The great big little ADHD workbook

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Got ADHD? Think you might?

Looking to understand your brain?

Want to know how to study the ADHD way?

This is the workbook for you!

Contents: (Feel free to skip ahead to what's most interesting)

What is ADHD?

What even is this “Attention Deficit Hyperactivity Disorder”?

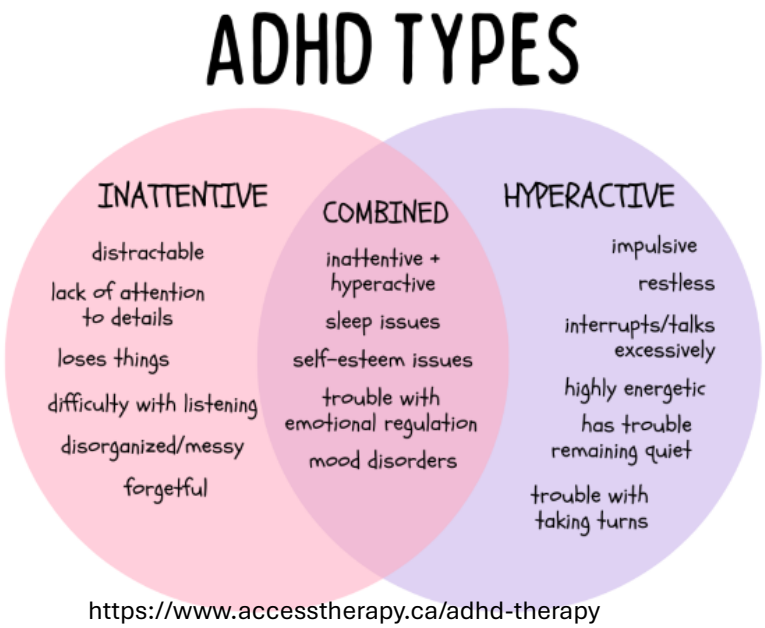
In 1968 it was called Hyperkinetic reaction of Childhood. Wow!

In 1980 it was called ADD with or without hyperactivity.

In 1987 it was changed to ADHD (with no subtypes).

In 2000, ADHD was rebranded with 3 great flavours!

- Inattentive, Hyperactive/Impulsive, and Combined!



https://www.accesstherapy.ca/adhd-therapy

3 Types of ADHD

Inattentive = superactive brain

Hyperactive = superactive body

Combined = both!

To be more specific, here are the criteria from the “Diagnostic and Statistical Manual of Mental Disorders, 5th edition” (there is good reason why it is usually called the DSM V...)

Predominantly Inattentive

5+ of the following for 6+ months in 2 settings (For age 17+)

• Displays poor listening skills

• Loses and/or misplaces items needed to complete activities or tasks

• Sidetracked by external or unimportant stimuli

• Forgets daily activities

• Diminished attention span

• Lacks ability to complete schoolwork and other assignments or to follow instructions

• Avoids or is disinclined to begin homework or activities requiring concentration

• Fails to focus on details and/or makes thoughtless mistakes in schoolwork or assignments

Predominantly Hyperactive/Impulsive

5+ of the following for 6+ months in 2 settings (For age 17+)

<u>Impulsive Symptoms:</u>

- Difficulty waiting turn
- Interrupts or intrudes into conversations and activities of others
- Impulsively blurts out answers before questions completed

Hyperactive Symptoms:

- Squirms when seated or fidgets with feet/hands
- Marked restlessness that is difficult to control
- Appears to be driven by “a motor” or is often “on the go”
- Lacks ability to play and engage in leisure activities in a quiet manner
- Incapable of staying seated in class
- Overly talkative

Combined Type:

- Patient meets both inattentive and hyperactive/impulsive criteria for the past 6 months

There is something you will probably notice here…

- Deficit based language; focusing on what the person CAN’T do well. This is a medical model to identify disability.

While ADHD is a recognised disability which can have significant challenges, it also comes with neutral and positive aspects.

The **‘Neurodiversity Paradigm’** encourages society to acknowledge each brain is unique, and this is another aspect of human diversity.

Neurodivergence refers to brains which sit outside of the ‘typical’ range of abilities within a society. This does not mean they are broken or wrong.

There are many ways to consider your relationship with ADHD:

What terms do you prefer? Try them out!

I have **ADHD;** I am **ADHD**; I'm an **ADHDer**

I am *Neurodivergent;* Neurospicy; *Neurosparkly*

Self diagnosed: when an individual strongly identifies as having traits of a condition but does not have a formal/medical diagnosis. May also use 'Self-identified'.

*Note: not everyone has access to diagnosis, and not everyone wants a diagnosis.

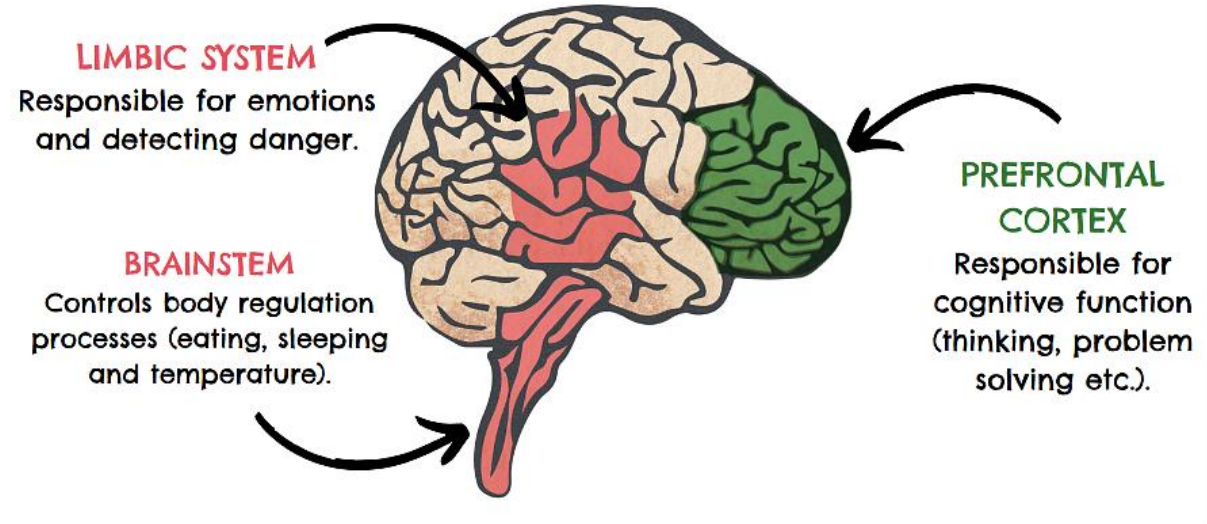
Ways my brain is superactive:

- My brain thinks a lot about:
- My brain is easily bored by:
- My brain is excited by thinking about:
- I often daydream about:
- I become overwhelmed when:
-

Ways my body is superactive:

