You, Me and AuDHD:

Real-World Self-Care and Survival Skills

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Introduction

You are not too much, too sensitive, too scattered, or too intense. You are wired for a world that rarely makes room for difference, but here, you belong."

Purpose of This Book

If you've ever felt like you're living life with the volume turned up (like feeling emotions too deeply, noticing every detail, and constantly adapting just to keep up), you're not alone.

Many adults with AuDHD (both autism and ADHD) describe life this way. The world often expects you to just cope, but rarely offers tools tailored to your unique wiring.

Research shows that co-occurring autism and ADHD (AuDHD) is common, especially among those diagnosed in adulthood. In the United States, it's estimated that 50 to 70 percent of people with autism also have ADHD. Conversely, studies suggest that 20 to 50 percent of people with ADHD may also meet the criteria for autism. As such, this high rate of overlap shows the importance of supporting people with dual diagnoses (Leitner, 2014).

This book gives you neurodivergent-friendly, real-world self-care tips, as well as Survival Skills to navigate ADHD, Autistic and combined AuDHD challenges. In these pages, you'll find support, validation, and actionable tools to empower your life.

Each chapter focuses on a common experience for AuDHD adults. You'll find relatable stories, the latest research, and a range of self-care and coping tools.

We all process information a bit differently, so this book presents it in different ways: lists, tables, paragraphs, and bullet points. You can choose what works best for you.

Every chapter, from the language to the spacing to the short sections, is designed to be easy to read, easy to process, and easy to put into action.

How to Use This Book

You're in control. Each chapter stands alone, so you can skip around or dive deeper where you need support. These are options, not orders. Not every tool will be right for you. Experiment, adapt, and trust your instincts. There is not one right way. Expect gradual progress. Change happens in small steps. Celebrate every attempt, not just the outcomes.

A Note on Language

In this book, you’ll see a variety of terms: "neurospecial" “neurodivergent,” "ND", “AuDHD,” “ADHD,” and “autistic”. We use both identity-first language (“autistic adult”) as well as person-first language ("people with autism") because preferences differ in our community.

You’re Not Alone

Strategies in this book were inspired by real AuDHD voices: clients, friends, and community members who have had these same challenges. The tables below show which issues are more common in ADHD or Autism Turn the page to find the tools you need.

Table A: Common Experiences in ADHD & Autism

Topic	ADHD	Autism	Occurrence
Rejection Sensitivity	✔	(✔)	More studied in ADHD but can occur in Autism
Social Vulnerability	✔	✔	Both, but often for different reasons.
Touch & Sensory Boundaries		✔	Strongly associated with Autism.
Demand Avoidance	(✔)	✔	More ASD, but can be in ADHD.
Justice Sensitivity	(✔)	✔	More studied in Autism, but can be in both.
Social Communication	(✔)	✔	Core autism trait, but ADHD can have issues too.

Table B: Common Experiences in ADHD and Autism

Executive Function & Organization	✔	(✔)	Core trait in ADHD, common in Autism.
Time Blindness	✔	(✔)	Core ADHD trait, less so in Autism.
Procrastination & Distractibility	✔		Classic ADHD
Daydreaming	✔		Strongly ADHD
Emotional Regulation	✔	✔	Both, but for different reasons.
Anxiety	✔	✔	Both, often as a result of other traits.
Depression	✔	✔	Both
Sleep Issues	✔	✔	Both, for different reasons
Food Issues	(✔)	✔	Both, but more in Autism
Sensory Sensitivities	(✔)	✔	Sometimes in ADHD, but core to Autism

Table C: Common Experiences in ADHD & Autism

Work & Study Issues	✔	✔	Common in both
Executive Dysfunction in Daily Life	✔	(✔)	More notable in ADHD
Self-Esteem & Identity	✔	✔	Common in both
Communication Differences		✔	Core Autism trait
Sensory-seeking & Stimming		✔	Core Autism trait
Masking & Camouflaging	(✔)	✔	Sometimes in ADHD, but core to Autism

Chapter 1: Self-Esteem and Identity

"After years of feeling 'too much' or 'not enough,' I finally realized I'm not broken; I'm just different. That's my strength." ~ Tara

Having both autism and ADHD (AuDHD) can shape how you see yourself and affect your self-esteem. Sometimes, people with AuDHD feel different or misunderstood, which can make it hard to feel confident. This chapter explores ways to understand and accept who you are, build self-esteem, and find pride in being neurospecial. Whether you're learning about yourself or supporting someone with AuDHD, this chapter offers ideas to help develop a positive sense of identity.

Tara's Story

Tara, 44, spent most of her life trying to be invisible. From childhood, she was called "weird," "spacey," or "too sensitive." Teachers scolded her for daydreaming; classmates teased her for flapping her hands and being "obsessed" with animals. She learned to hide her quirks, copy others’ behaviors, and apologize for things she didn’t understand.

As an adult, Tara cycled through jobs and relationships, always feeling like an outsider. When a friend suggested she might be autistic, Tara laughed it off. Wasn’t she “too social” for that? Later, reading about AuDHD, she saw herself on every page. Diagnosis brought relief, but also grief for lost years and anger at how she’d been treated.

Tara began following neurospecial advocates online and joined a peer support group. For the first time, she heard stories like hers; people who weren’t ashamed of their differences. She started experimenting with unmasking: letting herself stim, talking about her special interests, and setting boundaries. Tara’s confidence grew. She learned to see her brain as unique, not broken, and to find pride in her identity. Now, Tara is a mentor to others, helping them embrace their true selves and rewrite their stories.

Research Insights

Self-esteem and identity development can be uniquely challenging for autistic and ADHD people, especially when both identities overlap. Research shows that many neurospecial adults grow up experiencing repeated invalidation, bullying, and misunderstanding, leading to low self-worth (Cooper et al., 2017; Botha & Frost, 2020).

Late diagnosis or misdiagnosis can contribute to a sense of not belonging or being broken. Many report a period of grief, followed by self-discovery and pride after finding their community and language for their experiences (Botha & Frost, 2020). Positive identity development by seeing neurodiversity as a source of strength is linked to better mental health, resilience, and life satisfaction (Cooper et al., 2017).

Peer support, role models, and representation are important because seeing others be true to themselves can help AuDHDers build a positive self-image through self-compassion and acceptance.

Studies show the importance of spaces where neurospecial people are valued for who they are; not in spite of their differences, but because of them (Botha & Frost, 2020).

Table: Self-Esteem and Identity in AuDHD

Challenge	**Impact**	**Survival Skills**
Internalized stigma	Shame, imposter syndrome	Peer/community support, reframing
Late diagnosis	Grief, anger, confusion	Self-education, connection
Masking/social pressure	Identity confusion, exhaustion	Safe unmasking, authenticity
Lack of representation	Isolation, low self-worth	Role models, advocacy, media
Comparison to neurotypicals,	Not enough/too much" feelings	Positive self-talk, boundaries

Solo Exercise

1. "My Strengths Inventory":
List five traits or skills that make you unique (e.g., creativity, loyalty, deep focus, empathy, humor, perseverance).

2. For each, write one way it has helped you or someone else. If this feels hard, ask a good friend or reflect on positive feedback you've received.

Keep this list where you can see it on tough days.

Pair Activity

Identity Story Exchange:

With a friend or support group member, each share a story of a time you felt proud of being different or when your AuDHD traits were an asset.

Listen actively and reflect back what stands out as a strength. Notice how sharing and being witnessed affects your self-perception.

Mindfulness Log

1. What messages did I receive about myself growing up?

   ____

   ____

2. How did they shape my self-image?

   ____

   ____

3. What does being AuDHD mean to me now?

   ____

   ____

4. When have my differences been a source of pride or strength?

   ____

   ____

5. If I could rewrite my story, what would I change or celebrate?

   ____

   ____

6. How can I boost my self-esteem today?

   ____

   ____

Worksheet: Embracing My Identity Plan

Step 1: Self-Discovery. Write down three ways you identify (e.g. AuDHD, creative, passionate, survivor).

____

Step 2: Identify Role Models. List two or three neurospecial people (real or fictional) you admire. What qualities or actions inspire you?

____

Step 3: Affirmations. Create three self-affirming statements (e.g., “I am enough,” “My brain is unique and valuable,” “I deserve to take up space”).

____

Step 4: Community and Connection. Record one way to connect with the neurospecial community (online group, event, mentor).

____

Step 5: Self-Celebration. Set a date to celebrate yourself; big or small. It could be a treat, a creative project, or sharing your story.

FAQs

1. Q: Why do I still feel “not enough” even after diagnosis?

   A: Years of invalidation or masking can leave deep marks. Healing is a process. Self-compassion, support, and positive representation can help rebuild your self-image.

2. Q: Is it normal to grieve after learning I’m AuDHD?
   A: Yes. Many people experience grief for lost time, missed support, or past misunderstandings. This is a valid part of your journey.

3. Q: How do I stop comparing myself to neurotypical people?

A: Notice when comparison arises and gently redirect your focus to your own values and progress. Remember: Different is not deficient.

4. Q: Can I be proud of my diagnosis?

A: Absolutely. Many find pride and community in their neurospecial identity, especially when surrounded by accepting peers.

5. Q: How do I build self-esteem if I keep making mistakes?

A: Mistakes are part of being human. Focus on effort and self-kindness, and remember that growth comes from learning, not perfection.

6. Q: How can I find community?

A: Look for neurospecial spaces online or locally, join special interest groups, or attend events. You are not alone.

Troubleshooting

1. If you struggle to see your strengths: Ask others for positive feedback, look for small wins, and practice daily affirmations.

2. If guilt or shame persists: Defeat negative self-talk with evidence of your resilience and worth. Therapy or peer groups can help.

3. If you feel isolated: Reach out to online communities, attend meetups, or connect through shared interests.

4. If you face misunderstanding or stigma: Set boundaries, educate when safe, and prioritize safe, affirming relationships.

5. If self-acceptance feels impossible: Remember, self-love is a journey. Celebrate progress, and be patient with yourself.

6. If the past feels overwhelming: Journal, create art, or look into getting therapy to help you process your story. Your future is unwritten.

Chapter Highlights

- Self-esteem and identity are shaped by experience, community, and self-acceptance.

- Embracing your neurodivergent identity can be a source of pride and strength.

- Healing takes time; your story matters, and you are enough.

Practice Scripts: Affirmations

- “I’m learning to be proud of who I am, not ashamed.”
- “My differences are my strengths.”
- “I deserve kindness, from myself and others.”
- “I’m part of a vibrant, diverse community.”
- “It’s okay to take up space.”

Closing Thoughts

You are the author of your own story. Your journey; full of challenges and triumphs, deserves to be honored. Embracing your identity means embracing your whole self. You are worthy of love, pride, and belonging, just as you are.

Chapter 2: Rejection Sensitivity

"You can be the ripest, juiciest peach in the world, and there's still going to be somebody who hates peaches."
~ Dita Von Teese

Rejection sensitivity is experiencing intense emotional pain in response to criticism, disapproval, or rejection. For many AuDHD adults, even minor slights, like an unanswered message, a change in tone, or unclear feedback, can bring on a cascade of worry and self-doubt. The fear of rejection can affect relationships, work, and self-esteem, often leading to exhaustion and a need to keep the peace. Morgan's story shows just how consuming and exhausting this experience can be.

Morgan's Story

Morgan, a 35-year-old AuDHD adult, finds himself replaying a conversation from earlier in the day. His coworker didn't respond to a joke Morgan made, and now Morgan is convinced he's in trouble. By the time he gets home, the worry has grown. "Did I cross a line? Should I apologize?" Morgan drafts a long text to "check in," even though he knows deep down it might not be necessary.

The urge to fix the situation is overwhelming, and Morgan feels exhausted by his own need to keep the peace.

This isn’t the first time something like this has happened. Morgan can remember dozens of similar moments; times when a text went unanswered, a friend seemed distant, or a family member’s tone changed slightly. Each time, a wave of anxiety crashes over him: "What did I do wrong? Are they mad at me? Did I ruin everything?" Sometimes, the fear is so strong that Morgan avoids reaching out at all, hoping to sidestep any chance of rejection or conflict.

Morgan’s brain rushes to fill in the blanks with worst-case scenarios. If someone is quiet or distracted, Morgan assumes it’s his fault. At work, even minor feedback feels like a personal attack, and it can take hours or even days to recover from a perceived slight. When Morgan finally gets a reply from his coworker, it’s friendly and casual, with no hint of offense. Morgan is relieved but also frustrated with himself: “Why can’t I just let things go like other people?”

