COMPANION TO THE SECOND EDITION

The RSD & ADHD Workbook

One hundred and twenty worksheets. Ruled lines, real space, and a prompt on every page — the one place you write.

Every sheet here belongs to a chapter of *RSD & ADHD: Thriving with a Luminous Mind*, and each is built to photocopy clean, so a single page can be handed to a clinician without lending the whole book.

AMMANUEL SANTA ANNA · LUMINOUS PROSPERITY

The Rejection Log

Turn a blur of bad moments into observable data.

Complete one row within an hour of the event if you can. Accuracy matters more than tidiness.

WHEN · DAILY, FOR ONE WEEK

What happened — the observable facts only (who, what, where)

What I concluded it meant about me

Intensity of the feeling at its peak

0 1 2 3 4 5 6 7 8 9 10

0 — BARELY NOTICED 10 — UNBEARABLE

How long before the intensity halved?

What I did next

BRINGING THIS TO YOUR CLINICIAN

Review logs for the interval between trigger and peak; a very short interval suggests emotional impulsiveness rather than rumination, and shifts the intervention toward pre-emptive regulation.

Trigger Map: Where It Lands

Locate which domains carry the most rejection charge.

Rate each domain by how often rejection sensitivity fires there this month.

WHEN · ONCE, THEN REVISIT QUARTERLY

Work or school

0 1 2 3 4 5 6 7 8 9 10

RARELY CONSTANTLY

Close relationships

0 1 2 3 4 5 6 7 8 9 10

RARELY CONSTANTLY

Family of origin

0 1 2 3 4 5 6 7 8 9 10

RARELY CONSTANTLY

Friendships and group settings

0 1 2 3 4 5 6 7 8 9 10

RARELY CONSTANTLY

Online and text

0 1 2 3 4 5 6 7 8 9 10

RARELY CONSTANTLY

The single domain I would most like to change

BRINGING THIS TO YOUR CLINICIAN

Domain concentration guides sequencing: begin skills practice in the second-hottest domain, where motivation is present but stakes are survivable.

The Ninety-Second Body Scan

Practise noticing the physical signature before the story arrives.

Sit. Move attention slowly from jaw to chest to belly to hands. Mark what you find, without fixing anything.

WHEN · TWICE DAILY, AND AFTER ANY SPIKE

Where I felt it

Before the thought	After the thought

The first sensation to arrive

The sensation that lasted longest

> *Nothing here needs to change. Noticing is the entire exercise.*

BRINGING THIS TO YOUR CLINICIAN

Interoceptive labelling is the prerequisite for most downstream skills. If the scan produces numbness or alarm, shorten to thirty seconds and add an external anchor.

Shame Spiral Interrupt

Catch the descent at the earliest link in the chain.

Write the chain you know well, then choose one link where an interruption is realistic.

WHEN · ONCE, THEN KEEP THE CARD VISIBLE

Link one — the trigger

Link two — the first thought

Link three — the feeling

Link four — what I do

Link five — what I conclude about myself

The link I will interrupt, and the exact sentence I will say to myself

BRINGING THIS TO YOUR CLINICIAN

Ask the client to say the interrupting sentence aloud in session. A sentence that cannot be said aloud without flinching is usually too abstract.

Evidence For, Evidence Against

Test a rejection conclusion the way you would test anyone else's.

State the conclusion in one sentence, then gather both columns before deciding.

WHEN · WHENEVER A CONCLUSION FEELS LIKE A FACT

The conclusion, in one sentence

Evidence for

Evidence against

A conclusion that fits all the evidence

BRINGING THIS TO YOUR CLINICIAN

Standard cognitive restructuring, with one adaptation: keep the written form short. Long worksheets are abandoned by clients with working-memory load.

The Story and the Data

Separate what happened from what you made of it.

Two columns, same event. Write the data first — it is harder than it looks.

WHEN · TWO OR THREE TIMES A WEEK

The data — recordable by a camera

The story — my interpretation

One question I could ask to find out which is true

BRINGING THIS TO YOUR CLINICIAN

When clients cannot generate data-only descriptions, model one aloud from a neutral event before returning to the charged one.

My Early Warning Signs

Build a personal alarm that fires before the flood.

Fill this out on a calm day. Ask one person who knows you well to add to it.

WHEN · ONCE, REVISIT EVERY FEW MONTHS

In my body

In my thinking

In my behaviour — what others might notice first

What I will do at the first sign

- ☐ Name it silently
- ☐ Slow the exhale
- ☐ Delay any reply by an hour
- ☐ Move my body
- ☐ Contact one person
- ☐ Write before speaking

Who I have told about these signs

BRINGING THIS TO YOUR CLINICIAN

Collateral report improves accuracy here; behavioural signs are more visible to others than to the person having them.

Three Questions for Compassionate Awareness

Meet the pain without adding to it.

Answer slowly, in the first person, as though writing to someone you love.

WHEN · AFTER A DIFFICULT DAY

What am I feeling right now, named as plainly as I can?

Where did this sensitivity learn to be this vigilant — and what was it protecting?

What would I say to a friend in exactly this moment?

BRINGING THIS TO YOUR CLINICIAN

Self-compassion is associated with better mental-health outcomes in adults with ADHD; treat these questions as skills practice, not insight-hunting.

What Held: A Strengths Inventory

Name the capacities that carried you through, since they are the ones we build on.

Think of a specific hard episode you came through. Answer about that episode.

WHEN · ONCE PER MONTH

Describe the episode in two lines

What did I do that helped, even slightly?

Which of my strengths was in use, even if I did not notice at the time?

Who or what did I draw on — and what does that tell me about my resources?

What value was I protecting by struggling so hard?

BRINGING THIS TO YOUR CLINICIAN

Appreciative inquiry framing shifts attention to existing competence; it is a useful counterweight in a session dominated by deficit language.

Journal Page — Chapter One

Unstructured writing, three prompts, no editing.

Fifteen minutes. Do not correct spelling. Nobody reads this but you.

WHEN · END OF THE WEEK

> *Prompt one — Write about the first time you remember bracing for rejection.*

> *Prompt two — What has your sensitivity cost you, and what has it given you?*

> *Prompt three — If your sensitivity could speak, what would it say it needs?*

BRINGING THIS TO YOUR CLINICIAN

Expressive writing shows small but reliable benefits; encourage frequency over polish and do not ask to read it unless the client offers.

Executive Function Self-Map

See which executive domains carry the load, rather than judging the whole self.

Rate current difficulty in each domain over the past two weeks.

WHEN · ONCE, THEN EVERY THREE MONTHS

Getting started

0 1 2 3 4 5 6 7 8 9 10

EASY VERY HARD

Holding a plan in mind

0 1 2 3 4 5 6 7 8 9 10

EASY VERY HARD

Estimating time

0 1 2 3 4 5 6 7 8 9 10

EASY VERY HARD

Switching tasks

0 1 2 3 4 5 6 7 8 9 10

EASY VERY HARD

Regulating emotion

0 1 2 3 4 5 6 7 8 9 10

EASY VERY HARD

Finishing and following through

0 1 2 3 4 5 6 7 8 9 10

EASY VERY HARD

The domain that most affects my daily life

BRINGING THIS TO YOUR CLINICIAN

Mirrors the domain structure of validated executive-function rating scales; use alongside a formal measure rather than instead of one.

Dysregulated, Not Deficient

Describe attention as variable rather than absent.

Recall yesterday. Where did attention go easily, and where did it refuse?

WHEN · WEEKLY

Attention came easily to

Attention refused

What the easy items had in common

What the refusing items had in common

> *Interest, novelty, urgency and challenge tend to appear in the left column. That is information, not a character verdict.*

BRINGING THIS TO YOUR CLINICIAN

Adults commonly describe dysregulated rather than deficient attention; using their language improves alliance and self-report accuracy.

The Hyperfocus Ledger

Track the cost and the gift of deep absorption.

