

UNDERSTANDING ADHD

A Complete Guide for Children & Adults

PART 2 OF 2

Exercises • Counselling • Treatment • Outcomes • References

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Chapter 9: Physical Exercises for Children with ADHD

Physical exercise is one of the most powerful, evidence-based interventions for ADHD in children. Research consistently shows that aerobic exercise increases dopamine and norepinephrine in the brain, improving attention, impulse control, and mood — often producing effects comparable to low-dose stimulant medication (Halperin et al., 2012; Verret et al., 2012). The following 10 exercises are selected for children aged 5 to 16 and can be done at home, in school, or outdoors.

Exercise 1: Jumping Jacks Sprint Intervals

Goal: Boost dopamine rapidly; reduce hyperactivity before seated tasks

Duration: 10 minutes

How to do it:

- Stand with feet together and arms at sides.
- Jump feet apart while raising both arms overhead — count aloud.
- Jump back to starting position — that is one repetition.
- Do 20 jumping jacks as fast as possible, then rest for 30 seconds.
- Repeat 3 to 4 rounds.
- Use as a 'brain break' before homework or reading.

Tips: Play upbeat music to increase motivation. Counting aloud helps self-regulation.

Exercise 2: Obstacle Course Challenge

Goal: Build coordination, sequencing, attention, and working memory

Duration: 15 to 20 minutes

How to do it:

- Set up a simple indoor or outdoor obstacle course using cushions, cones, hoops, or chalk lines.
- Include at least 5 stations: jump over, crawl under, balance on, spin around, and throw at a target.
- Give the child a visual or verbal sequence of the stations to remember and follow.
- Time each run and encourage the child to beat their own previous time.
- Change the order of stations regularly to build cognitive flexibility.

Tips: Using a visual map of the course supports both sequencing and memory — two key ADHD challenges.

Exercise 3: Trampoline Bounce Sessions

Goal: Regulate the vestibular system; reduce hyperactivity and sensory overload

Duration: 10 to 15 minutes

How to do it:

- Use a small indoor trampoline or a full-sized outdoor trampoline.
- Begin with free bouncing for 3 minutes.
- Introduce challenges: bounce and clap, bounce and catch a ball, bounce and count backwards.
- Finish with slow, gentle bouncing for 2 minutes as a cool-down.
- Aim for daily sessions, ideally before focused school tasks.

***Tips:** Trampolining is particularly beneficial for children who are sensory-seeking. It provides regulated proprioceptive input.*

Exercise 4: Animal Movement Yoga

Goal: Improve body awareness, self-regulation, breathing, and focus

Duration: 15 minutes

How to do it:

- Introduce 5 to 6 animal-based yoga poses with playful names: Cat (table-top stretch), Cobra (gentle backbend), Downward Dog, Frog (deep squat), Child's Pose, and Lion's Breath.
- Guide the child through each pose, holding for 3 to 5 slow breaths.
- Encourage the child to make the animal's sound on the exhale.
- Sequence the poses into a simple story (e.g. the frog jumped into the river, the cobra rose up).
- Practise 3 to 4 times per week.

***Tips:** Breathing cues (breathe in for 4, out for 6) activate the parasympathetic system and reduce impulsivity.*

Exercise 5: Rhythm Ball Passing

Goal: Develop impulse control, timing, coordination, and sustained attention

Duration: 10 minutes

How to do it:

- Sit or stand facing a partner (parent, sibling, or peer).
- Bounce or throw a ball back and forth in a steady rhythm.
- Introduce rules: only throw when you say the other person's name, or only when music plays.
- Progress to two balls, alternating hands, or a sequence pattern.
- Count how many passes are made without dropping — try to beat the previous score.

***Tips:** Rhythm-based activities are particularly effective because they engage timing circuits in the cerebellum, which are often dysregulated in ADHD.*

Exercise 6: Balance Board or Balance Beam Walking

Goal: Strengthen vestibular processing, concentration, and motor planning

Duration: 10 minutes

How to do it:

- Use a balance board, wobble cushion, or mark a straight line on the floor with tape.
- Ask the child to walk heel-to-toe along the line without stepping off.
- Add cognitive challenges: name an animal for each step, count backwards from 20, or recite times tables.
- Progress to walking backwards, sideways, or with eyes closed briefly.
- Practise daily for 5 to 10 minutes.

***Tips:** Combining balance with a cognitive task (dual-tasking) is one of the most potent exercises for executive function in ADHD children.*

Exercise 7: Dance and Freeze

Goal: Practice inhibitory control — a core deficit in ADHD

Duration: 10 to 15 minutes

How to do it:

- Play upbeat music and encourage the child to dance freely and expressively.
- At random intervals, pause the music — the child must freeze immediately in whatever position they are in.
- Vary the freeze duration (3 seconds to 10 seconds) to increase challenge.
- Add a direction-change rule: when the music stops, the child must face a different direction on restart.
- Play in groups for social interaction benefits.

***Tips:** The stop-and-freeze mechanic directly exercises behavioural inhibition — the ability to stop a dominant response — which is markedly impaired in ADHD.*

Exercise 8: Cross-Body Coordination Exercises

Goal: Stimulate bilateral brain integration and improve attention

Duration: 8 to 10 minutes

How to do it:

- Stand upright. Lift the right knee and touch it with the left elbow — this is one cross-body movement.
- Alternate sides for 20 repetitions.
- Practise marching in place while swinging opposite arms.
- Progress to cross-crawl patterns on the floor: right hand, left knee moving forward simultaneously.
- Do 3 sets daily, ideally before school or homework.

