Rewriting the Narrative for Adults with ADHD

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1

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DISCLAIMER: I have no actual or potential conflict of interest in relation to this presentation/program.

2

Learning Objectives

1. Define and differentiate key concepts such as shame, guilt, ableism, and self-efficacy.

2. Assess & Analyze the impact of oppression on adults with ADHD and their mental Health

3. Identify and Utilize Anti-Oppressive narrative therapeutic methods to support clients with lived experiences and help clients rewrite personal narratives shaped by shame and ableism.

4. Utilize actionable steps to support clients in building resilience and confidence in their ability to manage ADHD
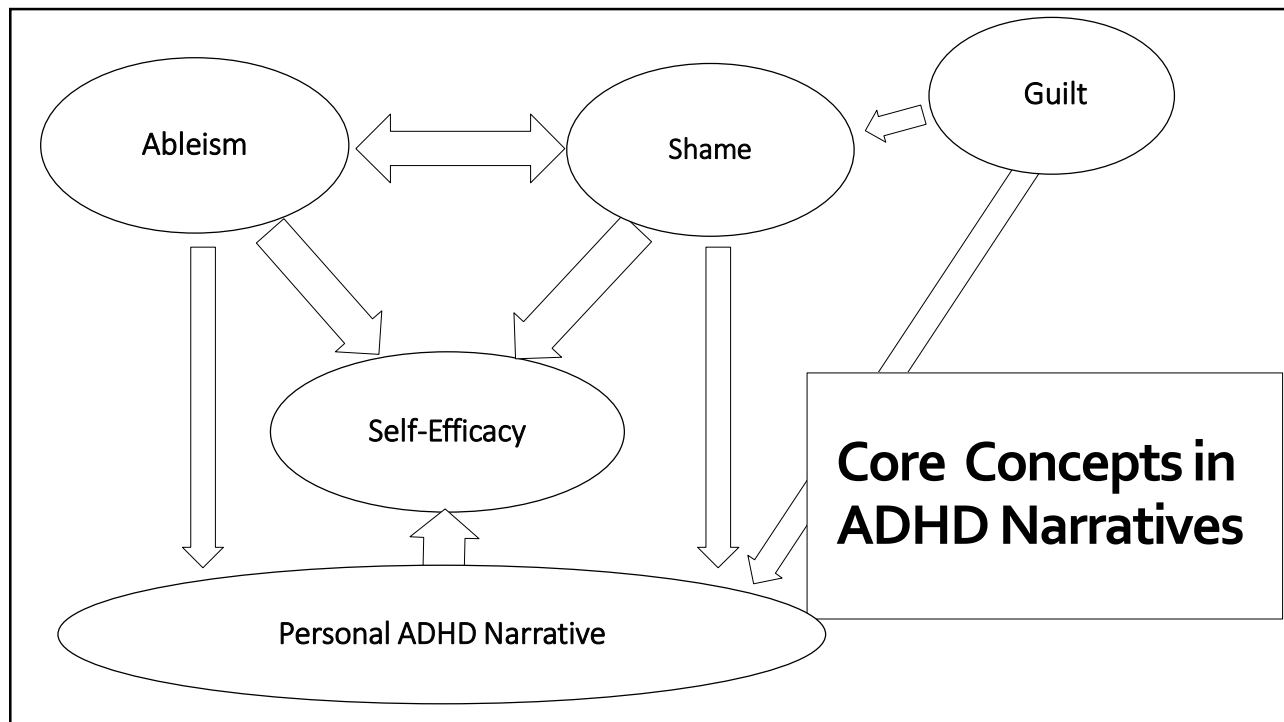
3

Why Address the ADHD Narrative? & What is our part in the Process?

- Be well educated in Neurominorities
- Letting the client be the expert in their own personal Narrative and Experiences
- Use Empowering language and Neuro-normative terminology for ADHD individuals
- Create a safe environment for exploration of meaning and interpretations of one's own story
- Be aware of our own Implicit Biases & Privilege
- Continue to learn about Intersectionality as it relates to Minority groups.

