




ADHD CLINICS

ReFrame Weekly

Edition 12 18/08/2025

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

Use the “5-Minute Launch” to trick your brain into starting tasks you keep avoiding.

(More on page 4)

Wired Differently

Rejection Sensitivity Dysphoria (RSD) explained: why criticism can feel overwhelming.

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Scattered to Sharp

The “Single Capture Notebook” method to stop losing ideas.

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The Dopamine Dispatch

Pair boring tasks with dopamine boosts to keep moving.

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ADHD Clinic Services

How we support patients from assessment to ongoing care.

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Quick Quiz

What is RSD most closely linked to in ADHD?

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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 Stephen Barrattshaw

Consultant Psychiatrist, ADHD Clinics.

Dr Stephen Barrattshaw has ADHD. He is also a high performing Consultant Psychiatrist. He is very experienced in the diagnosis and treatment of ADHD in adults.

He originally trained as a nurse and then completed his medical training becoming a consultant in 2020. He has worked in a wide range of specialities and has also been a Director of Medical Education for a large NHS Trust and a Clinical Director for Acute Mental Health for an NHS Wales Health Board. Relaxed, down to Earth but also rigorous and very patient-centred.

His qualifications are MBChB BA BMedSci MSc MInstLM MAcadMed UKAAN MRCPsych
He is a Consultant General Adult Psychiatrist with an endorsement in Rehabilitation Psychiatry.



He is listed on the specialist register of the GMC with a license to practice medicine – 7274615, is a Member of The Royal College of Psychiatrists and is an Approved Clinician under The Mental Health Act.

What patients say:



"I highly recommend ADHD Clinics. My initial contact was with Nikki, who responded to my emails very quickly and my assessment with Dr Barrattshaw was booked a week later. I was quite nervous on the day but Dr Barrattshaw immediately made me feel at ease and I felt able to talk freely to him. After my diagnosis he spent time discussing the recommended medication, should I decide to try it. He also wrote a letter of diagnosis for my college requesting that reasonable adjustments be made to my studies. This was emailed to me by Nikki just hours after my assessment. Thank you both so much!"

— Google review

Appointments available at:

adhd-clinics.co.uk/appointments/

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.

Full-Day ADHD Masterclass | Saturday 22 November 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:


- Adult ADHD across the lifespan
- Diagnostic frameworks and pitfalls
- Medications and titration strategies
- Coaching, CBT, and skills training
- Managing ADHD with comorbidities
- Case examples with group discussion

 **Where:** Live Online via Zoom

 **When:** Saturday 22 November 2025

 **Time:** 09:30 – 16:30 (UK time)

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

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

NeuroMomentum

The 5-Minute Launch

Starting tasks is often harder than completing them. For many people with ADHD, the “activation barrier” feels overwhelming: the brain treats the task as a mountain, even if it is really a molehill.

The 5-Minute Launch is a proven way to bypass this barrier. Instead of telling yourself “*I must finish this big project,*” you reduce the demand: “*I will just spend five minutes on it.*” Once you have started, your brain often finds it much easier to keep going.

Examples in daily life:

Work: Instead of “*I must write the full report,*” commit to opening the document and writing one paragraph.

Home: Instead of “*I must clean the kitchen,*” commit to putting away just five plates.

Study: Instead of “*I must revise biology,*” commit to reading the first page of notes.

The magic lies in momentum. Even if you stop at five minutes, you have moved the task forward. But more often, once you are “**in motion,**” you will continue naturally without the same internal resistance.

Wired Differently

Rejection Sensitivity Dysphoria (RSD)

Rejection Sensitivity Dysphoria (RSD) is an intense emotional reaction to real or perceived criticism, common in ADHD. It is not simply “being sensitive”—the brain processes rejection as genuine threat, triggering disproportionate pain, anxiety, or anger.

Scenario: A colleague casually says, “You could improve that slide.” To a neurotypical brain, this is neutral feedback. To someone with ADHD and RSD, it can feel like, “You are incompetent. You should not even be here.” The emotional weight is immense, even when the intent is mild.

How to manage:

Pause before reacting – remind yourself that the feeling is a surge, not necessarily truth.

Reality-check – ask, “*Is this about me as a person, or just about the task?*”

Self-compassion script – prepare statements such as “*Feedback helps me grow*” or “*This is about the work, not my worth.*”

Support system – share the experience with someone trusted who can provide perspective.

With practice, these strategies can reduce the sting of RSD and help responses become more measured. Over time, awareness itself is protective.

Scattered to Sharp

The Single Capture Notebook

ADHD brains generate endless ideas—to-dos, reminders, sudden sparks of creativity. The problem is not idea-generation, but retaining and organising them. Many patients describe feeling haunted by “lost thoughts” they knew were important but cannot recall.

The solution: a Single Capture Notebook—a centralised system (paper or digital) where every idea goes first. This is not the final home for tasks, but a capture bucket. The brain trusts it because it is consistent.

Example use:

- In the supermarket, you suddenly remember a work deadline → jot it in your notebook app.
- On the bus, you get an idea for a birthday gift → write it in the same spot.
- During a meeting, a phrase sparks an essay idea → capture it there.

At the end of each day, review the notebook and funnel items into your planner, task manager, or calendar. The power lies in reducing fragmentation—instead of sticky notes, scraps of paper, text-to-self, and 12 apps, everything goes through one reliable gateway. This reduces anxiety, increases trust in your own system, and prevents the dreaded “*what did I forget?*” cycle.

