

53.Living and-leading with ADHD with Dr. Diana Mercado-Marmarosh

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SPEAKERS

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Welcome to coaching for Latina leaders, the only podcast dedicated to the advancement of Latinas at every level of life with your host Dr. Vanessa Calderon, a Latina with over 20 years of leadership experience, Harvard grad physician and mother of two.

Hello Mujeres, welcome back to the podcast. So I have a very special treat for all of you. I'm bringing on a friend of mine and a colleague, also fellow Latina leader, Dr. Diana Mercado Marmarush. And before I introduce her, I want to remind all of you of the awesome free guide I have for all of you on my website. So by far, one of the most common things that I see holding back, women of color when you are in spaces of leadership or just in your life, in terms of being happy and not being frustrated, is your need to feel like you need to make other people happy before yourself and you need to say yes to things when you don't actually want to say yes, because you're afraid to disappoint others or you're afraid to hurt other people's feelings. And that sort of comes down to people pleasing. And so I created a really incredible guide. It's called How to stop people pleasing and a five step guide to stop people pleasing. And it's available to all of you right now. You can go to my website VanessaCalderonMD.com/guide and get your free copy today.

Okay, so let me bring on a dear friend of mine, Dr. Diana Mercado Marmarush. So Dr. Mercado is a family doc and I met her because she also happens to be a Latina leader and a physician coach. So Dr. Mercado is a family doctor who happens to be a medical director and a chief medical officer. And somehow as she's raising her two young kids that are like preschool age, she found the time like many amazing Latina leaders do to also found a side gig. So she has now founded a life coaching program called Over achiever life coaching where she helps physicians with ADHD support and implement sort of strategies so that they can work in their own zones of genius and reclaim five to 10 hours per week of their personal life. So let me bring on Dr. Mercado. And we're going to talk to all of you today about how to tell whether or not you have ADHD, how to tell us your colleagues habit, and then a little bit of what you can do to better function if this is you. So Dr. Mercado would you mind introducing yourself and maybe just starting with your story.

Dr. Mercado 02:35

Sure. Thank you so much for having me here. I'm so excited to talk about this. You know, as somebody who is Mexican American, it was kind of a shock to me when I got diagnosed during my first semester

of medical school with ADHD, because I didn't even see it coming. I was told to go get evaluated actually by my roommate, because she said, Diana, I see you studying so much, maybe 80- 90 hours. And I think I study like 1/3 of that. And I don't see you retaining as much as of the information like I wish you would. And so with her telling me that, I said,

Okay, well, let me go get evaluated, because I wasn't sure if I was just maybe being anxious or a little bit worried, because I had all this pressure of being an immigrant and being the first generation, you know, to go to college, and of course, now to med school, I felt all this pressure on my shoulders to like, I couldn't flunk out, like, I didn't have money to get here. And like now, this loans, and so I had all this pressure. And I wasn't sure if I was psyching myself out every time I took a test. But I would literally finish like two thirds of the test. And guess what those were the ones that we'll get right, Because those are the ones I read. And then like the 1/3 of the test, I was just going see all the way down because I didn't want to get them wrong.

And so then they evaluate me and I did this neurological test, which was an eight to 10 hour test to find out what was wrong with me. And it ends up being that I had ADHD and at that point, my family didn't know what that was. And I didn't know what it was. And but it sounded bad. It sounded like a stigma. And I think and this is, now I've learned so much and now I realized that there was nothing wrong with me is just that with ADHD sometimes you have this time blindness and I think that and you're kind of a little bit stubborn and you kind of don't take no for an answer. So you might have to do A B, C D to get to your result and you don't make it mean anything but to other people, It might seem like you're not like you're scatterbrain, or you're all over the place, or you're not really following through on different things, but you get so excited about all the possibilities that sometimes it's hard to prioritize what it is.

So you could imagine me trying to see a patient and coming back with like, this, like, five, probably five page typed out history. And they're like, What the hell was that, to me, everything was important, right? And they're like, but you need to just get to the bullet point. And I'm like, but they told me all this. And so you could imagine that I will get myself into trouble in medical school. And then also in residency, because I was talking out of the non stop talking, I didn't know that I had already spent 40 minutes, I thought it was 20 minutes, I thought it was five minutes. And so at the same time, with this, I was somebody who always called BS out, whenever I saw something didn't make sense to me, either ethically or, or it was just an old style of thinking, I will be the first one to raise my hand. And I'd be like, Well, I don't understand how that fits in here, or this does not apply. And so I think I was voicing out loud what other people were thinking but didn't have the guts to say it. And I didn't think it meant anything.

