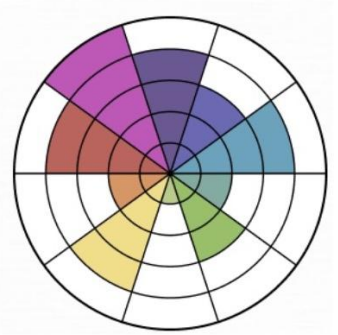
Introduction to Neurodivergence



Adapting therapy techniques to support and empower Autistic and ADHD adults

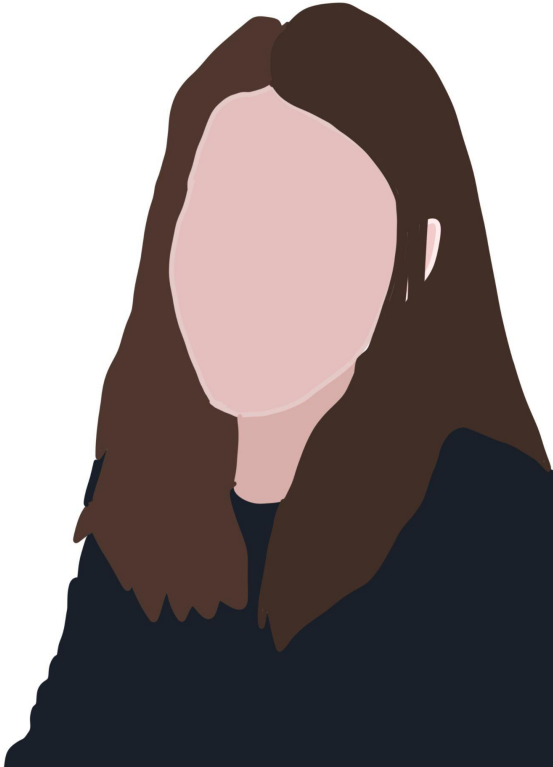
Laura Tewel

Outline

- Introduction
- Identifying Neurodivergence
  - DSM
  - New Research
- Discussions with Clients
- Adapting
  - Modifying Goals
  - Biopsychosocial Approach



Introduction



Laura Tewel

Licensed Marriage and Family Therapist

Former University lecturer

Recovering perfectionist

Relapsed workaholic

Autistic/ADHD

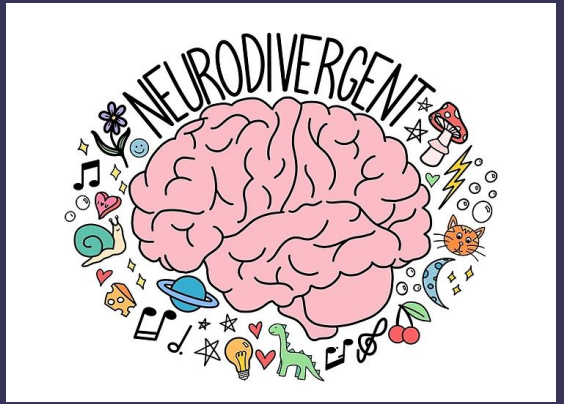
Mother

Wife



Why listen to me?

- Licensed Marriage and Family Therapist
  - Also, Autistic and ADHD
  - “Nothing about us, without us.”
- What I know
  - 5 years of self-motivated research
    - Books
    - Podcasts
    - Peer-reviewed research
  - Multiple trainings
  - 12 hours of consultation with two different psychologists
  - Endless hours of listening to stories
  - Clinical expertise from applied practice



Class Structure

Time management is a goal!

We'll start with big ideas, then zoom into details as time allows

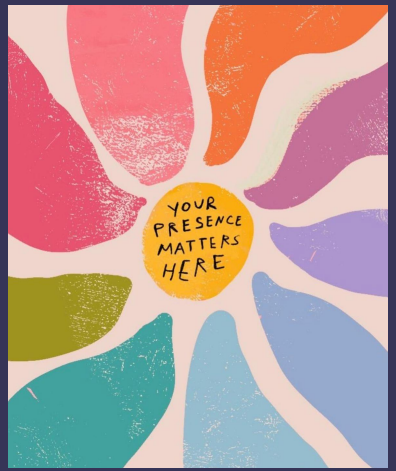


Strategy to supporting neurodivergent clients

- Switch from task accomplishment to time completed
- For ADHD: helps with dopamine/accomplishment
- For autism: helps with detail overwhelm

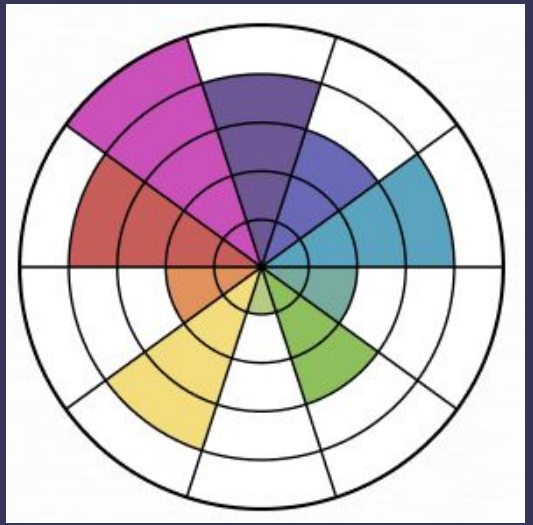
Thank you

Thank you for attending this class. The neurodivergent movement is a new (and exciting) way to view the world and therapy. It is very meaningful to me as a therapist, individual, and mother that you're taking your time to come learn this.



Learning Objectives

- Identify traits of Autism and ADHD that may necessitate a referral for diagnosis
- Identify common co-occurring diagnoses and include neurodivergence as an influence to symptoms.
- Discuss traits of Autism and ADHD with informed and affirming language



Learning Objectives

- Adapt treatment goals to support affirming care for neurodivergent clients
- Understand how to adapt evidence-based treatment to support symptoms of neurodivergence.
- Identify opportunities for individual and systemic changes



This class will...

- Deepen your understanding of Autism and ADHD
- Prepare you to diagnose ADHD
  - (if you're an associate or fully licensed masters level clinician)
- Help you understand the limits of a masters level diagnosis for ADHD
- Teach you to *screen* for autism
- Help you discuss your knowledge with clients
- Adapt your clinical practice



This class will NOT

- Encourage you to diagnose Autism
- Provide medical expertise
- Teach you to “cure” autism or ADHD



Logistics- Get your CE's

- Today's class is 6 CE's accredited through WAMFT
- To earn your CE's you MUST
  - Complete a true/false test and assessment via email
    - The CE certificate will automatically be emailed 30 minutes after completing assessment
- You must watch the entire class to earn CE



Another note

Some of you may be diagnosed as Autistic/ADHD

Some of you might suspect you're Autistic/ADHD

Some of you might be Autistic/ADHD and not know it

Some of you might be other types of neurodivergent

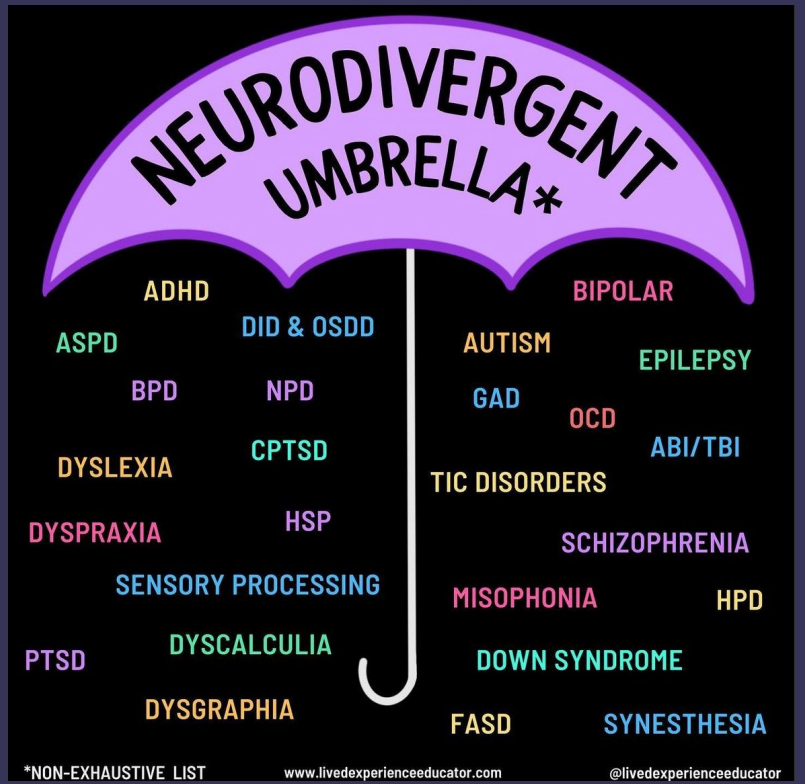
Some of you may be "neurotypical"

Please have grace for yourself, each other, and the presenter as we navigate the individual experiences of everyone in the room.

What is Neurodivergence?

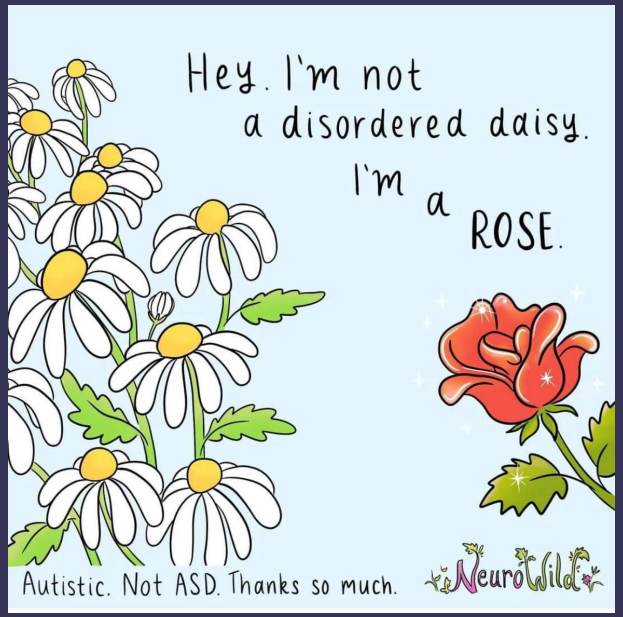
Neurodiverse versus Neurodivergent

- Neurodiversity
  - The concept that *all* brains are unique
  - Example
    - biodiversity = lots of different plants/animals
- Neurodivergent
  - Reference to brains that process the world differently than neuro-normative ways
    - “Diverged from normal”

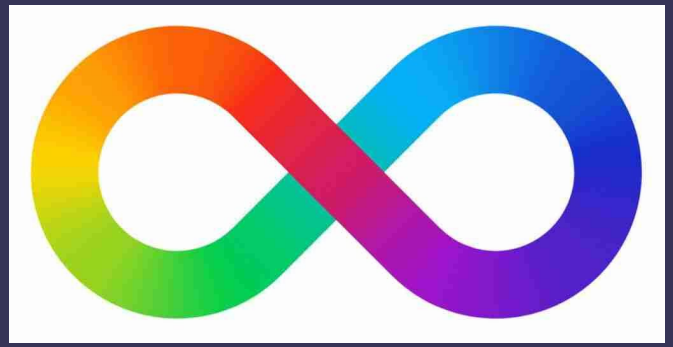


Affirming Language

- The Neurodivergent Community has found general consensus on preferred language
  - Please always defer to individual preferences once known
- Identify first language is Preferred
  - **Autistic adult** NOT adult with autism
  - **Traits** NOT symptoms
  - **Differences** NOT disorder
  - **Supports/Accommodates** NOT treats or cures
  - **Autism** NOT Autism Spectrum Disorder
  - **Differences in** *specific challenge* NOT high functioning or low functioning
  - **Infinity symbol** NOT puzzle piece



How to Define Autism and ADHD

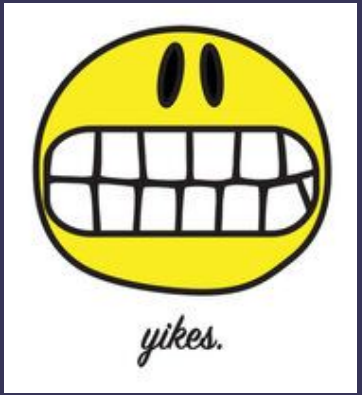


DSM Criteria, new evidence-based traits, pop culture, anecdotal

- What Defines autism and ADHD?
- DSM-5
  - Our required, professionally supported document
  - Very well researched and debated
  - Outdated?
- Evidence-based traits
  - Peer-reviewed research has shown that these are traits commonly associated
  - Varying levels of legitimacy
  - Not cohesively gathered and interpreted by our professional organization
- Pop Culture
  - Social media, movies, books
- Anecdotal
  - Shared stories from the lived experiences of neurodivergent individuals

Things to notice in the DSM

- Focuses on observed behavior, not internal experience
- Emphasizes negative traits
- Clearly targeted towards young boys



Diagnosis and Self-Awareness

- It’s common for neurodivergent people to not be aware of their neurodivergent traits
  - Might be distracted
  - Might mischaracterize it
  - Might be focused on other details
  - Low interoception
  - May think it’s normal
  - May not have had modeling to notice
- This can make diagnosis tricky



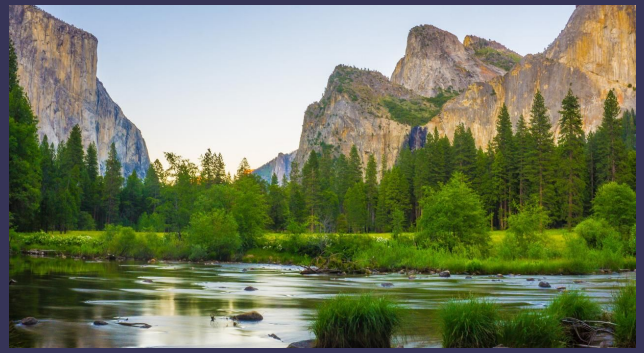
Summary of ADHD Criteria

- Inattentive Type
  - Makes careless mistakes
  - Difficulty sustaining attention
  - Doesn't listen when spoken to directly
  - Doesn't follow through on instructions
  - Difficulty organizing tasks
  - Avoids/dislikes tasks that require sustained mental effort
  - Loses things
  - Easily distracted
  - Forgetful
- Six needed
- Two environments
- Present before age 12

- Hyperactive Presentation
  - Fidgets
  - Leaves seat
  - Runs/climbs in appropriately (or feels restless)
  - Unable to do leisure activities quietly
  - Acts "on the go"
  - Talks excessively
  - Blurts out an answer
  - Difficulty waiting turn
  - Interrupts or intrudes
- Six needed
- Two environments
- Present before age twelve

DSM Criteria for ADHD - Inattentive Type

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities
  - (e.g., overlooks or misses details, work is inaccurate)
- Often has trouble holding attention on tasks or play activities.
  - (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading)
- Often does not seem to listen when spoken to directly
  - (e.g., mind seems elsewhere, even in the absence of any obvious distraction)



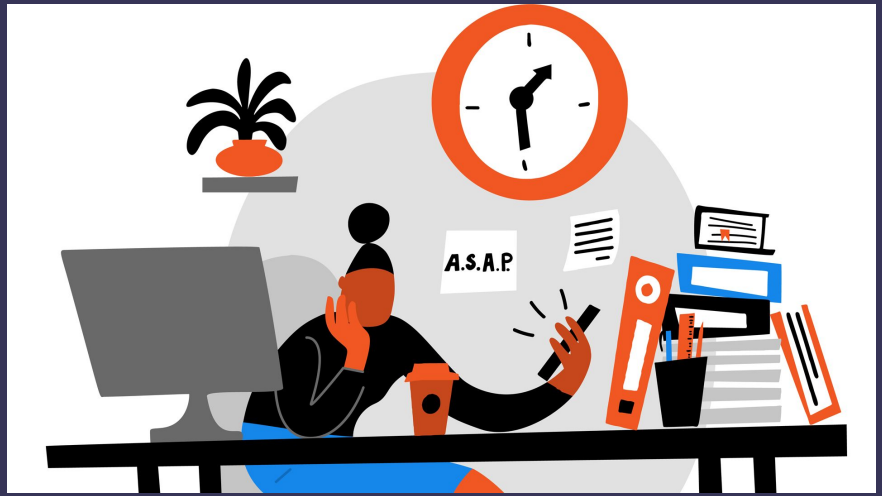
DSM Criteria for ADHD - Inattentive Type

- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace
  - (e.g., starts tasks but quickly loses focus and is easily sidetracked).
- Often has trouble organizing tasks and activities
  - (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).



DSM Criteria for ADHD - Inattentive Type

- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time
    - (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).



DSM Criteria for ADHD - Inattentive Type

- Often loses things necessary for tasks and activities
  - (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted by extraneous stimuli
  - (for older adolescents and adults, may include unrelated thoughts)
- Is often forgetful in daily activities
  - (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments)



DSM Criteria for ADHD - Hyperactivity

- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected
  - (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place)
- Often runs about or climbs in situations where it is not appropriate
  - (adolescents or adults may be limited to feeling restless).



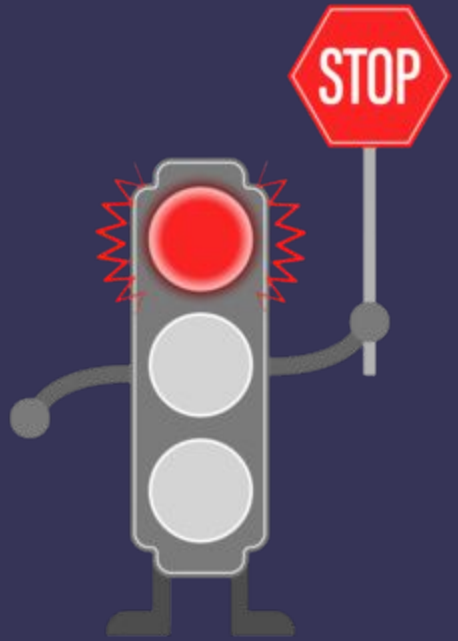
DSM Criteria for ADHD - Hyperactivity

- Often unable to play or take part in leisure activities quietly.
- Is often “on the go” acting as if “driven by a motor”
  - (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficulty to keep up with)
- Often talks excessively.



DSM Criteria for ADHD- Hyperactivity

- Often blurts out an answer before a question has been completed
  - (e.g., completes people's sentences; cannot wait for turn in conversation)
- Often has trouble waiting his/her turn
  - (e.g. while waiting in line)
- Often interrupts or intrudes on others
  - (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into ro take over what others are doing)



DSM Criteria for ADHD

- Traits present before age twelve
- Present in two or more settings
- There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning
- Not better explained by other disorders



What the DSM did NOT say

- It did NOT say “Dumb”, bad grades
- It did NOT say children only
- It did NOT say “must be hyper”



Switching deficit language

- Makes careless mistakes → Great at big concepts, ideas
- Difficulty sustaining attention → Succeeds when multitasking, juggling many ideas, and or is very interested
- Doesn't listen when spoken to directly → Deeply engages in topics when motivated
- Doesn't follow through on instructions → Non-linear progress in goals
- Difficulty organizing tasks → Benefits from support in prioritizing/organizing task
- Avoids/dislikes tasks that require sustained mental effort → Efficient with focus/energy (think berry pickers)
- Loses things →
- Easily distracted
- Forgetful

Identifying ADHD by strengths

- Passionate to start projects and ideas
- Rapidly makes progress in beginning of projects
- Quickly processes conversations resulting in rapid speech and fast ideas
- Extremes of motivation (all or nothing)
- Observant
- Creative
- Funny



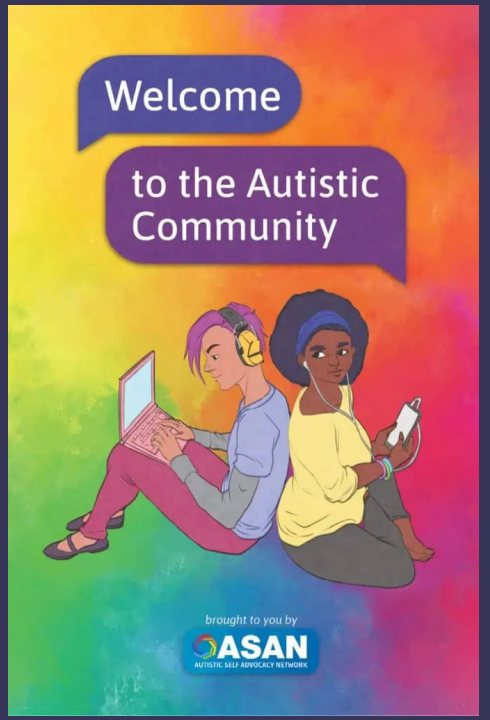
Identifying ADHD by stress

- Look for all-or-nothing patterns
  - Workaholic
  - Can't function in free time
- Negative views about intelligence
- Concerns about being "annoying" or "too much"
- Shame of unfinished projects
- Difficulty with self-care/cleaning
- No motivation, can't start



DSM Summary of Autism

- Social Differences
  - Social/emotional reciprocity
  - Nonverbal communication
  - Social Understanding
- Behavioral Differences
  - Repetitive behavior (stimming)
  - Special Interest
  - Insistence on Sameness
  - Sensory sensitivities



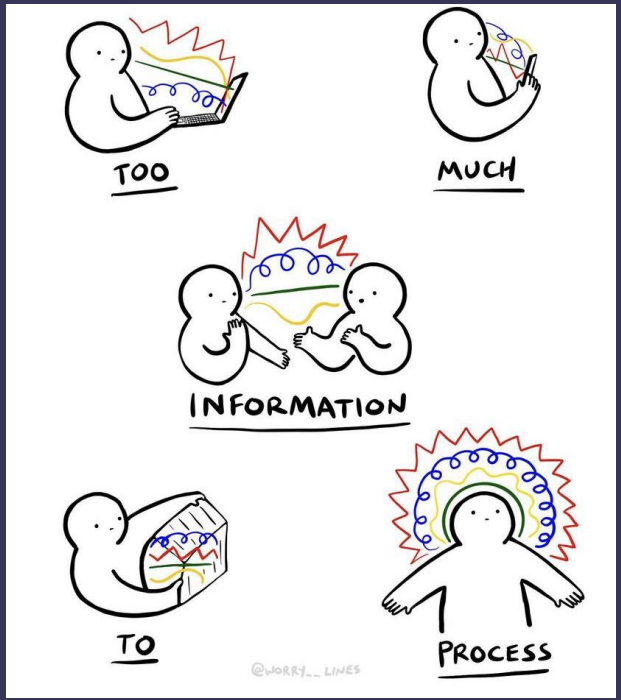
DSM Definition of Autism -Social Differences

