

ADHD & Impulsivity

Intensive · The Recovery Files

When Your Brain's Wiring Fuels the Fire of Addiction

Mapping the Overlap — The Recovery Files

Your progress 0 of 5 parts done · ADHD Brain · Impulsive, under-stimulated, dysregulated · Addicted Brain · Craving, hijacked, dopamine-starved · SHARED WIRING

Same prefrontal cortex deficit • Same dopamine hunger • Same self-regulation failure

In this workbook

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Each reading is followed by its check-in questions and exercises, in the same order as the app. Your scored results are shown in the app.

PART 1 OF 4 · READING

Two Wires, One Fire: How ADHD & Addiction Are Intertwined

If you are sitting in a treatment center or recovery meeting and you also have ADHD — diagnosed or undiagnosed — you are not a rare case. You are one of the most common presentations in addiction treatment, and one of the most consistently overlooked.

Research consistently shows that individuals with ADHD are two to three times more likely to develop a substance use disorder than the general population, and among people in addiction treatment, ADHD prevalence rates range from 20 to 40 percent.

These are not coincidental numbers. They reveal a deep, neurological connection between the two conditions that goes far beyond "bad choices" or "lack of willpower."

ADHD is fundamentally a disorder of self-regulation. It affects the brain's ability to manage attention, impulses, emotions, energy, and behavior. The prefrontal cortex — the brain region responsible for executive functions like planning, prioritizing, inhibiting impulses, and anticipating consequences — is structurally and functionally different in the ADHD brain.

It is underactivated, underfueled, and inconsistently available. This means the ADHD brain struggles to do the very things that protect people from addiction: pause before acting, consider future consequences, manage emotional discomfort without external help, and maintain the consistent daily behaviors that recovery requires.

Substance use disorder is also fundamentally a disorder of self-regulation. It hijacks the same prefrontal cortex that ADHD impairs, further weakening the already compromised ability to inhibit, plan, and manage impulses. Addiction rewires the brain's reward system, making the substance the primary source of dopamine — the same neurotransmitter that the ADHD brain is already chronically deficient in.

Here is the critical insight: ADHD and addiction are not two separate problems that happen to coexist. They are two expressions of the same underlying neurological vulnerability — a brain that struggles to regulate itself, craves dopamine, and has limited access to the executive functions that would normally prevent risky behavior.

They share the same wiring. They feed the same fire. And treating one without addressing the other is like putting out a house fire while leaving the gas stove on.

For many people with ADHD, substance use did not begin as rebellion, moral failure, or even conscious choice. It began as self-medication — an unconscious attempt to supply the brain with what it was missing. Stimulants provided focus. Depressants provided calm. Alcohol provided social ease and relief from the relentless internal restlessness.

The substance worked — until it didn't. By the time addiction takes hold, the self-medication has become a cage, and the original problem (ADHD) is still completely unaddressed underneath it.

Understanding this connection is not about making excuses. It is about making accurate diagnoses, creating effective treatment plans, and giving yourself the compassion and practical

tools you actually need to recover — not the tools designed for a brain you don't have.

Reflection Questions

1. Does the description of ADHD as a "disorder of self-regulation" resonate with your lived experience? In what specific ways do you struggle to regulate yourself?

2. Can you identify a point in your life when substance use may have begun as self-medication — an attempt to fix something that felt broken in your brain before you ever picked up?

3. How does understanding the neurological connection between ADHD and addiction change how you view your own history? Does it shift the narrative from "I am weak" to something else?

4. If ADHD and addiction share the same wiring, what does that tell you about what your recovery needs to include that standard treatment might miss?

5. On a scale of 1-10, how confident are you that your current recovery plan addresses your ADHD symptoms? What would a 10 look like?

CHECK YOURSELF · CHECK-IN 1 OF 5

Self-Medication History

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I used substances to help me focus, calm down, or function "normally"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. Substances initially made me feel like a better version of myself
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I used different substances for different purposes
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. Before I used substances, I struggled significantly with attention, restlessness, or emotional control
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I sometimes wonder if my substance use was an attempt to treat an undiagnosed condition
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. Without substances, I feel like my brain is running too fast, too slow, or in too many directions
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I have used caffeine, nicotine, sugar, or screen time excessively to manage my internal state
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. The things substances "fixed" for me are the same things I still struggle with in sobriety
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Exercise 1: Symptom Overlap Mapper

Which came first, the wiring or the using?

Sorting the tangle

ADHD and addiction can look almost the same from the outside: impulsive choices, lost time, broken promises, restlessness, mood swings. This exercise helps you notice when each pattern showed up. A pattern that was there long before you ever used, and is still there now that you are sober, tells a different story than one that only appeared while you were using. Mark every time frame that fits.

This is not a diagnosis

Many things can look like ADHD: substance use, withdrawal, poor sleep, trauma, anxiety and depression among them. Only a qualified clinician can diagnose ADHD, and they will often want to see you after a period of sobriety. Bring this map to that conversation.

Attention and focus

Losing track of time

☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Starting things and not finishing them

☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Missing details or making careless mistakes

☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Drifting off during conversations or meetings

- ☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Losing keys, phone, wallet, paperwork

- ☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Forgetting appointments or promises

- ☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Anything else in this area that fits me:

Impulsivity

Blurting things out or interrupting

- ☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Spending money on the spur of the moment

- ☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Making big decisions fast (jobs, moves, relationships)

- ☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Trouble waiting in line or in traffic

- ☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Doing risky things for the rush

- ☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Anything else in this area that fits me:

Restlessness and stimulation

Feeling restless or needing to move

- ☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Can't stand boredom

- ☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Talking a lot or fast

☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Trouble winding down to sleep

☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Hyperfocus on something exciting while everything else slides

☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Anything else in this area that fits me:

Emotions

Quick temper that passes fast

☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Mood swings within a day

☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Taking criticism or rejection very hard

☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Feeling overwhelmed by ordinary tasks

☐ As a child or teen ☐ Only while using ☐ Still now, in recovery ☐ Not me

Anything else in this area that fits me:

Outside Evidence

What did report cards, teachers, or coaches say about me? (Words like "not working to potential," "daydreams," "can't sit still.")

