STEADY GROUND

Understanding ADHD

A guide for adults newly diagnosed — or finally ready to find out

steadygroundguides.com

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This is a draft manuscript-in-progress of Steady Ground: Understanding ADHD, *part of the planned Steady Ground series.*

Content presented here is for personal use during the writing and editing process. The completed book will be published at steadygroundguides.com.

This guide is not medical advice. Readers experiencing significant mental health distress should contact their GP, NHS 111 (*option* 2 *for mental health*), *the Samaritans* (116 123 *in the* UK *and Ireland*), *or their local emergency service.*

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Before You Begin

A few things worth saying before the guide proper begins.

This isn't medical advice. This guide is written by someone who has lived with ADHD for five years, not by a clinician. It will give you accurate information, useful frameworks, and language you may not have had access to before. It will not, and should not, replace a proper conversation with a GP, a psychiatrist, or another qualified professional. Use it to prepare for those conversations, not to substitute for them.

This is one experience, not the experience. I'll describe ADHD as I've lived it and as I've heard it described by enough other people to recognise patterns. But ADHD looks different across genders, cultures, ages, and individual brains. If something in here doesn't match your experience, that's information about you, not a failure of the guide. Take what's useful. Set the rest aside.

If you are currently in crisis, please get support. If you are experiencing thoughts of self-harm, are in acute mental health distress, or are at a point of urgent difficulty, the right next step is professional help: your GP, NHS 111 (option 2 for mental health), the Samaritans (116 123 in the UK and Ireland), or your

local emergency service. This guide will still be here when you're ready for it.

A note on identity. It's tempting, especially in the first months after a diagnosis, to let ADHD become the whole frame through which you understand yourself. ADHD is one true thing about you. It isn't the only true thing. The guide returns to this in Part Seven, but it's worth holding from the start.

A note on pacing. Some chapters in this guide cover heavier material than others. Chapter 4 sits with the emotional landing of diagnosis. Chapter 11 looks honestly at the impact of unmanaged ADHD on the people closest to you, including partners and children. These chapters are written carefully, but they are deliberately honest, and they can land hard, particularly if you are recently diagnosed, in the middle of difficult conversations at home, or otherwise in a fragile place when you read them. There is no requirement to read this guide in order. If a chapter feels like more than you can hold today, set it aside. The book will still be here next week. Returning to a chapter when you are ready for it produces a different reading than pushing through it when you are not.

With those said — let's begin.

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Introduction

I was 37 when someone finally told me.

Sitting in a consulting room in a building I'd circled twice because I parked in the wrong car park and then couldn't find the entrance, I listened to a psychiatrist explain, in a calm and unhurried voice, that I had ADHD. Combined type. Probably since childhood.

I remember nodding slowly, like I was processing it. I wasn't processing it. I was thinking about whether I'd remembered to send my daughter's permission slip for the school trip, and whether the client presentation I'd stayed up until 1am finishing was actually saved properly, and whether I'd locked the car. Three things at once, as usual. Classic, I suppose.

I was 37. I had a job I was good at, most of the time. I had two children who I loved fiercely and forgot to collect occasionally. I had a mortgage, a full calendar, a reputation for being brilliant in a crisis and completely useless at the ordinary administrative texture of life. I had a drawer in my kitchen that I will not describe to you. What I did not have, for 37 years, was an explanation.

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Getting an ADHD diagnosis as an adult is one of the stranger things that can happen to a person. It doesn't arrive cleanly. It doesn't feel like an answer so much as a door opening into a corridor you didn't know existed. On the other side of that door is the past, your past, rearranged. The job you lost at 29. The friendships that quietly dissolved because you kept cancelling, kept forgetting, kept being a bit much and then not enough. The mortgage paperwork you nearly lost. The look on your partner's face when you forgot something important again. All of it sitting there, waiting to be reexamined in a different light.

It's relief and grief at the same time. I wasn't ready for the grief part.

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I'm writing this five years after that appointment. I'm 42 now, still a professional, still a parent, still occasionally circling car parks. But I understand what's happening in my brain in a way I didn't before, and that understanding (imperfect, ongoing, sometimes frustrating) has changed things more than I expected.

Not fixed them. Changed them.