Log episodes lasting more than an hour where you lost track of time.

WHEN · FOR TWO WEEKS

What absorbed me

How long, and what I missed while absorbed

What it produced that I value

What would have helped me exit sooner

- ☐ An alarm in another room
- ☐ A person checking in
- ☐ A hard stop planned in advance
- ☐ Food or water in reach
- ☐ Nothing — the absorption was worth it

One condition I want to reproduce on purpose

BRINGING THIS TO YOUR CLINICIAN

Frame hyperfocus as a state to be scheduled and bounded rather than eliminated; removal attempts tend to reduce engagement without improving function.

Time Estimate Against Time Actual

Recalibrate planning with your own data.

Before each task, write your estimate. Afterwards, write what it took. No commentary.

WHEN · FIVE TASKS A DAY FOR ONE WEEK

Task and my estimate	What it actually took

My average multiplier (actual divided by estimate)

How I will use that multiplier next week

BRINGING THIS TO YOUR CLINICIAN

A personal multiplier is more persuasive than psychoeducation about time blindness, and it gives a concrete parameter for planning work.

Working Memory Offload Plan

Move what you are holding in your head into the world.

List what you are currently trying to remember, then decide where each item will live instead.

WHEN · ONCE, THEN MAINTAIN WEEKLY

Everything I am holding in my head right now

Item	Where it will live instead

The one place I will check every morning

BRINGING THIS TO YOUR CLINICIAN

Externalisation is a core mechanism in adult ADHD treatment; a single check-point beats a sophisticated system with several.

Sensory Profile: Too Much, Too Little

Map the sensory conditions that raise or lower your baseline.

Mark what overwhelms and what settles. Be specific — "noise" is less useful than "overlapping voices".

WHEN · ONCE, THEN ADJUST

Too much — raises my baseline

Settles me — lowers my baseline

Two changes I can make to the room I spend most time in

One accommodation I could request

BRINGING THIS TO YOUR CLINICIAN

Sensory reactivity is not a diagnostic criterion but is frequently reported; documenting it supports concrete accommodation requests.

The Laziness Myth Rewrite

Replace a moral explanation with a mechanical one.

Write the accusation you have absorbed, then the mechanism that actually explains it.

WHEN · ONCE, THEN KEEP IT WHERE YOU CAN SEE IT

The accusation, in the voice I hear it in

What was actually happening — mechanically

What would have helped in that moment

The sentence I will use instead, from now on

BRINGING THIS TO YOUR CLINICIAN

Reattribution reduces shame load, but avoid replacing moral language with fatalism; keep the rewritten sentence agentive.

Motivation Conditions Audit

Identify the conditions under which you reliably begin.

Recall three occasions when starting was easy. Look for the pattern.

WHEN · ONCE, THEN TEST THE PATTERN

Occasion one — what made starting possible

Occasion two

Occasion three

The conditions that recur

- ☐ A deadline with a witness
- ☐ Novelty or a new setting
- ☐ Someone working alongside me
- ☐ A visible first step
- ☐ A clear reason that matters to me
- ☐ Movement beforehand

The one condition I will build into tomorrow

BRINGING THIS TO YOUR CLINICIAN

Conditions-based planning outperforms willpower framing; ask the client to design the environment, not the intention.

Skills, Strengths, Enduring Values

An appreciative inventory of what is already reliable in you.

Answer from evidence — moments, not adjectives.

WHEN · ONCE PER SEASON

A skill I have that others rely on

A strength that shows up even on bad days

A value I have never abandoned, whatever else changed

Where these three met, in one specific episode

What this suggests about where I belong

BRINGING THIS TO YOUR CLINICIAN

Values clarification is a durable target when symptom reduction plateaus; a written record can be revisited when self-report turns global and negative.

Journal Page — Chapter Two

Three prompts on the shape of your own attention.

Fifteen minutes, unedited.

WHEN · END OF THE WEEK

> *Prompt one — Describe a day when your attention worked with you.*

> *Prompt two — What have you been told about your effort that you no longer believe?*

> *Prompt three — What do you want your attention for?*

BRINGING THIS TO YOUR CLINICIAN

Prompt three often surfaces values material that is more workable than symptom complaints.

Seven-Day Rejection Sensitivity Diary

Establish a baseline before changing anything.

One line per day, at the same time each day. Miss a day, resume the next.

WHEN · ONE WEEK, BEFORE STARTING SKILLS

Day and the sharpest moment

Peak intensity, and recovery time

The pattern I can see across the week

BRINGING THIS TO YOUR CLINICIAN

A pre-intervention baseline makes later change visible; without it, clients frequently under-report improvement.

The Feedback Autopsy

Extract the usable part of criticism after the sting fades.

Wait until intensity has dropped by half before completing this.

WHEN · AFTER RECEIVING FEEDBACK

What was actually said — quoted, not paraphrased

What I heard it to mean

What is verifiably true in it

What is not mine to carry

One action I choose to take

BRINGING THIS TO YOUR CLINICIAN

Quoting rather than paraphrasing is the active ingredient; paraphrase preserves the distortion the exercise is meant to expose.

Masking Cost Ledger

Count what camouflage costs, so the choice becomes conscious.

Think of one setting where you perform a version of yourself.

WHEN · ONCE, THEN RECONSIDER QUARTERLY

The setting, and the version of me it requires

What masking buys me

What masking costs me

One place where I could be five per cent more myself

Energy left at the end of a masked day

0 1 2 3 4 5 6 7 8 9 10

DEPLETED INTACT

BRINGING THIS TO YOUR CLINICIAN

Masking and withdrawal recur in qualitative accounts of rejection sensitivity; naming the trade-off explicitly reduces its automaticity.

Shutdown and Overdrive Cycle Map

Chart your own oscillation so you can intervene at the turn.

Draw or describe the last full cycle. Mark where it turns.

WHEN · ONCE, THEN AFTER EACH CYCLE

What overdrive looks like in me

What tips it into shutdown

What shutdown looks like from the inside

What has genuinely helped me come out of it

The earliest point I could realistically intervene

BRINGING THIS TO YOUR CLINICIAN

Target the entry into overdrive rather than the shutdown; by the shutdown phase most active strategies are unavailable.

Missed Deadline Repair Script

Have the words ready before you need them.

Write the message you would actually send. Keep it short, factual, and free of self-attack.

WHEN · PREPARE IN ADVANCE; USE AS NEEDED

Acknowledge, without a paragraph of apology

State what is true about timing

Offer the revised commitment

Ask for what you need

> *Over-apologising invites reassurance-seeking. One clean sentence protects the relationship better than five anxious ones.*

BRINGING THIS TO YOUR CLINICIAN

Rehearse aloud; the written script is usually adequate, and the difficulty lies in tolerating the send.

Anticipatory Avoidance Inventory

Find the opportunities rejection sensitivity is quietly removing.

List things you have not done because of how they might land.

WHEN · ONCE, THEN REVISIT MONTHLY

Not applied for, not asked, not said

What I predicted would happen

What the realistic range of outcomes actually was

The smallest version of one of these I could attempt this month

BRINGING THIS TO YOUR CLINICIAN

Avoidance inventories surface functional impairment that symptom scales miss, and they generate graded-exposure targets in the client's own words.

What I Do Instead

Trace the behaviour that follows the feeling.

Follow one recent episode all the way through to the consequence.

WHEN · TWO OR THREE EPISODES

Trigger

Feeling, named

Urge

What I did

Short-term relief it gave

Longer-term cost

An alternative that serves the same need

BRINGING THIS TO YOUR CLINICIAN

Identify the function of the behaviour before substituting; replacements that do not meet the same need are abandoned within days.

Three Questions for Compassionate Awareness

Practise the tone you would want from someone who loved you.

Write in full sentences, in the first person.

WHEN · AFTER ANY HARD INTERACTION

What is the most tender thing about how I reacted?

What was my reaction trying to protect?

What do I need right now that is actually available to me?

