

APPS AND TECH RESOURCES FOR AHPS WITH ADHD

A Curated Personal Selection to
Springboard Your Own Experimentation

Amy Stephens



Thanks for picking up this resource - I hope it's useful.

I'm Amy Stephens. I'm a Speech & Language Therapist, Clinical Supervisor and Mentor, and Certified ADHD Coach. I'm also late-diagnosed ADHD. For many years I struggled working within systems and organisations which were seemingly set up for people who can, you know, just get on with it. People who can make a 'to do' list, see straight away what the priorities are, and swing into action. People who can write reports and clinical notes without them becoming War and Peace, and who can return phone calls and emails in a timely fashion. People who can remember to get their expenses and caseload reporting done every month, and don't wake up in a cold sweat trying to remember the last time they did their manual handling training. People who know where their stapler is at any given time and never have to make a mad dash back to a school to find their notebook. Generally, the systems are set up for the kind of people who I think of as being decent, conscientious and efficient Allied Health Professionals.

As time went on, however, I realised that despite the challenges of having a restless, distractible, easily bored, forgetful and, frankly, slightly ridiculous brain, my ADHD is part of what makes my actual clinical work so good. What I needed was ways of doing the stuff in the background differently, which met professional standards and worked better for an ADHD neurotype.



Thanks for picking up this resource - I hope it's useful.

My clinical interest in neuroscience and all things ADHD means I'm really confident in asserting that TRYING HARDER does not work and is never going to work for people with ADHD brains.

Over the following pages, I've listed some of the tools and resources I'm using to help me in my clinical practice. It isn't everything I use, and it certainly isn't everything I've tried, but it includes things I gravitate to most often. I'll add some notes about why I think they work for me.

Please don't take this as any kind of implicit recommendation that you ought to be using any of these tools yourself - this is an invitation to think about where systems and structures might be getting in the way of your own clinical practice and to consider whether there might be different ways of doing what you need to do. I invite you to be curious and to explore.

I receive no money or kickbacks from anything I've linked. Chance would be a fine thing.



Core principles:

A stylized teal hand graphic is positioned in the top right corner of the slide, with fingers pointing downwards and to the left. Below the title, there is a teal horizontal bar.

- ADHD is not a deficit. It is a different neurotype. People with ADHD are not less-good versions of neurotypical people any more than left-handed people are less-good versions of the right-handed majority. You don't need fixing, you're not broken. You don't need to 'work on' organisational or time management skills that come naturally to neurotypical people in the hope you will develop them - if you're still thinking this way, you are wasting time and effort.
- There is not one magical tool or tip or strategy that is going to bridge the gap between how you work and how your neurotypical colleagues work. You are likely to need a selection of tools and ideas, some of which will work sometimes and not other times. You need enough strategies to have back-ups and new things to try so that you don't get stuck.
- I have tried so, so many AI tools including creating some of my own, but I really only use a few in everyday practice regularly. AI can be incredibly useful for analysing and organising information, but it can never (and must never) be a shortcut for clinical reasoning and reflective practice.
- All brains are different. What works for me might not work for you, and that's ok. Experiment. Mix and match. Adapt. You are allowed to do things differently.

A NOTE ABOUT DATA CONFIDENTIALITY

The HCPC standards require us to take all reasonable steps to keep information about service users safe.

