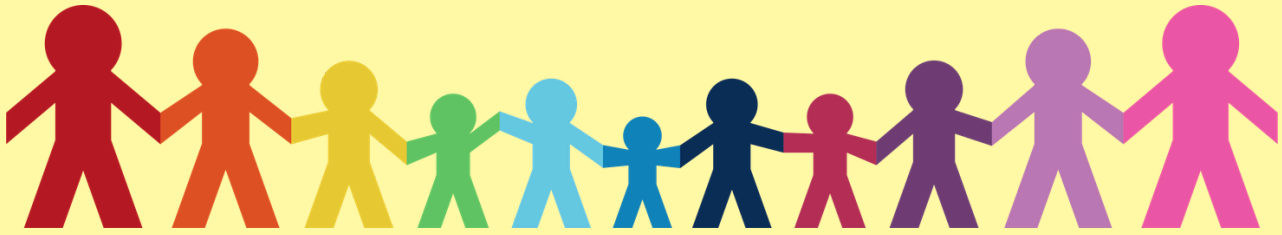


UNDERSTANDING NEURODIVERSITY

CONSIDERATIONS FOR CLINICAL PRACTICE



Attentional Deficit Hyperactivity Disorder (ADHD) and autism affects how the brain works. Depending on the severity of the symptoms it can prevent the person reaching their potential. Limitations of attention and concentration, and difficulties understanding interpersonal behaviours, make every day tasks feel much more demanding. Although ADHD and autism are different conditions with specific symptoms, both are part of a broader neurodiversity umbrella, along with Tourette's Syndrome, dyslexia, dyscalcula and dyspraxia.

The degree of impact on the individual with ADHD and/or autism will vary, but there are some common features including prolonged periods of intense focus called 'hyper focus'. Whilst this can be immensely satisfying to a person who finds focus generally challenging, hyper focus can lead to avoidance of other necessary tasks which are often forgotten or not completed. All this will affect emotional regulation which is one of the most debilitating features of ADHD & autism.

There is some controversy when it comes to recommendations regarding therapeutic approach. CBT is often associated with changing thoughts, which is not appropriate, and potentially confusing, for someone with autism. However, if CBT is used in a nuanced way it can help to understand emotional distress in context, leading to a greater sense of control.

This guide provides an outline of the main issues affecting people with ADHD and autism, diagnostic criteria and a consideration of individual differences that make each person unique. A strengths based approach is advocated to look beyond the diagnosis.



RECOGNITION & DIAGNOSIS

DSM-V state the presence of 5 or more symptoms from each category for more than 6 months and present since before the age of 12 years. Symptoms interfere in more than one area of life.

ADHD symptoms of INATTENTION

- careless mistakes/lacks attention to detail
- difficulty sustaining attention
- does not seem to listen when spoken to directly
- fails to follow through on tasks & instructions
- exhibits poor organisation
- avoids/dislikes tasks requiring sustained mental effort
- loses things necessary for tasks/activities
- easily distracted (including unrelated thoughts)
- is forgetful in daily activities

HYPERACTIVITY/IMPULSIVITY

- fidgets with or taps hands and feet or squirms in chair
- leaves seat when expected to remain seated
- experiences feelings of restlessness
- has difficulty engaging in quiet leisurely activities
- is "on the go" or acts like 'driven by a motor"
- talks excessively
- blurts out answers
- has difficulty waiting their turn
- interrupts or intrudes on others

Diagnostic criteria for Autistic Spectrum Disorder

- A. Social communication and interaction challenges:
 1. Deficits in social-emotional reciprocity
 2. Deficits in nonverbal communicative behaviors used for social interaction
 3. Deficits in developing, maintaining, and understanding relationships
- B. Repetitive or stereotyped behaviors:
 1. Stereotyped or repetitive motor movements, use of objects, or speech
 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
 3. Highly restricted, fixated interests that are abnormal in intensity or focus
 4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment

Note. DSM-5 = Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

+ emotional dysregulation

Emotional dysregulation is not given much attention in the diagnostic criteria but we know that it is a common symptom that can impact the person severely. Patterns of emotional response are reinforced through repetitive demands that trigger the threat system. **Rejection sensitivity Dysphoria (RSD)** is another feature of ADHD & autism that can increase emotional distress and cause interpersonal difficulties.

