Autism and ADHD

From the Inside Out

Helen San, MA in Clinical Psychology
Licensed Professional Counselor
Licensed Addiction Counselor
Montrose, CO

Mentor Training

For Partners of Montrose, Delta, and Ouray

Introduction

- I am a psychotherapist in private practice in Montrose.
- I specialize in autism and ADHD.
- I provide professional evaluations for identifying autism and ADHD, plus individual and group therapy.

- I am autistic.
- I am ADHD.
- I raised 3 kids (all adult now): various combinations of autism and ADHD.

What is Autism and ADHD?

Looking from the outside in:

- **Not good at social skills**
- **Not good at communication**
- **Repetitive behaviors or speech**
- **Being “odd”**
- **Being inflexible**
- **Not speaking**
- **Meltdowns: tantrums or panic**
- **Hyperactive**
- **Distractible**
- **Can’t focus**
- **Jumping from one thing to another**

Looking from the inside out:

What does it feel like?

What is this universe that is inside an autistic / ADHD person?

The purpose of this workshop is to help mentors understand a little bit more what autism and ADHD feels like from an insider's perspective.

Language and the Neuro-affirming Culture

Personal language note:

- I don't use the word "neurodivergent" even though most people in the autistic and ADHD community do. I just say "autistic and ADHD" to mean autistic and ADHD.

- I say "allistic" to mean non-autistic.

- I do not usually say person with autism, in the same way I don't say person with gayness. I use adjectives (autistic person, gay person).

- For lack of better options, I use ADHD as an adjective (an ADHD person, I am ADHD).

AUTISTIC PERSON VS. PERSON WITH AUTISM

- THIS CHART SHOWS HOW LANGUAGE IS USED FOR VARIOUS CHARACTERISTICS.
- IDENTITY-FIRST LANGUAGE IS USUALLY USED FOR ATTRIBUTES THAT ARE A PROUD PART OF ONE'S IDENTITY.
- PERSON-FIRST LANGUAGE IS USUALLY USED FOR ATTRIBUTES THAT ARE UNDESIRABLE. THE CONDITION IS PLACED LAST TO EMPHASIZE THE PERSON OVER THE CONDITION.
- THE PREFERRED LANGUAGE IS UP TO EACH INDIVIDUAL. SOME PEOPLE SEE IT AS AN EQUAL BUT DIFFERENT NEUROTYPE. OTHERS SEE IS AS A MEDICAL CONDITION OR DISORDER.
- THE LANGUAGE YOU USE SIGNALS TO OTHERS HOW YOU SEE AUTISM, AS AN INTEGRAL PART OF IDENTITY OR AS A CIRCUMSTANCE THE PERSON HAS TO DEAL WITH.
- MOST AUTISTICS PREFER IDENTITY-FIRST LANGUAGE AND BE REFERRED TO AS AUTISTIC PERSONS, RATHER THAN PERSONS WITH AUTISM.

IDENTITY-FIRST LANGUAGE		PERSON-FIRST LANGUAGE
✓ GAY	PERSON	WITH GAYNESS ✗
✓ TRANS	PERSON	WITH TRANS-NESS ✗
✓ BLACK	PERSON	WITH BLACKNESS ✗
✗ DEPRESSED	PERSON	WITH DEPRESSION ✓
✗ CANCEROUS	PERSON	WITH CANCER ✓
✗ INTELLECTUALLY DISABLED	PERSON	WITH AN INTELLECTUAL DISABILITY ✓
✓ AUTISTIC	PERSON	WITH AUTISM ✗

Helen San / References and downloads at helensan.com

What does “neuro-affirming” mean?

- Autism and ADHD are **neurotypes**, neurological phenotypes of natural variations in human diversity.

- They are not a result of pathology. They are not defects, disorders, deficits, impairments, limitations, or conditions.

- These neurotypes may cause significant impairment in social and occupational functioning when the environment demands that they present as a different neurotype than what they are.

Listening

The most important thing about being neuro-affirming is LISTENING.

This means, listen to the kid. Really listen.

Listen with a blank slate in your mind. Curious. Open-minded.

Like they are extraterrestial visitors to Earth and you want to learn ALL about their culture on their planet.

It means listening without trying to fit the kid's experience into how they are supposed to be or supposed to be doing in our culture.

There is a quotation by author Paul Collins:

> "Autists are the ultimate square pegs, and the problem with pounding a square peg into a round hole is not that the hammering is hard work.
>
> It's that you're destroying the peg."

Neuro-affirming means:

- Don’t destroy the peg.
- Help them create a square hole for them to be themselves.

- It is less work for you.
- It is less work for them.

Overlap between Autism and ADHD

In this mentor training, I talk mostly about autism, but mostly whatever is said about autism can apply to ADHD as well.

Autism and ADHD are both **interest-based nervous systems**.

- **Motivation** comes from passion, play, and wonder rather than from importance (like it does for allistics) (Neff, n.d.).

- Both autism and ADHD are **monotropic**. Monotropism is the allocation of all the attention resources to one focus, rather than distribution of attention resources to various domains of importance (e.g. time, social cues, social conventions, space, other tasks, materials, etc) (Murray et al, 2005).

MONOTROPISM

"AN INTEREST-BASED NERVOUS SYSTEM"[1]

Attention resources allocated at high concentrations.

POLYTROPISM: ATTENTION RESOURCES SPREAD OUT

Attention resources are distributed widely across many interests, responsibilities, and spheres. Polytropics can pay attention to low-interest obligations and keep track of multiple interests at the same time.

MONOTROPISM: ATTENTION RESOURCES TO FEWER THINGS

Attention resources are focused on one interest or a few interests at a time. It is exceptionally hard to allocate attention resources to low-interest obligations or keep track of multiple interests at the same time.

MONOTROPIC FLOW: ATTENTION TUNNEL / RABBIT HOLE

When they are allowed, monotropics get into a hyper-focus "zone" that makes their processing and creative abilities sharper, faster, more efficient, more productive, and sometimes euphoric.

TRANSITION AND CHANGE: NO BRAKES

Monotropics find it very difficult to switch in and out of their flow. It is like skiing, where you have to gently ease to a stop. Transitions require a lot of mental preparation. It is hard to get started on a second thing if waiting on something already scheduled.