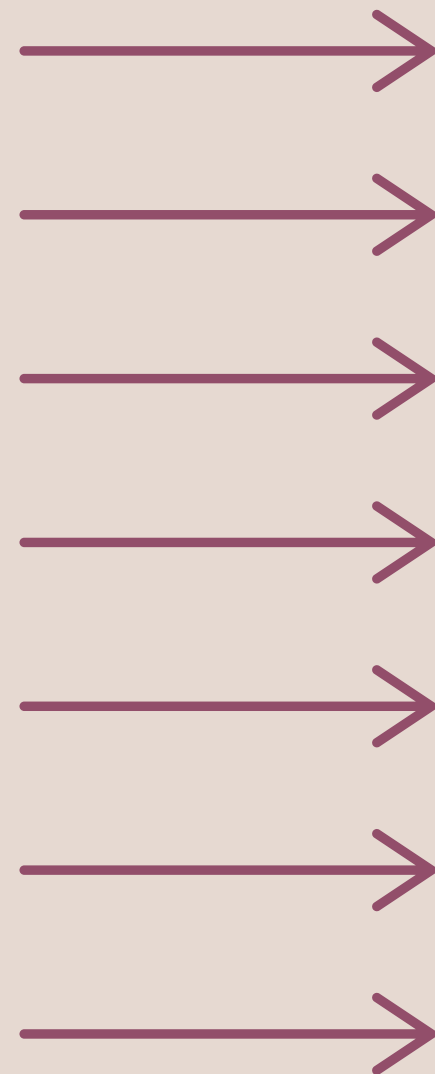
When you are using third-party apps, websites and resources, you will need to think carefully about how you are intending to use them so that you keep your clients' information confidential. Where relevant, I have added in links to privacy policies around data, but you will need to check how these align with your organisation or service's policies.

NOTES

SCRATCH NOTES AND PLANNING

I'm using

iPad pro
+
Apple pencil
+
Goodnotes 6
app



I use a Paperlike screen cover and a nib cover on the Apple pencil to get the right sensation for handwriting (otherwise it feels like writing on glass...). I can upload and write into any pdf form or templates and can open and annotate documents from my G-drive easily. For example, I open research papers inside Goodnotes (so it acts like a Kindle) and can save any notes I make on them.

I have a separate digital notebook for each client and there is no limit to the number of notebooks. You can search within notebooks even for handwritten items with reasonable accuracy. Goodnotes also does speech-to-text dictation and can convert handwritten notes to text. Linking my iPad to Zoom means I can also use it on screen as a virtual whiteboard.

Information is encrypted and only stored locally on my iPad and synced to my business G-drive. It has an opt-out to ensure your audio input is not used to train its AI. If my iPad is lost or stolen, there is a remote erase facility.

Pro: Massive flexibility, good security and backups

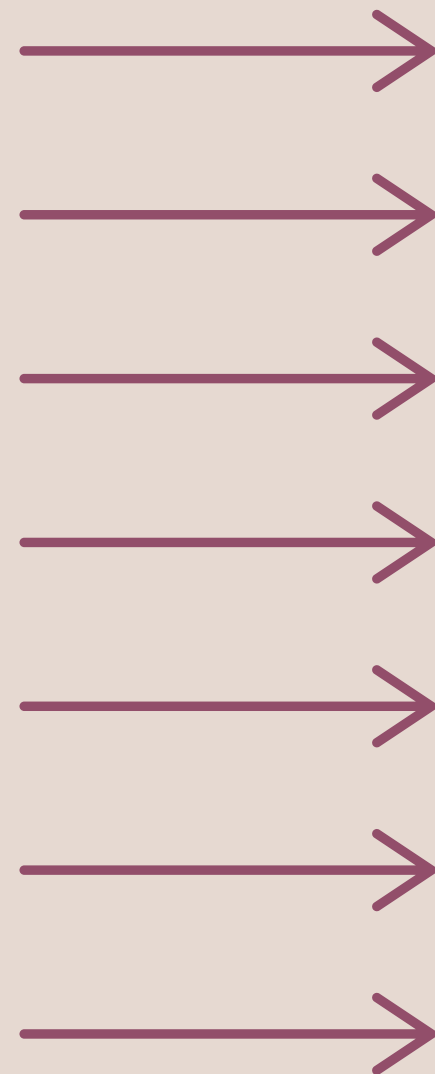
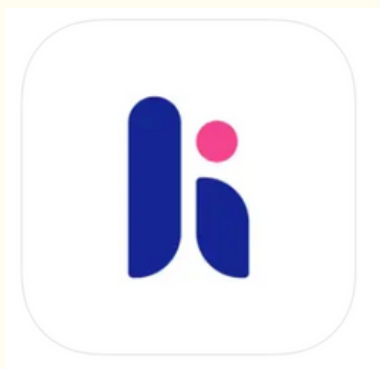
Con: I'm on my third Apple pencil in a year - let me know if you find the others.

