



Ballast adult ADHD toolkit

The Practical Toolkit

Four field guides for attention, initiation, time, and emotional steadiness.

Adult ADHD collection

Four doors. One place to return.

01 Focus Flow

02 Getting Unstuck

03 Time Without Shame

04 Reset After Overwhelm

Useful on a real Tuesday.

Practical, psychologically informed tools for building a life that works with your brain.

You do not have to read this in order

Start with the problem in front of you

Each guide stands alone. Use one page. Test one idea. Return when you need another door.

01 Focus Flow 3

Attention, energy, open loops, daily and weekly planning

Begin when everything feels equally loud.

02 Getting Unstuck 11

Task initiation, avoidance, momentum, completion

Begin when you know what to do but cannot start.

03 Time Without Shame 19

Time blindness, departure, transitions, defaults

Begin when time keeps surprising you.

04 Reset After Overwhelm 27

Emotional intensity, criticism, shame, and repair

Begin when the feeling is driving the story.

The Ballast posture

Practical support, honest limits, and no moral verdict attached to executive function.



Ballast adult ADHD toolkit

Focus Flow

A daily operating system for attention, energy, and follow-through.

Start with today

A day in three layers

01 One anchor

02
Two supports

03
One kindness

Useful on a real Tuesday.

Practical, psychologically informed tools for building a life that works with your brain.

Do not plan for an imaginary brain

What kind of day is this?

Choose the state that is most true right now. Then use the matching plan.

Clear

I can think and choose. Protect one meaningful focus block.

☐ This is closest

Scattered

Everything feels equally loud. Capture, choose, close the rest.

☐ This is closest

Stuck

I know the task. I cannot begin. Shrink the entry step.

☐ This is closest

Depleted

The fuel tank is low. Stabilize before optimizing.

☐ This is closest

Overloaded

There are too many open loops. Reduce the field.

☐ This is closest

Hyperfocused

I cannot disengage. Install a landing signal.

☐ This is closest

The daily page

One anchor, two supports, one kindness

A full list hides priorities. A layered plan makes the shape of the day visible.

1. The anchor

If only one meaningful thing moves today, let it be this. Choose an outcome, not a category. Example: Send the revised proposal, not work on proposal.

Today's anchor

2. Two supports

Small actions that keep life from becoming harder tomorrow.

☐ Support 1 _____

☐ Support 2 _____

3. One kindness

Fuel, movement, connection, margin, or rest.

Kindness to future me

Done enough

The anchor has a first step. The supports are small. The kindness is scheduled or visible.

 The focus block

Make attention easier to enter

Use one block. Do not build a cathedral of timers.

- | | | | |
|----------|---|----------|--|
| 1 | When to use
A task matters and needs protected attention. | 2 | Start here
Name the visible first action. |
| 3 | Done enough
One honest block, even if unfinished. | 4 | Next move
Leave a breadcrumb for re-entry. |

The 25 + 5 experiment

Set 25 minutes for one task. Put capture paper nearby. Each unrelated thought goes there, not into a new tab. At the bell, stand up for 5 minutes. Continue only by choice.

The task / visible first action

Distractions to capture, not follow

Breadcrumb: when I return, I will...

 The open-loop dock

Your brain is for thinking, not storage

Capture in one trusted place. Sort later. The first job is to stop rehearsing everything.

Quick capture - tasks, worries, ideas, reminders

Sort later

Do Under 5 minutes and timely	Plan Needs a date or next action
Delegate Someone else owns it	Park Not now, not lost

Rule of one home

Pick one capture home for the week. Notes app, paper notebook, or task app. Multiple perfect systems become one large scavenger hunt.

 The 20-minute harbor check

Make next week easier to enter

Set a timer. Stop when it rings. A partial reset still counts.

- | | |
|---|---|
| ☐ Clear one physical landing zone | ☐ Review calendar for fixed commitments |
| ☐ Choose three outcomes for the week | ☐ Break each outcome into one next action |
| ☐ Check medication and essential refills | ☐ Identify one likely bottleneck |
| ☐ Schedule one recovery block | ☐ Send one message that prevents avoidable trouble |

The three outcomes that would make the week feel honest

Likely bottleneck + one support

Low-energy version

Look at the calendar. Choose Monday's anchor. Put one needed object where you will see it.