What have bosses, partners, or family said about me, separate from my using?

Is there anyone who knew me as a child I could ask what I was like before I ever used?

What the Map Shows

1. Which patterns did you mark as present in childhood AND still present now? Those are the ones most worth raising with a clinician.

2. Which patterns showed up only while using? What does that tell you about what the substance was doing to your brain?

3. Were there patterns that got better once you stopped using? Which ones did not?

4. How does it feel to look at your history this way, as wiring and not only as failure?

5. Who on your treatment team will you share this map with, and when?

YOUR EXERCISE**Exercise 4: Dual Timeline**

ADHD meets addiction, one chapter at a time

Two stories on one page

Most people tell their addiction story starting with the first drink or drug. For someone with ADHD, the story usually starts earlier: the kid who could not sit still, the teenager who found that one substance finally made things quiet. Laying the two timelines side by side can show how one fed the other. Write what you remember. Short notes are fine.

Go at your own pace

Looking back can bring up painful memories. You do not need to write details of trauma here. If something floods you, stop, put your feet on the floor, name five things you can see, and bring it to a counselor. If you feel unsafe or have thoughts of harming yourself, call or text 988 (Suicide & Crisis Lifeline), or call 911.

Childhood (up to about 12)

ADHD signs: school or work, attention, energy, trouble with rules or time

Substances or compulsive behaviors: what, how much, how it started or changed

What the using did for me at this stage (quieted my head, helped me fit in, gave me energy...)

What people said about me at this stage, and what I came to believe about myself

Teen years

ADHD signs: school or work, attention, energy, trouble with rules or time

Substances or compulsive behaviors: what, how much, how it started or changed

What the using did for me at this stage (quieted my head, helped me fit in, gave me energy...)

What people said about me at this stage, and what I came to believe about myself

Young adulthood

ADHD signs: school or work, attention, energy, trouble with rules or time

Substances or compulsive behaviors: what, how much, how it started or changed

What the using did for me at this stage (quieted my head, helped me fit in, gave me energy...)

What people said about me at this stage, and what I came to believe about myself

Adulthood, before recovery

ADHD signs: school or work, attention, energy, trouble with rules or time

Substances or compulsive behaviors: what, how much, how it started or changed

What the using did for me at this stage (quieted my head, helped me fit in, gave me energy...)

What people said about me at this stage, and what I came to believe about myself

Recovery so far

ADHD signs: school or work, attention, energy, trouble with rules or time

Substances or compulsive behaviors: what, how much, how it started or changed

What the using did for me at this stage (quieted my head, helped me fit in, gave me energy...)

What people said about me at this stage, and what I came to believe about myself

Reading the Two Timelines

1. Which showed up first in your life: the ADHD signs or the using? What makes you think so?

2. Was there a point where the using seemed to "work" for your ADHD, even briefly? What did it fix?

3. When did the using stop working and start making the ADHD signs worse?

4. What beliefs about yourself were formed by how people reacted to your ADHD? Which of those beliefs followed you into addiction?

5. If a younger you had been understood and helped earlier, what might have been different? What can you give yourself now that you did not get then?

YOUR EXERCISE

Exercise 7: Self-Medication Decoder

What was the using trying to fix?

The job the substance was doing

Nobody keeps using something that does nothing for them. For many people with ADHD, a substance was doing a job: slowing down a racing mind, making it possible to focus, taking the edge off restlessness, or making them feel, for once, like everyone else. Understanding the job is not an excuse. It is information. If the need behind the using stays unmet, it keeps pulling. Recovery has to find a safer way to do that job.

About medication

Do not start, stop or change any medication on your own. If you are prescribed ADHD medication, make sure your prescriber and treatment team know your full addiction history. Options exist, including non-stimulant medications, and choosing among them is a decision to make with your prescriber and treatment team. If you have ever misused a prescription, telling them is part of keeping your recovery safe.

Substance or Behavior 1

What I used (a substance or a behavior):

What it did for me, at least at first:

- ☐ Calmed my racing mind ☐ Helped me focus ☐ Gave me energy ☐ Helped me sleep ☐ Quieted my emotions ☐ Made me feel normal ☐ Made social situations easier ☐ Made boredom bearable ☐ Helped me finish tasks ☐ Numbed shame

The ADHD struggle it was covering, in my own words:

What it ended up costing me:

A safer way to meet that same need in recovery (and who could help me with it):

How much does that need still pull at me today?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Constantly

Substance or Behavior 2

What I used (a substance or a behavior):

What it did for me, at least at first:

☐ Calmed my racing mind ☐ Helped me focus ☐ Gave me energy ☐ Helped me sleep ☐ Quieted my emotions ☐ Made me feel normal ☐ Made social situations easier ☐ Made boredom bearable ☐ Helped me finish tasks ☐ Numbed shame

The ADHD struggle it was covering, in my own words:

What it ended up costing me:

A safer way to meet that same need in recovery (and who could help me with it):

How much does that need still pull at me today?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Constantly

Substance or Behavior 3

What I used (a substance or a behavior):

What it did for me, at least at first:

☐ Calmed my racing mind ☐ Helped me focus ☐ Gave me energy ☐ Helped me sleep ☐ Quieted my emotions ☐ Made me feel normal ☐ Made social situations easier ☐ Made boredom bearable ☐ Helped me finish tasks ☐ Numbed shame

The ADHD struggle it was covering, in my own words:

What it ended up costing me:

A safer way to meet that same need in recovery (and who could help me with it):

How much does that need still pull at me today?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Constantly

Questions for My Treatment Team

What I want my counselor or doctor to know about what my using was doing for me:

Questions I have about ADHD assessment or treatment in recovery:

Fears I have about raising this (being seen as drug-seeking, being judged, being told no):

When and with whom I will have this conversation:

PART 2 OF 4 · READING

The Impulsivity Engine: Why You Can't "Just Stop"

Impulsivity is the signature feature of ADHD that most directly fuels addiction. It is also the most misunderstood.