NOTES

CLINIC NOTES

I'm using

Heidi Health
AI Scribe
web version



Heidi Health can run in the background of your sessions on your laptop and take notes or create a transcript for you. If you want, it can then draft SOAP notes for you (with the premium version you have more choices of templates). The notes are pretty solid as a first draft, but always need careful checking and adjustment and then need to be exported to your case management software. There is also an app so it can run on your phone.

It doesn't, sadly, play very nicely with Zoom and Teams and tends to capture only what you say on your microphone, not what comes out of the speakers, so not so good for teletherapy sessions.

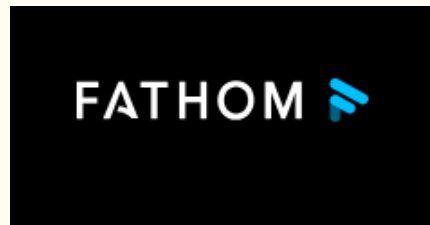
Heidi Health is NHS and GDPR compliant for patient confidentiality and managing patient data - you will of course need to ensure that if you use it in a session that the client is fully aware and has signed a consent form for you to use this app. You will also need to ensure that you delete transcripts and draft notes from your Heidi account, or you can schedule an automatic delete after 48 hours or whatever you choose.

NOTES

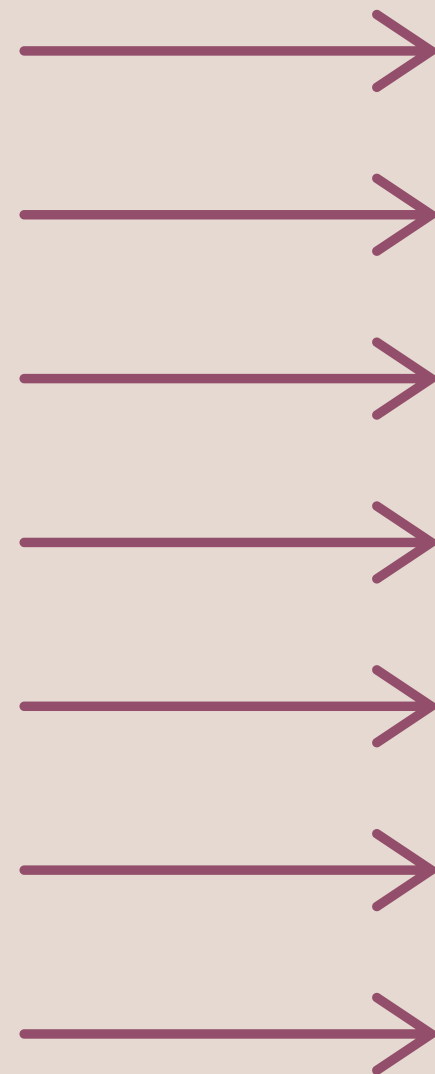
MEETINGS AND TRAINING

I'm using

Fathom Video AI Notetaker



(If you decide on the Premium upgrade from the free version, I have a referral code which gives us both a free month:
<https://fathom.video/invite/zv2Jbg>)



Fathom is a downloaded programme on your laptop that runs in the background on Zoom and Teams calls as a notetaker and then produces an AI summary of what was talked about and any action points which can be automatically emailed to all the participants. It records the session and links any notes to the place in the recording you talked about it so you can go in and check easily. The notes are pretty good as an *aide memoire* but certainly not completely accurate.

The pro version has an Ask Fathom option where you can get it to produce different summaries and bullet points which aren't necessarily linked to the action steps (for example, in a group meeting you can ask it to summarise different viewpoints).

