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**How taking the label  
out of ADHD helped  
me find myself**

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Staring at a screen, I sit and wait for the letter X to pop up. My doctor instructed me to hit the spacebar every time I saw an X in a sequence of flashing letters. It seemed so simple — all I had to do was focus on the screen. But I couldn't do it.

Even at the age of 10, I knew my loud personality drew the negative attention of my teachers. I was constantly talkative and energetic. Over the years, I noticed a pattern in their teaching methods: teachers were either patient enough to realize I was still a hardworking student, or they quickly decided I was a problem.

My third-grade teacher fell into the latter category. One day, she pulled me outside of the classroom and sat me down in front of a poster on the door that spelled out the mnemonic "THINK": "Is it Thoughtful, Helpful, Inspiring, Necessary, Kind?" She told me I had an attention and talking problem and asked me to follow the words on the poster. She harshly told me that I needed to learn to control myself and that I was interrupting my and others' learning. I felt ashamed and guilty; I always tried my best to behave and was terrified of upsetting my teachers. I didn't understand what impulse control was, so I assumed there was something wrong with me that I couldn't fix.

The results of extensive testing and surveys from my teachers concluded that I had attention deficit hyperactivity disorder, or ADHD. When I received my diagnosis, everything suddenly made sense. I wasn't doing anything wrong; my brain had a chronic condition.

My doctor tried to explain to me what the diagnosis meant, but all my 10-year-old self could focus on was the word disorder. "Disorder" meant something was wrong with me.

Entering middle school, my doctor prescribed Adderall to help me in school. Adderall is an amphetamine that increases dopamine and norepinephrine in the brain, which ADHD patients naturally lack. Taking the medicine made it easier to stay motivated and focused, and I could finally sit through 90-minute classes.

However, Adderall's benefits came at a cost. Along with headaches and loss of appetite, I noticed my personality fading away. My talkative and passionate nature were both products of my ADHD. The only explanation I could come up with was that, like my attention levels and hyperactivity, my personality was negatively impacting me and also needed fixing.

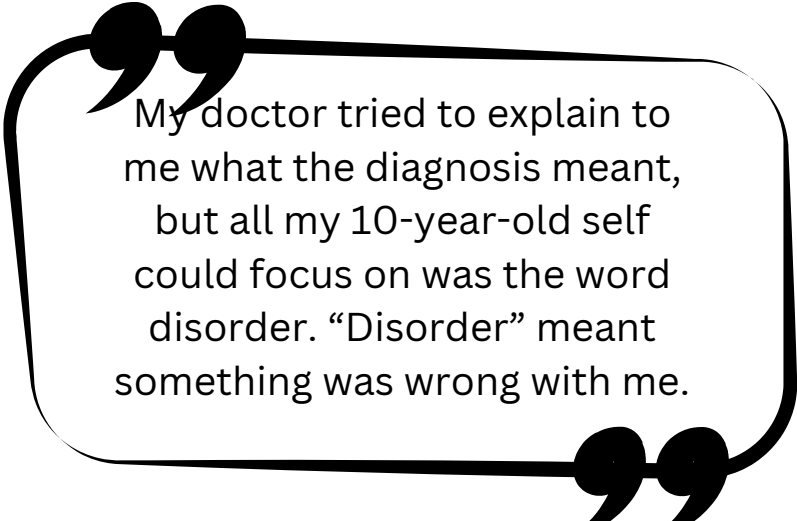
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The pandemic forced me to spend more time without Adderall since I was no longer in school. I started exploring my interests without the need for Adderall to aid my school performance, and I discovered that ADHD wasn't all negative. The word "disorder" had been obstructing my view.

ADHD causes both a general lack of focus and hyperfocus. When someone with ADHD has a passion and intense desire for something, they can zone in on it. That had always been the case with writing. I struggled to sit through a 15-minute lecture, but writing for hours was a breeze. Time would simply fade away. Reading had a similar impact on me – since I was ten, I would stay up past midnight reading any book, cruising through the pages and obsessing over whatever novel was in my hands.

I didn't know it at the time, but I was experiencing hyperfixations – periods in which neurodivergent people experience intense emotion and productivity. One weekend, I decided that scrapbooking would be my new hobby. I spent \$50 on materials from Michaels and covered my bedroom floor with pictures, stickers and markers just to drop the hobby a week later. I could spend days on the internet researching random ideas, only to never think of them again. Ghosts of my hyper fixations collect dust under my bed, but they have left me with an extensive library of niche knowledge that makes for great conversations.

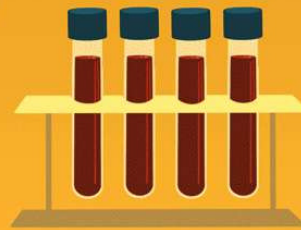
In time, I realized that ADHD wasn't some monster infiltrating my brain – it's a part of who I am. ADHD doesn't make me broken, just someone with a brain that functions differently. Learning to love what I'd assume was hurting me was a struggle, and that's the issue with the connotation surrounding the word "disorder." While ADHD has given me my fair share of struggles, it has also made me who I am: a curious-minded individual eager to write about her passions. Different isn't always wrong – it's just different.