> *Common humanity is part of the practice: thousands of people had a version of this hour today.*

BRINGING THIS TO YOUR CLINICIAN

Kindness, common humanity and mindful awareness are the three components; if a client's answers stay analytical, prompt for the second.

What Worked Before

Mine your own history for strategies that already succeeded.

Recall a period when this was easier. Be forensic about why.

WHEN · ONCE PER MONTH

The period, and what was different about it

What I was doing then that I have stopped doing

Who was around, and what they did

The smallest piece of that period I could restore this week

What this tells me I need in order to be well

BRINGING THIS TO YOUR CLINICIAN

Solution-focused retrieval is well suited to clients whose narrative is uniformly negative; the material is already theirs, so uptake is high.

Journal Page — Chapter Three

Three prompts on the texture of ordinary days.

Fifteen minutes, unedited.

WHEN · END OF THE WEEK

> *Prompt one — Describe today in three sentences, with no judgement in any of them.*

> *Prompt two — What did you brace for that did not happen?*

> *Prompt three — Where were you kind today, to yourself or anyone else?*

BRINGING THIS TO YOUR CLINICIAN

The no-judgement constraint in prompt one is the exercise; expect several attempts before it is achievable.

Name It: The Conclusion in One Sentence

Get the hidden conclusion out of your head and onto paper, where it can be examined.

Write it in the exact words you used to yourself, however harsh. Do not soften it yet.

WHEN · WHENEVER SOMETHING STINGS

The event, in one factual line

The conclusion I drew about myself, in my own words

How true it feels right now

0 1 2 3 4 5 6 7 8 9 10

NOT AT ALL COMPLETELY

How true it would feel to a fair observer

0 1 2 3 4 5 6 7 8 9 10

NOT AT ALL COMPLETELY

What I notice about the gap between those two numbers

BRINGING THIS TO YOUR CLINICIAN

The two-rating gap is the therapeutic material. A gap of zero indicates fusion with the thought and points toward defusion or somatic work before restructuring.

The Camera Test

Separate recordable events from interpretation.

Describe the same episode twice. In the left column, only what a camera and microphone would have captured.

WHEN · TWO OR THREE TIMES A WEEK

What the camera recorded	What I added

One thing in the right column I am willing to hold as a maybe

BRINGING THIS TO YOUR CLINICIAN

If the left column contains adjectives about people, the client has not yet separated the layers; model one line and hand the pen back.

Three Boring Explanations

Break the binary between "fine" and "they hate me".

Generate at least three alternatives, and make them dull. Dull explanations are statistically more likely.

WHEN · WHENEVER AN INTERPRETATION FEELS CERTAIN

What happened

Explanation one — the most boring possible

Explanation two

Explanation three

Which one would I bet money on, and why?

> *A single alternative loses to the original. Three change the shape of the question.*

BRINGING THIS TO YOUR CLINICIAN

Insist on the count. Clients who produce one alternative are doing reassurance, not reappraisal.

The Rejection Reframe

The four movements in one page: name, test, widen, choose.

Work through in order. Do not skip the third movement, even when the answer feels obvious.

WHEN · WEEKLY, OR AFTER ANY SIGNIFICANT STING

NAME — the conclusion in my own words

TEST — what is verifiable, and what is not

WIDEN — three other explanations

CHOOSE — a response I would still endorse tomorrow

The sentence I will actually say or send

BRINGING THIS TO YOUR CLINICIAN

Ask the client to read the final sentence aloud. Endorsement tomorrow is the criterion, not accuracy today.

Feedback Sorting: Mine, Theirs, Neither

Decide what to carry before deciding how to feel.

Take one piece of feedback and place each part of it in a column.

WHEN · AFTER RECEIVING FEEDBACK

The feedback, quoted

Mine to act on

Theirs — about their situation, not mine

Neither — noise I am putting down

The one action I choose

BRINGING THIS TO YOUR CLINICIAN

The "theirs" column is often empty on the first attempt and full on the third.

Return to it.

Boundary Design Sheet

Make the decision now so it does not have to be made while flooded.

Write boundaries as rules about your behaviour, not requests about theirs.

WHEN · ONCE, THEN REVISE AS NEEDED

The situation that repeatedly costs me

My rule, stated as what I will do

What I will say when it is tested

What makes this boundary keepable

- ☐ It does not require anyone else to agree
- ☐ It is specific about time
- ☐ It has one exception, named in advance
- ☐ I have told one person about it
- ☐ It protects rest, not just output

What I expect to feel the first time I keep it

BRINGING THIS TO YOUR CLINICIAN

Boundaries phrased as demands on others fail predictably. Rewrite in the first person before the client leaves the room.

Fear or Intuition: The Three Tests

Tell an accurate read from an old alarm.

Run one current situation through all three tests before acting on it.

WHEN · BEFORE ANY CONSEQUENTIAL DECISION

The situation, and what I believe is happening

TIMING — did this arrive instantly, or accumulate over time?

SPECIFICITY — does it point to behaviour, or to my worth?

TESTABILITY — what question could I ask that would settle it?

After the three tests, my confidence

0 1 2 3 4 5 6 7 8 9 10

THIS IS FEAR THIS IS PERCEPTION

What I will do about it

BRINGING THIS TO YOUR CLINICIAN

These are heuristics, not diagnostics. Where a client's read is accurate, validate it plainly — chronic self-doubt is its own harm.

The Delay Contract

Buy time between the feeling and the irreversible action.

Fill this in on a calm day and keep it where you write messages.

WHEN · ONCE, THEN KEEP VISIBLE

My delay period for replies to criticism

My delay period for decisions about jobs and relationships

Where I will put the draft in the meantime

Who I will show it to first, if anyone

Signed, and dated

> *A delay is not avoidance. It is the same action, taken by a version of you with more information.*

BRINGING THIS TO YOUR CLINICIAN

A written, dated contract improves adherence over a verbal agreement; revisit it when a breach occurs rather than treating the breach as failure.

Reappraisal Rehearsal

Practise the skill at low intensity so it is available at high.

Use a minor irritation — a two out of ten. Run the full sequence anyway.

WHEN · THREE TIMES A WEEK

The small thing

My first interpretation

Two alternatives

The response I chose

Intensity of the original event

0 1 2 3 4 5 6 7 8 9 10

0 10

> *Skills rehearsed at intensity two are retrievable at intensity eight. Skills first attempted at eight are not.*

BRINGING THIS TO YOUR CLINICIAN

Deliberate low-stakes practice is the single most reliable predictor of in-the-moment use; assign it as practice, not homework about feelings.

Journal Page — Chapter Four

Three prompts on the second look.

Fifteen minutes, unedited.

WHEN · END OF THE WEEK

> *Prompt one — Take a recent sting and write three boring explanations. Then write which you would bet on.*

> *Prompt two — Write the boundary you most need, and the words you would use.*

> *Prompt three — Describe a time your intuition was right and you honoured it. How did it differ from fear?*

BRINGING THIS TO YOUR CLINICIAN

Prompt three builds discrimination between signal and alarm using the client's own evidence.

My STOPP Card

A five-word protocol you can retrieve while flooded.

Complete the right column in your own words. Cut along the box and carry it.

WHEN · FILL ONCE; CARRY ALWAYS

The step	What I will actually do
Stop / Breathe / Observe / Pull back / Practise	

Cut-out card — my five words, in my handwriting

> *Five words survive in working memory under load. A better, longer protocol will not.*

BRINGING THIS TO YOUR CLINICIAN

Have the client write the card in session, in their own hand. Cards produced elsewhere are rarely carried.

Grounding Menu: Five Senses

Assemble your own options before you need them.

Fill in what actually works for you — not what should work.

WHEN · ONCE, THEN REFINE

See

Hear

Touch — including temperature and weight

Smell or taste

Move

Where I will keep these available

- ☐ At my desk
- ☐ In a bag or pocket
- ☐ By the bed
- ☐ In the car
- ☐ On my phone lock screen

BRINGING THIS TO YOUR CLINICIAN

Grounding is more effective when pre-selected and physically available; an abstract menu is not a plan.