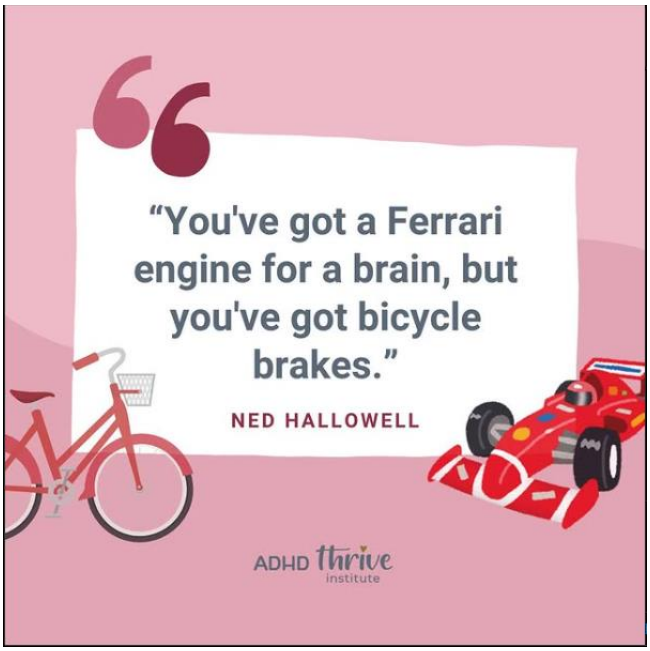
- I fidget by:
- I like to move my body by:
- When I don't exercise enough I:
- Ways I move impulsively:
- I find it difficult to stop myself from:

What's going on in my brain?



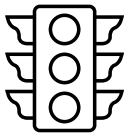
https://www.scottishconflictresolution.org.uk/learning-zone-reactive-and-reflective-responses

Brain area	**AKA**	**Main Jobs**	**In ADHD…**
Prefrontal Cortex	The thinker	Planning Stop Think Do Go/No Go	Underactive
Limbic System	The reactor	Fight or Flight Emotions	No brakes!



Neurons are cells in the body that send messages. They are part of our **nervous system**.

They send signals to each-other to pass on messages like '**GO**' or '**STOP**' to different areas of the brain and body.



Neurons use **Neurotransmitters** to pass signals to the next cell.

Weak signal → releases few neurotransmitters

Strong signal → releases many neurotransmitters

Neurotransmitters are released from the first (**presynaptic**) neuron into the tiny space between neurons called the **synaptic cleft**. They then connect to **receptors** on the second (**postsynaptic**) neuron.

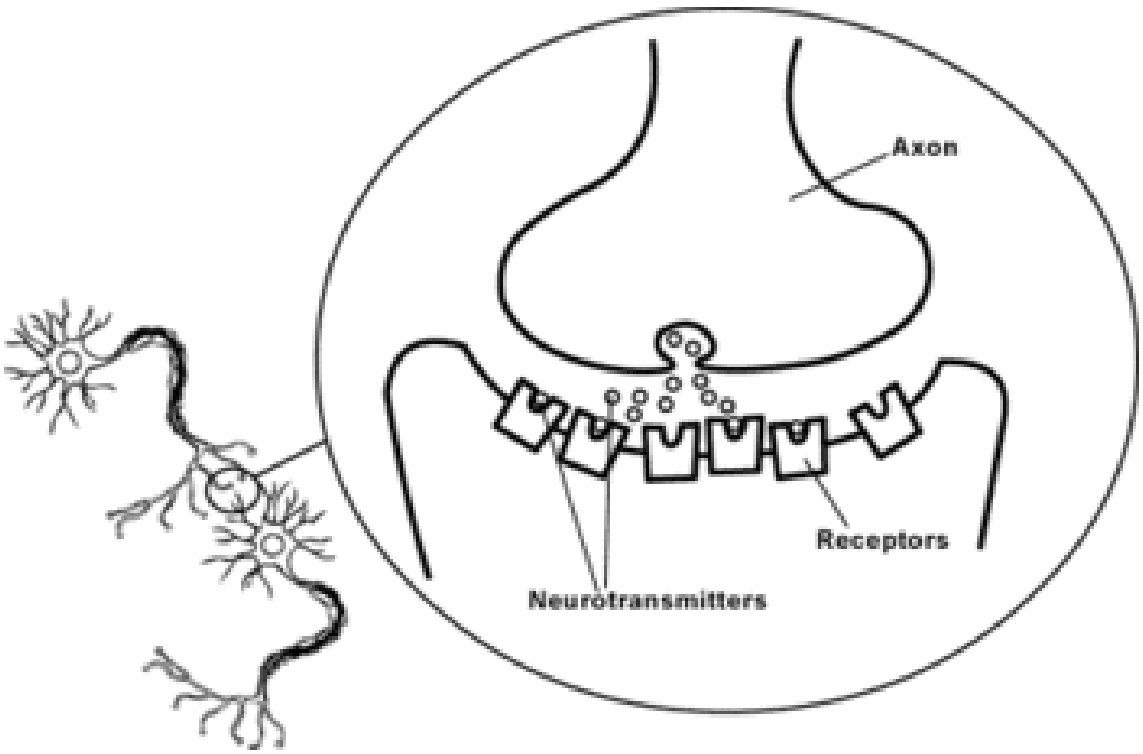


Image: National Institute on Drug Abuse

Lots of receptors activated → **action potential** occurs → sends the signal down the second neuron.

Few receptors activated → **no action potential** → signal not passed on.

Neurotransmitters detach and are transported (**re-uptaken**) back into the first neuron to be re-used.

Prefrontal Cortex and Limbic System areas use **Dopamine** and **Norepinephrine** to send signals around the brain.

Neurotransmitter	**AKA**	**Main Job**	**In ADHD**
Dopamine	Mr Happy	Do more of this! It's good	Not enough, bored easily
Norepinephrine (Noradrenaline)	Mr Stress	Take notice, Act, be alert!	Not enough, takes a lot to get into action

ADHD brains have less Dopamine and Norepinephrine to release:

- Fewer receptors activated
- Fewer action potentials
- Fewer signals passed on
- The brain can't tell other parts what to do!

Wait! I thought stress is a bad thing?!

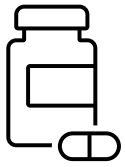
- We all need a little stress to get into action. Otherwise, we would end up doing nothing… sound familiar?

- A little bit of stress in non-ADHD brains is enough to get it activated and start doing what it needs to do.
- In ADHD brains we need much higher levels of stress before that action potential can get us up and started.
- So we end up feeling stressed for longer and at a higher intensity because we couldn't act when it was a little stress.

So if we don't have enough Dopamine and Norepinephrine to send our signals what can we do???

Medication

Most ADHD medications work by preventing the **reuptake** of neurotransmitters (NT) into the presynaptic neuron.



This means:

- The NT will be in the cleft for longer.
- The NT can interact with more receptors.
- More likely to reach the **action potential** threshold.
- Signal is more likely to be sent down the second neuron.
- The message is more likely to be delivered!
- The task that used to need to be very interesting or urgent can now be done when it is less interesting/urgent.

Some medications such as Clonidine work instead by reducing blood pressure, and therefore stress as a byproduct. This is less commonly prescribed in NZ.

Medication	AKA	Target	Impact	Huh?
Stimulants	Ritalin Concerta Adderall Vyvanse	Dopamine and Norepinephrine reuptake	Lowers threshold for interest and stress pathway activation	Things don't have to be as **interesting** or **urgent/stressful** to be able to be done
Non-Stimulants	Atomoxetine (Strattera)	Norepinephrine reuptake	Lowers threshold for stress pathway activation	Things don't have to be as **urgent/stressful** to be able to be done

<u>Pros and Cons</u>

Taking Medications		Not Taking Medications	
Pros	Cons	Pros	Cons
			

REMEMBER:

Medication is ONE tool in the toolbelt.