Through therapy and connecting with online AuDHD communities, Morgan learns about Rejection Sensitivity

Dysphoria (RSD): the intense emotional pain that can feel like heartbreak in reaction to perceived or real rejection. He discovers that this reaction is common in people with ADHD and autism whose nervous systems are wired to be hyper-alert to social threats. Morgan starts practicing grounding techniques and reality-checks, learning to stop himself before trying to find out if he did anything wrong.

Some days are easier than others. Morgan still worries about a late reply to emails, but he's learning to separate his worth from other people’s moods or responses. He reminds himself: Not every silence is a rejection, and not every mistake means the end of a relationship. With time, he discovers that self-compassion is the best antidote. As we used to say back in the day: "Cut yourself some slack".

Research Insights

Rejection sensitivity is more than just feeling hurt. It’s a deep, often overwhelming response that can linger for days, and impact self-esteem, relationships, and even your willingness to try again (Downey & Feldman, 1996).

Research shows rejection sensitivity is especially common among autistic and ADHD adults. For many, the pain of being left out or dismissed is not just emotional but physical, activating the same neural pathways as actual pain (Eisenberger et al., 2003). This heightened sensitivity is sometimes called Rejection Sensitivity Dysphoria (RSD) (Dodson, 2019).

For neurospecial people, repeated negative social experiences such as misunderstanding, exclusion, or criticism (often starting in childhood) can set up the nervous system to expect more of the same. Mindfulness and self-compassion practices can help create space between the feeling and the reaction, allowing for more choice and less suffering (Neff & Germer, 2013).

Table: Rejection Sensitivity Triggers and Tools

Trigger Situation	**Common Reaction**	**Survival Tools**
Not being invited to a party	Sadness, self-blame, withdrawal	Pause. Breathe. Notice the story you're telling yourself
Criticism from a coworker/ partner	Shame, anger, worry	Name the feeling. Self-soothe with grounding
Friend suddenly seems cold and distant	Anxiety, over-thinking, panic	Ground in the present. Calmly check the facts
Social media "seen" but no reply or reaction	Rejection, spiraling thoughts	Take a break; practice self-compassion
Partner distracted or quiet	Catastrophizing, fear, irritability	Ask directly; clarify; offer self-reassurance
Remembering past rejection	Flashback, emotional flooding	Anchor in your body; reframe; use gentle self-talk

Rejection Survival Skills

1. Anchoring to Your Body

What: This mindfulness practice, also called somatic anchoring, involves focusing your awareness on physical sensations to ground yourself.

Why: It reduces stress when feeling overwhelmed by helping you connect with the present moment

How to Anchor:

1. Change your position and location (e.g. Stand up and walk across the room).

2. Place your hands on a surface (a table, a counter) or feet on a carpet or grass.

3. Notice the texture, temperature, or other features. When your mind starts to wander, bring your awareness back to the sensations to anchor your body.

4. Repeat this process by changing position, location or surface to until you feel grounded and calm.

2. Five-Senses Anchoring

What: Using your five senses to anchor in the present.

Why: Racing thoughts often need a physical reset.

How:

Try the 5-4-3-2-1 technique: Name 5 things you see, 4 - hear, 3-feel, 2-smell, 1-taste.

Hold a favorite comforting object like a smooth stone, use a weighted blanket, or indulge in repetitive motion (e.g. stimming like rocking or tapping).

3. Reality Check Ritual

What: A grounding self-talk script to stop "spiraling") (blowing things up out of proportion.

Why: Brings you back to the facts and helps stops reading more into the situation than actually happened.

How:

1. Pause and name the feeling (“That hurts.”)

2. Ask: “What do I know for sure? What am I assuming?”

3. Remind yourself: “People get busy. Silence isn’t rejection.”

4. Optional: Write it down or say it aloud.

4. Tapping (EFT) for Rejection

What: Emotional Freedom Technique: tapping on acupressure points while voicing your feelings.

Why: Combines self-acceptance with gentle nervous system regulation.

How:

1. Tap gently on the side of your hand, repeat: “Even though I feel rejected, I love and accept myself.” Take a deep breath.

2. Move on to other points: the eyebrows, the temples, under the eyes, the collarbones, the middle of the chest, repeating the affirmation thought.

5. Self-Compassion Letter

What: Write to yourself as you would to a friend experiencing rejection or shame.
Why: Counters harsh self- criticism and builds resilience
How:

- Start: “Dear [Your Name], I know this hurts right now…”
- Remind yourself, “It’s okay to feel sensitive. My feelings make sense.”

6. Rejection Resilience “Vitamin”

What: A daily practice to build up tolerance for minor disappointments.
Why: Exposure in small, safe doses can desensitize your nervous system.
How:

- Try sending a low-stakes message, like a meme, to a friend. Notice and record the outcome (often, it’s neutral or positive).
- Celebrate your courage, not just the outcome.

Solo Exercise: Mindful Self-Compassion for Rejection

1. Pause and name the feeling: “I’m feeling rejected right now.”

2. Take three slow, deep breaths, gently placing your hand over your heart or chest.

3. Acknowledge that rejection hurts, and that you are not alone. Silently say: “This is a moment of pain. Many people feel this way. I am not alone.”

4. Offer yourself kind words, as you would to a friend: “It’s okay to feel this way. I am still worthy and good.”

5. Notice any stories your mind is telling (“no one likes me”). Gently ask: “Is there another possible explanation?” Write down alternatives if you can.

6. Choose a soothing activity (music, nature, sensory comfort, movement) to help ground and care for yourself.

Pair Exercise: Rejection Sensitivity Check-In

1. With a trusted partner or friend, take turns sharing a recent moment when you felt rejected or misunderstood. Use “I” statements.

2. The listener rephrases what they heard, without judgment or advice.

3. Switch roles. Don't try to advise, minimize, or defend. Just hold space for each other’s feelings.

4. After both have shared, discuss: Was it helpful to be heard? What did you need most in that moment?

5. Brainstorm together: What can you do in the future when one of us feels rejected or left out?

Mindfulness Log

1. When was the last time I felt rejected or excluded? What happened, and what did I tell myself about it?

   ____

   ____

2. In what situations do I tend to people-please or over-share? What am I hoping for?

   ____

   ____

3. How did I respond in the moment? Did it help or make things harder?

   ____

   ____

4. What would I say to a close friend who was feeling this way?

   ____

   ____

5. What helps me feel better after rejection? List three self-soothing activities or affirmations.

   ____

   ____

Worksheet: Understanding & Releasing Rejection

1. **Trigger:** Describe a recent situation where you felt rejected or exposed.

____

____

2. **Reaction**: What was your immediate emotional and physical response?

____

____

3. **Thoughts**: What story did your mind start telling about the situation?

____

____

4. **Alternative Explanations**: List two other possible reasons for what happened.

5. **Mindful Pause:** What did you do to pause and care for yourself?

6. **Self-Compassion Statement**: Write a kind sentence to yourself as you would to a friend.

7. **Action Plan**: What can you do next time you feel rejected to help yourself recover with kindness?

FAQSs

1. Q: Is Rejection Sensitivity just being highly sensitive?

   A: No. Rejection Sensitivity is a real, neurobiological response common in autistic and ADHD people. It's not a personality trait, character flaw or weakness.

2. Q: Is there a difference between Rejection Sensitivity and Rejection Sensitive Dysphoria (RSD)?

   A: RSD tends to be more extreme and long-lasting than simple Rejection Sensitivity.

3. Q: Can I actually change my reaction to rejection?

   A: While you can't just switch off your sensitivity overnight, mindfulness and self-compassion can help you notice, pause, and reflect rather than jump to conclusions. Over time, you can learn to soothe yourself and reduce the distress.

4. Q: What if my partner or friends dismiss my feelings?
   A: Try telling them about Rejection Sensitivity or describe exactly how you feel and what helps you

when you feel that way. If they continue to dismiss your feelings, they are not true friends. Remember that your experience is real and valid. Look for support from someone who is more understanding.

Troubleshooting

1. Q: Mindfulness sometimes makes my feelings stronger. What should I do?

   A: This can happen, especially if you're used to pushing feelings away. If mindfulness feels overwhelming, try grounding in the body: Notice your feet, your breath, or something you can touch. Distraction or movement can help.

2. Q: I can't stop replaying the rejection in my mind.

   A: Rumination (dwelling on something) is common. When you notice looping (your mind keeps coming back to it), gently acknowledge it ("My brain is stuck on this"). Then redirect your attention to something sensory in the present (touch, sound, movement). Writing thoughts out or talking to someone can also help.

3. Q: What if the rejection is ongoing or real?

A: If someone is repeatedly unkind or excluding you, it’s not just your sensitivity. Your feelings are valid. Setting boundaries, finding new friends, and reducing time with unsupportive people are all acts of self-care.

4. Q: What to do if I've overshared?

A: If the person has been avoiding you since then, send a simple apology to the break tension. "Sorry. I didn't mean to overwhelm you with all that." Never leave your friend feeling that they have to reciprocate by also sharing their personal history. Be mindful that your secrets are your power: Don't give away your power. Also, keep in mind that people are wrapped up in their own problems. They're unlikely to remember your story later, unless you bring it up again, so don't.

Chapter Highlights

- Rejection sensitivity and social vulnerability are common, valid experiences for AuDHD adults.
- Mindfulness and self-compassion can help you pause, soothe, and respond with kindness.
- Your feelings are real, but you are not alone or “broken.”
- You can learn new ways to care for yourself and communicate your needs.

Practice Scripts: Rehearse these lines

For self-talk:

1. “This hurts my feelings, but it doesn’t define me.”
2. “I can be kind to myself, even when I feel rejected.”
3. “Maybe there’s another explanation.”
4. “I am allowed to take up space, even if I’m not always included.”

For explaining needs:

1. “I sometimes feel rejection more strongly than others. If you can, please be clear with me.”
2. “I’m feeling a little left out. Can we talk about it?”

3. “Reassurance helps me when I’m struggling with these feelings.”
4. “I need time before I answer. Can I get back to you?”

For boundary-setting:

1. “It’s okay for me to step back and care for myself right now.”
2. “I need some time to process. I’ll check in later.”

Closing Thoughts

Rejection can feel overwhelming, but it is not a reflection of your worth. With practice, you can learn to notice the pain without letting it ruin your life, to offer yourself kindness, and to reach for the connections and support you deserve. Healing is possible, one mindful step at a time.

Chapter 3: Justice Sensitivity

“I can’t just ignore it when something is unfair. My whole body reacts.” ~ Jordan

Many AuDHD adults experience an intense sense of justice: an acute awareness and deep emotional response to fairness, honesty, and the treatment of others. This trait, sometimes called “justice sensitivity,” can be a powerful motivator for standing up for what’s right, but it can also lead to distress, rumination, and social anxiety. When confronted with unfairness, especially when powerless to intervene, people with justice sensitivity may have a hard time letting go of the experience long after it’s over. Jordan’s story shows the rewards and challenges of living with an intense sense of right and wrong.

Jordan's Story

Jordan, a young AuDHD adult, has always noticed the small injustices others seem to overlook, such as a classmate being picked last for a team, a friend interrupted and talked over, or a server treated rudely in a restaurant. Even as a child, Jordan spoke up when things didn’t seem fair, earning a reputation for being “too sensitive” or “overreacting.”

At his current job, this sense of justice is both a strength and a source of inner turmoil. One afternoon, Jordan overhears a tense conversation in the hallway. His coworker, Megan, is being blamed by their supervisor for a project delay. But Jordan knows it wasn't Megan's fault. The real issue was a software glitch. As the supervisor’s voice sharpens and Megan shrinks into herself, Jordan’s heart races. His fists clench. He wants to step in, to correct the record, but fear holds him back: What if the supervisor gets angry? What if Megan doesn’t want him to get involved? What if Jordan’s words come out wrong, and he only makes things worse?

Jordan returns to his desk, thoughts spinning. He replays the conversation, imagining what he could have said: “Actually, that wasn’t Megan’s fault.” “Let’s look at the facts.” “It’s not fair to blame her.” Each scenario ends with Jordan being misunderstood, dismissed, or causing a scene. The anxiety is exhausting, but the anger won’t fade.

That evening, Jordan can’t focus on anything else. He feels a knot in his stomach: a mix of guilt for not speaking up and indignation that no one else did either. Even after talking it through with a supportive friend, the injustice replays in Jordan’s mind. He worries about Megan, and about his own role as a bystander. It’s not just about this one incident: every memory of unfairness, big or small, seems to pile on top, making it hard to let go.

