem to 'get it together'. As a child Mary was called, 'hyperactive' and everyone thought she would grow out of it. Mary has tried to use planners and she has an account open at the Container Store but nothing seems to work for her. Since nothing has worked in the past, she just cannot see how anything could ever be different. Mary possesses the qualities of a chronically disorganized person.

First of all, Chronic Disorganization is a lifelong state or condition. People who experience Chronic Disorganization will often say, 'I can't remember a time when I was not disorganized'. They can remember struggles possibly into childhood.

Second, the person has tried to utilize 'self-help' techniques in order to 'get a handle' on their clutter, time or space and these techniques have failed. They may have read books, listened to podcasts or radio programs, watched TV shows or enlisted the help of family and friends. These tried and true organizing techniques did not work for them for a number of reasons. They may have had some success at times but were ultimately not able to keep up the organizing system.

Third, and the reason that most people seek help, is that the disorganization undermines their quality of life. It could be that they are habitually late for appointments. They always feel rushed. They are always searching for the items they need. They may live in a cluttered home. They may feel ashamed or embarrassed and not want to have anyone over to their home. Their relationships with family and friends may have suffered. They suffer with stress at home and/or work. They often miss deadlines and have many projects unfinished.

Chronic Disorganization can be the result of, or exist alongside of, many different factors including ADHD, Hoarding, other mental conditions, a traumatic event or significant number of transitions among others. I do like to clarify that Chronic Disorganization does not indicate hoarding. Hoarding is a clinical diagnosis that would be assigned by a qualified medical practitioner.

So far, I have described what Chronic Disorganization is. It is helpful to understand what it is not. Chronic Disorganization is not the mess that often occurs after a move. It is not the abundance of stuff that comes when a loved one passes away. It is not the whirlwind that takes

place when three children burst onto the scene after a day of school. These situations each have a specific beginning and end. A person without Chronic Disorganization could apply the organizing skills and techniques they have learned over a life-time and, in a reasonable period of time, return a state of comfort and organization.

The last feature of Chronic Disorganization is that the disorganization is expected to persist into the future. The person may lose hope that the situation will ever be different than it is now because of the history of failed attempts to rectify it. This lack of a positive vision can further discourage efforts to change.

A person with Chronic Disorganization may be served well by working with a professional organizer who is trained in the specialized areas of ADHD, hoarding, seniors or other specialty. He or she may also seek the help of a therapist, support group, family, friends and community to provide organizing skills, techniques and accountability in ways that suit his or her needs and learning style.

There is help available to Mary. A community of support is growing daily through community groups, the [National Association of Professional Organizers](#), [The Institute for Challenging Disorganization](#) and other groups. The media has also brought awareness surrounding organizing issues and challenges. There is hope that a person with Chronic Disorganization challenges can be helped.

## **Other factors that could be contributing to your clutter**

There are several additional issues that may contribute to a state of disorder, and it is very common to find these conditions existing, or coexisting, in people who have problems with organization.

[Hoarding](#)

[ADHD and Executive Function Issues](#)

[Anxiety](#)

[Dementia & Other Neurological Issues](#)

[Depression & Other Mental Health Issues](#)

In the sections that follow, I will give a brief description of these issues and where you can find additional support.

### **Hoarding: Mabel Is A Packrat, Are You?**

When Aunt Mabel was still alive twenty years ago we called her a pack rat. But now, we have a name for her condition and the condition of her home. Today she would be called a hoarder. If I describe her home you will recognize it from the myriad of TV shows that have brought attention to the subject. Even before she passed, it had been awhile since we were allowed over to visit. She always met us somewhere else. The last anyone saw of her home, there were boxes stacked such that you only had a narrow pathway to navigate the house and you had to walk on stuff in most of the rooms. When she passed away, it was quite a daunting job to sift through all that was left.