***Tips:** Cross-lateral movements activate both brain hemispheres simultaneously, improving corpus callosum communication — beneficial for children with ADHD and learning differences.*

Exercise 9: Skipping and Jump Rope

Goal: Improve rhythmic timing, coordination, sustained attention, and aerobic fitness

Duration: 10 to 15 minutes

How to do it:

- Begin with basic two-foot jump rope for 30-second intervals with 30-second rest.
- Progress to one-footed jumping, alternating feet, or running jump rope.
- Introduce verbal rhythms or chants to accompany skipping.
- Challenge the child to set and beat personal bests.
- Aim for 3 to 5 sessions per week as part of a movement routine.

***Tips:** Jump rope has been shown to improve reading performance in children with ADHD due to its rhythmic and bilateral nature (Janssen et al., 2014).*

Exercise 10: Outdoor Nature Walk with a Mission

Goal: Reduce ADHD symptoms via nature exposure and mindful movement

Duration: 20 to 30 minutes

How to do it:

- Take the child for a walk in a park, garden, or natural area.
- Give them a specific observational mission: find 5 different leaves, spot 3 birds, count all yellow flowers.
- Encourage them to walk barefoot on grass if safe and comfortable.
- Pause and practise 3 deep breaths at a calming spot (under a tree, near water).
- Discuss what they observed on the walk — building language and memory skills.

***Tips:** Research by Taylor and Kuo (2009) found that even 20-minute walks in green environments significantly reduced ADHD symptoms compared to walks in urban settings.*

General Guidance for Children's Physical Exercise

Aim for at least 30 minutes of moderate-to-vigorous physical activity per day. Schedule movement breaks every 20 to 30 minutes during homework or study time. Avoid screen time immediately after exercise — allow the brain to benefit fully. Exercise before cognitively demanding tasks for maximum benefit.

Chapter 10: Physical Exercises for Adults with ADHD

For adults with ADHD, regular physical exercise is not optional — it is one of the most effective non-pharmacological tools available. Exercise increases dopamine, norepinephrine, and serotonin; improves working memory and executive function; reduces anxiety and depression; and helps regulate the sleep-wake cycle. John Ratey, author of *Spark*, describes exercise as 'the single best thing you can do for your brain.' The following 10 exercises are practical, evidence-informed, and suited to adults with varying fitness levels.

Exercise 1: High-Intensity Interval Training (HIIT)

Goal: Maximise dopamine release and improve executive function in minimum time

Duration: 20 to 25 minutes

How to do it:

- Warm up for 3 minutes with light jogging or brisk walking.
- Perform 8 rounds of: 20 seconds maximum effort (sprint, burpees, or cycling) followed by 10 seconds rest (Tabata protocol).
- Rest for 2 minutes, then repeat the 8-round block once more.
- Cool down with 3 to 5 minutes of walking and stretching.
- Aim for 3 sessions per week on non-consecutive days.

Tips: HIIT produces the most significant acute boost to dopamine and working memory. Even a single session improves focus for up to 2 hours afterwards.

Exercise 2: Running or Jogging — Consistent Pace

Goal: Sustain dopamine regulation and improve long-term mood stability

Duration: 25 to 45 minutes

How to do it:

- Begin with 5 minutes of brisk walking as a warm-up.
- Run or jog at a conversational pace — you should be able to speak in short sentences.
- Maintain this pace for 20 to 35 minutes.
- Use this time without podcasts or music occasionally — practise noticing your environment.
- Cool down with 5 minutes of walking followed by gentle stretching.

Tips: Consistent aerobic exercise at moderate intensity (60 to 70 percent max heart rate) produces the greatest long-term benefit for ADHD symptoms according to Ratey & Loehr (2011).

Exercise 3: Yoga — Hatha or Vinyasa

Goal: Improve self-regulation, reduce anxiety, and build body-mind connection

Duration: 30 to 45 minutes

How to do it:

- Choose a beginner or intermediate yoga class, video, or app.
- Focus on linking breath to movement — inhale to extend, exhale to fold.
- Include standing balances (Warrior III, Tree Pose) which challenge sustained attention.
- End every session with at least 5 minutes of Savasana (lying still, guided relaxation).
- Practise 3 to 4 times per week for cumulative benefit.

***Tips:** Yoga combines aerobic movement, breath regulation, and attentional training. Studies show significant reductions in ADHD symptoms and anxiety with 8 weeks of consistent practice.*

Exercise 4: Swimming

Goal: Provide full bilateral body engagement and deep calming proprioceptive input

Duration: 30 to 40 minutes

How to do it:

- Warm up with 2 lengths of breaststroke at an easy pace.
- Swim 6 to 8 lengths of freestyle (front crawl) at a moderate pace.
- Alternate strokes every 2 lengths — freestyle, backstroke, breaststroke.
- Focus on breath rhythm: exhale fully underwater, inhale on the rotation.
- Finish with 2 lengths of slow backstroke and 5 minutes of floating on the back.

***Tips:** Swimming's bilateral, rhythmic nature is uniquely calming for ADHD adults. The sensory environment of water reduces external distraction and supports sustained focus.*

Exercise 5: Martial Arts or Boxing Training

Goal: Build impulse control, sequencing, focus, and self-discipline

Duration: 45 to 60 minutes

How to do it:

- Enrol in a beginner martial arts class (karate, taekwondo, judo, or boxing) or follow a structured home programme.
- Focus on learning sequences (kata, combinations) — this engages working memory directly.
- Practise punching or kicking combinations on a bag: jab, cross, hook, repeat.
- Include partner drills that require listening, responding, and waiting for a cue.
- Aim for 2 to 3 sessions per week.

***Tips:** Martial arts combines physical exertion with structured cognitive demands and discipline — a highly effective combination for ADHD adults. Multiple studies report improved attention and reduced impulsivity.*

Exercise 6: Rock Climbing or Bouldering

Goal: Demand total present-moment focus; build problem-solving and patience

Duration: 45 to 60 minutes

How to do it:

- Visit an indoor bouldering or climbing gym or practise on outdoor walls with appropriate supervision.
- Begin on beginner-grade routes and focus on planning hand and foot placements before moving.
- Pause at each hold and identify the next 2 moves before executing.
- This enforced 'stop and plan' pattern directly trains inhibition and forward planning.
- Aim for weekly sessions, progressively attempting harder routes.