The Exhale Practice Log

Build a slow-breathing habit and observe your own results.

Two minutes, exhale longer than the inhale. Record before and after. Describe effects, not mechanisms.

WHEN · TWICE DAILY FOR TWO WEEKS

Day and time

Arousal before / after (0-10)

What I notice after two weeks of this

BRINGING THIS TO YOUR CLINICIAN

Slow-paced breathing has measurable effects on subjective arousal; the popular vagal explanation is contested (see Chapter Nine). Describe effects behaviourally.

Pendulation Practice Sheet

Move attention between activation and ease, rather than staying inside activation.

Find the activated place. Find a neutral or settled place. Move between them slowly, three times. Stop if it worsens.

WHEN · AS NEEDED, BRIEFLY

Where the activation sits

Where there is neutral or ease

Activation before

0 1 2 3 4 5 6 7 8 9 10

0 10

Activation after three cycles

0 1 2 3 4 5 6 7 8 9 10

0 10

What I noticed

> *If moving attention makes it worse, stop. Use external grounding instead. This technique is a clinical model with limited controlled evidence.*

BRINGING THIS TO YOUR CLINICIAN

Screen for dissociation before assigning. For clients who worsen with interoceptive focus, external orienting is the safer default.

Intensity Ladder: Two, Five, Eight

Know what you can actually do at each level.

Describe your body and your available options at three intensities.

WHEN · ONCE, THEN REVISE

At two — body, thinking, what I can do

At five — body, thinking, what I can do

At eight — body, thinking, what I can do

What I have been demanding of myself at eight that is not available there

BRINGING THIS TO YOUR CLINICIAN

State-dependent capability lists prevent the common failure of assigning cognitive skills for peak arousal.

Flood Recovery Plan

Decide the next two hours in advance.

Write it now, while calm. Keep it somewhere you will find it later.

WHEN · ONCE; USE AFTER ANY FLOOD

The three things that shorten my recovery

- ☐ Movement
- ☐ Food and water
- ☐ Contact with one safe person
- ☐ Cold water or fresh air
- ☐ Sleep
- ☐ Something absorbing and undemanding

The two things that lengthen it, that I will not do

Who I will contact, and what I will ask them for

The decision I will NOT make in the next two hours

BRINGING THIS TO YOUR CLINICIAN

A pre-committed no-decision window prevents the most costly consequences: resignations, ultimatums, deleted work.

What Not To Do While Flooded

A short list of irreversible actions, written by you, for you.

Be concrete. Name the platforms, people, and habits.

WHEN · ONCE, THEN KEEP VISIBLE

I will not send

I will not delete

I will not decide

I will not consume

My one-sentence reminder to future me

BRINGING THIS TO YOUR CLINICIAN

Ask what has actually happened before rather than what might; the list is more persuasive when it is a history.

Two Skills to Automaticity

Choose two, practise them until they are reflexes, ignore the rest.

Mark a tally each time you practise. Twenty repetitions is the target before you judge whether it works.

WHEN · TWO WEEKS

Skill one

Tally

Skill two

Tally

Which one arrived on its own, unprompted, first?

BRINGING THIS TO YOUR CLINICIAN

Retrieval, not repertoire, is the limiting factor. Two skills to automaticity outperform eight explained well.

What Already Regulates Me

Notice the regulation you are already doing without calling it that.

Look at an ordinary good week. What was in it?

WHEN · ONCE PER MONTH

Habits that settle me that I have never labelled techniques

People whose presence changes my state

Places where my body stops bracing

What these have in common

One I will protect this month, deliberately

BRINGING THIS TO YOUR CLINICIAN

Existing regulation strategies have higher adherence than newly taught ones; find and formalise them before adding anything.

Journal Page — Chapter Five

Three prompts on the wave itself.

Fifteen minutes, unedited.

WHEN · END OF THE WEEK

> *Prompt one — Write instructions for a friend on how to help you during a flood, including what not to do.*

> *Prompt two — Describe your body at intensity two, five, and eight. Name each one.*

> *Prompt three — Write about the last time you were talked down from a spiral.*

BRINGING THIS TO YOUR CLINICIAN

Prompt one doubles as a document the client can actually give to a partner.

The One Place: Capture System Setup

Decide where everything lands, so nothing lives in your head.

One capture place, one check-point. Simplicity is the feature.

WHEN · ONCE, THEN MAINTAIN

My single capture place (app, notebook, inbox)

My single physical in-tray

When I will check it — one time, daily

What I will do with anything under two minutes

Everything currently in my head, dumped here

BRINGING THIS TO YOUR CLINICIAN

Two systems is zero systems. Resist elaboration; check adherence at one week before adding anything.

Daily Check-Point Card

A five-line daily ritual that fits on an index card.

Same time, same place, every day. Photocopy several and keep a stack.

WHEN · DAILY

Three things that matter today

The one thing that must happen

What I will deliberately not do today

Capacity available today

0 1 2 3 4 5 6 7 8 9 10

DEPLETED FULL

One kindness to myself, planned

BRINGING THIS TO YOUR CLINICIAN

A capacity rating at the top of the day improves realistic planning more than a longer task list does.

Weekly Review Sheet

Catch what fell before someone else does.

Twenty minutes, same day each week. Nothing here is a verdict.

WHEN · WEEKLY

What I completed — write it, even the small things

What fell, and who needs to know

Repairs to send this week

Next week: the one thing that matters most

How I feel about this week

0 1 2 3 4 5 6 7 8 9 10

HARSH WITH MYSELF FAIR WITH MYSELF

BRINGING THIS TO YOUR CLINICIAN

Beginning with completions is not sentiment; it counteracts the negative-recall bias that makes reviews aversive and therefore abandoned.

My Four Starting Conditions

Identify the conditions under which you reliably begin, and arrange them on purpose.

Recall three occasions when starting was easy. Extract the pattern.

WHEN · ONCE, THEN TEST

Three times starting was easy — what was present?

The conditions that recur

- ☐ A deadline with a witness
- ☐ Someone working nearby
- ☐ Novelty or a new setting
- ☐ A visible first step
- ☐ Movement beforehand
- ☐ A reason that matters to me

My four conditions, named

How I will build them into tomorrow

BRINGING THIS TO YOUR CLINICIAN

Environmental design outperforms intention-setting. Ask the client to change the room, not the resolve.

A First Step So Small It Is Embarrassing

Lower the activation threshold below the point of resistance.

Take one stuck task. Shrink the first step until it is almost absurd.

WHEN · WHENEVER STUCK

The stuck task

The first step as I currently imagine it

Smaller

Smaller still — small enough to be embarrassing

Resistance to the smallest version

0 1 2 3 4 5 6 7 8 9 10

NONE TOTAL

When exactly I will do it

BRINGING THIS TO YOUR CLINICIAN

If resistance to the smallest step remains high, the obstacle is emotional rather than executive; check for a rejection-linked fear attached to the task.

Decision Reduction Audit

Stop paying twice for decisions you have already made.

List the decisions you make fresh every day. Settle each one once.

WHEN · ONCE, THEN QUARTERLY

Decision I remake daily

The default I am now setting

What I expect this to free up

BRINGING THIS TO YOUR CLINICIAN

Reducing decision volume preserves regulatory capacity for interpersonal demands later in the day — the connection worth naming explicitly to the client.

Default Week Template

Give the week a shape so each day does not have to be invented.

Block the recurring shape only — not every hour. Leave large gaps.

WHEN · ONCE, THEN ADJUST MONTHLY

Morning anchor

Afternoon anchor

The two hours each week I protect for nothing at all

Where recovery lives after demanding events

> *Predictability is not rigidity. It is how you keep regulation in reserve for the interactions that need it.*

BRINGING THIS TO YOUR CLINICIAN

Over-specified schedules fail within days. Three anchors and generous white space survive.