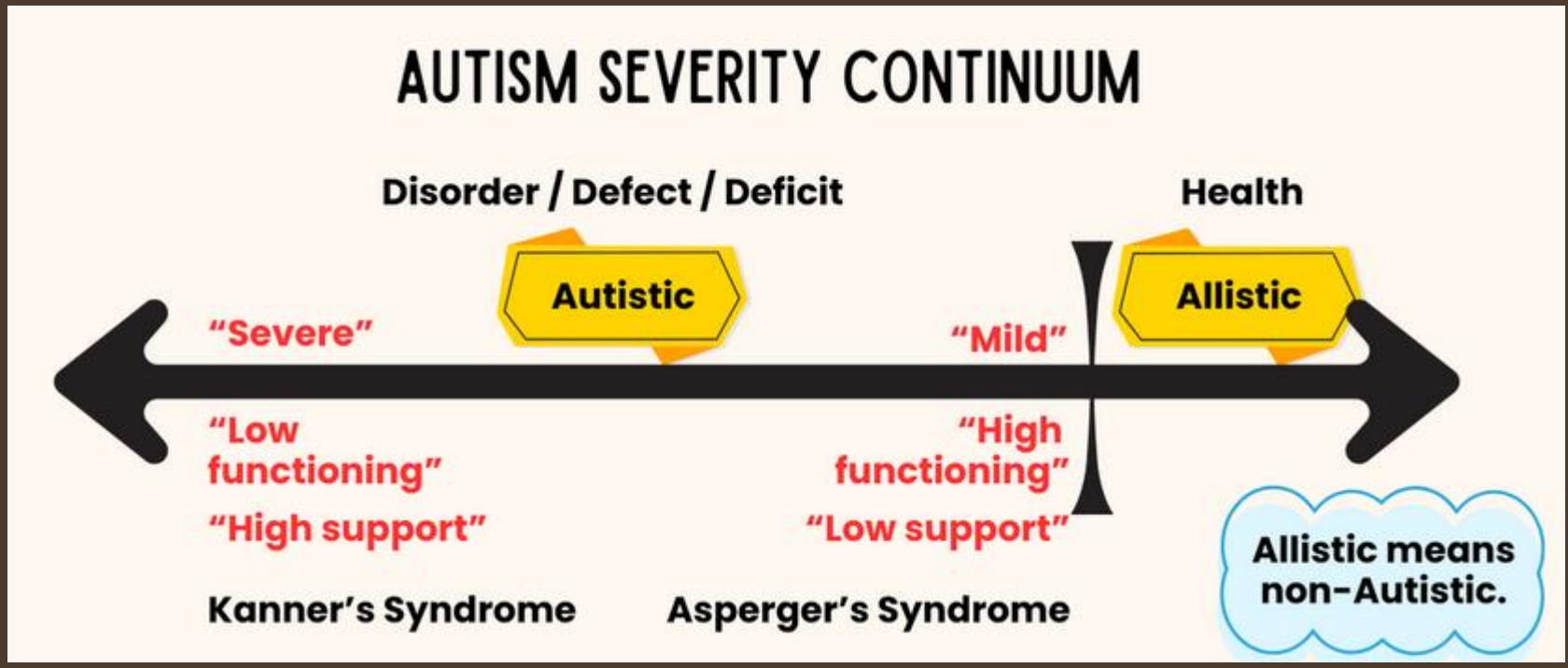
MONOTROPIC SPLIT: ATTENTION OVERLOAD

Overload happens when attention has to be split--such as when plans change suddenly. Instead of reducing the resources to each demand like polytropics, monotropics continue to put out a high level of focus per demand, which quickly leads to depletion.

Pathology vs Neurotype

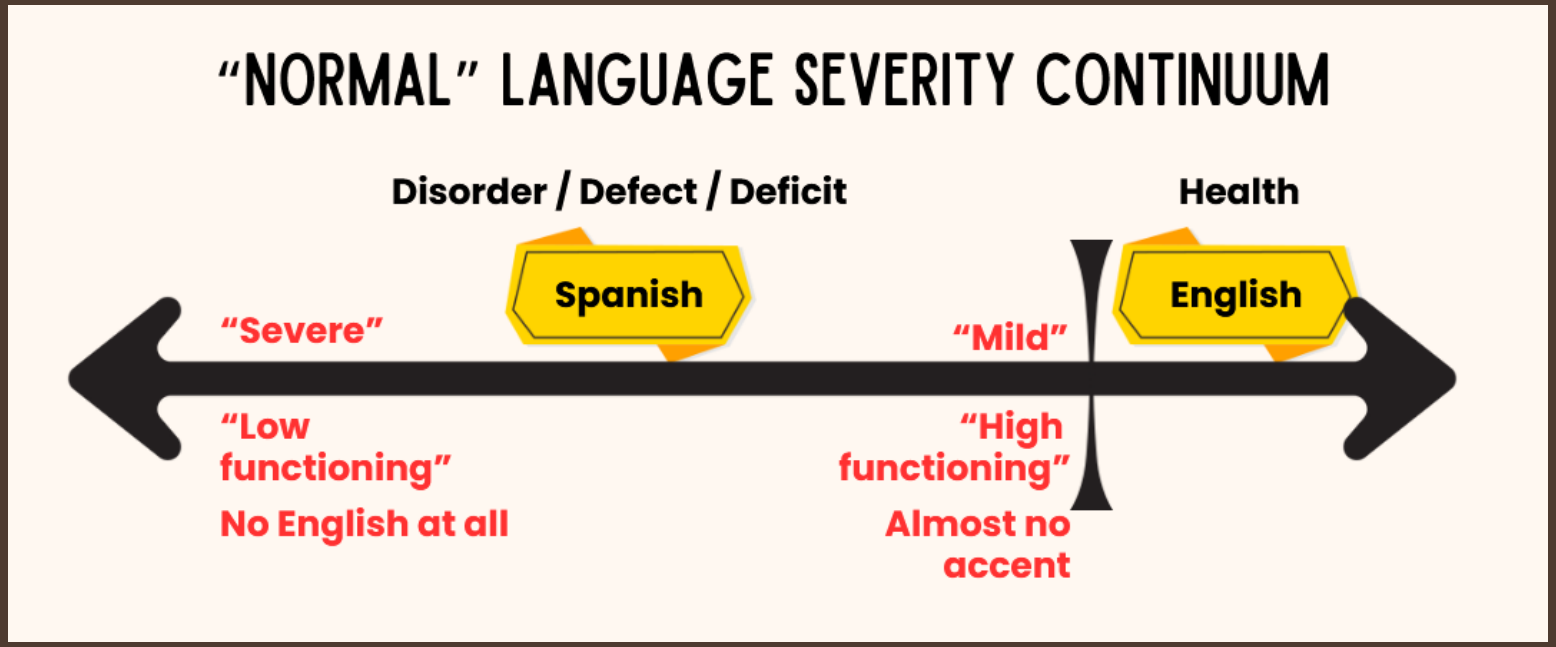
What's the difference between distress and the natural brain?