I just thought I was being myself. And so that I think was good and bad. Because I feel like I always wear my heart on my sleeve. And like, if I wasn't talking, we were in trouble. Because I was an open book, I was gonna tell you what I was thinking all the time. But I think that's what got me to become the Chief Medical Officer of my residency program. And that's what got me to this positions of leadership, when I became you know, a medical director or a chief medical officer, because they, my colleagues understood that I was always gonna speak up from having the best interests at heart for them. And for me, because I came to realize that if we were not doing like you said earlier, saying no to things that didn't align with our values, and didn't support our self care, and didn't support the same quality of life that we're invoking upon her patients to have, and we're not doing it ourselves, then it was almost like

we were being hypocrites or being imposters because we were like, oh, at any moment, they're gonna see how I'm like sitting on a pile of bricks that are not even bricks, you think they're bricks, but they're all like little straws, and they're gonna crumble down because you unfortunately keep giving and given and given and given.

And you don't realize that you haven't replenished your own cup. And so I think people with ADHD tend to say yes to too many things, not because they want to, it's just that they're so excited about it. And then they realize oh shoot, I said, Yes. Before I understood, like, how many tents, How many steps that was gonna require. And so that's why it's important, whether you have ADHD or not to really evaluate, like, what do you envision your life be three years from now, so that you can take the steps now to get there when you're going there? So, so yeah, it was a shock to me when I got diagnosed, because I thought I was just gonna always work harder. And it was gonna just, that was how I got here. Like, I didn't know, I had never met somebody who was going to be a doctor in my family. But I knew why I knew I wanted to speak in Spanish to my patients, I knew that what happened between me and them was going to be sacred.

And that I knew that medicine was not the only solution that you had to understand their culture that you had to understand why they believe whatever they believed. And so I think and I think part of ADHD sometimes we have this innate to read the room, and some into intuitive stuff, and you don't realize that that can be a gift. So you second guess yourself when you can explain to other people why you got that information out of somebody, you just knew which questions to ask. And they're like, but they seen 20 Doctors I'm like, so I didn't read everybody's 20 doctor's notes. I went in there with my own mind to figure out fresh start what they're saying instead of with a preconceived notion. And so sometimes we forget that, you know, you don't have to accept everybody else's decision on a patient. You just have to sit and listen.

Vanessa 09:56

Thanks so much for sharing all that. You touched on so many good points. So I want to go back to some of them. I think three that you talked about number one, you mentioned that when you were first diagnosed, it sounded like a stigma, what you said is ADHD sounded bad, It's under like a stigma. And I know just from being a physician, myself and a physician of color. And being an American, that there are so many inequities that happen in healthcare, with diagnosis, especially with mental health. And we are, I think, sort of turning a corner it feels like especially in the sort of communities of white communities essentially, and it's slowly starting to be adopted in communities of color, but ADHD still feels like a stigma. For a lot of people, they still feel like something is wrong with me, you know, as opposed to accepting that we are all born with neuro diverse brains. And this is just part of the neurodiversity. So maybe, can you just highlight a little bit about whether or not that is still sort of seen in the communities of color? And if so, what can we do as leaders of color to sort of address them?

Dr. Mercado 11:05

Yeah, so, you know, I was reading an article, and it's, it's so prevalent, you know, the CDC says that from 2011 to 2013, like 11% of you know, Caucasian or white descendants are likely to be diagnosed like 9% of African Americans, and like 6% of Latinos, or Hispanics, right, would be diagnosed. But it's

almost like, you will see ADHD, you don't want to, but it almost feels like a privilege disability, meaning that if you have the right resources, you may get diagnosed, right?