Dropped-Ball Repair Kit

Prepare the repair now so shame does not have to write it later.

Draft your standing sentences. Keep them where you write messages.

WHEN · ONCE; USE AS NEEDED

Standing sentence for late work

Standing sentence for a forgotten commitment

Standing sentence for a message I left unanswered too long

Who gets a two-line update, and when

> *Repair prepared in advance is fast and unashamed. Repair invented during shame is slow and over-apologetic.*

BRINGING THIS TO YOUR CLINICIAN

Pre-written repair reduces avoidance of the repair itself, which is usually the costlier problem.

The System That Survived

Learn from your own successes rather than importing someone else's method.

Identify one system that lasted longer than a month. Be forensic.

WHEN · ONCE PER SEASON

The system, and how long it lasted

Why it survived — be specific

What it asked of me that was possible

What I could copy from it into a new area

What this tells me about how I actually work

BRINGING THIS TO YOUR CLINICIAN

A client's own surviving system reveals their real design constraints better than any assessment; build the next one to the same specification.

Journal Page — Chapter Six

Three prompts on structure and its emotional cost.

Fifteen minutes, unedited.

WHEN · END OF THE WEEK

> *Prompt one — Write the story of a system you abandoned, from the system's point of view.*

> *Prompt two — Design your ideal ordinary Tuesday, assuming your brain does not change.*

> *Prompt three — Write the standing repair sentence you will use for the next thing you drop.*

BRINGING THIS TO YOUR CLINICIAN

Prompt one usually surfaces the mismatch between the system and the person, without self-blame.

The Worth Ledger

See the accounting system you have been using without agreeing to it.

Write what you believe adds to, and subtracts from, your worth. Be honest rather than reasonable.

WHEN · ONCE, THEN REVISIT

What I believe adds to my worth

What I believe subtracts from it

Who set these rates?

Would I apply this ledger to someone I love?

BRINGING THIS TO YOUR CLINICIAN

The final question typically produces the first genuine crack in contingent self-worth; sit in the discrepancy rather than resolving it quickly.

Contingency Map

Locate exactly what your self-worth is currently attached to.

Rate how much your sense of worth rises and falls with each domain.

WHEN · ONCE, THEN QUARTERLY

Work output and achievement

0 1 2 3 4 5 6 7 8 9 10

NOT AT ALL ENTIRELY

Being liked

0 1 2 3 4 5 6 7 8 9 10

NOT AT ALL ENTIRELY

Being useful to others

0 1 2 3 4 5 6 7 8 9 10

NOT AT ALL ENTIRELY

Appearance or fitness

0 1 2 3 4 5 6 7 8 9 10

NOT AT ALL ENTIRELY

Being right or competent

0 1 2 3 4 5 6 7 8 9 10

NOT AT ALL ENTIRELY

The one attachment that costs me most

What would need to be true for it to loosen?

BRINGING THIS TO YOUR CLINICIAN

Contingency profiles predict which events will be destabilising; use the highest-rated domain to anticipate the next crisis rather than reacting to it.

The Values That Stayed

Identify enduring values as evidence, not aspiration.

List values you have kept through every job, relationship, and collapse. Only ones with evidence.

WHEN · ONCE PER SEASON

Value one — and an episode proving it survived

Value two — and its episode

Value three — and its episode

Value four — and its episode

What these four have in common

> *These are not goals. They cannot be completed, which is why they cannot be lost.*

BRINGING THIS TO YOUR CLINICIAN

Requiring an episode per value prevents aspirational listing and produces material usable in later behavioural activation.

A Day With No Achievement In It

Practise being a person on a day that produces nothing.

Describe such a day in detail. Then describe the person living it, kindly.

WHEN · ONCE, THEN AGAIN AFTER TRYING IT

What the day would contain

What I fear it would mean about me

How I would describe the person living it, if it were someone I loved

How possible this feels

0 1 2 3 4 5 6 7 8 9 10

IMPOSSIBLE EASY

BRINGING THIS TO YOUR CLINICIAN

Consider assigning the day itself as a graded exposure; the anticipated meaning is usually more intolerable than the day.

Values Into Actions

Convert a value into something that happens this week.

One value, three actions, each small enough to occur on a bad day.

WHEN · WEEKLY

The value

Action one — takes under ten minutes

Action two — involves another person

Action three — possible even on a bad day

When each will happen

What I noticed afterwards

BRINGING THIS TO YOUR CLINICIAN

Values work becomes inert without behavioural specification. Insist on time and place.

Two Responses: Esteem and Compassion

Feel the difference between propping yourself up and being kind to yourself.

Take one recent failure. Respond to it twice.

WHEN · ONCE, THEN WHENEVER YOU SLIP BACK

The failure, plainly stated

The self-esteem response — how I usually rescue myself (evidence, comparison, achievement)

The self-compassion response — kindness, common humanity, mindful awareness

Which one is available on the worst day?

BRINGING THIS TO YOUR CLINICIAN

The distinction is the point: self-esteem requires favourable comparison and is unavailable precisely when needed. Name it explicitly.

The Smallest Ask

Build self-advocacy in steps small enough to survive refusal.

Design a request whose refusal you could tolerate. Make it this week.

WHEN · WEEKLY, ESCALATING

What I actually need

The smallest version of the ask

Who I will ask, and when

What I will say — exact words

Predicted difficulty

0 1 2 3 4 5 6 7 8 9 10

EASY UNBEARABLE

What happened, and what I learned

BRINGING THIS TO YOUR CLINICIAN

Escalate one rung per week. The learning target is tolerance of the asking, not the outcome.

Five Minutes: Gratitude and Strengths

A cheap, evidenced practice that raises the baseline slightly.

Three specific things, one strength used. Specific beats grand.

WHEN · DAILY FOR TWO WEEKS

Three specific things from today

One strength I used, and where

One thing someone else did that helped me

Mood before / after this page

0 1 2 3 4 5 6 7 8 9 10

LOW LIFTED

> *This is not a substitute for the harder work in this chapter. A slightly higher baseline is a slightly longer fuse.*

BRINGING THIS TO YOUR CLINICIAN

Framing matters: presented as a mood cure it invites failure; presented as baseline maintenance it is retained.

Said By Someone Who Never Saw My Work

Locate the worth that has nothing to do with output.

Imagine someone who knows you only outside of achievement.

WHEN · ONCE PER SEASON

What they would say about me

What they would notice that colleagues never see

Which of my enduring values they would name

What it would take for me to believe them

One person who already sees me this way

BRINGING THIS TO YOUR CLINICIAN

Answers here are frequently more accurate than the client's self-description; quote them back later when self-report turns global and harsh.

Journal Page — Chapter Seven

Three prompts on worth.

Fifteen minutes, unedited.

WHEN · END OF THE WEEK

> *Prompt one — Write your worth as a bank account. Who has been making the deposits and withdrawals?*

> *Prompt two — Describe a day lived entirely from your values, with no achievement in it.*

> *Prompt three — Write the request you have been afraid to make, and what it would mean if granted.*

BRINGING THIS TO YOUR CLINICIAN

Prompt one often exposes an internalised external auditor; that figure is workable material for Chapter Eight.

Meeting the Critic: Six Questions

Turn toward the critical voice with curiosity instead of argument.

Answer as though interviewing someone, not defending yourself.

WHEN · ONCE, THEN AS NEEDED

What does it say, in its exact words?

What tone does it use?

When does it arrive?

What is it trying to prevent?

How old does it sound?

What would it need in order to work less hard?

BRINGING THIS TO YOUR CLINICIAN

Curiosity is the intervention. If the client argues with the part instead of interviewing it, slow down and return to the first question.

The Critic's Job Description

Name the protective function underneath the harshness.

Write it as an actual job posting: duties, hours, and what it was hired to prevent.

WHEN · ONCE

Position title

Duties

Hours — when is it on shift?