There are also common physiological symptoms including: sleep problems, trouble relaxing, stress, metabolism issues. These can lead to a risk of self harm, self medicating & substance misuse.



Gender differences occur due to stereotyping & hormones. Puberty is a time of flux and so is menopause.

Girls & women are thought to have a more internal experience of emotional distress leading to masking. However, this is common for all neurodivergent people even if they have externally observed symptoms of ADHD or autism. Both men and women learn strategies to cope so symptoms are not always easy to see.

PROCESSING ISSUES



The symptoms of ADHD & autism create a heightened state of arousal in the brain. This means that the brain is more readily reactive to potential **threat**. This causes excessive adrenaline and the **fight, flight or freeze** response. If triggered frequently this will lead to symptoms of anxiety and other emotional distress. Recognising the limited capacity to focus attention is a constant trigger and explains the cycle of distress.

Introduce the brain from the start to show the role of the threat system in maintaining symptoms.

Common issues

Time blindness - lack of awareness of time leading to perpetual tardiness

Circadian rhythm - sleep patterns, eating habits

Impulse control - difficulties waiting to say something, may appear impatient

Sensory sensitivities - touch, sound, textures. Difficulty ignoring triggers like the sound of people eating which then increases distress.

Speed awareness - can lead to more than average speeding penalties

Information processing delays - sometimes need longer to update expected outcome or process new information, especially if it does not make sense to the person.



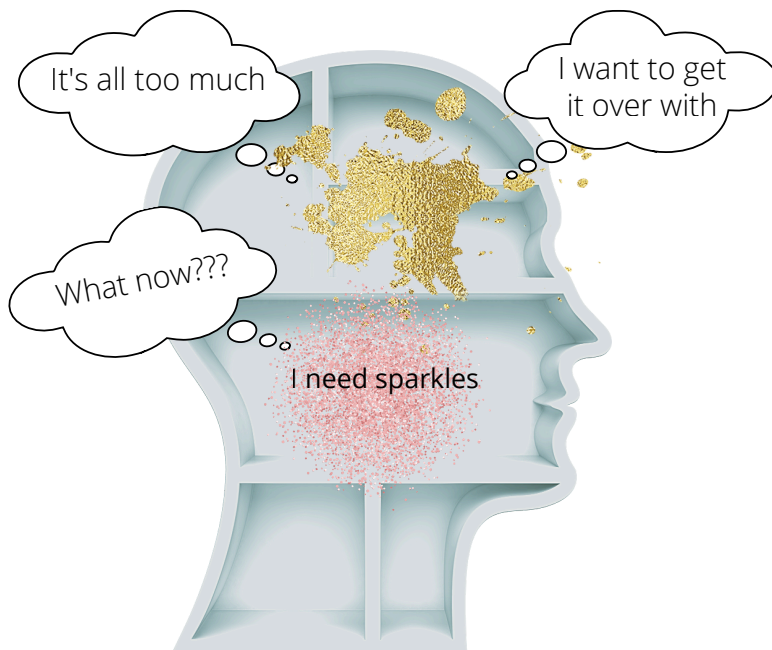
Ask for details of internal mental experience as hyperactivity is not always visible to the outside world.

When your internal world is so exciting and stimulating it makes sense that some less interesting external tasks will be avoided.