When people without ADHD hear the word "impulsive," they imagine a lack of willpower — a person who simply chooses not to exercise self-control. This is fundamentally wrong.

Impulsivity in ADHD is not a choice. It is a neurological event — a failure of the brain's braking system that occurs at the speed of synaptic transmission, far faster than conscious thought.

In the neurotypical brain, an impulse is generated in the limbic system (the emotional, reactive brain), and it travels toward action — but it passes through a checkpoint in the prefrontal cortex first. This checkpoint evaluates the impulse: Is this a good idea? What are the consequences? Is there a better option?

This process takes milliseconds, but those milliseconds are everything. They are the space between impulse and action, between urge and behavior, between craving and relapse.

In the ADHD brain, this checkpoint is understaffed and underfunded. The prefrontal cortex does not reliably activate in time to catch the impulse before it becomes action.

The result is a lived experience where you are already doing the thing before you decided to do it. You have already said the hurtful words, already picked up the drink, already spent the money, already texted the person — and the conscious realization of what you have done arrives after the fact, usually accompanied by shame, regret, and the bewildered question: "Why did I do that?"

This is where impulsivity and addiction become indistinguishable. The recovering person with ADHD does not relapse because they carefully weighed the pros and cons of using and decided that getting high was worth the consequences.

They relapse because the impulse to use bypassed their executive function before they could engage it. The craving appeared, the prefrontal cortex failed to catch it, and the behavior happened — in what feels like a single, unbroken moment.

There was no space between the urge and the action. There was no gap in which to insert a coping skill, a phone call to a sponsor, or a thought about consequences. The gap did not exist.

Understanding this changes everything about how you approach recovery. Standard relapse prevention assumes a gap — it teaches you to use the space between urge and action to deploy skills.

But for the ADHD brain, the first and most critical task is creating that gap where one does not naturally exist. This requires external structures, environmental modifications, medication consideration, and practiced techniques that specifically target the impulsivity mechanism — not generic willpower-based strategies that assume a functioning prefrontal cortex.

The three types of impulsivity most relevant to addiction recovery are:

****Motor impulsivity**** (acting without thinking — the hand that reaches for the substance before the brain registers what is happening)

****Cognitive impulsivity**** (making decisions without adequate reflection — "I can have just one," "I'll start my recovery plan tomorrow")

****Non-planning impulsivity**** (failure to plan ahead — not having an exit strategy at a triggering event, not anticipating high-risk situations, not building daily structure)

All three operate in both ADHD and addiction, and all three require specific, targeted interventions.

You are not weak. Your braking system is neurologically impaired. Recovery requires building a better braking system — not simply pressing harder on a brake that does not work.

Reflection Questions

1. Can you identify moments when you acted (or relapsed) before you consciously decided to? What did that experience feel like — was there a "gap" between urge and action, or did it feel like one continuous moment?

2. Which type of impulsivity hits you hardest: motor (acting before thinking), cognitive (deciding without reflecting), or non-planning (failing to prepare)? Give a specific example.

3. How does understanding impulsivity as a neurological event rather than a willpower failure change how you feel about your relapse history?

4. What external structures or environmental changes could you implement to create a "gap" between impulse and action that your brain does not naturally provide?

5. If standard relapse prevention assumes a gap that your brain doesn't reliably produce, what modifications does YOUR recovery plan need?

CHECK YOURSELF · CHECK-IN 2 OF 5

Impulsivity Patterns

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I frequently act on impulse without considering the consequences
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I have made important life decisions on a whim
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. When I want something, I want it NOW — waiting feels physically uncomfortable
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I often say things I regret before I can stop myself
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. My substance use often began impulsively
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I struggle to resist temptation even when I know the outcome will be negative
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I frequently interrupt others or finish their sentences
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I engage in risky behaviors more than most people
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

CHECK YOURSELF · CHECK-IN 3 OF 5

Emotional Intensity & Dysregulation

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. My emotions feel more intense than what other people seem to experience
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I go from calm to furious in seconds with very little provocation
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. I am extremely sensitive to criticism or perceived rejection
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. I have used substances specifically to calm down or numb out
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. Small frustrations can feel overwhelming
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I have difficulty calming myself down once I become upset
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. My mood can shift dramatically multiple times in a single day
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. Other people have told me I am "too sensitive" or "overreacting"
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Exercise 2: Impulse Autopsy Journal

Slowing down the moment that felt like no moment at all

Finding the gap

With an ADHD brain, the space between wanting something and doing it can feel like it does not exist. It does exist. It is just very short. An autopsy works backwards from what happened, one frame at a time, to find what was going on inside you before the act, and where a pause could have fit. Pick recent impulsive moments, big or small: a purchase, a text, a craving, something you said.

Impulse 1

What did I do? (What a camera would have recorded.)

Where was I, who was around, what time was it?

What state was I in just before?

☐ Bored ☐ Restless ☐ Overwhelmed ☐ Rejected or criticized ☐ Excited ☐ Frustrated ☐ Hungry ☐ Lonely ☐ Tired ☐ Anxious ☐ Ashamed

The urge itself: what did I suddenly want?

How strong was the urge?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Barely there 10 = Overpowering

How much time passed between the urge and the action?

☐ Seconds ☐ A few minutes ☐ An hour or so ☐ Hours ☐ I went back and forth for days

What did I tell myself right before? ("Just this once," "Who cares," "I deserve it," "I'll deal with it later")

What happened afterward, in the next hour and the next day?

Looking back, where was the gap? The exact point where a pause could have fit:

One thing that might work in that gap next time:

Impulse 2

What did I do? (What a camera would have recorded.)

Where was I, who was around, what time was it?

What state was I in just before?

- ☐ Bored ☐ Restless ☐ Overwhelmed ☐ Rejected or criticized ☐ Excited ☐ Frustrated ☐ Hungry ☐ Lonely ☐ Tired ☐ Anxious ☐ Ashamed

The urge itself: what did I suddenly want?

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What did I tell myself right before? ("Just this once," "Who cares," "I deserve it," "I'll deal with it later")

What happened afterward, in the next hour and the next day?