My doctor tried to explain to me what the diagnosis meant, but all my 10-year-old self could focus on was the word disorder. "Disorder" meant something was wrong with me.

# DO I NEED AN ASSESSMENT FOR AUTISM OR ADHD?

## Diagnosis of ADHD



Involves an in-depth interview and physical exam

ADHD currently cannot be diagnosed solely using imaging

Self assessments and questionnaires for symptoms are widely available online

Diagnostic criteria varies in children and adults

Blood tests and imaging may be ordered to rule out other conditions

These should not be used to self-diagnose or diagnose others



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Autism, ADHD, giftedness, and neurodiversity can impact so many areas of a person's functioning and well-being—from school, social life, work, and just overall mental health. You may read an array of articles and relate difficulties of autism symptoms, ADHD symptoms, or possibly both. Or maybe it's social anxiety or depression? Sometimes it may be difficult to distinguish without professional guidance or assessment. This post will help walk through what to consider and what to expect.

## Do I Need an Assessment?

A comprehensive assessment can be a big investment—of time, energy, and money. When considering the need for an assessment, it's important to think about:

- The chronicity of difficulties.
- The extent of the difficulties.
- If difficulties have resulted in other apparent mental health concerns, like depression or anxiety.
- If you tried other interventions that have not resulted in sustained relief.

Many times, we can feel like we're coping with our difficulties in a constructive way, without realizing that we've developed maladaptive ways of coping to get by.

When attempts at therapy, behavioral interventions, or change of environment have not resulted in any sustained relief, it may be time to consider a comprehensive assessment. It may have been that without truly understanding the underlying source of our difficulties, we end up treating the wrong disorder. For example, if you believe you have a viral infection, and treat it with antibiotics, it will not address your illness. The same goes for mental health.



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## What to Look For

A comprehensive and robust psychological assessment holds immense value in being able to discover the underlying sources of our difficulties. It can also uncover strengths, differences, and limitations that have been present throughout your life and provide recommendations to address your overall well-being and functioning in these areas. It should provide a thorough understanding of your cognitive, interpersonal/social, intellectual, neuropsychological, and psychopathological strengths, difficulties, and adaptive coping in different areas of functioning. It involves screeners, questionnaires, testing and assessments, interviews, and observations to collect a broad range of objective and subjective data.

What your assessment should likely not entail is a basic screener or brief interview that leads to your diagnosis. Many mental health disorders can manifest as difficulties with social interactions, paying attention, or task initiation. As shared above, if you are diagnosed incorrectly, you could engage in treatment that may not be relevant to the underlying issue, and thus likely exacerbating your difficulties.

A comprehensive assessment should include:

1. **Accurate Diagnosis:** A tailored, comprehensive assessment is crucial for obtaining an accurate diagnosis. There are many overlapping traits in neurodiversity, including difficulties with attention and focus, working memory, sensory sensitivities, other executive functions, and social skills. Therefore, an in-depth assessment of different neurodevelopmental conditions such as autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), specific learning disorders, giftedness, twice-exceptionality, and intellectual disabilities is imperative to target treatment and interventions around the correct symptomatology. An accurate diagnosis forms the foundation for personalized interventions and support strategies.
2. **Understanding Individual Strengths:** Assessing an individual's cognitive abilities not only highlights challenges but also uncovers their unique strengths that can be beneficial to their day-to-day quality of life. Recognizing and capitalizing on these strengths promotes the development of a personalized and strengths-based approach to improve mental health, self-esteem, and well-being.
3. **Recommendations and Accommodations:** An assessment provides valuable insights into an individual's learning style, cognitive strengths, neuropsychological functioning, and areas of difficulty. These insights inform the development of individualized education plans (IEPs), work accommodations, and tailored approaches to learning and working environments. This can be most useful to access support services and provide accommodation recommendations to unlock potential and create more purposeful functionality in these areas.

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When seeking a comprehensive psychological assessment, it is essential to work with an evaluator who is qualified and experienced in the specialization in the area in which you are seeking assessment. Because you are investing your time, money, and energy, you want to make sure that you are obtaining the optimal benefit.

### **Questions to Ask a Potential Evaluator**

1. Do you specialize in assessing for neurodiversity? What kind of testing is under your scope of practice? Neurodiversity is a unique niche that must be carefully understood due to its complexity and the depth of knowledge necessary to understand its nuanced presentations. It can be helpful to be assessed by an evaluator who is licensed and qualified to provide the broadest capacity of assessments, including individually administered intellectual and neuropsychological assessments. The use of these types of tests is imperative in determining differential and dual diagnoses of other neurodiversities, including learning disabilities, developmental disabilities, and giftedness.

2. What procedures will be utilized? The American Psychological Association recommends that evaluators use evidence-based, multi-method procedures for diagnostic evaluations. This will include a robust developmental and lifetime clinical interview, screeners, questionnaires, individually administered, standardized neuropsychological, psychopathological, and personality testing (tailored to the individual), and collateral interviews and documents (as needed and available).

3. With my particular concerns, what is your estimate of how long the assessment process will take, what tests will you administer, and what can I expect during that time? These should be standardized, evidence-based assessments and procedures that are tailored to your primary concerns, along with testing that can provide differential diagnostic information for other disorders that may be co-occurring or have overlapping features with your primary diagnostic concern. Depending on the battery used, a thorough assessment can range anywhere from 8 to 23 hours, depending on the clinical interview, types of testing required, and type of report being requested.