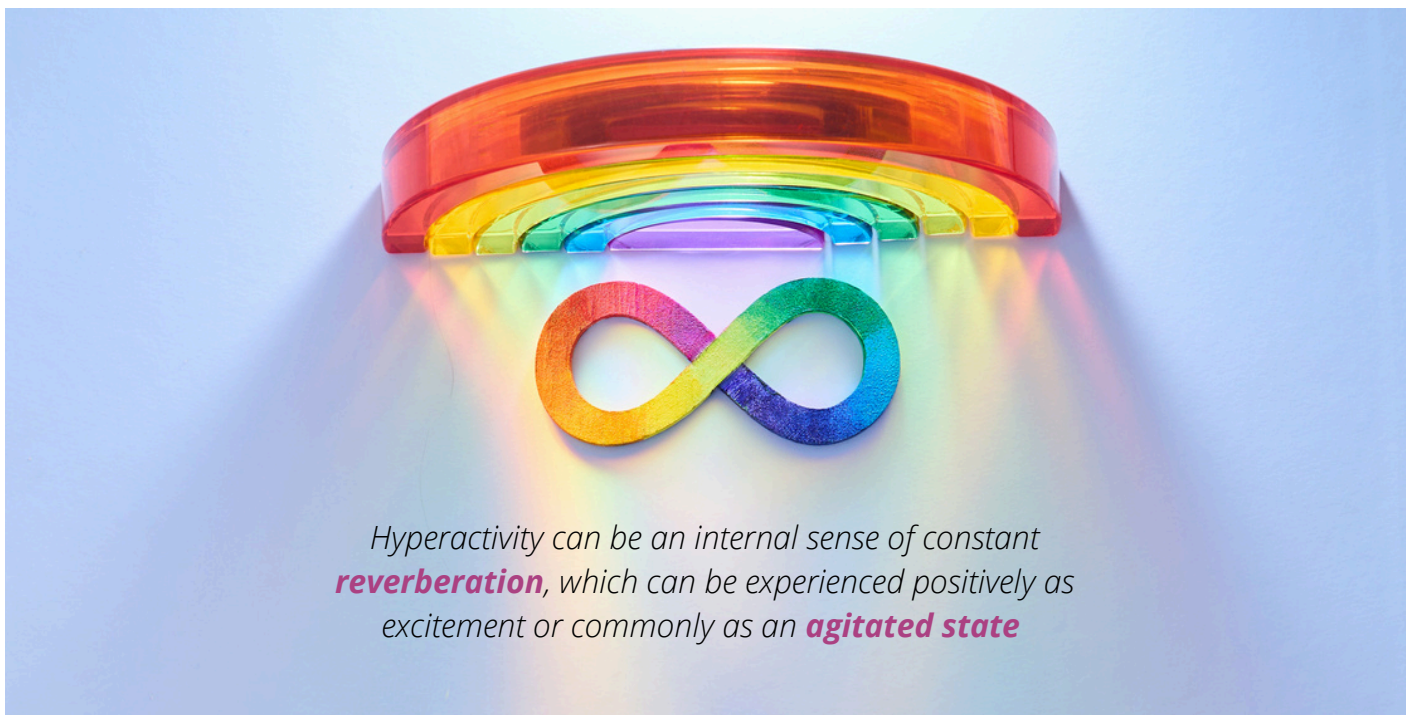


*"having ADHD is like being asked to do everything with your left hand when you are right handed. You could probably work it out but it would not feel **natural** and require much more attention"*

Helen Moya



Common thoughts include a constant stream of perceived demands and a desire to get them over with, whilst fearing a void that risks boredom. In an attempt to get things out of the way as quickly as possible thinking and behaviours become more disorganised and impulsive.



*Hyperactivity can be an internal sense of constant **reverberation**, which can be experienced positively as excitement or commonly as an **agitated state***

Decompression is necessary



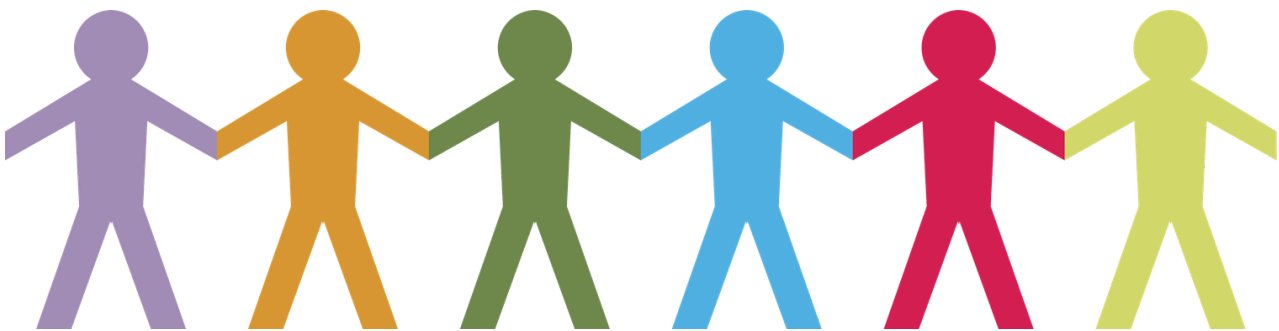
Fidget toys can help with agitation and focus

Being understood is essential for therapy

Neurodiversity is often misunderstood or completely dismissed altogether and not believed. This can lead to distress and mistrust of friends, family and professionals. The person may either try and mask their feelings and symptoms more or exaggerate them to be taken seriously. Both can be damaging and will maintain the problems.