Now that the concept of hoarding has become mainstream, most of us can identify a friend, relative or even a habit within ourselves towards a tendency to hold onto too much. It is estimated that 2-5% of the population could be diagnosed with hoarding.<sup>1</sup> Hoarding, like many other mental and physical conditions that ail us, isolates the person who suffers with it. And many, like Mabel, will hide their secret, shamefully. There are a number of reasons that a person might hold onto too much including: a compulsive need for an item, shopping habits, grief, a genetic predisposition, life circumstances, ADHD, and depression, to name just a few, and these factors could be acting in combination. Hoarding occurs across social, economic, educational and ethnic boundaries and carries with it a stigma that is largely misunderstood.

Since this issue appears on television and in magazines nationwide, there has been an awakening to resources available. More professionals understand the needs of this population. The most effective supports a person can receive are a system of interlocking services. A therapist or psychiatrist can identify and work with the underlying causes and triggers. Community services, such as a church, can support through assistance with daily activities. A professional organizer, trained through the Institute for Challenging Disorganization, will have

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<sup>1</sup> American Psychiatric Association “Hoarding Disorder” <http://www.psychiatry.org/hoarding-disorder>

the skills to help sort through and part with the belongings. Additional services may be necessary including junk removal, financial planning, disaster recovery, contracting or extermination. An organizer will often also play the role of coordinating the services needed.

The Institute for Challenging Disorganization, a non-profit organization incorporated in 2001, provides education, research and strategies for handling challenging disorganization. On their website, <http://www.challengingdisorganization.org>, you can find a resource called the “[Clutter Hoarding Scale](#)” which allows you to evaluate your space on a one through five rating system in five areas including structure, animals, and safety. When you know where you stand, it is easier to seek out the help that you need.

Aunt Mabel would have been relieved to know there were others out there, like herself, who were suffering in silence, labeled and stigmatized. Maybe her life would have been more pleasant if she could have shared more of herself instead of hiding behind her stuff.

### **Resources:**

- Buried In Treasures: Help for Compulsive Acquiring, Saving and Hoarding by David Tolin, et. al.
- Digging Out: Helping Your Loved One Handle Clutter, Hoarding and Compulsive Acquiring by Michael Tompkins
- Stuff: Compulsive Hoarding and the Meaning of Things by Gail Steketee
- Institute for Challenging Disorganization <http://www.challengingdisorganization.org/>
- Children of Hoarders <http://childrenofhoarders.com/>

### **Generalized Anxiety Disorder**

Generalized Anxiety Disorder (GAD) affects nearly 4 million adult Americans at any given time. Of those suffering, it is more common in women than men.<sup>2</sup> The condition has the following characteristics: excessive worry most days of the week; difficulty controlling the feelings of worry; worry that causes significant distress or interferes with your daily life and that is not related to another mental health condition. In addition, the condition produces at least three of

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<sup>2</sup> WebMD.com, “Anxiety & Panic Disorders Health Center”  
<http://www.webmd.com/anxiety-panic/anxiety-disorder-causes>, Accessed 7/29/2013



the following symptoms in adults: restlessness, fatigue, trouble concentrating, irritability, muscle tension or sleep problems. <sup>3</sup> “...People with GAD do not have their worries provoked by specific triggers; they may worry about almost anything having to do with ordinary life.”<sup>4</sup>

The symptoms of Generalized Anxiety Disorder are “similar to panic disorder, Obsessive-Compulsive Disorder and other types of anxiety.” <sup>5</sup> It can therefore be difficult to diagnose. Worries are also persistent and non-specified so they can include, “work responsibilities, money, health, safety, car repairs, and household chores” <sup>6</sup> among many other concerns. Often occurring with GAD are other diseases and conditions including Gastroesophageal Reflux Disease (GERD), heart disease, hypothyroidism or hyperthyroidism, menopause,<sup>7</sup> depression, drug abuse,<sup>8</sup> and other anxiety and mood disorders.<sup>9</sup> Although half of all patients identify their worry as starting in childhood, others develop the disorder in the early adult years or in reaction to chronic stress or anxiety producing situations.<sup>10</sup>

Diagnosis is based on meeting the criteria of the Diagnostic and Statistical Manual (DSM) which are as follows:

- Excessive anxiety and worry occurring more days than not for at least 6 months
- Difficulty controlling the worry
- Occurrence of three or more symptoms more days than not for at least 6 months
  - Restlessness
  - Easily fatigued
  - Difficulty concentrating
  - Irritability
  - Muscle tension

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<sup>3</sup> Diagnostic and Statistically Manual of Mental Disorders 4th ed., American Psychiatric Association, Washington, DC, 1994 page 435

<sup>4</sup> Frey, Rebecca J Ph.D, “Generalized Anxiety Disorder,” Gale Encyclopedia of Mental Disorders, Detroit, MI, 2003, page 434

<sup>5</sup> MayoClinic.com, “Generalized Anxiety Disorder,” <http://www.mayoclinic.com/health/generalized-anxiety-disorder/DS00502>, Accessed 7/25/2013

<sup>6</sup> Frey, 2003, page 435

<sup>7</sup> MayoClinic.com, “Generalized Anxiety Disorder: Causes” <http://www.mayoclinic.com/health/generalized-anxiety-disorder/DS00502>, Accessed 7/25/2013

<sup>8</sup> PubMed Health, “Generalized Anxiety Disorder,” <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001915/> Accessed 7/25/13

<sup>9</sup> MayoClinic.com, “Generalized Anxiety Disorder,” <http://www.mayoclinic.com/health/generalized-anxiety-disorder/DS00502>, Accessed 7/25/2013

<sup>10</sup> Frey, 2003, page 437

- Sleep disturbances
- Anxiety or worry cannot be attributed to another diagnosable mental health condition such as Panic Disorder, PTSD, OCD, etc.
- The anxiety or worry causes clinically significant distress or impairment of functioning
- The disturbance is not due to substance abuse or a general medical condition and does not occur exclusively during a Mood Disorder, Psychotic Disorder or Pervasive Developmental Disorder.<sup>11</sup>

Diagnosis begins when the client visits her general practitioner. She may then be referred to a mental health professional for further diagnosis and treatment.

Clients with GAD may be treated using psychotherapy, talk therapy or cognitive behavioral therapy (CBT) and/or medications. The goals of therapy are to identify possible sources of worry, change unhealthy thoughts and address automatic negative thoughts.<sup>12</sup> Treatment will include an understanding of Generalized Anxiety Disorder and worry. Treatments that can be applied at home are similar to those recommended for depression and other mental health conditions and include: creating routines, goal setting, exercise, a healthy diet, good sleep habits, taking on responsibilities, positive thoughts and engagement in activities.<sup>13</sup>

An organizer can help a client in many ways by providing support that will ease the client's anxiety. Systems can be set up to facilitate healthy habits with regard to sleep, eating and exercise. These three areas may not cause mental health distress but can exacerbate it. Having healthy sleep, exercise and eating habits can improve mood and general feelings of well-being and improve the treatment outcomes. Assisting the client with time management skills can allow for more time to connect with others, attend appointments, and make room for positive activities and relaxation. Clients with GAD will benefit from learning goal setting techniques such as breaking goals down into small manageable pieces, measuring success and learning how to reward success. A professional organizer who recognizes GAD can be a valuable asset for the client working on clutter and life management skills.

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<sup>11</sup> DSM-IV, 1994, pages 435-436

<sup>12</sup> HelpGuide.org, "Generalized Anxiety Disorder," [http://www.helpguide.org/mental/generalized\\_anxiety\\_disorder.htm](http://www.helpguide.org/mental/generalized_anxiety_disorder.htm), Accessed 7/28/2013

<sup>13</sup> Griffin, R. Morgan, WebMD, "10 Natural Depression Treatments," <http://www.webmd.com/depression/features/natural-treatments>, Accessed 7/28/2013



Generalized Anxiety Disorder is a diagnosable condition marked by excessive worry. If you feel you are suffering with this condition, seek help from a qualified health professional.