***Tips:** Climbing requires complete mental presence — there is no room for mind-wandering when on a wall. Research identifies it as one of the most cognitively demanding sports, making it ideal for ADHD focus training.*

Exercise 7: Cycling — Outdoor or Stationary

Goal: Improve sustained effort and cardiovascular ADHD benefits

Duration: 30 to 45 minutes

How to do it:

- Begin with 5 minutes of easy cycling at low resistance.
- Increase to moderate resistance and maintain for 20 to 35 minutes at a steady pace.
- Every 5 minutes, perform a 60-second sprint at high resistance, then recover.
- Outdoor cycling adds the benefit of nature exposure and navigational problem-solving.
- Aim for 3 to 5 sessions per week.

***Tips:** Cycling consistently in the morning before work is one of the most practical and effective strategies for adults who need to be cognitively sharp without relying solely on medication.*

Exercise 8: Dance — Structured Classes

Goal: Combine aerobic exercise with rhythm, sequencing, and social engagement

Duration: 45 to 60 minutes

How to do it:

- Enrol in a structured dance class: salsa, ballroom, hip hop, or contemporary.
- Focus on learning sequences and following the instructor's cues — this trains sustained attention.
- Dance with a partner when possible to add social synchrony and accountability.
- Practise a 1-minute routine daily at home to reinforce memory.
- Attend at least once a week, supplementing with home practice.

***Tips:** Dance combines cardio, bilateral coordination, sequencing, social interaction, and emotional expression — addressing multiple ADHD domains simultaneously.*

Exercise 9: Strength Training — Resistance and Weights

Goal: Build self-efficacy, structure, and dopamine through goal-driven progress

Duration: 30 to 45 minutes

How to do it:

- Begin with a structured beginner programme (e.g. 3 sets of 8 to 12 repetitions for major muscle groups).
- Track progress in a simple notebook or app — the concrete measurement suits the ADHD need for visible progress.
- Include compound movements: squats, deadlifts, bench press, rows.
- Keep rest periods consistent (60 to 90 seconds) to maintain structure and prevent distraction.
- Train 2 to 3 times per week on non-consecutive days.

***Tips:** Structured strength training with clear measurable goals provides the novelty, challenge, and feedback loop that ADHD adults require to maintain motivation and consistency.*

Exercise 10: Mindful Walking — Purposeful Daily Movement

Goal: Build the habit of daily movement while practising present-moment attention

Duration: 20 to 30 minutes

How to do it:

- Walk at a brisk pace without using your phone.
- Focus on physical sensations: the feeling of each footstep, the temperature of the air, surrounding sounds.
- Choose a route through a park, green space, or quiet street.
- At the halfway point, stop for 2 to 3 minutes of slow, deliberate breathing.
- Return home and take 2 minutes to note one thing you noticed, appreciated, or felt during the walk.

***Tips:** Daily walking in nature reduces cortisol, improves mood, and over time produces neuroplastic changes in the prefrontal cortex — the most affected area in ADHD.*

Key Principle for Adults

Consistency matters more than intensity. Three 30-minute sessions per week produces measurable ADHD benefit. Schedule exercise like a medication dose — same time, same days. Morning exercise is particularly beneficial for setting the neurochemical tone of the day.

Chapter 11: Counselling Exercises for Children with ADHD

Counselling and psychotherapeutic exercises for children with ADHD focus on building self-awareness, emotional regulation, impulse control, social skills, and positive self-concept. These exercises draw from Cognitive Behavioural Therapy (CBT), play therapy, mindfulness, and behavioural approaches. They are designed to be engaging, age-appropriate, and adaptable across home and therapeutic settings.

Exercise 1: The Feelings Weather Report

Goal: Build emotional identification and self-awareness

Duration: 10 to 15 minutes

How to do it:

- Ask the child: 'What is the weather inside you today?' Introduce weather as a metaphor for emotions.
- Provide a simple chart: sunny = happy, cloudy = worried, stormy = angry, rainy = sad, foggy = confused.
- Ask the child to draw or point to their weather and describe what is causing it.
- Explore: 'What would help change the weather?' Encourage problem-solving responses.
- Repeat at the start of each session or each school day as a check-in ritual.

***Tips:** This exercise builds emotional vocabulary and metacognitive awareness — skills that are often underdeveloped in ADHD due to alexithymia and emotional dysregulation.*

Exercise 2: The Volcano Model — Understanding Anger

Goal: Help children identify their anger escalation cycle before explosion

Duration: 15 to 20 minutes

How to do it:

- Draw a simple volcano together with three zones: the base (calm), the middle (building pressure), and the top (eruption).
- Ask the child to name physical signs in their body for each zone: calm — relaxed muscles; building — tightening chest, clenched fists; erupting — shouting, throwing.
- Identify 2 to 3 triggers that typically cause the child's volcano to build pressure.
- Together, create a 'cooling plan' — specific actions for each zone before eruption.
- Role-play a scenario and practise using the cooling plan.

***Tips:** Visual externalisation of the anger process gives children concrete language for what is often an unconscious, fast-moving internal process.*

Exercise 3: The Traffic Light Self-Control System

Goal: Teach a simple, memorable impulse-control strategy

Duration: 10 minutes to introduce; practise ongoing

How to do it:

- Introduce the traffic light: Red = Stop and don't act. Amber = Think and breathe. Green = Choose a good response.
- Role-play common ADHD scenarios: someone takes your pencil, you are told 'no', you feel left out.
- For each scenario, practise pausing at red, naming the feeling at amber, and choosing a response at green.
- Create a personalised traffic light card the child can keep in their school bag or on their desk.
- Review and practise weekly, adding new scenarios as they arise.