Hired to prevent

Performance review — what is it good at, and where does it cause harm?

Proposed revision to the role

BRINGING THIS TO YOUR CLINICIAN

The reframe from enemy to employee reduces internal conflict and makes negotiation possible; keep it playful without making it dismissive.

Whose Voice Is It?

Trace the origin without assigning blame.

Mark the earliest memory of hearing this and what was happening then.

WHEN · ONCE, GENTLY

The earliest memory of this voice

Who was speaking, and what was happening around me

What I needed then, and did not get

What I would say to that child now

> *This page is about origin, not fault. Stop if it becomes overwhelming, and bring it to a therapist instead.*

BRINGING THIS TO YOUR CLINICIAN

Do not assign as unsupported homework where trauma history is present; complete it in session with stabilisation available.

Unblending Practice

Speak to the part rather than as it.

Rewrite each thought using the phrase "the part of me that...".

WHEN · DAILY FOR ONE WEEK

The thought as it arrives	Rewritten as a part

What changes when I say it the second way?

BRINGING THIS TO YOUR CLINICIAN

Linguistic defusion is measurable in session by tone change; note whether the client's voice softens on the rewritten line.

What It Fears Would Happen

Find the prediction the critic is protecting you from.

Ask the part directly, then write the answer without editing it.

WHEN · ONCE, THEN AS NEEDED

If it went quiet for a day, it fears…

The worst version of that fear

What has actually happened when it was quiet before

What would make it safe enough to work part-time

BRINGING THIS TO YOUR CLINICIAN

The third line is where corrective evidence enters; most clients have lived counter-examples they have never counted.

Letter From the Critic, Letter Back

Give both voices a full hearing on paper.

Write the first letter in its voice, uncensored. Then reply as the version of you that is not afraid.

WHEN · ONCE

Letter from the critic

My reply

BRINGING THIS TO YOUR CLINICIAN

Two-chair work in written form. If the reply is contemptuous of the part, the exercise has become another attack — redirect to gratitude for its function first.

The Younger Part's Need

Attend to what the protected part actually needs.

Move slowly. Stop if intensity rises above a five.

WHEN · WITH SUPPORT

The feeling underneath the criticism

How old it feels

What it needed then

What is available to it now, from me

Intensity while completing this

0 1 2 3 4 5 6 7 8 9 10

0 10

> *Deeper work with young or wounded parts belongs in therapy, with pacing and consent. This page is an introduction, not a protocol.*

BRINGING THIS TO YOUR CLINICIAN

Explicitly not for unsupported use. IFS-informed exile work requires stabilisation, and its outcome evidence remains preliminary (Hodgdon et al.,

2022).

Compassionate Voice Rehearsal

Build the alternative voice deliberately, since it will not appear on its own.

Write the same message three times, in three tones. Read each aloud.

WHEN · THREE TIMES A WEEK

The situation

As my critic says it

As a kind, honest friend would say it

As I would say it to a child I loved

Which one I can say aloud most easily

0 1 2 3 4 5 6 7 8 9 10

CRITIC COMPASSIONATE

> *Compassion-focused approaches were designed for exactly this target and have a broader evidence base than parts work alone.*

BRINGING THIS TO YOUR CLINICIAN

Aloud is essential. Silent rehearsal does not produce the affective shift and clients report no benefit.

The Part That Is Steady and Rarely Thanked

Notice the competent part of you that never asks for credit.

Describe the part of you that keeps going. Then thank it, specifically.

WHEN · ONCE PER MONTH

What it does that nobody notices

When it has carried me

What it is good at

What it would like, if asked

A sentence of thanks, in my own words

BRINGING THIS TO YOUR CLINICIAN

Appreciative framing applied internally; useful counterweight in sessions dominated by pathologising self-description.

Journal Page — Chapter Eight

Three prompts on the voices inside.

Fifteen minutes, unedited.

WHEN · END OF THE WEEK

> *Prompt one — Write a letter from your critic explaining its job. Then write your reply.*

> *Prompt two — Write to yourself at the age the critic was hired.*

> *Prompt three — Describe what a day would look like if the critic worked part-time.*

BRINGING THIS TO YOUR CLINICIAN

Prompt three generates concrete behavioural targets more often than the first two.

Naming My Three States

Describe your own states in your own language, rather than borrowed terminology.

Describe each state by body, thinking, and behaviour. Give each a name you would actually use.

WHEN · ONCE, THEN REFINE

Settled — body, thinking, behaviour, and my name for it

Mobilised — body, thinking, behaviour, and my name for it

Shut down — body, thinking, behaviour, and my name for it

What moves me between them fastest

BRINGING THIS TO YOUR CLINICIAN

Client-generated labels are retrieved faster under load than technical vocabulary, and they avoid committing either of you to a contested mechanism.

State Log

Observe which state you occupied through an ordinary day.

Mark your state at four fixed times. No analysis on this page.

WHEN · DAILY FOR ONE WEEK

Time and state	What was happening around me

The pattern I can see after a week

BRINGING THIS TO YOUR CLINICIAN

Fixed sampling times reduce recall bias; four points a day is the maximum most clients sustain.

Cues of Safety Inventory

Identify what actually tells your body it is safe.

Be concrete and sensory. "Kindness" is less useful than "a slow voice".

WHEN · ONCE, THEN USE IT

In another person — voice, pace, face, words

In a room — light, sound, exits, temperature

In my own body — posture, breath, movement

In a schedule — what predictability does for me

Two of these I can arrange this week

BRINGING THIS TO YOUR CLINICIAN

Whatever the physiological mechanism, safety cues reliably change state; treat this inventory as an environmental prescription.

Co-Regulation Map

Know who settles you, and use them on purpose.

Name people, and what specifically they do. Then note how often you let them.

WHEN · ONCE, THEN REVISIT

Who settles me

What exactly they do

How often I actually reach out

0 1 2 3 4 5 6 7 8 9 10

NEVER READILY

The difference between borrowing steadiness and asking for a promise nobody can keep

BRINGING THIS TO YOUR CLINICIAN

Distinguish co-regulation from reassurance-seeking here; the second erodes the relationship and does not settle the client anyway.

Accuracy and Awareness

Notice that sensing your state and being right about it are two different skills.

Guess your arousal, then check it against something observable. Repeat.

WHEN · FIVE TIMES OVER A WEEK

My guess (0-10)	What I noticed on checking

Was I usually over- or under-estimating?

> *Interoceptive accuracy and interoceptive awareness correlate only modestly. Noticing is a separate skill from being right.*

BRINGING THIS TO YOUR CLINICIAN

Over-estimators benefit from external anchors; under-estimators benefit from body-scan training. The pattern determines the intervention.

Body Scan Record

Train the noticing, twice a day, briefly.

Ninety seconds. Jaw, chest, belly, hands. Record what you found, not what you fixed.

WHEN · TWICE DAILY FOR TWO WEEKS

Day and time

What I found

What has changed in two weeks of noticing

BRINGING THIS TO YOUR CLINICIAN

Brief and frequent beats long and occasional. Ninety seconds twice daily has markedly better adherence than twenty minutes once.

What I Can Do In Each State

Match the demand to the state instead of demanding uniformly.

Write realistic capability lists. Be generous about what is unavailable when shut down.

WHEN · ONCE, THEN KEEP VISIBLE

Settled — I can

Mobilised — I can

Shut down — I can (keep this list very short and very kind)

What I will stop asking of myself in the third state

BRINGING THIS TO YOUR CLINICIAN

The third list is the clinically important one; most self-criticism is generated by applying settled-state standards to a shut-down state.

Claim and Practice

Separate what helps you from the story about why — a rigour habit worth keeping.

For each practice, write the effect you can observe and the explanation you have been given. Notice which you actually need.