- Persistent deficits in social communication and social interaction across multiple contexts as manifested by the following, currently, or by history (examples are illustrative, not exhaustive)
- Deficits in social-emotional reciprocity, ranging, for example, from
  - abnormal social approach
  - failure of normal back-and-forth conversation
  - reduced sharing of interests, emotions, or affect
  - failure to initiate or respond to social interactions



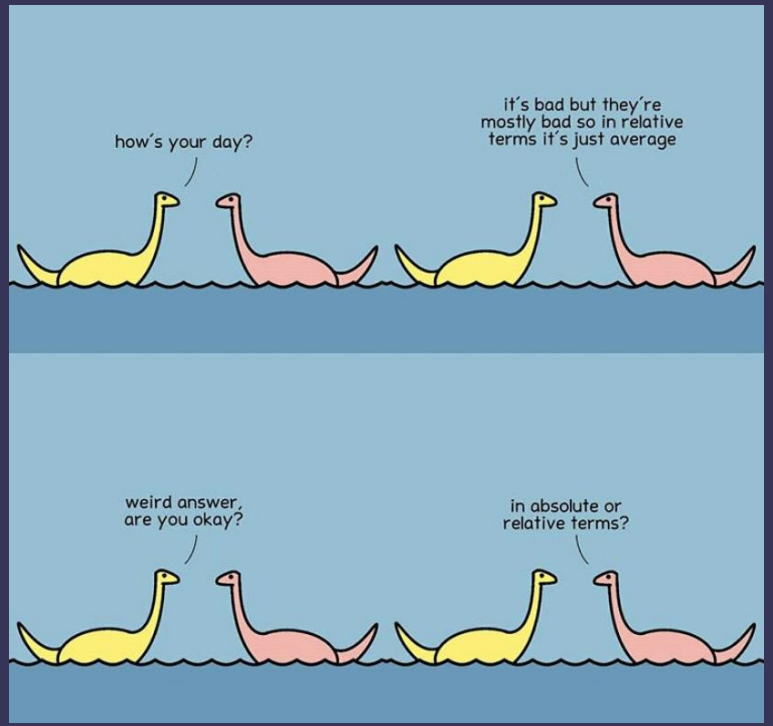
DSM Definition of Autism -Social Differences

- Deficits in nonverbal communicative behaviors used for social interactions, ranging, for example, from
  - poorly integrated verbal and nonverbal communication
  - to abnormalities in eye contact and body language
  - deficits in understanding and use of gestures
  - to a total lack of facial expressions and nonverbal communications



DSM Definition of Autism -Social Differences

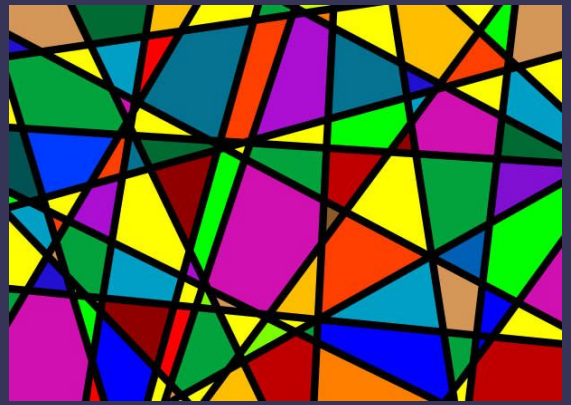
- Deficits in developing, maintaining, and understanding relationships, ranging, for example, from
  - difficulties adjusting behavior to suit various social contexts
  - to difficulties in sharing imaginative play or in making friends
  - to absence of interest in peers



DSM Autism - Behavioral

- Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following, currently, or by history (examples are illustrative, not exhaustive)
- Stereotyped or repetitive motor movements, use of objects, or speech
  - E.g. simple motor stereotypes
  - lining up toys or flipping objects
  - Echolalia
  - idiosyncratic phrases





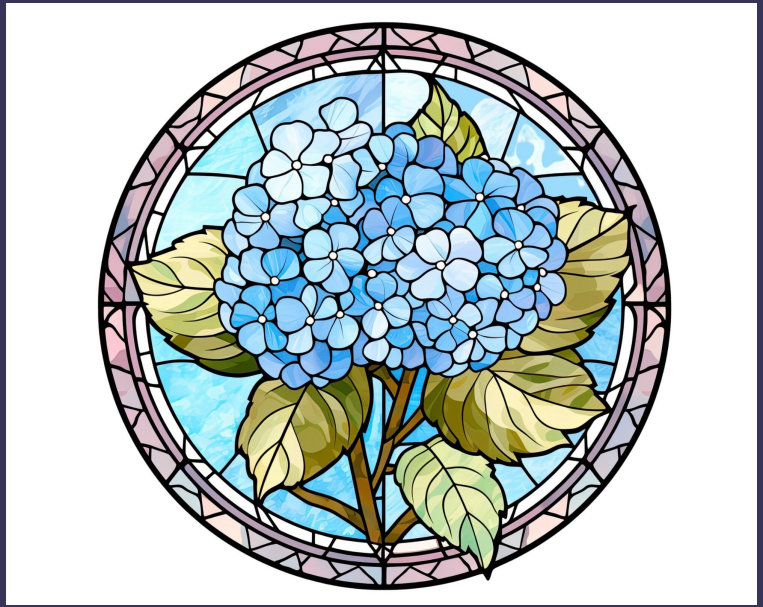
DSM Autism - Behavioral

- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
  - E.g. extreme distress at small changes
  - difficulties with transitions
  - rigid thinking patterns
  - greeting rituals
  - need to take same route or eat same food every day



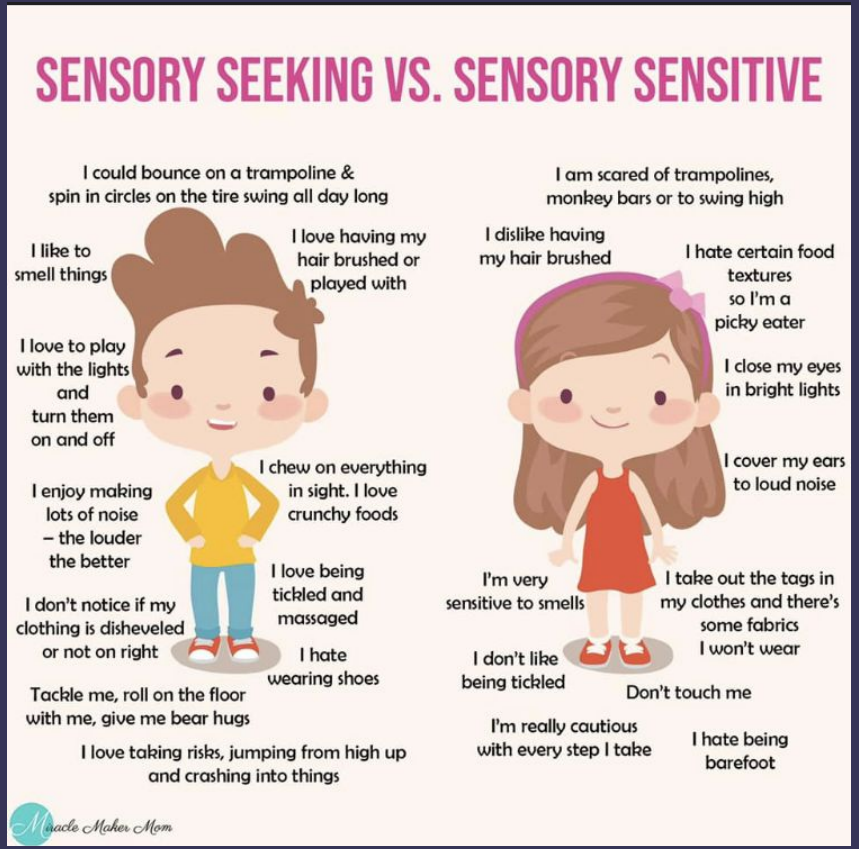
DSM Autism - Behavioral

- Highly restricted, fixated interests that are abnormal in intensity or focus
  - E.g. strong attachment to or preoccupation with unusual objects
  - excessively circumscribed or perseverative interests



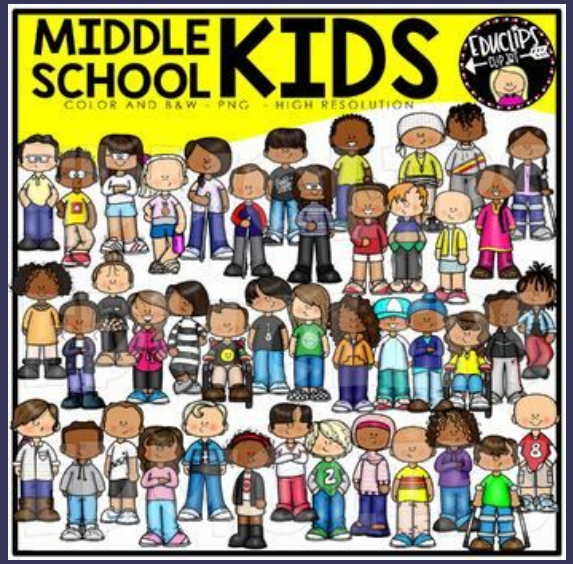
DSM Autism - Behavioral

- Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment
  - E.g. apparently indifference to pain/temperature
  - adverse response to specific sounds or textures
  - excessive smelling or touching of objects
  - visual fascination with lights or movement



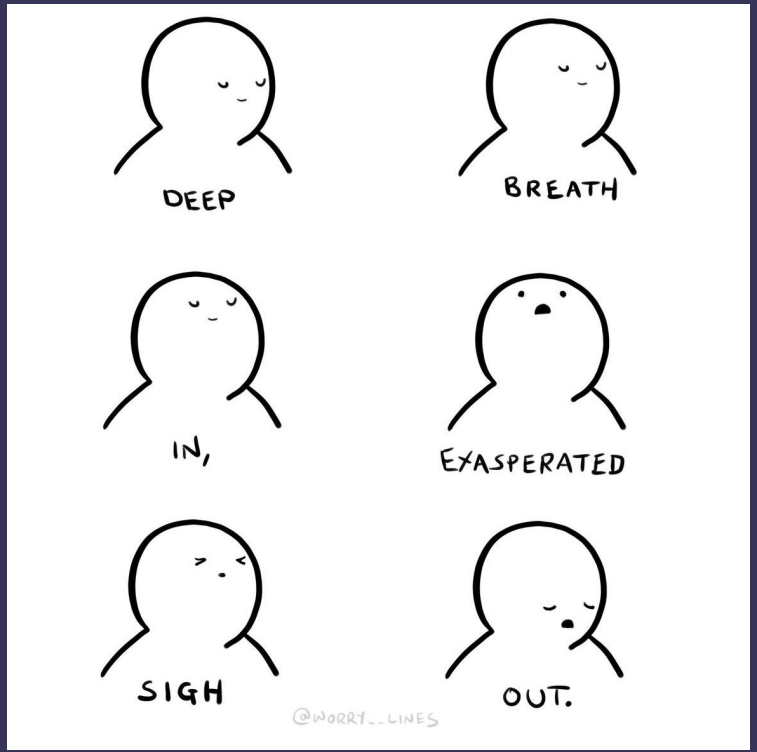
DSM Autism

- Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be basked by learned strategies in later life)
- Symptoms must cause clinically significant impairment in school, occupational, or other important areas of current functioning



What did the DSM NOT say?

- It did NOT say
  - “Autistic people cannot feel emotions, care about others, or be successful”
- It did NOT say
  - “Incapable of growth or improvement”
- It did NOT say
  - “Unable to have friends, a job, or success.”



Outdated Diagnoses

- The DSM IV included Asperger's, a "less severe" form of autism
  - This diagnosis no longer exists, it's not part of autism
- The DSM IV distinguished between ADD and ADHD
  - ADD no longer exists, it is all ADHD



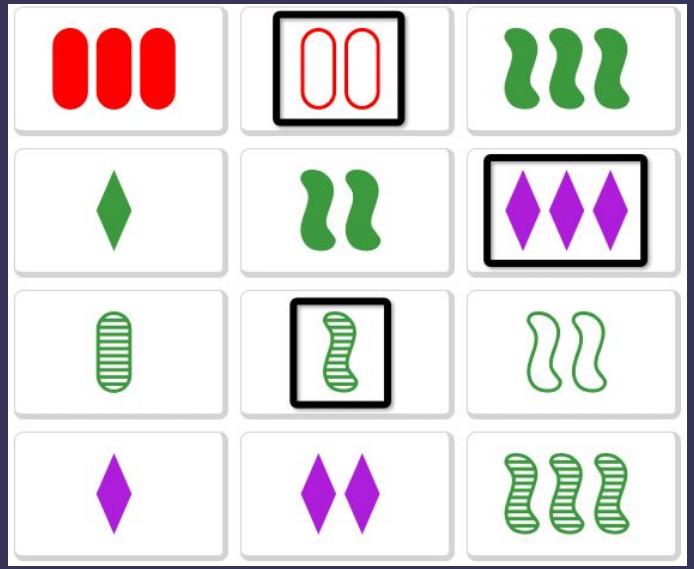
Identifying Autism by Strengths



https://www.mattlowrylpp.com/blog/reframing-dsm-autism-criteria

Identifying Autism by Strengths

- Strong recognition of patterns
- Attention to detail
- Thoughtful
- Enjoys structure and routine
- Creates successful systems
- Observant
- Analytical
- Justice oriented
- Values driven
- Funny



Identifying Autism by stress

- Low energy/social battery
- “I need to turn off”
- Chameleon behavior
- Fear of being “boring,” “too much,” “bossy,” “controlling”
- Social anxiety
  - Pay attention to unknowns
- Distress at change to systems
  - Afraid of social ramifications




I LOVE BEING AUTISTIC
THERE'S NO SUBTEXT WITH ME! I AM VERY TRANSPARENT
I CAN BE VERY PASSIONATE
I AM VERY SENSITIVE
I LOOOOVE ANIMALS
I ALWAYS MEAN WELL, EVEN WHEN IT DOESN'T COME OUT THAT WAY
I AM HIGHLY CREATIVE
I LOVE ALONE TIME
I HAVE A STRONG SENSE OF WONDER
I HAVE A LOT OF EMPATHY
I AM VERY PURE-HEARTED AND GENUINE
I PUT A LOT OF THOUGHT INTO THINGS
I HAVE EXCELLENT PATTERN RECOGNITION
I AM VERY DIRECT AND HONEST
I HELP PEOPLE SEE DIFFERENT (USUALLY BETTER) WAYS OF DOING THINGS
I'M GREAT AT ORGANIZATION
I AM VERY DETAIL-ORIENTED
I AM VERY COMPASSIONATE
I AM VERY PERSISTENT
@AABBIEREN


Differences in Communication:
• Delayed speaking
• Loss of words
• Echolalia/scripting/ jargon after 2.5
• Strength with labeling nouns/ letters, etc
• Decreased gestures
• Uses unusual words or odd pronunciations
• Speaks in high pitched voice
• Uses words over and over
• Takes things literally
+
Differences in Socialization:
• Inconsistent eye-contact
• Preference to play alone or with familiar adults
• Decreased joint attention
• Seeks out attention & affection from strangers
• Struggles to make or keep friends
• Flat or exaggrated facial expressions
• Unexpected topic changes, interrupts, info-dumps, etc
+
Interests, Routines, & Sensory
• Preference for sameness
• Play is unexpected, repeated, or copied
• Has strongly preferred topics, toys, interests
• Focuses on details and perfection
• Sound, light, taste or touch sensitivity
• Repeats movements: flapping, jumping, spinning, rocking
• Dislikes hygiene routines
Patterns of differences (some, but not all) in these areas:
=
AUTISM
*Lists are not exhaustive
Mrs. SPEECHIEP

Caution towards strength-based view

- Avoid conceptualizing that ADHD/autism is “a superpower” or “asset”
  - Avoid any language geared towards treating neurodivergent people like a commodity/machine/capitalist opportunity
  - Avoid any language that dismisses the challenges too
- Autism and ADHD IS a disability. It IS hard.
  - Celebrate Strengths
  - Validate Challenges
  - Support Accommodations
- Avoid anything that assumes lack of spectrum/complexity

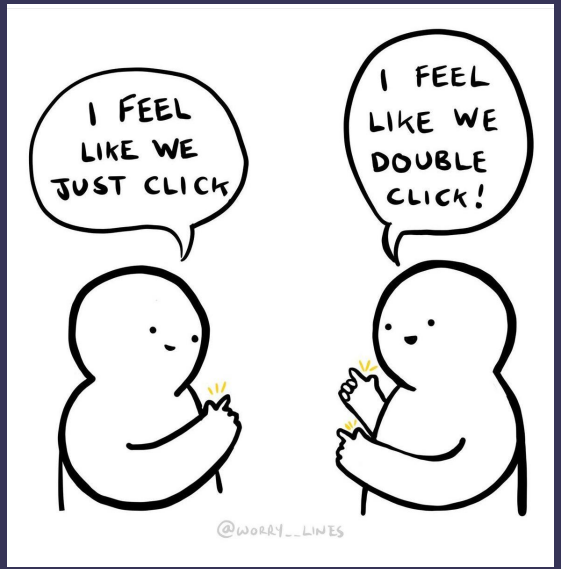
New Research of ADHD

- Attention *Regulation* Disorder
  - Too much focus
  - Too little focus
  - “Hyperfocus”
- Challenges with motivation
  - Executive dysfunction
    - Getting started
    - Prioritizing tasks
    - Completing tasks
  - Too much or too little



New Research of Autism

- Difference, not disorder
  - Double Empathy Problem
- Processing disorder
  - Details first
- Monotropism
  - Difficulty engaging in multiple tasks/switching tasks
- Analytical versus intuitive
  - Social learning tends to be analytical, not intuitive
- Alexithymia
  - Difficulty identifying/understanding/naming emotional states



Masking

- Masking refers to an individual's ability to hide their natural tendencies
  - Typically done to fit in socially, professionally
- Can be draining
- Can create further challenges
- Can "solve" some challenges



Art by Morgan Harper Nichols


why are you wearing those sunglasses
because I wanna look cool
well then you might wanna take off that fanny pack
no way! my skittles are in here.
© liz climo
lizclimo.tumblr.com

Pop Culture

- There is a huge boom of accessible information regarding ADHD and Autism
- Pop culture has helped large amounts of people learn these topics in a free, accessible way
- There is immense value in “omg, me too!”
  - Low self-awareness can mean misunderstanding of self
  - Community is healing
- A common misconception seems to be traits labelled as ADHD that are likely better connected to autism
  - Rejection sensitivity dysphoria
  - Sensory Sensitivities
- Risk of “one symptom = disorder”
  - There is value in expansive views of neurodivergent traits
  - There is value in educating people on the bigger picture


AUTISM CAN LOOK LIKE...
Prefers to play alone
Very selective Eater
Covers ears at loud sound
Lines up toys
Flaps hands when excited
Doesn't respond to name
Walks on toes
Avoids eye contact
Frequent, intense Meltdowns
Late-talker, echos often
Distressed with changes
head bangs when upset
Only plays with cars, trains & string
Does not point or show items
AND
AUTISM CAN LOOK LIKE...
Very friendly, says hi to everyone
Has safe foods they prefer
Distressed with haircuts
Likes to set up & organize play scenes
Clinches hands tightly when feeling strong emotions
Distressed by tags & seams in clothes
Makes eye contact with familiar people
Internalizes overwhelm, appears a "perfect student"
Advanced vocabulary
Thrives with routine
Frequently interrupts to share about self
Loves Roblox & Animal facts
Loves hugs & deep pressure
Mrs. SPEECHIE




All or nothing thinking
©Mollys_ADHD_Mayhem
Chronically bad at time keeping
Overthinks everything
Sensitive to any form of criticism
Impulsively buying things you don't need
Starting multiple tasks but finishing none
Frequently loses train of thought mid conversation
Chronic hobby jumper
Your brain thinks sooo much faster than your mouth can keep up with
Hyperfocus on random topics
Walked into a room and forgot why
©Mollys_ADHD_Mayhem
You set up reminders but still end up ignoring them
The labels in your clothes make you angry
Overshares & Infodumps
Heightened Emotions
Difficultly maintaining friendships

What does ADHD “look” like?







What does Autism “look” like

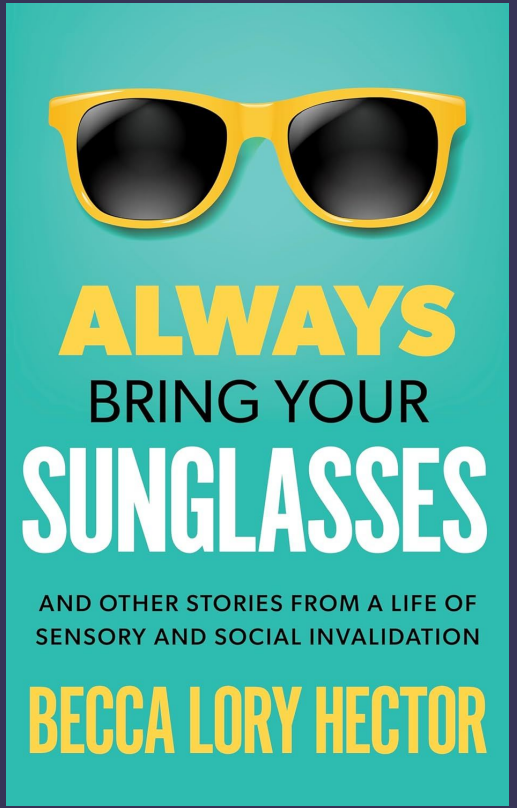






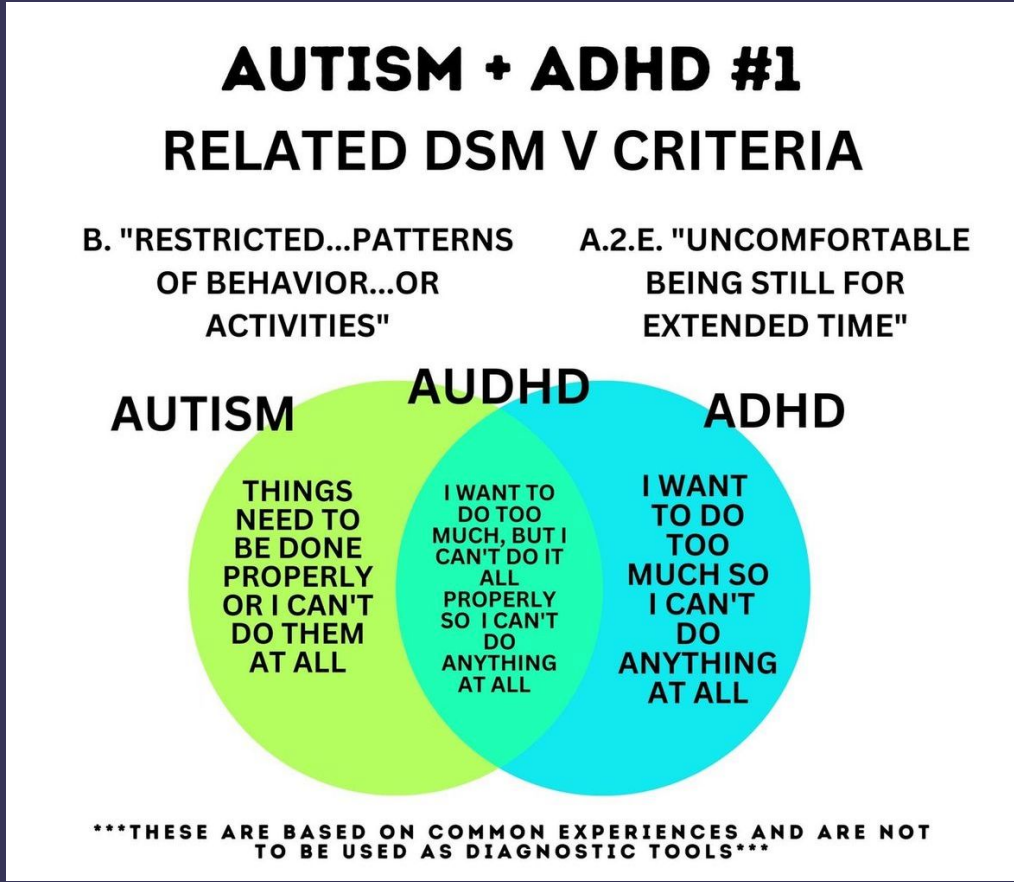
Anecdotes from the Community

- This is a powerful and necessary way to learn about autism and ADHD
- A lot of autism/ADHD research has been done by neurotypical people observing behaviors
  - Missing the lived experience
- Incredible, diverse stories of what it is really like



A Third Diagnosis...