***Tips:** The traffic light model is a cornerstone of CBT-based social skills training for ADHD children. Simple, visual, and transferable across settings.*

Exercise 4: Worry Box and Worry Time

Goal: Contain anxiety and intrusive thoughts that frequently accompany ADHD

Duration: 10 minutes per session

How to do it:

- Decorate a small box together — this becomes the child's Worry Box.
- Whenever a worry arises, write or draw it on a slip of paper and place it in the box.
- Designate a 10-minute 'Worry Time' each day (e.g. 5pm). Only during this time are the worries opened and discussed.
- Outside of worry time, if the child starts to worry, remind them: 'Put it in the box — worry time will take care of it.'
- At worry time, problem-solve the worry together using: Is this solvable? What can I do? What can I let go?

***Tips:** Worry containment reduces the cognitive load of intrusive anxious thoughts — very common in ADHD — and builds the habit of deferred, structured problem-solving.*

Exercise 5: Strength Spotting Journal

Goal: Build positive self-concept and counter shame-based narratives

Duration: 5 to 10 minutes daily

How to do it:

- Provide the child with a small, appealing notebook — their Strength Journal.
- Each evening, write or draw: one thing I did well today, one kind thing I did, and one brave or hard thing I tried.
- On difficult days, revisit earlier entries to remind the child of their genuine competencies.
- Periodically, create a 'Strength Wall' — display the strengths visually in their room.
- In sessions, refer back to the journal when the child makes self-critical statements.

Tips: Children with ADHD disproportionately receive negative feedback. Actively building a strengths-based narrative counters the shame and low self-esteem that often develop by school age.

Exercise 6: Body Scan Relaxation

Goal: Reduce physical tension, improve interoceptive awareness, and calm the nervous system

Duration: 8 to 10 minutes

How to do it:

- Ask the child to lie down or sit comfortably with eyes closed or soft-gazed.
- Guide them slowly: 'Notice your feet... are they tense or relaxed? Breathe into them and let them soften.'
- Move slowly upward: legs, tummy, chest, hands, arms, shoulders, face.
- Use child-friendly language: 'Let your shoulders melt like butter... let your face go soft like a sleeping cat.'
- End with 3 deep breaths and a gentle count to 5 before opening eyes.

Tips: Body scan reduces hyperarousal and teaches children to recognise physical tension — a precursor to emotional dysregulation. Most effective when practised at bedtime and before transitions.

Exercise 7: Social Stories and Role Play

Goal: Practise social situations and perspective-taking

Duration: 20 minutes

How to do it:

- Identify a recurring social difficulty: joining a game, losing gracefully, waiting for a turn.
- Create a simple illustrated Social Story together: 'When I want to join a game, I can... walk up, wait for a pause, and say...'
- Role-play the scenario with the child taking both roles — themselves and the peer.
- Debrief: 'How did the other child feel? What worked? What would you change?'
- Practise 2 to 3 different social scenarios per month.

Tips: ADHD children often struggle with Theory of Mind and social cause-and-effect. Role-play and Social Stories, originally developed for autism, are highly effective across both populations.

Exercise 8: The Thought Detective

Goal: Introduce cognitive restructuring and challenge unhelpful thinking patterns

Duration: 15 to 20 minutes

How to do it:

- Introduce the idea that thoughts are not facts — they are like guesses our brain makes.
- Use a simple detective worksheet: write down the thought, the evidence for it, and the evidence against it.
- Example: 'I am stupid' — Evidence for: I got a bad mark. Evidence against: I can read, I am good at art, I remembered my friend's birthday.
- Help the child come up with a more balanced thought: 'I found that test hard, but I have lots of things I am good at.'
- Keep a 'Detective Case File' of unhelpful thoughts that have been successfully challenged.

Tips: Cognitive restructuring adapted for children is a powerful CBT tool that addresses the negative attributional style common in ADHD — where children frequently internalise failures and externalise successes.

Exercise 9: The Calm-Down Toolkit

Goal: Build a personalised toolkit of coping strategies for emotional dysregulation

Duration: 20 to 30 minutes to create; ongoing use

How to do it:

- Together with the child, brainstorm and test different calming strategies: breathing, squeezing a stress ball, drawing, going to a quiet space, drinking cold water, listening to music.
- Identify which strategies work best for the child — every child is different.
- Create a visual Calm-Down Toolkit card with images or drawings of their top 3 to 5 strategies.
- Laminate or place in their school bag and on their bedroom wall.
- Review and update the toolkit every 2 to 3 months as the child develops.

Tips: A personalised toolkit puts regulation back in the child's hands — building self-efficacy and reducing dependence on adult prompts over time.

Exercise 10: Reward Chart with Intrinsic Goals

Goal: Build motivation, follow-through, and positive behaviour patterns

Duration: Ongoing daily use; review weekly

How to do it:

- Choose 2 to 3 specific, achievable target behaviours (not general ones like 'be good').
- Examples: 'I put my bag away when I come home', 'I started homework within 10 minutes of sitting down.'
- For each completed behaviour, the child places a sticker or tick on their chart.
- After a set number of stickers (e.g. 5), the child earns a preferred activity or privilege — not material rewards alone.
- Review weekly: celebrate progress honestly and adjust goals if consistently too hard or too easy.

***Tips:** ADHD children are significantly more motivated by immediate, tangible, and personally meaningful rewards. Charts work best when kept simple, consistent, and tied to the child's genuine goals rather than adult-imposed ones.*

Chapter 12: Counselling Exercises for Adults with ADHD

Therapeutic exercises for adults with ADHD address the unique psychological landscape of living with unmanaged or newly-diagnosed neurodivergence in adulthood. Common themes include grief over lost potential, relationship difficulties, shame, executive dysfunction, emotional dysregulation, and identity reconstruction. These exercises draw from CBT, Acceptance and Commitment Therapy (ACT), mindfulness, and schema therapy.