## Attention Deficit/Hyperactivity Disorder

Joe Harley is a 40-year-old male living in an old part of the city. He lives in the basement of a single family home that his parents own and share, like a duplex. Joe holds a steady job at a local college working in the admissions office. He has been there for over five years. Prior to this current position he worked in IT and pursued a college education and other professional certifications. He did not complete them. He is well liked by his coworkers and his family relationships are healthy and strong. He loves to travel and to follow the football through the season. He has one son, 18, who lives with Joe's ex-wife. He has a healthy relationship with his son and sees him often for visitation, outings, etc. It was approximately eight years ago that Joe moved in with his parents because of his failed marriage and their concern for his mental health.

Joe was diagnosed with ADD (Attention Deficit Disorder) as a child. The terms ADD and AD/HD are often used interchangeably as ADD is the prior nomenclature for AD/HD. At some point he took medication for the condition. In his adult life, his Attention Deficit/Hyperactivity Disorder (AD/HD) has gone untreated except for Joe's interest in 'self-help' solutions. Aside from the AD/HD, Joe is also overweight and smokes. He has a poor diet and exercises very little. He also suffers with sleep apnea and asthma. Joe is not hyperactive, as is the case with some AD/HD sufferers. His condition appears as lack of motivation, inability to finish projects and difficulty with boring tasks such as housework. I approached Joe about the possibility that he may have AD/HD at which point he shared his childhood diagnosis and lack of treatment in adulthood.

AD/HD is a neurological condition defined in the Diagnostic and Statistical Manual (DSM V) as, "A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development."<sup>14</sup> The condition is marked by difficulty with processing information, a weakness in the area of the executive functioning part of the brain found in the

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<sup>14</sup> Diagnostic and Statistical Manual of Mental Disorders 5th ed., American Psychiatric Associations, Washington, DC, 2013, page 59

frontal lobes. Ari Tuckman in his book, More Attention, Less Deficit, identifies several areas of adult life that are impacted because of executive function limitations due to AD/HD including: response inhibition, working memory, sense of time, prospective memory, emotional self-control, self activation, persistence of effort, hindsight and forethought.<sup>15</sup> Since 1844, children have been identified with behaviors consistent with our current understanding of AD/HD<sup>16</sup> however it was not until the 1970's that studies were completed on adults who were never diagnosed as children.<sup>17</sup> It is not uncommon to find a belief that it is possible to 'out grow' AD/HD, or find adults that are undiagnosed. Drs Hallowell and Ratey in their book, Driven to Distraction, state, "There are a great many adults out there in the world with undiagnosed ADD who think of themselves in all sorts of unnecessary negative terms."<sup>18</sup> Undiagnosed AD/HD brings with it other secondary conditions that may have to be addressed in treatment including low-self esteem. AD/HD may present itself as inattention, hyperactivity/impulsivity or a combination of the two.

Joe's original concerns were that he could not find things and he did not see progress when he did work on his space. He was visibly discouraged in his space and clearly ashamed to have anyone in his room in its current state. Our first task in working together was sorting and culling the items in his room to transition him to a basement apartment.

Joe's space was a Level IV on the Clutter/Hoarding Scale. It was impossible to enter the room without climbing over two to three feet of paper and other items. The bed was inaccessible due to the clutter. It was apparent by his body language, voice and mood that he was not comfortable in this space and his description of the situation was, "It sucks." Joe did not have the tools to overcome this clutter problem. As much as his parents wanted to help and could understand and relate to holding onto things, they did not want his things in their space. Family dynamics were strained at this point. Joe seemed to be able to perform well at work and had just been promoted.

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<sup>15</sup> Tuckman, Ari. More Attention, Less Deficit: Success Strategies for Adults with ADHD, Specialty Press, 2009, pages 5-19

<sup>16</sup> Roland Rotz and Sarah Wright, Fidget to Focus Outwit Your Boredom: Sensory Strategies for Living with ADD, iUniverse, 2005, page 7

<sup>17</sup> LD Online. "Adults with ADHD". <http://www.ldonline.org/adhdbasics/adults> Accessed 10/2/2013

<sup>18</sup> Hallowell, Edward and John Ratey, Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood through Adulthood, Simon & Schuster, 1994, page 52

Joe's mother shared with me her tendency to hold onto things and her fear that Joe's behavior may be genetic. There was no catalyst but an ever-present tendency. This went unchecked after his divorce and then was exacerbated by being required to live in a very small space. AD/HD is a highly genetic condition. If a child is diagnosed, it is common for one or both of the parents to also be diagnosed at the same time.