This guide is what I wish had existed when I walked out of that consulting room with a diagnosis letter and no idea what to do next. The psychiatrist was excellent. The leaflet he gave me was not. The internet, as you may have discovered, offers a spectrum of information ranging from the genuinely useful to the aggressively wrong, with a substantial middle section made

for parents of seven-year-olds that doesn't translate at all to being a 42-year-old with a mortgage and a performance review coming up.

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I don't know exactly where you are right now. Maybe you've just been diagnosed and you're sitting with the weight of it, not sure whether to feel relieved or devastated or both. Maybe you haven't been diagnosed yet but you've been reading about ADHD at midnight for three weeks and something keeps snagging. You keep recognising yourself in descriptions that were clearly not written with you in mind. Maybe you were diagnosed years ago and let it drift, and something has happened recently that's made you want to pick it back up properly.

All of those are the right place to start.

This guide is structured so you can read it beginning to end, or go straight to the part that's most urgent. If you're waiting for an assessment, start with Part One. If you've just been diagnosed and you're still sitting with the feeling, start with Part Two. If medication is the pressing question, go to Part Three. If it's work, or your relationship, or the way you feel about yourself — it's all in here.

What this guide won't do is tell you that ADHD is a superpower. You may have heard that. You may have found it hollow, the way I did. It isn't a superpower. It's a different nervous system, with genuine advantages and genuine costs, and the task, the lifelong, imperfect, occasionally exhausting task of learning to work with it rather than against it.

That's what we're here for.

PART ONE

Before the Diagnosis

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CHAPTER 1

How to Know If This Is Worth Pursuing

Let me guess how you got here.

You were doing something else — scrolling, probably, or lying awake at a reasonable hour when you should have been asleep — and you read something about adult ADHD. A tweet, a Reddit thread, a video from someone sitting in their car explaining their brain in a way that made you put your phone down and stare at the ceiling. And something in it caught. Not in a vague, self-helpy way. More like a hook finding something it was always meant to find.

You've probably dismissed it a few times already. Told yourself everyone feels this way. That you're just tired, or stressed, or not trying hard enough. That ADHD is for children who can't sit still, and you can sit still perfectly well, you just can't always remember why you walked into the room.

This chapter is for the gap between suspicion and decision. I'm not going to tell you whether you have ADHD, that takes a trained clinician and a proper assessment. What I can do is help you work out whether it's worth finding out.

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What adult ADHD actually looks like

I want to describe what I've experienced and what I've heard echoed back from enough other people to be confident it's not just me. Your experience may differ in the details. The shape should still feel familiar if this is what you're dealing with.

The cultural image of ADHD is a seven-year-old boy who can't stay in his seat. That image has done an enormous amount of damage to the adults who needed a diagnosis and didn't get one because they didn't recognise themselves in it.

Adult ADHD, especially in people who've spent decades developing ways to manage it without knowing what they were managing, tends to look nothing like that.

It looks like intelligence that never quite translates into results. The colleague who has ideas nobody else can see but can't get a report in on time. The person who is extraordinary in an emergency and invisible when nothing is on fire. Brilliant in conversation, blank when asked to reply to a straightforward email.

It looks like time blindness — not poor time management, which implies a solvable organisational problem, but a genuine neurological difficulty with perceiving how time is passing. Tasks take either five minutes or four hours, and you usually can't tell which until it's too late. Appointments arrive as surprises. Deadlines materialise suddenly. Years pass quickly and individual afternoons stretch endlessly.

It looks like hyperfocus, which is the part that confuses people most. ADHD is not an inability to focus. It is an inability to regulate focus. The same brain that cannot fill in an expense form can disappear entirely into a documentary, a book, a problem, a project — emerging six hours later, surprised, hungry, slightly ashamed of the things that didn't get done in the meantime. I have written entire proposals in a single sitting when the subject interested me enough. I have also spent forty-five minutes trying to compose a three-sentence email to someone I liked.

It looks like an environment that is inexplicably difficult to keep in order — not because you don't care, but because the systems that neurotypical people seem to run automatically require your active, effortful attention every single time, and there is only so much active effortful attention available.