Medication isn't a cure – it's floaties while you learn to swim!

It can take time to find the right medication and dose that works for you. Ask your doctor/psychiatrist questions, voice your experiences.

Brain Hacking

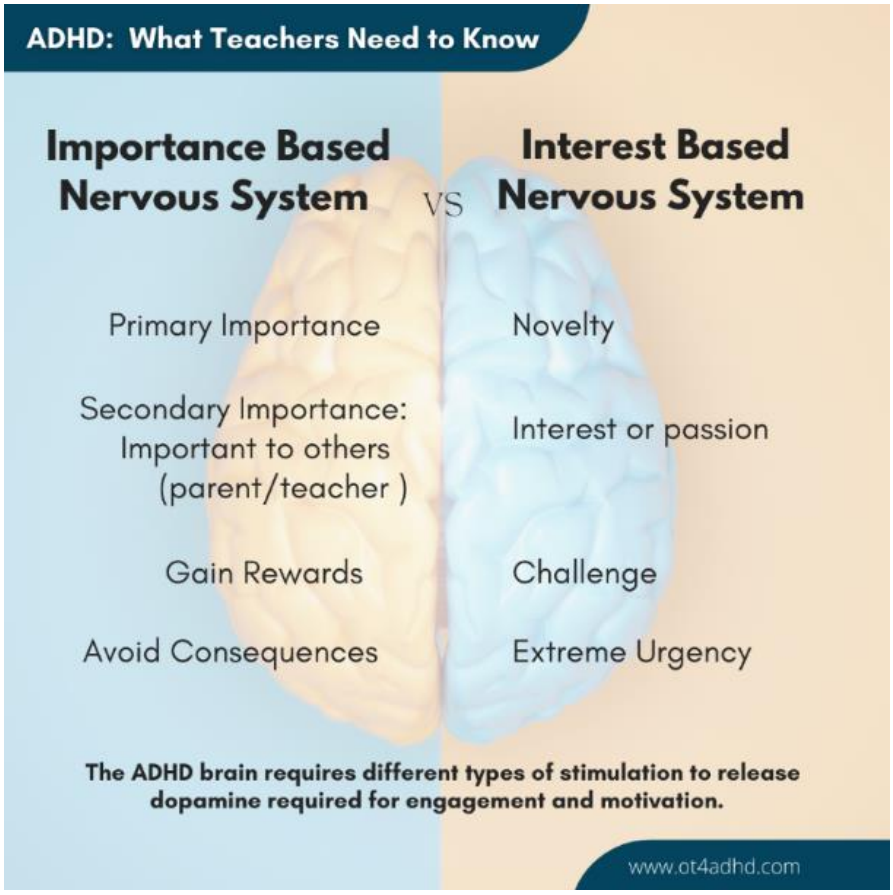
If the problem with doing a task is that it doesn't stimulate enough Dopamine or Norepinephrine release, we need to add something.

- Hack the **Dopamine** pathway to alter **fun/interest** path
- Hack the **Norepinephrine** pathway to alter **stress** path

It doesn't matter how **important** it is:

Not urgent or fun? It won't get done!

This is called the 'NICE' model



Dopamine piggybacking

Boring important task + fun activity = overall interesting/fun

Examples:

Watch TV and fold the laundry while sitting down anyway

Turn your notes into a quiz to test your friends

Listen to audiobooks/music while you exercise

Eat new snacks while you study

For many non-ADHD brains, the distant promise of a reward is enough to get going - "I will have my chocolate AFTER I've read this"

ADHD brains do much better if the reward comes at the same time as the task - "**I will have my chocolate WHILE I read this**"

It is also important to phrase things the right way around;

I will write my introduction and listen to music

Focus is heavily on the low dopamine task

I will listen to my favourite album (and write my introduction)

Say the second part quietly to sneak it in 😉

"I will do High Dopamine task (plus a tiny low dopamine one)"

How to make a Low Dopamine task more Dopamine-y

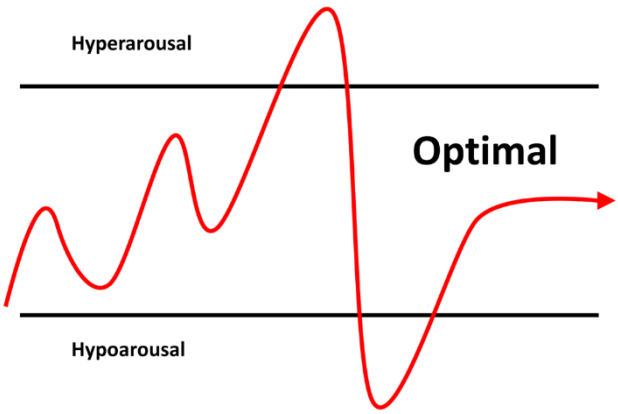
	Ideas (highlight your favs, add your own)
Novel 	Location – park, café, bathtub, the beach Position – lying down, sitting on the floor, pacing Method – reading, audio, flashcards, quiz, draw Watch youtube videos about the topic Analogue (pen + paper) vs digital (computer)
Interesting 	Mindmaps – brainstorm with colour Podcasts – listen to your subject/topic Use NotebookLM to create 'deep dive conversation' from your notes Food – snacks, gum while you work Listen to high tempo music like EDM or K-Pop Have fidget items on hand for stimulation Body doubling – have someone sit near you
Challenging 	Use Notebook LM to create a quiz Pair up – write quiz questions and ask each other Pair up - see who can write more words in 1 hour, loser buys the winner a snack/coffee. Explain your topic to your friend, pet, or plant Boil it down – could you explain it to a 5yr old? Write a to-do list and see how many you can tick off in a day – try the Finch app to track it. Track your activity, continue your daily streak. Practice quiz questions, beat your high score.

The Go-Zone

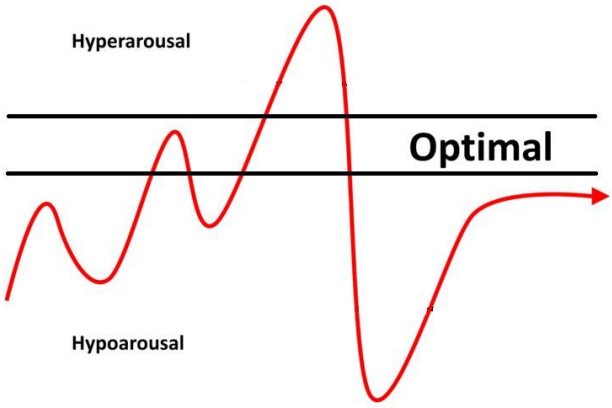
Our higher-level thinking works best when we have the right balance of calm and alert. We can think of this as the 'Window of Tolerance', within which sits the '**Go-zone'** where we *focus* best.

The Go zone for ADHD brains is **narrower** than for non-ADHD brains due to our lower levels of Dopamine and Norepinephrine.

Non-ADHD



ADHD



Images adapted from https://mi-psych.com.au/understanding-your-window-of-tolerance/#

This means the ADHD needs more NICE stimulation (**Novel, Interesting, Challenging, or Urgent**) to get into the Go-zone; generally feeling calm and mildly interested is not enough for us!