 Keep this page visible

The whole system at a glance

When the system feels too large, use only the line that matches now.

I am scattered

Write every open loop for 3 minutes. Circle one.

I am stuck

Make the start smaller than seems respectable.

I am depleted

Water, food, medication as prescribed, bathroom, then reassess.

I am overloaded

Cancel, defer, delegate, or shrink one demand.

I am hyperfocused

Set a stopping alarm and write the re-entry breadcrumb.

I lost the day

Choose one repair that makes tomorrow kinder.

I lost the week

Return without trial. Reset the next hour.

Use + evidence / Keep the tool, drop the verdict

Support, not a scorecard

These pages are experiments. A tool that does not help is data about fit, timing, context, or support needs. It is not evidence that you are lazy or incapable.

This resource is educational

It is not a diagnostic test or a substitute for individualized medical or psychological care. ADHD can overlap with anxiety, depression, trauma, sleep disorders, substance use, learning differences, and medical conditions. If symptoms are new, worsening, or unsafe, talk with a qualified healthcare professional.

The evidence base behind the design

Current guidance supports multimodal care tailored to the person and environment. Medication and psychosocial interventions, including cognitive behavioral approaches, may be useful. Environmental modifications, planning and organization skills, sleep, movement, and ongoing monitoring can support day-to-day functioning. No worksheet replaces comprehensive care.

Selected sources

[CDC. ADHD in Adults \(reviewed Sept. 2026\).](#)

[NIMH. Attention-Deficit/Hyperactivity Disorder \(ADHD\).](#)

[NICE Guideline NG87. Attention deficit hyperactivity disorder: diagnosis and management.](#)

[AADPA. Australian Evidence-Based Clinical Practice Guideline for ADHD.](#)

[Faraone et al. World Federation of ADHD International Consensus Statement. 2021.](#)

Urgent support

If you may harm yourself or someone else, call or text 988 in the United States, call 911, or go to the nearest emergency department.



Ballast adult ADHD toolkit

Getting Unstuck

Practical tools for task initiation, procrastination, and momentum.

Make the start smaller

Find the smallest door

Finish the report

Open the report

Write one rough sentence

Useful on a real Tuesday.

Practical, psychologically informed tools for building a life that works with your brain.

Procrastination is not one thing

What is the task asking your brain to do?

Choose the nearest fit. Different barriers need different doors.

Unclear

I cannot see the first action. Define the next visible move.

Too large

The task has no edges. Create a 10-minute slice.

Boring

The reward is too distant. Add immediacy or company.

Threatening

It could expose failure or conflict. Separate action from verdict.

Too many choices

Every option branches again. Reduce to A or B.

Low fuel

The brain cannot finance the start. Stabilize, then choose.

Lower the entry cost

The first action should be almost annoyingly small

You are not shrinking the importance of the task. You are shrinking the distance to contact.

Illustrative example	Your version
Too big Finish the report	Too big
Still big Work on the report	Still big
Visible Open the report	Visible
Tiny Read the last paragraph	Tiny
Entry point Write one rough sentence	Entry point

My task, stepped down until the first action feels possible

 Borrow momentum

Choose one support, not seven

The goal is contact with the task. Novelty is helpful until choosing the method becomes the new task.

Body double

Work near another person or announce the block.

Five-minute door

Commit to five minutes, with permission to stop.

Visible timer

Make time concrete and finite.

Sound cue

Use one repeatable start playlist or sound.

Friction off

Open files, gather tools, clear one square foot.

Reward now

Pair the start with coffee, music, or a check mark.

Ugly first pass

Produce something deliberately incomplete.

Accountability text

Send: Starting X now. I will update at __.

My default ignition

When I notice I am stuck, I will use:

When the task feels dangerous

Name the predicted pain

Avoidance often protects against shame, uncertainty, conflict, disappointment, or loss of control.