It looks like emotional intensity that doesn't match the situation. Disproportionate frustration at small obstacles. Criticism landing harder and staying longer than seems reasonable. A sensation some researchers call Rejection Sensitive Dysphoria — a sudden, overwhelming emotional pain triggered by perceived rejection or failure that can feel physically like being winded. We'll come to this properly in Part Seven, but it's worth naming it here because for many people it's the symptom that has caused the most damage and the one they were least expecting to have explained.

And it looks like exhaustion. The specific exhaustion of spending every day compensating, masking, keeping it together in public and collapsing when you get home. Of doing things the hard way without knowing there was another way.

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If you're a woman reading this

I want to say something directly, because the research says it and the lived experience of thousands of women confirms it: ADHD in women has been chronically, systemically under-diagnosed. The hyperactive boy is the diagnostic template. Women who don't fit it have spent decades being told they have anxiety, or depression, or are simply overwhelmed by the demands of modern life. Sometimes that's true. Often it's true and the underlying cause is untreated ADHD.

Female ADHD tends to present with more inattention and less visible hyperactivity — the hyperactivity is internal, the racing thoughts and restlessness contained inside a person who has learned to appear calm. It tends to involve stronger internalisation — self-blame, shame, the conclusion that everyone else manages fine and something must be wrong with you personally. It tends to be masked more effectively and for longer, because the social expectations placed on girls from early childhood encourage exactly the kind of performance that disguises ADHD symptoms.

Many women are diagnosed in their thirties and forties after years of treatment for anxiety and depression that helped, but only partly. The anxiety and depression were real. The cause underneath them was something else.

If you have been told repeatedly that you're too sensitive, too disorganised, too much and not enough all at once — it's worth asking the question.

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The objection I hear most often

"But I got through school. I hold down a job. Surely if I had ADHD I'd have fallen apart by now."

I understand why this feels true. It didn't feel true to me, and I still nearly didn't make the appointment because of some version of this thought.

Here's what I've come to understand: surviving is not the same as thriving. Many people with undiagnosed ADHD are high-functioning in the sense that they have, through enormous effort, raw intelligence, supportive circumstances, or sheer stubbornness, held their lives together. The question is not whether you've survived. The question is what it has cost you.

How much energy does it take? How much of your private life — the sleep lost, the Sunday evenings spent dreading Monday, the relationships that eroded slowly, the things you nearly did and didn't: the price of the performance?

I held down a job. I held down a good job. I also kept a list of elaborate cover stories for why work was late, developed an encyclopaedic knowledge of which colleagues would and wouldn't notice things, and spent more nights than I can count in a state of low-grade panic about something I'd forgotten. That's not coping. That's performing coping.

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Questions worth sitting with

This isn't a diagnostic quiz. ADHD is diagnosed by a clinician, not a checklist. These are simply the questions I'd ask a friend who was wondering. And the kind of preparation that's useful before any professional conversation.

Have you always felt like you're running a different operating system to everyone else? Working harder to produce the same results, expending more effort on things other people seem to find automatic. Not occasionally — consistently, across your whole life.

Do you have a pattern of starting things with genuine enthusiasm and abandoning them completely? Not because you stopped caring, but because the initial spark faded and you couldn't sustain momentum without it. The half-finished courses, the abandoned hobbies, the graveyard of good intentions.

Is your relationship with time genuinely strange? Not just "I'm often late" but a difficulty sensing time passing, planning backwards from a deadline, understanding intuitively how long something will take. The meeting that snuck up on you. The hour that disappeared.

Does emotional pain hit you harder and stay longer than seems proportionate? Criticism, rejection, or even the anticipation of disapproval landing with a force that surprises you. Other people seeming to shake things off in a way that feels impossible.

Have you built systems and workarounds that other people don't seem to need — and do those systems still fail you

regularly, despite genuine effort? The phone always in the same place until the one time it isn't. The calendar that only works when you remember to check it.

Has any of this been true since you were young? Not just now, when life is demanding and you're tired. The same patterns in school, in early jobs, in your twenties. ADHD doesn't appear in adulthood. It just becomes harder to compensate for as life grows more complex.

If most of these land, it's worth taking the question to a professional.

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When it might not be ADHD

I want to be honest with you here, because it matters.