We also easily overshoot and end up too wired/anxious to focus on the task. So often the task needs to be VERY URGENT to get it done, leaving us stressed, anxious, and prone to panic.

It is important to set up our body, brain, and environment to give us the best chance of getting into the Go-zone.

Medications can also widen the 'Go-zone' by increasing available Dopamine and Norepinephrine.

Strategies to get in the go-zone

- Too understimulated → do something stimulating
- Too overwhelmed/wired → do something calming
- Tailor your own strategies – only do what works for YOU.

IMPORTANT!!!!

We need to settle the body BEFORE we try to think our way out.

Our body state directly impacts our ability to think clearly. A stressed body and brain cannot access the logic zone (PFC) because it is in survival mode (Limbic, fight/flight).

Oops I've strayed out of the go-zone!

Highlight which ones work for you

Something Stimulating	**Something Calming**
High tempo music	Low tempo music
Cold drinks	Warm drinks
Cold shower	Warm shower
Jumping, running, push ups	Gentle stretches, walking, yoga
Well-lit room, sunlight	Low lighting
Fidget items	Soft sensory objects
Cool air, fans	Warm air, warm clothing
CoolMint, minty chewing gum	Slow deep breathing
Snacks:	Snacks:
Smells:	Smells:
Touches:	Touches:
Sounds:	Sounds:
Images:	Images:

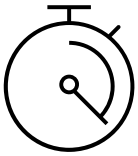
Norepinephrine piggybacking

You know how you can suddenly clean up the day before a flat inspection because you know you can't postpone it any longer? This is because URGENCY is now pushing you into the Go-Zone.

However, **urgency must have accountability attached**, otherwise you can keep putting it off forever.

WARNING: Flying too close to the sun (red zone → overwhelm)

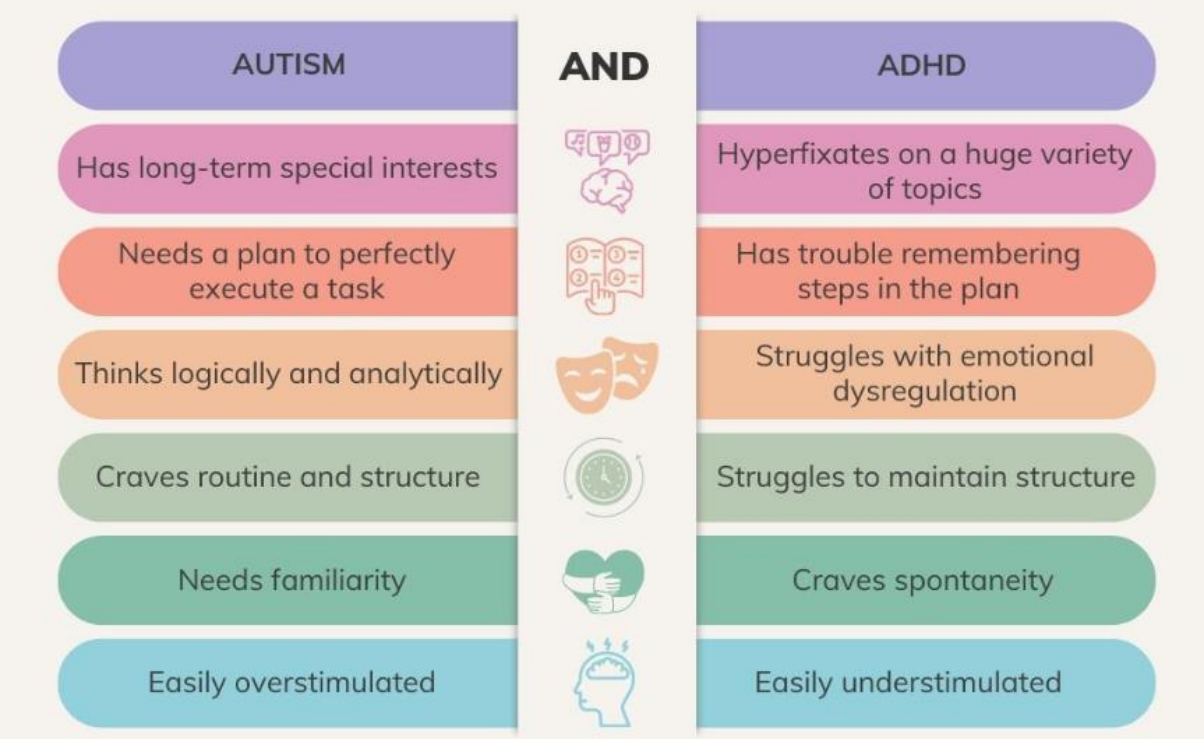
You want to be just warm enough without getting burnt. Use these methods in small bursts, monitor how they impact your anxiety.

Urgency 	Set your study time to 1 hour before an appointment you can't move, a bus you can't miss, a phonecall you must answer etc. Use timers and countdowns to set a limit Pomodoro technique Set deadlines for tasks not just the final result. Don't start too early if you know that doesn't work for you – clear your schedule for later. Reframe your stress as 'deadline energy'.
Accountability 	Tell your tutor you will submit a draft X days before the due date - you can't reschedule it. Pair up: you will email your drafts to eachother at X time/day. Requires BOTH to commit. Show your progress to someone at the end of the day. Can be your flatmate, family etc. Try online body doubling videos or Deepwrk.

A note on AuDHD

If you are Autistic and have ADHD (often called AuDHD), you may find your **Go-Zone is even narrower** as you become more easily overwhelmed due to sensory, social, or cognitive demands.

Research varies greatly in their estimates, but conservatively about **20% of people with ADHD are also Autistic**. Many individuals will be diagnosed with one or the other first, before later discovering they have both**. ADHD and Autistic traits often 'mask' or cover each other up,** making it more difficult to pick up, recognise, or correctly diagnose. Late diagnosis is common.



https://www.instagram.com/neurodivergent_coaching/p/C5oN5kJNqIF/

AuDHD can seem very contradictory, as the Autistic traits can strongly prefer routine and order, but the ADHD traits thrive in spontaneity and chaos. The executive function challenges of ADHD also make it harder to maintain the ordered lifestyle Autistic brains need - often resulting in high anxiety. If you are AuDHD your strategies will need to consider both conditions.

Getting started on a task

Getting into action can be particularly difficult for large or multi-step tasks. If can feel too overwhelming or like we just don't know where to start. The end is too far away - and we need Dopamine NOW!

It's like getting a boulder to roll up a hill and then down the other side – hard to get going, but once going it will keep rolling for a long time!

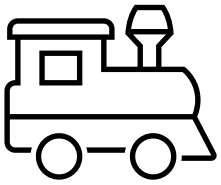
Try tricking your brain by:

- Breaking the task into **smaller tasks** first (try Goblin Tools)
- Add in a **pleasant transition** like playing music, lighting a scented candle, or getting some snacks ready.
- Say **'I will just do it for 5 minutes'** – reducing the demand can make it seem more doable. It's easier to keep going once you have started.
- Say **"I'm JUST…"** e.g. "I'm JUST going to open my laptop", then "I'm JUST going to write the title in a word doc" etc. You are again reducing demand by focusing on a tiny detail.
- Give yourself a **treat as you start** the task – don't wait until after the task is completed.
- Congratulate yourself for getting started – this is the hardest part so should have the biggest cheer!