Looking back, where was the gap? The exact point where a pause could have fit:

One thing that might work in that gap next time:

Impulse 3

What did I do? (What a camera would have recorded.)

Where was I, who was around, what time was it?

What state was I in just before?

- ☐ Bored ☐ Restless ☐ Overwhelmed ☐ Rejected or criticized ☐ Excited ☐ Frustrated ☐ Hungry ☐ Lonely ☐ Tired ☐ Anxious ☐ Ashamed

The urge itself: what did I suddenly want?

How strong was the urge?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Barely there 10 = Overpowering

How much time passed between the urge and the action?

- ☐ Seconds ☐ A few minutes ☐ An hour or so ☐ Hours ☐ I went back and forth for days

What did I tell myself right before? ("Just this once," "Who cares," "I deserve it," "I'll deal with it later")

What happened afterward, in the next hour and the next day?

Looking back, where was the gap? The exact point where a pause could have fit:

One thing that might work in that gap next time:

Impulse 4

What did I do? (What a camera would have recorded.)

Where was I, who was around, what time was it?

What state was I in just before?

- ☐ Bored ☐ Restless ☐ Overwhelmed ☐ Rejected or criticized ☐ Excited ☐ Frustrated ☐ Hungry ☐ Lonely ☐ Tired ☐ Anxious ☐ Ashamed

The urge itself: what did I suddenly want?

How strong was the urge?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Barely there 10 = Overpowering

How much time passed between the urge and the action?

- ☐ Seconds ☐ A few minutes ☐ An hour or so ☐ Hours ☐ I went back and forth for days

What did I tell myself right before? ("Just this once," "Who cares," "I deserve it," "I'll deal with it later")

What happened afterward, in the next hour and the next day?

Looking back, where was the gap? The exact point where a pause could have fit:

One thing that might work in that gap next time:

Impulse 5

What did I do? (What a camera would have recorded.)

Where was I, who was around, what time was it?

What state was I in just before?

- ☐ Bored ☐ Restless ☐ Overwhelmed ☐ Rejected or criticized ☐ Excited ☐ Frustrated ☐ Hungry ☐ Lonely ☐ Tired ☐ Anxious ☐ Ashamed

The urge itself: what did I suddenly want?

How strong was the urge?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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How much time passed between the urge and the action?

☐ Seconds ☐ A few minutes ☐ An hour or so ☐ Hours ☐ I went back and forth for days

What did I tell myself right before? ("Just this once," "Who cares," "I deserve it," "I'll deal with it later")

What happened afterward, in the next hour and the next day?

Looking back, where was the gap? The exact point where a pause could have fit:

One thing that might work in that gap next time:

Autopsy Findings

1. Which states (bored, rejected, tired...) showed up before more than one impulse?

2. What story do you tell yourself most often right before acting?

3. Were any of these impulses connected to using, or to thinking about using?

4. Did any of the impulses have a longer gap than you expected? What was happening in that time?

5. What is the single most useful thing you learned about your impulses from these autopsies?

YOUR EXERCISE

Exercise 5: Building Your Braking System

Brakes you set up ahead of time, so you don't have to find them in the moment

A fast car needs better brakes

An ADHD brain is often a powerful engine with weak brakes. Willpower is a brake you try to build in the moment, when your brain is least able to build anything. The brakes that hold are the ones you set up in advance: things that add time, add another person, or add distance between you and the thing you want. You pick them now, while you are calm.

The Four Kinds of Brakes

Time brakes add a delay: a 10-minute rule, a 24-hour rule for any purchase over a set amount, sleeping on big decisions.

People brakes add another brain: texting your sponsor before you send the angry message, agreeing to call someone before any big decision.

Friction brakes make the impulse harder to act on: deleting apps, leaving cards at home, blocking numbers, not keeping cash.

Body brakes interrupt the rush: stepping outside, slow breathing with a long exhale, pressing your feet into the floor.

Substances and cravings

How risky are my impulses in this area right now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = No risk 10 = Very risky

Brakes I will use here:

☐ Say "pause" out loud ☐ Hands in pockets, feet on the floor ☐ Leave the room ☐ 10-minute rule ☐ Sleep on it ☐ Text someone first ☐ Play the tape forward ☐ Ask "what am I feeling?" ☐ Drink a glass of water

My if-then plan: "If I feel the urge to ___, then I will ___."

A friction brake I can set up today:

Money and spending

How risky are my impulses in this area right now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = No risk 10 = Very risky

Brakes I will use here:

☐ Say "pause" out loud ☐ Hands in pockets, feet on the floor ☐ Leave the room ☐ 10-minute rule ☐ Sleep on it ☐ Text someone first ☐ Play the tape forward ☐ Ask "what am I feeling?" ☐ Drink a glass of water

My if-then plan: "If I feel the urge to ___, then I will ___."

A friction brake I can set up today:

What I say and text

How risky are my impulses in this area right now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = No risk 10 = Very risky

Brakes I will use here:

☐ Say "pause" out loud ☐ Hands in pockets, feet on the floor ☐ Leave the room ☐ 10-minute rule ☐ Sleep on it ☐ Text someone first ☐ Play the tape forward ☐ Ask "what am I feeling?" ☐ Drink a glass of water

My if-then plan: "If I feel the urge to ___, then I will ___."

A friction brake I can set up today:

Relationships and sex

How risky are my impulses in this area right now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = No risk 10 = Very risky

Brakes I will use here:

☐ Say "pause" out loud ☐ Hands in pockets, feet on the floor ☐ Leave the room ☐ 10-minute rule ☐ Sleep on it ☐ Text someone first ☐ Play the tape forward ☐ Ask "what am I feeling?" ☐ Drink a glass of water

My if-then plan: "If I feel the urge to ___, then I will ___."

A friction brake I can set up today:

Driving and risk-taking

How risky are my impulses in this area right now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = No risk 10 = Very risky

Brakes I will use here:

☐ Say "pause" out loud ☐ Hands in pockets, feet on the floor ☐ Leave the room ☐ 10-minute rule ☐ Sleep on it ☐ Text someone first ☐ Play the tape forward ☐ Ask "what am I feeling?" ☐ Drink a glass of water

My if-then plan: "If I feel the urge to ___, then I will ___."

