Create a place for the Coaching information.

This will become a tool that is tailored for you. Each session, exercise, example, email, text, and phone call will be directed at learning about you and how you work best.

Use a digital folder and a folder or exercise book(s) to keep all coaching notes and daily/weekly reviews. Glue the attachments or save them. Leave four- or five-pages blank for easy reference of tools/important info about you that we will discover as we go.

This information will become important. Find a place for it, use it, and protect it. The information you will have in it is what you will be paying for. It is a tangible resource you will have when you are not being coached.

WHAT IS IMPORTANT TO YOU – The first thing we will do is to identify the important things. Especially the urgent things. They often indicate what we need to work on indirectly and is rarely just one thing.

ROUTINES – Try to recognise and record existing routines and patterns of behaviour that you want to change or make consistent.

Examine your fundamentals – Diet and fluids, sleep, exercise, hygiene, breathing, medication, and fun.

Diet – Medications can be affected by vitamins and diet, but multivitamins are useful for most people unless advised by your Dr. Good food groups- Protein, Complex carbohydrates, Omega-3 fatty acids, B-vitamins, zinc, iron, magnesium, and fibre. We are 70% water and is required for every single action of the body so if you are not hydrated you are less than 70% of your potential.

Sleep – A sleep routine is an important part of sleep. A regular sleep/wake cycle also creates a predictable routine for the brain. Writing down any troubling thoughts that come up before bed can quiet the worried mind to help with rumination. Keep a sleep diary so you may see patterns.

Exercise – Exercise creates dopamine which is a key deficiency in ADHD. It can be used to create momentum to complete difficult tasks or to help facilitate transitions to other tasks.

Hygiene – Self-care in general can be overlooked with ADHD and contributes to the long-term health differentials and life expectancy from the general population. You are important and making the effort for yourself will contribute to your self-esteem which is a constant struggle.

Breathing – This cannot be understated. The only conscious way to control heart rate which contributes to anxiety and impulse control is through active breath control. Practicing using breathing to relax and reduce the heart rate is a skill that is learnt. This does not have to be done in a tantric pose, it can be done while watching TV, in the shower or sitting on a train.

Medication - As well as the vitamins and water mentioned previously the prescribed medication can be an important part of treatment and support. Finding the right medication can be a difficult process but is worth the effort. The use of illicit drugs and alcohol can be a dangerous alternative that significantly affects those with ADHD through addiction, poor health, and legal issues.

This limited information is deliberately brief and more information will be discussed in sessions or found at the resources below.

**Social Media** is a great way to connect with other people and people with ADHD. Be mindful that the information given in these forums or google searches can be misleading or relate to a particular individual. It can also be very informative. Be curious and cautious. The best information is directly from a clinician who has experience with ADHD. **Most clinicians do not**. To find ADHD specialists, the **ADHD Foundation** is the recognised resource. It can be difficult to find a psychiatrist for a diagnosis. Both Psychiatrists and Psychologists can diagnose but only Psychiatrists and GP’s prescribe medication. Some psychiatrists will not accept a diagnosis made by a psychologist.

Recommended resources are as follows:

CHADD.org

[www.additudemag.com](http://www.additudemag.com)

Driven to distraction, E. Hallowell & J. Ratey.

More Attention Less Distraction, A. Tuckman.

Learning Outside the lines, J. Mooney & D. Cole.