Switching Tracks

Why is it that we can seem to ‘switch tracks’ rapidly and become easily distracted by whatever our brain latches onto, but often find it hard to do this when we ‘have to’?

Think of it like a steam train on a track…



A steam train requires a lot of fuel to get into motion. It starts off slowly and builds momentum over time.

ADHD brains also find it hard to start, but once it does get going it will continue full steam ahead. Our brain wants to keep sticking to that task until the dopamine has run out.

When our brain is in control of the journey it is on, it will switch tracks at-will by veering off at the next junction.

It is a seemingly smooth transition guided by our brain’s interest. (To other people it can seem very erratic!)

Your brain is the conductor who gets to make the decisions, and we are in the carriage along for the ride.

When we have to switch to another track before we are ready, have a sudden interruption, or other people/demands are wanting us to switch tracks; there is no junction available!

It is like having to pick up the train from one track and dump it to the next one!

That's going to be very difficult for our train conductor…

This is why we can feel unsettled and even angry when we have to switch our tracks. Sudden transitions are hard!

It's also hard to then return back to that first track again…

The longer the train has been on the track, the more momentum it has built up and the harder it will be to get it to suddenly switch or stop. It can take a long time to slow down.

For example - if we are deeply invested in a track late at night, we won't be able to switch off very quickly. Our mind train will keep racing along and we won't get to sleep until it has 'run out of steam'.

Even if we have stopped that activity, the train doesn't just grind to a sudden stop – that momentum/energy must go somewhere.

You probably used up a lot of fuel on your journey and may not have enough left to complete other tasks. Be sure to rest!

So what do we do?

- Use this to your advantage!
- Allow yourself **long stretches of time for tasks** that need a lot of momentum to start – it is likely you do better with one x 2 hour study slot than four x 30 min study slots throughout the day.
- **Limit the chance of sudden demands to** switch tracks (like interruptions) – turn off phone/computer notifications, use noise cancelling headphones, ask people not to disturb you.
- Build in junctions (gentle switching) between tasks by allowing **plenty of transition time** and ensuring you have **enough warning** (timers, countdown, reminders).
- If your brain is switching tracks a lot – try and go with it. Have a lot of **options for 'on task' activities** nearby. Don't be afraid to jump around different lecture notes, assignments, cleaning tasks. You may not get one task completely done, but you will progress parts of several.
- Use **music to help you link certain 'task' tracks to with song 'tracks'**. This can help remind you what track you want to be on e.g. A playlist for cleaning, a playlist for studying, a play list for writing assignments. You can be as specific or broad as you like.
- Try cleaning/tidying like a 'Roomba' and **bounce from task to task that take your fancy** rather than 'having' to finish one at a time. Let the conductor switch tracks at will.
- Ensure you have **somewhere for the train to go to start slowing down** after a long journey. Don't expect it to suddenly stop. Go for a walk, stretch, draw, change music.

But what if it doesn't work! Don't Panic!

Sometimes we try out best to Dopamine Piggyback, have gentle starts or create false deadlines and it **STILL DOESN'T WORK!**

If you are at the stage where your avoidance is still very high you can be assured the last minute **'deadline rush'** will almost always kick in. These are your **Powerwork Hours** to hyperfocus until it is done to the best of your ability in the remaining time.

Practice noticing what this feels like and **how close to the deadline this kicks in for you – is it 24hrs? 12hrs?** These are your **POWERWORK HOURS.**

'Time management' is preparing for the sprint – not the marathon.

Ensure that this time slot is protected to ensure you can work on your study/assignment/essay when you do get in that zone. If you finally get the push to start working but you have work, other chores, social obligations, cooking etc you will lose valuable work time and your stress will increase.

- Write down your assignment due date on a calendar.
- Add a protected time in the **Powerwork Hours** beforehand.
- **Do not schedule any other activities in this time.**
- Use the rest of the time before your Powerwork Hours to do chores, gather your notes, clean off your desk. This is essential prep to ensure the Powerwork Hours run smoothly; **when you feel should be doing something – be prepping!**
- Have ready to eat meals/snacks and hydration to last you the length of your Powerwork Hours.
- Choose where you will work and set up the space – home? Library?

Lets look at an example:

Jo, Jamie, and Ana are flatmates in the same course with an essay due at 5pm on Friday. The essay takes about **8hrs** to complete.

Jo does not have ADHD, Jamie and Ana do.

They all do different things to prepare for their race to the finish. The race can be run in short amounts each day, or all in one go.

Jo works consistently over the week. They are running the marathon.

Jamie and Ana work best with one long burst. They are running a sprint.

Jo works best in short chunks consistently over time, so plans out their week accordingly. They find it relatively easy to fit in their writing time around other activities.

Jo's 'marathon' timetable might look like this:

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Day	Class 9-3	Writing 2 hours Laundry	Class 9-3	Class 9-3	Editing 2 hrs
Night	Writing 2 hours Clean bathroom	Family night	Writing 1 hour My night to cook	Writing 1 hour Online Gaming night	ESSAY DUE 5PM

Jamie and Ana work best in long chunks near the deadline, so their 'planning' looks different.

Jamie knows his Power Hours kick in **24 hours before** due time.

Ana knows her Power Hours kick in **12 hours before** due time.

Jamie's 24hr 'sprint' timetable might look like this:

He usually has work on Thursday night but let his boss know ahead of time he would need to swap shifts this week.

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Day	Class 9-3	Get notes ready	Class 9-3	Class 9-3 Rest	4 POWER HOURS
Night	Tidy desk Laundry	Working (shift swap)	Working	4 POWER HOURS	ESSAY DUE 5PM

Ana's 12hr 'sprint' timetable might look like this:

She usually cooks Thursday night but has swapped for Tuesday. The flat will have takeaway on Thursday instead.

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Day	Class 9-3	Tidy room Laundry	Class 9-3	Class 9-3 Final prep	8 POWER HOURS
Night	Football practice	My night to cook (swapped)	Get notes ready	Got to bed early to be up at 5am	ESSAY DUE 5PM

Fidgets and Stims

Fidgeting: to regulate body activity, cognitive activity/boredom.

Stimming: to regulate emotion/nervous system, is stereotyped/repetitive in nature.

All humans fidget and stim – some more than others.

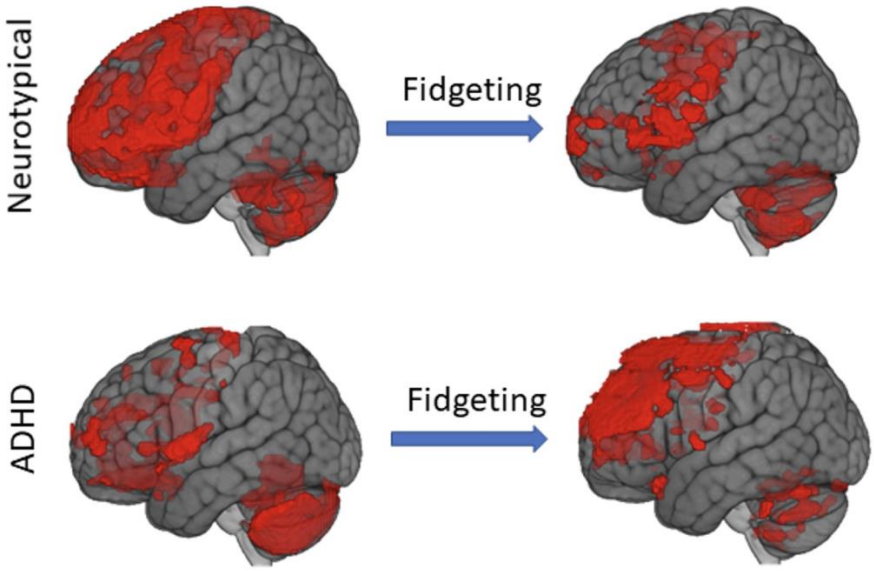
Fidgeting is more common with ADHD than without; stimming is more common with Autism than without. You probably do both.