Exercise 1: ADHD Life Audit

Goal: Build honest self-awareness and identify patterns across life domains

Duration: 30 to 45 minutes

How to do it:

- Draw a circle divided into 8 segments: Career, Finances, Relationships, Health, Home, Creativity, Fun, and Personal Growth.
- Rate your current satisfaction in each area from 1 (very low) to 10 (very high).
- For each area scoring below 6, write: one way ADHD has contributed to the difficulty, and one realistic change you could make.
- Identify which 2 areas you most want to focus on in the next 3 months.
- Return to this audit every 3 months to track genuine change over time.

Tips: The life audit creates a visual, non-judgmental overview that bypasses the shame spiral — giving adults with ADHD a concrete map of where their attention and effort need to go.

Exercise 2: Values Clarification — ACT Exercise

Goal: Reconnect with personal values to guide meaningful, motivated action

Duration: 30 minutes

How to do it:

- List 10 values that matter deeply to you (e.g. family, creativity, honesty, freedom, contribution, learning).
- Narrow the list to your top 5 by asking: if I could only live by 5 of these, which would I choose?
- For each top value, write: How am I currently living in alignment with this value? Where is there a gap?
- Identify one small, specific action you can take this week for each value gap.
- Post your top 5 values somewhere visible — use them as a decision-making anchor.

Tips: ACT research shows that values-driven behaviour is more sustainable for ADHD adults than rule-driven or externally motivated behaviour, which tends to collapse once novelty fades.

Exercise 3: The Shame Narrative — Rewriting Your Story

Goal: Process and reconstruct the shame-based identity common in adult ADHD

Duration: 45 to 60 minutes (therapist-guided recommended)

How to do it:

- Write freely for 10 minutes: the story you have been telling yourself about why you struggle, fail, or disappoint others.
- Read it back and identify how many of those narratives are factual versus shame-driven interpretations.
- For each shame-narrative, write the ADHD-informed reframe: 'I am lazy' becomes 'My brain struggles to initiate tasks without adequate dopamine — this is neurological, not moral.'
- Write a compassionate letter to your younger self — the child who was often told off, overlooked, or misunderstood.
- Read this letter aloud if possible — to yourself or a trusted person.

***Tips:** Shame is the dominant hidden emotion in adult ADHD. This exercise, rooted in self-compassion research (Neff, 2011) and schema therapy, is often reported as profoundly healing.*

Exercise 4: Body Doubling and Accountability Practice

Goal: Overcome initiation paralysis — one of the most disabling ADHD symptoms in adults

Duration: 25 to 90 minutes (task-dependent)

How to do it:

- Identify a task you have been avoiding. Set a specific start time.
- Work alongside another person (in person, video call, or in a library or cafe) — this is body doubling.
- Set a clear time boundary: 'We will both work for 45 minutes then take a 10-minute break.'
- At the end, review: did the task feel easier with a body double? What shifted?
- Build a regular body-doubling practice with a friend, coach, or accountability partner.

***Tips:** Body doubling works because the presence of another person activates the social brain and exerts gentle external regulation — compensating for the ADHD adult's underfunctioning internal regulation system.*

Exercise 5: Cognitive Restructuring — ADHD Thought Records

Goal: Challenge automatic negative thoughts using structured CBT

Duration: 15 to 20 minutes per thought record

How to do it:

- When you notice a strong negative emotion, pause and write: the situation, the automatic thought, and the emotion with its intensity (0 to 100 percent).
- Examine the thought: what evidence supports it? What evidence contradicts it?
- Identify any cognitive distortions: all-or-nothing thinking, catastrophising, mind-reading, personalisation.
- Write a balanced, realistic alternative thought.
- Re-rate the emotion intensity — note whether it has decreased.

***Tips:** Adults with ADHD are particularly prone to catastrophising and all-or-nothing thinking. Regular thought records build the metacognitive habit of pausing before reacting — directly training impulse control.*

Exercise 6: Time Blindness Intervention — Future Self Visualisation

Goal: Address the ADHD experience of time as a black hole

Duration: 20 minutes

How to do it:

- Sit quietly and close your eyes. Visualise yourself 5 years from now — living a life aligned with your values.
- Describe in detail: where are you, who is with you, what are you doing, how do you feel in your body?
- Write this vision as a vivid first-person narrative in the present tense.
- Identify 3 things your future self did consistently that got you there.
- Use this vision as a reference point when faced with short-term vs long-term trade-offs.

***Tips:** ADHD adults have genuine neurological difficulty projecting the self forward in time. Practising vivid future-self visualisation builds the temporal bridges needed for delayed gratification and goal-directed persistence.*

Exercise 7: Mindfulness Anchor Practice

Goal: Reduce mind-wandering, improve sustained attention, and lower impulsivity

Duration: 10 minutes daily

How to do it:

- Sit comfortably. Choose an anchor — the breath, a sound, or physical sensations in your hands.
- Set a timer for 10 minutes. Focus your full attention on your anchor.
- When your mind wanders (and it will — often), gently and without self-criticism return attention to the anchor.
- Each return to the anchor is one repetition of the attention muscle — it is the practice, not the wandering, that is the problem.
- Track your practice in a simple app or notebook — consistency over perfection.

***Tips:** Mindfulness-based interventions show consistent improvements in ADHD symptoms in adults (Schoenberg et al., 2014). The non-judgmental quality is essential — ADHD adults often give up due to self-criticism about 'doing it wrong.'*

Exercise 8: Relationship Communication Script

Goal: Reduce relational conflict arising from ADHD symptoms

Duration: 30 minutes (ideally with partner or in therapy)

How to do it:

- Identify a recurring conflict pattern in a key relationship that may be ADHD-related: forgetting, interrupting, emotional reactivity.
- Write a brief, non-blaming script using the format: 'When [specific behaviour], I feel [emotion]. What I need is [specific request].'
- Practise delivering the script calmly, and practise receiving a partner's version without defensiveness.
- Develop a shared signal for when ADHD is affecting the interaction: a neutral word or gesture that pauses the interaction without blame.
- Review the agreed strategy monthly and adjust.