Anxiety can look very much like ADHD. Difficulty concentrating, restlessness, difficulty finishing tasks, the feeling of being perpetually overwhelmed. These are anxiety symptoms too. So is the exhaustion of constant vigilance. If anxiety is primary, treating ADHD won't solve it, and treating anxiety first sometimes resolves the apparent ADHD symptoms substantially.

Depression can look like ADHD. Difficulty concentrating, low motivation, tasks that feel impossible, the inability to start things, all of this can be depression, especially in people who don't experience depression as sadness but as a kind of flattening.

Serious sleep deprivation can produce ADHD-like symptoms in brains that don't have ADHD. Burnout can too.

None of this means you don't have ADHD. It means the question is worth taking to someone qualified to tease it apart, which is exactly what a good assessment does. A clinician isn't just looking for ADHD. They're looking at the whole picture.

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Before you move on to Chapter 2, which covers how to actually get an assessment — there's a worksheet in Appendix A. It isn't a diagnosis. It's a set of prompts to help you gather your thoughts before you speak to anyone officially. What you remember. What you've noticed. What it's cost you.

It takes about twenty minutes, and it will be useful when you get to the GP's office and the psychiatrist's waiting room and your mind, predictably, goes blank.

Start there if it helps. Then come back.

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CHAPTER 2

Getting Assessed as an Adult

At some point after I started seriously wondering, I spent approximately three weeks doing nothing about it.

Not because I'd decided not to. Because I didn't know where to start. The information online was either written for parents navigating the school system or buried inside NHS policy documents that required their own diagnosis to get through. I knew the destination — an assessment, a clinician, some kind of answer — but not the route.

This chapter is the route.

It's written primarily for people in the UK, because that's the system I know from the inside and because UK ADHD provision is a particular kind of complicated that deserves its own honest account. If you're in the US, Australia, or Canada, the broad landscape is similar — public systems that are slow, private options that cost money, and a gap between where most people are and where they need to get to.

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Your options

There are three ways to get an adult ADHD assessment in the UK. They vary significantly in cost, speed, and what happens afterwards.

The NHS route

A referral from your GP to a specialist ADHD service, assessed and treated within the NHS at no direct cost. In principle, straightforward. In practice, the waiting times in many areas are between one and three years. Some parts of the country are longer. This isn't a scare figure — it's the current reality of an under-resourced service meeting a dramatic increase in referrals.

If you can wait, and if getting onto the NHS pathway now means you'll eventually receive ongoing NHS care including prescription costs, it can be worth doing in parallel with other options. You can start the NHS referral and pursue a private assessment at the same time. You don't have to choose.

The Right to Choose pathway

This is the option worth a moment, because it's the option that nearly nobody tells you about and the one that made the biggest difference to me.

Under NHS legislation in England, you have the legal right to choose which provider assesses you, including independent providers who hold NHS contracts. In practice this means you can ask your GP to refer you to a specific independent clinic rather than your local NHS service. The assessment is funded

by the NHS. You pay nothing. The wait is typically shorter, sometimes significantly shorter — than your local service.

When I discovered this existed, I had been on a local NHS waiting list for nearly fourteen months with no clear timeline for an appointment. I switched my referral to a Right to Choose provider and had a full assessment within ten weeks. I am not unusual. There are thousands of people on Reddit and in ADHD communities with stories that are some version of the same story.

The largest Right to Choose provider at the time of writing is Psychiatry UK. Others exist and the landscape changes, so it's worth checking the current options when you reach this point. Not all GPs are aware of this right. Some will tell you it doesn't apply, or that they can only refer to local services. They are mistaken. If you encounter this, the phrase to use is: "*I'd like to exercise my* NHS *Right to Choose, as outlined in the* NHS *Constitution.*" Put the request in writing if you need to. It is your legal right.

Note for readers outside England: Right to Choose does not apply in the same way in Scotland, Wales, or Northern Ireland, where provision varies and is generally more limited. The private route below is often more practical.

Private assessment

Paying for an assessment outside the NHS. The cost in the UK typically falls between £500 and £900 for the assessment itself, depending on the provider and what's included. This does not include the cost of medication if prescribed, more on that shortly.