My fidgets:

My stims:

Why fidgeting works for ADHD

- Enhanced brain-body connection.
- Increasing stimulation level allows us to get over the 'hump'.
- Providing an 'intended distraction' to lessen mind-wandering towards 'unintended distractions'.



https://www.matai.org.nz/adhd/

Executive Function

So what is this exactly? Well it's part of our higher-level thinking system located in the pre-frontal cortex (PFC) of our brain.

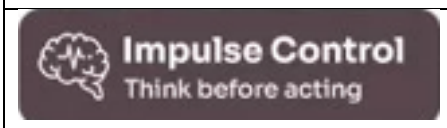
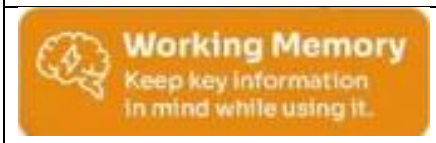
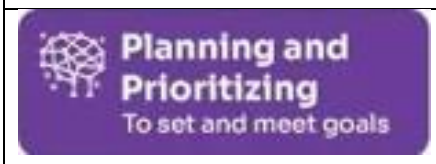
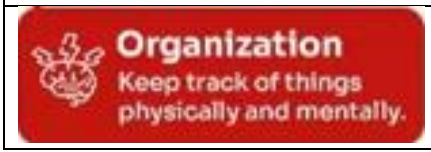
What does it do? EF does a lot of jobs related to planning, starting, staying on track, completing tasks that don't have an instant (Dopamine) reward.

Oh, so all the stuff I find hard? Yup! Executive functions are some of the most impacted areas in ADHD.

Why is it so hard? Remember how we looked at Dopamine and Norepinephrine? Those are key neurotransmitters for executive function, and unfortunately ADHD brains just don't have enough.

The prefrontal cortex is the last area to mature in human brains, which is why children and teenagers also struggle with executive functions.

Let's have a look at your executive functions

	When is it hardest?	What helps me?
		
		
		
		
		
		
		
		

What is your biggest executive function challenge?

What is the best support strategy for you?

Self-talk

We have thousands of thoughts running though our minds each day and we pay more attention to some than to others.

'Negative' or 'Unhelpful' thoughts are often given more attention due to the primitive drive to address problems in our environment. **We survive by focusing on the wolf – not the flower**.

Our modern lives don't have many wolves, but our brain will treat perceived threats as a wolf regardless. Real threats are dealt with very quickly and automatically by our fight/flight system. Looming threats are not so easily acted upon.

We tend to avoid discomfort – including uncomfortable thoughts.

However, **if you push it away it will almost always some back** – like trying to ignore a small child asking a question.

By acknowledging/accepting that the thought is present, and putting some 'distance' between it and us, we can move onward.

A thought is not a fact, we don't need to argue with it, we just need to see it for what it is. We can choose to feed it or let it go.

This is a technique from **ACT** (Acceptance and Commitment Therapy) call *diffusion*.

For example:

➔ “I am lazy and useless”
➔ I notice I am having the thought that I am lazy and useless.
➔ Right now my brain is saying I am lazy and useless.

Now you try:

➔ I am:

How does this thought make you feel?:

➔ I’m noticing I’m having the thought:
➔ Right now my brain is saying:

How do you feel after diffusing that thought?:

What have you learnt about your brain?

Self acceptance – what will you say about your brain now?

Emotions

ADHDers often labelled as having 'volatile' emotions, 'emotional dysregulation', and 'over-reactions' akin to a child's 'tantrum'.

First of all, know that all emotions are valid.

There are no 'good' or 'bad' emotions because each serves a purpose – they are a way of telling ourselves something about our situation and *what we need to do about it*.

Emotion	**Message**	**Action**
Happiness	This is good	Keep doing it
Fear	This is a threat to me	Fight/flight/freeze/fawn/flop to protect self
Anger	This is not okay This is a threat	Fight/act to make it stop, protect self/others
Sadness	I am hurt – physical, emotional, relational	Connect with other people to support me
Grief	I have lost someone/something I care about	Acknowledge why this was important to me, the gap it will leave, connect
Guilt	I have done something wrong, I've gone against my values	Don't do that again Replay/review mistake

We are often told not to feel or express 'bad/negative' feelings because they upset other people. We are praised for sharing 'good' feelings like happiness. Basically – **people catch feels, and they don't like to catch 'bad' feels.**

Because our brains are flying closer to the red-zone than many non-ADHD brains, we are simply more likely to cross over the line. Emotions don't tend to slowly progress in their intensity for ADHD brains – instead they will often jump-scare us of nowhere.

Noticing emotions in our body

By noticing our early emotional signals we can give ourselves a bit more warning before we hit the red zone.

This can be difficult for a number of reasons:

- **Poor interoception:** Difficulty/inability to notice internal body state changes including hunger, tension, heartrate,
- **Alexithymia:** Difficulty/inability to notice and put a name to emotions being experienced, narrow down which feeling it is. More common in ADHD (40% have it) and Autism (50+% have it) vs general population (10% have it).
- **Ignoring** smaller signs of emotion or thinking we can ride it out; only noticing/responding to the more intense signs.

Here are some tips on learning how to notice emotions before they become difficult to manage:

- Note what ***behaviours*** **you do more/less of** when experiencing that emotion – e.g. pacing, swearing, avoiding.
- Notice the **changes in your body** when you listen to different emotional songs or watch video clips.
- Ask someone you trust to reflect back what they see when you feel different emotions.
- Notice what you start to do with your hands – e.g. clenched, rubbing, wringing, skin picking, chewing nails.

It is especially important to understand how you feel anger in your body as this can lead to harming ourselves, others, and our relationships. When our limbic system (emotional) is activated, our PFC (rational) is less active and so our choices are more emotional and 'in the heat of the moment'.

The Anger Iceberg

https://healthbound.ca/the-anger-iceberg/

Did you know that **Anger is a 'secondary emotion'**?

That means there is always another emotion sitting underneath it. **Usually the primary emotion is a vulnerable one** (fear, grief, sadness, jealousy). These emotions drive us to connect with others, but leave us feeling 'vulnerable' to attack.

We need to feel safe to express those primary emotions or we will likely default to Anger.

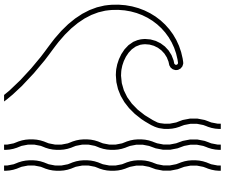
Anger makes us act to do something about the situation – but it's not always well thought out what that 'act' will be. **Anger pushes people away so we feel less vulnerable.**

Think about getting cut off while driving and almost being hit – you respond with Anger right?