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4. How will my observations and reports from other professionals be considered in the assessment? It is important that a diagnosis not be taken directly from other evaluations but can be utilized as collateral information for understanding prior functioning. This information can be helpful to integrate into your current assessment for assessing fluctuations in your cognitive, adaptive, or intellectual functioning.

5. Will the assessment include a differential diagnosis? If so, why is it important? A differential diagnosis can be imperative when it comes to your assessment recommendations. If you seek treatment for an inaccurate diagnosis, it can prolong or worsen symptoms. Similar to treating a viral infection with antibiotics, it will not address the underlying issue. Therefore, your evaluator must consider other possibilities that may be contributing to your difficulties and concerns.

6. What are some potential differential diagnoses that may be considered based on my concerns? Within the assessment of neurodiversity, there are many overlapping features of each diagnosis, including difficulties with working memory, attention and focus, social skills, and executive functioning. Mental health symptoms can also impact these areas, including trauma, anxiety, depression, OCD, personality features, etc. It is therefore important to screen and assess for the differential of each of these disorders, as they can appear similar but will have unique nuances in an accurate diagnosis. It will be important to provide accurate recommendations that will support and treat your difficulties and symptoms.

7. How can I use the results to access support services or occupational and/or educational accommodations? If you are seeking work or academic accommodations (i.e., a quiet environment at work, using dictation devices, or longer time on the SAT or LSAT), your evaluator must be licensed and credentialed in the requirements set forth by your work, college admissions, or board. Without the proper license or credentialing requirements, your accommodation request may be denied. Furthermore, make sure that your evaluator is also utilizing the proper testing procedures and has experience providing the types of accommodation recommendations that are required for your specific purposes.



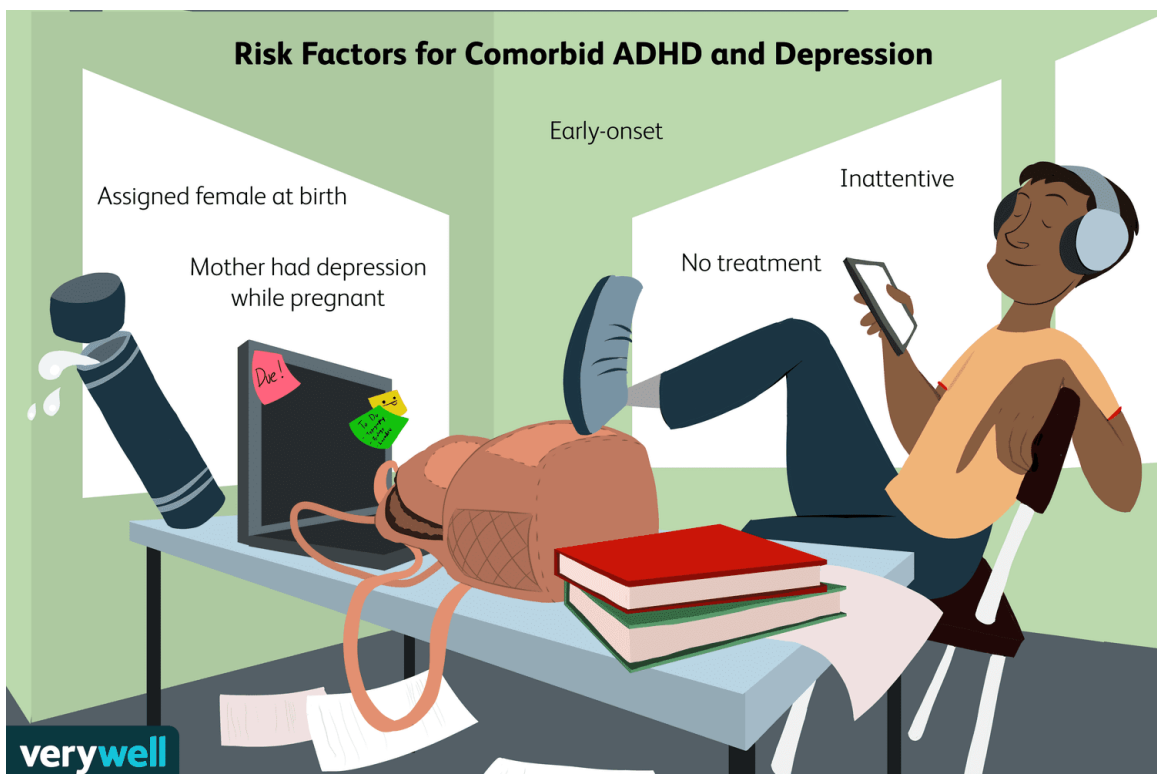
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8. (Based on preference) If you feel comfortable sharing, do you have any neurodiversity? This can be a very personal but also meaningful question for some individuals looking for an assessment for autism, ADHD, or giftedness. Some individuals want to know if their evaluator can empathize and understand the struggles that they have experienced. While it's not essential that an evaluator is neurodiverse to provide a comprehensive and valid assessment, it is up to the individual being evaluated if this is an important personal aspect for their assessment.