Be aware of unconscious bias in the form of stereotypes like assuming people with autism rock or love maths, and people with ADHD are all loud and extravert and attention seekers.

Take time to try and tune in to the individual's way of processing information as this will build trust and provide the safe environment necessary to work together.

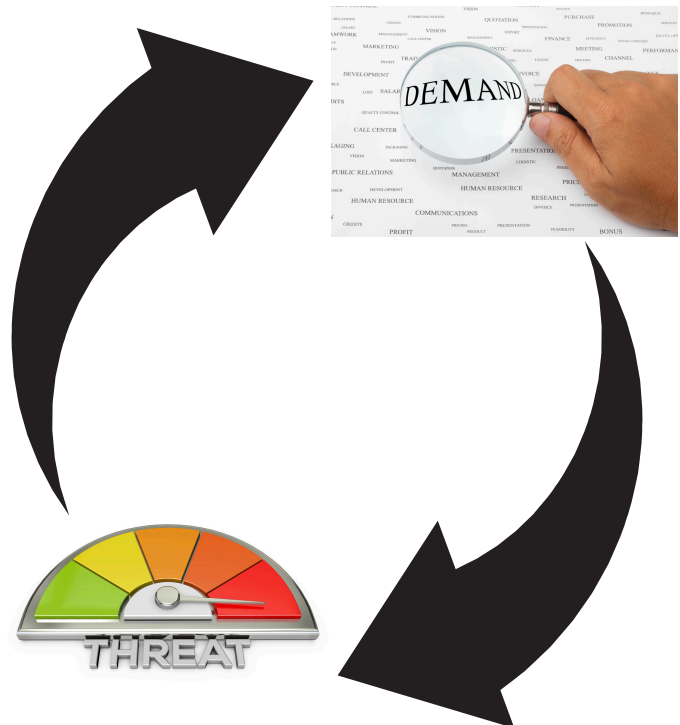


The threat-demand cycle

This is the idea that every demand presents as a threat, then when on threat alert everything seems like a demand. This cycle can be perpetual for someone with ADHD or autism. Identifying tasks that feel demanding is very useful as they can make good goals in therapy.

Things I find demanding forms

time limited tasks
going to new places
agreeing to do a task
posting things
remembering birthdays
tech
new systems
tasks requiring organisation
laundry
boring repetitive tasks
(housework and washing hair)



NEURODIVERSITY & IDENTITY

Being neurodivergent can mean different things to each person. Some people will view it as part of their identity whereas others may see it as a 'disorder' or 'condition' that is lived with. There are many factors to consider here. Whether there is a diagnosis or not, when it was confirmed, the severity of symptoms and gender all impact the lived experience of the person. It is likely that negative beliefs have developed about themselves due to comparisons to others. Some common labels are presented below. Not all will be viewed negatively as there are many wonderful qualities of ADHD and autism which some people see as quirks. Use a strengths based approach focusing on what the person values about their identity and make the areas they do not value (like being reactive in relationships) goals of therapy.