The Dopamine Dispatch

Pairing Boring Tasks with Pleasure

ADHD brains thrive on dopamine, the neurotransmitter linked to motivation and reward. Low-dopamine tasks—like paperwork, laundry, or tax returns—can feel unbearable. One way to hack this system is through behavioural bundling: pairing a low-dopamine task with a high-dopamine activity.

Examples:

- Housework: Put on your favourite upbeat playlist or a comedy podcast while cleaning.
- Emails/Admin: Brew a fancy coffee or light a candle only when you tackle emails.
- Exercise: Watch a beloved series, but only while on the treadmill or stationary bike.

This pairing teaches the brain to associate the boring task with pleasure. Over time, the resistance reduces. Importantly, it works best if the dopamine boost is exclusive to the task—your favourite podcast only plays when doing laundry, for example.

Small environmental tweaks like this can shift productivity dramatically. Instead of waiting for motivation, you create it by weaving in dopamine deliberately.

Quick Quiz ?

Question: Rejection Sensitivity Dysphoria (RSD) is most closely linked to:

- A) Working memory
- B) Emotional regulation
- C) Sleep disturbance

ADHD Clinics Service

At our clinics, we aim to provide end-to-end support for ADHD—from assessment through to ongoing care. Many patients feel relief simply in being understood and validated; we then build structured care on that foundation.

Our services include:

- Comprehensive Diagnostic Assessments – following NICE guidelines, including developmental history and collateral input.
- Medication Initiation & Monitoring – evidence-based prescribing, careful titration, and side-effect management.
- Therapeutic Support – CBT tailored for ADHD, coaching for skills, and psychoeducation sessions for patients and families.
- Workplace & Academic Support – reports, adjustments, and advice to help patients thrive in work or study environments.
- Long-Term Follow-Up – structured reviews to ensure progress is sustained.
- Support for Co-occurring Conditions – such as anxiety, depression, autism, PTSD, and sleep issues.

Our philosophy is practical, patient-centred, and flexible—because no two ADHD journeys are the same.

Article:

Living and Working as a Consultant Psychiatrist with Undiagnosed ADHD

Dr Stephen Barrattshaw, Consultant Psychiatrist

Until the age of 44, I lived with undiagnosed ADHD. In hindsight, the signs were always there — but they wore the mask of diligence, energy, and ambition. I thrived on novelty, constantly seeking change. As a student nurse, medical student, and junior doctor, I welcomed the six-weekly rotation of placements. The stimulation suited me perfectly, and the newness gave me focus.

I was able to work with intense concentration when it counted — driven by hyperfocus and natural intelligence. During exams, I could study relentlessly, and throughout medical school, I held down part-time jobs while maintaining high academic performance. My hyperactivity helped fuel 14-hour days, and for a long time, it felt like my ADHD traits were a superpower. But there was always another side. My mind never rested. The same brain that enabled me to juggle competing assignments, solve complex problems, and anticipate risk also plagued me with worry. I could imagine — in fine detail — every conceivable way a situation could go wrong. Clinically, this made me an exceptionally risk-aware practitioner. But psychologically, it was exhausting.

When I became a consultant psychiatrist, the stability and permanence of the role felt jarring. I was expected to remain in one post, one team, for years. Then came the pandemic. Suddenly, I was responsible not only for the safety and care of patients, but also for supporting a clinical team under extraordinary strain. It was one of the most difficult periods of my life. I would wake at 3 a.m. with my mind racing, unable to sleep. I would pretend to go to the bathroom, only to sneak downstairs and log into my work laptop — checking notes, prescriptions, emails — over and over again.

Intellectually, I knew this was ADHD. I was a psychiatrist, after all. But I felt I couldn't afford the time or capacity to seek help.

In the following years, I moved through several consultant posts. The pandemic had normalised a state of constant crisis and cross-cover. The pressure was still there, but the stimulation made it feel manageable. Still, I wasn't in my twenties — I was over 40, and my health was deteriorating. As clinical director, working within a strained system with increasingly complex dynamics, I found myself back in the familiar cycle of insomnia, anxiety, and hypervigilance.

Eventually, I sought an ADHD assessment. I had diagnosed hundreds of patients in both NHS and private practice, but receiving my own diagnosis brought unexpected emotions: guilt, relief, sadness, anger, hope, and — finally — clarity. I started treatment with lisdexamfetamine. Within 40 minutes of the first dose, I sat back in my chair and thought, So this is what my mind is supposed to feel like?

The best way I can describe it is this: I felt like a tourist who had just stepped out of a chaotic, rain-soaked New York street on Christmas Eve into a vast, quiet cathedral. I was alone with my thoughts — but only the ones I had chosen to think. For the first time, my mind felt like it was my own.

Eight months on, I am calmer, healthier, and more present. My life — and waistline — have shrunk, in the best possible way. I'm a far better consultant psychiatrist now than I ever was. More importantly, I'm a different one. I feel a depth of connection to my ADHD patients that I didn't fully access before. I understand the fatigue, the grief of a late diagnosis, the unique wiring of an ADHD mind. I apply a tenderness in my practice now that comes from mutual recognition.

Would I want to have been diagnosed earlier? Perhaps not. My undiagnosed ADHD gave me energy, creativity, and drive — it got me here. But I left it too long. When the balance tipped, ADHD started to erode my quality of life. I came close to burnout. I'm grateful I didn't go over the edge.

⚠ 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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