The task I am avoiding is...

If I begin, I fear...

What is fact, and what is prediction?

What would a good-enough attempt look like?

A steadier sentence

This task may be uncomfortable. It is not a referendum on my worth. My job is the next honest action.

Define done before you start

Completion needs an edge

If done keeps moving, the brain never receives the reward of arrival.

The outcome

Good enough for this version

What I am explicitly not doing today

☐ I can stop when the defined version is complete.

☐ I left one breadcrumb if another pass is needed.

Completion ritual

Save. Send or file. Mark done. Take 30 seconds to notice that the task ended.

 Repair, do not prosecute

A missed task needs information and a next move

Self-attack consumes the same executive capacity needed for repair.

- 1

Notice

What happened, without adjectives?
- 2

Learn

Which barrier was present?
- 3

Repair

Who or what needs attention?
- 4

Redesign

What support changes next time?

The facts

The repair I can make

The support I will add

Use + evidence / Keep the tool, drop the verdict

Support, not a scorecard

These pages are experiments. A tool that does not help is data about fit, timing, context, or support needs. It is not evidence that you are lazy or incapable.

This resource is educational

It is not a diagnostic test or a substitute for individualized medical or psychological care. ADHD can overlap with anxiety, depression, trauma, sleep disorders, substance use, learning differences, and medical conditions. If symptoms are new, worsening, or unsafe, talk with a qualified healthcare professional.

The evidence base behind the design

Current guidance supports multimodal care tailored to the person and environment. Medication and psychosocial interventions, including cognitive behavioral approaches, may be useful. Environmental modifications, planning and organization skills, sleep, movement, and ongoing monitoring can support day-to-day functioning. No worksheet replaces comprehensive care.

Selected sources

[CDC. ADHD in Adults \(reviewed Sept. 2026\).](#)

[NIMH. Attention-Deficit/Hyperactivity Disorder \(ADHD\).](#)

[NICE Guideline NG87. Attention deficit hyperactivity disorder: diagnosis and management.](#)

[AADPA. Australian Evidence-Based Clinical Practice Guideline for ADHD.](#)

[Faraone et al. World Federation of ADHD International Consensus Statement. 2021.](#)

Urgent support

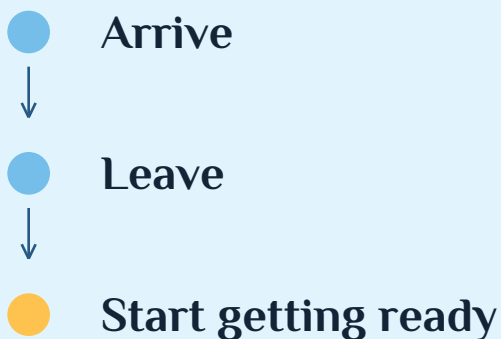
If you may harm yourself or someone else, call or text 988 in the United States, call 911, or go to the nearest emergency department.

Time Without Shame

A practical guide to time blindness, transitions, and plans that survive contact with life.

Make time visible

Work backward from arrival



Useful on a real Tuesday.

Practical, psychologically informed tools for building a life that works with your brain.

 Knowing is not sensing

Why clocks can fail to become felt time

ADHD can make the future feel abstract and the present feel endless. The answer is external structure, not louder self-criticism.

Three translations

Turn time into something visible, audible, and connected to action: a countdown you can see, an alarm that names the action, and a departure sequence with landmarks.

Visible

Analog timer, countdown bar, calendar block

Audible

Alarm says shoes on, not appointment

Physical

Objects staged at the exit

Social

Someone expects a check-in

Try one translation

The time problem I want to make visible is:

The departure ladder

Arrival time is not start time

Build backward using realistic transitions and a buffer that belongs to the plan.



Use two alarms

Alarm 1 starts getting ready. Alarm 2 means leave now. Label both with verbs.

The real-time audit

Predictions improve when you collect kind data

For one week, compare guessed time with actual time. The gap is not failure. It is calibration.

Task	Guess	Actual	Note

Calibration rule

For repeated tasks, plan using the actual average plus transition time. Hope is welcome. It is simply not a duration estimate.