Over time, Jordan learns to channel his justice sensitivity in productive ways. He finds small, safe opportunities to advocate for fairness, like documenting facts in emails, supporting colleagues privately, and gently correcting misinformation when possible. With help from a therapist, Jordan practices self-compassion and learns to set boundaries around his emotional investment. He realizes his drive for justice is a strength, not a flaw, but that it's also okay to care for himself and choose his battles.

Jordan's empathy and integrity become known at work, and slowly, others begin to value his perspective. While the sting of injustice never fades entirely, Jordan learns that making even a small difference is worthwhile, and that his deep sense of right and wrong is something to value, not hide.

Research Insights

Justice sensitivity is a heightened emotional and physical response to unfairness, whether directed at yourself or others. For many AuDHD adults, this isn’t just a moral stance; it’s a deep-rooted feeling that can trigger strong emotions, rumination, and even physical discomfort.

Justice sensitivity is strongly associated with both autism and ADHD. Autistic people often report a strong, sometimes black-and-white, sense of fairness and rightness, which can lead to distress when confronted with hypocrisy, dishonesty, or mistreatment (García Villamisar & Rojahn, 2015; Milton, 2018).

ADHD is linked to emotional impulsivity and difficulties with frustration tolerance, which can amplify reactions to perceived injustice (Barkley, 2015; Surman et al., 2013). This sensitivity can be a source of strength. Many neuro-special adults are passionate activists for such causes as human and animal rights, social justice, gender equality, inclusion, the environment, and ethical behavior (Kapp et al., 2019).

However, chronic exposure to unfairness, especially if you feel powerless to change it, can lead to anxiety, depression, or burnout (Milton, 2018).

Learning to stand up for your values while protecting your emotional energy is crucial for wellbeing.

Table: Justice Sensitivity

Trigger Situation	Common Reaction	Survival Tools
Witnessing unfair treatment	Anger, urge to intervene, rumination	Breathe, pause, assess safety, plan response
Being blamed unfairly	Defensiveness, shame, frustration	Clarify facts, seek support, self-validate
Seeing hypocrisy or dishonesty	Disgust, withdrawal, agitation	Limit exposure, focus energy on what you can change
Rules applied inconsistently	Confusion, resentment, anxiety	Ask for clarity, request consistency, set limits
Feeling powerless to change things	Hopelessness, burnout, sadness, frustration	Take action (small or large), practice self-care

Justice Sensitivity Survival Skills

1. Values Inventory

What: Identify your core values to guide your responses.

Why: Clarifies when to speak up and when to let go.

How: List values that matter most to you (e.g., honesty, fairness, kindness). Use them to guide decisions about when to act or conserve energy.

2. Pause & Plan

What: Take a minute before reacting to injustice.

Why: Reduces impulsivity and protects your wellbeing.

How: Notice the urge to respond.

Take three breaths; ask, “Is it safe/helpful to act now?”

Decide if you want to respond now, later, or not at all.

3. Advocacy Outlets

What: Channel your sense of justice into positive action.

Why: Turns frustration into empowerment.

How: Join or support advocacy groups where you can do some immediate good, such as volunteering at a dog rescue organization. (Neurospecial people are known to be great animal lovers and sometimes feel more comfortable dealing with them than with people). Take action right away. Volunteer to help save street animals, feed, clean and care for them. Help get them adopted. Sign petitions. Educate others. Do whatever you can within your energy limits.

4. Reframing

What: Challenge all-or-nothing thinking about fairness.

Why: Reduces black-and-white distress when things aren’t perfect.

How: Remind yourself: “The world isn’t always fair, but I can control how I respond.” Look for small wins or progress, not perfection.

5. Sensory & Emotional Regulation

What: Use grounding movements or sensory tools after distressing events.

Why: Helps your body recover and resets your nervous system.

How: Use grounding, deep breaths, or step outside to reset.

Solo Exercise: Your Fairness Map

1. List situations that trigger your strongest sense of injustice.

2. Identify which ones you can influence, and which you can’t.

3. Choose one small action (even just self-validation) that you can take in each area.

Pair Exercise: Advocacy Role-Play

1. With a partner, practice responding to unfair situations.

2. Take turns being the advocate and the listener.

3. Try out both assertive (direct) and gentle (indirect) approaches.

4. Reflect on which felt most empowering and safe.

Mindfulness Log

1. When was the last time I felt upset by something unfair? What did I do?

____

2. What values matter most to me? How do they shape my reactions?

____

3. How do I feel when I can make a difference? When I can’t?

____

4. What helps me let go when I can’t change something that's unjust or unfair?

____

Worksheet: Responding to Injustice

1**. Trigger:** Describe the unfair situation.

____

2. **My Reaction**: What did I feel and do?

____

3. **My Value(s):** Which of my values was involved?

____

4. **Can I influence this?** Yes/No ___________________

5. **Action/Letting Go**: What’s one way I can act (or take care of myself) here?

____

FAQs

1. Q: Why do I get so upset about things others can ignore?

   A: Many AuDHD adults have strong emotional and sensory responses to unfairness. It’s part of your neuro-type, not a flaw.

2. Q: How can I advocate without burning out?

   A: Know your limits. Choose your battles, use scripts, pace your involvement. Guard against getting too emotionally invested. Remember: Small actions count.

3. Q: What if standing up for fairness gets me in trouble?

   A: Assess safety first. Sometimes it’s better to first round up allies, document issues (such as film videos of incidents), or use indirect methods.

4. Q: Why do I worry about an injustice for so long?

A: Neurodivergent brains often “lock on” to distressing events. Grounding, reframing, and talking it out can help.

Troubleshooting

1. Q: I can’t let go of anger about unfairness, even if it’s over.

> A: Try grounding movements, journaling, or talking to a friend. Remind yourself it’s okay to care deeply, but you also need to take breaks from it.

2. Q: I get overwhelmed advocating for others and neglect myself.

> A: Advocacy is valuable, but you can’t pour from an empty cup. Make self-care a priority.

3. Q: What if I feel pressured to keep my mouth shut and not start trouble?

> A: You should decide how important or urgent it is to take action, but sometimes the smartest (and most safe) thing to do is to set a gentle boundary or quietly walk away.

Chapter Highlights

- Injustice sensitivity is common and valid in AuDHD adults.
- Your values can guide you, but you don't have to fight every battle.
- Advocacy is important, but so is rest and self-care.
- You are allowed to care deeply and also to protect your energy.

Practice Scripts: Rehearse these lines

For self-talk:

1. "It's okay to care about fairness."
2. "Not everything is mine to fix."
3. "I can choose how and when to act."

For advocacy:

1. “I noticed something doesn’t seem fair. Can we talk about it?”
2. “I’d like to understand the reasons for this decision.”
3. “It’s important to me that everyone is treated respectfully.”

For boundaries:

1. “I need to step back and take care of myself right now.”
2. “I can’t take this on, but I support you.”

Closing Thoughts

Your sense of justice is a gift; one that can inspire change and compassion. Protect it, nurture it, and remember: the world needs people who care, but you are allowed to rest and recover, too.

Chapter 4: Social Vulnerability

I used to think I was too sensitive, too naïve, too eager to please. Now I realize those were survival skills. It's how I cope in a world that doesn't always make sense to me."
~ Jamie

For many AuDHDers, the desire to connect with others is as important as food or sleep. However, when you've spent your life feeling different, misunderstood, or left out, the rules of socializing can feel like a puzzle with missing pieces. Sometimes, the longing for belonging can make us more vulnerable. Due to the need to be accepted, we are quick to trust, eager to please, and unsure about boundaries.

Jamie's Story

Jamie, a late-diagnosed autistic woman, always felt like she was on the outside looking in. Growing up, she envied classmates who seemed to handle friendships effortlessly, while she struggled to understand the invisible rules of belonging. She was often told she was too trusting or too intense, but no one ever explained what that really meant.

When Jamie started college, she was determined to finally find her tribe. The first group that reached out to her seemed warm and welcoming. Eager to belong, Jamie dove in, sharing her interests, her hopes, and even her most personal struggles within just a few days. For the first time, she felt seen, and the relief was overwhelming.

But as the semester went on, cracks began to show. One friend started making jokes at Jamie’s expense. Another pressured her to share more secrets, then gossiped behind her back. Jamie had privately confided a very personal experience to one of the girls. The next day, it was suddenly the subject of a group chat. Jamie felt a wave of betrayal and confusion. She replayed every conversation in her mind, trying to figure out where she had gone wrong or how she had offended her friends that they should treat her this way.

Then Jamie wondered: Why hadn’t she noticed the warning signs? Why did she share so much, so fast? If only she'd been less naïve or clingy, none of this would have happened. This abruptly ended their friendship, but the shame lingered.

It wasn't until her autism diagnosis years later that Jamie began to understand her pattern of social vulnerability. She learned that many autistic people crave connection, but have difficulty reading others' intentions, recognizing red flags, or pacing the development of intimacy. Jamie worked with her therapist to learn to set boundaries and build trust slowly. She practiced checking in with herself before sharing personal details and learned to recognize when someone's warmth might not be sincere.

With time, Jamie stopped blaming herself for being too trusting. She realized her desire for connection was a strength, not a flaw, but that she deserved to feel safe and respected in her relationships. Armed with new tools and self-knowledge, Jamie began to build healthier, more give-and-take friendships, finally feeling a sense of belonging.

What is Social Vulnerability?

Social vulnerability is the tendency to trust too quickly, overshare, or agree to things you don’t want to do in order to keep the peace or avoid conflict. For AuDHDers, this often comes from a mix of social naiveté, difficulty reading cues, and a deep drive to belong. Repeated experiences of exclusion or misunderstanding can make it hard to judge who is safe and when to say “no.”

Research Insights

Autistic and ADHD adults often develop people-pleasing behaviors, masking, and boundary-blurring to fit in (Hull et al., 2017; Livingston et al., 2019).

Autistic adults may be more socially trusting and less likely to detect deception or manipulation than neurotypical peers (Bargiela et al., 2016; Carter Leno et al., 2022).

Both ADHDers and those with autism show higher rates of victimization, bullying, and exploitation, often due to challenges with reading social cues and trusting too quickly (Sofronoff et al., 2011; Paul et al., 2020).

ADHD adults may impulsively agree to requests or overcommit due to difficulties with inhibition or the desire to avoid confrontation (Miller et al., 2021; Young et al., 2020).

Table: Social Vulnerability Triggers & Responses

Triggers	**Common Reaction**	**Survival Skills**
New friend asks for a big favor	Agree quickly, worry later	"Let me check my schedule and get back to you."
Someone overshares with you first	Feel pressure to match their vulnerability	"Thanks for sharing. I'm still getting to know you."
Persistent invitations to events	Say yes despite exhaustion or discomfort	"Thank you, but I need downtime to recharge."
Feeling left out or ignored	Ruminate, self-blame, try harder to please	Practice self-soothing and reality-checking
Pressure to disclose personal info	Overshare too soon	"I'm not ready to talk about that yet."
Romantic interest persists after a “no”	Feel guilty, try to soften refusal	"I've said no, and I need you to respect that."

People-Pleasing and Saying “No”

People-pleasing is a survival strategy. If you’ve been rejected or misunderstood, it makes sense to want to avoid rocking the boat. But always saying “yes” can leave you depleted and unhappy. Learning to pause before agreeing, and practicing gentle ways to assert your boundaries, can help protect your energy and self-worth.

Practice Scripts for Boundary-Setting

1. “Let me think about that and get back to you.”
2. “Thank you for asking, but I need some downtime.”
3. “I’m not comfortable with that, but I appreciate your understanding.”
4. “No, thank you.”

Mini-Exercise: Practicing “No”

1. Recall a recent time when you said “yes” but wanted to say “no.”

____

2. Write out what you wish you'd said instead. Practice saying it aloud.

____

3. Notice what feelings come up: guilt, fear, relief?

____

4. Remind yourself: You are allowed to protect your time and energy.

____

Research Insights: Pursuing Romantic Partners

Romantic relationships can be especially challenging for AuDHDers. Research suggests that autistic adults may often prefer to be the pursuer in relationships rather than the pursued (Stokes et al., 2007; Byers et al., 2013). Pursuing gives a sense of control and allows you to set the pace, which can feel safer when social cues are confusing.