However, it's easier to say all those Hispanic people or those African American people, they're just being kids, they're just so hyperactive, and whatever, they just have too much energy. But they don't like, they don't take the step to give them the testing to so that they can get evaluated. They're just like they're just being themselves, right. And then the problem sometimes is that females can be presented differently. So they tend to be the dreamers in the back of the classroom, just They're the perfect kid. Like they're not interrupting the teachers. They're just in their own world dreaming about 10,000 things. But they're not following along, so they start getting a little bit behind. But the funny thing is that the ADHD can almost be a misnomer. Because if you're interested in something, it's like you can almost hyperfocus and so then it doesn't match because you're like, Well, how is she getting an A here and getting a C and all the other ones.

And again, it's because the interest on something will overpower you or your, And it's almost like that Churcher like, Beethoven law or church or artists like we're there, they have a masterpiece, but they don't know how good of a masterpiece it is, right? Because they're in their head. And so, with this being about the health and inequity, I see that although and even in my practice, I see it like I really have to convince my African American and Latinos that, yes, this is how ADHD looks like, Yes, I do want you to take a questionnaire for ADHD, anxiety and depression, I need you to do all three across the board. I know you came in saying it was anxiety. I know you came in saying he was depressed. I go, I know you came in saying that you can't focus but you need to do like this every single time so that you don't accidentally label somebody something that they might not be. And, and so I have to talk to the parents over and over. And even to the adults and teenagers it you know, I get the privilege of seeing people from, you know, newborn to like 110 as my oldest one. And so like I get to see all them and their families and how they are. And so I see that I'm always having to make my case for African American people and Latinos to take their medication.

So not only does it there's a barrier to get diagnosed, then there is a barrier that once you are diagnosed, you don't want to be treated. So we're under diagnosed and undertreated. And because we have some understanding, like you said, there's some stigma like oh my god, they're broken or they're just trying to get on meds so that they can have an edge on this or whatever. But thing is like, the body is going to get what it needs from where it gets it. What do I mean by that? So ADHD, you want to think about it as low dopamine or low executive function or inability to do to things such as organization or, and then in the US, we don't acknowledge it as being emotional dysregulated. But in Europe, they use that as a diagnosis to diagnose ADHD. And so what happens is that you might not think you need medicine, but then why are you using all that sugar to stimulate yourself? Why are you drinking alcohol? Why are you drinking wine? Or maybe caffeine, like nonstop caffeine in the morning? Or why are you some of us are a little bit better like me, I think I did not get diagnosed because I was running 10 miles a day in high school. So I was getting it from there.

So you could see how it could be a delay thing, because maybe you have a safety net, maybe you are somebody who's meditating everyday, maybe you are somebody who's eating low carbs, maybe you are somebody who is exercising, and so that maybe could be your own dopamine or your own way, and

Krizia. But the problem is that if you do not catch it, your body's gonna get it from somewhere. So maybe now a sudden you have diabetes, or maybe now you're an alcoholic, there are studies that show that substance abuse is increased risk for substance abuse is undiagnosed ADHD, so had they just diagnosed you, you wouldn't have been using cocaine or down the line as a kid, like 40% of the people in jail, have ADHD and sometimes, like, those are undiagnosed ADHD until they really get into it. So it's just like anemia, right? Like, if you, why does your body tell you to go into damn dirt, what there is iron in there, so the body is going to propel you to get what you need. So in my, so again, it might not get diagnosed until later on maybe the birth of a child or when you get into med school or law school, or maybe you get promoted your or you know, until you hit your ceiling of whatever systems you were using are no longer functional.

But it this is important to talk about, because, you know, you cannot get addicted to something that your body needs. So I and I wouldn't tell you, Oh, Vanessa, only take your meds Monday through Friday, from eight to five while you're working. Because your family does not need you to function on the weekends, your family doesn't need you to function at 5pm. Like this is what people think like once they finally decide they're going to take on meds, they're only going to take while they're at work, because that's when they have to concentrate. But remember, you have to drive around, like you still have to you can be in a car accident, if you're not paying attention, like, And so it's important to take your meds, I wouldn't tell my patients with diabetes only take it on the weekends, or only take it you know, when you're at work, like we always want it regulated. So this is something that needs to be addressed. And people really need to understand that medicines are going to do one part, it's the fastest way to get you like within 30 minutes of taking the pill like you can see, maybe before you you were blind, and now you can see. So it's like putting on glasses, right? But it's not going to or it's like having 20 tabs open. Now you have five, so it's gonna kind of help you some. But you still have to find ways to take care of yourself with exercise, eating, sleeping, getting a coach getting a therapist, like it's a multifaceted thing. It's not just pills. And that's it.