- ADHD
  - Difficulty Focusing
  - Hyperactive
  - Seeks new
  - Difficulty organizing
- Autism
  - Social differences
  - Routine
  - Detail oriented
- Autism *and* ADHD (AuDHD)
  - A rollercoaster of both



Increase in Diagnoses

About how many clients do you have with diagnosed ADHD or autism?

About how many clients do you have with diagnosed ADHD/Autism *and* suspected ADHD/autism?

How many clients did you have with diagnosed/suspected ADHD/Autism 5 years ago?

Census of Autism

- 2020 CDC stated 1 in 36 of the population in US are autistic
- Psychologists who conduct neuropsych evaluations predict that this number is significantly outdated
  - 8-15% (1:12-1:7)



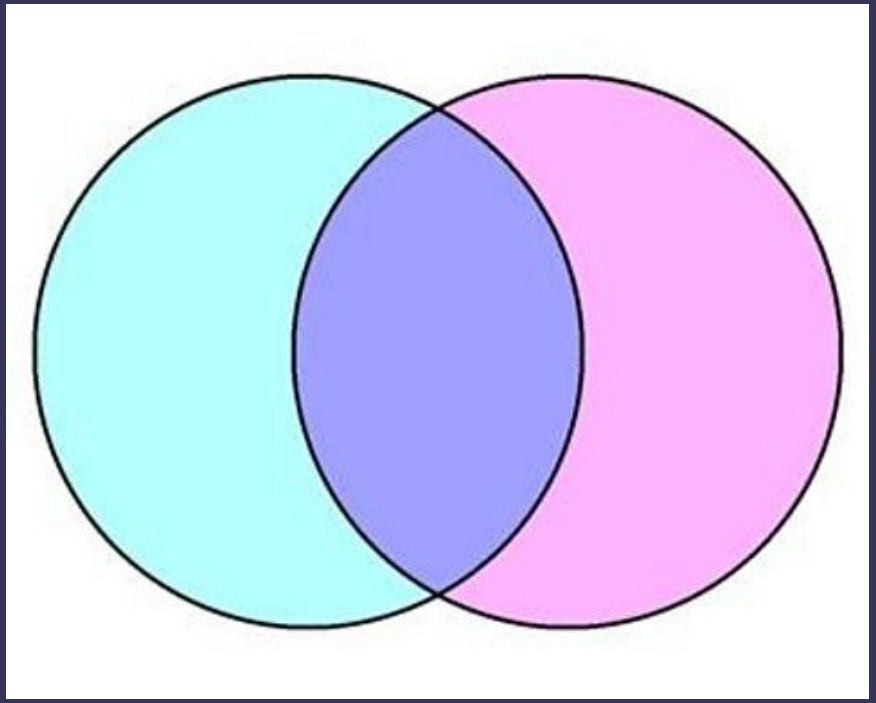
Census of ADHD

- Surveyed from 2016-2019, 9% of children have ADHD
- Most surveys say about 10% of adults have ADHD



ADHD and Autism

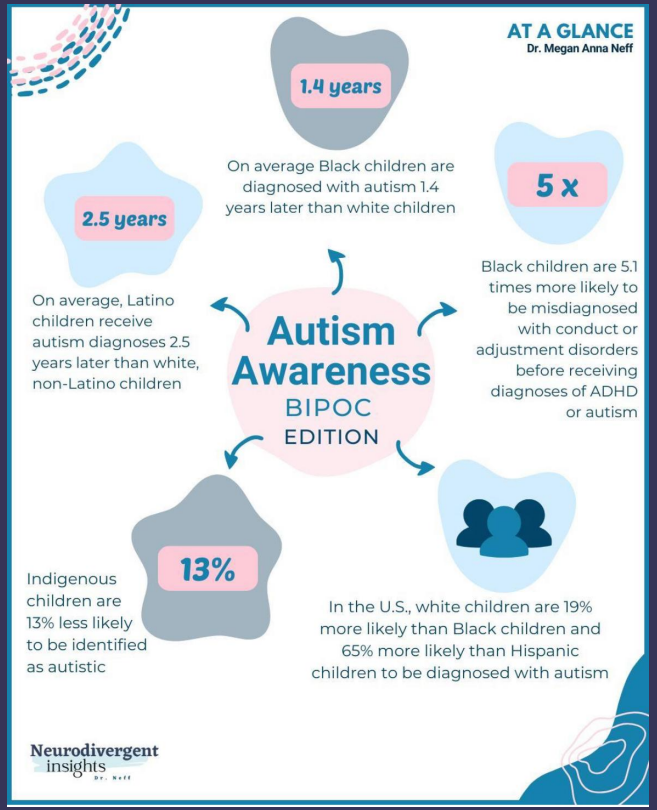
- Research indicates about 60% of autistic individuals also have ADHD
- Researchers are hypothesizing that about 60% of ADHD individuals also are autistic



Why the increase?

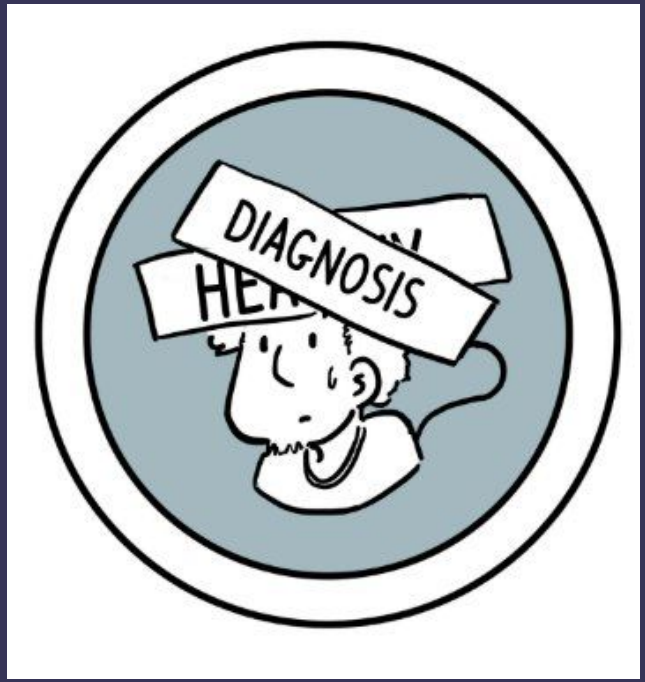
Theories for increase in Neurodivergent Diagnoses

- Reduced stigma
- Lifestyle changes during covid
- Increase in social media spreading awareness
- Broader understanding of diagnostic criteria
- More training for professionals
- Expanded understanding of gender/race/age impact presentation
- Evolutionary adaptation?



Theories for increase in Neurodivergent Diagnoses

- Over diagnosis?



The Subjective Opinion of Experts

- What if I’m wrong
  - What is the harm in missing a diagnosis of ADHD/Autism
  - What is the harm in misdiagnosing ADHD/Autism
- What if I’m right
  - What is the benefit of correctly diagnosing ADHD/Autism
  - What is the benefit of correctly not diagnosing ADHD/Autism



The ZZ Plant is a famously tolerant plant, known for its ability to grow in the worst conditions. It can survive low light conditions, dry air, and dry soil. It is an incredibly popular plant because of how well it can survive neglect. If placed in, say, a windowless office, it will not complain. It will not mind that the buzzing overhead fluorescent lights are the only light it ever sees. It does not need to see the sunlight. If forgotten about, it can survive alone for months without any water at all. It will do just fine if it, say, didn't interact with anyone for weeks on end. It does not need much, if anything, please don't worry about it, please, it really doesn't need anything. If you were to offer it a glass of water, it would say *No really, it's okay, I'm fine without any, I don't want to bother you to get anything for me.* Truly, it's totally fine, it promises.

The ZZ Plant will not grow much, if at all, under these conditions of neglect, but it will stay alive, its leaves remaining green and waxy, the neglect not showing anywhere on its surface. And if it's mistaken for a fake plant, as it often is, then that mischaracterization is taken with pride. To stay alive while being thought of as something that does not show any signs of life means it is doing something right — it means it is not taking up any space. The ZZ Plant does not want to burden you with any of its needs, and so it has learned not to have any needs to burden you with. In exchange, it will stay the exact same as when you first met it, never growing, proud of the fact that it would never burden you with having to adapt to any of its change. The ZZ Plant wears its ability to survive in the poorest conditions proudly, like a badge of honor: *I can survive an impossible amount of neglect, and that makes me worth keeping around.*

We placed our ZZ Plant a few feet away from the big window in our bathroom, where it gets plenty of bright, indirect natural sunlight, and where it can see the sky every day, which is what we learned it prefers over low light conditions. We chose the bathroom because the humidity from the shower creates more humidity for the ZZ Plant, which is what it prefers to dry air. It is not the only plant in the bathroom — in the shower, a humidity-loving English Ivy fills its ledge, happily growing and filling its corner. And we chose the bathroom because this way, we will see our ZZ Plant every day and carefully monitor its soil, watering it as soon as its soil has dried all the way through, which is its ideal watering rhythm as well.

As a result, our ZZ Plant has grown immensely, every couple of weeks sprouting a bright, lime green stalk of leaves which shoots up and unfurls, each new stalk taller than the stalks that it had grown before. Our ZZ Plant has, perhaps, doubled in size since we recently got it a few months ago, and shows no signs of slowing down. It turns out, it grows unapologetically in conditions where its ability to be healthy is encouraged.

As it turns out, the ZZ Plant can withstand an impossible amount of neglect, but that does not mean that under better conditions, it will not choose to take up the potential offered to it and thrive.

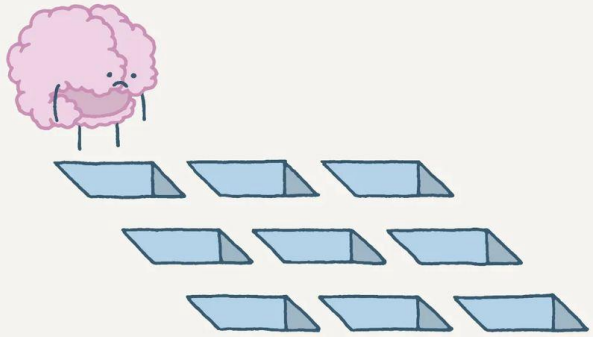
Risk of undiagnosed ADHD and autism

- Untreated ADHD increases your risk of:
  - Drug addiction
  - “Worse” mental health
  - Suicide
  - Hospitalization
  - Prison
  - Lower income
- Untreated autism increases your risk of:
  - “Worse” mental health
  - Social stress
  - Suicide

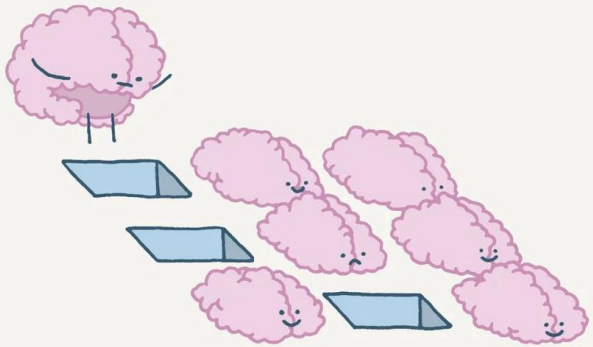


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10498662/

I wish I was a brain that fits,
A brain that belonged in its slot.
I wish I was a brain that fits,
I wish for that a great deal.



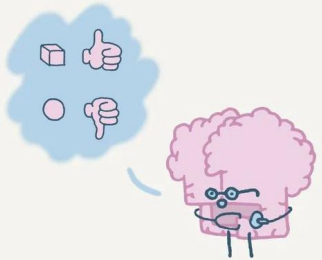
It must be nice to fit in the slots;
To not find them hard on the brain.
But slots weren't made for brains like me,
And it causes me a lot of discomfort.



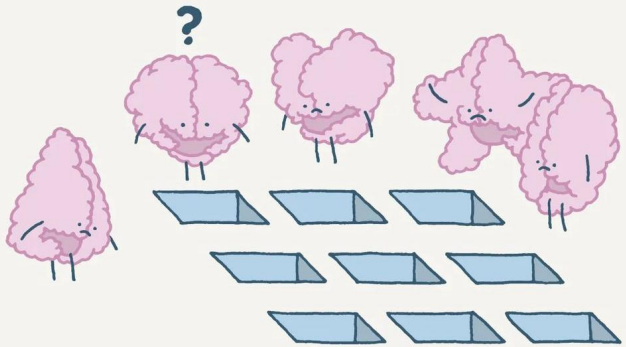
I could become a brain that fits;
Or, so say the brains in my life.
I could become a brain that fits,
And so end my daily difficulties.



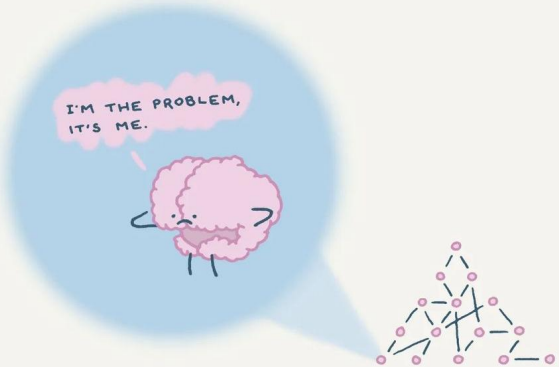
Doctors can help get you to fit.
Therapy can jostle you in.
Soon I'll belong, firm in my slot,
And my snug, normal life can commence.



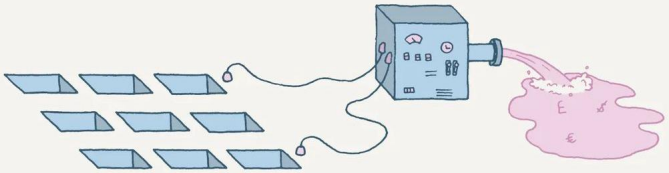
But, I'm not the only brain like me:
There are other brains feeling the same.
And if *so* many brains don't fit the slots,
Maybe us brains aren't to blame.



We *each* blame ourselves, when we fail
To find this life thing easy to do.
Yet, individual shame, hides a problem
That's structural through and through.



Slots weren't built for the good of brains,
But to keep the status quo in place.
If ill-fitting brains are a problem,
We're a problem it's time to face.



Brain-to-slot fit is a two-way street;
It's the slots that were built all wrong.
If capitalism fell, we might build a world
In which all types of brains belong.



Co-Occurring Disorders

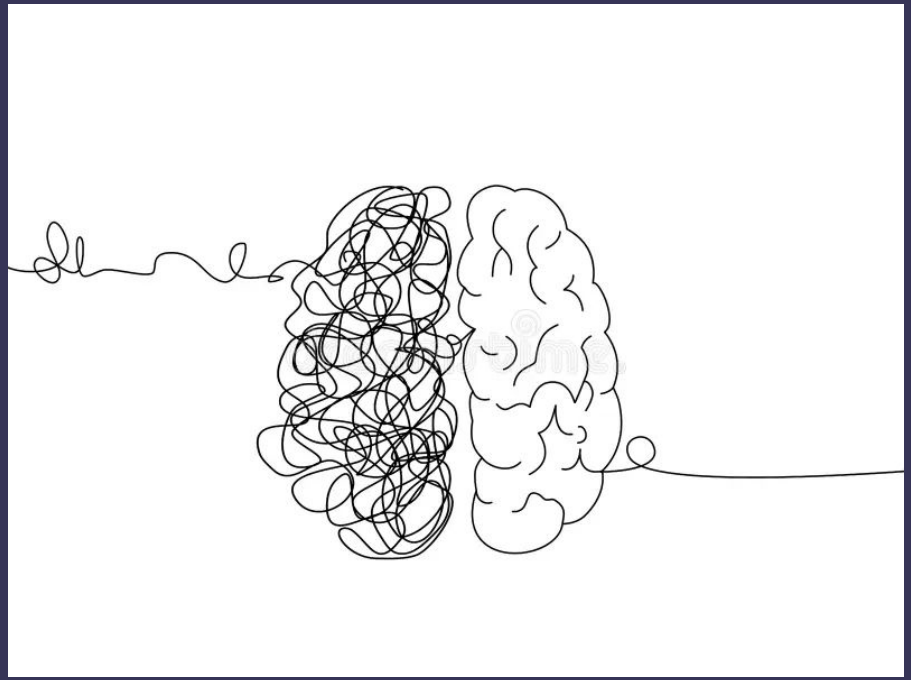
Comorbid, co-occurring, misdiagnosis?

- Comorbid
  - Two diagnoses that influence each other
  - Example: untreated ADHD leads to depression
- Co-occurring
  - Two independent diagnoses
  - Example: Bipolar and Autism
- Misdiagnosis
  - Incorrect diagnosis
  - Borderline Personality Disorder and ADHD or is it autism?



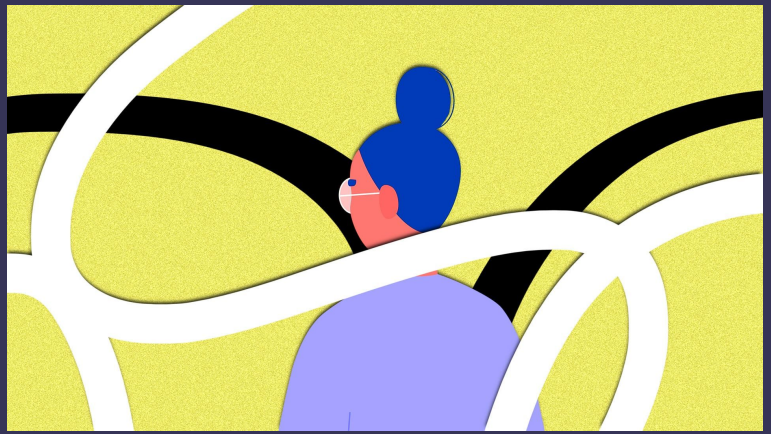
Neurodevelopmental Disorders

- ADHD and Autism are neurological differences that exist at birth
  - Highly genetic
- Depression, anxiety, PTSD, OCD, bipolar are diagnoses that have biopsychosocial origins
- Personality disorders are even more complex and controversial in origin



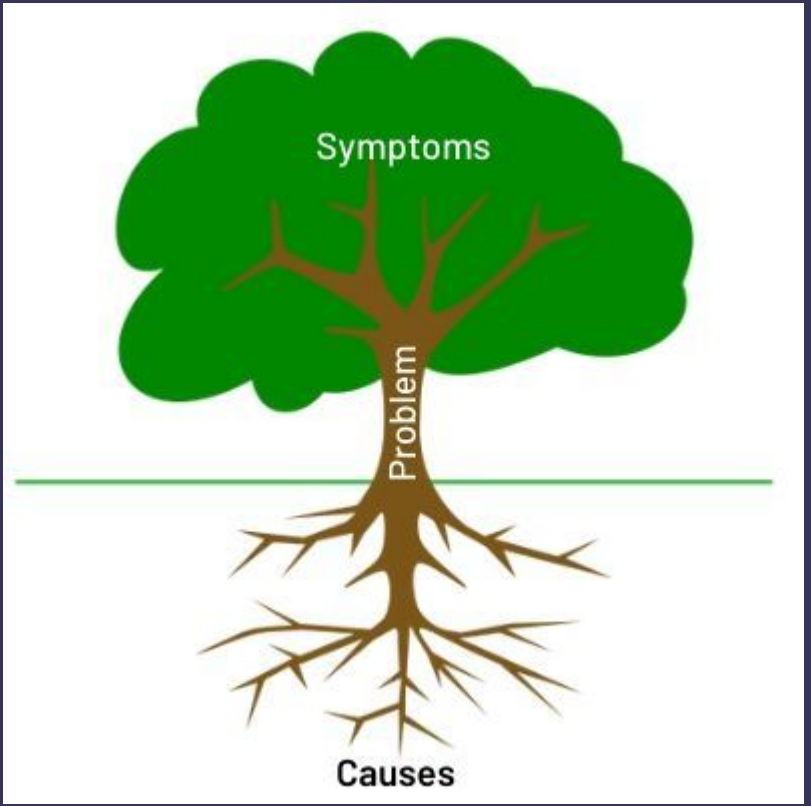
Paths to Support Distinguishing Similar presentations

- Do we treat PTSD and see what's still there?
- Do we treat anxiety and see what's still there?
- Do we treat Autism/ADHD and see what's still there?
- Do we treat addiction and see what's still there?
- Can we differentiate?
- Does it matter?