The advantages are speed and certainty. A private assessment can usually be arranged within weeks. The disadvantage, beyond cost is what happens next. If you're diagnosed privately and want to take NHS medication, which is significantly cheaper than paying for private prescriptions indefinitely — you'll need what's called a shared care agreement. This is an arrangement where your private psychiatrist recommends a treatment plan and your NHS GP agrees to take over prescribing. Many GPs will do this. Some won't.

This is a known problem and a genuine source of frustration: you've paid for a diagnosis, you have a treatment recommendation, and your GP declines to prescribe. If you go the private route, ask the clinic before you book whether they have experience helping patients establish shared care agreements, and what their success rate is in your region. It's a fair question and a good clinic will answer it honestly.

Online assessment services

A growing category — clinics that conduct assessments entirely remotely, via video call. Some hold NHS contracts and can be accessed via Right to Choose. Others are private.

The honest evaluation: the quality varies more than with in-person services, and the sector has attracted some providers who prioritise volume over thoroughness. A legitimate online assessment should still involve a detailed clinical interview, standardised questionnaires, and a qualified psychiatrist or specialist. If a service is offering a diagnosis after a single short questionnaire, that's a red flag.

Used carefully, a reputable online service can be faster and more accessible, especially for people who struggle with

in-person appointments or live somewhere with limited local provision. Check professional registration, read recent reviews, and ask specifically about what the assessment involves before you book.

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The GP conversation

For most people, this is where it begins, and for more people than it should, this is where it stalls.

GPs vary enormously in their knowledge of adult ADHD. Some are excellent. Some are working from an outdated model of ADHD as a childhood condition and will say things like "you don't seem like you have ADHD" or "everyone struggles with concentration sometimes." This isn't malice. It's a knowledge gap in a system that still trains many GPs with minimal focus on adult neurodevelopmental conditions.

Going in prepared makes a significant difference.

What to bring

The worksheet from Appendix A, or the notes you've made from it. Specific examples of how your difficulties are affecting your life — not general impressions but concrete instances. The project that's been half-finished for six months. The promotion you didn't go for because you didn't trust yourself to manage the increased responsibility. The friendships that have worn thin from cancelled plans and forgotten conversations.

Evidence matters more than feelings in this conversation. "I feel scattered and overwhelmed" is easy to attribute to stress.

"I have a pattern of losing important documents, missing deadlines despite reminders, and receiving feedback about reliability at every job I've held" is harder to dismiss.

If you have old school reports, bring them or have them ready to reference. Teachers who wrote "could do better" and "doesn't apply herself" and "bright but easily distracted" were, in many cases, documenting ADHD without knowing it.

What to say

Keep it specific and functional. The language that tends to work:

> *"I've been experiencing difficulties with concentration, organisation, and time management that have been present since childhood and are significantly affecting my ability to function at work and at home. I've done some reading about adult* ADHD *and I believe it's worth investigating. I'd like a referral for a formal assessment."*

If you want to use Right to Choose:

> *"I'd like to be referred via* Right to Choose *to [specific provider]. I understand this is my right under the* NHS Constitution*."*

If you're dismissed

It happens. If your GP tells you that you don't seem like you have ADHD, or that you're probably just stressed, or that ADHD is overdiagnosed, you have options. You can ask to see a different GP at the same practice. You can ask for their decision to be documented in your notes, which sometimes

changes the conversation. You can request a formal referral and, if refused, ask for the reasons in writing. You can register with a different practice.

You do not have to accept a dismissal as the final word.

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What the assessment actually involves

I want to demystify this, because not knowing what to expect is one of the main reasons people put off booking.

The core of an adult ADHD assessment is a detailed clinical interview. A psychiatrist or specialist clinician will ask you questions — about your childhood, your schooling, your current daily life, your relationships, your work. They want to understand not just whether you have symptoms, but whether those symptoms have been present since childhood, whether they're causing meaningful impairment across multiple areas of your life, and whether another explanation fits better.

This interview typically takes between one and two hours. It can feel exhausting. It can also feel, unexpectedly, like relief, like someone is finally asking the right questions.

The questionnaires

You'll usually complete standardised questionnaires before or during the assessment. The most common are the Conners Adult ADHD Rating Scales (CAARS) and the Diagnostic Interview for ADHD in Adults (DIVA). These aren't pass or fail tests. They're structured tools that help clinicians see patterns across a range of symptoms and compare your responses to

established diagnostic criteria.