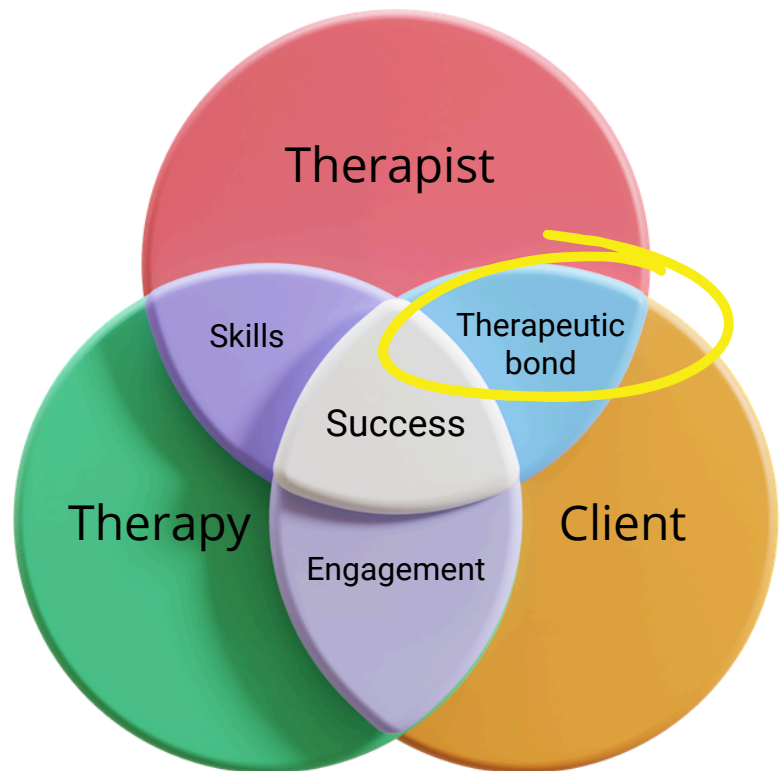


Neurodivergent thinkers tend to see the bigger picture perspective more easily like a director on a film set. This allows creative thinking on a large scale which can be both exciting and distracting from the specific details of a task requiring attention in any given moment. When details of a project are less interesting then there is a tendency to focus on the more attractive parts. This disproportionate hyper focus adds to the sense of disorganisation. Awareness of this can help therapy tasks. There are some differences here between ADHD and autism as the whole structure, patterns and rules (including finer details) may be more important to someone with autism.

MAXIMISING THERAPEUTIC GAINS

Success in therapy depends on synergy between therapist, client and therapy factors. Between client and therapist there needs to be a good therapeutic relationship.

The connection between client and the therapy approach (CBT, counselling or coaching) requires engagement, and the link between therapist and therapy requires skills. You will need to keep reviewing these factors to understand any potential ruptures and how to repair them.



So to maximise success we need to ensure we have the appropriate level of skills, build a trusting relationship based on belief and encourage engagement. All of these factors are more challenging when working with ADHD & autism but they can be overcome with patience, repetition and creativity.



Structure is essential in the sessions. Make sure you make the agenda manageable and review regularly. Sessions need to be organised to maximise attentional focus. This also helps to model new skills



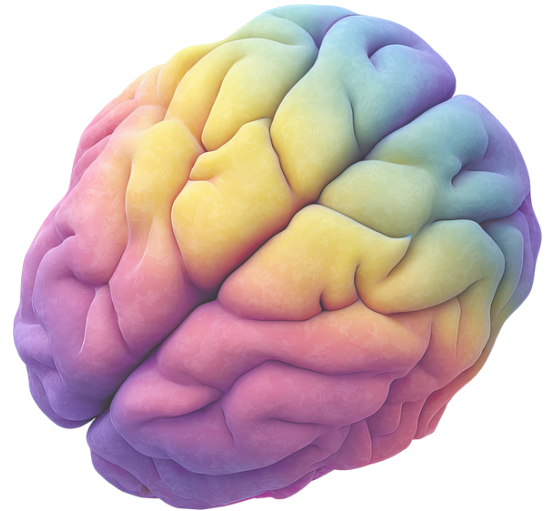
Pay attention to the language used. Check how the person defines their autism or ADHD. Are there preferred terms or terms that offend? For example, some people may or may not identify with the term 'neurodiversity'.

UNDERSTANDING EMOTIONAL DYSREGULATION

In children the emphasis tends to be on behaviour. ALL symptoms can lead to distress and this distress can be confusing, misunderstood and cause shame. For example losing control of your emotions can cause unintended offence and lead to interpersonal problems. The person can develop negative beliefs about themselves based on something they can not control.

Use psycho-education based on the brain right from the start. The amygdala fires more readily and there is a lag before the frontal cortex assesses the threat more rationally. Sometimes the impulsive behaviour has already occurred (e.g. snapping at a family member for not responding quick enough to a request).

Be aware of your own emotions and therapist schema in the session.

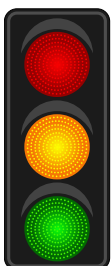


Therapist tips for managing emotions in therapy sessions

- **Don't take it personally - YOUR REACTION MATTERS!**
- **Remember the effects of masking**
- Be compassionate
- Give space
- Ask person what they need
- Focus on grounding (you & client)
- Be prepared to abandon YOUR plans

Use it as an opportunity for:

- Shared understanding
- Attunement (to **their** emotions & needs)
- Modelling acceptance
- Trying grounding techniques (**experiential learning**)



Learning to tune in and scale emotions

Emotional thermometers can help to gauge where you are in terms of 'control'. If feeling relatively calm then this is green, rising agitation and impulsivity is amber, and uncontrollable urge to snap is red. Learning to recognise triggers and resisting urges to respond will help to regulate strong emotions. Adapt for age of person.