Your primary emotion was probably Fear – but **when you don't know the other person you don't feel safe to be vulnerable**, so you default to Anger mode. Anger gives you adrenaline to be ready to fight off any more incoming threats – even if there aren't any.

We need to notice early on what we are feeling so we can act (not *react*!) in a balanced way.

Ideally notice the 'below water' primary emotion and respond to that before it becomes anger. If that's not possible, notice and respond to the small anger.

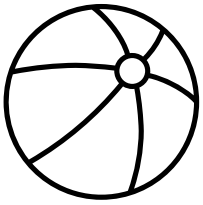


Steps to managing our heightened emotion

- **Notice signs** in your body and your behaviour
- **Pause** – avoid your instinct to react verbally/physically
- **Remove yourself** from the situation – don't stay around what increases your anger. *If you can't physically leave; mentally disengage from the situation*.
- If you can, say you need a break
- Take **deep breaths**
- **Calm your body** before trying to rationalise your thoughts
- Notice signs in your body and behaviour that you are calm
- **Reflect on your thoughts, needs, options**
- You do not need to immediately return to a situation
- Only return after an argument when BOTH of you are calm

Remember: you want to dial down your Limbic and dial up your PFC. You are not trying to 'get rid' or your emotion.

Supressing feelings is like pushing a beachball underwater – you can't hold it there forever. When you push it down you lose control of when it will pop back up. Take time to process it when it is small and you are calm.



Have a go filling out this table:

Choose two different 'Primary emotions' that often lead to your anger (e.g. fear, shame), as well as *small anger* and **BIG ANGER**

	What I FEEL (in my body)	**What I THINK**	**What I DO**	**What HELPS**
Primary emotion: *e.g. Fear*	*Wired, shaky, heart in throat*	*Danger! Get away! How dare you!*	*I want to run or fight it, yell/scream*	*Deep breath, seek safety, Tell someone*
Primary emotion:				
Primary emotion:				
small anger				
BIG ANGER				

If you would like support for your emotions – see the last page of this workbook on how to contact counselling support.

‘Rejection Sensitivity Dysphoria’

While RSD is not a medically recognised term or a criterium for ADHD, many people find it describes their experiences well.

RSD describes experiencing a strong reaction to real or perceived criticism or rejection.

Humans are wired for connection to others and have had rely on social acceptance to survive for millennia. We have an innate drive to conform within the accepted boundaries of our social groups. This is what keeps us adhering to social and cultural norms, lest we be cast out. Even though we have greater ability to form new groups much more easily in the modern age, we still fear ostracism.

It is difficult to know whether RSD is a core component of ADHD, or whether it is a conditioned result of having had a lot of negative interactions, feedback, and self-talk due to ADHD behaviours. People who have experienced abuse, bullying, neglect, and exclusion can also experience RSD.

It is likely a combination of both – the underlying sensitivity to abandonment/rejection is dialled up the more we are exposed to real or perceived negative interactions and thoughts. It may be we are wired to have an even greater need/desire to be accepted and socially connected. When this feels jeopardized, we react strongly.

What can we do about RSD?

- Ask for warning and preparation time before being given feedback. You can then prepare yourself to be in a calmer state before you meet. (Review your 'Something Calming')
- Ask for clarity about what a meeting will cover i.e. "Please see me after class to go over your timetable changes" is much better than "Please see me after class"
- Remind yourself that you are sensitive to all kinds of feedback – it is part of how your brain is wired to care about connecting to other people.
- You are also likely very sensitive to praise! Ask for positive feedback too.
- Recall times when you have done things well – it can be useful to collect them all in a 'Positive Feedback' document.
- Know the difference between feedback and criticism;
  Feedback is to help you learn, grow and make positive changes. It is about a *specific behaviour*.
  Criticism is a *judgement without advice*.
- Often we will see feedback as criticism – a judgment on our value and worth as a person. Take a moment to remember your worth is not based on your successes or mistakes. Your worth comes from living your values. *It's true!*
- Ask for feedback to have specifics on what to do differently – remember that giving feedback is also a skill, and not everyone has this nailed down.
- Text messages and emails don't provide the same level of context as a face-to-face message. They can read as a lot colder than they were intended to be. Ask for clarification.
- Ensure you remember *why* you made the error – usually you had good intentions or didn't know any differently.

Receiving Feedback

Text from Friend: *Hi, next time you borrow my jersey can you please wash it before you return it? Thanks* 😊

Oof. Feel the RSD kicking in?

Remember everyone has the right to ask for what they need in a polite way – which is what Friend has done.

Reply to Friend: *Hi Friend, thanks for letting me know - I was thinking I needed to get it back to you ASAP before I forgot I had it – next time I will be sure to wash it first. Cheers* 😊

This response gives clarity on what your intentions were without make it an excuse because you also stated what you will change.

So we have 3 parts here:

- Thanks for the feedback (Acknowledgement)
- Here's what I was thinking at the time (Explanation)
- Here's what I will do differently (Change/Accountability)

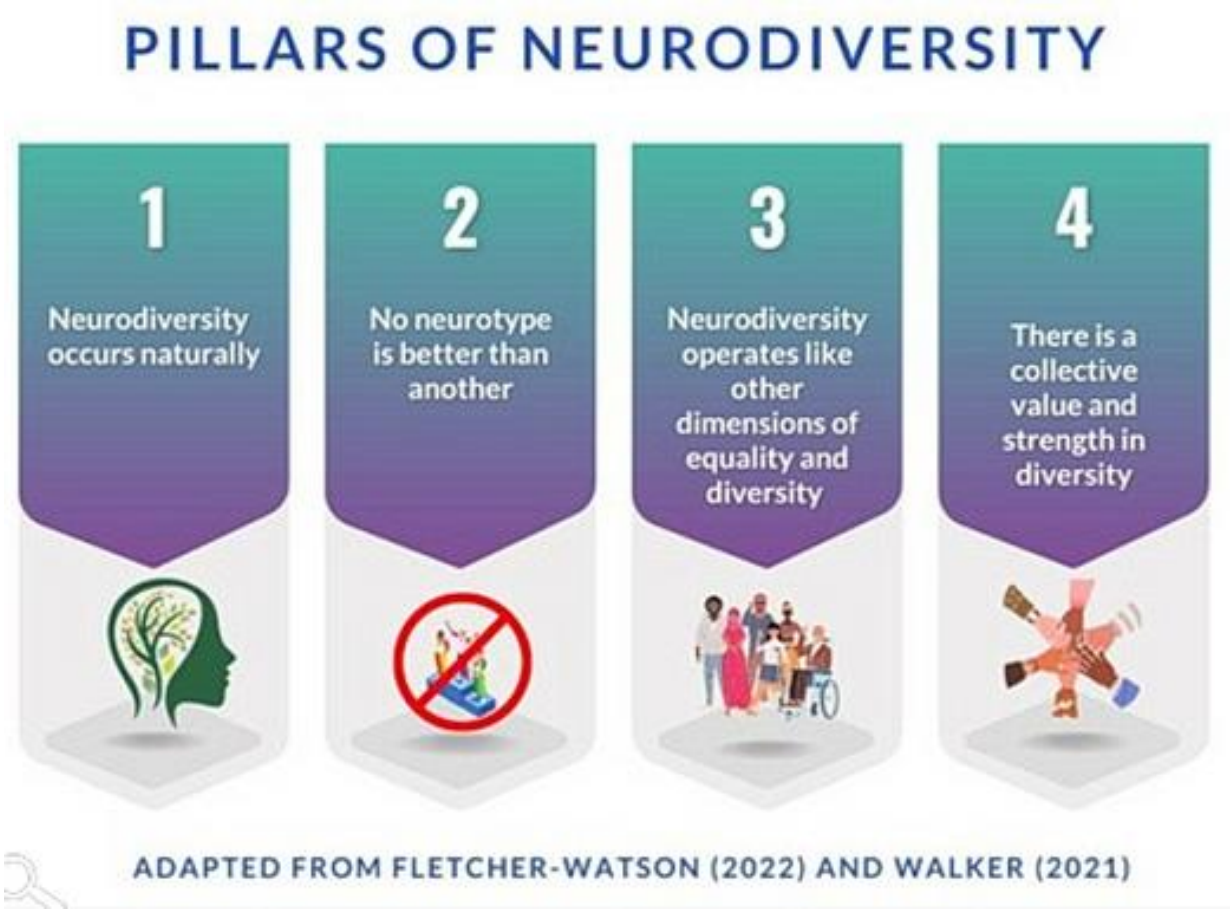
You don't always need to give the 'explanation' part, but it's helpful where you feel you may have been misinterpreted.