Pathology Model

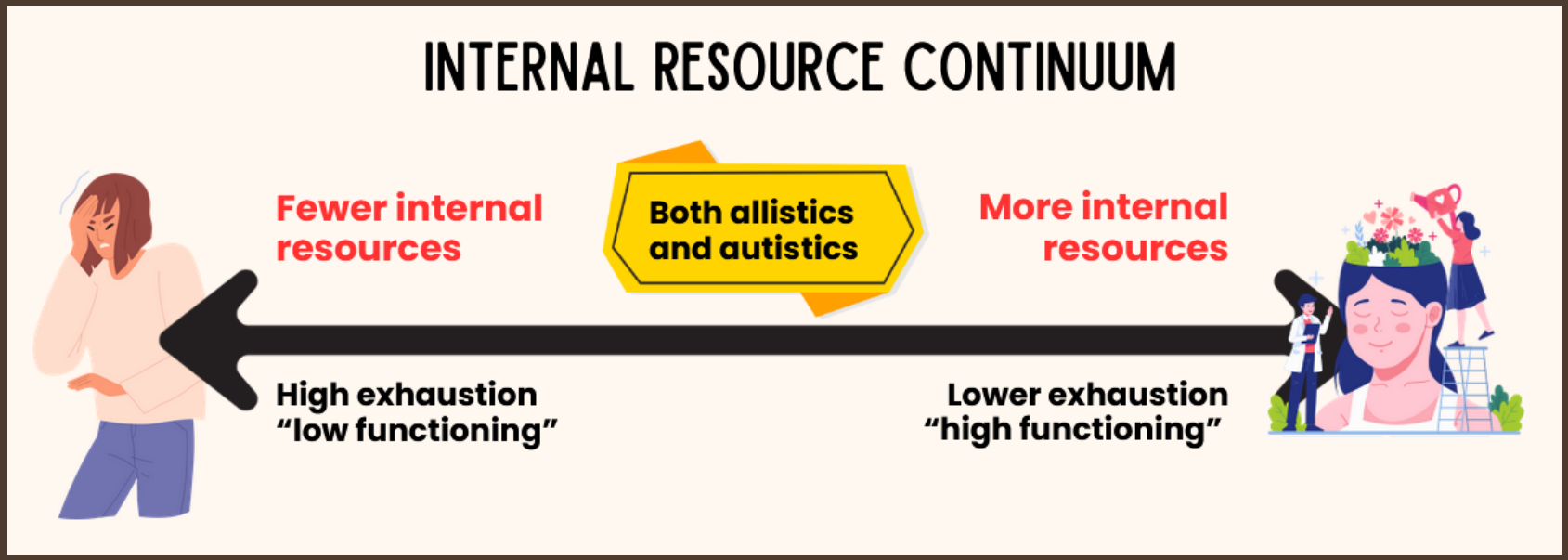


- Allism is the benchmark for health. Anything that is not allistic is a deficit.
- The closer you can pass for allistic, the more "high functioning" you are.

If we pathologized Spanish:



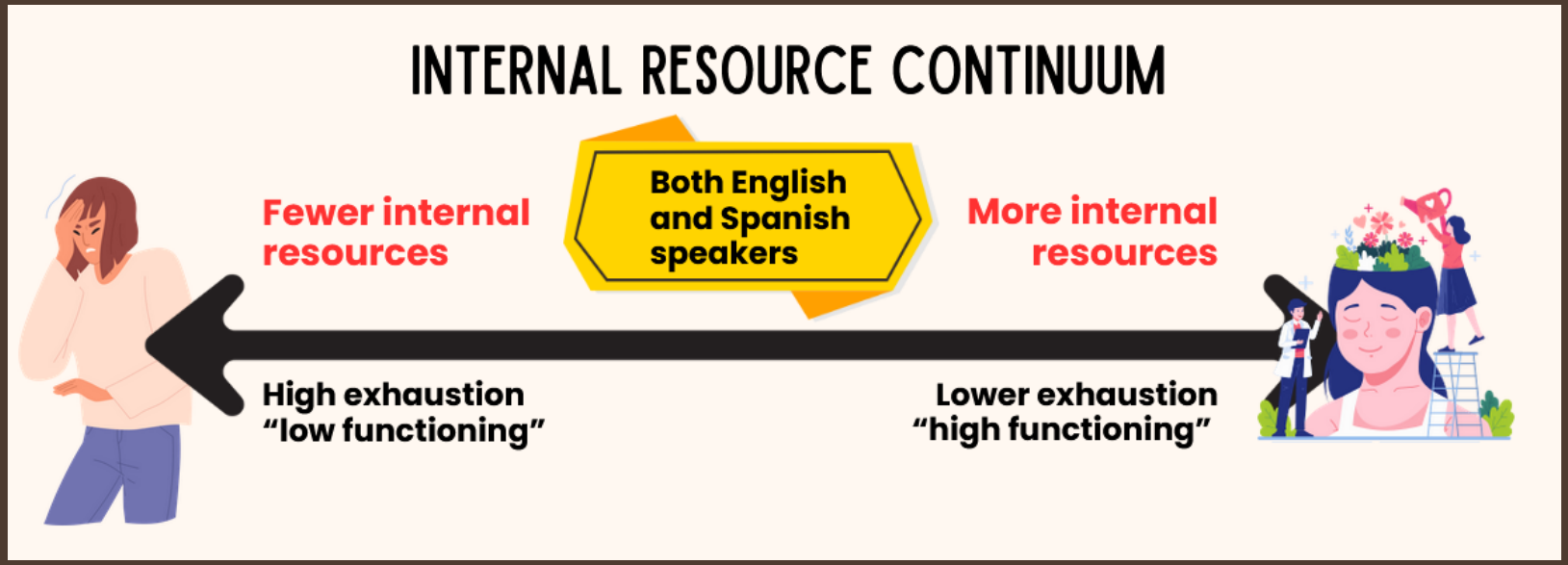
Neurotype Model



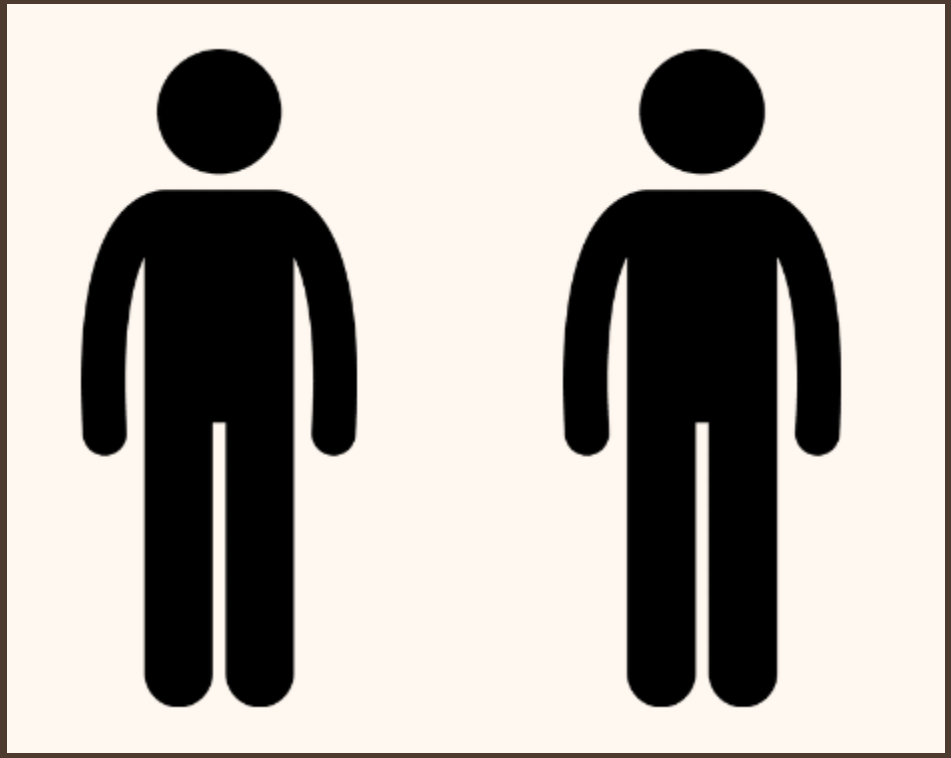
- All neurotypes can be "high functioning" and flourish when they have access to more internal resources.

- Internal resources can be depleted by factors such as a hostile environment, stress, health problems, poor sleep/self-care, caregiving, compassion, and toxins.

If we normalized Spanish



Which person has a peanut allergy?



The allergy is there. You just can't see it.

Now you can see it.

"The peanut caused the allergy."

The allergy was always there, before the peanut showed up.
The peanut made the allergy visible.

Without blood tests, how do you diagnose an allergy?
Distress. Distress makes the underlying condition visible.

Brain style vs. Distress

- You're born with the brain style. It is a normal personality type, if you will.
- A happy, thriving brain style is hard to distinguish from another happy, thriving brain style.
- Some differences are a matter of a different culture (like Spanish vs English).
- Some differences are signs of distress. Something is a burden in the environment.
- Some differences are temporary and situational. E.g. for some, eye contact could be difficult with co-workers, but comfortable with trusted family members.
- Some differences are all of the above, depending on the situation. E.g. Not speaking can be a brain style difference, a sign of distress, or a temporary situational reaction.