Vanessa 18:48

How interesting. So you touched on what to think about when you get diagnosed and sort of what's happening to your brain when you have it. So just as a summary, ADHD, the brain of somebody with ADHD has lower levels of dopamine, which makes it difficult for a few things. But especially and you have lower executive function, those two things are sort of separate. But when you have low levels of dopamine, you need something to increase the dopamine and we can get that from the medication that is sometimes prescribed. But we can also get it from other things in life like Diana was saying that she used to run 10 miles a day. And that would give her that high, the endorphin high, the dopamine high, you can get it from sugar or caffeine. Or unfortunately, you can also get it from substances of abuse. So very, very interesting.

So let's say you are managing, or you're just at work, and you have people around you. How can you tell you know, I always get a little bit concerned when I asked this question. So I'm going to ask this question with a caveat. How can you tell if somebody has ADHD and the reason why I'm asking is because we want to know how to support our colleagues or people we manage, but also with with sort of the lens of you know, not everybody out there is a mental health specialist. If you're listening to this podcast and you're not a mental health specialist, I don't want you going around diagnosing everybody,

because you heard one podcast. So just sort of know know that and but Dr. Mercado has a ton of knowledge. So maybe you can share with us? How can we sort of know what sort of the reason why we want to know so that we can support our colleagues and people.

Dr. Mercado 20:21

Yes, yes. That's a very important question that you've just asked, because here's the thing. Like, we all have these colleagues, and maybe we are that colleague, where we are constantly getting an email that hey, you haven't closed your notes, hey, you haven't done the Billy, hey, you're tardy again or whatever, right. And so unfortunately, our co-workers can sometimes be labeled unprofessional, right? Or, and we're not even aware. Like, I have so many people and even myself, like, you're not even aware how hard you label them as lazy, or not caring, or not on top of them their game or they're a little scattered. But the thing is, you might not be aware that they go home and they chart like 20 to 30 hours outside of work like that, all they're doing is charting or all they're doing is like all this time, because they're trying to catch up so that you don't know how behind or how things are.

So if you see anybody like getting flustered, they're probably because they're overstimulated, they can't prioritize in their brain, a before b before c, and everything seems to be of the same importance. And then they either gonna constantly be in this fight or flight or frozen state, right? And so even though, and you would think that they would be like, Okay, let me just sleep, no, they're gonna stay there. And they're gonna be in that hamster wheel over and over and over, because that's all they know, to do. And so, when we're talking about this ADHD, you have to know that it's gonna impair the executive function with inattention. Sometimes they're impulsive, sometimes they have emotionally labile, right, where they one moment, they're happy, and the next moment, they're like, they just screamed at the staff, because they, you know, they're mad that they're, that they're talking to them or telling them too many things. And so, the way to realize it might not seem as obvious, but it could be that, you know, maybe they make a few mistakes. Maybe they charge on the wrong person, maybe they send the wrong dose of a medication. Maybe, you know, they forgot a major part of the exam. That was like the critical thing, why they were there, right? I mean, we all can do this, right? But this is just something that is over and over. Or maybe they're talking over you, you're trying to talk to them, and they're like, keep interrupting you over and over and over.

And you're like, Dude, what are you doing? They're not trying to be rude. It's just that they're trying to keep up with what you're telling them. And they don't want to let you know that if they don't tell you, right, the second that they're following along, they might forget, like it or, or they might be looking at you and you're looking at them. And you think they're paying attention to you. But they're like somewhere else thinking of 10,000 other things and you're like, but I told you X, Y and Z you said yes. And they're like, Yeah, but I was saying yes to something else. And so it's almost like they're listening to you, but they're not. They're listening, but not when being spoken to directly. Or maybe they don't follow through on instructions. Like they they seem bored, or they seem dismissive. Or maybe like with the instructions, it could be like you told them, okay, this is the goals for the patient. And like everybody thinks they know the goals for the patient, but they're like, what patient? You're like, but we just had this conversation. Or maybe obvious, they forget that they have, you know, every two years they have to set up certain CME, right, they have licenses, they have to keep renewing, and so they forget, like critical deadlines that you would think this is obvious, but, or they'll just keep delaying stuff that is boring. Like

the charting, they'll think that this is so boring. They would rather talk to the patient for hours, but they don't want to write down that they already talked to the patient because to them that's slowing them down or that's too boring. Or maybe again, maybe they lose things like maybe oh my god, you don't know how many times they had to go open my locker because I would forget the key or the combination. Something was always going on with my locker so they would come and like crack open the locker to get stuff from my stuff.