## Conclusion

A comprehensive psychological assessment can be a fundamental tool for understanding your or your child's unique strengths, challenges, and cognitive and socioemotional functioning. Understanding areas that have led to long-term struggles and empowering your strengths can greatly enhance your overall sense of self, success, and well-being. Your dedicated involvement in the process can advance the depth, validity, and benefits of your assessment.

By asking important questions, actively participating, and having the fortitude to uncover possibly vulnerable reflections, you and your support network can gain invaluable insights to foster a more fulfilling quality of life. We all have needs, and identifying your or your child's unique brain functioning can uncover much-needed support for long-term quality of life.



# ADHD & Rejection Sensitive Dysphoria

**The emotional response to perceived or real failure or criticism can debilitate people with ADHD. Learn why — and how to manage these difficult feelings.**

By William Dodson, M.D.



**R**ejection sensitive dysphoria (RSD) is extreme emotional sensitivity and pain triggered by the perception — not necessarily the reality — that a person with ADHD has been rejected or criticized by people in their life. RSD is not a formal diagnosis, but rather one of the most common and disruptive manifestations of emotional dysregulation — a common but under-researched and oft-misunderstood symptom of ADHD, particularly in adults. RSD is different than mood disorders, which are characterized by an unexplained, gradual shift in mood over weeks.

*Dysphoria* is the Greek word meaning unbearable; its use emphasizes the severe physical

and emotional pain suffered by people with RSD when they encounter real or perceived rejection, criticism, or teasing. When the emotional response associated with RSD is internalized, it can imitate full, major depression complete with suicidal ideation that comes on so fast it is often misdiagnosed as rapid cycling bipolar disorder. When this emotional response is externalized, it looks like an impressive, instantaneous rage at the person or situation responsible for causing the pain.

Rejection sensitive dysphoria is not included in the DSM-V for ADHD, however, emotional dysregulation is one of the six fundamental features used to diagnose ADHD in the

## ADHD & Rejection Sensitive Dysphoria



European Union. The DSM-V diagnostic criteria for ADHD avoids symptoms associated with emotion, thinking styles, relationships, sleeping, etc. because these features are hard to quantify. For clinicians who work with later adolescents and adults, the DSM-V criteria are not helpful because they ignore so much that is vital to understanding how people with an ADHD nervous system experience their lives — including rejection sensitive dysphoria.

One-third of my adult patients report that RSD was the most impairing aspect of their personal experience of ADHD, in part because they never found any effective ways to manage or cope with the pain. People with RSD tend to respond to feelings of rejection or failure in two ways:

- 1. They become people pleasers.** This goal can become so dominant that the person loses sight of his or her own ambitions and goals in life.
- 2. They stop trying.** Some very bright, capable people with ADHD and RSD stop exerting effort because doing so is so anxiety-provoking.

### Signs of RSD

Individuals suffering from rejection sensitive dysphoria may exhibit the following behaviors:

- Sudden **emotional outbursts** following real or perceived criticism or rejection
- Withdrawal from social situations
- Negative self-talk and thoughts of self-harm
- Avoidance of social settings in which they

might fail or be criticized (for this reason, RSD is often hard to distinguish from **Social Anxiety Disorder**)

- Low self-esteem and poor self-perception
- Constant harsh and negative self-talk that leads them to become “their own worst enemy”
- Rumination and perseveration
- Relationship problems, especially feeling constantly attacked and responding defensively

### RSD Treatment

Psychotherapy is not a guaranteed solution, as RSD episodes tend to hit suddenly and without warning. However, it may be beneficial — especially if you’re dealing with other symptoms of depression or anxiety.

Medication is sometimes used to treat RSD. The alpha agonist medications, guanfacine and **clonidine**, have been FDA-approved for the treatment of ADHD for decades, but were not directly associated with the terms of rejection sensitivity and emotional dysregulation. Nonetheless, the symptoms of RSD/ED can be significantly relieved with clonidine and guanfacine in about 60% of adolescents and adults.

There currently exists no formal research on using alpha agonist medications to treat symptoms of RSD or ED on patients with ADHD.

*William Dodson is a board-certified adult psychiatrist who has specialized in adults with ADHD since 1994. He is now retired, but used to be in private practice in Denver, Colorado, at the Dodson ADHD Center.*

# Am I A Highly Sensitive Person?

Being a "highly sensitive person" (HSP) is not a disorder but an attribute common in people with ADHD. An HSP is more sensitive to environmental and social stimuli.

## A highly sensitive person...

- is affected by other people's moods.
- feels annoyed or overwhelmed when asked to do too many things at once.
- gets irritated by hair rubbing against skin.
- becomes nervous when observed performing a task.
- feels emotions deeply (unkind words can leave them in tears).

Though they share several similarities, hypersensitivity is not synonymous with sensory processing disorder (SPD), a neurological condition where the brain has difficulty organizing and processing sensory stimuli.