However, difficulties interpreting subtle signals, reading body language, or understanding indirect communication can lead to overstepping boundaries. Sometimes, an autistic person might not recognize when their interest is unwanted, or they might interpret polite "no" signals as encouragement. This can result in persistent pursuit, even after a clear “no,” not out of malice, but from a genuine lack of understanding or hope that persistence will eventually be rewarded.

Education about Consent and Boundaries: Break the pattern by learning what clear “no” responses look and sound like. Resources like the Autistic Self Advocacy Network’s guides on consent can be helpful.

Practice Script: Role-play with a trusted friend. Practice responding to rejection or ambiguous cues.

1. “Thank you for telling me how you feel. I respect your decision.”
2. “If you’re not interested, I’ll step back.”

Mindfulness and Self-Regulation:

- Notice urges to be persistent. Pause, anchor in your body (e.g., feel your feet on the floor), and give yourself time before responding.

- Therapy and Peer Support: Social skills groups, relationship coaching, or peer mentors can offer feedback and support.

- Reframing Rejection: Remind yourself that “no” is not a personal failure. Rejection is a normal part of relationships and does not reflect your worth.

Mindfulness Log

1. When have I said “yes” when I wanted to say “no”? What stopped me from setting a boundary?

____

2. What early warning signs have I missed in friendships or relationships? What can I look for next time?

____

3. What does “safe” feel like in my body? How can I notice and safeguard those feelings?

____

4. How do I respond to rejection? How would I like to respond in the future?

____

FAQs

1. Q: Is it wrong to want people to like me?

   A: Not at all. Wanting acceptance is human. The goal is to find balance by valuing your own comfort and needs as much as others'.

2. Q: Why do I keep attracting people who take advantage of me?

   A: If you're quick to trust or overshare, some people may see you as an easy target. Learning to slow down, set boundaries, and watch for red flags (warning signs) can help. For example, do they get you to pay for everything, every time you go out?

3. Q: How do I know if I'm oversharing?

   A: If you feel exposed, anxious, or regretful after, it's a sign you might have overshared. Learn to pace yourself: Only reveal as much about yourself to a new friend as they reveal to you. Also, ask yourself, "Is this person trustworthy? Will they gossip? Do I want them to know this about me?"

4. Q: Why do I keep going after someone who isn’t interested?

> A: This can be due to a strong need for connection as well as trouble reading non-verbal cues.
> Try direct communication ("So, are we ready to take this to the next level?") and *accept* the answer ("No. Let's just be friends"). This can help change the pattern of behavior.

Troubleshooting

1. If you freeze when asked to do something: Use practice scripts. Rehearse the lines in advance. Give yourself permission to pause and respond later.

2. If you feel guilty after setting a boundary: Remind yourself: Guilt is a normal response, but it doesn’t mean you did anything wrong. Boundaries are healthy.

3. If someone pushes your boundaries: Repeat yourself calmly: “I’ve already answered. Please respect my decision.” If needed, remove yourself from the situation.

4. If you regret oversharing: Remember: people are focused on their own issues. They are unlikely to remember what you said unless you bring it up again.

Practice Scripts: Rehearse these lines

For slowing down:

1. “I need some time to think about that.”
2. “Can I get back to you tomorrow?”

For declining:

1. “No, thank you.”
2. “That doesn’t work for me right now.”

For exiting a conversation:

1. “I need to step away for a bit.”
2. “Thanks for talking. I need some quiet time now.”

For being persistently pursued:

1. “I’ve said no, and I need you to respect that.”
2. “To be clear, please stop contacting me.”

For apologizing after an overstep:

1. “I realize I may have overstepped your boundaries. I’m sorry and will do better.”
2. “Thank you for telling me how you feel. I appreciate your honesty.”

Chapter Highlights

- Social vulnerability often comes from deep, unmet needs for connection.
- You have the right to set and enforce boundaries, even if it feels uncomfortable at first.
- Not everyone deserves your trust or your story. Pace yourself and check for safety.
- Rejection is not a reflection of your worth. It’s a normal part of human relationships.
- Self-compassion and self-advocacy are lifelong skills that get easier with practice.

Closing Thoughts

Social vulnerability does not mean you are weak or broken. It means your heart has been open in hopes of finding acceptance. With practice and the right tools, you can learn to balance your generosity with discretion. Protect your energy while being more selective about forming connections. Remember, you are worthy.

Chapter 5: Social Communication

"Sometimes I feel like everyone else got the handbook on conversation and I'm still waiting for my copy." ~ Luca

Social communication (the art of managing conversations, reading cues, and conveying our thoughts and feelings) is a challenge for many AuDHD adults. While they may appear to be doing fine on the surface, beneath the façade lies a complex web of social rules, unspoken expectations, and sensory input. Luca's story illustrates the exhausting nature of social communication, where every interaction feels like a delicate balancing act.

Luca's Story

Luca sits in a meeting, nodding and smiling, but inside he's working overtime to read the room. Did that comment come off as rude? Should he have laughed at the joke? Luca tries to gauge the mood, searching for subtle cues, like fidgeting, tone of voice, or body language. He replays the conversation in his mind, wondering if he missed something important or shared too much.

After the meeting, Luca replays the conversation again, this time with a critical eye. Was he too quick to agree? Did he come across as insincere? He worries that others might be thinking the same thing: that Luca is awkward or uncooperative. The self-doubt gnaws at him long after the meeting ends.

When a colleague asks for a favor, Luca says yes, even though he feels uneasy, and would like to refuse. He doesn't want to seem unfriendly or unhelpful, but the obligation weighs on him, making it hard to focus on other tasks. Luca starts to feel like he's living in a constant state of social anxiety, always trying to gauge what others think of him.

Luca wonders why social communication feels like such a burden. Why can’t he just be himself without worrying about what others think? He feels like he's constantly juggling multiple scripts, trying to fit into different social roles. It’s exhausting.

Over time, Luca begins to realize that his struggles with social communication aren’t about being awkward or uncooperative. They're about trying to meet unspoken expectations and handle complex social situations. With support from a therapist and online communities, Luca starts to develop strategies for managing his social anxiety and finding more authentic ways to communicate.

Luca learns to prioritize his own needs and boundaries, even if it means saying "no" to requests that don’t feel right. He starts to value his own opinions and insights, rather than seeking validation from others. When he interacts with others, Luca tries to approach conversations with a sense of curiosity and openness, rather than trying to control them.

Research Insights

Social communication includes everything from taking turns in conversation, reading facial expressions, and making eye contact, to knowing how much to share and when to say “no.” For many AuDHD adults, these skills can feel like a foreign language; one that requires constant translation and effort. Autistic adults often experience challenges with interpreting nonverbal cues, facial expressions, tones of voice, and implicit social rules

(Baron Cohen et al., 2001; Livingston & Happé, 2017). This can lead to misunderstandings, social anxiety, and overcompensation (masking, camouflaging or people-pleasing).

ADHD adults may struggle with impulsivity in conversation (interrupting, oversharing, or missing cues to stop talking,) and may also miss subtle social signals due to being distracted (Young et al., 2020).

Both groups often experience over-trusting: difficulty spotting manipulation or deception, and a tendency to take others at face value (Bargiela et al., 2016).
The stress of constant social monitoring can lead to exhaustion, shutdown, or social withdrawal (Hull et al., 2017). Camouflaging or masking (suppressing authentic behaviors to blend in) can lead to increased anxiety, depression, and the loss of self-identity (Hull et al., 2017; Livingston et al., 2019).

Table: Social Communication Triggers and Tools

Trigger Situation	**Common Reaction**	**Survival Tools**
Unclear social cues or sarcasm	Confusion, anxiety, hypervigilance	Ask for clarification, mirror others, take notes
Group conversations	Overwhelm, missing cues, withdrawal	Focus on one person, take breaks, prep scripts
Being asked for a favor	Over-trust, people-pleasing, regret	Use “pause” scripts, check in with your values
Not picking up on manipulation	Hurt, betrayed, self-blame	Slow down, check with trusted others, trust your gut
Feeling “fake” when masking	Exhaustion, disconnection, anxiety	Schedule downtime, find safe spaces to unmask
Not picking up on body language and facial expressions	Uncertainty, confusion	Ask for clarification

Social Communication Survival Skills

1. Clarifying Scripts

What: Phrases to ask for clarification without embarrassment.

Why: Reduces anxiety and prevents misunderstandings.

How:

- “I’m not sure I understood. Could you say that another way?”
- “Just to be clear, do you mean…?”

2. Pause Before Replying

What: Give yourself time to process and respond.

Why: Prevents impulsive agreements or oversharing.

How:

- Try: “Let me think about that for a minute.”
- Or: “Can I get back to you later?”

3. Social Scripts

What: Prewritten responses for common situations.

Why: Eases performance anxiety.

How:

- Prepare scripts for greetings, farewells, declining, or changing topics.
- Practice with a friend or in front of a mirror.

4. Trust-Checking Routine

What: Steps to avoid over-trusting or being taken advantage of.

Why: Protects from manipulation and regret.

How:

- Pause before committing to favors or disclosing information.
- Check with a trusted friend if something feels “off.”

- Remind yourself: “It’s okay to say no.”

5. Masking Recovery Plan

What: Intentional self-care after social interactions.

Why: Prevents burnout and restores authenticity.

How:

- Schedule downtime after social events.
- Do something comforting and familiar (stimming, music, sensory tools).

6. Nonverbal Cue Practice

What: Build skills for reading body language and facial expressions.

Why: Increases confidence and social understanding.

How:

- Watch TV with subtitles and observe body language and expressions.

- Use online resources or apps for facial expression recognition.

Solo Exercise: Social Scenario Mapping

1. List 3 recent social situations that felt confusing or exhausting.
2. For each, write what was challenging (e.g., unclear cues, pressure to say yes).
3. Brainstorm 1–2 scripts or strategies you might try next time.
4. Reflect on what you need to feel safer or more authentic.

Pair Exercise: Practicing Social Boundaries

1. With a partner, roleplay common requests (e.g., “Can you help me with this project?”).
2. Practice saying, “Let me think about it,” or other boundary scripts.
3. Switch roles and give each other feedback on tone, comfort, and clarity.

Mindfulness Log

1. When do I feel most relaxed / anxious in conversations?

____

2. What nonverbal cues are hardest / easiest for me?

____

3. When have I felt pressured to over-trust or people-please? What happened?

____

4. What helps me recover after masking or social exhaustion?

____

Worksheet: Social Communication Survival Kit

1. Challenging Situation:

____

2. My automatic reaction:

____

3. Script or strategy to try:

____

4. Nonverbal cue to watch for:

____

5. How I'll care for myself after:

____

FAQs

1. Q: Why do I miss sarcasm or jokes?

   A: Many AuDHD adults process literal meaning first. It’s not a flaw; just a different way of understanding language.

2. Q: How can I stop oversharing or saying yes too quickly?

   A: Practice pausing before responding, and use scripts like “Let me think about it.” Journaling about boundaries can help.

3. Q: What if I feel fake or exhausted from masking?

   A: Everyone masks sometimes, but it’s important to find safe spaces where you can be yourself. Schedule recovery time and seek out supportive people.

4. Q: How can I recognize manipulation or dishonesty?

   A: Trust your gut. If something feels off, pause before acting. Check with trusted friends, and don’t be afraid to ask questions.

Troubleshooting

1. Q: I panic and can’t think of what to say in the moment.

   A: It’s okay to ask for a moment or say, “I’ll get back to you.” Practice Scripts: Rehearse these lines in advance to build confidence.

2. Q: I worry about being rude if I set a boundary.

   A: Boundaries are healthy and respectful. You can be kind and assertive at the same time.

3. Q: I feel like I’m always “performing” and never myself.

   A: This is a common experience. Prioritize downtime and seek out connections where you can relax and unmask.

4. Q: What if people don’t respect my communication style?
   A: Not everyone will understand, but the right people will appreciate your honesty and clarity.

Chapter Highlights

- Social communication differences are a natural part of AuDHD neurology.
- Scripts, pauses, and practice can make conversations easier.
- You can learn to set boundaries and protect your energy.
- Authenticity is possible. Give yourself permission to be yourself.

Practice Scripts: Rehearse these lines

For clarification:

1. “Could you explain what you mean?”
2. “I’m not sure I understood. Can you give me an example?”

For boundaries:

1. “Let me think about that and get back to you.”
2. “I’m not able to help right now.”

For unmasking:

1. “I need a break from socializing. Thanks for understanding.”
2. “I’m more comfortable listening right now.”