ADDITIONAL ISSUES

Attentional focus

Clearly attentional focus is a key symptom of both autism & ADHD. Encouraging a present focus will not only help to reduce distractibility but will settle the brain down and reduce the effects of the threat-demand cycle.



Mindfulness

The best psycho-education regarding attentional focus is live work in the session. Experiential exercises help the person to recognise the emotional impact of worry and rumination. Bringing the attention back using a **grounding technique** provides an immediate comparison. Encourage mindful activities and practice between sessions. Challenge the belief that ADHD makes meditation impossible. See mindfulness guide in Resources section. Progressive muscle relaxation (PMR) is also useful to reduce agitation.



Being neurodivergent can lead to shame due to perceived deficits or constant failure to live up to expectations. Self compassion is a great addition to any therapeutic work.

Ways to increase self-compassion

- Make a fresh coffee instead of an instant
- Sit down to eat your meal rather than picking on the go
- Wear your best underwear rather than the plain ones
- Treat yourself to something even if you don't think you 'deserve' it
- If you are tired but a friend has asked you to go out say 'no'
- Have a bath with candles lit
- Use special toiletries and skincare products
- Keep a daily journal of things you are proud of
- Allow yourself to be disorganised sometimes (don't fight it 24/7)
- Take some time every day to do at least two things you enjoy



REFERENCES & RESOURCES

I have written some CBT specific guides relating to ADHD.

CBT & ADHD Practitioner's guide:

<https://www.moyacbt.co.uk/wp-content/uploads/2022/10/ADHD-Guide.pdf>

ADHD & CBT: A self-help guide to the effective use of CBT:

<https://www.moyacbt.co.uk/wp-content/uploads/2023/06/ADHD-Self-Help-Guide.pdf>

Procrastination guide:

<https://www.moyacbt.co.uk/wp-content/uploads/2023/06/ADHD-Procrastination-Guide-2.pdf>

Managing emotions with ADHD:

<https://www.moyacbt.co.uk/wp-content/uploads/2023/06/Managing-emotions-with-ADHD.pdf>



Guides & Resources



Kemp, J. & Michelson, M. (2024) *The Neurodivergence Skills Workbook for Autism & ADHD: Cultivate self-compassion, live authentically & be your own advocate*. New Harbinger Publications Inc. Oakland, California.



Paper by Sprich et al (2012) Description and demonstration of CBT for ADHD in adults. This link contains video extracts for skills training. It was the early development of the manuals later published in 2018 (see below).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3874265/>

The 'How to ADHD' series of videos by Jennifer McCabe are very informative for client and therapist.

<https://www.youtube.com/c/HowtoADHD>

Adult ADHD self-report scale (ASRS-v1.1) can be downloaded here:

<https://add.org/wp-content/uploads/2015/03/adhd-questionnaire-ASRS111.pdf>

Mindfulness guide:

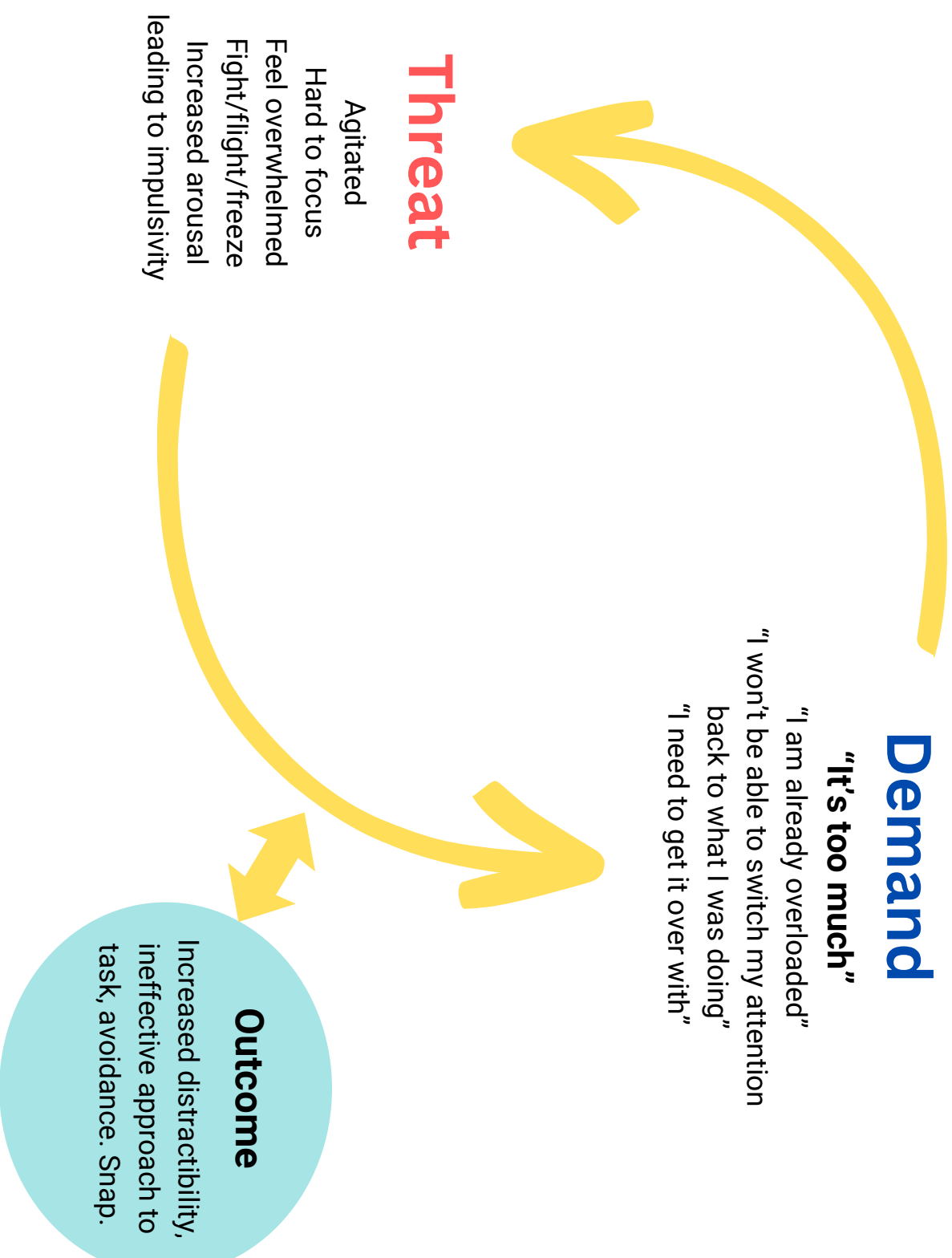
<http://www.moyacbt.co.uk/wp-content/uploads/2021/05/Mindfulness-Guide.pdf>

NICE guideline 'Attention Deficit Hyperactivity Disorder: Diagnosis & management'. NICE guideline [NG87]