***Tips:** ADHD significantly impacts relationships through inattention, impulsivity, and emotional dysregulation. Communication scripts reduce reactive conflict and give both partners a shared language for ADHD's relational effects.*

Exercise 9: Energy and Attention Mapping

Goal: Understand personal ADHD rhythms and schedule tasks accordingly

Duration: 20 minutes to create; ongoing use

How to do it:

- For one week, track your energy and attention levels every 2 hours using a simple 1 to 10 scale.
- Identify your peak attention windows (typically 2 to 4 hours each day) and your lowest periods.
- Redesign your schedule: place cognitively demanding tasks in peak windows, admin and routine tasks in low windows.
- Schedule exercise in the morning to create an artificial dopamine-rich peak before work.
- Revisit your map monthly — medication changes, sleep, and season affect it.

***Tips:** ADHD adults spend enormous energy fighting their neurological rhythms. Working with your natural pattern rather than against it is one of the most practical and sustainable productivity strategies available.*

Exercise 10: Grief and Acceptance — The Diagnosis Letter

Goal: Process the emotional impact of an ADHD diagnosis (new or long-standing)

Duration: 45 to 60 minutes (therapist-guided recommended)

How to do it:

- Write a letter to your ADHD — as if it were a character or companion who has been with you all your life.
- Include: what it has cost you, what it has unexpectedly given you, what you are angry about, and what you are ready to accept.
- Write a response letter — what would ADHD say back to you?
- Identify 3 things you are now able to understand about yourself that you could not understand before your diagnosis.
- End the exercise by writing one sentence of compassionate self-commitment for the year ahead.

***Tips:** Many adults with ADHD carry years of unprocessed grief — for missed opportunities, broken relationships, and the exhaustion of masking. This exercise, adapted from narrative therapy, facilitates acceptance and integration.*

Chapter 13: Treatment Approaches for ADHD

ADHD is a highly treatable condition. Current evidence supports a multimodal approach — combining medication, psychological therapy, behavioural strategies, lifestyle changes, and educational support. Treatment should be individualised, regularly reviewed, and embedded within a collaborative relationship between the individual, family, and clinical team.

Pharmacological Treatment

Medication remains the most evidence-based treatment for moderate to severe ADHD. It is typically considered when symptoms cause significant functional impairment and other interventions alone are insufficient.

Stimulant Medications (First-Line)

Medication	Age	Notes
Methylphenidate (Ritalin, Concerta, Medikinet)	Children 6+ and adults	Blocks dopamine and norepinephrine reuptake. Available in short-acting (4–6 hr) and extended-release (8–12 hr) formulations.
Amphetamine salts (Adderall, Vyvanse, Dexedrine)	Children 6+ and adults	Increases dopamine and norepinephrine release and blocks reuptake. Vyvanse (lisdexamfetamine) is a prodrug — lower abuse potential.

Non-Stimulant Medications

Medication	Age	Notes
Atomoxetine (Strattera)	All ages	Selective norepinephrine reuptake inhibitor. Takes 4–6 weeks for full effect. Good option when stimulants are contraindicated or cause significant side effects.
Guanfacine (Intuniv)	Children & adolescents	Alpha-2 agonist. Reduces hyperactivity and impulsivity; also treats anxiety. Can be used alone or as an adjunct to stimulants.
Clonidine (Kapvay)	Children & adolescents	Alpha-2 agonist. Particularly effective for sleep difficulties and hyperactivity in younger children.
Bupropion (Wellbutrin)	Adults primarily	Dopamine and norepinephrine reuptake inhibitor. Used off-label for ADHD, particularly when depression co-occurs.

Important Note on Medication

Medication is a tool, not a cure. It works best when combined with therapy, skills training, and lifestyle interventions. All ADHD medications require careful titration, regular monitoring of height, weight, blood pressure, and sleep, and ongoing review by a qualified prescriber. Never start, stop, or adjust ADHD medication without medical supervision.

Psychological and Behavioural Therapies

Therapy	Best For	Description
Cognitive Behavioural Therapy (CBT)	All ages (adapted)	Strongest evidence for adults. Targets negative thought patterns, procrastination, emotional dysregulation, and time management.
Behavioural Parent Training (BPT)	Parents of children 3–12	Teaching parents consistent reward, consequence, and structure strategies. First-line psychological treatment for young children with ADHD.
Mindfulness-Based Cognitive Therapy (MBCT)	Adults and adolescents	Combines CBT with mindfulness practice. Reduces ADHD symptoms, anxiety, and depression with lasting effects.
Dialectical Behaviour Therapy (DBT)	Adolescents and adults	Particularly valuable for emotional dysregulation. Teaches distress tolerance, mindfulness, interpersonal effectiveness, and emotion regulation.
Acceptance and Commitment Therapy (ACT)	Adults	Focuses on values-based living and psychological flexibility. Effective for shame, avoidance, and self-identity issues in adult ADHD.
Social Skills Training	Children and adolescents	Group or individual training in social problem-solving, turn-taking, reading social cues, and managing peer conflict.
Psychoeducation	All ages and families	Understanding ADHD neurologically and practically. Essential first step — reduces shame, improves self-compassion, and empowers self-management.
ADHD Coaching	Adolescents and adults	Practical goal-setting, time management, organisational skills, and accountability. Complements therapy rather than replacing it.