Closing Thoughts

Social connection is a human need, but you deserve to communicate in ways that feel safe and true to you. With practice, support, and self-compassion, you can handle the social world on your own terms.

Chapter 6: Communication Differences

“I can write a three-page email but freeze when the phone rings." ~ Ben

People with both autism and ADHD (AuDHD) often communicate in ways that are different from what others expect. This can include how they talk, listen, understand, and express themselves. Sometimes, these differences can lead to misunderstandings or make it hard to connect with others. In this chapter, we will look at common communication styles in AuDHD, why they happen, and how to make communication easier. Whether you have AuDHD or want to support someone who does, this chapter will help you understand and appreciate different ways of communicating.

Ben's Story

Ben, 30, has always loved language. He reads books on a wide range of topics, and can quote favorite movies word-for-word. But in conversation, things are trickier. At work, Ben's directness sometimes seems blunt, and jokes or sarcasm go over his head. In group chats, he struggles to keep up, missing cues or interrupting accidentally. Phone calls are the worst: his mind goes blank, and he stumbles over small talk.

As a teen, Ben was told to stop being rude or to "lighten up." He learned to rehearse small talk, but it felt silly and fake. After his AuDHD diagnosis, Ben began to understand that his brain processes communication differently. He now uses email and text more often, asks for clarification when confused, and explains his preferences to friends and coworkers.

Recently, Ben joined a neurospecial social media group. For the first time, he felt at ease. No one minded his literal questions or info-dumping about his passions. Ben realized that communication isn't just about fitting in. It's about finding your people and your voice.

Research Insights

Communication differences are a feature of both autism and ADHD, but in different ways that are often compounded in AuDHD. Autistic people may use more literal language, misunderstand or even miss nonverbal cues, and prefer directness over small talk (O'Connor & Kirk, 2022). ADHD can bring impulsivity, interruption, and thought-to-mouth moments, as well as difficulty staying on topic (Barkley, 2015).

These differences often lead to misunderstandings, social friction, and even exclusion. Research shows neurospecial-to-neurospecial conversations usually flow more smoothly. Difficulties mainly occur in neurospecial-to-neurotypical conversations (Milton, 2012).

Rehearsed scripts, clarifying questions, and alternative communication (like texts or written notes) can make for smoother interactions. Self-advocacy (explaining one's needs and preferences) also improves mutual understanding and reduces stress. Educating neurotypical peers about communication differences helps everyone understand each other better and builds more inclusive environments (O’Connor & Kirk, 2022).

Table: Communication Differences in AuDHD

Challenges	**How It Looks**	**Survival Tools**
Literal interpretation	Missed jokes, sarcasm or idioms	Ask for clarification; use scripts
Directness	Perceived as blunt or rude	Explain communication style
Small talk/social conversations	Awkwardness, exhaustion, freezing	Prepare scripts; use text/email
Impulsivity Interruptions	Talking over others, topic shifts	Visual cues, notetaking, pausing
Processing speed	Delayed responses, blank look	Ask for time to think, written Q&A
Nonverbal cues	Missed facial expressions, gestures	Ask directly, clarify intentions

Solo Exercise

Communication Log:

1. For one week, jot down any conversation (in person, by phone, or online) where you felt misunderstood or uncomfortable. Note what happened, how you felt, and what you wish you could have said or done differently.

2. At the end of the week, look for patterns: Do certain situations or people lead to more difficulties? Are there moments when your preferred communication style worked well?

Pair Activity

With a friend or peer, each share a situation where you often struggle with communication (e.g., asking for help, engaging in small talk, disagreeing politely). Together, write down a few lines or phrases you could use.

Practice role-playing the scenarios, swapping scripts, and offering feedback on what feels natural or empowering.

Mindfulness Log

1. When do I feel most comfortable communicating? Least comfortable?

   ____

2. What communication differences have caused misunderstandings in my life?

   ____

3. How do I prefer to receive and give information?

   ____

4. What scripts or strategies help me to handle tricky conversations?

   ____

5. What do I wish others understood about my communication style?

   ____

Worksheet: Communication Survival Kit

Step 1: My Styles

List your preferred ways to communicate (e.g., text, email, face-to-face, written notes).

Step 2: Challenging Situations

Identify three types of conversations that are hard for you (e.g., phone calls, group meetings, conflict).

Step 3: Scripts & Supports

For each, write a go-to script or support (e.g., “Can you repeat that?” “I prefer written instructions,” “I need a minute to think.”)

Step 4: Advocacy
Prepare a short statement that explains your communication style to others (e.g., “I process things literally, so I may ask for clarification.”)

____

Step 5: Practice
Role-play or rehearse these scripts alone or with a trusted friend.

____

FAQs

1. Q: Is my directness really a problem?

   A: Directness is not wrong! It can be refreshing and clear. Sometimes, explaining your style helps others adjust expectations.

2. Q: Why do I blank out or freeze in conversation?

   A: Processing speed, anxiety, or sensory overload can all contribute. It’s okay to ask for a moment to gather your thoughts or to follow up by text/email later.

3. Q: What if people think I’m rude or uninterested?

   A: You can clarify (“I’m listening, I just process things differently” or “I care, but I express it differently”). Sometimes, sharing your communication needs in advance helps.

4. Q: How can I manage interruptions or fast-paced conversations?

   A: Visual cues (holding up a hand), written notes, or asking for turn-taking can help. Pausing to breathe or jotting down thoughts may also support focus.

5. Q: Are scripts “fake” or manipulative?

   A: Not at all! Scripts are a helpful tool for everyone, especially in stressful or unfamiliar situations.

6. Q: How can I help others communicate better with me?

   A: Educate friends, family, and colleagues about your preferences. Share practical tips, and encourage questions and feedback.

7. Q: I repeat what others say. Is that rude?

   A: Echolalia, a type of verbal stimming, is the repetition of words, sounds, phrases or questions that someone has just said. It's a way to help process language, communicate, or self-soothe. While it's not rude, it may annoy some people if done too much, so either try to curb it, or explain.

Troubleshooting

1. If you’re misunderstood: Pause, clarify, and restate your point. If needed, follow up in writing afterward.

2. If you struggle with small talk: Prepare a few go-to topics or questions. It’s okay to steer conversation to shared interests.

3. If you “overshare” or change topics abruptly: Use notecards or a reminder to check in (“Am I making sense?” "Am I saying too much?").

4. If group conversations are overwhelming: Find one-on-one chats, or ask for written summaries. It’s okay to step away for breaks.

5. If you mask or script too much: Practice authentic communication in safe spaces, and notice what feels most “you.”

6. If you face negative reactions: Remember, communication is a two-way street. Find supportive people who value your style.

Chapter Highlights

- Communication differences are a natural part of AuDHD, although there may be misinterpretation when talking with a neurotypical.

- Directness, literal thinking, and alternative communication styles deserve respect.

- Scripts, self-advocacy, and supportive environments foster connection and reduce stress.

Practice Scripts: Rehearse these lines

1. “I tend to process things literally. Can you clarify what you meant?”

2. “I need a moment to think before I answer.”

3. “I communicate best by text/email. Would that work for you?”

4. “If I interrupt, it’s not intentional. My thoughts come out quickly.”

5. “Thanks for your patience while I organize my thoughts.”

Closing Thoughts

Your way of communicating is valid and valuable. With the right strategies and supportive people, you can express yourself authentically and build meaningful connections. Remember: you deserve to be heard and understood, just as you are.

Chapter 7: Masking and Camouflaging

"I'm an actor in my own life; smiling, nodding, pretending I know the script. But when the curtain drops, I'm exhausted and don't know who I am." ~ Emma

Many people with AuDHD become experts at hiding parts of themselves to fit in. This process, known as masking or camouflaging, involves consciously or unconsciously suppressing natural behaviors, interests, or reactions in order to appear more "typical." Whether it's forcing eye contact, mimicking social cues, holding back stims, or pretending to understand a joke, masking can become second nature over time.

Masking often develops as a survival strategy in a world that isn't always accepting of neurospecial differences. While it can sometimes help people to avoid judgment or blend in, it also comes at a cost: exhaustion, anxiety, loss of identity, and even depression. Many people with AuDHD describe feeling like actors in their own lives, worried that if they let the mask slip, they won't be accepted for who they truly are.

Emma’s Story

Emma, 39, is known at work for her professionalism, attention to detail, and her ability to “fit in.” No one would guess that her days are a carefully choreographed performance. As a child, Emma learned to watch what others did and mimic their expressions, gestures, and small talk. In school, she practiced smiling at the right moments and hiding her stimming behaviors, like tapping her fingers or rocking, so she wouldn’t stand out.

Now, in meetings, Emma mentally rehearses responses, laughs at jokes she doesn’t find funny, and nods even when she’s confused. She keeps a running checklist in her head: eye contact, don’t interrupt, don’t fidget. By the end of the day, she’s utterly drained. Her jaw aches from holding a smile, and she collapses at home, silent and alone. Emma’s partner notices she’s not herself after social events, but Emma can’t explain the exhaustion.

After reading about masking in autistic and ADHD communities, Emma finally recognizes her lifelong pattern. Masking has helped her avoid bullying and keep jobs, but it’s taken a deep toll on her mental health. She worries: Who would she be if she let the mask drop?

Research Insights

Masking (or camouflaging) refers to the conscious or unconscious suppression of autistic or ADHD traits to fit social expectations. Research shows that masking is common (especially in women and gender-diverse people) and often begins in childhood (Hull et al., 2017). Autistic adults describe using scripts, mimicking others’ behaviors, and suppressing stims to “blend in.” ADHD masking can look like overcompensating for distractibility or hiding time management struggles.

While masking may help people avoid bullying, job loss, or social rejection, the psychological costs are high. Studies link masking with increased stress, anxiety, depression, burnout, and even suicidal thoughts (Cage & Troxell-Whitman, 2019; Hull et al., 2017). Many report a sense of lost identity or feeling “fake.” Some research suggests that unmasking (gradually reducing camouflaging behaviors in safe settings) can improve well-being, but safety, context, and support are crucial.

Table: Masking: Why, How, and At What Cost?

Reason	**Behavior**	**Impact**
Avoid bullying/rejection	Suppress stims, forced eye contact	Exhaustion, anxiety, depression
Keep relationships/job	Prepared responses, hiding confusion, people-pleasing	Loss of self, burnout
Meet family/societal norms	Mimicking tone, gestures, interests	Loneliness, identity confusion
Safety concerns	Agreeing to things, overcompensating	Increased mental health risks

Solo Exercise

1. Mask Mapping:
Spend a few days noticing when and where you mask. List situations (e.g., work, family gatherings, online) and what you do to “fit in.”

2. Reflect: Which parts feel helpful or protective? Which feel draining or false? Is there one setting where you could safely reduce masking, even a little, and see what happens?

Pair Activity

1. Unmasking Circle:
With a trusted friend, partner, or support group, share one thing you usually hide in public (a stim, a special interest, or a way you communicate).

2. Practice “unmasking” together. Let yourself stim, talk about your real interest, or drop a social script.

3. Debrief: How did it feel? What was easy or hard? What would help you feel safer unmasking in other settings?

Mindfulness Log

1. What does masking look like for me?

   ____

2. When did I first learn to mask, and why?

   ____

3. How do I feel physically and emotionally after a day of masking?

   ____

4. What do I fear might happen if I unmask?

   ____

5. Where (or with whom) do I feel safest being myself?

   ____

Worksheet: My Masking & Unmasking Plan

Step 1: Identify Your Masks. List the top three ways you mask (e.g., suppressing stims, forcing eye contact, hiding confusion).

____

Step 2: Benefits and Costs. For each mask, note what it protects you from and what it costs you emotionally or physically.

____

Step 3: Safe Spaces. List places, people, or activities where you feel safe enough to unmask, even a little.

____

Step 4: Experiment. Choose one mask to gently lower in a safe setting. Plan how you’ll manage any discomfort and how you’ll care for yourself afterward.

____

Step 5: Reflection. After your experiment, journal about what you noticed: emotions, responses from others, and how you felt being more authentic.

____

FAQs

1. Q: Is masking always bad?

   A: Masking can be protective, especially in unsafe environments. The problem arises when it's constant and leads to exhaustion, anxiety, or loss of self.

2. Q: Why do I mask even with people I trust?

   A: Masking can become automatic, especially after years of needing to protect yourself. With time and support, it may become easier to drop your guard in safe settings.