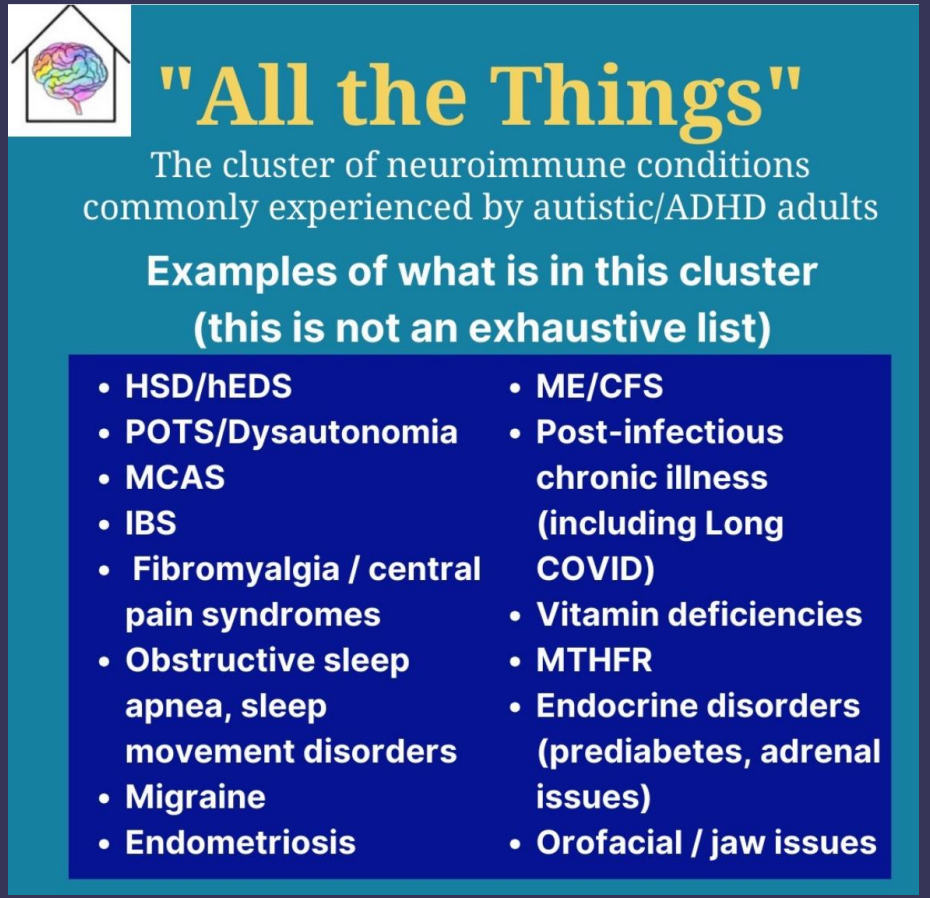
High Risk

- ADHD individuals have higher risk of addiction, anxiety, OCD, depression, and trauma.
- Autistic individuals have higher risk of addiction, anxiety, OCD, depression, trauma, and ADHD



High Risk for Health Struggles

- Autistic/ADHD individuals have higher rates of many medical disorders
  - Autoimmune conditions
  - Hypermobility
  - POTS
- Correlation or causation?
- Misdiagnosis?
- Cluster of genes?



https://allbrainsbelong.org/wp-content/uploads/2023/09/Everything-is-Connected-to-Everything-Autistic-ADHD-Health-CLINICIAN-GUIDE-All-Brains-Belong-VT-9.20.23.pdf

The answer?

- Collaborative diagnosis
  - I have professional knowledge on diagnosis
  - Clients have expertise on their own experience
  - Make sure to ask “why” for observed behaviors
- We have the time and resources to work together to answer this question
- Reminder
  - We can diagnose ADHD
  - We cannot diagnosed autism



Conversations with Clients

I think my client might be autistic/ADHD, now what?

- What stage of therapy are you in
  - Intake
  - Established care
- What is their treatment goal?
  - Could neurodivergent traits influence their goal?
- What is their awareness of neurodivergence?
  - Consider age, education, culture
- Do you have time to process their reaction?



Special Considerations

- Age
  - Different generations have different assumptions/stigmas around these diagnoses.
  - Gen Z tend to be informed and aware of the more modern concepts
  - Older individuals tend to have experiences that associated these diagnoses as deficits, differences, and critique
- Gender
  - Most of the media surrounding autism and ADHD have emphasized the presentation in boys/men.
  - Women may not have models that easily allow them to understand or connect with ADHD/autism
- Culture
  - Different cultures have different associations with mental health diagnoses. Consider their individual culture and how that may impact social differences, stigma around mental health, and role models

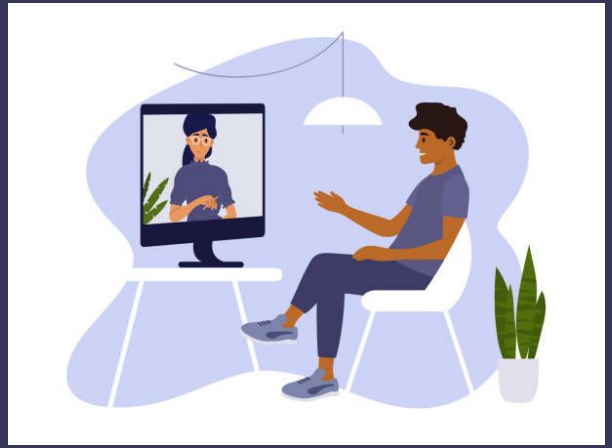
Assessing at Intake

- In intake paperwork ask:
  - Have you ever received a mental health diagnosis from a professional?
  - Do you suspect any mental health diagnosis (ADHD, autism, bipolar, etc)
- Consider assessing for:
  - Sensory sensitivities
  - Routines
  - Social experiences
  - Academic experiences
  - Motivation struggles



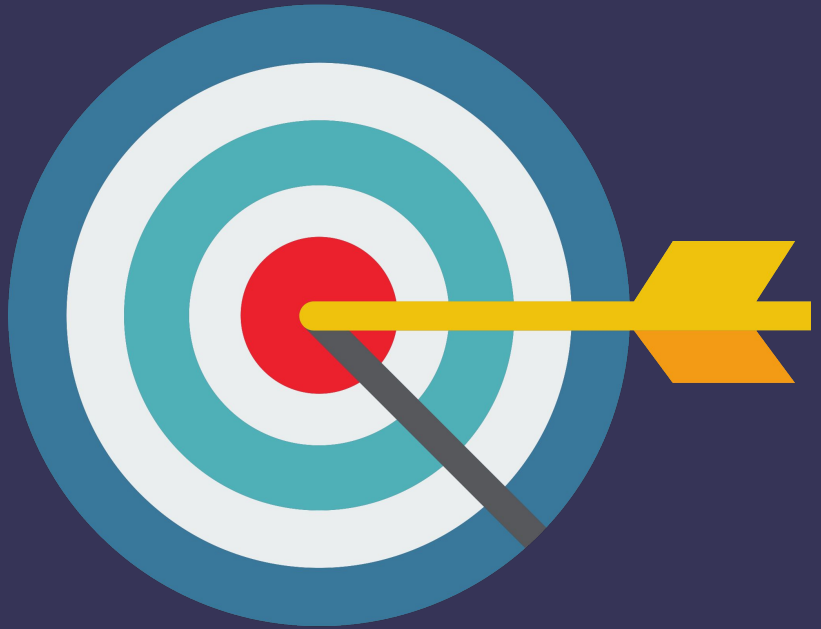
At intake

- “I notice some patterns that could indicate the potential to screen for ADHD or autism. Is that something you’ve considered? I’m not saying that you have those, but if you’d like, we could further discuss and look into this.”



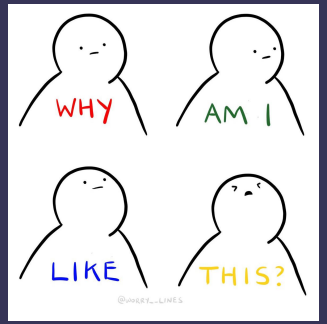
Established Clients

- Does this connect to their treatment goal?
- Do you have time to process their reaction?
- “I recently took a training on autism/ADHD, I realized there are some similarities in your experience and it could be valuable to explore. Is this something you’ve considered? Would you like to discuss it?



If they say yes...

- “This is a long conversation that is valuable to take time to reflect and explore. I am licensed to diagnose ADHD, I am not licensed to diagnose autism. If we continue this and it seems to fit, next steps would be to discuss if you’d like to explore a formal diagnosis.”
- Review traits of ADHD and autism
- Encourage reflection and processing
    - “Rough draft diagnosis”
- Review the next week
- Prepare them for emotions



After conversation begins

- If client connects with these concepts
  - “How do you connect with this?”
  - “What’s your reaction to these ideas?”
  - “Please reflect, research, discuss with safe individuals. You might find that upon reflection, you don’t think these fit. You might find that you’re overwhelmed with how much it fits. It can sometimes be exciting, hopeful, and optimistic. It can also feel vulnerable, overwhelming, embarrassing. All of these emotions are normal. We can check in and discuss next session.”

After conversation begins...

- If a client *does not* connect with these concepts
- And you also rule it out
  - “It sounds like this doesn’t fit. I appreciate the vulnerability for you to agree to screen for it. With the new understanding of Autism and ADHD, I’ve realized it’s important to not assume or rule out without discussion. If this is important to bring up again, we can. But for now, it does not seem relevant.”
- “What is your reaction to this discussion?

After conversation begins...

- If a client *does not* connect with these concepts
- And you still suspect ADHD/Autism
  - It sounds like you don't connect with these. I did hear you say some yes's and some no's. Only you can truly understand you how process and experience the world. With the new understanding of Autism and ADHD, I've realized it's important to not assume or rule out without discussion. For now, it doesn't seem relevant to our therapy. If you'd like to bring it up again, you're always welcome to."
- "What is your reaction to this discussion"

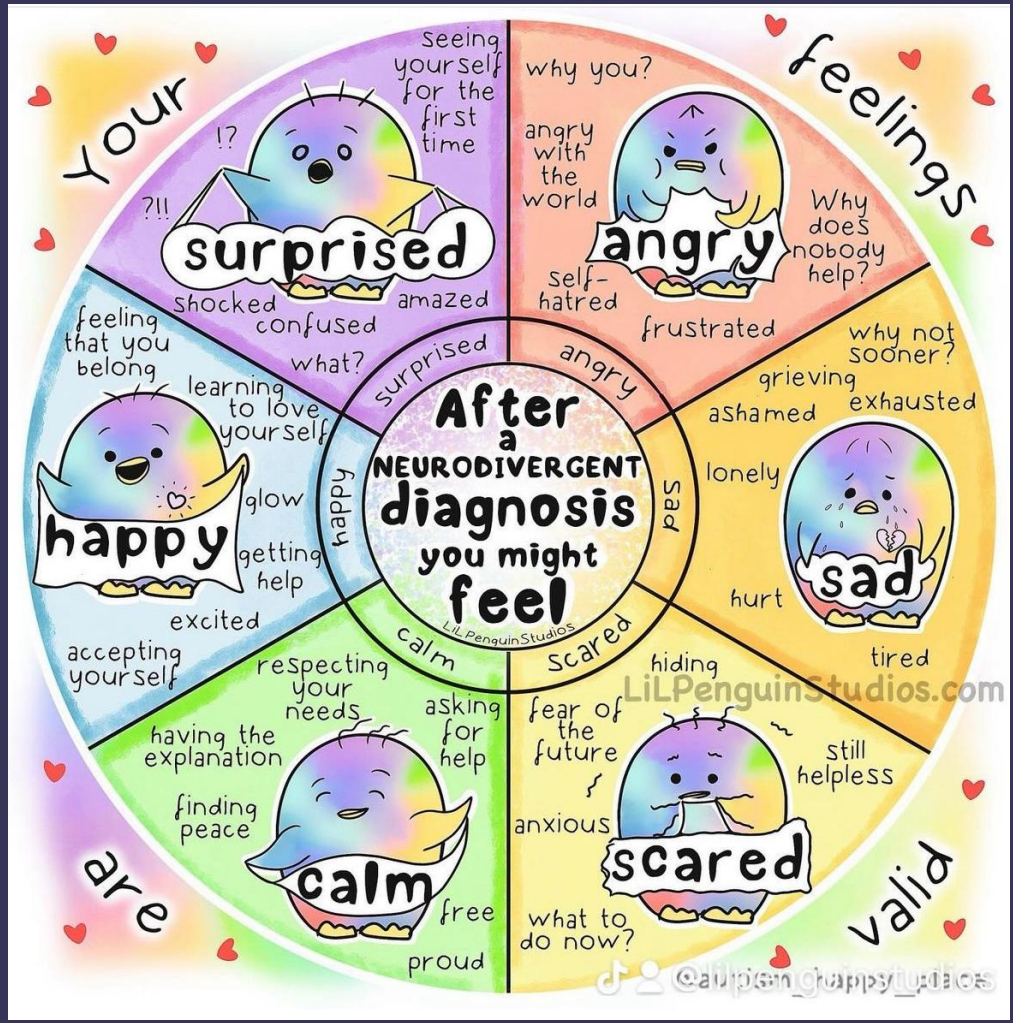
Myths to Dispel

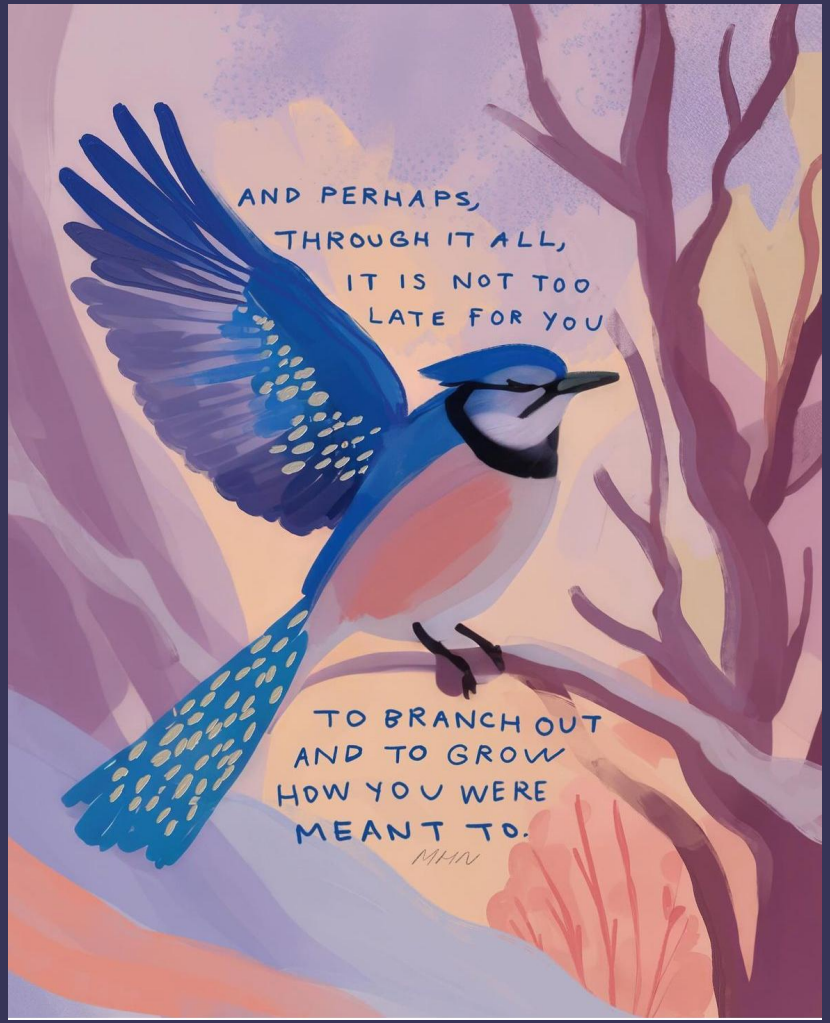
- “This isn’t autism, this is just how my parents are”
- “I can’t be autistic, I have so many feelings”
- “But I have friends...”
- “Wouldn’t I have known if I was autistic?”
- “I’m not like Bob who is autistic”
- “I’m actually overly aware of social rules”



If the diagnosis fits

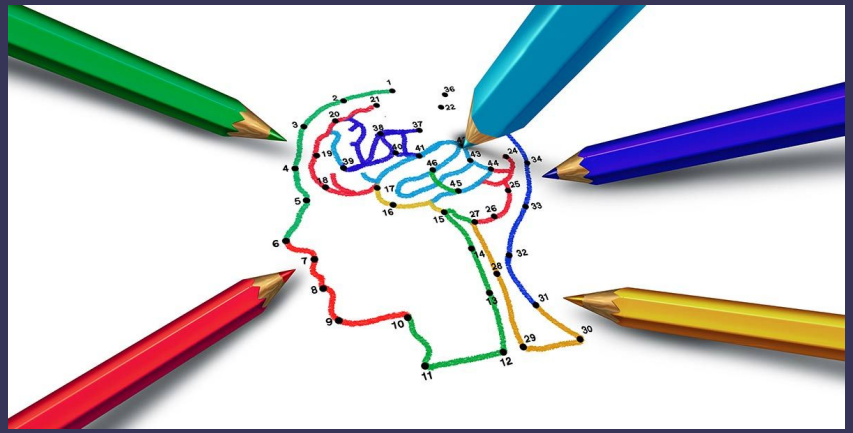
- If able, be slow and take time of “rough draft diagnosis” before making it official
- For ADHD, explain that this diagnosis opens up the opportunity for medication
  - There are pros/cons to quickly beginning medication with a new diagnosis
  - There are pros/cons in waiting to begin medication with new diagnosis
- For Autism, explain next steps towards diagnosis
  - “I can only screen for autism, you do screen in to refer for a diagnosis. Let’s discuss what your options are for next steps.”
    - Formal diagnosis
    - Self-diagnosis


Your
feelings
are
valid
After a NEURODIVERGENT diagnosis you might feel
surprised
angry
happy
sad
calm
scared
surprised
seeing yourself for the first time
!?
?!!
shocked
confused
amazed
what?
angry
why you?
angry with the world
Why does nobody help?
self-hatred
frustrated
happy
feeling that you belong
learning to love yourself
glow
getting help
excited
accepting yourself
sad
why not sooner?
grieving
ashamed
exhausted
lonely
hurt
tired
calm
respecting your needs
asking for help
having the explanation
finding peace
free
proud
scared
hiding
fear of the future
still helpless
anxious
what to do now?
LiLPenguinStudios
LiLPenguinStudios.com
@lilpenguinstudios


AND PERHAPS,
THROUGH IT ALL,
IT IS NOT TOO
LATE FOR YOU
TO BRANCH OUT
AND TO GROW
HOW YOU WERE
MEANT TO.
MHN

Professional Diagnosis

- Doctors, psychologists, psychiatrists are all capable of diagnosing autism
- The most common practice is a neurological psych evaluation
  - Can be through insurance, cost varies
  - Can be private pay, typically $2k-$4k

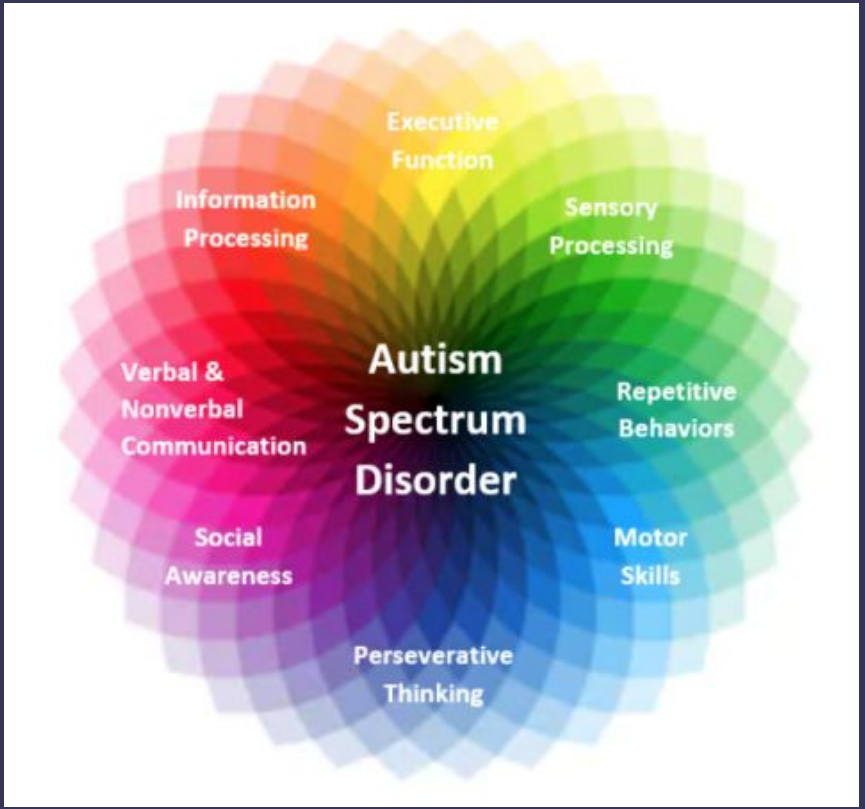


Can we diagnose Autism?