Sensory Processing Disorder	vs.	Hypersensitivity
Overresponds to sensory signals		Overresponds to sensory signals
Underresponds to sensory signals (e.g., has little reaction to pain or extreme temperatures)		Does not underrespond to sensory signals
Daily activities impaired		No impairment of daily activities
Posture and motor skills are affected		Posture and motor skills are not affected
May crave stimulation		Does not crave stimulation

## How to Treat Hypersensitivity

- **Step back.** Before emotionally reacting to a situation, pause for reflection, take deep breaths, and re-evaluate other interpretations of an event.
- **Block out stimuli.** Always carry earplugs, noise-canceling headphones, or earbuds with you.
- **Reduce extraneous stimulation.** If crowds and noise are problems, find quiet, less populated places, e.g., shop at a small grocery store instead of a major chain.
- **Identify your limits.** Before overloading yourself with plans, ask if you've met your stimulation limit. Say 'no' to unnecessary or overwhelming obligations.
- **Get enough sleep.** Rest or nap before or after entering a highly stimulating situation to recharge.
- **Use relaxation techniques.** Meditate, pray, practice yoga, etc., to strengthen your coping skills.

# STUDY: OLDER DRIVERS WITH ADHD HAVE MORE CAR ACCIDENTS



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Older drivers with ADHD face an elevated risk for receiving traffic tickets, slamming on the breaks, and having car crashes, according to new research published in *Jama Network Open*.<sup>1</sup> Car crashes were 74% more likely, traffic tickets were 102% more likely, and hard-breaking events were 7% more likely among adults aged 65 to 79 with ADHD than they were among neurodivergent drivers of the same age, according to a cohort study lead by researchers at Columbia University Mailman School of Public Health. Adult drivers with attention deficit were more than twice as likely to report being involved in traffic ticket events (22 vs. 10 per million miles driven).

Despite the aging U.S. driver population and the increasing prevalence of ADHD in adults, research on ADHD and driving safety primarily studies adolescents and young adults. “Symptoms of ADHD, such as inattentiveness and impulsivity, could affect daily functioning and driving performance throughout the life span,” wrote the authors of this new study, advocating for more research.

“Young adults with ADHD tend to overestimate their driving ability and performance since this disorder can lead to diminished self-assessment and awareness,” the authors continued. “Older adults with ADHD might have similar issues in evaluating their own driving behaviors due to impaired executive functioning, thus leading to higher driving risks. Drivers with ADHD may have difficulty remaining alert and have a decreased reaction time, resulting in a higher likelihood of collision with obstacles.”

ADHD symptoms in seniors are commonly mistaken for and overlap with typical signs of aging, often leading to misdiagnosis and mismanaged treatment. The Columbia University study’s findings highlight the need to improve ADHD diagnosis and treatment for older adults. “The current Diagnostic and Statistical Manual of Mental Disorders for ADHD only specify the threshold or the number of applicable symptoms for diagnosis in children, adolescents, and adults, without giving special consideration to older adults,” the authors wrote. “Given its association with driving safety alone, ADHD in older adults merits greater attention.”

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Kathleen Nadeau, Ph.D., a psychologist who has conducted studies on older adults with ADHD and written the book *Still Distracted After All These Years: Help and Support for Older Adults with ADHD* (#CommissionsEarned) agrees.

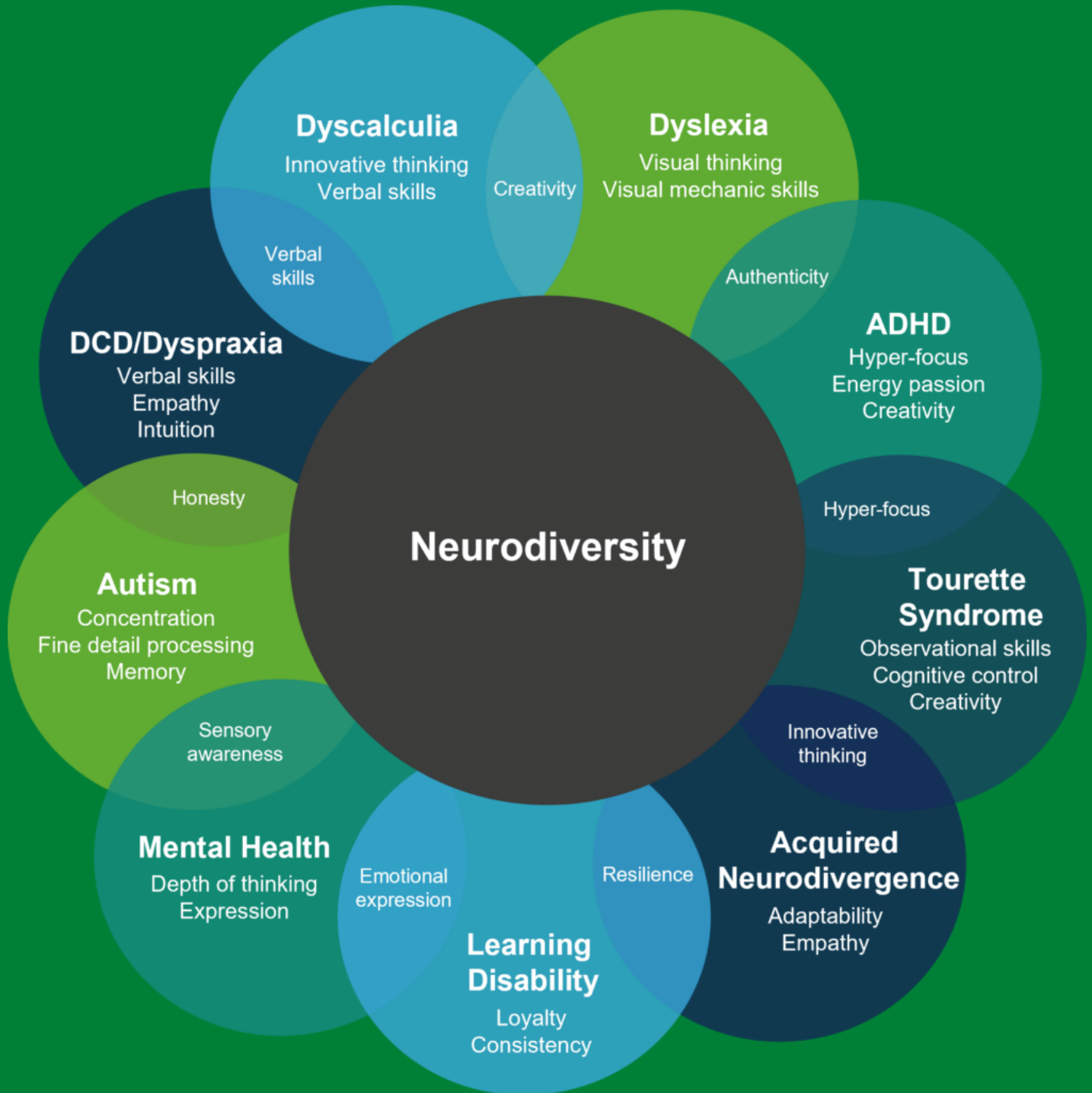
“The status quo is not working for older patients with ADHD; we need new protocols,” she said. “Drastic clinical changes must take place to improve outcomes for underdiagnosed,