The first goal was to be able to enter the room. Later, we cleared the bed. Joe was largely able to keep up the space but establishing new habits, completing homework between sessions and finding motivation for the work continued to be a challenge, perhaps due to my approaching the situation as a hoarding problem and not an AD/HD problem. It seems that Joe was doing the same. We continued our efforts, laid out plans for the basement and eventually moved him to that space. For a moment, the space was habitable and was even used to entertain for Thanksgiving.

In my appointments with Joe, I would act as a body double. This role worked very well with Joe and he was most effective when I was absolutely silent. Like most individuals with AD/HD Joe had the skills to organize and make decisions but could not keep his attention on items long enough to put these skills to work, an example of the inattentive quality of AD/HD. His motivation was high when we worked together and virtually non-existent otherwise. Wanting to help Joe be successful all the time, I continued to work with him and seek answers for what I was seeing.

One strategy in working with persons diagnosed with AD/HD or other executive function issues is to work on habits using very small starting points. For example, in working to keep the floors cleared of clothing and towels the first habit Joe developed was to pick up the towels off of the floor daily. He was successful in this habit and felt very good about it. A second habit, which Joe determined would have far reaching results was to turn off the television by 10am in the morning. This change has allowed Joe to be on time at work, be recognized by coworkers for his timeliness and to avoid rushing out of the house in the morning. Another success! Beginning habits with very small starting points allows the person with AD/HD to master the difficulty of getting started. Because those with AD/HD have difficulty staying on task and also have difficulty estimating time, a very small incremental task is easy to approach and can be completed before boredom sets in.

Additional strategies have been to limit the number of items that Joe has in a specific category forcing him to deal with these items when he reaches his set limits. That point should be reached before he is completely overwhelmed. We have reduced the number of dishes in his kitchen and are working to reduce the number of clothes in his closet. Lastly, a strategy that we have used repeatedly is ‘planning for a dinner party.’ Utilizing this strategy a date is set for company to come over to Joe’s apartment. We then work backwards to set goals to be prepared for these guests. Because it is not uncommon for people with AD/HD to have poor time management skills, this strategy sets firm limits on time. It then breaks down the task into manageable pieces with deadlines along the way thus avoiding projects being continued indefinitely.

At this point, Joe’s goal is to have his space ‘company ready.’ To this end, he is working on maintaining his space and continuing to sort through the accumulation of items. He is also pursuing more information regarding his AD/HD by finding a primary care physician and meeting with this physician regularly for check ups. Our work has continued during this process. We are continually looking for the best strategies to motivate Joe and keep him focused even during mundane tasks. To date, the best strategy has been that of a body double. His apartment is regularly a Level II on the Clutter Hoarding Scale.

Because AD/HD and hoarding can be comorbid conditions, hoarding may still be part of the challenge that Joe is facing. I am not in a position to make that diagnosis. However, addressing the work we do through the lens of AD/HD will impact both mental health conditions positively.

**Resources:**

- More Attention, Less Deficit by Ari Tuckman
- Driven to Distraction by Edward Hallowell
- ADD Friendly Ways to Organize Your Life by Kathleen Nadeau and Judith Kolberg
- Taking Charge of ADHD by Russell Barkley
- Children and Adults with Attention Deficit/Hyperactivity Disorder  
<http://www.chadd.org/>

## **Dementia & Other Neurological Issues**

Dementia, alzheimer's, bipolar disorder, fibromyalgia, traumatic brain injury (TBI) are some of the conditions that affect the brain and how it functions and can impact a person's ability to manage their space, time and possessions. These conditions can impact memory, decision making, energy levels, mood and other factors that may impede work, home care and other activities of daily living.

Diagnosis requires a qualified neurologist but you may start by seeking help from your primary care physician who can then direct you to a specialist in your area.