- Short answer: no
- Long answer: not really
- Refer to your state laws

WAC 388-823-0510:

https://app.leg.wa.gov/wac/default.aspx?cite=182-531A-0800



Risks of Formal Diagnosis

- Providers have diverse training and understanding of autism
  - Common to have false negatives
- Risk of stigma and discrimination if in medical charts
- Expensive



Benefits of Formal Diagnosis

- Validating
- Provide deeper understanding of self
- More expansive assessment
- Opens doors for more formal supports
  - FMLA
  - Accommodations (maybe)
  - Disability benefits (maybe)
  - Therapies



Self-Diagnosis

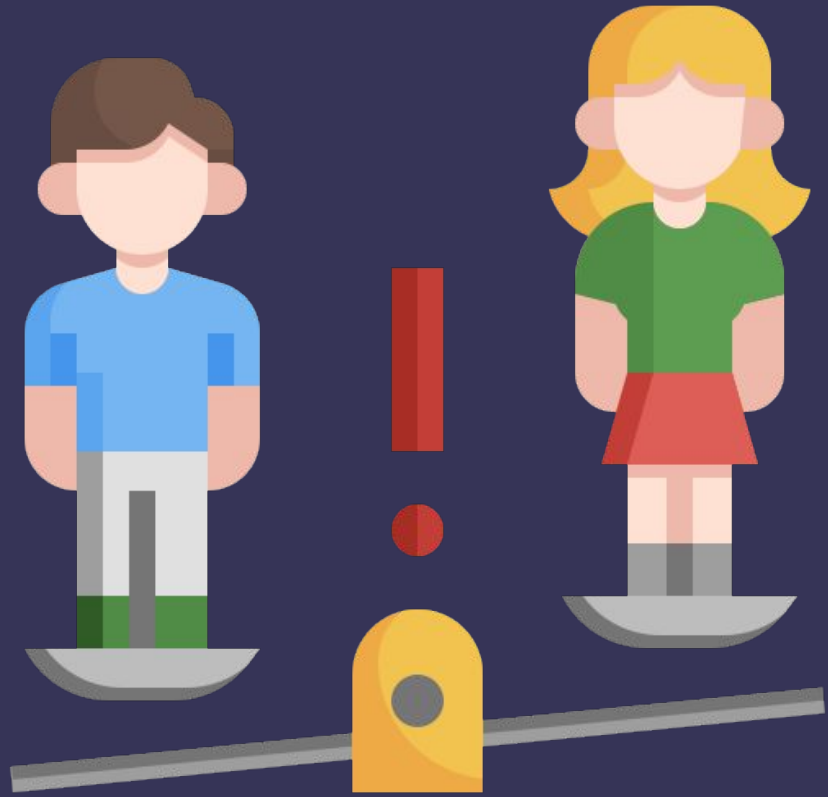
- Adults who have researched autism, connect with the traits, and self-identify as autistic are considered self-diagnosed
- The autism community considers self-diagnosis to be valid

In our experience at the University of Washington Autism Center, many professionals are not informed about the variety of ways that autism can appear, and often doubt an autistic person's accurate self-identification. In contrast, inaccurate self-identification of autism appears to be uncommon. We believe that if you have carefully researched the topic and strongly resonate with the experience of the autistic community, you are probably autistic. If you want to learn more, you can sign up for this free webinar: https://depts.washington.edu/uwautism/resources/adult-resources/#selfid.

https://depts.washington.edu/uwautism/wp-content/uploads/2023/10/Self-Identified-Adult-Autism-Resources-handout-10.26.23.pdf

Risks of Self-diagnosis

- Might be wrong
- May feel less valid
- Does not open up gate-keeped supports



Benefits of Self-diagnosis

- Affordable
- Self-validating
- Opens most doors



ADHD Diagnosing

- An ADHD diagnosis by a master's level clinician IS a formal diagnosis
- It is not *as* thorough or validated as a diagnosis by doctoral level provider
- What does that mean?
  - A different provider may disagree with your diagnosis
  - There are some supports that require doctor level diagnosis to open doors
  - Could feel less valid to the individual



Online Tests Available

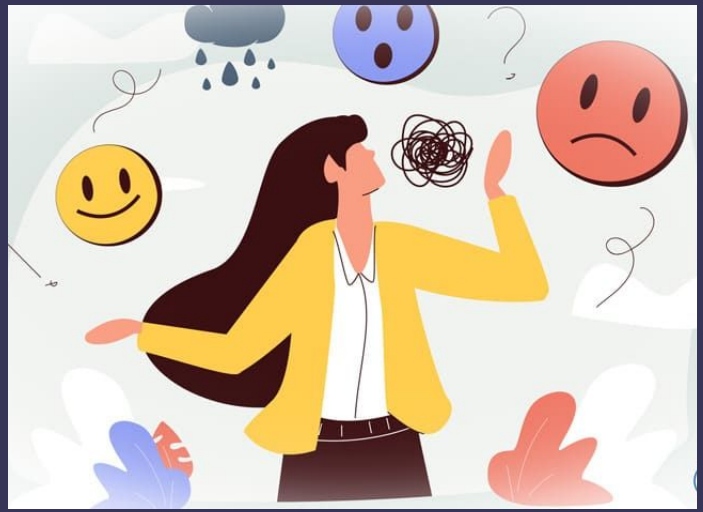
- ADHD
  - ASRS
  - AAQOL
- Autism
  - RAADS-R
- Masking
  - CAT-Q
- Repetitive Behaviors
  - RBQ-2A



Clinically Supporting ADHD and Autism

Why does this matter? Can't I just do 'normal' therapy?

- Yes, and no.
- Interventions typically ask "what is the problem" and "what will help?"
  - Is it your thoughts?
  - Feelings?
  - Behaviors?
  - Past?
- We need to consider more
  - Sensory needs?
  - Lack of accommodation?
  - Shame?
  - Lack of self-awareness?



Summary of ADHD Criteria

- Inattentive Type
  - Makes careless mistakes
  - Difficulty sustaining attention
  - Doesn't listen when spoken to directly
  - Doesn't follow through on instructions
  - Difficulty organizing tasks
  - Avoids/dislikes tasks that require sustained mental effort
  - Loses things
  - Easily distracted
  - Forgetful
- Six needed
- Two environments
- Present before age 12

- Hyperactive Presentation
  - Fidgets
  - Leaves seat
  - Runs/climbs in appropriately (or feels restless)
  - Unable to do leisure activities quietly
  - Acts "on the go"
  - Talks excessively
  - Blurts out an answer
  - Difficulty waiting turn
  - Interrupts or intrudes
- Six needed
- Two environments
- Present before age twelve

DSM Summary of Autism

- Social Differences
  - Social/emotional reciprocity
  - Nonverbal communication
  - Social Understanding
- Behavioral Differences
  - Repetitive behavior (stimming)
  - Special Interest
  - Insistence on Sameness
  - Sensory sensitivities



How does autism and ADHD present when combined?

- A roller coaster of the two
  - ADHD can make it hard to access the strengths and joy of autism
  - Autism can increase stress caused by strengths and joy of ADHD
  - “I want to be rigidly perfect and I can’t.”
- Generally, support the ADHD first
  - Executive function struggles
  - Motivation
  - Exhaustion
- Then, support Autism
  - Anxiety
  - Rigidity
  - “Perfectionism”



If we know a client is neurodivergent we can assume

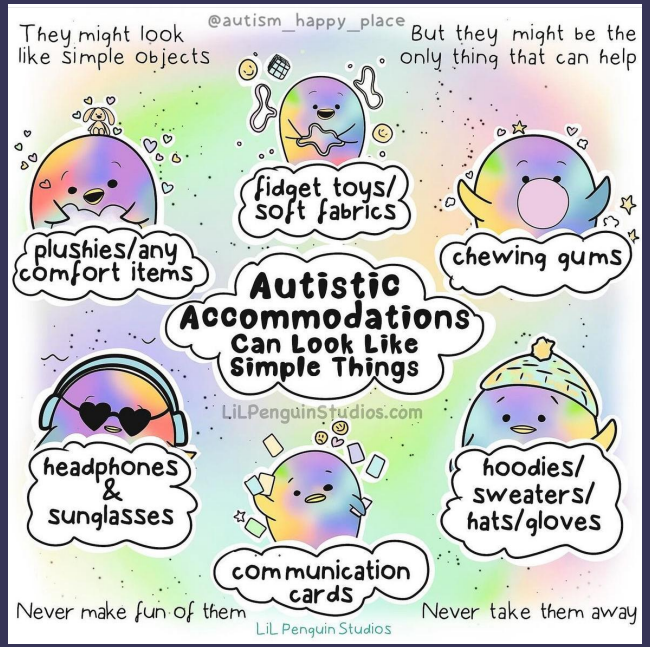
- Higher risk for suicidal thoughts, eating disorder, trauma, anxiety, and depression
- Difficulty with motivation and executive function
- Struggle with self-awareness (paradoxically)
- Shame around social behaviors, productivity, masking
- Rigid social rules



What do I accommodate?
What do I overcome?

Treatment goals for Neurodivergent Adults

- You MUST start with “Accommodate or overcome?”
- Are accommodations okay?
  - Yes!
  - Typically faster, easier, and less energy
  - Most accommodations are free and simple
- What if I can’t accommodate?
  - That’s okay!
  - Focus on overcoming
    - Prepare
    - Process
    - Recover
- Validation is key



Treatment goals for neurodivergent adults

- What's the problem?
- Depression symptoms
  - Can't get started
  - Isolated/social struggles
  - Hopeless to succeed
  - Negative perception of self
- Anxiety symptoms
  - Stress about upcoming challenges
  - Changes to environments
  - Unknown variables
  - Control
- Trauma symptoms
  - Lack of safety
  - Lack of empowerment

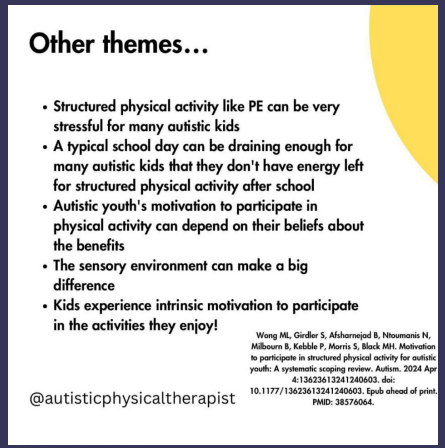


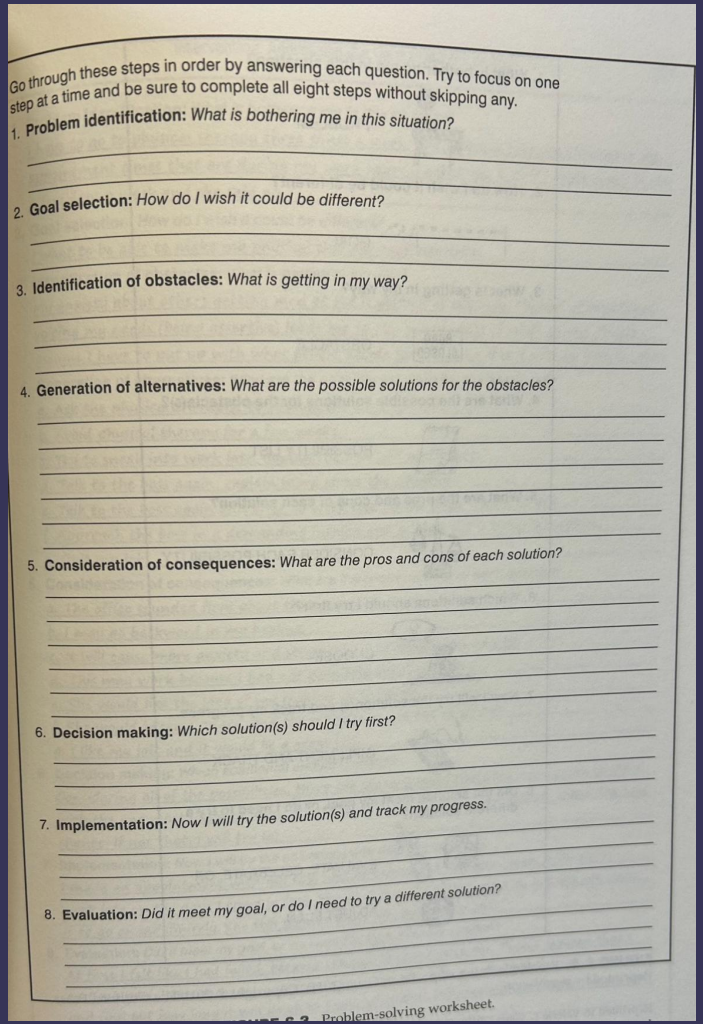
Treatment goals for Neurodivergent adults

What do I accommodate or overcome?

Know yourself, know your choices, intentionally choose







Go through these steps in order by answering each question. Try to focus on one step at a time and be sure to complete all eight steps without skipping any.

1. **Problem identification:** *What is bothering me in this situation?*

2. **Goal selection:** *How do I wish it could be different?*

3. **Identification of obstacles:** *What is getting in my way?*

4. **Generation of alternatives:** *What are the possible solutions for the obstacles?*

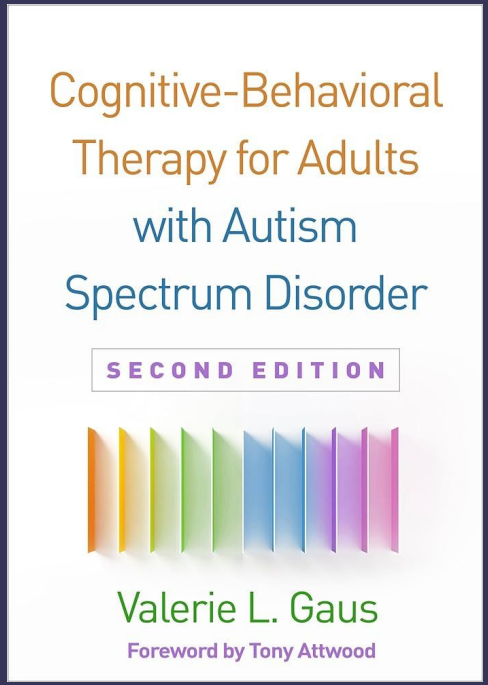
5. **Consideration of consequences:** *What are the pros and cons of each solution?*

6. **Decision making:** *Which solution(s) should I try first?*

7. **Implementation:** *Now I will try the solution(s) and track my progress.*

8. **Evaluation:** *Did it meet my goal, or do I need to try a different solution?*

Problem-solving worksheet.



Strategies to Reduce Distress

The biopsychosocial model

- Biology
  - Physiological needs
  - Regulation
  - Medicine
  - Executive Dysfunction
  - Dopamine
  - Rest
- Psychology
  - View of self
  - Thoughts
  - Understanding of emotions
  - Finding joy
- Social
  - Accommodations
  - Finding Community



Biological

Bio: Physiological Needs

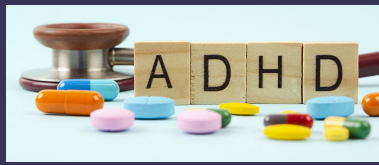
Food

Water

Sleep



Neurodivergent strategy
Keep all advice limited to three things
Make sure to repeat
Helps during low executive function days



Exercise?

- Exercise is a GREAT strategy to support neurodivergent clients
  - Supports focus
  - Improves mood
  - Helps with energy
  - Regulating
- HOWEVER
  - It can be a higher level skill
  - Not a great starting goal
  - Many barriers
- Can become dysregulating



Bio: Regulation

- Regulation: Calm, connected, intentional, aware
- Dysregulation: Overwhelm causing intense emotions and reactions
  - Not accessing frontal lobe
  - Likely in amygdala



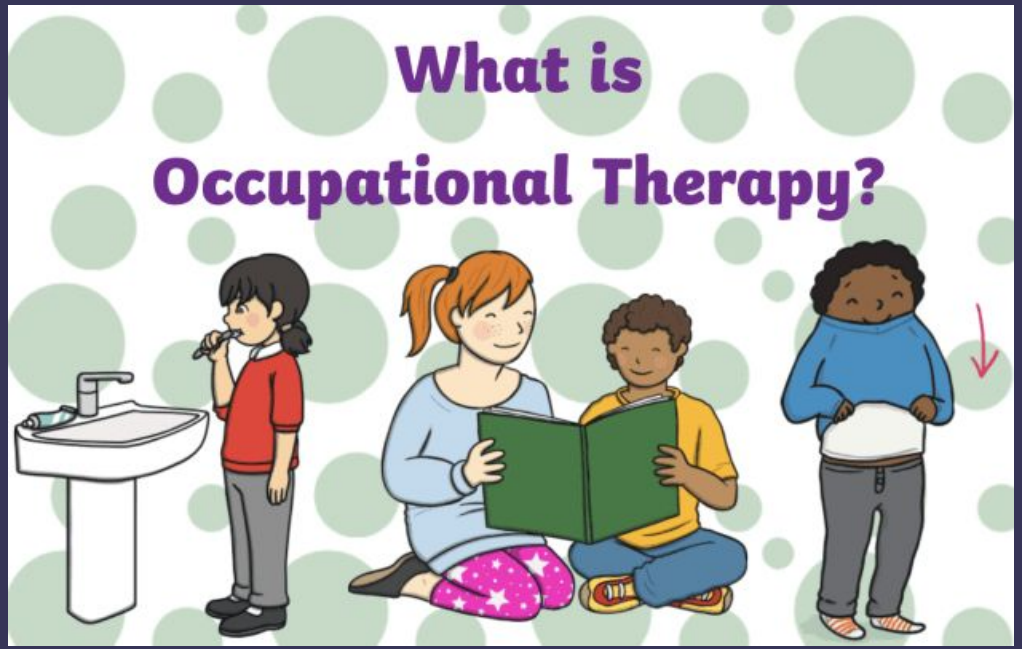
Start with Regulation in Session

- A dysregulated person is going to struggle with self-awareness, problem solving, and catastrophizing
  - “I can’t think”
  - “Everything is horrible.”
- They *might* seem very self-aware, but over-explaining/extreme logical thinking can be a sign of dysregulation

- “Let’s pause. How are you feeling right now in this moment?”
- “Okay, let’s just establish some safety. You’re here. You’re safe. I have ideas to help. We have time to figure this out.”
- “We don’t have to solve it. Let’s just get your brain back online”

Supporting Dysregulation

Work with an Occupational Therapist!



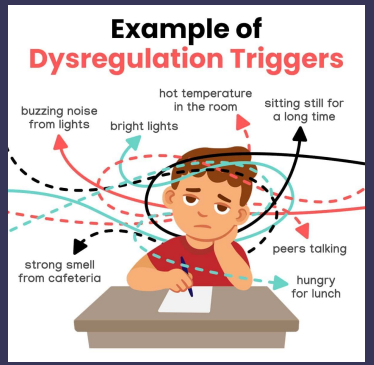
What to do about Dysregulation?

Teach about dysregulation

Prevent dysregulation

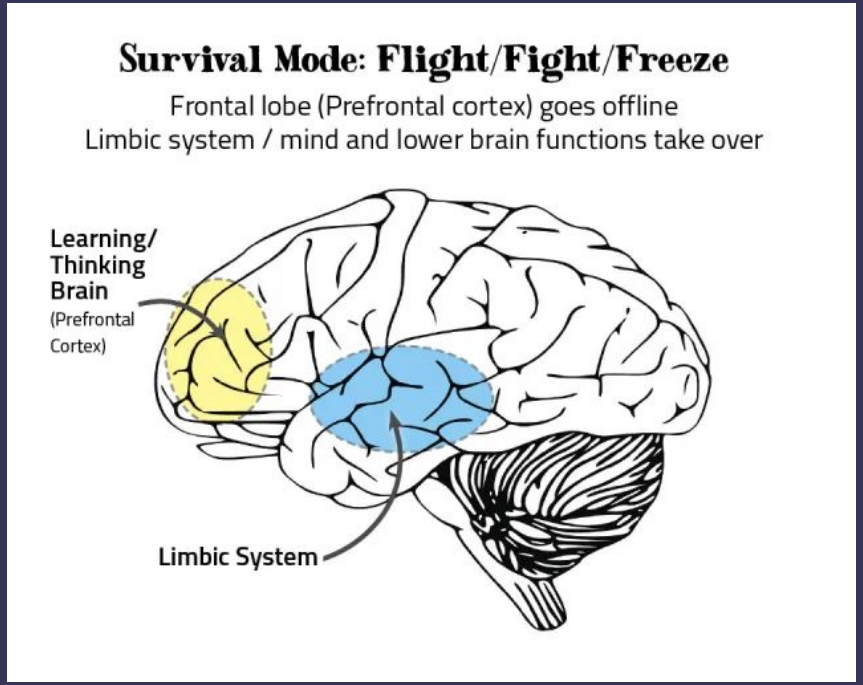
Support during dysregulation

Recover from dysregulation



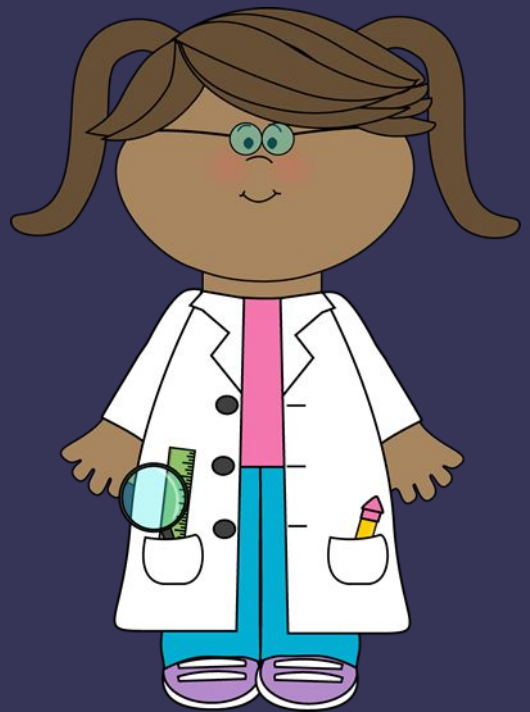
Teach about Dysregulation

- Psychoeducation on dysregulation
  - “Blowing your lid”
  - Amygdala
    - Fight
    - Flight
    - Freeze
    - Appease/Fawn
- Normalize what can activate dysregulation



Teach about Dysregulation

- Be a scientist
  - What causes me to feel dysregulated?
  - What do I accommodate? What do I overcome?



Prevent Dysregulation

- Sensory
  - Sight: too bright? Too dark? Flashing lights?
  - Sound: Something loud? Repetitive? Distracting? Chewing?
  - Taste: Bad breath? Leftover tastes?
  - Smell: Too much? Offputting?
  - Touch: Clothes too tight? Something fitting wrong? Itchy?
  - Interoception: Have to go to the bathroom? Hungry? Headache? Pain?
  - Proprioception: Body positioning stressful? Uncomfortable?
  - Vestibular: Too much motion? Not enough motion?

Prevent Dysregulation

- Body needs
  - Food
  - Water
  - Sleep
  - Using the bathroom
  - Movement
  - Pain
  - Breathing



Preventing Dysregulation

- Changes to routine
  - Are you stressed because of changes? Expected changes?
  - Can we reduce the changes? Can we increase self-care because of changes?
- Unknowns
  - Are there too many variables? Don't know what to expect?
  - Social stories? Google maps? Ask questions?
  - Change thoughts around ability to navigate changes:
    - "I am capable of making the decision once I get more information."
    - "If I need time to process once I have the info, then I will excuse myself to take time."

Preventing Dysregulation

- You can’t



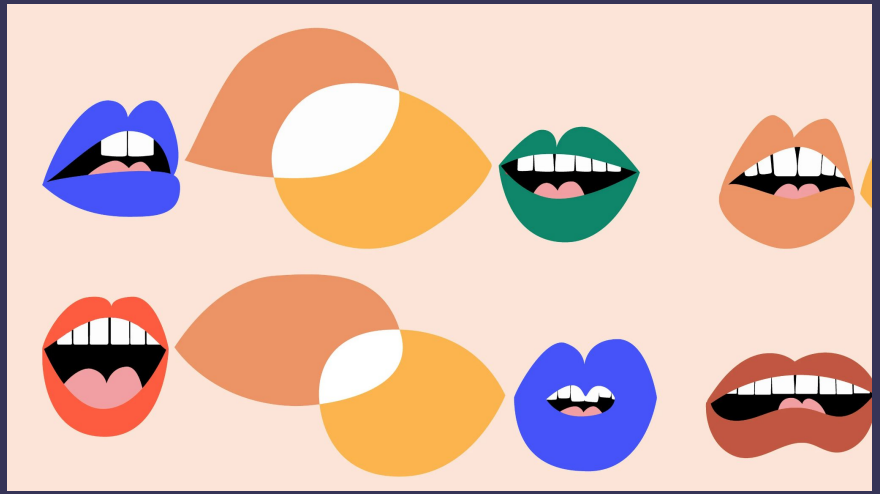
Supporting Dysregulation

- Identify that it's happening
- What does dysregulation look like?
  - Meltdown
  - Shutdown
- Anger, irritability, reactivity
- Quiet, not speaking
- Frantic, active
- Suicidal, "I need out"



Sneaky dysregulation

- Verbal processing
  - Sometimes people need to fix problems to calm down
  - They may ruminate, talk excessively, hyperfixate
  - “I need to fix this so I can be calm.”