They Have might be losing like, maybe like their credit cards, maybe they're losing their badges like things that you would think are so obvious. Oh, sometimes they lose their car, they don't even know where they parked, and they're walking around by looking for their car for like an hour in the parking lot. That was fun. I've been taught, like trying to find your car, you couldn't remember where it was, you know? Or they get distracted. Like, you're like, how the hell did they jump to that? Like, they're talking to you about something and then that triggered something else? And that triggered something else and that true? And you're just like, wait, what? How did you jump from this to that? Like, that doesn't make sense. And then they tell you how they follow that and you're like, okay, that I would have never gotten there. And so you can see how they might also forget things that are obligations, like meetings, or like it was, or they leave patients in the in the room, like one time, like, I think it was they they call their like, Doctor, you can see that, that patient, they've been there two hours, I'm like, what? Wait? And so you just do out of sight out of mind. It's, you know, and or they just look like they're chronically like, overwhelmed.

Like you just you you're like breathe, like I don't know, they just have this energy to them. So that's how you can start to, to see if they're making like silly mistakes, if they're not paying attention, or they look like they're paying attention. But maybe, or maybe they're bored avoiding those tasks, right. And sometimes you probably seen them, they're there and they keep fidgeting, they're in the chair, they keep moving. Or they get up they pans back and forth, like the meetings going on. And yet they're going back and forth. Or they're, you're just like, Come on stop acting like a two year old, but it's not like they want to it's just that they can, they seem annoyed because they maybe can, like, follow through with everything you're saying everybody else is following along. But they can't keep up with what you're telling them. So instead of like, trying to, they're not trying to be disruptive, but they're actually using the movement to try to get more dopamine so that they can like, understand you even more. Sometimes, like they, like I said, they just keep talking and talking and talking and you're like Be quiet, like, let somebody else speak. And maybe they don't wait their turn like they keep interrupting.

Vanessa 27:39

Yeah, it's so interesting what you just said. And as you think about this, there again, people have neurodiverse brains. So you're going to be born with some neurodiversity. And I can see why now it is after you explain to all of those things, how difficult it must be for somebody with a neuro diverse brain, specifically ADHD, to try to function in the kind of leadership spaces that we have now, where we expect people to do certain things, follow sort of this, like linear thinking, for example, or if, for example, you're in an interview for something, and you can sit still, or you can tell the story, or you can answer the question appropriately. That must be really, really challenging. And no wonder we see a lot of you know, young kids that are misunderstood, or especially kids of color, if you have ADHD, for example, and you're not diagnosed appropriately.

So I just want to create space for compassion, because if you've excelled or exceeded with, with the neurodiverse brain, I'm sure they're you know, it's a spectrum. And I'm sure depending on where you are on the spectrum, I just want to hold space for that. Because you, as those of you that are listening, you might know somebody like this, or it might be you. Or you might have a cousin or a sibling, or whatever. So if you are in spaces of let's say in a professional space, how do we support our colleagues. So let's say we know that we know how it presents, and you're right, like I can see why people would be called unprofessional. And it's so interesting, where when you don't have the lens of understanding, then you can't have a trauma response, right? Like you can't have a trauma informed response or a compassionate informed responses, I like to call it. So let's say now we know these things. We want to support a call because we want them to be successful. And at the same time, there are certain expectations. We need people to be on time, right? We need them to finish charts, we need that. So how can we support our colleagues in those instances?