4

Slide 5

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Ableism  <--->  Shame        Guilt

Ableism ---> Self-Efficacy <--- Shame

Guilt ---> (Core Concepts in ADHD Narratives box)

Ableism ---> Personal ADHD Narrative <--- Self-Efficacy ---  Shame
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Self-Efficacy

Personal ADHD Narrative

Core Concepts in ADHD Narratives

5

Slide 6

GUILT	**The FACT of having committed a breach of conduct or the state of a person who has committed an offense.**
	Dichotomous in nature
	Working vs Non-working within the system a person finds themselves.
	Determined by Societies laws, social norms, and Expectations.

	How it Shows up:
• Neutral learning experience	• Acknowledging mistakes and what doesn't work with grace and without lashing reactivity
F.A.I.L (**F**irst **A**ction **I**s **L**earning)	• Openly Identifying Struggles and Asking for Help
• Forward Movement	• Taking constructive feedback without emotional buy in or reactions
• Cohesion with Social Environment	• Changing Behaviors from Feedback from a place of safety
• Reinforces Integrity & Accountability	• Being Assertive when boundaries are crossed
• Initiates Reparative work (making amends)	**Or… Morphs into Shame**
• Healthy Boundaries	

6

SHAME

"Shame is paralyzing and debilitating. It invites us not to be heard... [and]...people will do anything to escape from shame or from the possibility that shame will be evoked."

–Dr. Harriet Lerner

Webster:

1. A painful emotion caused by consciousness of guilt, shortcoming, or impropriety
2. A condition of humiliating disgrace or disrepute
3. Something that brings censure or reproach

According to Shame-Resilience Theory (SRT)

Shame is "the intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging." (Brown, 2009)

Impacts:

- Alienation & Defeat
- Imprinted in the nervous system from early attachment experiences and Relational Ruptures
- Increase Health Problems
- Lives in the implicit memory system
- Hidden / Unconscious
- Sensory & Body-oriented

How it Shows up:

- Somatic Experiences
- Rejection Sensitivity
- Increased Reactivity & Unproductive Responses
- Addictive Behaviors
- Violence Explosive Disorders / Antisocial Behaviors
- Easily triggered Stress Response
- Perfectionism / Control
- Codependent Relationships
- Denial / Dishonesty / Shaming & Blaming others
- Judgment
- Struggles accepting Compliments / Discounts successes
- Unrealistic and/or irrational Expectations

7

ABLEISM / DISABLISM

Stereotyping, Prejudgments, Discrimination, and Social Oppression—both intentional and unintentional—directed toward people living with disabilities. Often faced in every environment, sometimes even from well-meaning, loving people

Processing Public Stigma worsens symptoms, increases clinical symptoms, exacerbates social dysfunction decreases Quality of Life and self-esteem

Explicit Ableism **decreases** over time,

Yet, Implicit Ableism **increases** over time

How it Shows up:

- Employment difficulties
- Learned Helplessness
- Decrease in Motivation when other persons are involved in the task that needs completed.
- Staying in Unhealthy relationships
- When working on assertiveness with client around an ADHD struggle and they report dismissive or patronizing response to assertion.
- Doctor retires or leaves a practice, and client is unable to get medications refilled.
- Client asks clinician to write a letter to educate, explain, and advocate for better treatment.