Fathom is HIPAA and GDPR compliant, and secure for things like supervision and mentoring sessions. A specific consent is emailed to participants in advance. You need to manage deleting the recordings in line with your responsibilities under GDPR/ICO. The only issue I have had is once where two people were scheduled to attend a meeting but only one actually attended but the recording was sent to the other person too (although it is an easy step within a session to ensure this doesn't happen again)

DAILY PLANNING

TO DO AND REMINDERS

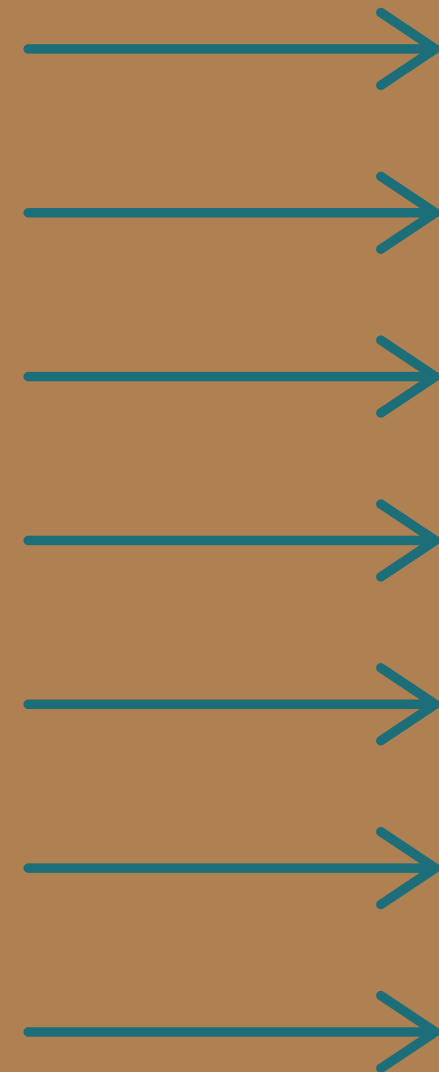
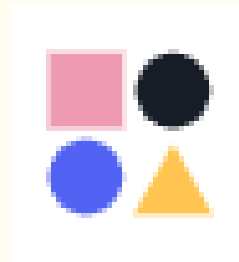
I'm using

Google Tasks



+

Reclaim AI



Google Tasks is part of the G-suite of tools and so integrates effectively with Google Calendar and other resources. One of the tips for managing a to-do list as a person with ADHD is to see it as fulfilling two different functions: firstly, it's really valuable to get all the whirling things in your brain out and on a list on a regular basis - so a regular 'brain dump' of everything. However, this long list is not useful for ADHDers to work from, and leads to either overwhelm or cherry picking the more interesting (but perhaps not most urgent) tasks. You need a much shorter, prioritised list to actually work through. I've found it helpful to integrate Google Tasks with Reclaim AI.

Reclaim is a task scheduling app where you allocate specific times for different kinds of tasks in your week, and it will automatically schedule and reschedule them so they appear in your Google calendar with an allotted time. You can split tasks into chunks and can also schedule regular tasks so you don't forget them. If you don't manage to get the task completed, Reclaim puts it back on the list and reallocates another time for you to do it.

Whilst it doesn't completely overcome procrastination and side-quests, it does help to have tasks allocated within time blocks.