Supporting Dysregulation

- This takes time to learn each person
- What makes them most comfortable?
- Consider using sensory recipe
  - Sight:
  - Sound:
  - Taste:
  - Smell:
  - Touch:
  - Interoception:
  - Proprioception:
  - Vestibular:
- Encourage stimming



Supporting dysregulation

- Plan for inevitable dysregulation
  - Increase distress tolerance
- Organize situation
  - Make the unknown, known
  - “What is happening to me?” → “I’m dysregulated”



Supporting dysregulation

- Communicate to others
  - “I need time.”
  - Business cards with explanations
  - Prepare people ahead of time



Supporting Dysregulation

1. Notice dysregulation
2. Learn strategies that help
3. Address barriers to using strategies
    - Not able to find tools
    - Not able to take break
    - Social pressure
    - Perception of time pressure



Recovering from dysregulation

- It’s exhausting!
- Give grace for recovery
- Address any negative consequences from dysregulation
    - Do you need to repair?

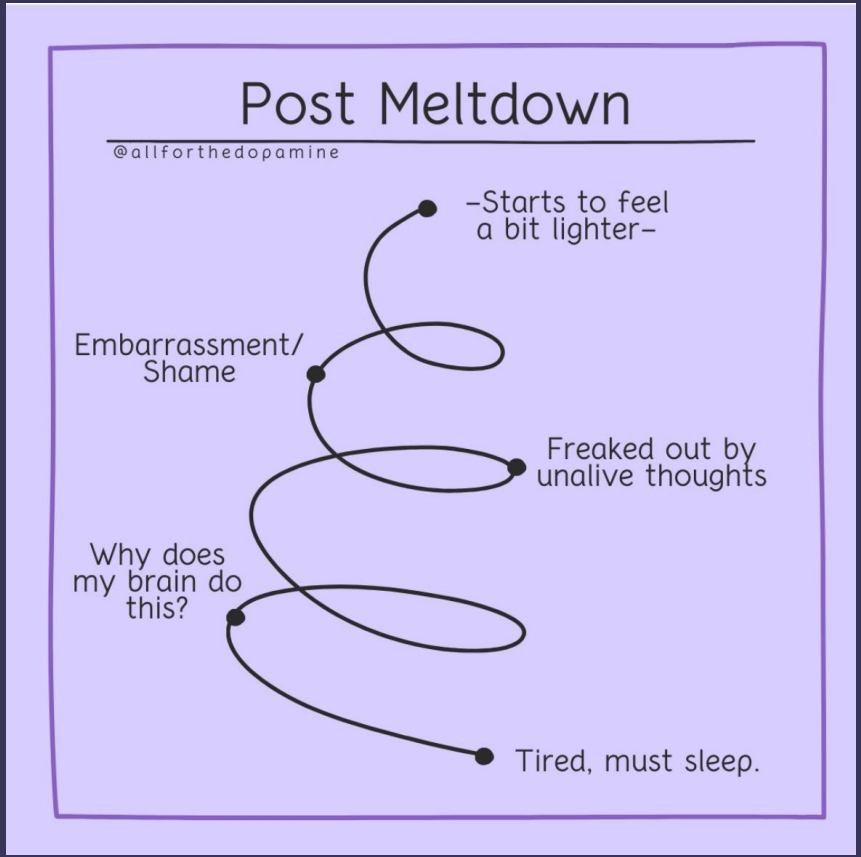


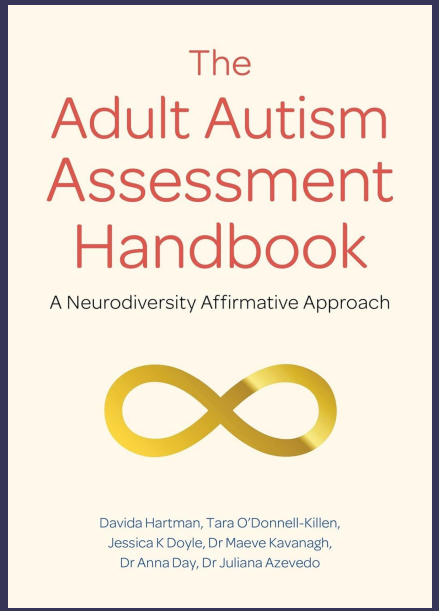
Dysregulation and Suicide

- It’s common to have suicidal thoughts when dysregulated
- Help identify if suicidal thoughts are caused by dysregulation




@allforthedopamine
"Everything is overwhelming"
"Nothing is good, everything Is bad"
"life will always be too hard"
"maybe I shouldn't be alive"
"I don't know what's real anymore"
1 of 2


Post Meltdown
@allforthedopamine
-Starts to feel a bit lighter-
Embarrassment/ Shame
Freaked out by unalive thoughts
Why does my brain do this?
Tired, must sleep.



Suicide and Self-Harm

Camm-Crosbie et al. (2019) note that while Autistic people are at high risk of self-harm and suicidality, there has been little exploration of their experiences of treatment and support around this. In a Special Issue of *Journal of Autism and Developmental Disorders* dedicated to self-harm and suicidality, it was highlighted that early research suggested that not only had 66 per cent of Autistic people contemplated suicide, with 35 per cent planning or attempting suicide (Cassidy et al. 2014), but also that large-scale population studies have demonstrated that Autistic people are more likely to die by self-harm and suicide compared to non-autistic people.

Cassidy et al. (2014) explain that lifetime prevalence of suicidal ideation in Autistic adults ranges between 19.7 and 66 per cent, and suicide attempts between 1.8 and 36 per cent (Haddock and Hagopian

Putting this to practice

- “It’s a new semester, we’re theorizing that all of that change to your routine can cause you a lot of stress. Should we get ahead of that?”
  - Prevent: find other familiar things, increase sensory safety, plan for extra self-care
  - Process: “I’ll be uncomfortable. I likely won’t be at my best.”
  - Recover: “The first week of school will be hard, I’ll set aside time this weekend to recover.”

- “It sounds like you got very overwhelmed. Can we try to figure out variables that impacted it? How was food and water? Did anything change from normal? Any sensory stress?”

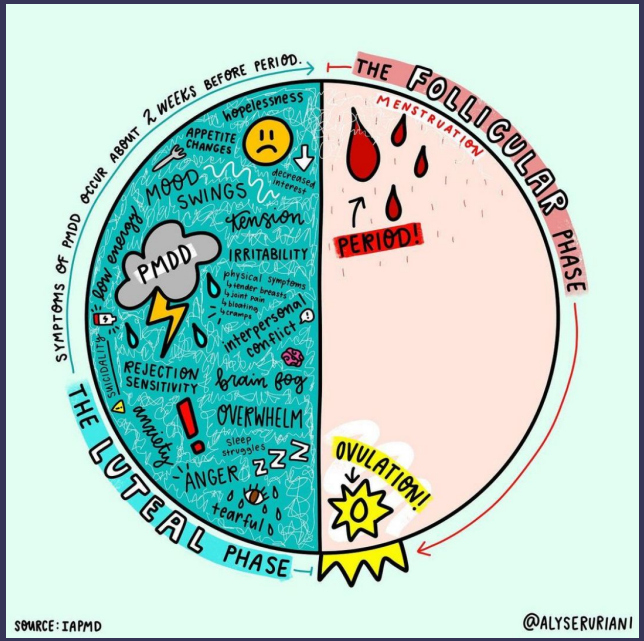
Bio: Medicine

- ADHD
  - Stimulant medication
  - Stimulating medicine
- Autism
  - Symptom management medication
- Our role:
  - Discuss option of medication
  - Support barriers
  - Assess side effects/ recommend referral



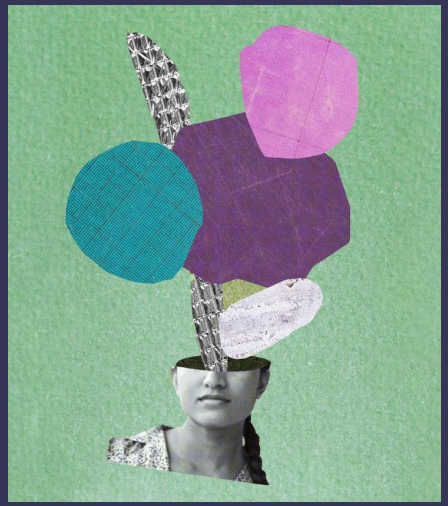
Bio- Hormones

- Neurodivergent folks with a monthly hormone cycle tend to struggle
  - Higher rates of PMDD
  - Hormones impact severity of symptoms
    - Swelling increases executive dysfunction, depression



Bio: Executive Dysfunction

- Executive dysfunction: frontal lobe is not working
  - Difficulty prioritizing tasks
  - Difficulty knowing where to start
  - Forgetfulness
  - Difficulty focusing
  - Transitioning tasks
- Factors that make it worse
  - Lack of food, water, sleep
  - Stress
  - Hormones



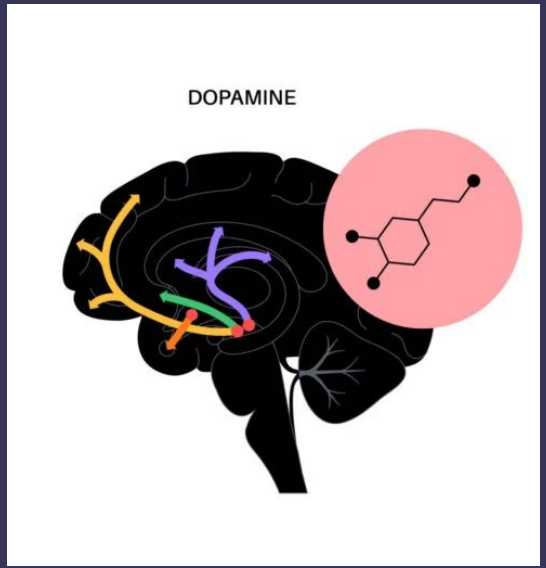
Neurotransmitters

- Dopamine → Motivation and reward
- Serotonin → Mood and sleep
- Endorphins → Mood and pain relief
- Oxytocin → Bonding
- Adrenaline → Energy



ADHD and Low Dopamine

- ADHD is the disorder of dopamine
  - Low motivation
  - Low reward
- Dopamine seeking behavior
  - Distracted by other stimuli
  - Food
  - Shopping
  - Drugs
  - Exercise
  - Relationships
  - Fighting
  - Tiktok

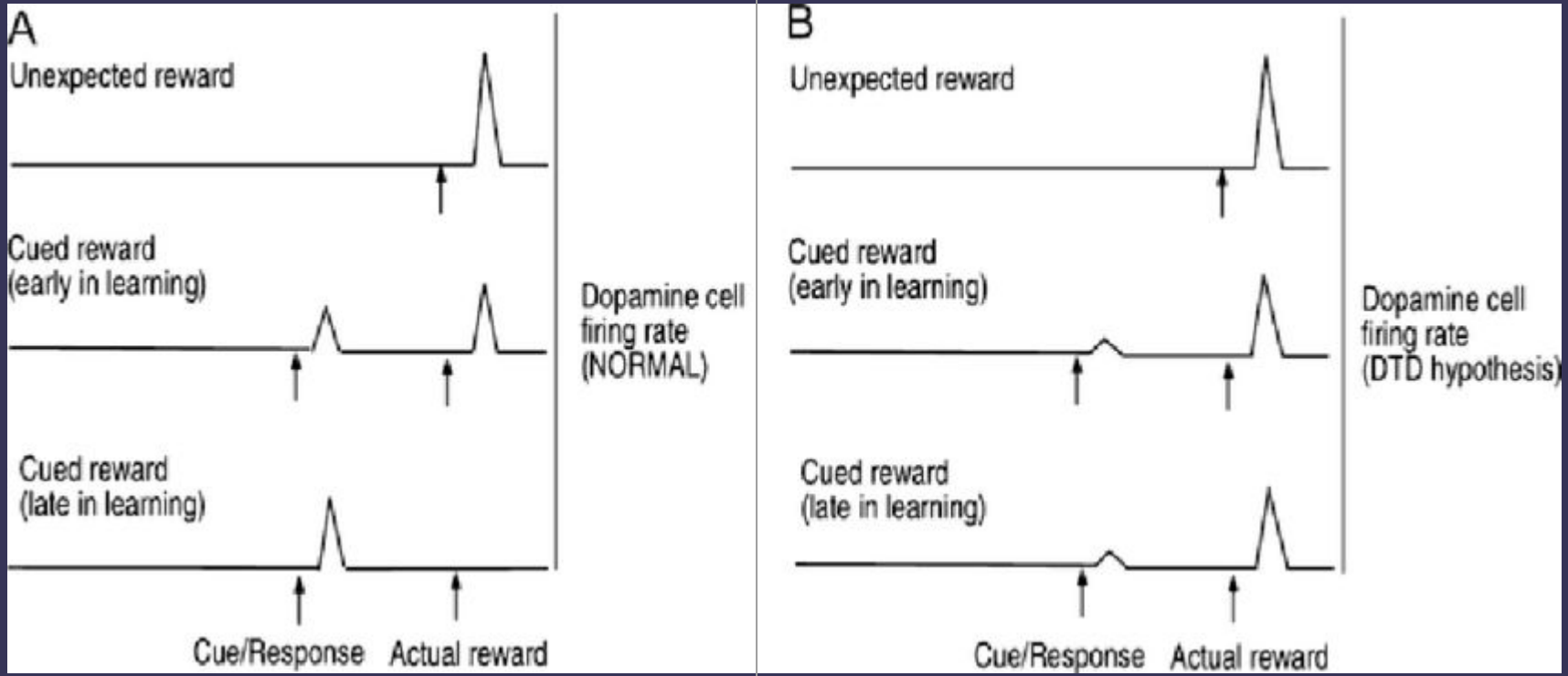


https://pubmed.ncbi.nlm.nih.gov/18081766/

What is Dopamine?

- Motivation and Reward
- We get dopamine when we accomplish something valuable
  - Also, in anticipation of something valuable
- What is an accomplishment?
- What is valuable?

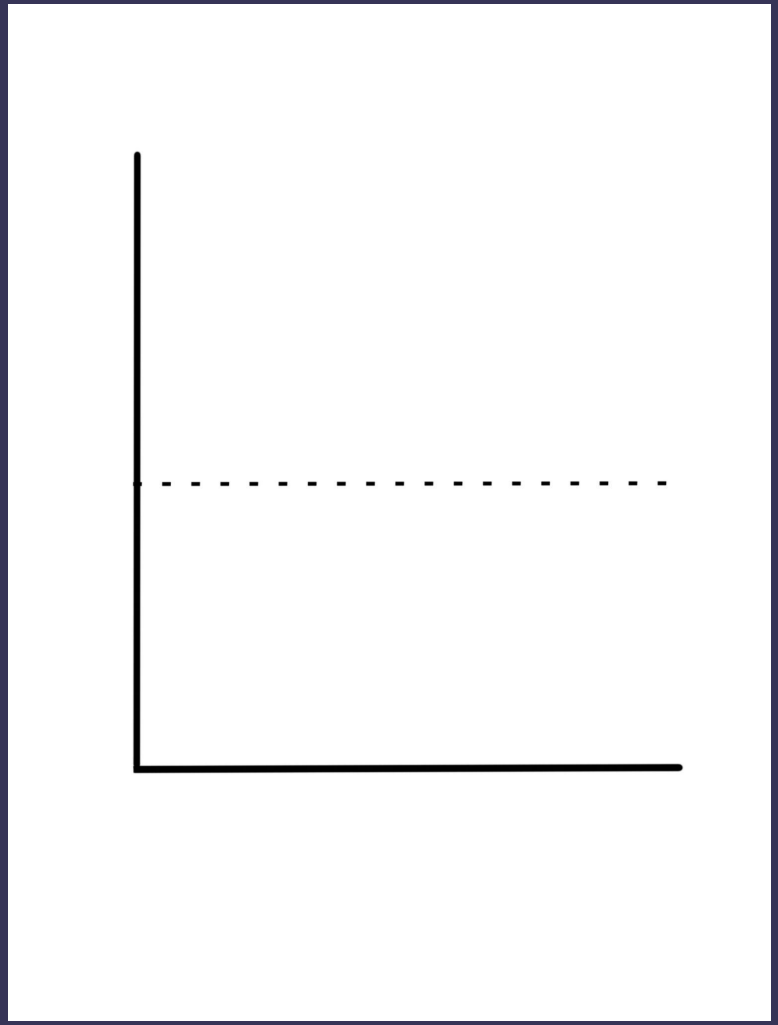




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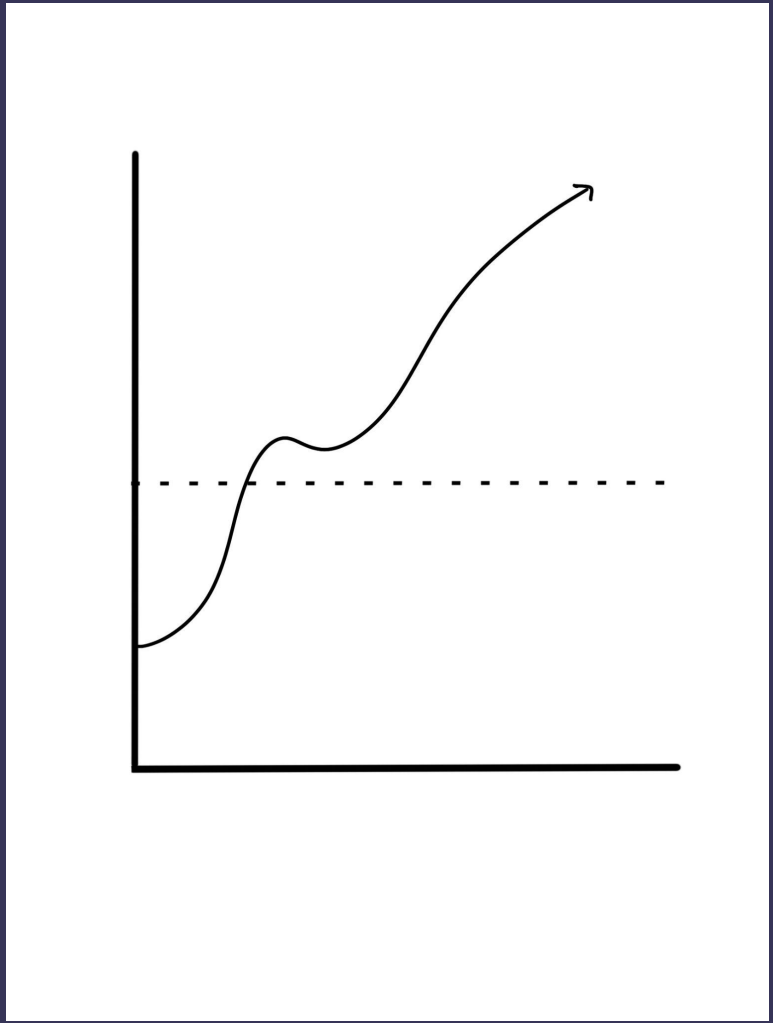
Motivation threshold

- Every task has a motivation threshold
  - “How much motivation does it take to do the task”
- Measured by how
  - Hard
  - Interesting



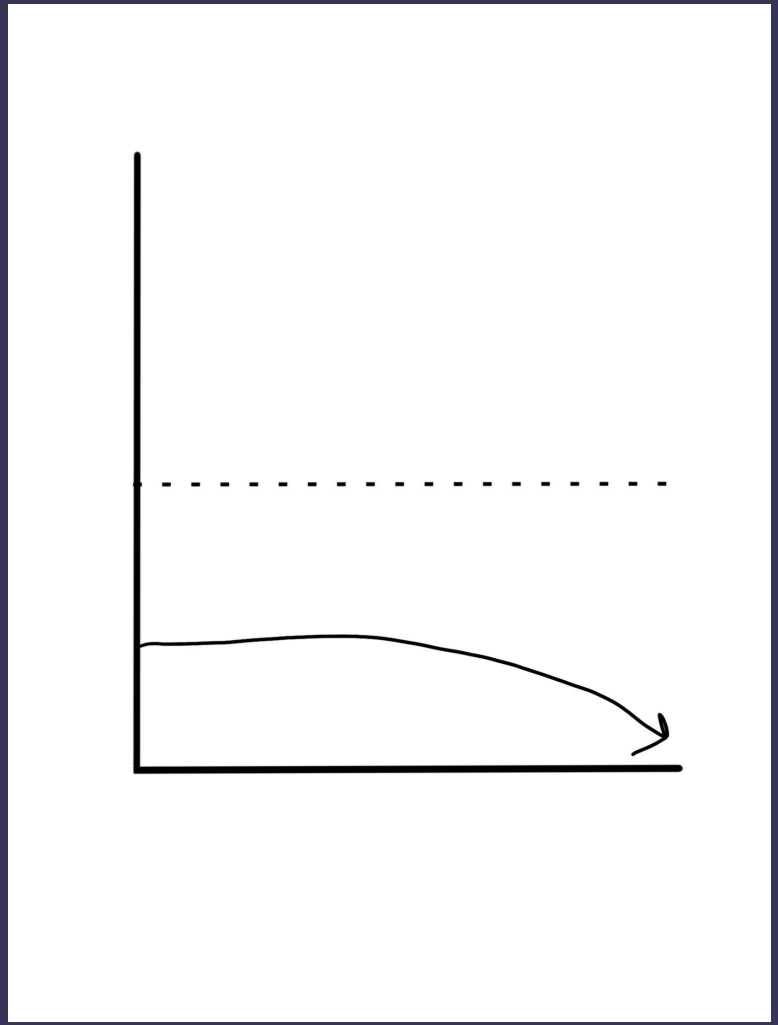
Neurotypical Motivation

- “Pre-hit” of dopamine when you make the plan
  - Gets you to the threshold
  - Allows you to start
- Dopamine once you accomplish it



