Counseling with Focus: Help People/Clients thrive with ADHD/Neurodiversity Needs

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ICE BREAKER

What is ADHD?

Disclaimer ☺

ADHD Stats

- Approximately 13% (approximately 7.5 million) of children ages 3-17 are diagnosed with ADHD
- ADHD diagnosed at a faster rate as children age and within different age brackets.
    - 2.2% diagnosed in ages 3-5, 10.0% in ages 6-11, and 13.2% in ages 12-17
    - Boys and men are more likely to be diagnosed with ADHD then girls and women as male aggression and impulsivity is culturally interpreted differently than female by non-clinicians
- In people ages 18-24, ADHD prevalence peaks and stabilizes at approximately age 22.
- People diagnosed with ADHD are three times as likely to develop symptoms of psychosis.
- In begins to decrease from ages 25 and beyond with the most likely reason being access to care being for children to appropriately evaluated than adults, as the full assessment battery for adults can last up to 5 hours depending on the assessment being used.

ADHD Stats cont'd

- The average cost of comprehensive, effective, and throughout the lifespan treatment of ADHD is estimated to be between $10,000 to $15,000 depending on socioeconomic and environmental factors
- A 2022 study estimated the societal cost of ADHD in the US to be $122.8 billion (total, not just healthcare), primarily due to excess unemployment and productivity loss
- People diagnosed with ADHD are approximately 37% more likely to be diagnosed with PTSD or SUDs or both.
- The estimated projections of providers (general practitioners, social workers, LPC's, and psychologists) who will comprehensively treat and integrate treatment ADHD is suspected to be approximately 8%.
- A study of 1000 adults all across the United States found that approximately 25% suspected that they could be diagnosed with ADHD and of those, 13% had ever spoken to a doctor about it

The Difference between ADHD and the Neurodivergent Brain

KNOWING THE DIFFERENCE IMPROVES HEALTH OUTCOMES

"ADHD: IT'S NOT SO MUCH A DISORDER AS IT'S A DIFFERENT KIND OF ORDER!"
~ANONYMOUS CLIENT

The Difference between ADHD and the Neurodivergent Brain (cont'd)

Symptoms of ADHD Diagnosis:

- Difficulty paying attention to details
- Difficulty sustaining attention, especially on long/boring/repetitive work
- Easily distracted
- Forgetfulness
- Trouble with following instructions
- being unable to sit still, especially in calm or quiet surroundings
- being unable to concentrate on tasks while also having hyper fixation
- Nervous tics.
- Verbose speech
- Tangential/ruminating/obsessive thinking.
- being unable to wait their turn, including in conversation.
- Impulsive Behavior.

Neurodivergent Brain ("Neurospicey")

- Widely recognized as "different brain type"
- Organizes and stores information in a way that's fundamentally different from what's referred to as Neurotypical
- Coping/survival mechanisms that are simultaneously symptoms of ADHD, Autism, OCD, and Obsessive-Compulsive Personality Disorder (A large spectrum of illnesses (*deb Autism)
- High on spontaneity, curiosity, experimentation, intensity, passion, resiliency
- Top 1% of income earners likely have some kind of neurodivergence according to social and behavioral psychologists
- Often ***NOT*** low IQ and instead low EQ
- The dreaded "self-diagnosis"

The Dark History of ADHD diagnosis

- Sir Ken Robin's Ted Talk: https://www.youtube.com/watch?v=zDZFcDGpL4U
- The symptoms of ADHD were first described in 1798 by the Scottish physician Sir Alexander Crichton as "the incapacity of attending with a necessary degree of constancy to any one object."
- In 1902, British pediatrician Sir George Frederic Still "an abnormal defect of moral control in children." He found that some affected children could not control their behavior the way a typical child would, despite still intelligent. He found that these children would not adopt values and learn via traditional teaching methods
- First DSM was not published until 1952, which was 3 years before the drug Ritalin was approved by the FDA. It wasn't until the DSM III was published until 1980 with a revision given in 1987 that fully specified the ADHD diagnosis and variations. This meant that children did not respond well to USA education system that was decades behind by that time were overdosed with Ritalin with a saturation of ADHD to "solve the attention problem in schools."
- A more apt description was that children were becoming more aware of advances in information and technology at that time and responded to these in much the same way adults did with the education system insisting that children learn in a system that is inefficient and ineffective for children with different learning styles
- Parents, teachers, communities, policy makers, and those in government do not hold this insight when making changes and the resulting confusions are barriers to those who would have valid ADHD diagnosis getting integrated treatment.
- The most reliable and valid measurements of ADHD were not published and used in mass until the early 1990s.