Dr. Mercado 29:38

I think like the best thing is just approaching them. Like you would approach like how you would want to be approach if it was you, right? Like I am so grateful that my roommate told me Hey, Deanna, like I see you working. I see you doing X, Y and Z. Why don't you check out whether there's something going on, you know, just From a place of like, maybe there's nothing maybe there is right? But just checking in with him. Hey, how are you doing? I see you're like, I see you working really hard, or I see you a little bit overwhelmed. Like, is everything okay? Like, I think if you just approach him from that, because I, people with ADHD, and not just people with ADHD, but in general, we're like, what do we want, we all want to be loved and accepted. Like, that's the number one thing, right? But we don't want to be left out. So we, we might mask and mask and mask and we might not show you how much work it is for us to be doing because we feel like, we want to keep up with you, you know, but we were trying your tools, but your tools don't work with me. And, and so it's, it's not that you want to be flustered, but you do become flustered.

Because you have not known that, that you you're working against yourself sometimes. So if you don't know the you don't you're not have this time awareness that you don't know how to use a timer to give you that external cue. Like that's what I use, like that's has been so time where like, to me like five minutes or 45 minutes are the same. And I'm not just saying to say that there really are. So that's kind of cool. Because when shit goes down, I'm cool as a cucumber, whatever, another five minutes in my life, it doesn't mean anything to other people, it might freak them out. But to me, I don't have awareness of time. So that's amazing. If you're an ER doc or if you're a family medicine, doc or if you are you know it because you don't know what's coming through the door. It keeps you excited. You're not bored. But again, it's amazing when it's you and me in the room, but it's not amazing when somebody else is waiting for you. Right? And so having that time awareness (A little bit about the timer, you said you use the timer. Can you speak for that?)Yes. Yeah.

Dr. Mercado 31:55

So I have a timer that I it said dual timer. So in the top, I'll put 10 minutes and then the bottom, I'll put five minutes. So before I walk into the room, the 10 minute timer, I will start it. And then at 10 minutes, my nurse will come and knock on my door and say Hey, Dr. Mercado, do you need anything? And actually, sometimes I need a vaccine. Sometimes I need you know, I'm like, Yeah, this one needs an

ammonia 13 Or this one needs TDAP or Yes, actually, can you pronounce this orders? And so it might help me speed up or close at the same time. That not tells me I should already been doing my exam, if I'm not or I should already have ordered, bla bla bla, or should be formulating my assessment and plan. Am I gonna finish in the next five minutes? Maybe. But, but if she hadn't given me that knock, I could have been 40 minutes before I realized, oh, shoot, I need to wrap this up. Right. And I didn't have a 40 minute appointment, I only had a 20 minute appointment.

And so with her coming and knocking on the door, that gives me that external cue. And so I've trained my staff, not the sort of my nurse is not readily available, because maybe she's rooming somebody else she's given another vaccine, anybody who hears a timer to just come knock on my door. And so they don't have to open the door, they just knock. So it's just an awareness, and then they can turn off the sound. And so I've only had one or two people ask me, Hey, Doc, why are they not keen or whatever, right? And then I just tell them, Oh, it's a quality improvement project. Or maybe a time management isn't always a quality improvement project, I think, right? And so nobody seems to mind or if they have ADHD, we laugh about it together. Or sometimes I tell him, I have ADHD and I can talk to you for hours, which is cool. But you don't like that when you're waiting for me. Right? And so we just laugh about it. And we just wrap it up. But the reason I'm saying all this is because we might have to not just be quick to label somebody a punk, or irrationable or a toddler, right? Because maybe they're functioning at their highest capacity.

And they don't know that there's anything wrong with them. Because guess what, they've been functioning with themselves all their life, and they don't know that there is a different way. Right? They don't know that they just know that this is always the way they've been. And they might be walking around feeling like there's a character flaw in them. But it's not they don't know that it could be any better. Right? So approaching to the not from and yes, if you have the right tools. I mean, obviously I have no problem closing my charts in the last two years. I mean, I went from having two to 300 charts open that was the norm to like not a single chart open and being able to manage all these roles and being able to now coach physicians or people who they don't have to have ADHD to work with me they just have to feel like they have a time blindness or like their chronic procrastinators and then they want to change your life so that they can have that freedom of time and not feeling like they're walking around with a death sentence because they became a, you know, a physician, and now they don't have no time for anything else, but their profession.