Educational and Workplace Accommodations

For Children at School:

- Preferential seating near the teacher and away from high-distraction areas.
- Extended time for tests and examinations.
- Breaking tasks into smaller, numbered steps with visual checklists.
- Frequent, immediate, and positive feedback rather than delayed grading.
- Movement breaks every 20 to 30 minutes.
- Use of assistive technology: text-to-speech, speech-to-text, spell-checkers.
- Individual Education Plan (IEP) or 504 Plan with specific, measurable goals.
- A quiet room option for tests and examinations.

For Adults in the Workplace:

- Flexible start times or compressed work weeks where possible.
- Private, low-distraction workspace or noise-cancelling headphones.
- Written instructions and agendas for all meetings.
- Permission to use task management and reminder technology.
- Regular check-ins with a supervisor for accountability and feedback.
- Disclosure to HR under relevant disability legislation (where appropriate).

Holistic and Complementary Approaches

While not replacements for evidence-based treatments, the following complementary approaches have a growing evidence base and are widely used in integrative practice:

- **Neurofeedback:** EEG-based brain training that teaches self-regulation of brainwave activity. Meta-analyses show modest but consistent effects on ADHD symptoms, particularly inattention.
- **Mindfulness Meditation:** Regular practice reduces mind-wandering, impulsivity, and emotional reactivity. 8-week MBSR programmes show significant improvements in adult ADHD.
- **Yoga and Tai Chi:** Both reduce hyperactivity, impulsivity, and anxiety in children and adults with ADHD. Yoga is particularly effective for emotional regulation.
- **Reiki and Energy Healing:** Used as a complementary tool for stress reduction and nervous system calming. Supports the parasympathetic state and promotes restorative rest.
- **Sleep Hygiene Interventions:** Consistent sleep schedules, reducing screen light before bed, and melatonin (under medical supervision) dramatically improve ADHD symptoms.
- **Dietary Interventions:** Elimination of identified food sensitivities, omega-3 supplementation, and the elimination diet (Feingold Diet) have demonstrated benefit in subgroups of ADHD individuals.

Chapter 14: Predictive Outcomes and Prognosis

The long-term prognosis for individuals with ADHD is highly variable and strongly influenced by the quality, timing, and consistency of intervention. Research spanning several decades paints a complex but ultimately hopeful picture — early diagnosis, effective treatment, strong support systems, and self-awareness are the most powerful predictors of positive outcomes.

Outcomes in Children — What Research Shows

Academic Achievement

Children with untreated ADHD are significantly more likely to underperform academically, repeat grades, and leave school early. However, with appropriate educational support and treatment, the majority complete secondary school and many pursue tertiary education. Early identification before grade 3 is associated with substantially better academic outcomes (Loe & Feldman, 2007).

Social Development

Peer rejection and social difficulties affect up to 60 percent of children with ADHD. Untreated children are more likely to experience bullying, social isolation, and difficulty maintaining friendships. Social skills training combined with medication produces significantly better social outcomes than either intervention alone.

Transition to Adolescence

For many children, hyperactivity decreases in adolescence while inattention persists. Risk of risk-taking behaviour, substance experimentation, early sexual activity, and driving accidents is elevated in untreated adolescents with ADHD. These risks are substantially reduced with consistent treatment.

Mental Health

Children with ADHD are at significantly elevated risk of developing anxiety (50 percent), depression (38 percent), and conduct disorders (up to 50 percent) if untreated. Early psychological intervention is critical for preventing these secondary conditions from entrenching.

Outcomes in Adults — What Research Shows

Employment and Career

Adults with ADHD change jobs more frequently, are more likely to be underemployed relative to their intellectual ability, and report lower occupational satisfaction. However, when matched to roles that leverage ADHD strengths (creativity, hyperfocus, problem-solving, entrepreneurship), many adults with ADHD achieve exceptional career success. Treatment significantly improves occupational functioning.

Relationships

Divorce rates are significantly elevated in adults with untreated ADHD — estimated to be approximately twice the general population rate. ADHD-related forgetfulness, inattentiveness, impulsivity, and emotional reactivity create chronic relational strain. Couples therapy with ADHD psychoeducation and CBT reduces conflict and improves relationship satisfaction.

Financial Outcomes

Impulsive spending, poor financial planning, missed bill payments, and occupational instability contribute to financial difficulties in adults with ADHD. Financial coaching and structured executive function support (budgeting apps, automatic payments) are effective practical interventions.

Physical Health

Adults with ADHD have elevated rates of obesity (linked to impulsive eating and poor self-regulation), accidents and injuries, and sleep disorders. They are also more likely to smoke and use alcohol. Comprehensive ADHD treatment addressing lifestyle factors significantly reduces these health risks.

Substance Use

Untreated ADHD doubles the risk of developing a substance use disorder. Conversely, individuals whose ADHD is treated with stimulant medication during childhood show a significantly reduced risk of later substance use compared to untreated peers (Wilens et al., 2003). Treatment is protective, not enabling.

Longevity

A landmark study by Barkley and Fischer (2019) found that untreated ADHD is associated with a reduction in life expectancy of up to 13 years, primarily due to accidents, risky behaviour, and health neglect. This underscores the critical importance of diagnosis and consistent, long-term treatment.

Protective Factors — What Improves Outcomes

The following factors consistently predict better outcomes across all ages:

- Early and accurate diagnosis — before secondary shame and academic failure entrench.
- Consistent, multimodal treatment (medication and therapy combined).
- At least one warm, supportive, understanding parent, caregiver, or mentor.
- Educational and workplace accommodations that level the playing field.
- Strong ADHD psychoeducation for the individual and their family.
- Development of personal strengths and ADHD-compatible interests and career paths.
- Peer support — ADHD support groups, communities, and coaching.
- Healthy lifestyle: consistent sleep, regular exercise, and a brain-supporting diet.
- Treatment of co-occurring anxiety or depression — these, if untreated, significantly worsen ADHD outcomes.