I don’t call them symptoms.

- They are just observations of behaviors.
- We don’t know why they are behaving that way.
- They are not necessarily a sign of disease.
- Many times, they could just be a cultural difference.
- At worst, they are a sign of distress.

Canaries in the Coal Mine

Autistics can be like canaries in the coal mine. They are often more sensitive to unhealthy burdens in the environment and react faster and more dramatically.

They can react to low doses of things that don't bother other people.

- Sounds, lights, sensations
- Chemicals, medicines
- Social expectations
- Disapproval
- Work demands

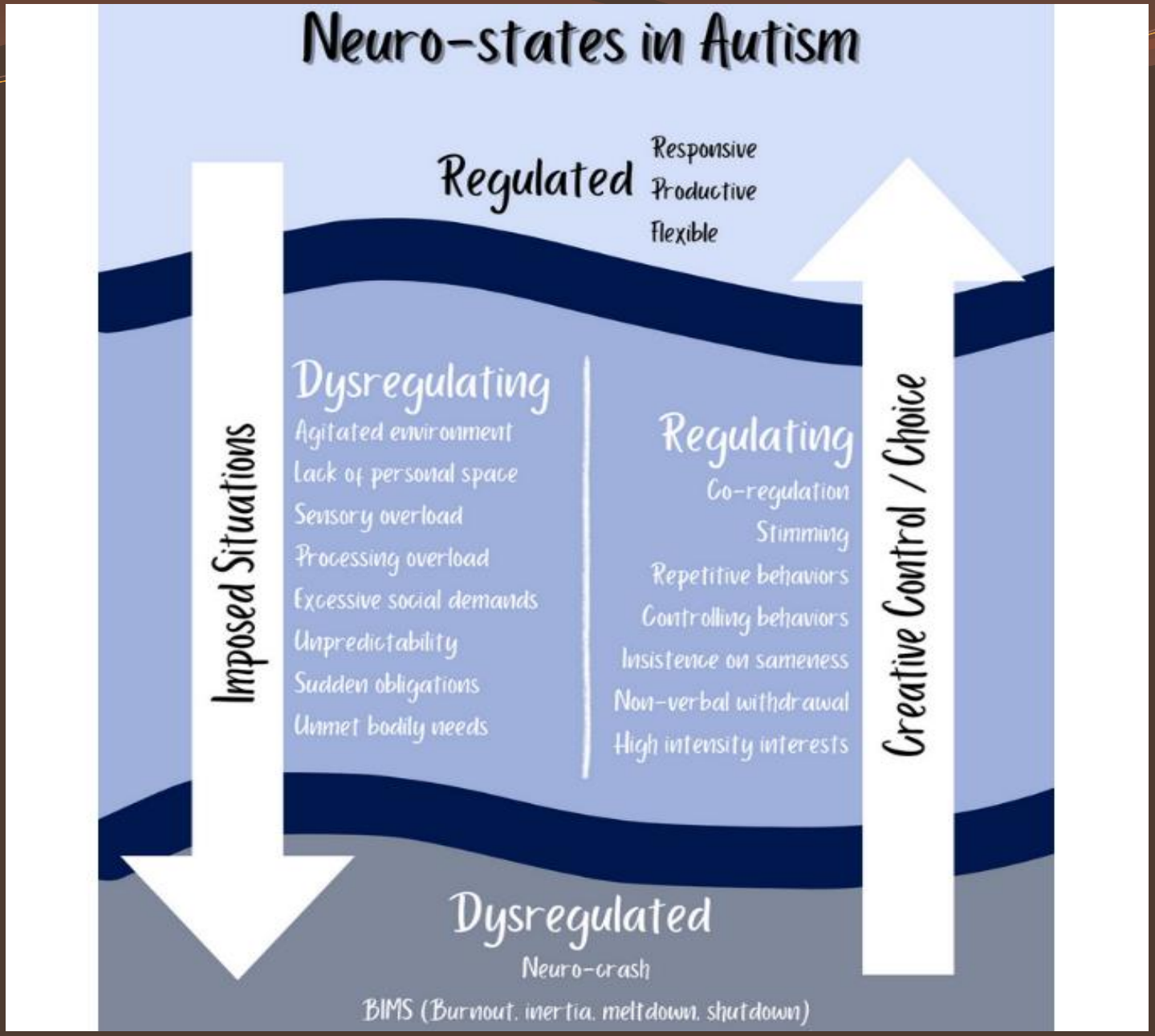
- A lot of diversity and variation in sensitivities.
- There can be hyperawareness and hypoawareness.
- Some autistics are oblivious to disapproval, and it bothers people that they don't care.
- Not all autistics are going to have the same sensitivities.

Raun Kaufman

IQ of 36
Recommended for institutionalization
Spinning plates day in and day out
Not speaking

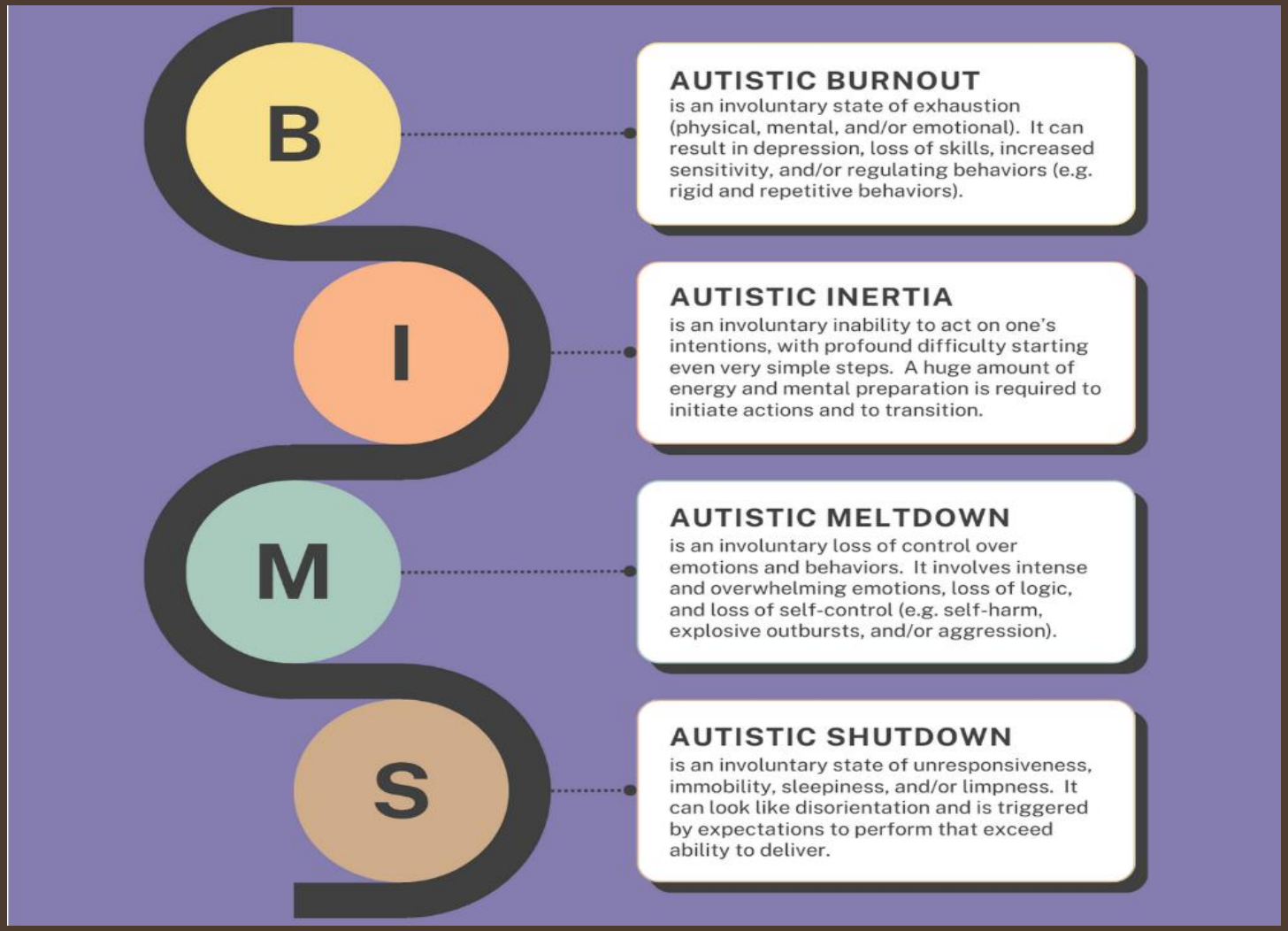
Mom sat down next to him and spun plates with him.