 The transition bridge

Ending is a task, too

Transitions ask the brain to stop, remember, reorient, and start. Build a bridge instead of expecting a teleport.

- | | |
|--|---|
| 1 Signal
One sound or phrase marks the shift. | 2 Close
Save, note, put away, or photograph state. |
| 3 Move
Stand, stretch, walk, or change rooms. | 4 Land
Touch the first object of the next task. |

The transition that catches me

My four-part bridge

Example

Alarm: Wrap in five. Save and write Next: revise paragraph 3. Walk to kitchen for water. Put shoes by the door.

Done enough

You crossed the transition with less friction, even if it was not graceful.

 Fewer decisions, more life

Pre-decide what repeats

Defaults are not boring. They are executive-function infrastructure.

- ☐ Weekday breakfast
- ☐ Medication location and refill cue
- ☐ Keys, wallet, badge, and bag
- ☐ Laundry day
- ☐ Bill review time
- ☐ Two easy dinners
- ☐ Email windows
- ☐ Movement option
- ☐ Bedtime wind-down cue
- ☐ What gets declined during overload

Three defaults I want to test for two weeks

Experiment language

For two weeks, I am testing _____. I am looking for less friction, not perfect adherence.

 The no-shame debrief

Make the next departure wiser

Accountability works better when it is specific enough to change behavior.

- 1 What time did I intend to leave?

- 2 What time did I actually leave?

- 3 What happened in the final 30 minutes?

- 4 Which estimate was wrong?

- 5 What did I start right before leaving?

- 6 What one change belongs in the next plan?

Repair sentence

I am sorry I was late. I know it affected _____. Here is what I am changing next time.

Use + evidence / Keep the tool, drop the verdict

Support, not a scorecard

These pages are experiments. A tool that does not help is data about fit, timing, context, or support needs. It is not evidence that you are lazy or incapable.

This resource is educational

It is not a diagnostic test or a substitute for individualized medical or psychological care. ADHD can overlap with anxiety, depression, trauma, sleep disorders, substance use, learning differences, and medical conditions. If symptoms are new, worsening, or unsafe, talk with a qualified healthcare professional.

The evidence base behind the design

Current guidance supports multimodal care tailored to the person and environment. Medication and psychosocial interventions, including cognitive behavioral approaches, may be useful. Environmental modifications, planning and organization skills, sleep, movement, and ongoing monitoring can support day-to-day functioning. No worksheet replaces comprehensive care.

Selected sources

[CDC. ADHD in Adults \(reviewed Sept. 2026\).](#)

[NIMH. Attention-Deficit/Hyperactivity Disorder \(ADHD\).](#)

[NICE Guideline NG87. Attention deficit hyperactivity disorder: diagnosis and management.](#)

[AADPA. Australian Evidence-Based Clinical Practice Guideline for ADHD.](#)

[Faraone et al. World Federation of ADHD International Consensus Statement. 2021.](#)

Urgent support

If you may harm yourself or someone else, call or text 988 in the United States, call 911, or go to the nearest emergency department.



Ballast adult ADHD toolkit

Reset After Overwhelm

Tools for emotional intensity, criticism, shame, and returning to yourself.

Steady before solving

Make room for a next action

01



02



03

Steady

Name

Choose

Steady before solving.

Useful on a real Tuesday.

Practical, psychologically informed tools for building a life that works with your brain.

 Name what is happening

The feeling is real. The first interpretation may be incomplete.

Strong emotion narrows attention. Begin with state recognition before deciding what the moment means.

Activated

Fast heart, heat, urgency, argument

Collapsed

Numb, ashamed, quiet, disappearing

Fixated

Replaying words, reading signs, certainty

Flooded

Everything feels connected and unsolvable

Depleted

Tears, irritability, no margin

Ready

Body steadier, able to choose

 Steady before solving

A brief sequence for the first wave

This is not about suppressing emotion. It is about creating enough room to choose the next action.

01**Orient**

Name five neutral things you can see.