The Dark Side of Human Development

The "Problem Child"

Parent harshly judges and shames child based upon observed difference; child seen as an "inconvenience"

Parent stigmatizes mental health, resistant to psychoeducation, and simple evaluation for clarity

Favors unrealistic and unhelpful comparisons "Why can't you be like…?!"

Instills world view that other people are to be controlled and treated poorly

Child more likely to exhibit criminal behavior, gain at least two comorbidities (PTSD, SUD, etc.), and struggle with education and employment based upon externalization of stress

The "Protected Child"

Parent enables child by solving challenges for child and preventing them from experiencing consequences necessary for growth when observing differences from other children

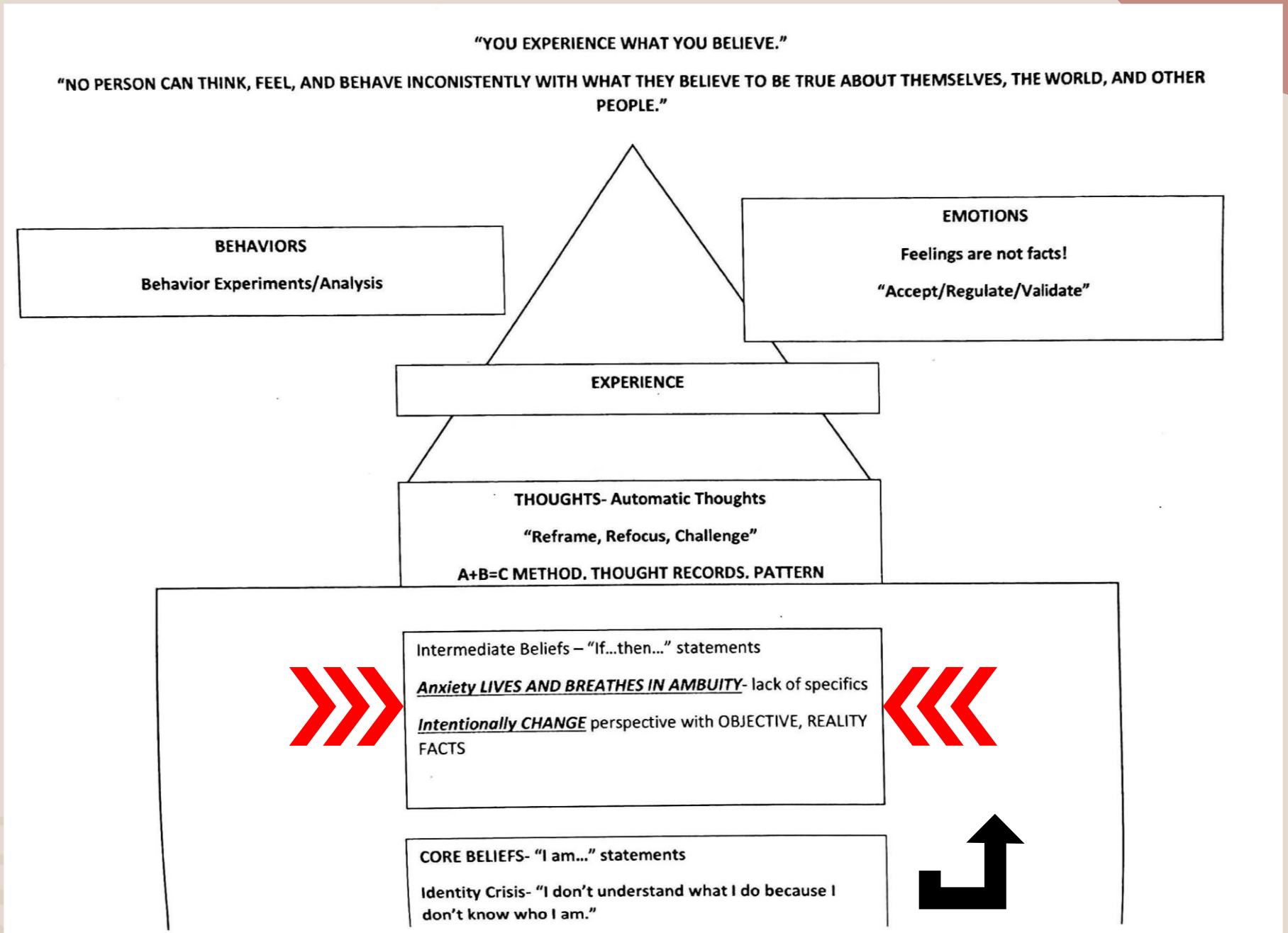
Parent projects insecurity and their personal "unfinished business" onto child; parent systemically uses child as a means of coping with their own anxieties

Favors pressuring, negotiating, and/or demanding that others adopt their parenting strategy with comparisons being made that others are "not fair" to child or are "mean" to child for enforcing boundaries.