He started interacting with mom.
He went to school.
He graduated from Brown University.
He is happy and thriving, married, runs his own business.



(Adapted from Kaufman, 2023)

What distress looks like in autism: BIMS



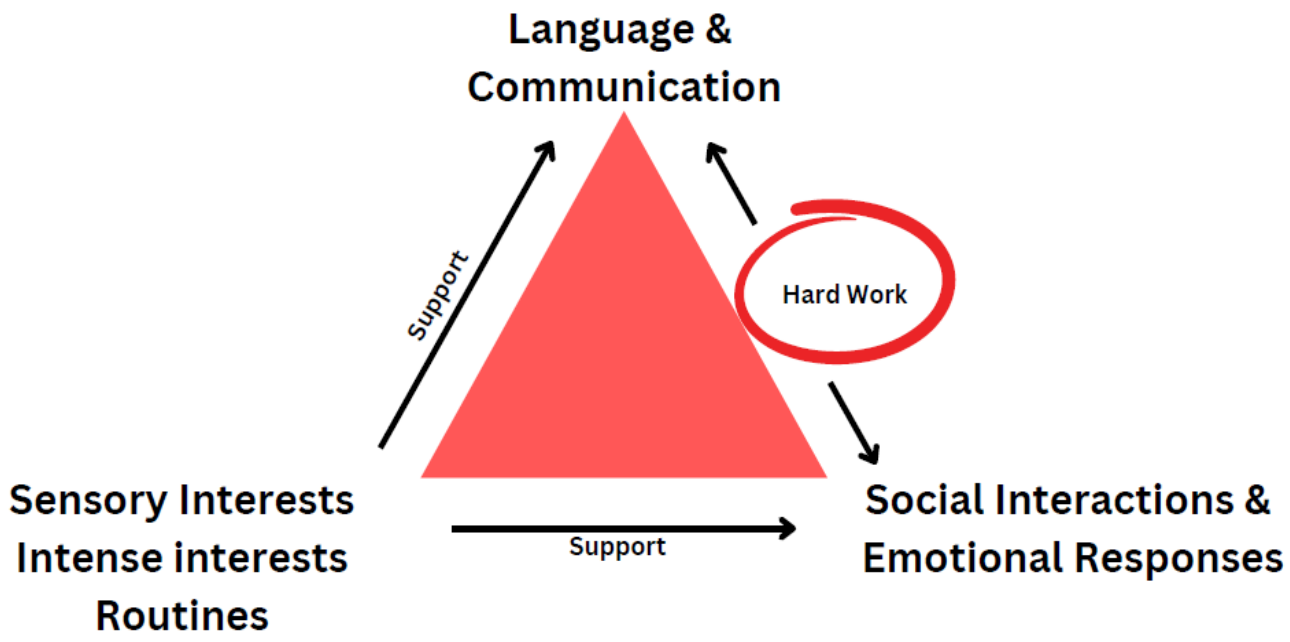
Phung et al, 2021

What the autistic neurotype looks like

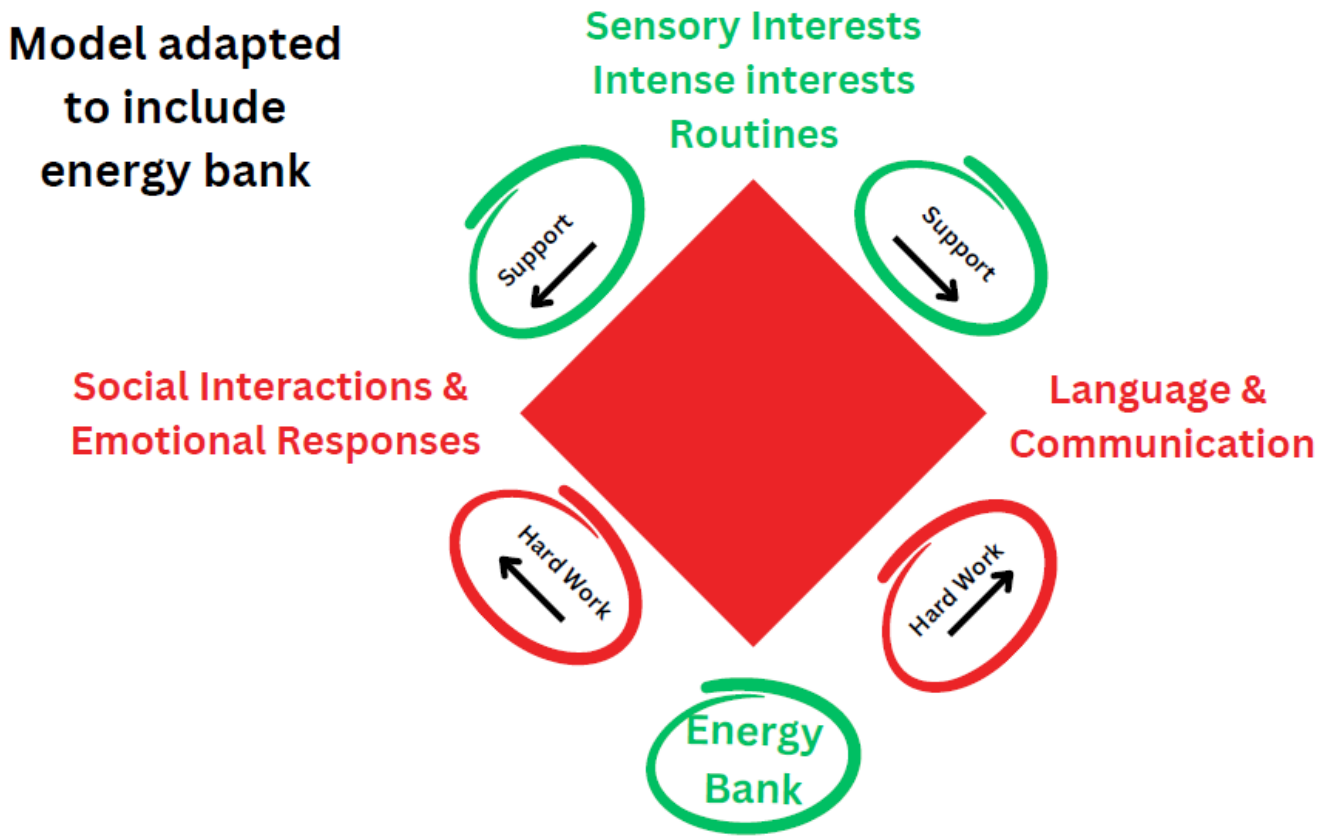
Monteiro Descriptive Triangle for Autism

Cost-based model of autism

(in contrast to a performance-based model of autism)
This allows increased sensitivity to nuanced presentations of autism.