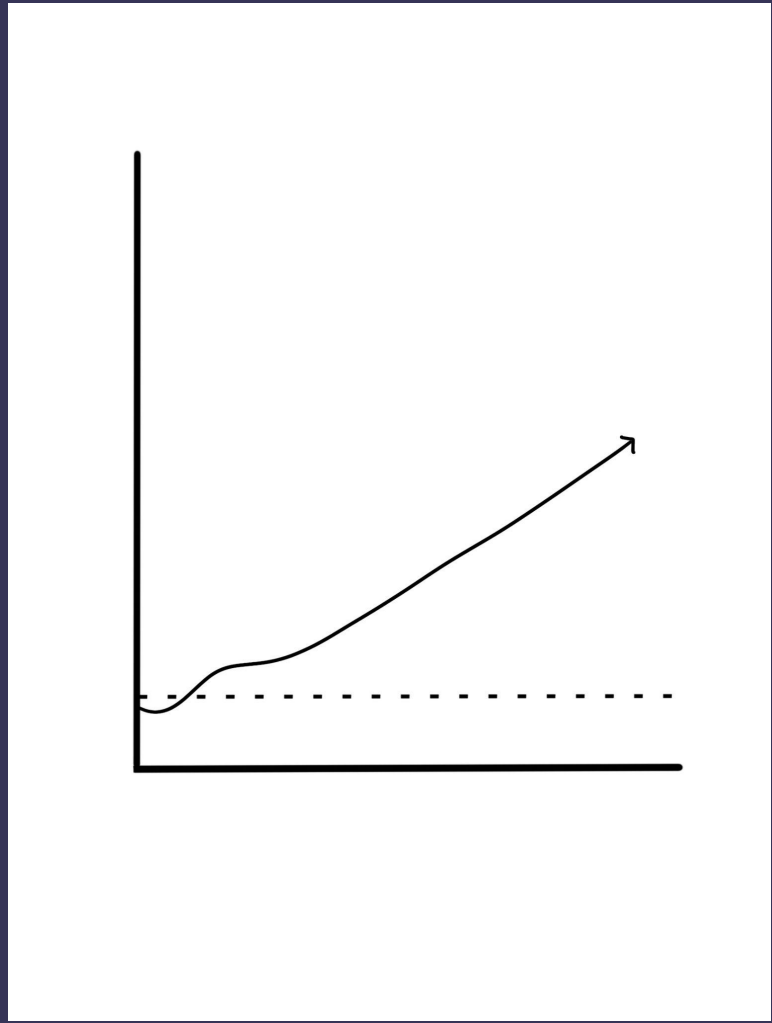
ADHD Motivation

- No “Pre-hit”
- Can’t start the task
- Time passes
- Shame/low energy takes over



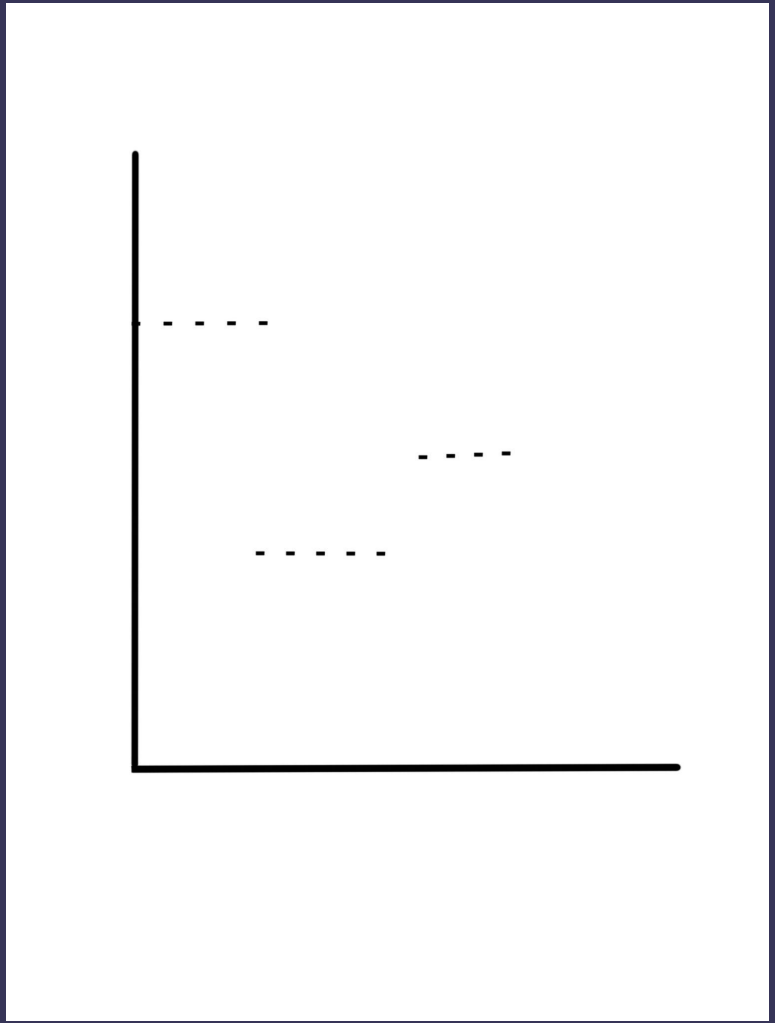
Helping the ADHD person

- Lower the threshold!
- Break the task into small steps
  - NOT “do laundry”
  - Stand up
  - Pick up clothes off bed
  - Pick up clothes off chair
  - Pick up clothes off floor
  - Put in hamper
  - Pick up hamper
  - Walk to washing machine
  - Put clothes in washing machine
  - Start washing machine



Different thresholds for different tasks

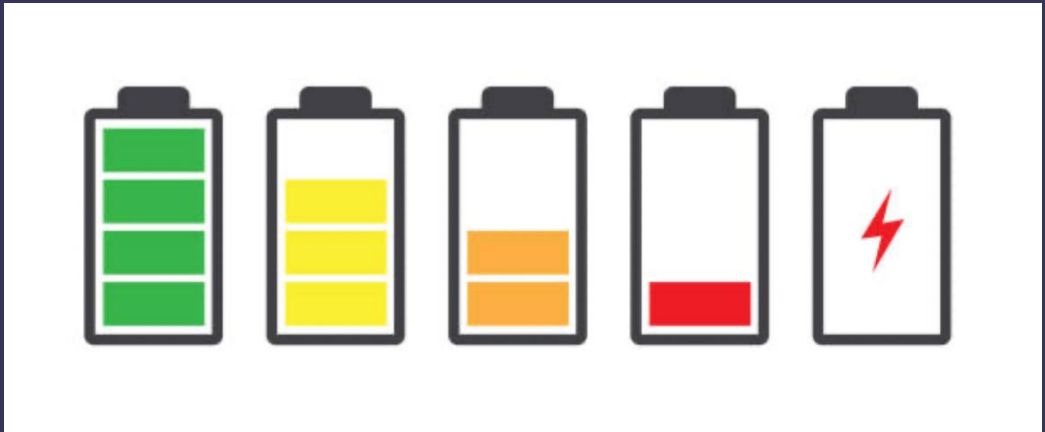
- Break down task into steps
- Identify how hard each step is
  - Be honest!
- Can you skip steps?
- Can you make steps easier?
- Can you validate that some are hard?




I can't do it...
I CAN DO IT!
one step at a time
@SODLOOKA

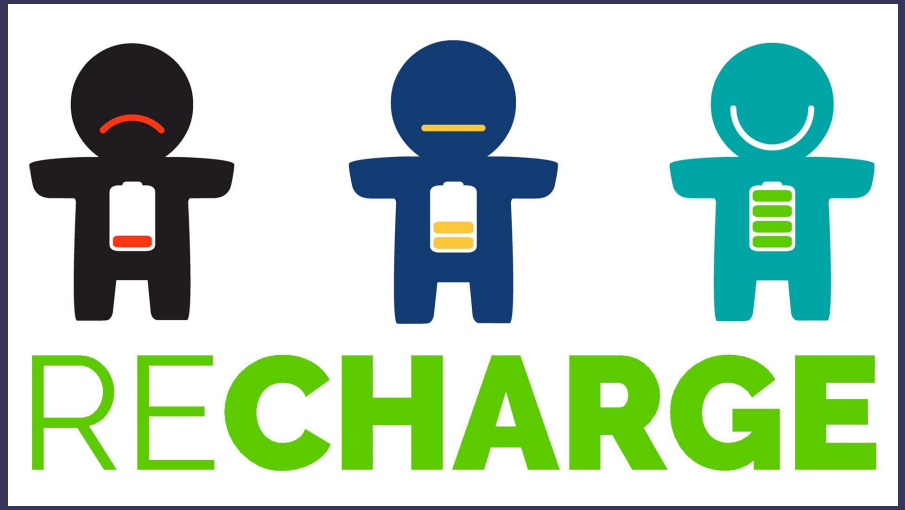
Bio- Energy and Rest

Our bodies need rest, (duh)



Bio- Energy

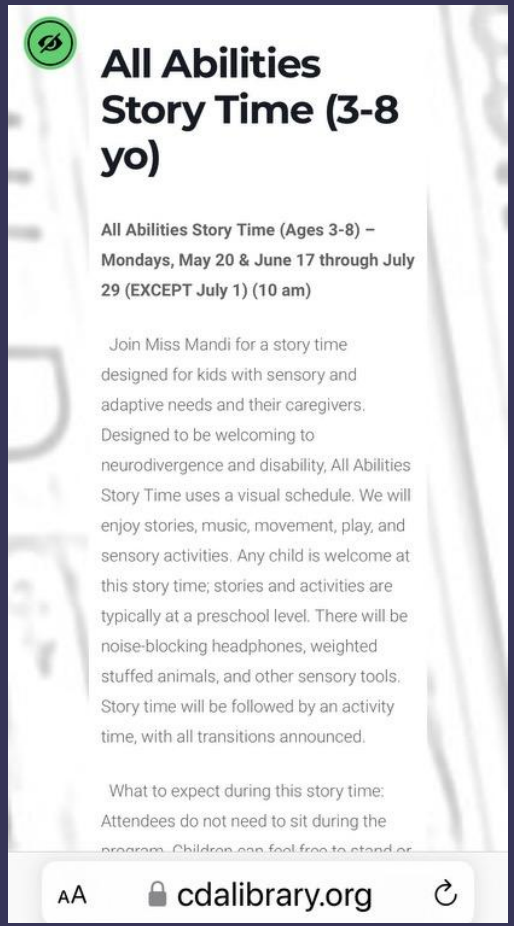
- Increase awareness
  - What drains you?
  - What recharges you?
- Avoid all-or-nothing
  - Activities can be recharging



Social

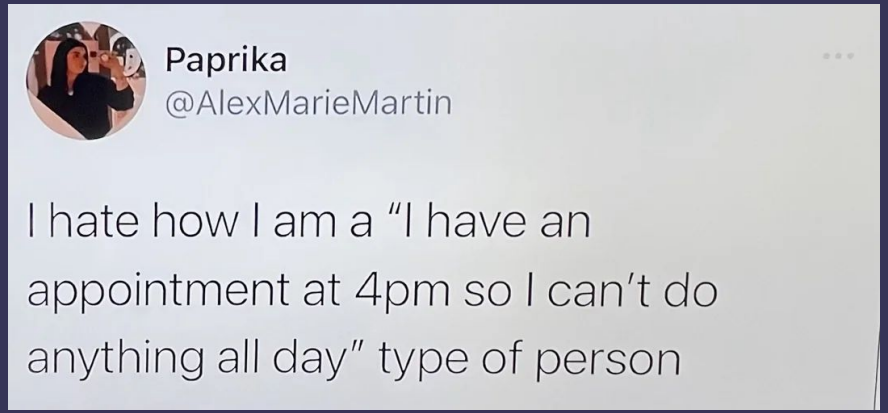
Social

- Accommodations
  - How I want others to accommodate me
  - How I will accommodate myself



Accommodation Example

- Monotropism/time blindness
  - Set timers
  - Chunk activities by time
- “Waiting mode”
  - Schedule things in the morning
- “Out of sight, out of mind”
  - Rearrange home
    - Vacuum sits out
    - Lysol wipes on toilet
    - Fruit at eye level



https://askjan.org/

Accommodations in Therapy

- Therapy Homework
  - Small, achievable goals
    - Are they actually small?
  - “Will you do this”
- Allow fidgeting
- Support detailed stories
- Whiteboard to support focus
- Sensory environment
- Reminder texts
  - Clear boundaries about attendance



Accommodations in Therapy

- Consider barriers to initiating care
  - Phone call?
  - Unknowns?
- Prepare client for unknowns
  - “My office has a lot of parking in front, there is a waiting room, I generally am right on time.”
- Explain how they can prepare/what to expect
  - “The first session is generally a summary of what brought you in. Then we discuss your history. You don’t need to prepare anything, it’s helpful for me to just see where your brain goes.”
  - “The second session begins with me asking how you felt after last session, a check in of the week, and then continuing assessment.”
  - “Generally sessions will follow a pattern of check in, focusing on present struggles, or past pain.”
- Give feedback
  - “Thank you for coming in. This is definitely something I can help you with, and I’m really glad you reached out for support. Sometimes people worry they said or did something weird. There can be a vulnerability hangover after session. That’s normal. You didn’t say anything weird. My takeaway is that life has been hard and you’ve had to overcome a lot.”

Accommodations in Therapy

- Modeling!
  - Model using accommodations
  - Model imperfection
  - Model taking time off
  - Model repair



Social

Find your people



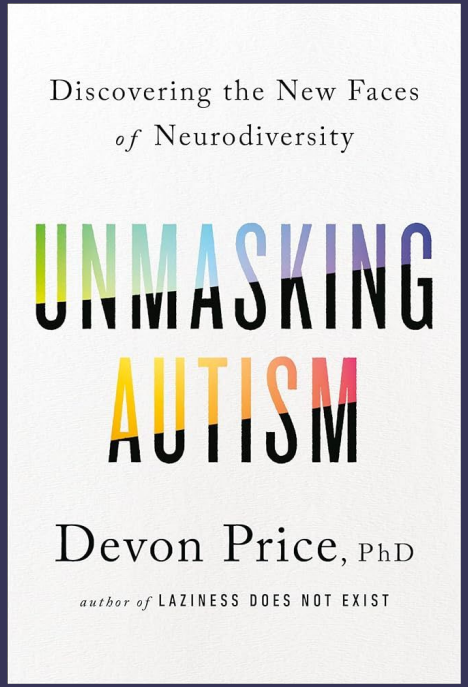
Same.

I still haven't figured out how to keep
my shower floor clean or make morning
smoothies or respond to stress calmly.
Same, same, same my friends tell me,
a love note of sorts. Maybe the world
doesn't need us to cut down on carbs or
make more money or waste less time.
Maybe instead it needs us to reach those
who feel alone in their messy homes or
difficult relationships or unresolved
issues. To impress less and connect
more. To share one simple message:
Same. Same, same, same.

@hannahrowrites

Social- Unmasking

- Masking: conscious or subconscious ways neurodivergent people have learned to hide who they are to increase success
  - “What’s the right way to be”
  - “Which version of me should I be”
- Masking is a common strategies to make friends/have social success
  - Results in dissatisfying friendships
  - Exhausting, often ineffective, inefficient, challenges social authenticity
  - Increases risk of suicide



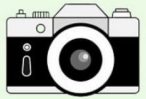
When rat discovered
the life expectancy of a rat
was less than a year,
he realised he would never
have a birthday party.
fuck it! said rat,
im gonna wear my spiderman
costume *every* day!



Social- Social Media

- Friend and Foe
  - Friend
    - Natural accommodations
    - Accessible Friendship and community
    - Low barrier learning
    - Regulating
  - Foe
    - Time suck
    - Only dopamine
    - Misinformation
    - Bullying

I have extreme sensory issues with clothing. Can be for a million different reasons. If I'm in a rush in the morning, I throw on whatever, and if it's something that bothers me, it will ruin my entire day.



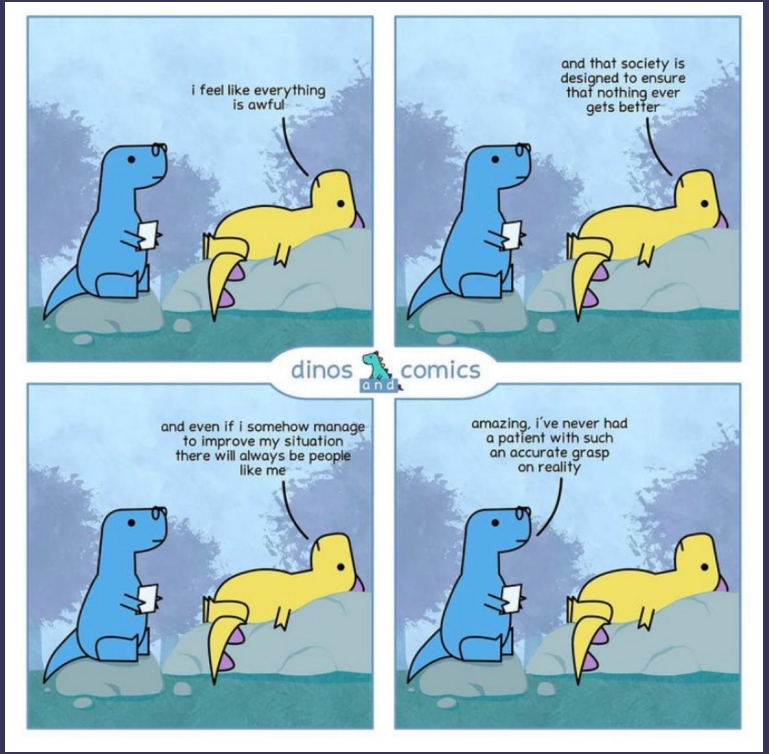
Now I take photos in every outfit that feels good so I can remember it and catalog it and lay my clothing out the night before from one of those options I've cataloged. Game. Changer.



@neurodivergent_lou

Social

- Social Model of Disability states that most disabilities are only problematic because of the way society is designed
- Medical model of disability implies that the problem is due to the individual's deficit or disorder



The social model of disability

In contrast to the medical model, the social model of disability views being disabled as being caused by how societal systems and environments are organized and who organizes them rather than by within-person factors. Instead of viewing the person as needing to be fixed, it looks to the wider social contexts and environments in which disabled people live. It centres disabled people as human beings with legitimate needs and rights instead of as problems or burdens on society. It is important to bear in mind that practices to improve access and equal rights for disabled people benefit **all** members of society, not just those who are disabled.

While within the neurodiversity paradigm being Autistic is clearly not looked at as a disease or a disorder, and it is not something that needs or wants to be cured, it is still understood for the most part that being Autistic is disabling within the context of the social model of disability. Under this model it is society that disables individuals by being designed for the perceived majority, and not including adequate and appropriate supports for all who need them.

Social - Being Eco Friendly



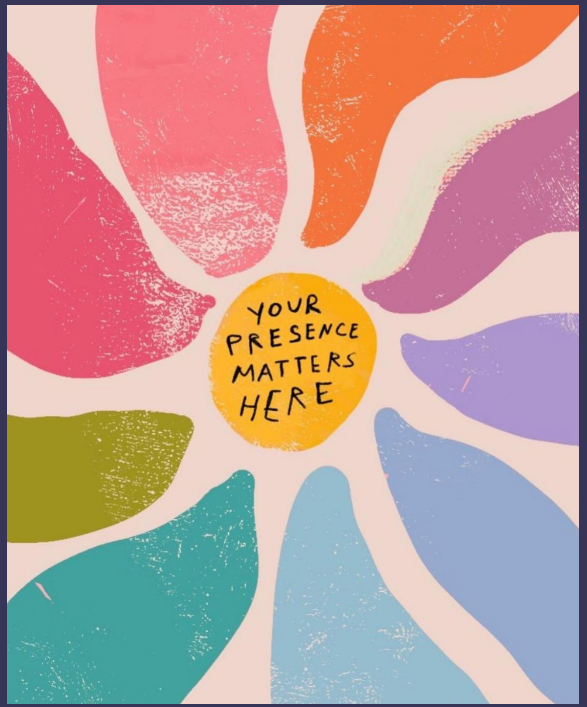
Social- Embrace different social needs

- Meaningful connections ARE a need of *most* people
  - In-person visits
  - Phone calls
  - Texts
  - Being around people in public
  - Reading forums
  - Playing games
- Frequency, method, amount, topics can vary
- Consider energy cost and energy gain
  - How much of a gamble is it?