And like, I want them to leave work at work, right. And so it begins with the leaders being able to say, Hmm, I wonder if they have anxiety? I wonder if they have depression? I wonder they have ADHD? Like, just I wonder, right? And there is a quick questionnaires like, Yes, I got, I got mine that was like, you know, an eight hour nine hour test. But I mean, you can google yourself the adult self reported skill, it's like a 15 Questions like, it's quickly like, you can see it already, you can understand you, if you have ADHD, you've had it all along, it was not like, oh, all of a sudden, I'm an adult. And now I have it, and I didn't have it as a kid. Like, I'm pretty sure you got yourself in trouble for talking too much or you didn't turn in your, you did your assignment, you didn't turn it in, because you just forgot, or like something is always gonna be there. And it's genetic. So it's not like, you know, you're gonna see your aunt or your tiya, your tiyo, your huellitas, somebody was doing it. And then there's other stuff that, like, why do we like to hold on to stuff and clutter stuff? I don't know. But that's also part of it. And so in my coaching

group, I actually have a guest coach who does three private sessions to declutter, whatever, weather it's because our environment really affects us, like sometimes having a mess, does not let us think straight. And so we almost become like, Oh, my God, I can't focus until x, y, and z. So it's so interesting how, like you said, it's a spectrum. But you if you just step back and see those people that are struggling, wonder if it's because they're not sleeping enough, I wonder if it's because they're just not aware that it could be in a different way. Right.

So it's, it's best that once they at least get screened for anxiety, depression, ADHD, if they do have it, then encourage them to take meds, encourage them to get a counselor, encourage them to get an ADHD coach or a life coach, or encourage them to seek groups, where are they, they see themselves and who they want to become. Because luckily, if you have ADHD, I really think it's a gift. Because it allows you to be creative, to think outside the box, to be quick decision makers to be passionate to see the big picture of like, this is bullshit, this is not working out, I need this. And then you go and you make it and you don't care that it's been blah, blah, blah, that's irrelevant to me. And so I think it allows you to be more authentic, more socially aware when you're living in your values. And if you're not just saying yes, to be people pleasing, because you don't want to, like, you know, go against the current, it, then it allows you to self regulate and be less impulsive, and it allows you to really use, you know, your gifts, because you'd be surprised, like, they can make really good entrepreneurs, because again, the risk takers, they're like, Yeah, let's do it, whatever. Like, what do we got to lose? If that didn't work out, I'll try something else.

And they keep trying. And so it's good to have a colleague there who is going to use their strengths to advance in leadership and to be able to work. So yeah, so I think, to point out is like, if you start to see patterns, maybe they have poor time management, right? Or if you see that their emotional or energy, if you don't want to say emotional, just think of the word energy, if you see that they're super hype at some moments. And then as the day goes, because they had to make so many decisions, it's like, their light gesture. And then at the end of the day, you tell them something, and they're like, Don't Ask, Don't give me more questions because they can't regulate it, then then you probably see that there might be there or, or maybe like, you know, you see that they're this interested in certain things, but they're so gone hold on another. So I mean, again, it's just a way to start a conversation. And I do have, you know, a journal that I can send you that it's titled, understanding ADHD and physicians and they have really cool tables that show you how it can present. And that way you have that awareness and, and, you know, this journal came out in July of last year, and it's from Canada and it says that You know, 1/3 of the medical students in 2016 said that they had ADHD. And so imagine, I mean, they all became physicians, I'm guessing. So it probably in physicians, it's still under diagnosed just like we were talking about it is probably undertreated. Because you'd be surprised how many of my clients come to me and tell me,

Dr. Mercado 40:23

you know, I haven't told anybody because, you know, they're gonna label it against me, or I haven't asked for workplace accommodations, because, you know, they're gonna think I cant handle whatever. And I'm like, okay, so taking breaks, and having a lunch and somebody knocking on your door, like, they don't give a shit. If you're looking at patients like upside down, as long as your notes are closed, and your patients are happy, like, why not work with you with how you normally would work and

promote your own, like, mental health and well being right. So unfortunately, given us disciplinary actions are not going to move us to complete things, because we're and we already have kind of like our inner critic. And so if it's not, like, Why was I closing the notes, because I knew that I needed to, but not because I wanted to. And so it was like a love hate relationship with the admin test. But then when I learned, oh, it's because I'm thinking I hate them. Of course, I'm not gonna want to close them who the hell is gonna want to close notes when they think that this is boring? So what did I have to do? I had to find ways, how could I make this fun? Okay, let me turn on the music. Let me get in my zone. Let me I'm not gonna want to do it. Now. I'm not gonna want to do it later. How can I do it now so that it's the fastest quickest use of my short term memory, instead of like two days from now, when it's gonna take me 40 minutes to replicate what I could have done in five minutes today.