8

Ableism

Stigma

- **Both Internalized and Externalized**
- **Generalizations "All people with ADHD are the same"**
- **Self-Limiting**
- **Infantilized**
- **Covert/Overt**
- **Major Contributor of Masking**

Oppression

- **Driven by Stigma**
- **All system levels**
  - **Institutional**
  - **Societal**
    - **Larger society**
    - **Family/Communal system**
  - **Workplaces**
  - **With-in Minority Group**
- **Marginalization & Discrimination**
- **Intersectionality**
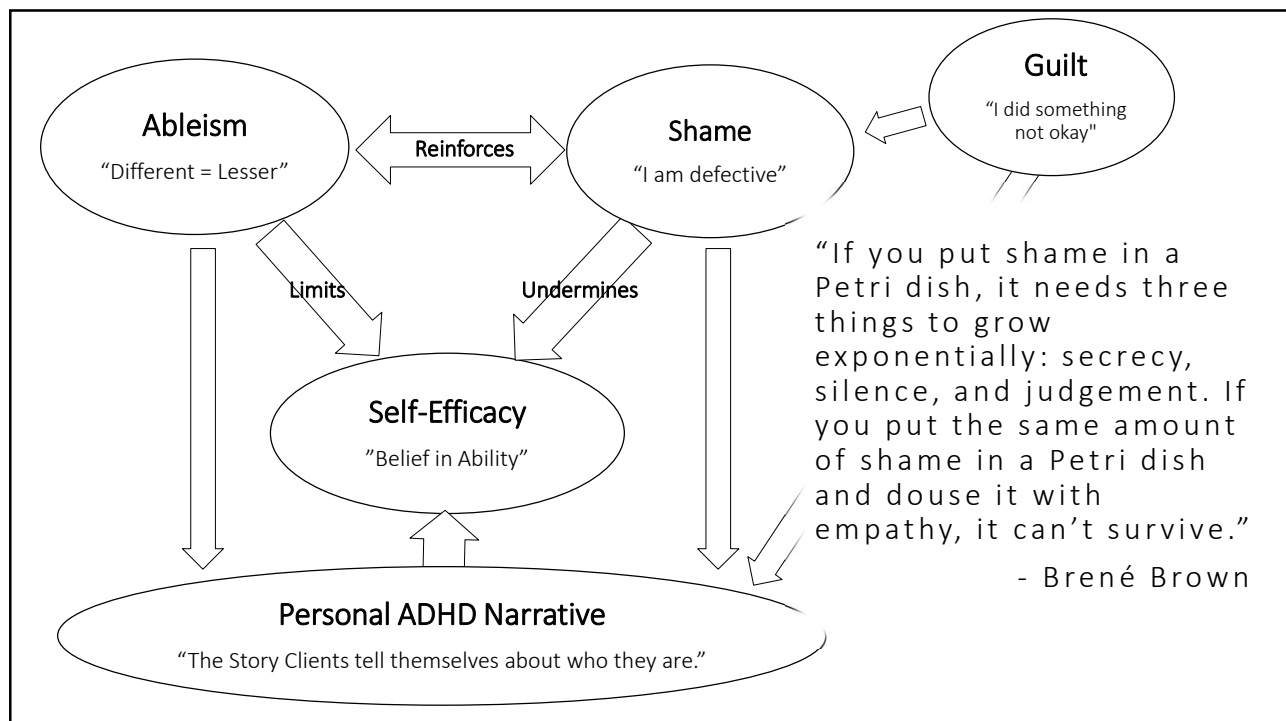 - **Multiple Identities**

9

SELF-EFFICACY

An Individual's Belief about their own capability to perform and execute the tasks required to achieve specific performance goals.

Undermined and discounted by Shame

Reinforced by having a healthy working relationship with guilt

Greatly impacts overall sense of self, self-confidence, self-compassion, and seeing our life experiences more objectively

Increases Quality of Life & Goal Attainment

How it Shows up:
- How a client acts when faced with Challenges
- Knowing limits
- Expectations accurate to personal abilities and/or limitations
- Level of Resistance in interpersonal relationships at all social system levels.
- Comfort level when expressing needs, wants, or boundaries
- Client asks clinician to write a letter to educate, explain, and advocate for better treatment.