Adaptation of the Monteiro Descriptive Triangle for Autism



Adapted from: Monteiro, M. (2024, April 30). Using the Adult MIGDAS-2: In Person and Remote Applications. *The MIGDAS-2 Diagnostic Interview System Workshop Series.*

Databank

Sensory Systems

Abundance of data and details

Context (Filter)

Why (Purpose)
How
What
Where
When

Desired Output

Communicating context to autistics help decrease energy cost of language, communication, social interactions, and emotional responses. (Monteiro, 2024).

What do you want for dinner?

- Abundance of possibilities.
- Unknown what is impossible.
- No search engine filter.
- You have to give them the context (the filter): why, how, when, etc.
- “I want to cook dinner in 15 minutes with what is in the fridge.” What do you want for dinner?
- “I want to go through fast food drive through.” What do you want for dinner?
- I guess I won’t say I want a chocolate éclair in Paris then.

Allistic Processing

- Transitions and lane changes at the last minute; easier to be flexible and spontaneous.
- Faster processing speed.
- Cues are easier to read, process, and respond to.
- Small mishaps and unpredictable events are easier to work around.

Autistic Processing

- Transitions and lane changes need to be planned ahead of time.
- Careful, slower processing speed to avoid mistakes and accidents.
- Large number of cues require interpretation, integration, and filtering. Response time is delayed.
- Mishaps and unpredictable events disrupt laminar flow and may cause slow-downs and traffic jams.
- Ginormous amount of data with which to solve problems, innovate solutions, and change the world.

ADHD is like this as well, but with possibilities rather than data. Everything is a possibility. They are more inclined to be impulsive, change lanes, and crash.

Photographs of neurons from dissected brain tissues.

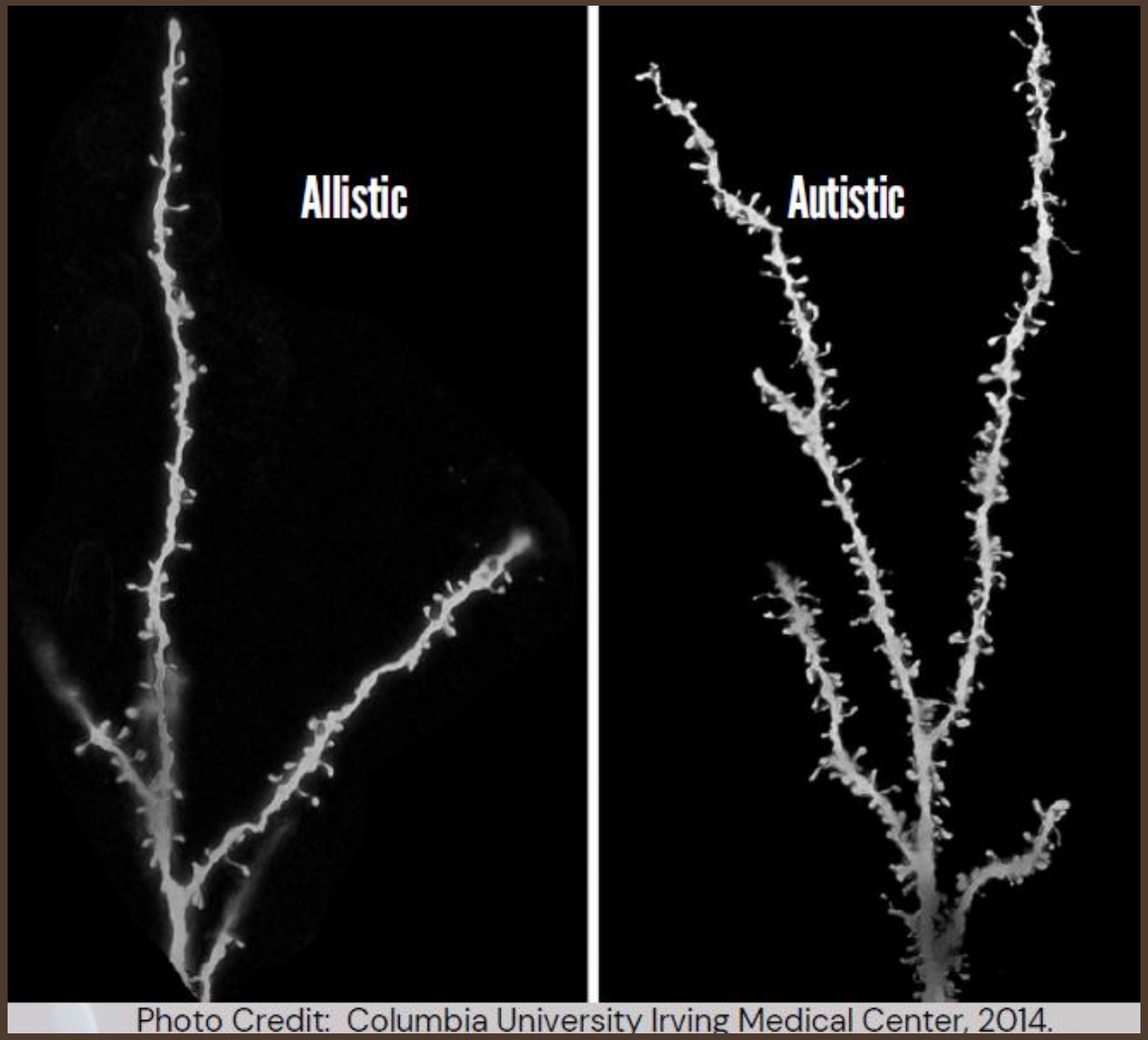
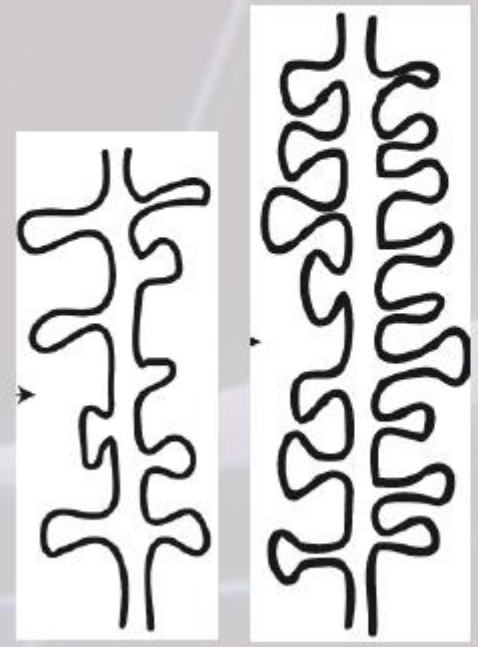


Photo Credit: Columbia University Irving Medical Center, 2014.

• Increased dendritic spines

Diagram from
Bowling & Klann, 2014.

(Kim, et. al. , 2017)



Allistic Autistic

The "buds" on the branches are called dendritic spines.