WHEN · ONCE, THEN WHENEVER YOU MEET A NEW TECHNIQUE

Practice, and the observable effect on me

The mechanism I have been told

Which practices I keep regardless of the explanation

> *Polyvagal theory's physiological premises are actively contested in the peer-reviewed literature. The practices may still help you. Both things can be true.*

BRINGING THIS TO YOUR CLINICIAN

Modelling epistemic humility here builds a client's resistance to the next confident wellness claim, which is a durable clinical gain.

Places My Body Stops Bracing

Find and protect the environments that regulate you.

Name specific places, times, and people.

WHEN · ONCE PER SEASON

Places

Times of day

People

What they have in common

One I will protect deliberately this month

BRINGING THIS TO YOUR CLINICIAN

Environmental regulation is under-used because it feels like avoidance; distinguish restorative from avoidant retreat with the client explicitly.

Journal Page — Chapter Nine

Three prompts on the body.

Fifteen minutes, unedited.

WHEN · END OF THE WEEK

> *Prompt one — Describe your three states in your own words, with your own names.*

> *Prompt two — Write about a place, room, or person where your body stops bracing.*

> *Prompt three — Write what you would tell a younger version of yourself about how bodies handle fear.*

BRINGING THIS TO YOUR CLINICIAN

Prompt two frequently produces a concrete environmental change the client can make that week.

The Four Capacities Audit

Rate the capacities that come with a high-gain nervous system — and name their conditions.

Rate how strongly each shows up in you, then write the condition it needs in order to pay rather than cost.

WHEN · ONCE, THEN QUARTERLY

Attunement — reading rooms and people

0 1 2 3 4 5 6 7 8 9 10

WEAK STRONG

Intensity — total engagement

0 1 2 3 4 5 6 7 8 9 10

WEAK STRONG

Moral sensitivity — noticing exclusion and unfairness

0 1 2 3 4 5 6 7 8 9 10

WEAK STRONG

Inventiveness — divergent, associative thinking

0 1 2 3 4 5 6 7 8 9 10

WEAK STRONG

For my strongest capacity, the condition it needs

> *A capacity without its condition is just a cost. Naming the condition is the whole exercise.*

BRINGING THIS TO YOUR CLINICIAN

Introduce only after distress has been fully validated; strengths work offered early reads as minimisation.

Attunement Plus Verification

Keep the accuracy of your read without paying for the certainty.

Write your read, then the question that would test it, then what you learned.

WHEN · TWICE A WEEK

My read of the situation

The question that would test it

What I learned when I checked (or chose not to)

> *Attunement plus verification is skill. Attunement plus certainty is suffering.*

BRINGING THIS TO YOUR CLINICIAN

Where the read is repeatedly accurate, say so. Chronic self-doubt is its own harm, and validation here improves adherence elsewhere.

Intensity Inventory

Find where your full engagement is an asset and where it is a liability.

Be specific about domains, people, and tasks.

WHEN · ONCE, THEN REVISIT

Where my intensity pays

Where it costs me

What recovery my intensity requires that I have not been giving it

One place I will spend it deliberately this month

BRINGING THIS TO YOUR CLINICIAN

Frame recovery as the price of the capacity rather than as weakness; clients accept scheduled recovery more readily on those terms.

Moral Sensitivity and Its Boundary

Notice how much of others' pain you carry, and decide what is yours.

List what you have taken on this month. Then sort it.

WHEN · MONTHLY

What I have carried for others this month

Mine to act on

Not mine, however much I care

The boundary that would let me keep caring without depleting

BRINGING THIS TO YOUR CLINICIAN

This population is over-represented in caring professions; explicit boundary work is preventive rather than optional.

Inventiveness Container

Give the ideas somewhere to land so they become work rather than noise.

Design a container: where ideas go, when they are reviewed, and who helps.

WHEN · ONCE, THEN MAINTAIN

Where ideas get captured, immediately

When I review them — a specific time

Who I think out loud with

What deadline or collaborator gives them shape

The one idea I will actually take forward

BRINGING THIS TO YOUR CLINICIAN

Idea volume is rarely the problem; absence of a container is. One capture point, one review time.

Strength Operationalised

Turn an adjective into a behaviour you can do on Tuesday.

Do not stop at the trait. Write what you will do, when, and how you will know.

WHEN · WEEKLY

The trait, as I would normally phrase it

What I will actually do, and when

How I will know it happened

What it produced

> *"My sensitivity is a strength" changes nothing. "I will write my read down, wait a day, then ask one question" changes something.*

BRINGING THIS TO YOUR CLINICIAN

The conversion test keeps strengths work honest; refuse the adjective-only version.

Best Hour Analysis

Reverse-engineer your best work from the conditions that produced it.

Pick one genuinely good hour from the last month. Be forensic about the setup.

WHEN · MONTHLY

The hour, and what I did in it

Where I was, and what the room was like

What had happened just before

Who was or was not present

What I had eaten, slept, and moved

Which of these I can reproduce on purpose

BRINGING THIS TO YOUR CLINICIAN

Condition-mapping from success generates more workable plans than problem analysis, and it is better tolerated.

A Job Description for My Nervous System

Describe the role that would actually suit you.

Write it as a real posting. Include what the role must not require.

WHEN · ONCE, THEN REVISE ANNUALLY

Role title

Core responsibilities that fit me

Conditions required

This role does not require

Where such roles exist, or could be made

BRINGING THIS TO YOUR CLINICIAN

Useful in vocational work; also surfaces accommodations the client can request in a current role rather than leaving it.

The Environment Where This Pays

Describe the conditions under which your capacities become value.

Specific enough that you could go looking for it, or build it.

WHEN · ONCE PER SEASON

The people I would be around

The pace and rhythm

How feedback would be given

What would be celebrated

One step toward it I can take this month

BRINGING THIS TO YOUR CLINICIAN

Environment fit predicts outcome as strongly as skill acquisition in adult ADHD; treat this page as a treatment target, not a daydream.

Journal Page — Chapter Ten

Three prompts on capacity.

Fifteen minutes, unedited.

WHEN · END OF THE WEEK

> *Prompt one — Write a job description for a role that requires exactly your nervous system.*

> *Prompt two — Write a thank-you letter to your sensitivity: specific, unsentimental.*

> *Prompt three — Describe the environment in which you would flourish, in enough detail to go looking for it.*

BRINGING THIS TO YOUR CLINICIAN

Watch for performative positivity; ask for one line of cost in each answer to keep it honest.

The Loop Map

See how anxious expectation produces the outcome it fears.

Follow one recent episode from expectation to consequence.

WHEN · TWO OR THREE EPISODES

What I expected before anything happened

What I perceived in their behaviour

How I responded — hostility, withdrawal, or over-accommodation

What they did next

What I concluded, and how it fed the next round

Where I could break the loop

BRINGING THIS TO YOUR CLINICIAN

Externalising the loop moves the target from the sensitivity to the sequence, which is both more accurate and less shaming.

Pursue or Disappear?

Know your default move when distance opens.

Recall three episodes. Note which way you went and what it cost.

WHEN · ONCE

Episode	Pursued or disappeared, and the cost

My usual default

What the opposite move would have looked like

BRINGING THIS TO YOUR CLINICIAN

Both defaults are protective. Name the function before proposing an alternative or the alternative will not be attempted.

The Explicitness Request

Ask for the specific thing that reduces ambiguity, rather than for reassurance.

Write a request about information, not about feelings.

WHEN · ONCE PER RELATIONSHIP

Where ambiguity hurts me most in this relationship

What information would resolve it

My request, in one sentence

What I will do instead of assuming, while I wait

> *Ambiguity is where the story grows. Asking for explicitness is a request for data, not for love.*

BRINGING THIS TO YOUR CLINICIAN

Requests for information are more grantable — and more durable — than requests for reassurance.

Four Repair Sentences

Have repair ready before you need it.

Write each in your own words. Say them badly and early rather than well and late.