3. Q: How do I explain masking to others?
   A: Try: "I often hide my real self to fit in, which is exhausting. I'm working on being more authentic where I can."

4. Q: Is unmasking safe?

A: Only you can judge what’s safe in any situation. Some environments require more masking for safety or survival. Start small, in supportive settings, and seek community support.

5. Q: What if I don’t know who I am under the mask?

A: This is common. Exploring your interests, stims, and authentic communication in safe spaces can help you reconnect with your true self.

6. Q: Can I ever stop masking completely?

A: For most, some masking will always be necessary. The goal is to reduce it where possible, protect your well-being, and find safe places for authenticity.

Troubleshooting

1. If dropping the mask feels terrifying: Start with small steps, such as stimming in private or with one trusted friend. Celebrate each act of authenticity.

2. If others react negatively when you unmask: Remember, their discomfort is not your failing. Seek out people and spaces where you are accepted.

3. If you feel exhausted after masking: Build in recovery time for quiet, solitude, sensory comfort, or self-soothing activities.

4. If you pressure yourself to “be real” all the time: Give yourself grace. Masking is a skill that kept you safe. Unmasking is a process, not a destination.

5. If masking is affecting mental health: Reach out for professional or peer support. You are not alone, and it’s okay to ask for help.

Chapter Highlights

- Masking and camouflaging are common in AuDHD and can be both protective and costly.
- Chronic masking impacts mental health, identity, and energy.

- Safe unmasking, even in small ways, can support well-being and authenticity.

Practice Scripts: Rehearse these lines

1. “I’m working on being more myself in safe company.”
2. “I need some time alone to recover from social masking.”
3. “It’s hard for me to drop my mask, but I’m trying.”
4. “Could we create a ‘no mask’ zone for a while?”
5. “Thank you for accepting me as I am.”

Closing Thoughts

You’ve spent years learning to fit in, but you deserve spaces where you can simply belong. Every time you honor your true self, even in the smallest way, you reclaim energy and joy. Masking kept you safe; unmasking can help set you free.

Chapter 8: Touch & Sensory Boundaries

“My body is my home. Setting touching boundaries is an important part of taking care of my home." ~ Alex

For many autistic and AuDHD adults, physical touch is not simply a neutral or pleasant gesture. It can be overwhelming, even distressing. Sensory boundaries vary widely from person to person, and what feels friendly or comforting to one individual may feel invasive or painful to another. Dealing with expectations around touch, both in families and workplaces, is a daily challenge for those whose sensory experiences are intense or unpredictable. Alex’s story highlights the hidden costs and emotional labor of managing sensory boundaries in a world that often misunderstands them.

Alex’s Story

Alex, 29, always dreads family gatherings. Relatives greet each other with big hugs and kisses, and from the moment Alex walks in the door, there’s an unspoken expectation to join in. The press of bodies, the squeeze of arms, and the sensation of lips on the cheek all feel like an assault on Alex’s skin.

skin. Alex braces for it, muscles tensed and breath held, counting down the seconds until it’s over. Even when the hugs are brief, the feeling lingers, like a buzzing discomfort under the skin that takes hours to fade.

At work, things aren’t much easier. Alex’s colleagues mean well, but a pat on the shoulder or a handshake at the end of a meeting can send a jolt through Alex’s body. Sometimes, Alex flinches or pulls away without thinking, only to see surprise or hurt on the other person’s face. The embarrassment is almost as bad as the sensory overload itself. Alex worries, “Do they think I’m rude or unfriendly? Should I explain, or just pretend nothing happened?”

After a long day of navigating these small but relentless invasions, Alex often retreats to the sanctuary of home. There, with the curtains drawn and favorite weighted blanket in place, Alex can finally breathe deeply and let the tension drain away. Sometimes, the need to decompress is so strong that Alex cancels plans or ignores messages, just to reclaim a sense of equilibrium.

Over time, Alex has started to understand and respect these boundaries, rather than fighting or feeling ashamed of them. With close friends, Alex is learning to communicate preferences (“I’m not a hugger, but I love a smile!”) and has practiced offering alternatives like fist bumps or waves. Some relatives are slow to adjust, but a few have begun to ask, “Can I give you a hug?” instead of assuming.

Alex still worries about being seen as cold or distant, but is gradually realizing that setting sensory boundaries is not a failing. It’s a form of self-care. By advocating for comfort and consent, Alex is building relationships that feel safe and authentic, learning that it’s okay to ask for the kind of connection that feels right for them.

Research Insights

Sensory boundaries are the personal limits we set regarding physical touch, proximity, and the kinds of sensory input our bodies and minds can comfortably handle. For many autistic and ADHD adults, these boundaries are not just preferences, but essential for wellbeing. Learning to recognize, communicate, and protect your sensory boundaries is a vital form of self-advocacy, and is important in reducing overwhelm.

Touch aversion is common in autistic adults and is also reported by many with ADHD (Cascio et al., 2008; Tavassoli et al., 2014). Unwanted touch can trigger anxiety, irritability, or even panic.

Sensory processing differences, including hypersensitivity to touch, sound, light, or smell, are core features of autism and often present in ADHD (Robertson & Baron Cohen, 2017; Bijlenga et al., 2017).

Boundary violations (even those meant kindly) can lead to emotional shutdown, meltdowns, or withdrawal, especially if people-pleasing or masking makes it hard to speak up (Hull et al., 2017; Kapp et al., 2019).

Table: Touch and Sensory Boundaries

Trigger Situation	Common Reaction	Survival Tools
Unexpected hug or touch	Startle, anxiety, anger, withdrawal	Step back, state preference, self-soothe
Crowded place with close proximity	Overwhelm, irritability, shutdown	Seek space, use sensory tools, exit early |
Bright lights or strong	Headache, nausea, agitation	Sunglasses, mask, request changes
Family/partner expecting affection	Guilt, discomfort, masking |	Explain needs, suggest options|
Touch during meltdown or shutdown | |	Heightened distress, panic	Signal “no touch,” use safe word |
| Avoiding touch, feeling isolated	Loneliness, shame, self-doubt |	Reach out on your terms, self-hug
| Crowded place with close proximity	Overwhelm, irritability, shutdown	Seek space, use sensory tools, exit early |

Touch and Sensory Survival Skills

1. Sensory Check-In

What: Quick self-assessment of your sensory needs before, during, and after social situations.

Why: Increases self-awareness and prevents overwhelm.

How:

- Pause and ask: “How am I feeling in my body?”
- Rate comfort on a scale of 1–10.
- Identify which senses feel overloaded (touch, sound, light, etc.).

2. The Boundary Script

What: Simple, clear phrases for communicating your boundaries.

Why: Reduces anxiety about “saying the right thing.”

How:

- Practice: “I’m not comfortable with hugs, but I’m happy to see you.”
- Or: “I need a little more space right now.”
- Write scripts for common situations and rehearse in advance.

3. Sensory Toolkit

What: Collection of items or strategies that help manage sensory input.

Why: Provides quick relief and a sense of control.

How:

- Sunglasses, headphones, earplugs, fidget tools, calming scents, weighted items.
- Plan ahead: bring your toolkit to events or work.

4. Non-Touch Options

What: Non-touch ways to show affection or connect.

Why: Maintains relationships while honoring boundaries.

How:

- Try a wave, a verbal greeting, or a fist-bump
- Suggest alternatives: “Can we high-five instead?”

5. Aftercare Practice

What: Intentional self-soothing after sensory overwhelm.

Why: Aids recovery and prevents cumulative stress.

How: Retreat to a quiet space, use comfort items, practice deep breathing, stimming, or grounding movements.

Solo Exercise: Mapping Your Sensory Boundaries

1. List different kinds of touch (hugs, handshakes, pats, etc.) and rate your comfort with each.

2. Identify which situations (work, family, friends) feel safest or most challenging.

3. Write down one boundary you'd like to practice communicating this week.

4. Imagine a supportive response. What would it sound like?

Mindfulness Log

1. When do I feel most comfortable with touch? Least comfortable?

   ____

2. What sensory boundaries have I struggled to communicate in the past?

   ____

3. What helps me recover after sensory overwhelm?

   ____

4. How do I feel when my boundaries are respected?

   ____

5. What's one small step I can take to support my own sensory needs?

   ____

Worksheet: My Sensory Boundaries Plan

1. Touch I enjoy:

____

2. Touch I dislike:

____

3. Warning signs I’m overwhelmed:

____

4. My go-to scripts:

____

5. Sensory tools that help:

____

6. Aftercare I need:

____

FAQ

1. Q: Is it rude to refuse hugs or physical touch?

   A: No. Everyone has the right to decide what happens to their body. Clear, kind communication is respectful to yourself and others.

2. Q: What if people get offended or don’t understand?

   A: Some may not understand at first, especially if they’re used to more physical affection. You can explain briefly (“I get overwhelmed by touch, but I care about you”) or simply repeat your boundary.

3. Q: How can I handle sensory overload in public?

   A: Plan ahead with sensory tools. Excuse yourself to a quiet space if needed. Practice Scripts: Rehearse lines like, “I need a break” or “I’ll be right back.”

4. Q: What if I want affection but on my terms?

   A: Communicate clearly about what feels good and when. You might initiate touch when you’re ready or suggest alternatives.

5. Q: How can I help others respect my boundaries?

   A: Consistency and clarity help. Practice Scripts: Rehearse lines, set expectations early, and remember: you don’t have to justify your needs.

Troubleshooting

1. Q: I freeze and can't speak up about my boundaries.

   A: Freezing is a natural response, especially if you've had your boundaries ignored before. Try practicing scripts in advance or carrying a sensory tool (like a fidget or card) as a physical reminder to ground yourself.

2. Q: I feel guilty after setting a boundary.

   A: Guilt is common but not a sign you did something wrong. Remind yourself that boundaries protect both you and your relationships. Over time, it gets easier.

3. Q: What if someone keeps crossing my boundaries?

   A: If gentle reminders don't work, it's okay to be firmer or step away. Your comfort matters. If the person is persistently disrespectful, consider limiting contact.

4. Q: I worry about losing relationships if I say no.

A: Healthy relationships survive and even thrive with boundaries. If someone withdraws because you’ve communicated your needs, it says more about their respect than your worth.

Chapter Highlights

- Sensory boundaries are real and valid.
- Clear communication protects your energy and relationships.
- Sensory tools and scripts can help you advocate for yourself.
- You deserve respect and comfort in your own body.

Practice Scripts: Rehearse these lines

1. “No hugs, please, but I’m happy to see you.”
2. “I need a little more space right now.”
3. “Touch is sometimes overwhelming for me.”
4. “Can we greet in a different way?”

5. “If I step away, I just need a sensory break.”

Closing Thoughts

You have the right to comfort, safety, and authentic connection on your own terms. Honoring your sensory boundaries is not selfish; it’s self-respect. The more you practice, the easier it becomes to protect your space and your peace.

Chapter 9: Sensory Sensitivities

"The world is too much for me; the lights, the sounds, the scratchy tags. It's like living in a world turned up to eleven. I'm not being dramatic. It's just how my body works." ~ Riley

For many people with autism and ADHD, the world is experienced in high definition, sometimes overwhelmingly so. Everyday sensations that others barely notice can feel amplified, distracting, or even painful. Sensory differences aren't a flaw; they're a part of your unique wiring. Understanding and honoring your sensory needs is a key part of self-care.

Riley's Story

Riley dreads getting dressed for work. The moment they flick on the bathroom light, the harsh fluorescent glare stabs into their eyes, making them squint and blink away tears. They try to hurry through their morning routine, but the sensation of the synthetic shirt against their skin is hot and sticky. They swap it for a soft cotton shirt from their small "safe clothes" pile, and instantly feel a little calmer. Socks are always tricky: no matter how carefully Riley lines up the seams, they feel twisted and tight, like a vice around their ankles. Sometimes, Riley brings a spare pair to change into later if it gets too much.

Stepping out the door, Riley braces for the unpredictable outside world. The neighbor’s dog bark is loud, sharp, and jarring. Riley jumps, heart pounding, and feels the sound echoing inside their head long after the street is quiet again. They slip on their noise-cancelling headphones and turn on a familiar playlist, letting the music soften the world’s edges as they walk to the bus stop.

At the bus stop, the rumble of engines, snippets of loud conversation, and the rush of wind all blend into a wall of noise. Riley’s shoulders tense, but they focus on their phone, playing a soothing game and reminding themselves to breathe slowly and deeply. On the crowded bus, someone’s perfume is so strong Riley has to turn away, breathing shallowly, and put on a mask they keep in their bag for moments like this.

