




ADHD CLINICS

ReFrame Weekly

Edition 10 04/08/2025

A Newsletter for ADHD Brains That Think Differently

 Welcome back!

You are part of a growing ADHD community. ReFrame Weekly is here to help you build momentum, manage focus, and feel understood—one doable strategy at a time.

This edition focuses on making transitions smoother, tasks more visible, and habits more brain-friendly. Simple shifts can help build consistency and reduce mental effort.

A WEEKLY DOSE OF INSIGHT, STRATEGY & SUPPORT FROM ADHD CLINICS

NeuroMomentum

Name your peak time — and protect it

Mid-morning focus? Post-workout clarity? Block your best brain time and use it well. (More on page 4)

Wired Differently

TBody doubling without a buddy

No partner in sight? Use videos, coworking sites, or even your own voice. (More on page 4)

Scattered to Sharp

Micro-goals to regain focus

If you're stuck, shrink the task. Small wins lead to big momentum. (More on page 5)

The Dopamine Dispatch

Quick hits to fire up your brain

A book, a playlist, and a real win from an ADHD patient who finally got started. (More on page 5)

Quick Quiz

Which of the following best supports ADHD motivation during peak focus time?

- A. Ignoring body signals
- B. Working through the night
- C. Protecting your mental real estate
- D. Multitasking with social media

(Answer on Page 5)

Share Your ADHD Wins or Tips

What is one thing that helped your ADHD brain thrive this week?

 Share it with us at info@adhd-clinics.co.uk

(Subject: "My ADHD Tip")

We may feature you in a future edition—with your permission!

Clinician Spotlight

Dr. Dheeraj Chaudhary

Consultant Forensic Psychiatrist, ADHD Clinics.

Dr. Dheeraj Chaudhary, is a Consultant Forensic Psychiatrist. He is on the specialist register of the General Medical Council (GMC) UK having gained a CCT (Certificate of Completion of Training) in Forensic Psychiatry.

He is registered with GMC with a current license to practice – 6067800. He is a Member of the Royal College of Psychiatrists, UK – MRCPsych, by examination. He has a Post-Graduate Diploma in Psychiatry from the University of Manchester, UK.

He is approved by the Secretary of State under Section 12 (2) of the Mental Health Act 1983 (amended 2007) as having special experience in the diagnosis and treatment of mental disorders. He provides treatment for a broad range of psychiatric disorders.

He is an expert in ADHD and has a special interest in Autism. He offers a thoughtful, thorough, and holistic approach to his patients. He believes collaboration with the patients is a key for understanding and improvement in psychiatric disorders. He offers tailor made solutions for ADHD assessment and treatment.

He is multilingual and offers appointments in English, Hindi, Urdu, Punjabi and Bengali.



What patients say:



"I have found Dr Chaudhary extremely knowledgeable, helpful & compassionate. He listens to what you have to say with genuine interest. I highly recommend Dr Chaudhary."

— Google review

Appointments available at:

adhd-clinics.co.uk/appointments/



ADHD Clinics Service

Did You Know We Offer Private ADHD and Autism Services Nationwide?

At ADHD Clinics UK, we provide:

- Full ADHD assessments
- Autism assessments
- Ongoing treatment and medication reviews
- Follow-up support from expert clinicians
- Fast appointments—no long NHS waitlists

All led by Consultant Psychiatrists with special interest in ADHD and Autism

Visit: adhd-clinics.co.uk

ADHD Assessment & Treatment Online Course

A practical training for professionals.

Designed for psychiatrists, GPs, psychologists, and nurses, who want real-world, up-to-date skills in diagnosing and treating ADHD.


Whole-Day Training | Saturday 09 August 2025


 **Live online session | Programme TBC**


Join our full-day training course designed for psychiatrists, GPs, psychologists, and allied health professionals who want to enhance their skills in assessing and managing ADHD across settings.


 **What the course will include:**

- Practical ADHD diagnosis and formulation
- Treatment approaches: medication and beyond
- Shared care protocols and implementation
- Case discussions + interactive Q&A
- Tools you can use immediately

 **Where:** Online (live and interactive)

 **When:** Saturday 09 August 2025

 **Offer:** 10% off with promo code: **ReFrameWeekly**

 **Book now:** adhd-clinics.co.uk/adhd-training-course-uk/

NeuroMomentum

Name your peak time — and protect it

You probably know by now that your focus is not random — it comes in predictable waves. For many ADHDers, **mid-morning** or the **hour after exercise** is prime time. But knowing is not enough — we need to **defend** that window.

Example:

Jess noticed she focused best between 10:30 and 11:30 a.m. Instead of scheduling meetings then, she now uses it to draft reports — headphones on, phone off.

Try this:

Look at your week ahead. What's your "deep work" window? Block it off. Use a calendar emoji or bold title to protect it — this is your prime mental real estate.

Wired Differently

"Body double" without needing someone there

A body double helps by providing a calm presence while you work. But if no one's around?

Try virtual versions:

- **Live coworking sessions** (e.g. Focusmate or YouTube lo-fi study rooms)
- **Pretend someone's watching** — some people set up their webcam or record themselves starting a task

Example:

Ben sets up a 30-minute YouTube body double video each morning. He cleans his inbox during the session — and often keeps going even after it ends.

Tip:

Say what you're going to do *out loud* — even to yourself. It increases the chance you'll follow through.