undertreated, and overlooked older adults. Doctors face unique challenges when managing ADHD in this population, so professionals must take equally specialized steps to diagnose better, treat, and understand seniors with ADHD.”

The Columbia University research team collected data from active drivers enrolled in the Longitudinal Research on Aging Drivers (LongROAD) project for the study. They followed participants for up to 44 months using in-vehicle data recording devices and annual assessments. Of the 2,832 drivers studied, 2.6% had ADHD. That percentage increased to 7.2% among older adults with anxiety or depression

# WHAT DOES IT MEAN TO BE NEURODIVERGENT?





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Neurodivergence is the term for when someone's brain processes, learns, and/or behaves differently from what is considered "typical."

Formerly considered a problem or abnormal, scientists now understand that neurodivergence isn't inherently an issue for the individual and that it has a large societal benefit. Not all presentations of neurodivergence are a disability, like synesthesia, but all are a difference in how the brain works.

With this shift, practitioners are no longer treating neurodivergence as inherently an illness. They are instead viewing them as different methods of learning and processing information, some of which become disabilities in an inaccessible and ableist society.

This article defines neurodiversity and provides examples. It also teaches you how to find out if you're neurodivergent and describes what it's like to be neurodivergent.

### **Understanding Neurodiversity**

Neurodiversity is the concept that there are a variety of ways that people's brains process information, function, and present behaviorally. Rather than thinking there is something wrong or problematic when some people don't operate similarly to others, neurodiversity embraces all differences.

The concept of neurodiversity recognizes that both brain function and behavioral traits are simply indicators of how diverse the human population is.

The idea of neurodiversity also seeks to frame these differences as ones that are not inherently "bad" or a problem; instead, it treats them in a more neutral manner and also highlights the many different ways that neurodivergence should be celebrated and how it can be beneficial.

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The term neurodiversity was coined by sociologist Judy Singer, who is autistic, in 1997. Neurodiversity can be broken down into two categories of people: those who are neurotypical and those who are neurodivergent.

### **Neurotypical**

Neurotypical is a descriptor that refers to someone who has the brain functions, behaviors, and processing considered standard or typical.

Neurotypical people may have no idea they are because the subject has likely never come up for them before. These people usually hit all of their developmental and behavioral milestones at the same times and ages that are considered standard for most people.

Once grown, they generally move through life without having to wonder if their brains function in the same way as others do.

### **Neurodivergent**

Neurodivergence is the term for people whose brains function differently in one or more ways than is considered standard or typical.

There are many different ways that neurodivergence manifests, ranging from very mild ways that most people would never notice to more obvious ways that lead to a person behaving differently than is standard in our society. We'll examine the most common types of neurodivergence and the ways they manifest ahead.

### **The History Of the Word 'Neurodivergent'**

Like the umbrella term neurodiversity, the word neurodivergent was also coined by sociologist Judy Singer. While originally used to refer specifically to people who are autistic, usage of the term has broadened significantly in years since.

Neurodivergence now refers to any structured, consistent way that brains work differently for a group of people than they do for the majority of others. Let's learn about the many different types of neurodivergence.

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## **Types of Neurodivergence**

Because the idea of neurodivergence has grown to encompass a range of consistent ways that some brains work differently than others, it shouldn't be surprising to learn that there are many different ways neurodivergence manifests.

You may not have heard of all the different types, but chances are you are familiar with some. These are the most common examples.