Fill them in honestly. Don't try to perform ADHD. Don't try to downplay it. Both are more common than people admit.

Collateral information

Some assessors will ask for information from someone who knew you as a child — a parent, an older sibling. This helps establish childhood onset. If you have someone who can do this, it's worth asking them in advance. If you don't — estrangement, bereavement, adoption — a good assessor will work with what's available.

Cognitive testing

Not always included, but sometimes. Computerised attention tests, processing speed tasks. These aren't intelligence tests and they don't determine the outcome on their own. Think of them as one more data point in a larger picture.

What they're looking for

Symptoms that are present in at least two settings (work and home, for example, not just one). Symptoms that have been present since childhood, even if they've changed in presentation. Symptoms that are causing genuine functional impairment — affecting your work, your relationships, your daily life. And symptoms that aren't better explained by something else.

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How to prepare

The Appendix A worksheet you completed before this chapter is already useful preparation. Beyond that:

Give yourself time before the appointment to think about your childhood specifically. Not just a general impression, but specific memories. The things you lost repeatedly. The homework that was always last-minute. The teachers whose feedback sounds familiar now. The friendships that were intense and then suddenly weren't.

Talk to a parent or family member if that's possible and safe. Ask them what you were like as a child — not leading the question, just asking what they remember. The answers are sometimes illuminating.

Keep a brief diary between now and your appointment. Nothing elaborate — a note on your phone when something happens that feels relevant. You'll arrive at the assessment with recent, specific examples rather than a vague sense of your patterns.

And then, when you get there: be honest. Don't perform. Don't brace for the assessor to catch you out. They're not trying to catch you out. They're trying to build an accurate picture. The best thing you can give them is the truth.

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There are two things in the appendix to support this chapter.

Appendix B is a preparation worksheet, more detailed than Appendix A designed to help you gather the kind of evidence an assessor needs before your appointment.

Appendix C is a list of questions worth asking your assessor — about the diagnosis, about what comes next, about medication, about what to do if you want a second opinion.

Take them into the room with you if that helps. Nobody will mind.

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About this sample

This has been the first two chapters of *Steady Ground: Understanding ADHD* — the front matter, the introduction, and the chapters that cover whether to pursue an assessment and how to get one as an adult in the UK.

The full book continues through seventeen more chapters and nine appendices.

Part Two sits with the emotional landing of diagnosis and explains what ADHD actually is, in plain neurological terms, for the adult who has just been given the framework.

Part Three covers medication: the stimulant and non-stimulant options, the titration process, what the first weeks actually feel like, what to do when something isn't right.

Part Four is the longest section in the book and works through the practical reality of doing your job with an ADHD brain — email paralysis, meetings, deadlines, the variable-performance pattern that produces the most difficult conversations with managers, and the slow work of disclosure under the Equality Act 2010.

Part Five deals with the relational consequences of late diagnosis — the partner who has been quietly carrying things for years, the parents who didn't know what to look for, the children who have noticed more than the adults realised, and the friends who have drifted because you kept cancelling.

Part Six covers money, sleep, exercise, the body, and the tools that actually help — including the weekly reset, which is the single most useful habit the book describes.

Part Seven is the inner work. The grief that arrives after the diagnosis is real, and the chapter on it is one of the chapters most readers tell me they returned to. Rejection Sensitive Dysphoria is the longest chapter in the book; for many adults it is the symptom that has done the most damage, and the strategies it covers are the strategies I most needed and most struggled to find. The chapter on identity after diagnosis works through what it means to integrate the framework without letting it consume your sense of self. The final chapter is on therapy and support — what kinds of help actually work, how to find someone competent, and what to do when professional help is not available.

Nine appendices follow the main text, including the worksheets I use myself: a reflection prompt for adults wondering whether to pursue assessment, a preparation worksheet for the assessment itself, a medication diary, a workplace disclosure letter template, a list of reasonable adjustments to request, a weekly reset template, and an emergency regulation toolkit for the moments when an RSD episode has just arrived and the strategies in the book need to be deployable on a single page.

If the voice and the approach in these first chapters fit what you're looking for, the full book is available at steadygroundguides.com

as a PDF, £14.99.

Thank you for reading this far.

— Alex Steady Ground