



ADHD & Executive Functioning

Practical, evidence-informed strategies for starting, organizing, focusing, and following through

Understanding executive functioning

Executive functions help us plan, prioritize, initiate tasks, hold information in mind, manage time, shift attention, and regulate responses. ADHD can make these skills inconsistent—especially when a task is boring, unclear, emotionally difficult, or has a distant reward. The goal is not to try harder; it is to build supports that make action easier.

1 Make the first step smaller (task initiation)

- Define the next visible action, not the whole project: “Open the document and type the heading” instead of “Finish report.”
- Use a 2–5 minute starting commitment. You may stop after the timer; starting is the win.
- Write an if-then plan: “If I finish breakfast, then I will open my calendar.”

2 Move working memory outside your head

- Use one trusted capture place for tasks (notes app, planner, or paper); review it at the same time daily.
- Make checklists for recurring routines and keep needed supplies visible at the point of use.
- Set reminders for the action time, not only the deadline; add a second prompt for transitions.

3 Make time visible and concrete

- Break projects into short work blocks (for example, 15–25 minutes) with planned breaks; adjust the length to your attention span.
- Estimate time, then compare with actual time to improve future planning without self-criticism.
- Use a visual timer and calendar blocks that include preparation, travel, and transition time.

4 Reduce distractions and decision load

- Choose a defined workspace, silence nonessential alerts, and keep only the materials for the current task in view.
- Create default routines: the same place for keys, a simple morning checklist, or a standard weekly planning time.
- Use website blockers or focus modes when useful; change the environment rather than relying on willpower alone.

5 Support prioritizing and follow-through

- Choose a “top one” priority for the day; separate urgent tasks from important but nonurgent tasks.
- Break a large goal into milestones with intermediate due dates and specific calendar appointments.



- Try a brief check-in with a supportive person or an accountability partner; some people find working alongside another person helpful (“body doubling”), though direct research on this specific technique is limited.

6 Work with emotion, not against it

- Notice the barrier: boredom, overwhelm, perfectionism, uncertainty, or fear of failure. Name it without judgment.
- Practice a coping statement: “This feels difficult, and I can take one small step.”
- After a setback, ask “What support was missing?” rather than “What is wrong with me?”

A 5-minute executive-function reset

PAUSE: What am I trying to do? • CLARIFY: What is the next physical action? • SUPPORT: What timer, reminder, checklist, or environment change would help? • START: Work for 2–5 minutes. • REVIEW: What worked, and what needs adjusting?

Build a personal experiment

This week I will practice: _____ When: _____

My cue or reminder: _____ My first tiny step: _____

At the end of the week: What helped? What got in the way? What will I change?

Evidence and further reading

- Safren, S. A., et al. (2005). Behavioral treatment for adults with ADHD. *Behaviour Research and Therapy*, 43, 831–842.
- Solanto, M. V., et al. (2010). Efficacy of meta-cognitive therapy for adult ADHD. *American Journal of Psychiatry*, 167, 958–968.
- Knouse, L. E., et al. (2017). Meta-analysis of cognitive-behavioral treatments for adult ADHD. *Journal of Consulting and Clinical Psychology*, 85, 737–750.
- NICE. (2018, updated). Attention deficit hyperactivity disorder: diagnosis and management (NG87). [nice.org.uk/guidance/ng87](https://www.nice.org.uk/guidance/ng87)
- Gollwitzer, P. M. (1999). Implementation intentions. *American Psychologist*, 54, 493–503. (General planning evidence; not ADHD-specific.)

These strategies are drawn from ADHD-focused CBT, metacognitive skills training, and general behavior-change research. Individual techniques vary in the strength of direct ADHD-specific evidence. Educational resource; not a substitute for individualized assessment or treatment. Medication and skills-based therapy may also be appropriate.