A friction brake I can set up today:

Screens, food, and other habits

How risky are my impulses in this area right now?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = No risk 10 = Very risky

Brakes I will use here:

☐ Say "pause" out loud ☐ Hands in pockets, feet on the floor ☐ Leave the room ☐ 10-minute rule ☐ Sleep on it ☐ Text someone first ☐ Play the tape forward ☐ Ask "what am I feeling?" ☐ Drink a glass of water

My if-then plan: "If I feel the urge to ___, then I will ___."

A friction brake I can set up today:

7-Day Brake Practice Log

Each evening, write down one urge from the day and whether a brake held.

☐ Day 1 ☐ Day 2 ☐ Day 3 ☐ Day 4 ☐ Day 5 ☐ Day 6 ☐ Day 7

Day 1

The urge I noticed today:

The brake I used:

☐ Say "pause" out loud ☐ Hands in pockets, feet on the floor ☐ Leave the room ☐ 10-minute rule ☐ Sleep on it ☐ Text someone first ☐ Play the tape forward ☐ Ask "what am I feeling?" ☐ Drink a glass of water ☐ None, I acted on it

Did it hold?

☐ It held ☐ It partly held ☐ It did not hold

What I will do the same or differently tomorrow:

Week Review

1. Which brakes held most often? Which ones never got used?

2. Which area of your life needed the brakes most this week?

3. What will you change about your braking system for next week?

YOUR EXERCISE

Exercise 6: Emotional Intensity Inventory

How fast, how big, how long

Zero to sixty

Many adults with ADHD say their feelings do not rise gradually. They arrive all at once, at full volume, and take a long time to settle. Many also describe taking rejection or criticism especially hard. Substances can turn that volume down fast, which is part of why they become so necessary. This inventory measures three things for each feeling: how fast it rises, how big it gets, and how long it takes to come back down.

If a feeling gets too big

Intense emotion passes, even when it does not feel like it will. If you feel unsafe or have thoughts of harming yourself, call or text 988 (Suicide & Crisis Lifeline), or call 911.

Rate Your Emotions

Anger

How fast it rises

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Slowly 10 = Instantly

How big it gets

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Mild 10 = Takes over

How long it takes to settle

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Minutes 10 = Days

Frustration

How fast it rises

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Slowly 10 = Instantly

How big it gets

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Mild 10 = Takes over

How long it takes to settle

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Minutes 10 = Days

Rejection or criticism

How fast it rises

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Slowly 10 = Instantly

How big it gets

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Mild 10 = Takes over

How long it takes to settle

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Minutes 10 = Days

Shame or embarrassment

How fast it rises

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Slowly 10 = Instantly

How big it gets

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Mild 10 = Takes over

How long it takes to settle

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Minutes 10 = Days

Anxiety or worry

How fast it rises

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Slowly 10 = Instantly

How big it gets

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Mild 10 = Takes over

How long it takes to settle

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Minutes 10 = Days

Overwhelm

How fast it rises

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Slowly 10 = Instantly

How big it gets

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Mild 10 = Takes over

How long it takes to settle

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Minutes 10 = Days

Boredom

How fast it rises

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Slowly 10 = Instantly

How big it gets

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Mild 10 = Takes over

How long it takes to settle

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Minutes 10 = Days

Excitement

How fast it rises

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Slowly 10 = Instantly

How big it gets

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Mild 10 = Takes over

How long it takes to settle

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Minutes 10 = Days

How I Used to Turn the Volume Down

What I reached for when a feeling got too big:

☐ Alcohol ☐ Drugs ☐ Pills ☐ Blowing up at someone ☐ Shutting down ☐ Leaving ☐ Spending ☐ Food
☐ Sex ☐ Screens ☐ Work ☐ Isolating

The feeling I most needed to escape, and what it was like:

My Cooling Plan

Plan for your top two feelings. The goal is not to stop feeling them. It is to get through the peak without acting in a way you will regret.

Feeling 1:

My earliest body warning sign:

In the first two minutes I will:

Once the peak passes I will:

Something I can tell myself at the peak:

"This is a wave. It will pass. I don't have to act on it."

Feeling 2:

My earliest body warning sign:

In the first two minutes I will:

Once the peak passes I will:

Something I can tell myself at the peak:

"This is a wave. It will pass. I don't have to act on it."

Who I will call when a feeling is too big to handle alone (names and numbers):

PART 3 OF 4 · READING

The Dopamine Drought: Why Your Brain Chose Substances

To understand why ADHD and addiction are so deeply intertwined, you must understand dopamine — the neurotransmitter at the center of both conditions.

Dopamine is not simply the "pleasure chemical" that popular science describes. It is the brain's motivation, attention, reward, and salience signal. It is the chemical that tells your brain: "This matters. Pay attention. Do this again. This is worth the effort."

Without adequate dopamine signaling, the world feels flat, motivation evaporates, focus scatters, and nothing feels sufficiently rewarding to sustain effort.

The ADHD brain operates with a chronic dopamine deficit. Neuroimaging studies consistently show reduced dopamine receptor availability and reduced dopamine transporter activity in the ADHD brain, particularly in the prefrontal cortex and the reward centers.

In plain language: the ADHD brain has less dopamine available, and the dopamine it does produce is recycled too quickly — absorbed back into the neurons before it can do its job.

The result is a brain that is perpetually under-stimulated, perpetually seeking, perpetually hungry for something — anything — that will light up the reward system.

This is not a character flaw. It is not laziness, lack of motivation, or not caring enough. It is a brain that literally does not have enough of the chemical required for sustained attention, motivation, and behavioral regulation.

The ADHD person who cannot finish a task, cannot stay focused in a meeting, cannot resist the shiny new distraction is not choosing inattention — they are experiencing neurochemical insufficiency.