Vanessa 41:57

Wow, that was awesome. So you've shared so much with us today, we've learned all about your own story. A few things I want to highlight is that, yes, there's still stigma. But I want everyone listening to know that it's so much more accepted today, especially with the huge sort of lightbulb that has gone off with mental health and well being of the last, I think, almost two to three years, especially when so many people were suffering from burnout during COVID. So if you kind of acknowledged or see yourself for some of this stuff resonates with you, or with a sibling or a close friend, seek help go out and take one of those surveys that Dr. Mercado mentioned, and just know that you're just setting yourself up for success to be even more successful. And it will feel a little scary and a little vulnerable. You know, in the beginning, when you're taking that if you are diagnosed, and just create space for that. And remember that on the other side is just really like more peace because right now you're resisting being diagnosed.

Because you're you might be afraid what if it's true, but what if you accepted it, what would be possible if you open yourself up to it if you open yourself up to medication? So just I want you guys to leave with those thoughts. And if you see a friend or a colleague or this resonates with someone else, it's hard to call them out and say that, so make sure that if you're going to approach it at all, you approach it with compassion, approach it the way you'd want to be approached and say, you know, I noticed you're always late. And we've talked to you about always being late. Is there something else going on? Is there so you know, what else is out? You know, approach it that way, as opposed to, like Diana said, Try always trying to penalize somebody. Okay, this was awesome, it was super helpful. We've learned a ton of stuff. So for those of you listening, we learned all about how to sort of diagnose if you have it yourself, what happens sort of the pathophysiology, what's happening in your brain, and how you can be treated. And so I just want to close this, I'll leave. I'm going to put all of the links that Diana mentioned, and how to get ahold of Diana in the in our show notes. But Dan, is there anything else you want to share to say to the audience before we sign off here?

Dr. Mercado 44:09

One last thing, you know, if you do get diagnosed with ADHD, remember that how you show up affects not just you, right, it affects your marriage, it affects you as a parent, it affects your patients, right and your colleagues. So when you feel your cup, you know, then you are ready to handle anything that comes your way. So don't let quote unquote, what other people might think of you define what you think of you. So make sure that you always put yourself first. Not from a place of arrogance, but from a place

of like, I need to take care of me so that I can then show up for everybody else. And so look Look into it, you know, become curious. And definitely help your colleagues because you know, the more you help them, the more you're helping their families, right. And the more you're helping their patients because everybody wants to do better. I don't think any of us wake up and say, Oh, how can I mess up today? Or how can I, you know, give more work to my team. I don't think anybody ever thinks that. But unfortunately, sometimes if we're not careful, if we don't slow down enough to follow some steps, or checklists, and you'll learn that as you try to set up your systems, then we end up paying for it in the long run. And then it's hours right on the phone, trying to get your license back or different things that could happen or legal battles of fighting, why you didn't complete those charts and all this stuff. So open your eyes, help a colleague out or help yourself out and keep forth and leave your life as you intended to do.

Vanessa 46:04

Hey Mujeres, if you enjoyed this episode, make sure to subscribe, rate review and share it with a friend. And if you love what you're learning here, then you have to sign up for my weekly love letters. I send you all the good stuff, doses of inspiration and all skills you need. So you can live lead and make money like the chingonna that you are, subscribe on my website at VanessaCalderonMD.com I'll see you there.

Vanessa 46:04

Wow, that's beautiful. Those are some great inspirational words. Remember, when you fill your cup first and you diagnose yourself first, then you're able to be more present for the people around you. That was so beautiful. Thank you so much, Dr. Mercado. Well, we are going to sign off and if you guys are interested, I'm putting the social links to Dr. Mercado in the show notes and I want to remind all of you of the free people pleasing guide five steps to stop people pleasing, which is an awesome guide. You can find it on my website VanessaCalderonMD.com/guide. G-u-i-d-e Okay, hasta la proxima! Adios everyone.