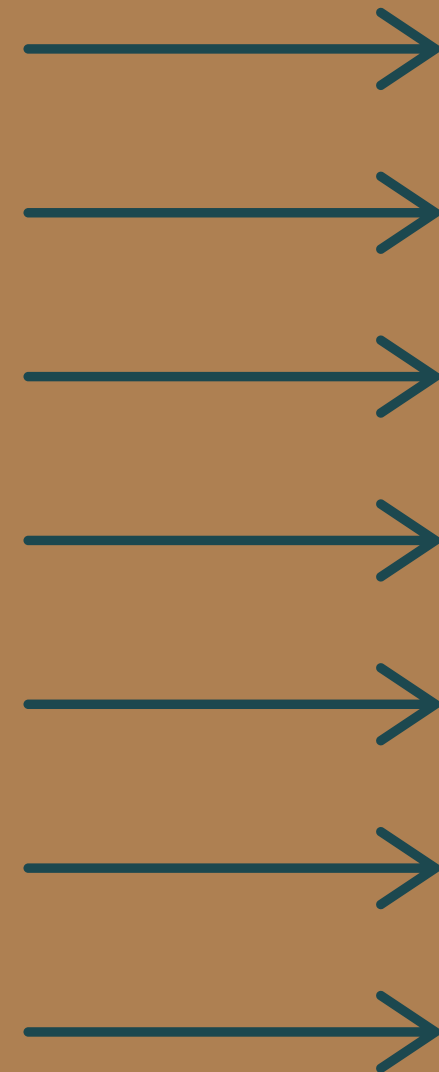
DAILY PLANNING

REDUCING DOOMSCROLLING

I'm using

Brick phone
blocking device
and app

 BRICK



Doomscrolling - or finding it unbelievably hard to put down your mobile phone or to stop looking at the internet even though you very much want to - is not a failure of character on the part of ADHDers. The algorithms designed to keep neurotypical people engaged with sites just a little bit longer unfortunately tap into some of the major physical differences in attention and reward pathways in the ADHD neurotype to the extent that it takes huge efforts to pull your attention away.

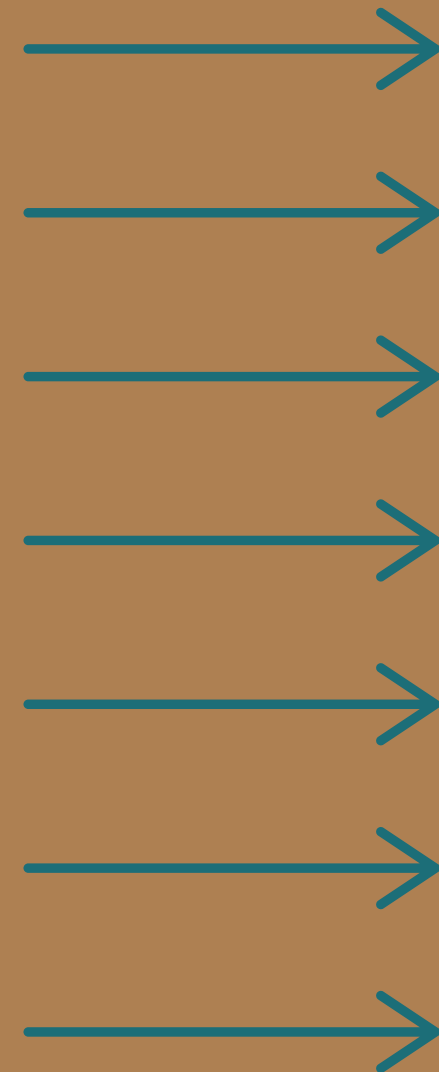
I have recently started using the Brick and am finding it pretty helpful. It is a physical device - a small grey box with a magnet on the back - which currently resides on my fridge. You set up different modes within the app so that when you activate it by holding your phone next to the Brick, you can choose which apps and websites to block on your phone. Bricking social media and games at the start of the working day means I cannot access them on my phone until I physically unBrick my phone when I get home. Conversely, I can Brick my phone for work emails and projects for evenings and weekends to help maintain boundaries. (In emergencies, there are systems to unBrick the phone when you need to.)

DAILY PLANNING

STAYING ON TASK

I'm using


Forest
Pomodoro App



Pomodoro is a focus technique which encourages you to break down tasks into chunks of 20 or 25 minutes and to step away from the task for 5 minutes at the end of each chunk. For ADHDers, this reduces the risk of becoming bored or getting distracted, or alternatively of slipping into unhelpful levels of hyperfocus which ultimately reduce effectiveness. Using the Forest app adds the additional advantages of gamification and disincentivising getting distracted on your phone.


When you set the timer on the Forest app, you plant a digital tree. It blocks other apps on your phone so that if you click into social media when your timer is going, your tree withers and dies. You can link your Forest app with others' for virtual body doubling - and then if you fall off the wagon and start scrolling, you kill the other person's tree too! The app records the time you have spent on task visually, and you can compare different times of day, different days of the week and these graphs can help you understand your own productivity patterns better.