Now consider what substances do:

- Alcohol increases dopamine release by 40 to 360 percent
- Cocaine blocks dopamine reuptake
- Amphetamines force dopamine release from the neurons
- Opioids stimulate dopamine release in the nucleus accumbens
- Nicotine triggers dopamine through acetylcholine receptors

Every single substance of abuse — without exception — increases dopamine in the brain's reward centers.

For the ADHD brain that has been running on empty, the first experience with a substance that floods the dopamine system is not just pleasurable. It is revelatory.

"So this is what it feels like to have a working brain."

"So this is what it feels like to be calm."

"So this is what it feels like to be able to focus."

"So this is what it feels like to not be restless."

The substance does not just get the person high — it temporarily fixes the neurological deficit they have been struggling with their entire life.

This is why self-medication is such a powerful driver of addiction in ADHD: the substance is not being used recreationally. It is being used medicinally, to compensate for a real neurological deficiency — just with the wrong medicine, at the wrong dose, through the wrong delivery system.

The tragedy of this cycle is that addiction eventually destroys the very dopamine system it was recruited to supplement. Chronic substance use downregulates dopamine receptors, reduces baseline dopamine production, and damages the reward circuitry.

The ADHD brain that started with a dopamine deficit now has an even greater deficit — plus physical dependence, tolerance, and all the consequences of addiction. The drought has become a desert.

Recovery, then, requires not just abstinence but active dopamine rehabilitation — rebuilding the reward system through exercise, nutrition, structured novelty, meaningful engagement, social connection, and potentially medication.

Simply removing the substance without addressing the underlying dopamine deficit is a recipe for relapse, because the brain will continue to seek what it needs.

Reflection Questions

1. Does the concept of "dopamine drought" match your internal experience? Can you describe what the under-stimulated, dopamine-deficient state actually feels like from the inside?

2. When you first used your substance of choice, did it feel like it "fixed" something — made you calmer, more focused, more social, more functional? Describe that experience.

3. How has your substance use affected your dopamine system over time? Do you notice that sober life feels flatter, less rewarding, or harder to engage with than it did before you ever used?

4. What non-substance sources of dopamine are currently available to you in recovery? Which ones are working, and where are the gaps?

5. If your brain is genuinely dopamine-deficient, how does that change your recovery approach compared to someone whose dopamine system was healthy before addiction?

CHECK YOURSELF · CHECK-IN 4 OF 5

Dopamine-Seeking Behavior

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I am easily bored and constantly need stimulation or novelty
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. I seek out intense experiences — extreme sports, loud music, heated arguments, drama
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. Routine and repetition feel almost physically painful to me
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. I have used substances specifically to make boring situations tolerable
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I tend to start many projects with intense enthusiasm, then abandon them
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. I need things to be exciting or interesting to sustain my attention
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. I have been told I am a "thrill-seeker" or "adrenaline junkie"
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. The early days of sobriety felt unbearably flat, gray, or lifeless
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Exercise 3: Dopamine Source Audit

Where your brain gets its fuel, and what it costs

A brain that runs low

Many people with ADHD describe living with a brain that is always a little under-fueled: bored, restless, looking for the next spark. Substances deliver that spark fast and hard. Taking them away does not take away the hunger. If recovery does not include real, healthy sources of stimulation, the brain goes looking on its own, and what it finds is often another risky habit. This audit is about building a menu on purpose.

Watch for swaps

Gambling, compulsive spending, pornography, risky sex, reckless driving and all-night gaming can take over the job a substance used to do. If you rate any of these high on both boost and cost, tell your sponsor or counselor.

Rate Each Source

For each one, rate how much of a lift it gives you, and then how much it costs you (money, time, health, relationships, recovery risk).

Exercise and movement

Boost it gives me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Huge

What it costs me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Dangerous

Time with people I like

Boost it gives me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Huge

What it costs me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Dangerous

Music, playing or listening

Boost it gives me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Huge

What it costs me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Dangerous

Making or building something

Boost it gives me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Huge

What it costs me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Dangerous

Novelty: new places, skills, projects

Boost it gives me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Huge

What it costs me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Dangerous

Games, sports, competition

Boost it gives me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Huge

What it costs me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Dangerous

Being outside

Boost it gives me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Huge

What it costs me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Dangerous

Helping someone, service

Boost it gives me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Huge

What it costs me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Dangerous

Phone, social media, video games

Boost it gives me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Huge

What it costs me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Dangerous

Sugar, caffeine, energy drinks, junk food

Boost it gives me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Huge

What it costs me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Dangerous

Shopping, gambling, trading

Boost it gives me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Huge

What it costs me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Dangerous

Conflict, drama, risk-taking

Boost it gives me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Huge

What it costs me

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Nothing 10 = Dangerous

Other sources that belong on my list (rate them the same way in words):

My Dopamine Menu

A menu makes the healthy choice easy to reach when your brain is bored and hunting. Keep it where you can see it.

Quick bites (5 minutes or less: a walk around the block, a song, cold drink, text a friend):

Full meals (30 minutes or more: the gym, a meeting, a project, time with people):

Sides (things that make boring tasks bearable: music, a podcast, working next to someone):

Not on the menu (the swaps I need to watch):

My Boredom Plan

When am I most bored or under-stimulated? (Times of day, days of the week, places)

What does my brain usually reach for in those moments?

What I will pull from my menu instead, for each of those times:

How confident am I that I can use this plan this week?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Not at all 10 = Completely

PART 4 OF 4 · READING

Recovery Rewired: Building a Recovery That Works for the ADHD Brain

Standard recovery programs were not designed for the ADHD brain. They were designed for neurotypical brains that have been temporarily hijacked by addiction.

The assumption is that once the substance is removed and the brain heals, the person will regain access to executive functions — planning, organizing, following through, delaying gratification, managing emotions — that will support sustained recovery.

For the ADHD brain, this assumption is fundamentally flawed, because those executive functions were never reliably available in the first place.

Removing the substance does not restore executive function in ADHD; it simply reveals the executive dysfunction that was there all along, now without even the impaired compensation that substances provided.

This is why so many people with ADHD cycle through treatment repeatedly. It is not that they are not trying. It is not that they do not want recovery. It is that the recovery structure they have been given requires neurological capacities they do not have — and nobody has identified or addressed this mismatch.