10

Test of Self-Conscious Affect – Version 3 (TOSCA-3S)

Self-Compassion Scale

Perceived Stress Scale (PSS)

Perceived Stress Questionnaire (PSQ)

The Stigma and Self-Stigma scales (SASS)

Internalized Stigma Scale

The Oppression-Based Traumatic Stress Inventory (OBTSI)

Clinical Assessment Tools

11

Ableism
"Different = Lesser"

Reinforces

Shame
"I am defective"

Guilt
"I did something not okay"

Limits

Undermines

Self-Efficacy
"Belief in Ability"

Personal ADHD Narrative
"The Story Clients tell themselves about who they are."

"If you put shame in a Petri dish, it needs three things to grow exponentially: secrecy, silence, and judgement. If you put the same amount of shame in a Petri dish and douse it with empathy, it can't survive."

- Brené Brown

12

Anti-Oppressive Therapeutic methods to help Re-write ADHD Narratives

13

Addressing the Narratives

📜 NT	👥 IFS	😊 ACT
Respectful ☆ Non-blaming ☆ Client is the Expert ☆ Provides Confidence and Strength in Being "seen" ☆ "Every time we ask a question; we're generating a possible version of a life." – David Epston	Curiosity is major part of approach ☆ Aided Awareness without words easier to describe. ☆ Very Sensationally driven and descriptive ☆ May increase awareness, understanding, and empathy with own Neurodivergence	Heavy use of Metaphors ☆ Active Psychoeducation ☆ Non-Judgmental ☆ Daning with Discomfort (Creating flexibility) ☆ Value Driven ☆ Happiness is "living a Rich Full & meaningful life in which we feel the full range of human emotions" - Dr. Russ Harris

14

Issues	Narrative Therapy (NT)	Internal Family Systems (IFS)	Acceptance & Commitment Therapy (ACT)
Shame	Separation Externalization & Deconstruction	Learning the SELF & Befriending Parts	Acceptance Cognitive Diffusion & Self-as-Context
Ableism	Exceptions to the Problem Deconstruction & Unique Outcomes	Finding and Befriending Ablistic Part & Separating from Neurodivergent SELF	Cognitive Diffusion & Values Clarification and Alignment
Self-Efficacy	Preferred Story & Sharing New Narrative	Self-Leadership & Acceptance and integration of all parts	Being Present Self-as-Context & Committed Action

15

Practical Application & Techniques

NT	IFS	ACT

Tree of Life
- Origins
- Stories passed on
- Influential People
- Identities

Life Chapter Book
- Titles
- 7 Chapter of Past
- Last Chapter is preferred story

Life in songs
- Shared Playlist
- Composing Songs
- Writing Lyrics

Externalization Imagery
- Artistic Expression of Experience and Action not labels

Creative Imaging
- Collages
- AI images
- Color / Item representation

Character Outlining
- Characteristics
- Age (actual vs. acting)
- Relationships
- Jobs/Driving purpose

Mapping the Internal System
- Genogram style
- Protector Part Relationships
- Similar Groupings
- Hierarchy

Dual Handwriting Exercise
(Integrating other frameworks into the conversation with Parts)

Balloon Exercise
- Barriers = balloon
- Goal = video/picture
- Trash bag allows one to carry

Carrying Discomforts
- Index Cards = emotions, feelings, impulses

Value Card Sort
- Timed
- Process Barriers in moving towards or away from Values

16

Quick Recap

The ADHD Narrative is deeply personal and individualized.

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As Clinicians it is our responsibility to ensure our own competence of Neurominorities and potential ablistic biases to better encourage and witnessing our Client's learning about their own ADHD narrative, understand the personal impacts (positive and negative) of being a neurominority, and invest in reauthoring their own amazingly unique and powerful story.

