Plain, careful answers to the questions we hear most

What is *ADHD*?

For adults exploring assessment — and for the people who care about them.

The C³ Loop™

Centre → Clarify → Choose → Repeat · Human first. Then performance.

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CLIENT & FAMILY INFORMATION

Questions, *answered.*

Plain-language answers about adult ADHD — written to be clear, validating and clinically careful.

How to use this guide

You do not need to read this guide from beginning to end. Start with the question most relevant to you, pause when you have enough information, and return later if helpful. Key ideas are highlighted in bold.

IN THIS GUIDE

01 What actually is ADHD?

ADHD — Attention-Deficit/Hyperactivity Disorder — is a **neurodevelopmental difference in self-regulation**. The brain systems that manage attention, effort, emotion, motivation and time work differently, and have done so since childhood, whether or not anyone noticed at the time.

The name is not medicine's finest work. Most people with ADHD do not have a *deficit* of attention — they often have an abundance of it. What is harder is **steering** it: directing attention to what matters most right now, sustaining it when a task is dull, and disengaging when something more interesting takes hold.

ADHD often creates a **gap between knowing and doing**. A person may understand what is needed yet find it difficult to initiate, organise, sustain or complete the action consistently. This reflects differences in regulation — not a lack of intelligence, effort or care.

02 Does a diagnosis change who I am?

No. A diagnosis does not create the pattern or define the whole person. When accurate and helpful, it provides a framework for understanding longstanding experiences, identifying strengths and support needs, and making more informed choices.

ADHD varies from person to person

ADHD does not look the same in everyone. Culture, gender, age, health, trauma, responsibilities, environment and access to support can all influence how it is experienced and recognised.

03 Isn’t everyone “a bit ADHD”?

Everyone loses their keys, drifts off in long meetings and puts off their tax return. That is being human. Clinically significant ADHD is different: it involves a **persistent pattern that can be traced back to childhood**, occurs across more than one area of life, and meaningfully affects functioning or wellbeing. Earlier signs may only become clear in hindsight.

A formal diagnosis considers these features alongside recognised diagnostic criteria and possible alternative explanations.

04 What causes ADHD?

ADHD is **strongly influenced by genetics** and tends to run in families. Its development is complex and reflects interactions among biological, developmental and environmental factors.

Parenting style, sugar, screens, laziness or inadequate discipline do not explain ADHD. The environment can, however, substantially reduce or intensify its day-to-day impact.

05 Why wasn’t this picked up when I was younger?

- **Capability can mask difficulty.** Bright, hardworking people often compensate — sometimes brilliantly, and often at a hidden cost in effort, anxiety and exhaustion.
- **Quieter presentations get missed.** The child quietly falling behind on unfinished work is often not noticed — a pattern that has particularly affected women and girls.
- **Structure was doing the heavy lifting.** When school, parents and timetables fall away — at university, in a promotion, in parenthood — difficulties that were always there can finally become visible.

A later recognition of ADHD does not mean the ADHD is new. It usually means the compensations met a load they could no longer absorb.

06 I can focus for hours on things I love. Doesn’t that rule out ADHD?

No — in fact it is one of the most characteristic features. ADHD attention tends to be **interest-based rather than importance-based**: it can switch on powerfully for what is interesting, urgent, novel or meaningful, and struggle for what is merely important. That intense absorption — often called hyperfocus — is the same regulatory difference seen from the other side.

> “The difficulty was never a simple lack of attention — it was steering it.”

07 Why do I hold it together at work but fall apart at home?

Because **structure can unlock capacity**. Many adults perform well in roles with clear deadlines and defined tasks, then find that self-directed domains (life admin, health, home) are much harder.

This pattern can be consistent with ADHD and should not automatically be taken as evidence against it. External structure may support performance at work, while the effort required leaves less capacity for less structured demands at home. We sometimes describe this as an **externally successful but high-cost adaptation** — the performance is real, and so is the effort it takes to sustain.

08 What does ADHD look like in adults?

Commonly: difficulty starting tasks despite genuinely wanting to; working memory that runs on an “out of sight, out of mind” basis; cycles of over-commitment and late-night catch-up; and restlessness that has moved inward, into a mind that will not idle.

Within Executive Frame™, we use two **descriptive patterns** to help people recognise how difficulty may appear. For some, dysregulation is more visible; for others, it is largely internalised and may appear as overwhelm, shutdown, avoidance or shame. These are not diagnostic subtypes, and many people move between the two depending on context, load and available support.

09 Does ADHD affect emotions and relationships?

Often, yes — and adults frequently say this is the part that costs the most. Emotions can **arrive fast and at full volume**, and many people describe a strong sensitivity to perceived criticism or rejection.

The emotional experience is real and deserves understanding, although the intensity and speed of the response can sometimes make it harder to interpret what has happened accurately. With support, people can learn to create more space between the feeling, the meaning attached to it, and the response that follows.

A clinical note

Emotional dysregulation is commonly associated with ADHD, although it is not itself a core DSM-5-TR diagnostic criterion and can have several possible causes.

10 How is ADHD properly assessed?

Carefully, and never from a single questionnaire. A comprehensive adult assessment integrates a detailed clinical interview and developmental history, standardised rating scales, and — **where possible and appropriate** — information from someone who knows you well or records from earlier life. Good assessment also considers alternative explanations such as sleep, mood, anxiety, stress and medical factors.

Diagnosis is based on the overall clinical picture; no single questionnaire, cognitive test or informant response can establish or exclude ADHD.

In our practice, assessment is also **strengths-first**: we document what you do well and the intelligent adaptations you have already built before we describe what is hard.

11 What actually helps?

- **Understanding it properly.** Accurate psychoeducation is part of treatment — years of self-blame rarely survive a good explanation.
- **Medication review, where appropriate.** A specialist decision, made carefully alongside your medical history and sleep.
- **ADHD-adapted therapy.** Standard approaches, adapted for how ADHD brains initiate, plan and feel.
- **Executive-function & environmental supports.** Externalising memory, routines and visual systems — legitimate accommodations, not crutches.
- **Protecting sleep.** A load-bearing part of regulation.
- **Bringing family along.** When people understand the wiring, "why can't you just…" can become shared problem-solving.

12 Is ADHD a superpower?

A straight answer: it is neither a superpower nor a character flaw. It is a **different regulatory pattern**, with genuine costs when the environment fights the wiring.

Some people also identify strengths such as creativity, rapid connection-making, intense engagement, spontaneity or responsiveness in a crisis. Strengths vary between individuals and should not be used to minimise genuine impairment.

13 Where does the Executive Frame™ come in?

The Executive Frame™ is our clinical framework for turning a diagnosis into a workable life. At its centre is the **C³ Loop — Centre → Clarify → Choose**: first centre the nervous system, then clarify what matters, then choose one deliberate next step — and repeat. Alongside it, practical tools such as the Tunnel™ and the S.H.I.F.T.™ Protocol give you something concrete to do at each point.

A note on this document

This FAQ provides general information for adults and families, not individual clinical advice. If you're wondering whether assessment is right for you, we're happy to talk it through — email hello@executiveframe.co.nz or visit executiveframe.co.nz/neurodiversity.