Risk Factors — What Worsens Outcomes

- Late or missed diagnosis — especially common in females and culturally diverse populations.
- Co-occurring conduct disorder or oppositional defiant disorder (ODD).
- Adverse childhood experiences (ACEs) and trauma.
- Inconsistent or no treatment.
- Harsh, punitive, or critical parenting or educational environments.
- Substance use beginning in adolescence.
- Social isolation and peer rejection without intervention.
- Untreated anxiety, depression, or learning disabilities.

A Note of Hope

Many of the world's most creative, innovative, and accomplished individuals have ADHD or ADHD-like profiles. The same neurological differences that create challenges in rigid, routine environments can become profound strengths in the right context: hyperfocus, divergent thinking, resilience, high energy, empathy, and the ability to see solutions others miss. The goal of ADHD treatment is not to eliminate the person — it is to remove the obstacles so the person can fully emerge.

Chapter 15: References

The following references include the key academic, clinical, and research sources that underpin the content of both Part 1 and Part 2 of this guide.

1. American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., Text Revision). APA Publishing.
2. Barkley, R.A. (2015). *Attention-Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment* (4th ed.). Guilford Press.
3. Barkley, R.A., & Fischer, M. (2019). Hyperactive child syndrome and estimated life expectancy at young adult follow-up. *Health Psychology*, 38(9), 869–880.
4. Brown, T.E. (2013). *A New Understanding of ADHD in Children and Adults: Executive Function Impairments*. Routledge.
5. Conners, C.K. (2008). *Conners Third Edition (Conners-3)*. Multi-Health Systems.
6. Cortese, S., et al. (2018). Comparative efficacy and tolerability of medications for ADHD in children, adolescents, and adults: A systematic review and network meta-analysis. *Lancet Psychiatry*, 5(9), 727–738.
7. Faraone, S.V., et al. (2021). The World Federation of ADHD International Consensus Statement: 208 evidence-based conclusions about the disorder. *Neuroscience and Biobehavioral Reviews*, 128, 789–818.
8. Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry*, 38(5), 581–586.
9. Halperin, J.M., et al. (2012). Training executive, attention, and motor skills (TEAMS): A proof of concept randomised clinical trial in preschool children with ADHD. *Journal of Attention Disorders*, 16(7), 559–568.
10. Hawkey, E., & Nigg, J.T. (2014). Omega-3 fatty acid and ADHD: Blood level analysis and meta-analytic extension of supplementation trials. *Clinical Psychology Review*, 34(6), 496–505.
11. Janssen, M., et al. (2014). Effects of physical activity on executive functions, attention and academic performance in preadolescent children. *Journal of Science and Medicine in Sport*, 17(2), 204–210.
12. Knouse, L.E., et al. (2017). Recent developments in the psychosocial treatment of adult ADHD. *Expert Review of Neurotherapeutics*, 17(9), 905–918.
13. Kuo, F.E., & Taylor, A.F. (2004). A potential natural treatment for attention-deficit/hyperactivity disorder: Evidence from a national study. *American Journal of Public Health*, 94(9), 1580–1586.
14. Loe, I.M., & Feldman, H.M. (2007). Academic and educational outcomes of children with ADHD. *Ambulatory Pediatrics*, 7(1 Suppl), 82–90.
15. Neff, K.D. (2011). *Self-Compassion: The Proven Power of Being Kind to Yourself*. William Morrow.
16. Nigg, J.T., et al. (2012). Meta-analysis of attention-deficit/hyperactivity disorder or ADHD symptoms, restriction diet, and synthetic food color additives. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(1), 86–97.
17. Ratey, J.J., & Loehr, J.E. (2011). The positive impact of physical activity on cognition during adulthood: A review of underlying mechanisms, evidence and recommendations. *Reviews in the Neurosciences*, 22(2), 171–185.

18. Schoenberg, P.L.A., et al. (2014). Effects of mindfulness-based cognitive therapy on neurophysiological correlates of performance monitoring in adult attention-deficit/hyperactivity disorder. *Clinical Neurophysiology*, 125(7), 1407–1416.
19. Solanto, M.V. (2011). *Cognitive-Behavioral Therapy for Adult ADHD: Targeting Executive Dysfunction*. Guilford Press.
20. Swanson, J.M. (1992). *School-based Assessments and Interventions for ADD Students*. KC Publishing.
21. Taylor, A.F., & Kuo, F.E. (2009). Children with attention deficits concentrate better after walk in the park. *Journal of Attention Disorders*, 12(5), 402–409.
22. Ustun, B., et al. (2017). The WHO Adult ADHD Self-Report Scale (ASRS-5). *World Psychiatry*, 16(1), 77–87.
23. Verret, C., et al. (2012). A physical activity program improves behavior and cognitive functions in children with ADHD. *Journal of Attention Disorders*, 16(1), 71–80.
24. Ward, M.F., Wender, P.H., & Reimherr, F.W. (1993). The Wender Utah Rating Scale. *American Journal of Psychiatry*, 150(6), 885–890.
25. Wilens, T.E., et al. (2003). Does stimulant therapy of ADHD beget later substance abuse? *Pediatrics*, 111(1), 179–185.
26. Wolraich, M.L., et al. (2019). Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of ADHD in Children and Adolescents. *Pediatrics*, 144(4), e20192528.
27. Wolraich, M.L., et al. (2003). Comparison of diagnostic criteria for ADHD in a county-wide sample. *Pediatrics*, 111(3), 536–547.
28. Achenbach, T.M. & Rescorla, L.A. (2001). *Manual for the ASEBA School-Age Forms and Profiles*. ASEBA.
29. Barkley, R.A. (2011). *Barkley Adult ADHD Rating Scale-IV (BAARS-IV)*. Guilford Press.
30. Conners, C.K., et al. (1999). *Conners Adult ADHD Rating Scales (CAARS)*. Multi-Health Systems.
31. Brown, T.E. (1996). *Brown Attention-Deficit Disorder Scales*. Psychological Corporation.

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