They are being given a recovery plan that requires a brain they do not possess.

****Recovery that works for the ADHD brain requires fundamental modifications across multiple domains:****

****1. Radical Externalization****

The ADHD brain cannot reliably hold intentions, plans, and commitments in working memory. Therefore, everything must be externalized — written down, set as alarms, posted visibly, tracked in apps, supported by accountability partners.

The recovery plan cannot live in your head, because your head is an unreliable filing cabinet. It must live outside your head, in the physical environment, where it can prompt you when your internal prompting system fails.

****2. Structural Scaffolding****

The ADHD brain cannot create structure from scratch — it needs structure built into the environment. This means scheduled routines (same time for meetings, meditation, exercise, meals), physical environment changes (removing triggers, creating a recovery space in the home), and simplified decision architectures (fewer choices, clearer pathways, pre-made plans for high-risk situations).

Structure is not optional decoration for the ADHD person in recovery — it is the prosthetic prefrontal cortex that does the organizing your brain cannot.

****3. Dopamine-Conscious Design****

Every recovery activity must compete with the dopamine pull of substances, screens, and other stimulation sources. This means recovery activities need to be engaging, novel, varied, and immediately rewarding — not just theoretically valuable in the long term.

Exercise needs to feel good now. Meetings need to be stimulating now. Step work needs to be interactive and tangible now. The ADHD brain cannot sustain effort based on delayed reward alone — it needs regular, immediate reinforcement.

****4. Emotional Regulation as Primary Skill****

ADHD emotional dysregulation — the intense, rapid, overwhelming emotional responses that characterize the condition — is one of the most powerful relapse triggers. Recovery programs that address only craving management and miss emotional dysregulation leave the ADHD person with a massive unaddressed vulnerability.

****5. Compassion-Based Accountability****

The ADHD person in recovery has likely accumulated a lifetime of shame from being told they are lazy, careless, not trying hard enough, or deliberately sabotaging themselves. Recovery approaches that rely on shame, confrontation, or moral inventory without ADHD awareness risk re-traumatizing the very person they are trying to help.

Accountability must be maintained — absolutely — but it must be delivered with an understanding that the person's brain works differently, not deficiently.

****6. Medication Consideration****

This is often the most controversial element, but it is also one of the most evidence-based. ADHD medication (when properly prescribed and monitored) directly addresses the dopamine deficit, improves prefrontal cortex function, and significantly reduces impulsivity — all of which support recovery.

The fear that "giving a drug to an addict" is inherently dangerous must be weighed against the reality that untreated ADHD dramatically increases relapse risk. This is a conversation to have with qualified professionals, not a decision to make in isolation.

Your ADHD is not a barrier to recovery. It is a variable that must be accounted for in the design of your recovery. The question is not "Can I recover with ADHD?" The answer to that is an unequivocal yes.

The question is "Does my recovery plan account for how my brain actually works?" If the answer is no, it is time to redesign.

Reflection Questions

1. Have you experienced the cycle of treatment engagement and dropout that the reading describes? Looking back, can you identify where the mismatch was between what the program required and what your brain could deliver?

2. Which of the six modifications (externalization, structural scaffolding, dopamine-conscious design, emotional regulation priority, compassion-based accountability, medication consideration) does your current recovery most need?

3. What does your environment look like right now? Is your recovery plan externalized — visible, alarm-supported, written down — or is it mostly in your head?

4. How do you currently manage the dopamine deficit in recovery? What non-substance sources of dopamine and stimulation are you actively using?

5. What is your honest reaction to the discussion about ADHD medication in recovery? What fears, hopes, or questions come up for you?

CHECK YOURSELF · CHECK-IN 5 OF 5

Executive Function & Follow-Through

Scale: 1 = Not at all · 2 = A little · 3 = Somewhat · 4 = Quite a bit · 5 = Very much

1. I know what I need to do for my recovery but consistently struggle to do it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I have difficulty organizing my day, managing appointments, or following routines

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. I frequently lose things, forget commitments, or miss deadlines

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. Starting tasks feels like pushing through invisible resistance

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. I struggle to break large goals into manageable steps

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. My recovery plan often feels overwhelming rather than structured and clear

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

7. I procrastinate on important recovery activities

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. I have been told I have "so much potential" but struggle to live up to it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

YOUR EXERCISE

Exercise 8: Recovery Environment Redesign

Get recovery out of your head and into your surroundings

Out of sight, out of mind

For an ADHD brain, if something is not in front of you, it tends to disappear. That includes meetings, phone calls, promises and plans. A recovery plan that lives only in your memory will leak. The fix is to put recovery into your surroundings: things you can see, alarms that go off, reminders that do the remembering for you, and friction between you and your old habits.

Home

What in this area currently makes recovery harder?

Changes I will make:

- ☐ A "launch pad" by the door for keys, wallet, phone ☐ Recovery schedule posted where I see it ☐ Phone charges outside the bedroom ☐ One clear surface for important papers ☐ Meeting list on the fridge

My own ideas for this area:

I will have this done by (date):

Phone

What in this area currently makes recovery harder?

Changes I will make:

- ☐ Alarms for meetings, meds, and calls ☐ Calendar with reminders for everything ☐ App blockers or time limits ☐ Recovery app or meeting finder on the home screen ☐ Sponsor on speed dial

My own ideas for this area:

I will have this done by (date):

Money

What in this area currently makes recovery harder?

Changes I will make:

- ☐ Leave cards at home when I don't need them ☐ Daily spending limit on my card ☐ Automatic bill pay ☐ A trusted person who sees my accounts ☐ No cash on me on high-risk days ☐ Unsubscribe from shopping emails

My own ideas for this area:

I will have this done by (date):

Time

What in this area currently makes recovery harder?

Changes I will make:

- ☐ Same wake-up time every day ☐ Timers for tasks ☐ Work next to someone (body doubling) ☐ Plan tomorrow the night before ☐ Leave 15 minutes early for everything ☐ Fill empty evenings on purpose

My own ideas for this area:

I will have this done by (date):

People and places

What in this area currently makes recovery harder?