When they finally get to work, the hum of computers, the tapping of keyboards, and constant chatter in the open-plan office make it nearly impossible to focus. Riley puts their headphones back on, using white noise to drown out distractions, and sits near a window for natural light. They keep a small box of sensory tools (putty, a smooth stone, a cooling gel pack) in their desk drawer for breaks. If it gets too overwhelming, Riley steps out for a short walk or finds a quiet corner to regroup. By lunchtime, Riley is already exhausted, but grateful for the small adjustments and routines that make the day a little more manageable.

Research Highlights

Sensory sensitivities (sometimes called sensory processing differences) refer to how the nervous system receives and responds to sensory input. For many autistic and ADHD people, the brain can be hyper-responsive (over-sensitive), hypo-responsive (under-sensitive), or experience both at different times or in different senses (Robertson & Baron-Cohen, 2017; Bijlenga et al., 2017).

Autism: Up to 90% of autistic people report major sensory differences, now recognized as a core diagnostic feature (DSM-5, APA, 2013).

ADHD: Sensory issues are also common in ADHD, especially regarding touch, sound, and movement (Bijlenga et al., 2017).

Overlap: Many AuDHDers experience sensory symptoms from both conditions, sometimes more intensely or across a broader range of senses.

Types of Sensory Sensitivities

1. Auditory (Sound):
   - Loud noises, sudden sounds, background chatter or music blasting in a store or cafe can be distressing and distracting.

   - Misophonia: Extreme emotional reactions (anger, disgust, panic) to specific sounds like chewing or tapping.

2. Visual

   - Bright lights, flicker (fluorescents, screens), sunlight, or busy environments can cause headaches, eye strain, or agitation.

   - Sensitivity to being watched or observed can sometimes cause discomfort or anxiety.

3. Tactile (Touch)

- Discomfort or pain from clothing tags, seams, certain fabrics (wool, synthetics), or tight/confining clothes.

- Aversion to sticky, slimy, or rough textures, or difficulty tolerating hugs or unexpected touch.

4. Olfactory (Smell) & Gustatory (Taste)

- Strong reactions to perfumes, cleaning products, or food smells.
- Taste aversions often overlap with food rigidity and ARFID.

5. Proprioceptive & Vestibular (Body Awareness & Balance)

- Need for movement or deep pressure to feel “grounded.”
- Over- or under-sensitivity to pain, temperature, or internal sensations.
- Bumping into furniture; dropping items
- Tripping

Table: Sensory Triggers and Coping Tools

Trigger	**Response**	**Survival Tools**
Loud noises/crowds	Startle, panic, shut down	Noise-canceling headphones, earplugs, quiet spaces
Fluorescent lighting	Headache, eye strain, agitation	Sunglasses, hats, lamps, screen filters
Itchy clothing/fabrics|	Irritation, distraction, meltdown	Tag-less clothes, seamless socks, soft fabrics
Being watched/judged	Anxiety, freeze, irritability	Arrange seating, request privacy, self-advocacy
Certain smells	Nausea, withdrawal, overwhelm	Avoid triggers, air purifiers, mask
Unexpected touch	Flinching, anger, discomfort,	Warn others, deep pressure, choose own touch
Confining clothes	Restlessness, distress	Loose clothing, remove shoes
Multiple inputs at once	Overload, shutdown, meltdown	Reduce stimuli, take sensory breaks, retreat to quiet spaces

Sensory Aversion to Being Watched

Some AuDHDers experience a strong discomfort or even panic when being observed, whether eating, working, signing their name, or just being in public. This can be a sensory issue (heightened awareness of gaze) or tied to social anxiety, but it’s real and valid. Strategies include choosing less conspicuous seating, using privacy screens, or gently advocating for space when needed.

Sensory Sensitivity Survival Skills

Proactive Sensory Planning

1. Sensory Audit: List your triggers and soothing inputs in each sense. Prepare accommodations in advance for common situations.

Sensory Kit: Pack headphones, sunglasses, fidget toys, soft fabrics, or scented oils for on-the-go comfort.

Clothing Choices: Choose tag-less, seamless, or natural-fiber clothing. Remove tags, wear undershirts, choose looser styles or larger sizes.

2. At Home

- Use lamps with warm bulbs instead of overhead lights.
- Create a “safe space” with dim lighting, weighted blankets, or blackout curtains.
- Minimize clutter, if visual overload is a problem.

3. At Work or School

- Request seating away from high-traffic areas or windows.
- Use noise-canceling headphones or earplugs.
- Advocate for sensory-friendly breaks or accommodations (e.g., flexible dress code).

4. In Public

- Plan ahead: check noise or crowd levels, bring your sensory kit.
- Excuse yourself to a restroom or outside if overwhelmed.
- Use apps or wearable devices to monitor noise or light levels.

5. Recovery After Overload

- Find a quiet, dim, or private space to decompress.
- Use grounding techniques (deep pressure, weighted blankets, slow breathing).
- Allow yourself recovery time. Sensory overwhelm is real and can be exhausting.

Mindfulness Log

1. What are my top three sensory triggers? What helps me recover?

   ____

2. How do I feel physically and emotionally after a sensory overload?

   ____

3. Which accommodations or self-care strategies work best for me?

   ____

4. How can I advocate for my sensory needs with others?

   ____

FAQs

1. Q: Am I overreacting if I can't stand certain sounds, lights, or clothes?

   A: Not at all. Sensory sensitivities are a real, neurological difference. Your experiences are valid.

2. Q: Can I "train" myself to be less sensitive?

   A: Some people gradually increase tolerance using gentle exposure, but you should never have to endure distress. Prioritize comfort and safety.

3. Q: How do I explain my needs to others?

   A: Use simple, honest language: "I have sensory sensitivities, so I need headphones/soft clothes/quiet breaks. It helps me function."

4. Q: What if people don't understand or judge me?

A: Remember, accommodating your needs is a form of self-respect. Find supportive communities and allies who understand you.

Troubleshooting

1. If you can’t avoid a trigger:
Use your coping tools (headphones, sunglasses, stim toys), and schedule recovery time afterward.

2. If clothes drive you crazy:
Shop for sensory-friendly lines, cut out tags, or wear layers. Look for online reviews by neurospecial people.

3. If you get overwhelmed at work or school:
Request accommodations, take micro-breaks, or find a quiet space (even a bathroom) to regroup.

4. If you melt down after overload:
Be gentle with yourself. Sensory meltdowns aren’t failures. They’re your body’s way of saying “enough.”

Practice Scripts: Rehearse these lines

1. “I have sensory sensitivities. Would you mind if I wore my headphones?”

2. “Bright lights are tough for me. Can we turn on a lamp instead of the overhead?”

3. “I’m not comfortable with hugs, but a fist bump is great!”

4. “I need to step outside for a sensory break. I’ll be back in a few minutes.”

5. “These clothes feel uncomfortable for me. Is it okay if I change or remove my shoes?”

Chapter Highlights

- Sensory sensitivities are common and valid in AuDHD; they’re a natural part of your neurology.

- Identifying your triggers and preparing accommodations can make daily life more manageable.
- You have the right to advocate for your sensory needs at home, work, or in public.
- Recovery from overwhelm is self-care, not weakness.
- There’s no shame in using tools, scripts, or supports. What matters is your comfort and wellbeing.

Closing Thoughts

Your senses are not “too much”. They are exactly what you need to handle the world in your own way. Honoring your sensory self is not just a survival skill; it’s an act of self-love. With the right tools, support, and understanding, you can make the world a softer, safer, and more welcoming place for yourself.

Chapter 10: Sensory Seeking and Stimming

"When the world gets too loud or too much, I rock, hum, or flap my hands. It's not weird. It's how I calm myself"
~ Alex

Many people with both autism and ADHD (AuDHD) experience the world in unique ways through their senses. Sensory seeking (looking for certain sounds, sights, or feelings) and stimming (repetitive movements or sounds) are common and important parts of life for many with AuDHD. These actions can help with focus, comfort, and self-expression, but they are often misunderstood by others. In this chapter, we will explore what sensory seeking and stimming are, why they matter, and how to support yourself or others in these experiences.

Alex’s Story

Alex, 25, has always been “on the move.” As a child, he spun in circles, chewed on pencils, and drummed his fingers on every surface. Teachers called it “fidgeting” and tried to make him stop. Friends sometimes teased him, and even at home, his parents would ask, “Can’t you just sit still for five minutes?”

As he got older, Alex learned to hide his movements in public, but it made him anxious and restless. After his AuDHD diagnosis, Alex discovered the words “stimming” and “sensory seeking.” He realized that humming, rocking, and chewing gum weren’t “bad habits”. They were ways his brain and body found comfort, focus, and joy.

Alex started carrying stim toys: a tangle, a chewable necklace, and a small fidget cube. He let himself bounce his leg in meetings, and even asked his manager if he could take “movement breaks” during the day. When his partner saw how much calmer and happier Alex was, they bought him a weighted blanket as a gift. For the first time, Alex felt proud of his need for movement and sensation. He learned that satisfying his sensory needs wasn’t just okay: It was essential to his well-being.

Research Insights

Sensory seeking and stimming (self-stimulatory behaviors) are common in both autism and ADHD, especially when they overlap. While sensory sensitivities (overwhelm from noise, light, or touch) are often discussed, sensory seeking is just as important: it includes craving certain sounds, textures, tastes, or movements (Robertson & Simmons, 2013).

Sensory seekers are hyposensitive (under-sensitive), so they look for more sensory stimulation. Sensory seeking behaviors may look strange, awkward or disturbing to neurotypicals, but they are not dangerous.

Stimming (like rocking, hand-flapping, humming, fidgeting, chewing, or bouncing) is a natural form of self-regulation, helping to manage emotions, focus, and sensory input. Research shows that suppressing stimming can lead to increased anxiety, stress, and even meltdown or shutdown (Kapp et al., 2019). Neurospecial adults consistently report that safe, accepted stimming reduces distress and increases well-being.

Redefining or positive reframing of stimming and sensory seeking as adaptations, not weaknesses, improves mental health and self-esteem. Providing sensory supports (stim toys, movement breaks, weighted items) and reducing stigma around stimming are essential for thriving in work, school, and relationships (Kapp et al., 2019; Robertson & Simmons, 2013).

Table: Sensory Seeking & Stimming in AuDHD

Behavior/Need	**How It Looks**	**Survival Tools**
Stimming	Rocking, flapping, humming, swaying	Stim toys, safe spaces, acceptance
Oral seeking	Chewing pens, gum, snacks	"Chewelry" (chewable wearables), crunchy foods, mints
Movement seeking	Pacing, bouncing, jumping spinning	Movement breaks, standing desks
Tactile seeking	Fidgeting, touching textures	Textured objects, soft fabrics
Auditory seeking	Repeating sounds, music loops	Headphones, safe places to vocalize
Visual seeking	Watching lights, patterns	Visual toys, light shows

Solo Exercise

Sensory Inventory:

1. For each sense (touch, taste, sound, sight, smell, movement), list one thing you crave or seek out when stressed, bored, or happy.

2. On a scale of 1-5, rate how comfortable you would feel doing your listed sensory seeking activities in public.

3. Add new one sensory support to your daily routine, like a stim toy, a favorite texture, or a movement break.

4. Notice how your mood and focus change when you fulfill these needs.

Pair Activity

With a good friend (in person or virtually), each of you show or describe a favorite stim or sensory activity. Talk about why you like it and how it helps. If comfortable, try each other's favorite stims. Discuss: How does it feel to share and witness stimming in a supportive space?

Mindfulness Log

1. What are my favorite stims or sensory activities?

   ____

2. How do I feel when I’m able to stim freely? When I have to suppress it?

   ____

3. What messages did I receive about stimming when I was younger?

   ____

4. How can I reframe my sensory needs as strengths?

   ____

5. What support or accommodations would help me meet my sensory needs at work, school, or home?

   ____

Worksheet: My Sensory Survival Plan

Step 1: Identify Your Top 3 Sensory Needs

List three sensations or movements you craved most often (e.g., chewing, rocking, squeezing something soft).

____

Step 2: Find or Create Supports

For each need, brainstorm at least one way to meet it safely (e.g., chewelry for oral seeking, stress ball for fidgeting, regular movement breaks).

____

Step 3: Safe Spaces

Note places where you feel comfortable stimming or seeking sensory input. List any barriers and how you might address them (e.g., talking to a manager, setting up a private space).