Each spine connects with another neuron across a space called a synapse.

More spines = more synapses = more connections.

Spine density is higher in dissected brains of autistic humans and mice.

Thought Exercise:

1. Think of something that is **hard for your brain to do**.
   When you think of doing it, you kind of fill up with dread.
   (E.g. taxes, cooking, replacing a head gasket on a car, painting, gymnastics, math, etc.)

2. Imagine having to do that **TEN TIMES** as much as you are doing it now.

3. What do you feel at the thought of it?

4. Autistics/ADHDers often have not one thing on this list, but 100 things on the list—including talking. They're asked to do these things 100 times a day. Then they get diagnosed with depression and anxiety.

Neuro-affirming is understanding that just because something is easy for you, doesn't mean it is easy for the other person.

Lots of kids get told this by their parents.

- I am not asking for anything unreasonable. These are SIMPLE tasks!
- I can answer something for "How was your day?" after I come home.
- I can take out the trash. It takes 3 minutes. I know you can do it. I've seen you do it before.
- I can brush my teeth and take a shower.
- If I can do it, you can too.
- Why can't you? (Lazy? Stubborn? Manipulative? Spoiled? Rude? Care only about video games?)

The Social Environment

OVERVIEW OF COMMUNICATION DIFFERENCES

ALLISTIC		AUTISTIC
Communication is usually intuitive and energizing.	VS	Com. is hard work, except in energizing favorite interests.
Faster tempo banter	 	Longer, careful expositions
Social use of conversation The journey is what matters.	 	Mission use of conversation Destination is what matters.
Symbolic content	 	Literal content
Implicit hints	 	Explicit transparency
Toggles between offering and asking for stories	 	Information dumping or information diving
Social-focused: gestures, social signaling, networking	 	Data-focused: connections, patterns, and mechanisms

Neurodiversity

Infinite variability in cognitive functioning

Co-occurring with Autism

ADHD

- Roughly 40% to 70% of Autistics are also ADHD (Rong et al, 2021; Hours et al, 2022)
- Distinct structural brain differences have been found in ADHD and autism, e.g increased fronto-temporal gray matter volume in autism and decreased orbitofrontal gray matter volume in ADHD (Lukito et al, 2020).

Intellectual Differences / Spiky Cognitive Profile

- Around 35% of Autistics identified by age 8 in the USA are intellectually disabled (IQ less than 70) (Maenner et al, 2023).
- Around 10% of Autistics have savant syndrome, and 50% of savants are Autistic (Treffert, 1999).
- About 30% of Autistics have exceptional abilities in specific areas (Howlin et al, 2009).
- Autistic savants have a different behavioral profile from other Autistics (Hughes et al, 2018)

Non-speaking / Minimally Speaking

- Around 25% - 30% of Autistics are considered minimally speaking (Rose et al, 2016)
- 20-40% have significant language difficulties (Brignell et al, 2018)

Time Perception / Dyschronometria

- Atypical time perception in Autistic individuals can be found across research literature (Casassus et al, 2019)
- Time perception and duration judgment have been found to be linked to working memory issues in Autistic youth (Brenner et al, 2014)
- Time duration judgment can sometimes be stronger in Autistics with eidetic-type memory (Wallace & Happe, 2008)

Co-occurring with Autism

Information Processing Differences / Learning Differences

- Dyslexia: 20-40% of children with ADHD have a reading disorder; 6-30% of Autistic children have a reading disorder (Hendren et al, 2018).
- Netherlands twin study suggests co-occurrence of ADHD and dyslexia/dyscalculia probably share a common genetic cause vs causing one another (van Bergen et al, 2025).
- Dysgraphia is found in about 50% of ADHD children and 50% in Autistic children (Mayes et al, 2018).
- About 80% of Autistic children have been found to have pronounced motor difficulties. 7% self-report diagnosis of dyspraxia. (Cassidy et al, 2016).

Agnosia and Alexithymia

- Agnosia is difficulty with recognition of sensory input, including: visual (objects, faces, landmarks), spatial (distances, direction), auditory (sounds, voices), tactile (recognizing objects by touch), gustatory (taste), and olfactory (smells).
- Prosopagnosia is difficulty recognizing faces or "face blindness." No good prevalence data in autism, but studies have found some autistics perform worse on facial identity tasks than allistic controls (Weigelt et al, 2012).
- Alexithymia is difficulty recognizing and articulating emotions. About 50% of Autistics reported alexithymia on the Toronto Alexithymia Scale (Kinnaird et al, 2020)

Sensory and Auditory Processing / Synesthesia

- Auditory processing differences in 70% of Autistic children (Lau, 2023). Auditory processing disorder prevalence rates in autism is unknown.
- About 80% of Autistic children have sensory processing disorder (Patil & Kaple, 2023).
- Synesthesia is when sensory perception is intermingled, such as sounds are sensed as colors, or visual patterns are felt on the skin.

Aphantasia, Hypophantasia, Hyperphantasia

- Aphantasia is a condition in which visual imagery is absent. Hypophantasia is when visual imagery is vague or dim. Hyperphantasia is the ability to generate realistic and vivid visual images.
- There may be a connection between aphantasia and synthesia in Autistic individuals. Aphantasics report lower sensitivity to other senses and the dimmer imagery extends to other senses as well (e.g. less vivid auditory imagery) (Dance et al, 2021).

Co-occurring with Autism

Gender Differences

- One study found about 5% of autistic children endorsed a gender-related issue on the Child Behavior Checklist (Janssen et al, 2016).
- One study found gender-diverse individuals are about 5 times more likely to be diagnosed as Autistic and score significantly higher on self-report of autistic traits (Warrier et al, 2020).

Mental Health

- Scottish 2011 census data showed both intellectual disabilities and autism predicted poor health; ID predicted worse general health than autism, and autism predicted worse mental health than ID (Kinnear et al, 2019).
- About 80% of Autistic adults met criteria for a psychiatric diagnosis at least once in their lives compared to 30% of Allistics (Lever & Geurts, 2016). This may be related to Autistics seeking mental health services more frequently.