Changes I will make:

- ☐ An accountability check-in every day ☐ Avoid old using spots and routes ☐ A sober friend for events ☐ Tell people I trust about my ADHD ☐ A plan to leave any situation early

My own ideas for this area:

I will have this done by (date):

My First Three Changes

Too many changes at once is its own ADHD trap. Pick three to do this week. Add more once these stick.

The three changes I am making this week:

1. / 2. / 3.

Who will help me or check that I did them?

What might get in the way, and what I'll do about it:

YOUR EXERCISE**Exercise 9: The Shame Untangle**

Separating wiring, disease, and responsibility

Three threads in one knot

Many people with ADHD grew up hearing that they were lazy, careless, stupid or not trying. Then addiction added its own damage, and more shame on top. By adulthood it can all feel like one thing: proof that you are a bad person. It is not one thing. Some of it is how your brain is wired. Some of it is the disease of addiction. And some of it is your responsibility, which you can act on. Untangling the three is how shame turns into something you can work with.

Shame can be heavy

If this brings up thoughts that you are worthless or that people would be better off without you, stop and reach out to someone today. If you feel unsafe or have thoughts of harming yourself, call or text 988 (Suicide & Crisis Lifeline), or call 911.

The Messages I Carry

Things I was told, or came to believe, about myself:

☐ Lazy ☐ Stupid ☐ Careless ☐ Not trying ☐ Too much ☐ A disappointment ☐ Can't be trusted ☐ Selfish ☐ A failure ☐ Broken ☐ Wasted potential

Who said these things, or where did I learn them?

The one that still hurts the most:

Untangle 1

Something I feel ashamed of:

The shame message attached to it ("This proves I am..."):

Thread 1, wiring: how much of this came from how my brain works (forgetting, impulsivity, time blindness)?

Thread 2, disease: how much of this came from active addiction?

Thread 3, responsibility: what is mine to own and act on now (an amends, a change, a system)?

How heavy does this feel after untangling it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Light 10 = Crushing

Rewrite: an accurate statement about what happened and what I will do, without "I am bad."

Untangle 2

Something I feel ashamed of:

The shame message attached to it ("This proves I am..."):

Thread 1, wiring: how much of this came from how my brain works (forgetting, impulsivity, time blindness)?

Thread 2, disease: how much of this came from active addiction?

Thread 3, responsibility: what is mine to own and act on now (an amends, a change, a system)?

How heavy does this feel after untangling it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Light 10 = Crushing

Rewrite: an accurate statement about what happened and what I will do, without "I am bad."

Untangle 3

Something I feel ashamed of:

The shame message attached to it ("This proves I am..."):

Thread 1, wiring: how much of this came from how my brain works (forgetting, impulsivity, time blindness)?

Thread 2, disease: how much of this came from active addiction?

Thread 3, responsibility: what is mine to own and act on now (an amends, a change, a system)?

How heavy does this feel after untangling it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Light 10 = Crushing

Rewrite: an accurate statement about what happened and what I will do, without "I am bad."

Untangle 4

Something I feel ashamed of:

The shame message attached to it ("This proves I am..."):

Thread 1, wiring: how much of this came from how my brain works (forgetting, impulsivity, time blindness)?

Thread 2, disease: how much of this came from active addiction?

Thread 3, responsibility: what is mine to own and act on now (an amends, a change, a system)?

How heavy does this feel after untangling it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = Light 10 = Crushing

Rewrite: an accurate statement about what happened and what I will do, without "I am bad."

A Letter to My Younger Self

Write to yourself at the age you first started hearing that something was wrong with you. Tell that kid what you know now.

Dear younger me,

Who is one safe person I could share some of this with?

YOUR EXERCISE

Exercise 10: ADHD-Informed Recovery Action Plan

A plan built for the brain you actually have

Pulling it together

This plan collects what you learned in the other nine exercises into one page. Keep it short enough to actually use. Put a copy where you will see it, share it with your sponsor or counselor, and set a date to review it. A plan that is out of sight will be forgotten. That is not a character flaw. It is exactly what this plan is designed around.

My Brain's Strengths

ADHD brings real strengths too. Recovery goes better when it uses them.

- ☐ Creativity ☐ Energy ☐ Calm in a crisis ☐ Hyperfocus on what I care about ☐ Humor ☐ Curiosity ☐ Thinking outside the box ☐ Resilience ☐ Big heart ☐ Willing to try new things

How I will put these strengths to work in my recovery:

Treatment

Next steps I will take:

- ☐ Ask about an ADHD assessment ☐ Talk with my prescriber about my addiction history ☐ Find a therapist who understands ADHD ☐ Ask about ADHD coaching ☐ Read more about adult ADHD

Who I will talk to, and by when:

Daily Structure

Morning anchor (the same few things, in the same order, every day):

Evening anchor (review the day, plan tomorrow, set alarms):

My top items from my dopamine menu (Exercise 3):

My most important brakes and if-then plans (Exercise 5):

Meetings and Support, ADHD-Friendly

What will help me stay engaged:

- ☐ Shorter meetings ☐ Speaker meetings ☐ Sit near the front ☐ Something quiet to fidget with ☐ Take notes ☐ Have a service job at the meeting ☐ Online meetings on hard days ☐ Walk before the meeting ☐ Arrive with a friend

My meetings each week (day, time, place, with alarm set):

My sponsor or accountability person, and how often we check in:

ADHD-Specific Warning Signs

Signs my recovery is slipping:

☐ Ignoring alarms ☐ Routines falling apart ☐ Missing meetings "just this once" ☐ Boredom building up ☐ Impulsive decisions piling up ☐ Staying up late on screens ☐ Hiding things again ☐ Chasing a new rush ☐ Feeling like a failure again

When I notice two or more of these, I will:

People I will call (names and numbers):

Commitment

"My brain is not an excuse and it is not a sentence. I will work with it by ____."

Where I will keep this plan so I see it every day:

I will review this plan with ____ on ____ (date):