### **Autism**

Autism is known as a "spectrum disorder" because autistic people range in what autistic traits they have, how these traits present, and their support needs. It previously had many subtypes, such as Asperger's and pervasive developmental disorder (PDD), but now they are all classified as an autism spectrum disorder.

The term Asperger's is also no longer accepted in the autistic community due to its origination from a nazi scientist for use in the field of eugenics.

Autism is a broad set of conditions that may include challenges with socializing and social skills, repetitive behaviors, and speech difficulties that can lead people to communicate via Alternative Augmentative Communication, writing, typing, or sign language instead of verbally.

According to the Autism Self-Advocacy Network, autistic people generally think, process their senses, move, communicate, and socialize in a consistent range of ways that differ from how allistic, non-autistic, people do.

### **ADHD**

Attention deficit hyperactivity disorder (ADHD) is an executive function dysregulation disorder, which means individuals may have difficulties managing their thoughts, attention, behaviors, and emotions.

People with ADHD may have difficulty with organization, be restless, seem disinterested or zoned out, and show inappropriate behavior when experiencing strong emotions.

Thanks to their out-of-the-box thinking, people with ADHD are often great problem solvers, may be energetic and "fun," and are often sensitive to others.

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## **Dyslexia**

This form of neurodivergence involves speaking, reading, and writing. Dyslexia is typically associated with misreading, writing, or speaking words or letters out of order, but it encompasses more than that. For example, it may involve confusion with certain letters, difficulty organizing words into sentences, trouble acquiring a vocabulary or pronouncing words, and/or challenges following directions.

People with dyslexia are often big picture thinkers who excel at visual processing. In addition, they tend to have strong spatial awareness and may be very creative.

## **Other Types**

Other types of neurodivergence include Tourette's, dyspraxia, synesthesia, dyscalculia, Down syndrome, epilepsy, and chronic mental health illnesses such as bipolar disorder, obsessive-compulsive disorder, borderline personality disorder, anxiety, and depression.

## **How to Know If You're Neurodivergent**

If you have been diagnosed with any of the above conditions, you would be considered neurodivergent. On the other hand, if you have never been formally diagnosed but resonate strongly with the descriptors for one or more types of neurodivergence, you might benefit from seeking a professional to find out for sure.

Additionally, you can learn more about both the DSM description of the condition and the lived experiences of people with that presentation of neurodivergence. Self-diagnosis is a valid form of identification, and is often the only accessible diagnostic avenue for many marginalized people.

While neurodivergence is common, many people do not realize they are neurodivergent until they reach adulthood. This can create challenges as people find ways to adapt to the differences in how they think and process information, but it can also be helpful. For many adults, finding out they have ADHD, autism, or another form of neurodivergence often helps explain things they didn't understand about themselves previously.

If you have never been diagnosed with any of the above terms and never felt that you had any traits, then chances are you are neurotypical.

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## Can You Become Neurodivergent?

Many forms of neurodivergence are an innate part of how the brain develops and functions. While these differences may go unrecognized or undiagnosed in childhood, that doesn't mean they were not there and suddenly appeared in adulthood.

Acquired neurological conditions, such as traumatic brain injuries, strokes, and Alzheimer's disease, can also lead to neurodivergence.<sup>1</sup>

## How Common Is Being Neurodivergent?

The exact number of people who are neurodivergent is not known, but looking at the prevalence of conditions linked to neurodiversity can indicate how common it may be.

- According to the Centers for Disease Control and Prevention (CDC), 1 in every 44 eight-year-olds is believed to have autism spectrum disorder or 2.3% of children in that age group. It is 4.2 times more common in boys than it is in girls, largely due to a patriarchal lack of understanding of how autism presents in minoritized genders.<sup>2</sup>
- The CDC suggests that around 9.4% of all children are diagnosed with ADHD at some point before the age of 18.<sup>3</sup>
- According to the Yale Center for Dyslexia and Creativity, dyslexia affects 20% of the population.<sup>4</sup>

## What to Know About Raising Neurodivergent Kids

### What Is It Like to Be Neurodivergent?

There is no one answer to what it's like to be neurodivergent. There isn't even an answer to what it's like to have any kind of specific neurodivergent diagnosis!

People are individual and unique; in the same way that it doesn't feel the same for all people to have bodies, it doesn't feel the same for all people with different neurodivergent diagnoses.

Life is experienced differently by all humans, whether their brains function very similarly to the majority of people, or very different.

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## Learn More About Neurodivergence

If you're interested in learning more about what it's like to be neurodivergent, there is plenty available on the subject!

### Books

Books such as "Look Me in the Eye: My Life with Asperger's," "Thinking in Pictures," and "Funny, You Don't Look Autistic" are personal accounts of being neurodivergent.

Fictional books with neurodivergent main characters include "Eleanor Oliphant Is Completely Fine," "Flowers For Algernon," and "On the Edge of Gone."

Nonfiction books about neurodivergence and the future of neurodiversity include "NeuroTribes," "Neurodiversity: Discovering the Extraordinary Gifts of Autism, ADHD, Dyslexia and Other Brain Differences," and "Divergent Mind."