<https://www.nice.org.uk/guidance/ng87/>

Threat-demand cycle in ADHD

General example of any new demand



**Situation, task
or trigger**

Demand

Thoughts

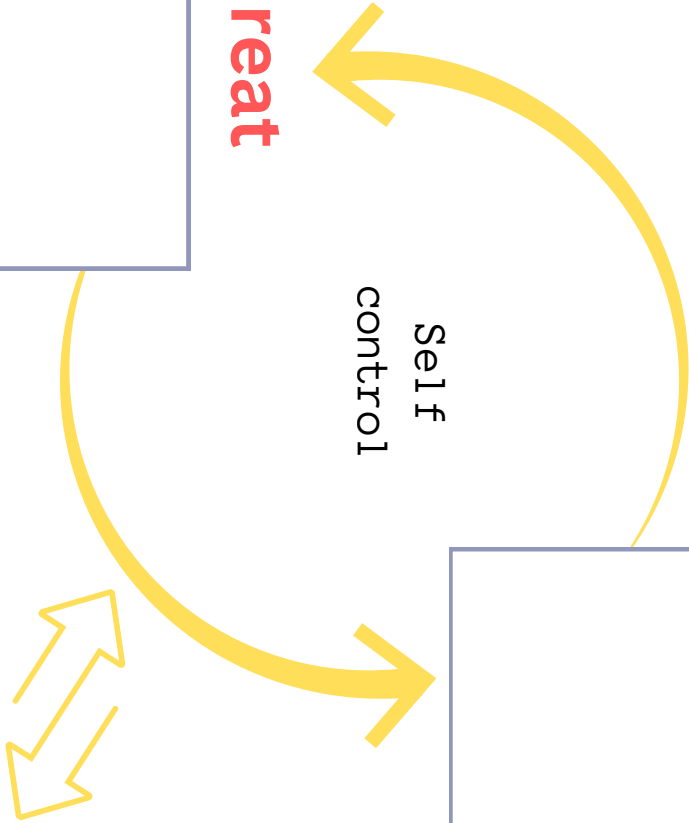
Self
control

Threat

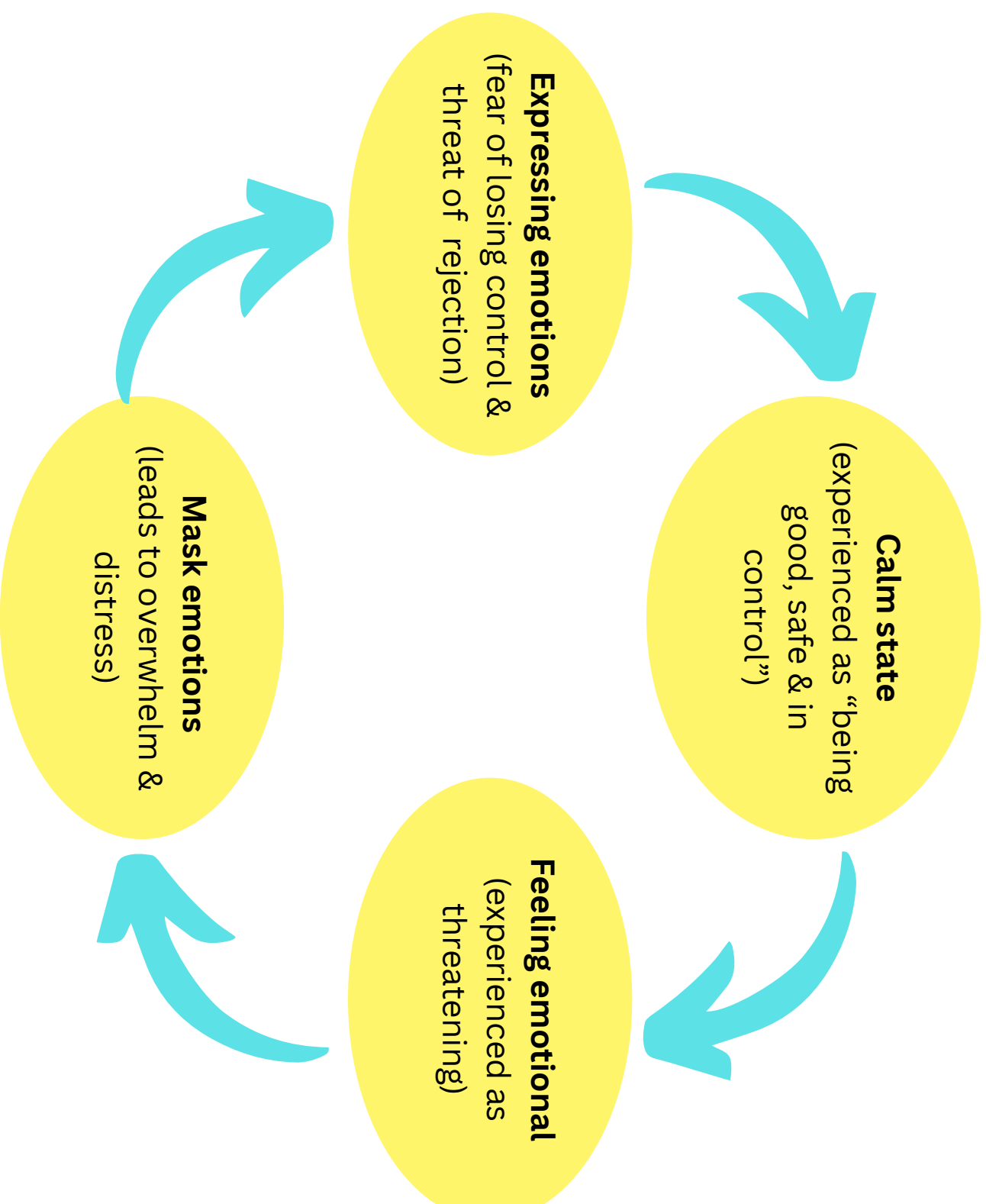
Feelings

Outcome

Behaviour



Cycle of emotional distress



Example