Social- Celebrate Diversity

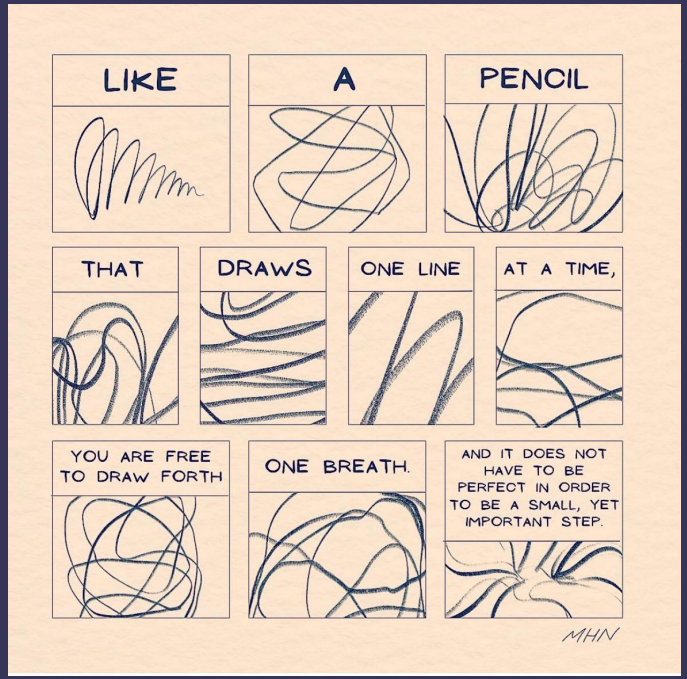
- Check your mindset that you genuinely believe differences have value
- ADHD and Autistic traits can be wonderful, happy, life-giving things
    - (reminder to avoid dismissing struggles)



Psychology

Psychology- All or Nothing

- Accommodate or overcome?
  - Do I accept “all-or-nothing”
  - Do I find medium
- Reframing “If I can’t do all of it, I won’t do any”
  - Cleaning- I’ll just rinse my dishes
  - Notes- I’ll do all of Monday notes



Psychology- Joy

- Many neurodivergent folks have been taught/shamed that there is a right and wrong way to feel joy
- Neurodivergent traits are a great strategy to finding joy
  - Impulsive
  - Creative
  - Special Interest
  - Sensory



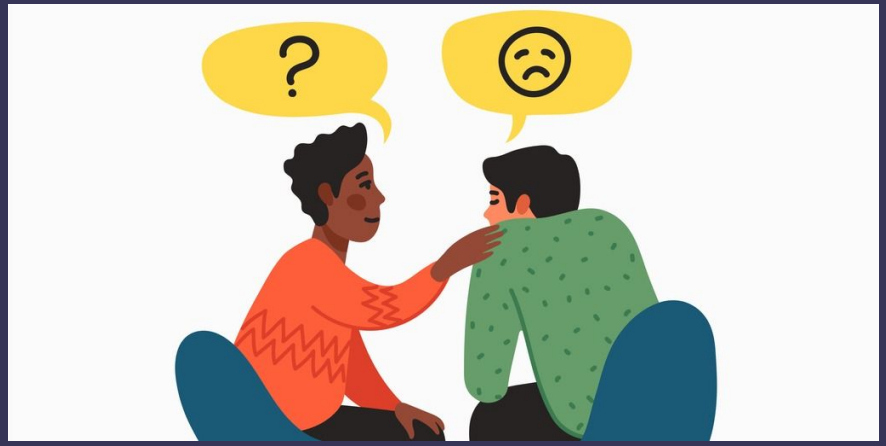
Psychology- Rigid rules

- Neurodivergent folks might have extremes for social awareness/social rules
- Low awareness:
  - You might need to explain some social rules
  - “If it’s an empty theater, don’t sit next to the one person there.”
- High awareness
  - Assess for social rules
  - Consider contradictory rules
  - Help zoom out
  - Support increasing awareness and intuition



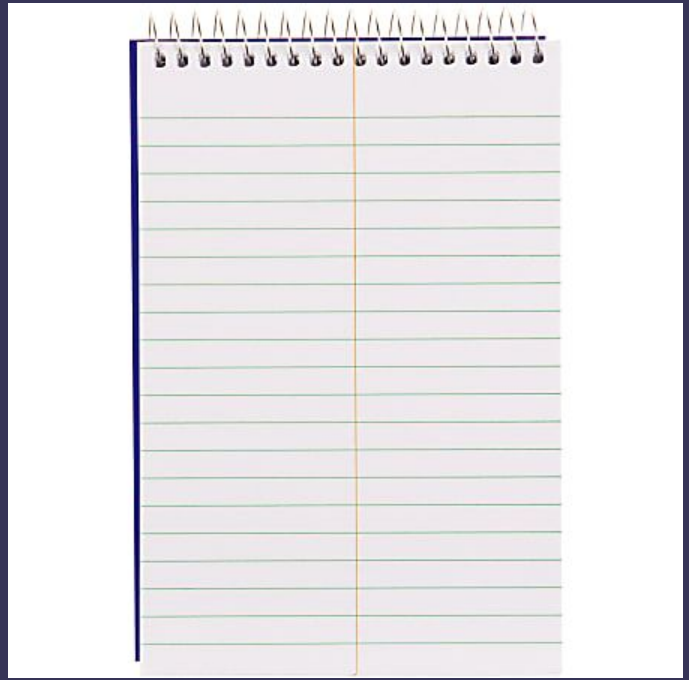
Psychology- Challenges assessing success

- Autistic folks can struggle to read social cues
  - “Did they like me?”
  - Support reframing “Do I like them?”
- ADHD folks report struggle with rejection sensitivity
- Consider asking for feedback
- Consider reducing importance
  - “This is low stakes. It doesn’t really matter what they thought”
  - “I’m proud of how I did.”



Psychology- Make a list

- Yes, I'm telling an ADHD person to make a list
- Address barriers
  - Losing it
  - Not using it
  - Perfection
- List must emphasize task prioritization
  - Simple systems



Psychology- Time Blindness

- Difficulty with intuitively tracking time
- Can lead to all-or-nothing behavior
  - Missed deadlines
  - Missed appointments
- High anxiety about time



Psychology- Accept struggles

- Work to accept self versus change self
- Accept neurodivergent traits instead of trying to fit neurotypical norms
- “Now or never brain”
  - Later is a drain
    - “I can do it now”
    - “I’ll write it down now”
    - “If I don’t do it by tonight, I probably forgot. Please remind me.”



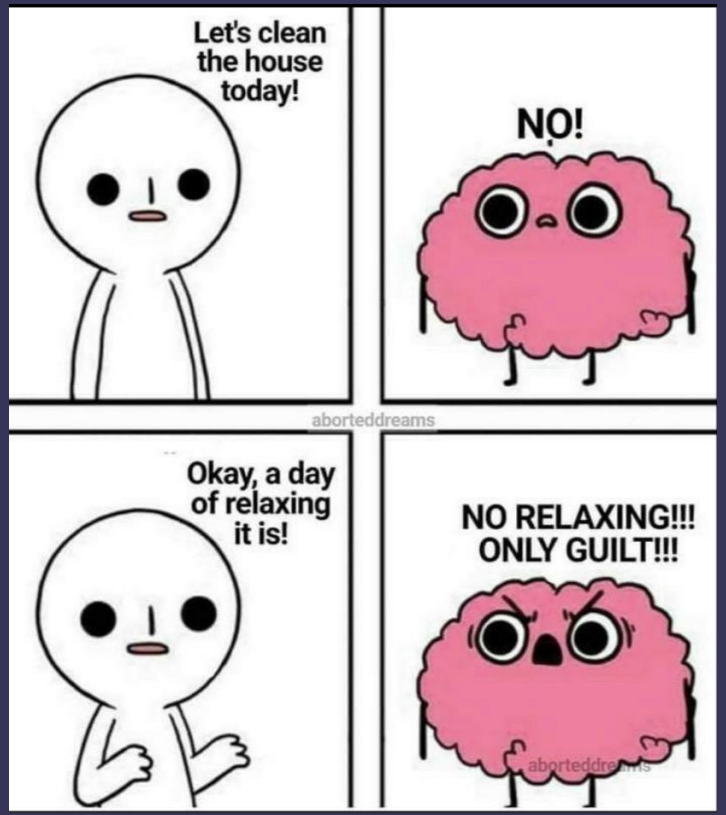
Psychology- Addressing Shame

- Shame is a common barrier to embracing neurodivergent traits
  - Being late
  - Messy
  - Disorganized
  - Unproductive
  - Lazy
  - Annoying
  - Too much
  - Rigid
  - Boring
  - Rude



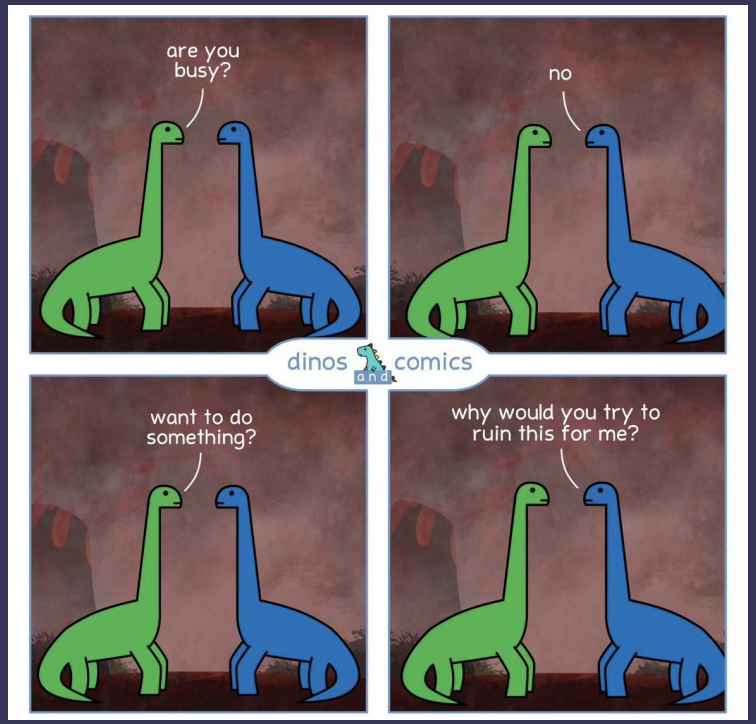
Psychology- Guilt and Shame

- If neurodivergent traits impair goals, instead of drowning in shame can you
  - Support your needs
  - Do something joyful



Psychology- Barriers to rest

- Many of us have been taught, “I can rest when I’m done.”
  - Struggle to get the rest needed to be able to be productive
- Don’t know how to rest
- One-size fits all type of rest
  - “Oh, it’s bad if I take a nap”



Psychology- Rest

- Many neurodivergent folks learn that adrenaline can help accommodate struggles
  - This leads to avoiding rest
- Everyone needs rest!
- Choose a time to rest or your body will choose for you
- Finding the rhythm of rest
  - Day
  - Week
  - Quarter



Psychology- Guilt of Neurodivergent traits

- Many ADHD folks are great at *starting* things, but not finishing them
  - Will it be okay if I don't finish
  - Is this valuable if I don't follow through?
- Embrace the starting hobbies/jobs/projects is a strength
- Prepare to not finish



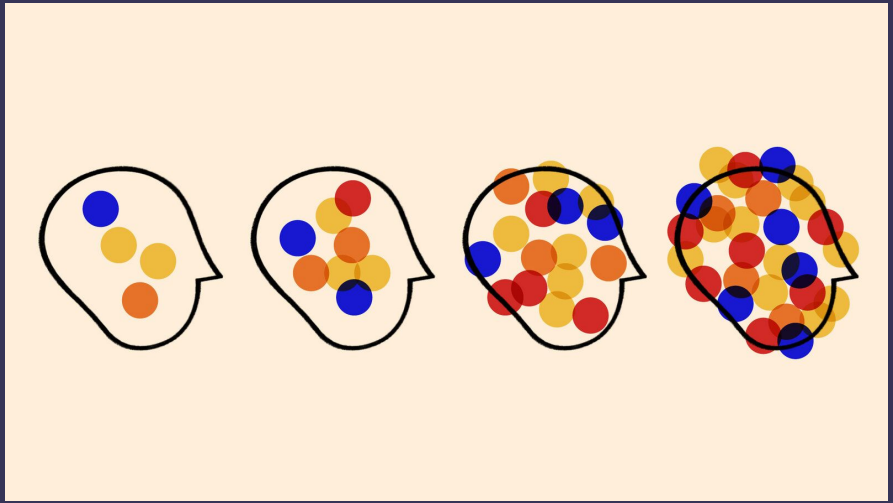
Psychology- Thoughts Management

- Thoughts can be overwhelming/draining
  - Lost in details
  - Too many at once
- Many neurodivergent folks use overthinking as a strategy to cope
  - “Is this thought helping me or draining me?”
  - “Can I change the activity so I’m not having to plan so much.”
  - “I don’t need a script, I can decide in the moment”
  - “I don’t need to ruminate on how it went, I’ll just move on.”



Psychology- Processing information

- Neurodivergent folks have difficulty processing information appropriately
  - Too much
  - Too little
- Autism processing
  - Processing about self
  - Processing about others
  - Processing about nonsocial information



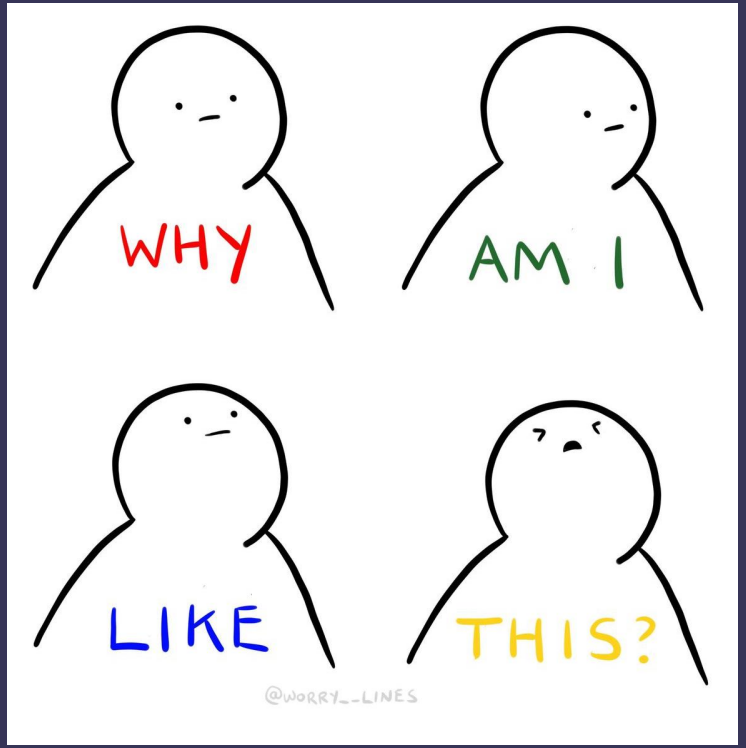
Psychology- Find yourself

- It can be hard to know who you are when
  - The world has said you're wrong
  - There's never been modeling
  - No media representation



Psychology- Understand yourself

- Understanding can support self-acceptance
  - “Oh, this upset me because I’m autistic”
  - “Oh, this was hard because of my ADHD”



Psychology- Supporting motivation

- Motivation is hard!
  - Buddy pair- do it with a friend
  - Habit stacking - do it with a habit you already have
  - Put it in a place you'll see
  - Remind yourself of the importance
  - Prioritize getting dopamine flowing
    - Start with easy, fun step



Psychology- Creating deadlines

- ADHD folks struggle with motivation unless it is interesting or urgent
- Create *real* deadlines
  - Creating Windows of time
    - “I need two hours to get this done. Looking at my meetings this week, I really only have a window to do it on Tuesday morning or Wednesday afternoon.”
    - “I have no energy during PMS week. I need to get it done by Wednesday or I’ll just have to wait two weeks”
- Pay attention to natural rhythms of motivation
  - “I never have energy in the afternoon”
  - “My brain doesn’t work in the morning”
- Create two levels of deadlines
  - “I need to get it done by Friday if I want to be calm and peaceful.”
  - “I need to get it done by Saturday lunch. But I’ll be at high risk of stress if I wait until then”

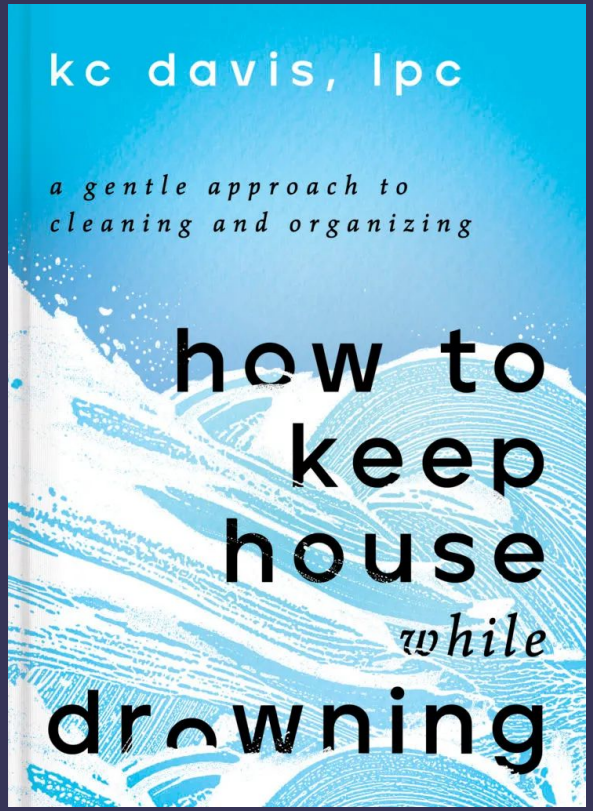
Psychology- Simplifying

- Autism brains may like very complex, perfect systems
- ADHD brains struggle with complex
- Create systems with 1-3 categories
    - Red light, green light, yellow light
    - Good, bad
    - Need, want, ideal



Psychology- Reframing function

- Many of us design our lives based on ‘normal’ or ‘should’
- Consider designing your living space to accommodate needs, not just aesthetic
    - Sensory
    - Executive dysfunction



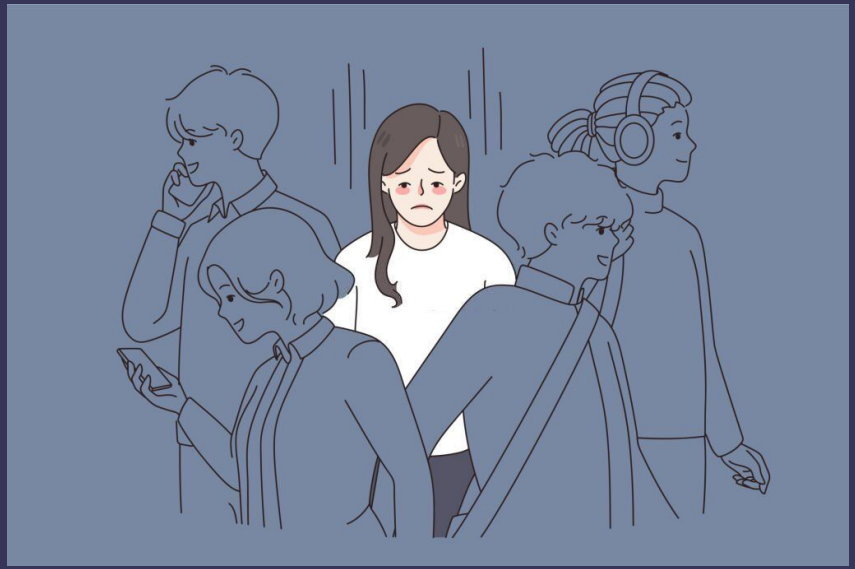
Psychology- Dread

- Some people mistake dread for anxiety
  - “I’m so anxious about the party” → “I’m dreading the party”
- Dread is draining
  - Reduce Drains
  - Plan for recovery
- Consider neurodivergent stressors



Psychology- Rumination

- It’s common to ruminate as a way to assess masking
  - “Was I weird?”
  - “Did they like me?”
  - “What should I have said different”
- Consider that rumination is serving a purpose
- Address unmasking



Psychology- Addressing ‘failure’

- It’s likely that folks will still struggle to meet/achieve goals
- Prepare and plan for ‘failure’
  - Normalize
  - Encourage debrief to try again
  - Practice positive thoughts



Psychology- Practice Run

- Avoid rumination of perfection the first time
- First effort is an assessment/trial run
  - Reflect and debrief
- Try again



Psychology- Could, not should

- There are MANY variables that impact ability to achieve goals
- Prepare a life that notices capacity and allows flexibility
    - “I could rest, go on a walk, make cookies”
    - “This weekend, I might go to that art fair, read a book, or rest.”



Psychology - Managing thoughts to increase dopamine

- Changing mindset of accomplishment
- What is an accomplishment?
  - Making money?
  - Spending money?
  - Something else?



Psychology- Redefining normal

- Many adults have been taught what is “normal” and “okay”
  - Can lead to rumination, rigid thinking
- Reframe normal to “healthy” “happy” “supports my goals”



Evidence-Based Therapies

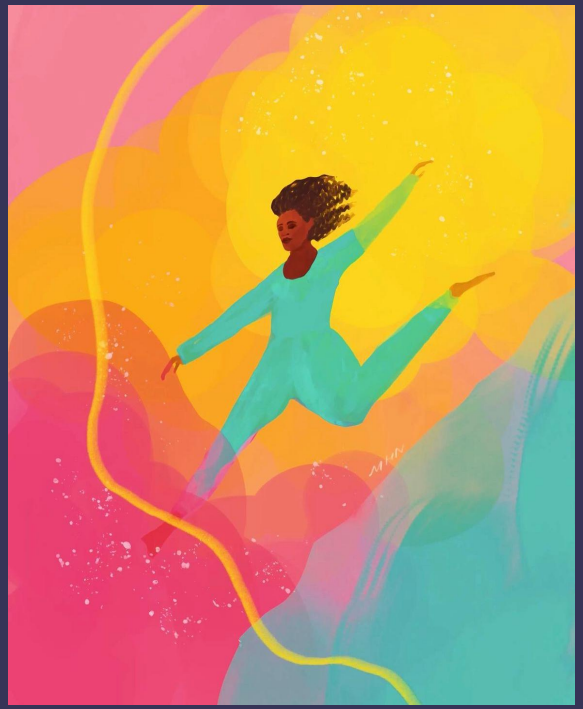
- Acceptance and Commitment Therapy tends to be promising
  - Accept
  - Commit to a values filled life
- DBT also shows great success
- CBT is mixed results
  - Changing rigid thoughts tends to not work well
  - “Gaslighting”
  - Be thoughtful with what thoughts/behaviors you choose to change
- IFS shows good success
- EMDR also shows good success

Recommended Books

- How to Keep House While Drowning by KC Davis
- Cognitive-Behavioral Therapy for Adults with Autism Spectrum Disorder by Gaus
- The Adult Autism Assessment Handbook by Hartman
- ADHD 2.0 by Hallowell and Ratey
- Unmasking Autism by Devon Price
- Always Bring your Sunglasses by Hector
- Spectrum Women by Cook and Garnett
- You Mean I'm Not Lazy, Stupid, or Crazy?! By Kelly and Ramundo

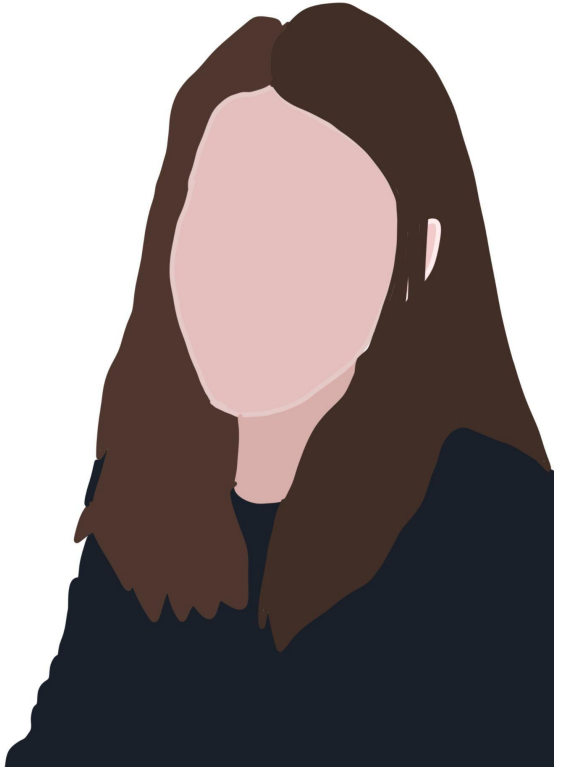
Summary!

- ADHD and Autism is common and likely on your caseload
- Be on the lookout for neurodivergent traits
- “Accommodate or overcome”
- “Know yourself, know your choices, choose intentionally.”
- Celebrate differences
- Encourage living a life that is happy and thriving



Keep in touch!

- Feel free to email/reach out
  - laura@wwcspokane.com
- I welcome feedback and discussion
  - Evaluation
  - Email
  - (Please be nice)
- Future trainings?



Thank you