### Podcasts

There are podcasts on the topic for those who prefer to listen to materials. These include [The Neurodiversity Podcast](#), [Neurodiverging](#), and [Sensory Matters](#).

### Social Media Accounts

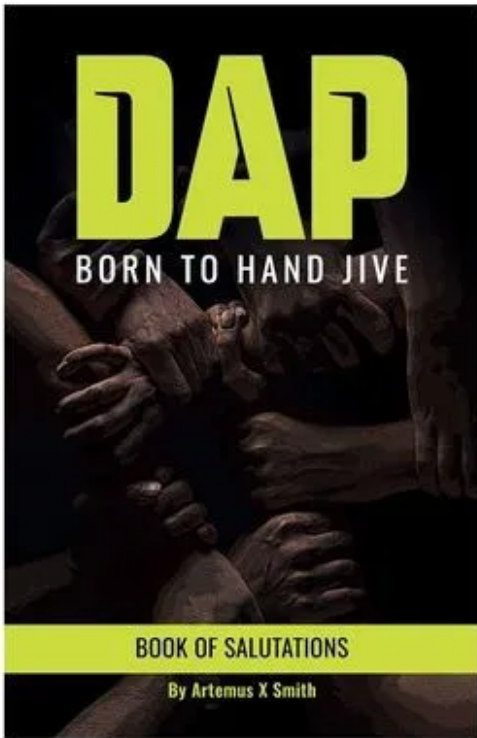
If you'd like to diversify your social media feed with neurodivergent voices and advocates, some top choices to follow are [Neurodivergent Activist](#), [Nurturing Neurodiversity](#), [Paige Layle](#), and [The Chronic Couple](#).

### The Future Of Neurodivergence

As society shifts its understanding of how the brain operates, the way in which we treat those who are neurodivergent will also change. For example, there is much work that has been done to stop treating autism as an illness that must be cured.

[Special education](#) is making progress in this arena as well, with approaches becoming centered around how people with assorted neurodivergent tendencies learn best.

Advocacy for neurodiversity acceptance may have begun with autism and how it is managed, but it has grown to include the many different neurodivergent types. The more we accept, [affirm](#), and understand that it's quite common for brains to work differently, the more easily we can go about accommodating people in ways that work best for them to learn, function, and thrive in society.



Our CEO, Artemus X. Smith wrote and published, DAP, Born to Handjive.

In African-American culture, "giving Dap" is a unique form of non-verbal communication, featuring intricate handshakes and gestures that symbolize camaraderie and unspoken bonds. Its origins can be traced back to West African traditions brought to the Americas by enslaved Africans, offering a way to express affirmation, congratulations, or agreement through physical contact. During the 1970s, the Dap represented "Dignity And Pride" among African-American soldiers in the Vietnam War and has evolved into a selective and secretive form of greeting, emphasizing belonging and trust.

Book can be found on [Barnes + Noble](#) and [Amazon](#)





IMPORTANT  
NUMBERS



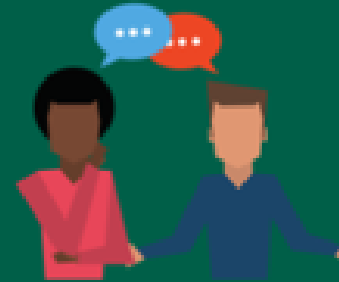
IF YOU NEED  
HELP, PLEASE  
MAKE THE CALL



GET THE SUPPORT  
YOU NEED



YOU ARE NOT  
ALONE



National Suicide  
Prevention Hotline:  
1-800-273-8255

National Domestic  
Violence Hotline:  
1-800-799-7233

Runaway and  
Homeless Teen  
Hotline Help:  
1-800-246-4646



Coalition for the  
Homeless:  
212-776-2000

Drug and Alcohol  
Hotline:  
800-622-2255

Food and Hunger  
Hotline:  
866-888-8777

Homeless Services  
Hotline:  
212-533-5151

Rape Crisis Hotline:  
212-227-3000

National Child  
Abuse Hotline:  
1-800-422-4453

National Teen  
Dating Abuse  
Helpline: 1-866-  
331-9474

Crisis Lifeline for  
LGBTQ Youth:  
1-866-488-7386

Boys Town National  
Hotline:  
800-448-3000

American  
Pregnancy Helpline:  
866-942-6466

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Behavior Management Consultants believes that, “No Child is Born Bad”. Our mission is to educate, mentor, and assist parents, caregivers, and professionals to cope with, socialize, and identify values important to today’s youth.

The goal is to serve public and private social service organizations including, but not limited to:

- Residential Treatment Facilities (RTFs)
- Juvenile Detention Centers
- Residential Treatment Centers (RTCs)
- Public Schools
- Community Based Organizations (CBOs)

We are confident that we will meet our goals thereby ensuring that our clients are being kept abreast in the ever-changing landscape of Human/Social Services.

## Quote of the Month

“The higher purpose of my life is not the song and dance or the acclaim, but to rise up, to pull up others and leave the world and industry a better place”  
-Viola Davis



If you'd like to buy some ad space for your upcoming events or business ventures, please reach out directly to Artemus X. Smith for details and pricing. All proceeds go to helping fund Behavior Management Consultants.

Email: [Smith@bmcofnyc.org](mailto:Smith@bmcofnyc.org)