For a list of these neurological conditions, their symptoms and other information. Check Wikipedia.org [http://en.wikipedia.org/wiki/List\\_of\\_neurological\\_conditions\\_and\\_disorders](http://en.wikipedia.org/wiki/List_of_neurological_conditions_and_disorders) or National Institute of Neurological Disorders and Stroke [http://www.ninds.nih.gov/disorders/disorder\\_index.htm](http://www.ninds.nih.gov/disorders/disorder_index.htm)

## **Depression & Other Mental Health Issues**

Depression, anxiety, post traumatic stress disorder (PTSD), obsessive compulsive disorder (OCD) are just a few of the mental health conditions that can impact a person's ability to manage their space, time and possessions. Like the neurological conditions in the prior section, these conditions can affect a person's mood, energy level, decision making ability, memory and executive functioning (time management, impulse control, categorization, decision making).

Diagnosis requires a qualified professional and can begin with your primary care physician. In some cases, medication, therapy and environmental changes will be requested to support your treatment.

For more information on mental health conditions, their symptoms and support check WebMD.com <http://www.webmd.com/mental-health/> or American Psychological Association <http://www.apa.org/>

## **Sleep Diet & Exercise lead to better organization!**

What do diet, sleep and exercise have to do with getting organized? Everything.

Often, I hear from clients that they want to get organized or get a handle on their time in order to cook healthier meals, have time for exercise or manage their sleep better. It is true that managing your time and getting organized can help with these goals, but the opposite is also true. Getting a handle on sleep, diet and exercise can increase your likelihood of success and of that success being long lasting. But why? Read on for the evidence.

Sleep, diet and exercise are the 'trifecta' for healthy living. Without these key pieces you may see symptoms that look like other problems, such as trouble organizing, stress, difficulty managing your time, lack of energy or motivation. You may even manifest health problems such as high blood pressure, obesity, insomnia, depression or executive function disorders. But the good news is that impacting even one of these areas will improve functioning in the others and improve your ability to organize.

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## Sleep



More and more scientists, doctors and everyday folks are realizing that sleep and rest (such as meditation and downtime) are critical to good health. On top of that, continually getting too little sleep can have major consequences. Anything less than [8 hours of sleep](#) can cause you to be less focused, less happy, have reduced working memory, and have problems with attention and performance. But what does all that have to do with organization? It has to do with how you perceive and process information. With too little sleep and rest, your body begins to rely on its primitive brain for decision making. You may feel as though you cannot think clearly, you overreact or become emotional. Barbara Hemphill says, “Clutter is unmade decisions.” If you want to make decisions and move the clutter out of your life, thinking clearly is going to be an important tool to have. Get enough sleep and it will seem logical to let the broken toaster go because you already have one that works. Getting enough sleep allows for your brain to use the more refined executive functions found in the frontal lobe of your brain to organize, categorize, solve puzzles and manage time. How much sleep do you need? [The National Sleep Foundation](#) recommends 7-9 hours for adults. Instead of thinking of sleep as something you have to get through in order to get to more important stuff, think of it as the catalyst for being able to accomplish more. Your day starts the moment you fall asleep, not the moment you wake up. Be

sure you plan to sleep just like you plan to go to work. For more information on how to create good sleep habits check out this [guide from Lifehacker](#).

**If your bedroom is not yet organized enough to use for good sleep, try these simple swaps to move sleep to the top of your list:**

1. Even if the stuff just goes into a box in your bedroom, clear your bed off so you may sleep there.
2. Plan for 8 hours of sleep, set an alarm 1 hour before you would like to go to bed to remind you to start winding down for sleep.
3. Turn off the lights where you sleep and shut the blinds if possible.

*I love sleep. My life has the tendency to fall apart when I'm awake, you know?*

*– Ernest Hemingway*

## Diet



What you eat is fuel for your body and your brain. *Fuel*. Think for a moment how you care for your car. Whenever it is running on empty, you put fuel in it by stopping at the nearest gas station. You may even have a fuel preference: regular or premium. You likely don't put vegetable oil from your pantry in your car or top it off with water, because neither of these are proper fuel for your vehicle. You put the right fuel in your car to ensure that it runs at its best and continues doing so for as long as possible. Additionally, you keep an eye on the fuel in your car because it will not run at all without it. Your brain is the same way.