PDA

Pathological Demand Avoidance

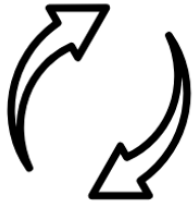
Pervasive Drive for Autonomy

Power Difference Allergy

Stuck in the cycle of not having a choice

1

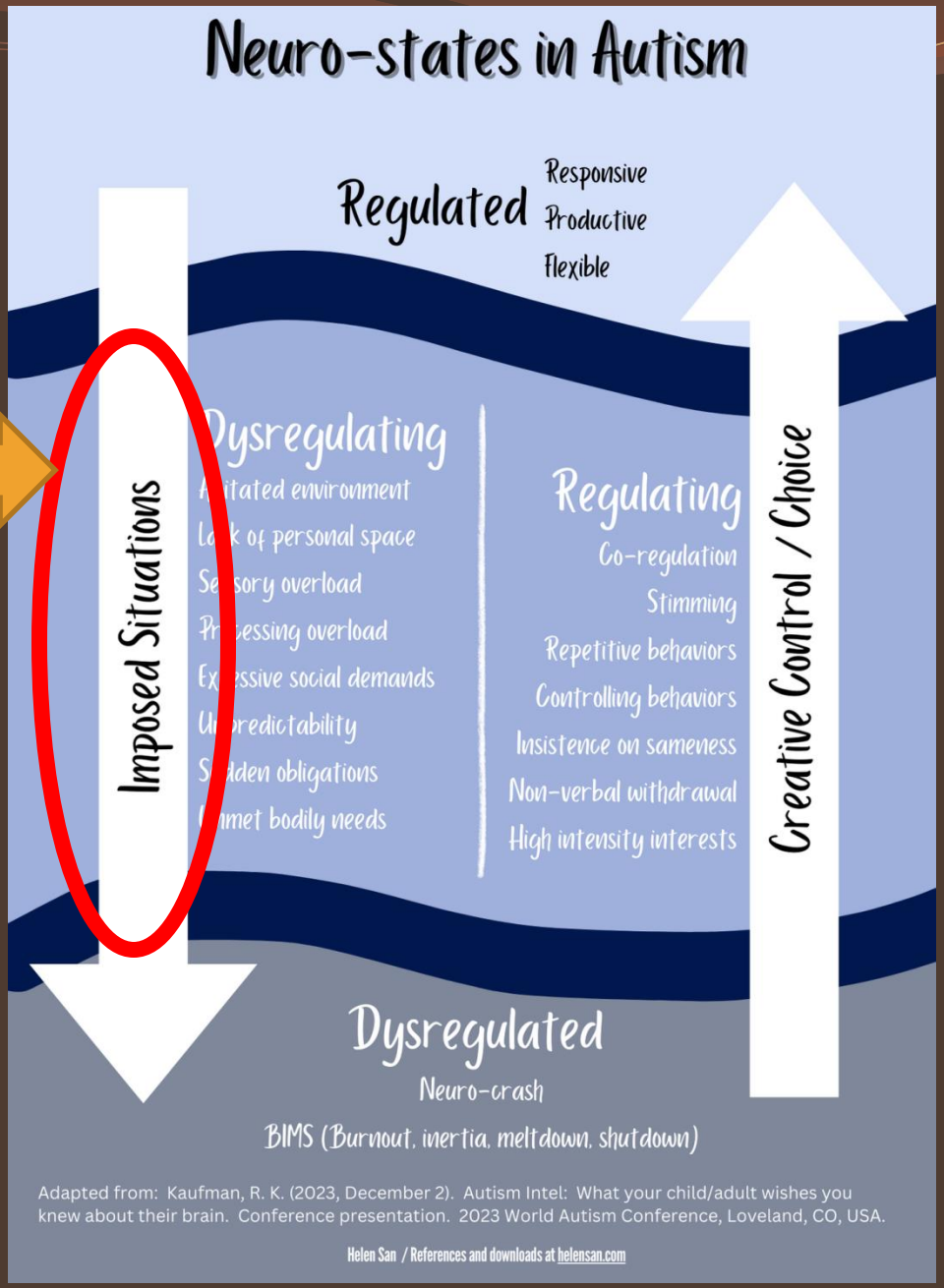
Chronic state of nervous system dysregulation, stuck in fight or flight or frozen.



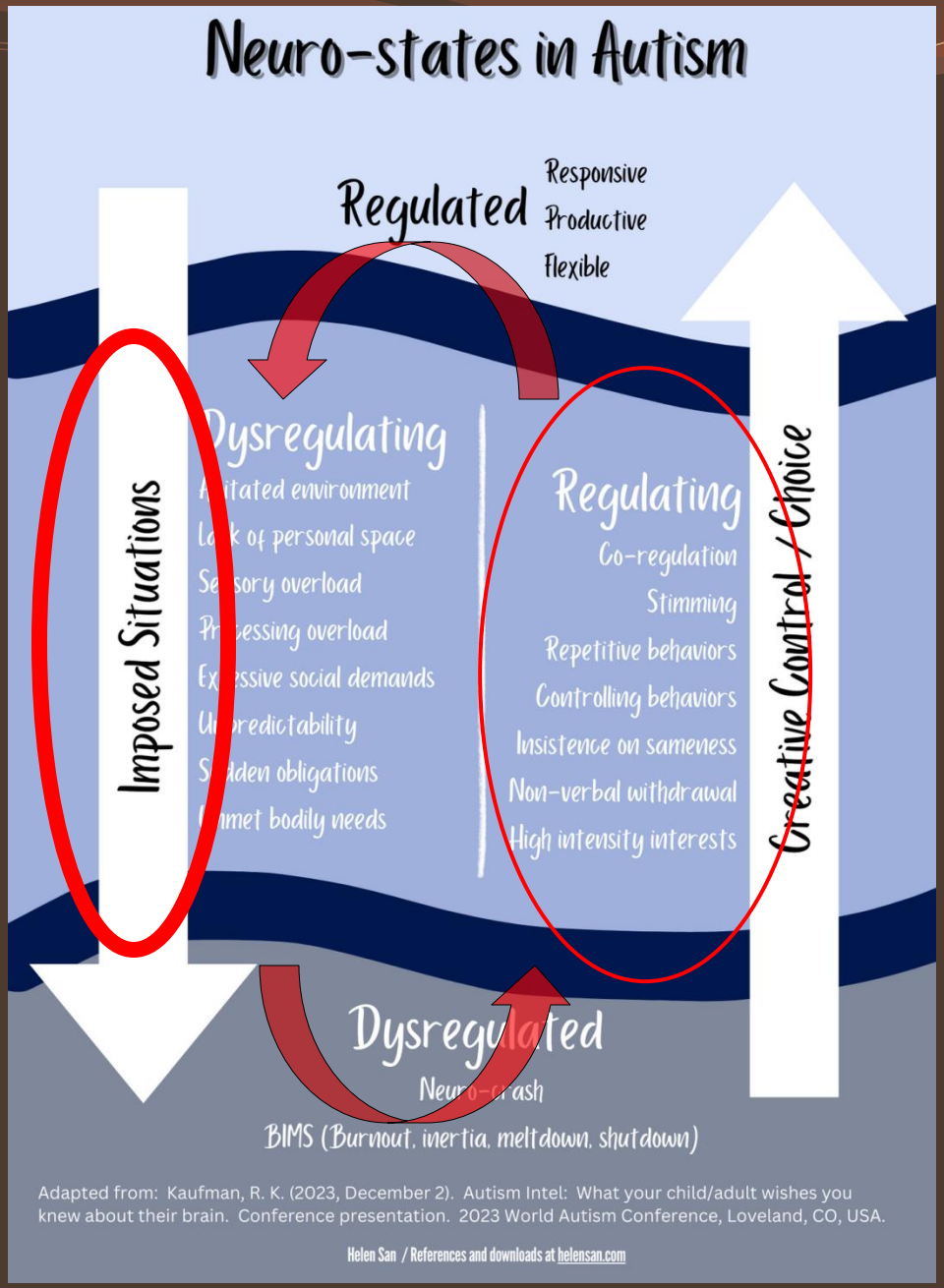
2

Sensitive to impositions from others, especially from people who assume power over them.

Imposed Situations



Cycle



PDA World

Adapted from Diekman, 2025.

PDAers need:

- To be treated as equals, with creative agency over their own lives and environment.

- To be talked to the way polite and kind people talk to strangers, without any demands, without assuming any obligation or debt or inferiority.

- To be connected with as human beings in an authentic way, not as objects that produce outcomes for others.

When they are ordered around, their dysregulated nervous systems can get very aggressive (fight) or avoidant (flight). The aggression often presents like Oppositional Defiant Disorder.

Punishment or reward (which is a secret punishment when you don't earn it) makes the dysregulation worse.

✓ Connect with them. Love them for who they are, not what they should do or can do. Be With.

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