Instills world view that other people will consistently protect them from consequences and that boundaries from other people are to be consistently avoided, ignored, and/or negotiated

Child more likely to have consistent challenges with long-term relationships, commitment, teamwork, and leadership. Similar challenges as "Problem Child" based upon internalization of stress

THE ADHD MIND (not the Brain)



The Ideal Journey in Healthcare

The individual journey

- Children – get evaluated at an early age, helpful decisions are made regarding medications, and Play Therapy occurs with theme of exploration being Discovery, Emotions, and Empathy
- Adolescents – Parents, teachers, and others understand the child's needs, set healthy boundaries, and balance expectations and person responsibility. EQ is built with child gaining insight and vocabulary
- Adulthood – Adult has insight into both ADHD diagnosis/symptoms and can set healthy boundaries, respond well to healthy boundaries, participate in structured therapy treatment types, and possibly participate in couples counseling where both adult and partner gain insight in balance between expectations and personal responsibility.

Neurodivergent Relationships/Families/Marriages

"When I really understood what was systemically happening, and what I was responsible for in the relationship, I felt so ashamed that it almost broke me. I'm so grateful that my wife forgave me, and that therapy helped me see the forest for the trees" ~anonymous client

- A Word of Caution Regarding ADHD Suspicion
- The Role of EQ and not IQ
- DPR, a significant counseling barrier
- The Gottman Four Horsemen
- The Balance Between Neurodivergent Expectations and Personal Responsibility

WORKING WITH ADHD CLIENTS/THOSE WITH SUD CHALLENGES

- Understanding "The Quest for Dopamine"
- Understanding the risk associated with hyper fixation on Social Media
- Set/continue to set healthy boundaries with trying your best to make sure they know that while they can have verbose speech, hyperfixation, DPR- counseling/progfram expectations are "as is."
- Some therapists/counselors can have issues with codependency and overreach "do the work" for the person needing help; instead, allow the person to wrestle with challenges and "feel" mistakes. Do not rescue and do not enable.
- Expect clients/those that need help to have tendencies toward the previously described developmental histories and set expectations accordingly
- Try your best to make sure the client/person that needs help is understanding what your saying (The "I don't know" problem)
- Create margin for the client to ask questions… Lots of questions… ☺
- Try to work with supportive family members but be wary of unsupportive family members enabling harmful cycles or causing further damage
- Consult with medical and mental health professionals for medication needs- Remember! This is the person's BRAIN!

WORKING WITH COWORKERS WHO HAVE ADHD

- Schedule practice wide CEUs (try IHS)
- Be intentional in clarifying boundaries with coworkers (remember "the Balance" from earlier?)
- Advocate for people taking breaks/dividing work into smaller portions
- Privately encourage people to get evaluated and to seek care
- Avoid patronization ("I know you have ADHD or whatever, but…")
- Celebrate differences while respecting people's privacy (it's their story to tell)

ADHD ADVOCACY AND RESOURCES

- CHADD (CHILDREN AND ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER)

HTTPS://CHADD.ORG/

- ADDA (ATTENTION DEFICIT DISORDER ASSOCIATION)

HTTPS://ADD.ORG/START/ADDA-RESOURCES/

- **CDC**

HTTPS://WWW.CDC.GOV/ADHD/COMMUNICATION-RESOURCES/INDEX.HTML

- INTEGRATIVE HEALTH SERVICES
- ALABAMA PSYCHIATRY (ADULTS)

HTTPS://ALPSYCHIATRY.COM/

- FOCUS MD (CHILDREN)

HTTPS://FOCUS-MD.COM/ADHD-CLINIC-LOCATIONS/BIRMINGHAM-AL/

- *ADHD: A HUNTER IN A FARMER'S WORLD* – A GREAT BOOK FOR UNDERSTANDING THE PERSON WHO HAS ADHD!
- *ADHD AND US*: - A GREAT BOOK HIGHLIGHTING THE NEURODIVERGENT RELATIONSHIP!

IHS AND HOW WE CAN HELP!

- CBT for ADHD for Adults focusing on ***COGNITIVE INSIGHTS***
- Play Therapy, Sandbox Play Therapy, and Synergetic Play Therapy for Children
- EMDR/Brainspotting with Trauma Comorbidity
- MI to highlight DPR and stages of change
- Psychoeducation Presentations/Seminars/Workshops

“Once I understood what I was dealing with myself, I could start dealing with myself.”
~ Anonymous ADHD Client

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