Scattered to Sharp

Use micro-goals to avoid derailment

Big plans collapse when distractions pull you off course. Instead, give your brain a **clear, short target** — something you can do in 5–15 minutes.

Example:

Layla kept skipping her essay. So she set a micro-goal: “Open the Word doc and write the first sentence.” That was it. Once she started, momentum carried her forward.

Try this:

Write your next task as a *tiny* goal:

“Email Tom.”

“Open spreadsheet.”

“Set timer for 10 minutes.”

Progress builds when friction drops.

The Dopamine Dispatch

Book of the Week:

“ADHD 2.0” by Dr. Edward Hallowell & Dr. John Ratey

Warm, optimistic, and packed with insights on how to work with your ADHD brain.

Audio boost:

Try the “Focus Flow” playlist — curated to keep you in the zone without overstimulation.

Patient win:

“I started using a 10-minute timer when I felt overwhelmed. Sometimes I stop after 10. Sometimes I finish everything. But I start — and that’s the big win.”

Article:

Sunday Reflections: ADHD, Diagnosis, and the Role of Clinicians

By Dr Dheeraj Chaudhary, Consultant Psychiatrist

It is a grey, drizzly Sunday morning—and I find myself thinking deeply about ADHD, diagnosis, and the broader clinical debate. There are many facets to this conversation, and oversimplified narratives like "ADHD is overdiagnosed" do a disservice to the scale and complexity of the issue.

The idea that we are overdiagnosing ADHD is largely a myth. If anything, we are still catching up after decades of underdiagnosis. Conservative estimates suggest that around 5% of the adult population has ADHD. Yet, hundreds of thousands remain on waiting lists. Without timely assessment and treatment, lives can become derailed. People may still succeed—but often at the cost of four times the effort, stress, and sacrifice. Many live with co-occurring depression or anxiety. At worst, untreated ADHD contributes to substance misuse, psychiatric crises, and contact with the criminal justice system.

Yes, we use diagnostic criteria—but they should guide, not limit, our clinical judgement. If someone presents with four out of nine symptoms and significant functional impairment, do we say, "Sorry, you missed the cut-off"? The thresholds in diagnostic manuals were never designed as rigid gates, but rather as guidance—liberalised over time to ensure more people can be supported.

It takes 15 years from medical school to becoming an independent Consultant Psychiatrist. During that time, we train our eyes, ears, and minds to recognise clinical patterns, unpick complex symptoms, and understand the nuance of mental health conditions. This is not tick-box work. It is deep, layered, human work—requiring time, training, and humility.

If we reduce clinical work to algorithms and checklists, AI could indeed do the job soon. But that is not what our patients need. They need considered, compassionate care informed by expertise. Patients are not boxes to be ticked; they are people seeking understanding.

Private providers have a role to play—and I hope they can be seen as part of the solution, not a threat. Diagnosing and treating ADHD requires specific skills: training, clinical exposure, and supervised assessment before independent practice. In my own case, this included a year each of CAMHS training at junior and senior levels, years of running prison clinics, and extensive experience diagnosing ADHD in both inpatient and outpatient settings before I began seeing private patients.

I now teach about ADHD—and it takes me a full hour just to cover comorbidities and differential diagnoses. And still, I regularly discuss complex cases with peers. ADHD is not simple. Diagnosis is not trivial. It demands rigour.

ADHD is not the only specialty facing long NHS waits—cardiology and orthopaedics do too. What is different is the stigma. ADHD remains under-recognised, misunderstood, and even ridiculed in some circles. Few people question the private sector in other specialties—but in psychiatry, especially ADHD, private assessment is often framed with suspicion.

To me, the real issue is not who provides the care, but whether we are doing the right thing. When I receive a referral, I ask myself:

Am I adding value to this patient?

Am I the right clinician for this particular case?

Can I offer what they need—or should I signpost elsewhere?

I often decline referrals when I feel someone would be better served by a full multidisciplinary team or when I believe I am not the best fit. But when we can help—when we diagnose appropriately, support someone to stabilise their life, preserve their job, sustain a relationship, or simply understand themselves better—that is deeply meaningful work.

Sometimes the help is medication. Sometimes it is psychoeducation. Sometimes, it is just telling someone: “It was not your fault.” That moment of understanding can be transformative.


This is the kind of care we should advocate for—whether delivered in the NHS or the private sector. What matters most is that the care is safe, competent, and compassionate.

There is a broader lesson here too, about how we talk about mental health services. We must move away from false binaries: overdiagnosed vs underdiagnosed, NHS vs private, real vs “fashionable” conditions. These polarising narratives do not reflect clinical reality.

Instead, we need a dialogue based on clinical integrity, lived experience, and shared goals. The question should always be: What is in the best interest of the patient in front of me?

On this grey Sunday morning, I find hope in the possibility that we, as a profession, can move towards a more nuanced, respectful conversation about ADHD. One that recognises the suffering of those still waiting for care, values the role of trained clinicians—whatever their setting—and centres on the dignity of patients above all.

Let us make room for complexity, for clinical wisdom, and for better futures—for our patients, and for ourselves.

 Disclaimer:

All names and stories in these examples are fictional and provided to illustrate how strategies might be applied in real life.

See you next week !

Thank you for reading

If you like ReFrame Weekly, please do write to us info@adhd-clinics.co.uk

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