02**Exhale**

Breathe out longer than you breathe in, five times.

03**Ground**

Press both feet down. Unclench jaw and hands.

04**Name**

I notice hurt / anger / fear / shame.

05**Delay**

No major message or decision for 20 minutes.

06**Choose**

What is the next safe, values-consistent action?

 Slow the story

Separate event, meaning, and need

People often call this rejection sensitivity. It is a useful description for some people, but it is not a separate formal diagnosis.

1. The event

What was actually said or done? Use camera-language only.

Facts

2. The instant meaning

What did your brain conclude about you, them, or the future?

The story

3. The need

Information, repair, reassurance, boundary, time, or support?

The need / next wise question

I made a mistake. I am not the mistake.

Move from global verdict to specific repair

Shame says disappear. Repair asks what happened, what matters, and what comes next.

1 **Catch**
I notice the verdict: I always...

2 **Specify**
The actual event was...

3 **Own**
My part is...

4 **Repair**
The next honest action is...

The verdict my brain is making

The more accurate, specific account

The repair

Grace-based restart

Returning is a skill. You do not have to earn the right to begin again.

The four-sentence repair

Clear, brief, and sturdy

Use this after you are regulated enough to be curious and accountable.

01 Observation

When ____ happened...

02 Impact

I felt / I noticed ____...

03 Ownership

My part was ____...

04 Request

Could we / Next time I will ____...

Boundary

Repair does not require accepting cruelty, manipulation, discrimination, or abuse. Safety and dignity remain part of the plan.

 Support by state

Choose before you need it

A menu reduces decision load when the thinking brain goes offline.

Body

Cold water, paced exhale, walk, stretch, pressure

Environment

Lower light, reduce sound, leave the room, sit outside

Connection

Text a safe person, body double, ask for listening

Meaning

Prayer, values reminder, compassionate truth, journal

Time

Delay reply, sleep on it, schedule the conversation

Care

Food, water, prescribed medication, rest, professional support

My three most reliable reset options

Do not make yourself carry everything alone

Signals to widen the circle

ADHD tools can help with functioning. They cannot safely hold every kind of pain.

- 1 **Notice** Emotion or irritability is suddenly much worse
- 2 **Notice** You are sleeping very little and feel unusually driven or invulnerable
- 3 **Notice** Alcohol, cannabis, or other substances are becoming a primary coping tool
- 4 **Notice** Conflict is escalating toward threats, violence, coercion, or fear
- 5 **Notice** You are unable to meet basic needs for several days
- 6 **Notice** You are having thoughts of suicide, self-harm, or harming someone else

Immediate help

In the United States, call or text 988 for crisis support. Call 911 or go to the nearest emergency department for imminent danger.

Use + evidence / Keep the tool, drop the verdict

Support, not a scorecard

These pages are experiments. A tool that does not help is data about fit, timing, context, or support needs. It is not evidence that you are lazy or incapable.

This resource is educational

It is not a diagnostic test or a substitute for individualized medical or psychological care. ADHD can overlap with anxiety, depression, trauma, sleep disorders, substance use, learning differences, and medical conditions. If symptoms are new, worsening, or unsafe, talk with a qualified healthcare professional.

The evidence base behind the design

Current guidance supports multimodal care tailored to the person and environment. Medication and psychosocial interventions, including cognitive behavioral approaches, may be useful. Environmental modifications, planning and organization skills, sleep, movement, and ongoing monitoring can support day-to-day functioning. No worksheet replaces comprehensive care.

Selected sources

[CDC. ADHD in Adults \(reviewed Sept. 2026\).](#)

[NIMH. Attention-Deficit/Hyperactivity Disorder \(ADHD\).](#)

[NICE Guideline NG87. Attention deficit hyperactivity disorder: diagnosis and management.](#)

[AADPA. Australian Evidence-Based Clinical Practice Guideline for ADHD.](#)

[Faraone et al. World Federation of ADHD International Consensus Statement. 2021.](#)

Urgent support

If you may harm yourself or someone else, call or text 988 in the United States, call 911, or go to the nearest emergency department.