ADHD Strengths

Often we focus a lot of our attention on what's going wrong – what we find hard and how to 'fix' it.

The truth is no brain is good at *everything* and no brains are good at exactly the *same* thing. If all human brains were fantastic at physics and only physics, we wouldn't have chefs, artists, nurses, plumbers, teachers, or any other roles invaluable to our society.

This is a cornerstone of the Neurodiversity movement.



Yes, some things are important to do and we need to find strategies to manage them - like remembering to pay bills or get our work handed in on time.

But ADHD is more than a 'deficit' disorder – it also comes with a number of amazing strengths to be harnessed.

Remember the **racecar brain with bicycle brakes**? When we play to our strengths, the lack of brakes becomes less of an issue. We can 'drag race' our strength, compared to constantly needing to navigate corners in the F1 racetrack of our challenges.

We need to use brakes a lot more often in the F1 racetrack compared to the Drag strip!

What are your biggest strengths?

ADHD Strengths	How I use this strength
Energy and Speed – fast thinking, high energy, spontaneous	
Creativity – artistic, outside the box thinking	
Resilience – higher tolerance for chaos and ambiguity, work in high stress	
Being different – individual, combat social norms, enhanced personality	
Empathy – greater awareness and acceptance of differences, supporting social causes	
Risk taking – taking opportunities, acting quickly, decisive	
Passion – enthusiasm, hyperfocus, good memory for interests	

Looking after your wellbeing

Lifestyle Balance

Te Whare Tapa Wha (The house of four walls) is an excellent model to reflect on which areas of your life are strong or needing support, and what you might do to strengthen them.

Each 'wall' is a different aspect of your wellbeing.

Every event in our lives impacts ALL of our taha; some more so than others.

Write down what is **impacting** each Taha for you right now:

Taha Tinana (Physical)	Taha Whanau (Social)
Taha Hinengaro (Mental/Emotion)	Taha Wairua (Spirit/Peace)

My strongest Taha is:

My Taha that needs more care is:

Now write down what activities **strengthen** each of your taha:

Taha Tinana (Physical)	Taha Whanau (Social)
Taha Hinengaro (Mental/Emotion)	Taha Wairua (Spirit/Peace)

When we regularly strengthen our taha we are setting ourselves up to be resilient and healthy. It also ensures we ride out tough times like studying for exams or writing assignments.

<u>In times of higher stress we need to do more self-care, not less.</u>

Hint: try the free 'Headstrong' App

Summing up my tip-top top-tips

My brain works best under these conditions:

When I need to start a task I can:

To increase the Dopamine/Norepinephrine of a task I can make it:

Novel:

Interesting:

Challenging:

Extremely Urgent:

Environments I like to work in:

My study kit includes these items:

When I feel overwhelmed I can do:

Breathing exercise:

Mindfulness activity:

Calming/restful activity:

Who I can talk to:

Assistive Technology and Apps

	What is it?	What does it do?
Goblin Tools 	AI – break down tasks into actionable steps, magic to-do list	Acts like an external executive function, makes a big task more manageable
Kumo Study 	Planner + Pomodoro + Bookmarks	Helps to organise your study timetable and start tasks
Notebook LM 	AI – combine info and summarise it, make quiz questions from your notes, make a podcast style audio of your notes	Searches and summarises information, good for studying – **NOT for writing your assignments.**
Read and Write Gold 	Computer Toolbar - text to speech, screen tinting and masking, turn words to audio files, dictionary	Making written documents and your own writing more accessible. (Use your student email to register)
Visual Timer 	Online timers that use visual cues rather than numbers/clocks	Keep track of time passed/to go in a more concrete way
Finch 	App that encourages daily self-care tasks, to do list, mindfulness, distress toolkit	Encourages small daily self-care and your own 'to-do' tasks by collecting gems.
Headstrong 	App/Website – guided CBT, Te whare tapa wha, positive psych, mindfulness	Develop your wellbeing toolbox and skills. NZ developed.

Support at Ara

Support Service	What they do	Contact
Learning services	Tackling assignments, time management, APA referencing, study tips, online learning, use of AI, exam prep	Quick questions: M-F 12-1pm and Thur 3-5 in Madras Library. M-Thur 12-1 in Timaru Library. Māori QQ's: M,T,T 11-1 Madras Library Pacific QQ's: W+F 11-1 Madras library, Tu+Th 3-4 in X306 Madras www.myara.ara.ac.nz/pages/explore/academic-support learningservices@ara.ac.nz
Disability services	Individual access plans (IAP's), accessibility support, assistive technology, exam supports	Quick questions: M-F 12-1 in Madras Library room L113. T,W,T,F, 12-1 in Timaru Library. disability@ara.ac.nz
Vitae	Free online or offsite in-person counselling	www.vitae.co.nz/Te-Pukenga/ 0508 664 981
Ara health centre	Counsellor Doctors Nurses Social worker	Madras campus – W block Mon to Thur - 9am to 4pm Friday - 9am to 3pm healthcentre@ara.ac.nz (03) 940 7566
Wellbeing leads	Check ins, wellbeing support, make referrals, support strategies, chats	Arnika.vandenberg@ara.ac.nz Tara-lee.taukiri@ara.ac.nz Greg.galovale@ara.ac.nz

Further Resources

Books/Audiobooks

ADHD 2.0 - Edward M. Hallowell and John J. Ratey

Dirty Laundry – Richard Pink and Roxanne Emery

Small Talk - Richard Pink and Roxanne Emery

The year I met my brain – Matilda Bosely

How to keep house while drowning – KP Davis

Youtube Channels

How to ADHD

ADHD Love

Life Actuator

ADHD Chatter Podcast

AuDHD Books/Audiobooks

Different not Less – Chloe Hayden

AuDHD youtube Channels

Yo Samdy Sam

NeurodiverJENNt

The Aspie World

Morgan Foley

Purple Ella

Chloe Hayden