A NOTE ABOUT GETTING ADMIN DONE



One thing about learning work with your ADHD brain rather than wasting time, energy and effort trying to browbeat yourself into ‘getting it together’ is to recognise the conundrum of working with other people or by yourself. Sometimes it’s incredibly hard to work in a shared office or clinical space because other people distract you (I spent many years really only getting started at work after everyone else had left and sometimes staying until 9 or 10 in the evening) but conversely, it can sometimes be really hard to get going and stay on task when you are by yourself.

If you recognise this in your experience, I can offer two other free resources that you might find helpful for getting your clinical admin done. Firstly, we run two free weekly body doubling sessions online to help AHPs with ADHD get their clinical admin done, and you’re very welcome to join us any time. Secondly, I’ve put together a free downloadable planning sheet for when you are planning an admin session on your own to help you tap in to the best strategies that the research suggest actually work for people with ADHD. More details are on my website: www.achatterofmagpies.com



PROJECT PLANNING

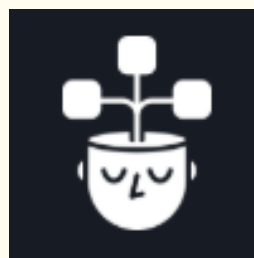
RESEARCH AND READING UP ON TOPICS

I'm using

Google Scholar
+
Mendeley Web
Importer and
Cite plug-in for
Chrome



+
Visual Mind app



These days the AI behind Google Scholar has improved considerably and it is a pretty robust research engine for current literature in a wide range of topic areas. The drop down menu top right gives you an advanced search option which allows you to use Boolean operators to search effectively, and whilst it is still most useful if you are able to access the search results through a University library, it sometimes includes some more accessible routes such as [ResearchGate](#) listings. (Incidentally, it is worth exploring whether a university you have studied at has alumni access options for their library.)

Mendeley is a free online citation manager where you can upload, organise and store the ridiculous number of articles you currently have saved in folders on your hard drive (I see you). The Web Importer plug in allows you to upload articles directly from the internet, and the Cite plug in enables you to create accurate in-text citations and reference lists within Microsoft Word.

Visual Mind is an AI mind-mapping tool which can help organise your notes and ideas, and can pull out themes from across different papers to help springboard your thinking and to identify areas for further study.

PROJECT PLANNING

PROJECT MANAGEMENT AND DEADLINES

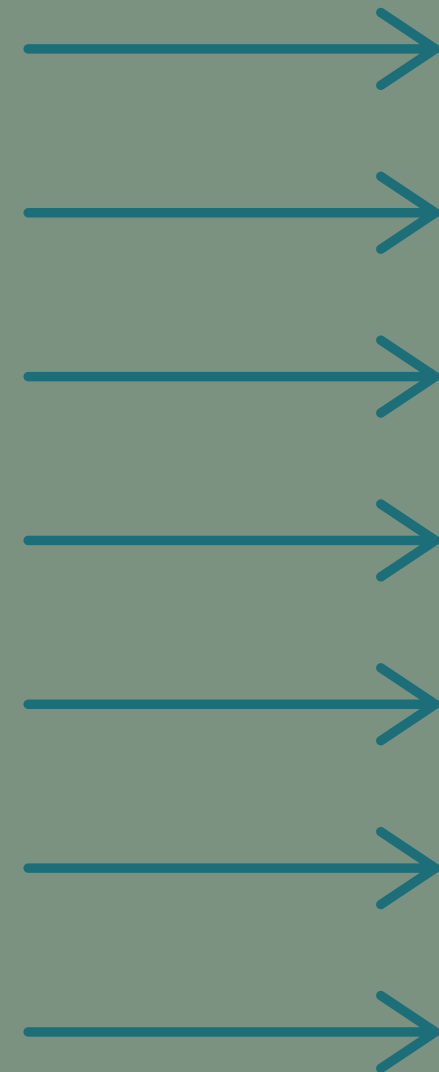
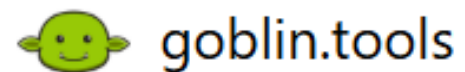
I'm using