WHEN · ONCE; USE OFTEN

To name what happened

To take my part without collapsing

To ask what they need

To reconnect — the short one that says "we are okay"

How difficult these feel to say

0 1 2 3 4 5 6 7 8 9 10

EASY UNBEARABLE

BRINGING THIS TO YOUR CLINICIAN

Repair, not absence of conflict, distinguishes stable relationships (Gottman & Levenson, 1992). Rehearse aloud; sending is the hard part.

Disclosure Draft

Say what happens and what helps, without handing over a label.

Three sentences. No diagnosis in any of them.

WHEN · ONCE PER PERSON

What happens — the mechanism, plainly

What helps — one concrete thing they could do

What I will do — my part

Who I will say this to first

What I fear they will do with it

BRINGING THIS TO YOUR CLINICIAN

Functional disclosure is harder to weaponise than diagnostic disclosure and travels better in workplaces.

Co-Regulation or Reassurance?

Sort what strengthens a relationship from what erodes it.

Classify recent requests you have made of other people.

WHEN · WEEKLY FOR A FORTNIGHT

Co-regulation — borrowing steadiness

Reassurance-seeking — asking for a promise

What I notice about the second column: did it ever land?

What I will do instead, at the fourth asking

BRINGING THIS TO YOUR CLINICIAN

The "fourth asking" rule is a usable heuristic: repeated requests indicate a regulation need, not an information need.

For the Person on the Other Side

A page to hand to a partner, parent, friend, or manager.

Give this to someone who wants to help. They may write on it.

WHEN · AS NEEDED

> *Four things that help more than anything else: be explicit, including about what is fine; separate the act from the person out loud; do not argue with the intensity while it is happening; repair quickly.*

What this person already does that helps

One thing I am asking for

One thing I will do on my side

Their notes, if they want to write here

BRINGING THIS TO YOUR CLINICIAN

Where a partner is available, one joint session on explicitness and repair often outperforms several individual sessions.

Rupture Log with Repair Time

Track how long repair takes, and watch it shorten.

One line per rupture. The number that matters is hours to repair.

WHEN · ONGOING

What happened	Hours until repair

What shortened the time, when it was short

BRINGING THIS TO YOUR CLINICIAN

Time-to-repair is a better progress measure than rupture frequency and it improves faster, which sustains motivation.

What I Bring

Name what the people who love you would name first.

Answer from evidence — specific moments.

WHEN · ONCE PER SEASON

What they would say I bring

A moment that proves it

What I do for people when I am at my best

The value underneath that

One person I will let see this

BRINGING THIS TO YOUR CLINICIAN

Counterweight to the relational self-concept damage that accumulates in this population; quote it back during ruptures.

Journal Page — Chapter Eleven

Three prompts on being close to people.

Fifteen minutes, unedited.

WHEN · END OF THE WEEK

> *Prompt one — Write the disclosure you would give one specific person, in three sentences, with no diagnosis in it.*

> *Prompt two — Write about being loved on a bad day.*

> *Prompt three — Describe the repair you owe someone, and what has stopped you.*

BRINGING THIS TO YOUR CLINICIAN

Prompt three frequently converts into an in-session behavioural commitment; ask about it the following week.

One-Page Handover for an Appointment

Give a clinician a clinical presentation rather than a label.

Complete before the appointment and hand it over. Numbers where possible.

WHEN · BEFORE ANY APPOINTMENT

How often this happens (per week)

How fast it arrives after the trigger

How long until I can function again

What it has stopped me doing in the last month

What I have already tried, and what helped

What I am asking for today

BRINGING THIS TO YOUR CLINICIAN

Accept this page into the record. It reduces appointment time spent on establishing the phenomenon and improves the specificity of the plan.

The Four Numbers

Track frequency, speed, duration, and cost — the measures that make this legible.

One row per week. Four numbers only.

WHEN · WEEKLY, ONGOING

Week — episodes / minutes to peak	Hours to recover / things not done

What the trend shows over six weeks

> *These four numbers are what turn an experience into something a clinician can work with and a treatment can be judged against.*

BRINGING THIS TO YOUR CLINICIAN

Simple, repeatable outcome tracking; pair with a validated measure at intake and review rather than relying on either alone.

Eight-Week Medication and Mood Tracker

Observe effects on emotional reactivity, not only on focus.

One line per week from the start of any change. Note dose changes in the left column.

WHEN · EIGHT WEEKS FROM ANY CHANGE

Week and dose	Focus / emotional reactivity / sleep (0-10)

What I want to raise at the next review

BRINGING THIS TO YOUR CLINICIAN

Emotional reactivity is rarely tracked in routine review; adding one column makes the emotional dimension visible in decision-making.

Side Effects and Timing Log

Bring precise information about timing rather than a general impression.

Note time of dose, time of onset, time of wearing off, and anything unwanted.

WHEN · TWO WEEKS AFTER ANY CHANGE

Day — dose time / onset	Wearing off / anything unwanted

Patterns worth reporting

> *This page is for your prescriber. Nothing in this book is medical advice; do not change a dose on your own.*

BRINGING THIS TO YOUR CLINICIAN

Timing data frequently resolves apparent non-response — often a coverage problem rather than an efficacy one.

What "Better" Looks Like on a Wednesday

Define a realistic outcome so you can tell whether you are getting there.

Describe an ordinary improved day. No transformations.

WHEN · ONCE, THEN REVISIT AT REVIEW

Morning

When something stings

Evening

What would be different that another person could notice

> *The realistic outcome is a longer gap between feeling and action, fewer irreversible decisions, faster recovery. That is a large change; it is not a personality transplant.*

BRINGING THIS TO YOUR CLINICIAN

Explicit, modest outcome definition protects against the disappointment that drives premature discontinuation.

Questions to Ask a Prescriber

Walk in with your questions written down.

Tick the ones you want to ask; add your own. Take the page in with you.

WHEN · BEFORE AN APPOINTMENT

Questions I want to ask

- ☐ What are we treating first, and how will we know?
- ☐ What effect might this have on emotional reactivity?
- ☐ How long before we judge it?
- ☐ What are the common side effects, and which should I report immediately?
- ☐ What is the plan if this does not work?
- ☐ Do you follow current adult ADHD consensus guidance?

My own questions

What I want to be sure I say, even if I get flustered

BRINGING THIS TO YOUR CLINICIAN

Encourage the written list; recall under appointment pressure is poor in this population and the unasked question usually returns as an inter-appointment crisis.

Treatment History Map

Assemble what you have tried, so it is not re-tried by accident.

Everything: medication, therapy, self-help, structural changes.

WHEN · ONCE, THEN UPDATE

What I tried, and when

What helped, what did not, why it stopped

The pattern in what has worked for me

BRINGING THIS TO YOUR CLINICIAN

A structured history prevents repetition of failed trials and often reveals that a promising treatment ended for logistical rather than clinical reasons.

Between-Appointment Notes

Catch what you will otherwise forget by the time you are in the room.

Keep this page where you will see it. Add one line whenever something matters.

WHEN · ONGOING

Things to raise

Questions that came up

One thing that went well

BRINGING THIS TO YOUR CLINICIAN

Ask for this page at the start of the session; it reliably reorders the agenda toward what actually mattered to the client.

What Has Already Helped

Take stock appreciatively before deciding what to change.

Include the small and the unglamorous.

WHEN · BEFORE EACH REVIEW

What has helped, even slightly

What it was about it that worked

What I am better at than I was a year ago

What I want to keep, whatever else changes

BRINGING THIS TO YOUR CLINICIAN

Under-reporting of improvement is common; this page recovers gains that would otherwise not be counted in the review.

Journal Page — Chapter Twelve

Three prompts on getting help.

Fifteen minutes, unedited.

WHEN · END OF THE WEEK

> *Prompt one — Write the appointment you wish you could have, including everything you would say.*

> *Prompt two — Write about the moment you first suspected this had a name.*

> *Prompt three — Write a letter to yourself for the week a treatment does not work.*

BRINGING THIS TO YOUR CLINICIAN

Prompt three is a relapse-prevention document; consider keeping a copy in the file with the client's consent.