Likewise, the right fuel in your body can keep you running at your peak. You will have more energy for the goals you have set and you will think more clearly about decisions. Many studies have been done that [correlate brain function with diet](#). Keeping fuel/food in your body throughout the day is important, too. But what is the 'right' fuel and how can you get it? There are lots of diets and recommendations out there at the moment, but what we know across all of these recommendations to be true is:

1. [Eat more vegetables](#). 50% or more of your diet should consist of fruits and vegetables such as salads, cut vegetables and fruits, frozen vegetables, soups, etc.
2. [Reduce or cut out processed food](#). Think of it as 'dirty fuel' with contaminants such as extra sugar, salt, fat, preservatives and additives.
3. Eat less than [10% of your calories from dairy](#).
4. [Drink Water](#). Just like oil is lubricant for your car, water is lubricant for your body and performs all sorts of amazing functions. Juices and other beverages are OK, but they often fall into the 'processed' category.

**If you are not organized enough to use your kitchen yet, use these simple swaps to move diet to the top of your list today.**

1. Purchase pre-cut vegetables for snacks or to add as sides to meals. Rely on frozen veggies to make sure 2 out of the 4 items on your plate at any meal are vegetables.
2. Plan a week or two of meals, or use a meal plan service like [Saving Dinner](#), or [The Fresh 20](#), to avoid reliance on last minute processed foods.
3. Swap from cow's milk to non-dairy milk such as almond, rice, coconut, etc.

4. Keep a reusable water bottle with you. You can refill it almost anywhere and always have water.

*Recommendation: “Eat food. Not too much. Mostly plants.”*

*– Michael Pollan, In Defense of Food*

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## Exercise



I know what you are saying. I can hear you right now! I don't have time to exercise. I can't get to the gym. I don't have the right clothes or gear or whatever it takes to [get started exercising](#). Exercise is the last piece of the puzzle to aid in your organization. Without movement in your day, getting your heart pumping, releasing chemicals in your brain such as serotonin and dopamine, your body and your brain start to suffer. Obvious effects of too little exercise include obesity or lethargy, however, the not so obvious effects are difficulty thinking clearly, anxiety, depression, lack of energy and lack of motivation.

Exercising helps you to burn the extra fuel in your body but it also strengthens bones, reduces your risk of cancer and heart disease, improves your mood, increases your ability to focus and allows you to live longer according to the [Centers for Disease Control](#).

And if you know you are ADHD or even suspect you are, aside from medications, exercise is the number one thing you can do to help ease your AD/HD symptoms and [increase your brain functioning](#).

But do not over-complicate it. The Mayo Clinic recommends 150 minutes of moderate exercise weekly. That is 30 minutes, five days a week or 21 minutes, 7 days a week. You do not have to join the gym or acquire fancy gear to get started on an exercise routine today. In fact, if exercise is not part of your daily routine, you should start slowly with small steps. For a truly inspiring story of how small steps lead to big change, check out [One Small Step Can Change Your Life](#).

**If you are not organized enough to get moving yet, use these simple swaps to move exercise to the top of your list today.**

1. Put your exercise shoes next to your bed and think about the activity you would like to complete (just think and visualize, don't actually do it!) before you go to sleep.
2. Start by marching in place for just 1 minute before sitting down to work.
3. Consider talking to friends and family who can join you either as a support system or to [make your exercise social](#).

*To keep the body in good health is a duty... otherwise we shall not be able to keep our mind strong and clear.*

– Buddha

Once you have sleep, diet and exercise under your belt, you and your brain will be ready to tackle any projects or goals you have. You will be able to think more clearly, move more freely and have the energy to sort and organize.

## Tasks

- Read through the definitions and descriptions of the bigger issues and see if any apply to your current situation.
- If necessary, list the people you could reach out to for more support
- Are you getting enough sleep and exercise and the right nutrition? List three ways that you could improve these areas in your life.
- Check in with your goals and your plan. What is your next step?
- Complete the [Review of Module 8](#) and meet with your coach.