☆ ADHD is a Neurominority that creates it own unique experience in relation to Shame, Stigma, and Oppression

☆ A Healthy emotional response to Guilt supports Self-Efficacy through Awareness, Accountability, and Action or lead to Shame

☆ Shame & Ableism Reinforce each other while Undermining and Limiting Self-Efficacy

☆ Changing Language and assisting clients in Rewriting their personalized self-lead ADHD can decrease ADHD symptoms, depression, anxiety, and feelings of shame while increasing our client's Quality of life, Self-Esteem, and Self-Efficacy.

☆ Changing the dichotomy of Good/Bad, Right/Wrong to working or non-working creates additional pathway for self-efficacy

☆ Sharing ADHD Narratives Decreases Stigmatization and combats Ableism more than ADHD Education.

☆ Using an Anti-Oppressive Methods while addressing ADHD Narratives through NT, IFS, and ACT can create Powerful Change (and can be fun) while addressing difficult and serious difficulties experienced by our Neurominority Clients

17

Questions?

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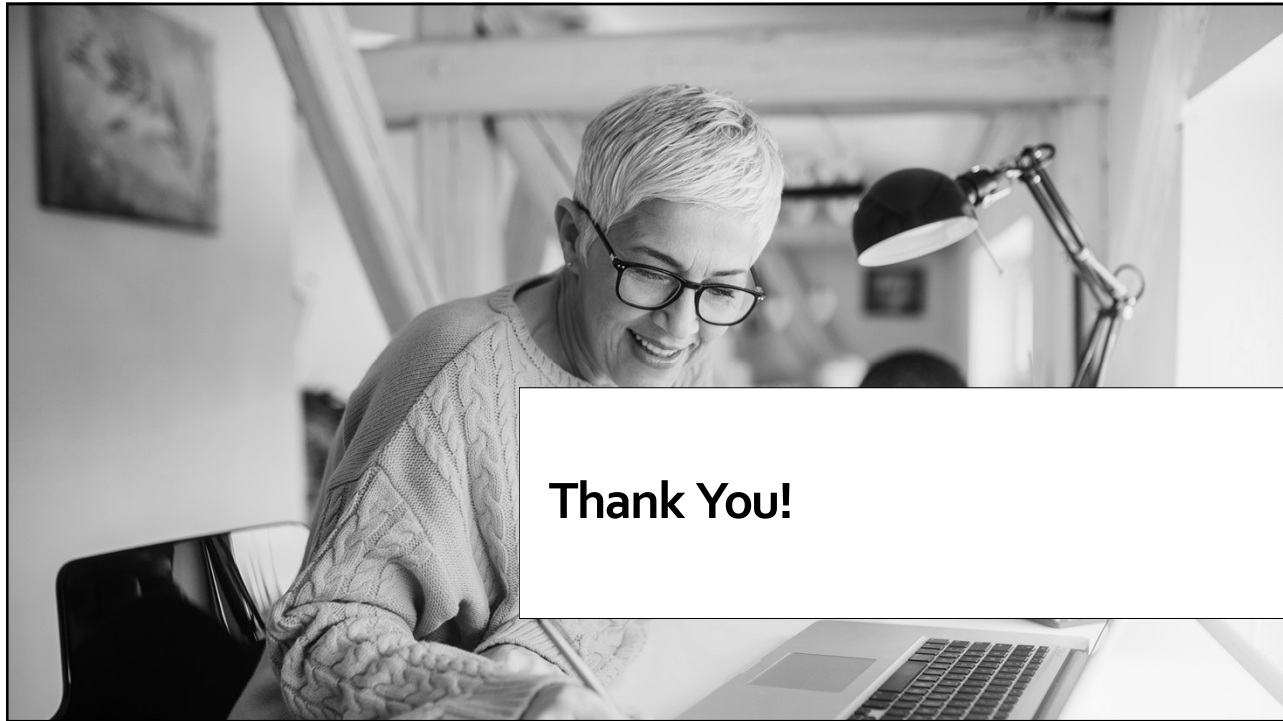### Kat Loutrel, LCSW, LCSW-C

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18

9

Thank You!

19

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23