Trello



+

Goblin Tools AI



Trello is a digital version of the T-card system that used to be a feature of many offices and clinics back before AHPs had computers. It is, essentially, a simple system of cards organised into lists and boards which helps you to organise and re-order content and details easily. For an ADHD person, it can be useful to see your ideas organised in linear visual way, especially if your brain doesn't always take the linear route with planning. The real bonus of Trello for ADHDers is the add-ons which include deadline reminders, checklists, Gantt charts and integration with Gmail. If you have multiple projects, Trello allows you to see all of the actions and deadlines on a calendar view as well as a Gantt chart, and so this can help with capacity planning for your business.

Goblin tools is a free collection of handy AI tools, and for project management one of these is a tool to break down a task into steps and to estimate how long each step will take.

MISCELLANEOUS

Although this collection of resource ideas is primarily focused on tools that might be helpful for your clinical work, here are some additional resources I find useful for everyday routines, and which in turn support my work-life balance.

Apple Watch
+
Health App



A really handy collection of features to help remind me about medication and to monitor my general health and activity levels. It has also been helpful for me to understand my sleep patterns better. It can even prompt you to drink water across the day...

There's a good overview of what it can do on [this YouTube video](#).

Home Routines




You don't need me to tell you that maintaining household routines with ADHD is either full-on or not-at-all, until you end up inviting people over just to give yourself the motivation to clean the house. Home Routines offers a rolling week-by-week programme with a limited number of regular household tasks (which you can fully customise) and has gamification elements to help.


Alexa Smart Home



Three of the many options that Alexa offers are particularly useful for me: verbal reminders and timers; avoiding me having my phone by my bed to support my sleep patterns; and voice-activated pre-programmed settings for lights, fans, sounds to match different sensory preferences based on my level of tiredness or overwhelm.



A couple of thoughts about where AI doesn't really work for me, just to finish up here.

1. I'm not keen on most AI generated images for clinical resources - it's a personal thing, but to me they can look a bit disconcerting. There's some interesting research about why this might be the case (you can Google conflicting perceptual cues and the Uncanny Valley phenomenon), but I also think there's something quite connecting and levelling about hand drawing/writing with a client in a session which has value.
 2. Writing articles and blogs which aren't then reworked to fit your own voice. They all pretty much follow the same formatting and level (or lack) of depth. I'm all for using something to get your own creativity going, but it doesn't work if it hasn't been through your brain too.
 3. I read a lot of research papers. It's my thing. In my experience, I haven't found any of the AI systems particularly useful in critically analysing research papers, and the results tend to be quite shallow. This can almost slow up the skills that ADHDers tend to have of spotting connections and patterns, seeing where there are gaps and inconsistencies, and being able to spot where ideas might have traction in areas not even thought of by the researchers. I'm sure things are improving rapidly, but at the moment, the most useful way to have AI help with managing the literature, in my view, is to ask it to **analyse** a paper in relation to a specific CASP checklist or similar tool rather than to ask it for a summary.
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And so... what are you taking away from this?

I'm hoping this will encourage you to experiment with things for your own clinical practice to see which combinations of resources and tools might be helpful for you to work in ways that play to your ADHD strengths.

You might be thinking that you need to know more about ADHD and how it shows up in ways that are unique to you and your context. There are plenty of sources of information out there (including some webinars and other information on my website), and I'd encourage you to engage your criticality as you explore. My personal view is that what AHPs with ADHD really need is not more and more information, but to feel that you are part of an AHP community that can help you to implement strategies in ways that meet your professional and regulatory requirements and allow you to flourish in your work and home life. We should not keep pushing ourselves to burnout or holding ourselves back out of self-doubt. Our professions need the innovation, creativity, empathy and strong sense of justice that so often come with an ADHD neurotype. You've got this.

Do please connect with me (on Instagram or LinkedIn, or by email via my website) if I can help and support you. As always, any views expressed are my own and while I have made best efforts with accuracy, I have no control over the content of third-party information linked in this resource. If a link is broken, please let me know.

Amy Stephens
December 2024