____

Step 4: Self-Advocacy

Write one script to request a sensory support or explain stimming to someone else.

____

Step 5: Celebrate Sensory Joy

Plan a time to fully enjoy your favorite sensory activity without judgment or interruption.

____

FAQs

Q: Why do I stim or seek certain sensations?

> A: Stimming and sensory seeking are natural ways for your brain and body to regulate emotions, focus, and sensory input. They are not "bad habits," but healthy adaptations.

Q: Is stimming always a sign of distress?

> A: Not at all! Stimming can be calming, joyful, or just plain fun. It's not always about anxiety or overload.

Q: Can I stim at work or school?

> A: You have the right to self-regulate. Discreet stim toys, movement breaks, or supportive supervisors can help. Education and advocacy make a difference.

Q: What if people stare or comment?

A: Practice self-compassion and use prepared scripts (“This helps me focus/calm down”). Find communities where stimming is accepted.

Q: Are there “bad” stims?

A: The only concern is safety. If a stim causes harm (like if you hurt your knee when jumping), find a safer alternative. Most stims, however, are harmless and beneficial.

Q: How do I support someone else’s stimming?

A: Accept and normalize it! Never shame or punish stimming. Ask if there’s anything you can do to help them feel comfortable.

Troubleshooting

1. If you feel embarrassed about stimming: Remind yourself it’s natural, helpful, and necessary.

2. If stimming is disruptive at work/school: Use fidget toys, chewables, or subtle movements. Ask for movement breaks or sensory-friendly policies.

3. If you suppress stimming out of habit: Notice when you tense up or feel restless. Give yourself permission to move or fidget, and celebrate small steps toward acceptance.

4. If a stim becomes harmful: Look for alternatives (e.g., soft chewables instead of biting nails, stress balls instead of skin-picking). Occupational therapists can help brainstorm safe options.

5. If sensory needs change: Stay flexible. What soothes you today might change tomorrow. Keep a “sensory kit” with varied options.

6. If others shame you: Remember: their discomfort is not your problem and not your fault. Find allies and supportive communities.

Chapter Highlights

- Sensory seeking and stimming are healthy, adaptive ways to self-regulate and find comfort.
- Suppressing these behaviors can increase stress; acceptance and support foster well-being.
- You deserve to satisfy your sensory needs and find joy in movement and sensation.

Practice Scripts: Rehearse these lines

a. “Stimming helps me focus and stay calm.”

b. “I need to move or fidget to regulate my energy.”

c. “Could we create a sensory-friendly space here?”

d. "This toy/object helps me manage stress. Thank you for being understanding."

e. "Everyone has ways they self-soothe; this is mine."

Closing Thoughts

Your sensory needs are a vital, beautiful part of who you are. By honoring them, you claim comfort, focus, and joy. Stimming and seeking sensation aren't just coping. They're expressions of your unique self. You are worthy of support and celebration, just as you are.

Chapter 11: Rest, Stimming, and Self-Regulation

"Sometimes the only thing that helps is rocking, humming, or just zoning out. My body knows what it needs, even when my mind doesn't." ~ Casey

Stimming (self-stimulatory behavior) refers to repetitive movements or sounds (e.g. rocking, flapping, tapping, or humming) that help regulate emotions and sensory input. Rest and self-regulation practices are important for AuDHD adults to recover from stress, manage overwhelm, and maintain wellbeing.

Casey's Story

Casey feels overwhelmed after a noisy day at work. The constant chatter, ringing phones, and fluorescent lights leave their nerves frazzled and their head buzzing. As soon as he gets on the crowded bus home, Casey starts to rock gently back and forth in his seat, tapping his fingers on his knee in a steady rhythm. The movement is subtle, but it gives Casey something to focus on, like an anchor in the sensory storm swirling around them.

By the time Casey arrives home, his body feels tense and his mind is scattered. Instead of jumping into chores or conversation, he goes straight for his favorite corner, wraps himself tightly in a weighted blanket, and begins to hum softly. The vibration of his voice and the pressure of the blanket create a cocoon of safety and comfort. Casey lets his mind wander, eyes closed, breathing slowly and deeply. Sometimes, he watches colorful lights or listens to soothing music, letting the sensations wash over him.

These little rituals aren't just habits; they're Survival Skills that help Casey recover from overwhelm. Growing up, Casey was often told to "sit still" or "stop fidgeting," but stimming has always brought relief, especially after long days of masking and holding in discomfort. Over time, Casey has learned to honor these needs, building stimming, rest, and sensory breaks into his daily routine. These moments of self-regulation help Casey feel calmer, clearer, and ready to rejoin the world on his own terms.

Research Insights

Stimming is common and often beneficial for both autistic and ADHD adults, reducing stress and helping manage sensory or emotional overload (Kapp et al., 2019; Joyce et al., 2017).

Suppressing stims (“camouflaging”) can increase anxiety, burnout, and even cause physical discomfort (Kapp et al., 2019).

Rest (including “zoning out,” downtime, or sensory breaks) is critical for recovery, especially after masking or overload (Raymaker et al., 2020).

Self-regulation strategies (grounding, breathing, movement, sensory tools) help reduce meltdowns and promote resilience (Joyce et al., 2017).

Table: Self-Regulation and Survival Tools

Trigger	Reaction	Survival Tools
Sensory or social overload	Anxiety, agitation, shutdown	Stimming, sensory retreat, deep breaths
Restlessness	Fidgeting, daydreaming, movement	Purposeful stimming, planned breaks
Overwhelm or meltdown	Crying, anger, shutdown	Grounding movement, weighted blanket
Suppressed stimming	Tension, pain, increased stress	Safe unmasking, self-acceptance
Long periods of focus	Fatigue, zoning out, irritability	Scheduled rest, movement, “sensory snacks”

Self-Regulation Survival Skills

1. Intentional Stimming

What: Allowing yourself to stim in ways that feel good and safe.

Why: Releases tension and regulates energy.

How: Identify your favorite stims (rocking, tapping, humming, etc.). Make a “stim kit” with fidgets or sensory tools for use at home or work.

2. Sensory Retreats

What: Regular breaks from input: quiet, darkness, or soothing environments.

Why: Prevents overload and speeds recovery.

How: Use noise-canceling headphones, dim lights, or spend time in a calming space.

3. Scheduled Downtime

What: Building rest into your daily or weekly routine.

Why: Reduces cumulative stress and supports mental health.

How: Block out nonnegotiable rest on your calendar. Practice “doing nothing” without guilt.

4. Grounding Movements

What: Repetitive, soothing movements that bring you back to the present.

Why: Decreases anxiety and improves focus.

How: Rocking, swaying, stretching, or rhythmic tapping (see toolbox in earlier chapter).

5. Breath work or Mindfulness

What: Simple breathing or awareness exercises.

Why: Calms nervous system and aids in emotional regulation.

How: Try box breathing (inhale, hold, exhale, hold for 4 counts each) or notice 5 things you can see, hear, feel, touch and smell.

6. Movement Breaks

What: Intentional physical activity to reset your energy.

Why: Clears stress hormones and boosts focus.

How: Short walks, dancing, stretching, or gentle exercise.

Solo Exercise: Discover Your Stims

1. Make a list of stims (movements, sounds, or sensations) you find soothing or energizing.

2. Notice which feel best in different moods or environments.

3. Plan ways to incorporate stimming safely and openly into your day.

Pair Exercise: Stimming Support

1. With a friend, share your favorite stims or ways you self-regulate.

2. Discuss times you've felt pressure to hide or suppress them.

3. Brainstorm ways to support each other in stimming or taking breaks in shared spaces.

Mindfulness Log

1. Which stims help me feel calm, focused, or safe?

   ____

2. What beliefs or fears make it hard for me to rest or stim openly?

   ____

3. How does my body feel after rest or stimming? After suppressing?

   ____

4. What boundaries can I set to protect my downtime and self-regulation needs?

   ____

Worksheet: My Rest & Stimming Plan

1. Favorite stims/sensory tools:

____

2. When I need them most:

____

3. Where I can stim or rest safely:

____

4. Downtime I can schedule this week:

____

5. Kindness script for myself:

____

FAQS

1. Q: Is stimming “bad” or something I should hide?

A: No, stimming is a natural and healthy way to self-regulate. Suppressing it can cause harm.

2. Q: What if others judge me for resting or stimming?

A: Your needs are valid. Seek supportive people and environments, and remember that self-care comes first.

3. Q: I feel guilty for taking downtime. How can I change this?

A: Rest is essential, not selfish. Practice reframing guilt as a sign that you’re honoring your needs.

4. Q: How do I find stims that work for me?

A: Experiment with movements, objects, and sensory experiences. Notice what feels soothing or energizing.

Troubleshooting

1. Q: I don’t know how to rest; I feel restless or anxious when I try.

A: Start with short breaks and gentle movement. Over time, your body can learn to tolerate and enjoy stillness.

2. Q: I suppress stimming at work or in public.

A: Find “stealth stims” (discreet fidgets, subtle movements), and advocate for yourself when possible.

3. Q: I feel disconnected or numb even after rest.

A: You may need more time, different sensory input, or support from a therapist. Burnout recovery can be slow. Be gentle with yourself.

4. Q: Others complain that I stim or take too many breaks.

A: Share information about neurospecial needs, and negotiate reasonable accommodations if possible.

Chapter Highlights

- Stimming and rest are essential forms of self-regulation, not bad habits.
- Giving yourself permission to stim and rest openly supports your mental health.
- Experiment to find the self-soothing strategies that work best for you.
- You are worthy of comfort and care.

Practice Scripts: Rehearse these lines

For self-talk:

1. “Stimming helps me feel safe.”
2. “Rest is a need, not a luxury.”
3. “I can honor my body’s signals.”

For communicating needs:

1. “I need to take a sensory break right now.”
2. “Stimming helps me focus and stay calm.”
3. “I’ll be able to participate better after a short rest.”

Closing Thoughts

You don’t have to earn rest, and you don’t have to hide the ways your body regulates itself. Every person deserves comfort, safety, and time to recharge, especially you.

Chapter 12: Interoception –Your Inner World

“Sometimes I feel like my body is a car that keeps running automatically until something finally breaks down.” ~ Luca

For many people, hunger, thirst, pain, temperature, heartbeat, or the need to use the bathroom are obvious internal body signals. While most people learn to respond to these signals as children, for many autistic and ADHD people, these cues can be muted, confusing, or overwhelming. For AuDHDers, these messages can be faint, delayed, or missing altogether. This hidden sense called interoception plays a huge role in health, self-care, and emotional regulation, yet often goes unrecognized.

Luca’s Story

Luca gets so absorbed in a work project that hours slip by unnoticed. At first, she feels focused and productive, but as the morning turns into afternoon, her thoughts start to scatter. Irritability creeps in, and her temples throb. Luca pushes through, thinking it’s just stress or maybe not enough coffee. It’s only when her hands start to shake and she feels lightheaded that Luca glances at the clock. It's almost 3 p.m., and she hasn’t eaten since breakfast or had any water. Her stomach is a knot, but Luca can’t tell if it’s hunger, nerves, or something else. She grabs a granola bar from her desk drawer, forcing herself to take a break and drink some water, but the relief is only partial. It takes a while for her mood to even out.

Later, after a tense meeting full of fast-talking colleagues and last-minute changes, Luca feels shaky and can’t focus. Her heart is racing, and her mind is foggy. Is it anxiety? Low blood sugar again? Is she tired or just overwhelmed? The signals are confusing. It's like trying to tune into a radio station and only getting static.

Luca sits quietly at her desk, scrolling through a mental checklist: Then she remembers to look at the sticky notes on her desk: “Drink water.” “Eat lunch.” “Take a bathroom break.” She hadn't noted down the time that she did each activity, so she got up to do all three. She's gradually learning to connect her mind and body.

Research Insights

Research shows that autistic people have reduced interoceptive accuracy (Garfinkel et al., 2016; DuBois et al., 2016). This means many autistic adults and children have trouble detecting or interpreting internal bodily states. For example, they might not feel hunger until they are extremely hungry. Some may not feel pain until it becomes intense leading to untended injuries. However, other studies note that some autistic people may be overly sensitive to pain (Failla et al., 2020).

Research also connects these differences with alexithymia: difficulty identifying and describing emotions. Since emotions are often felt as physical sensations, if you don't notice those signals, it's harder to know how you feel (Shah et al., 2016; Brewer et al., 2016).

ADHD is also linked to interoceptive differences. Many people with ADHD describe missing or ignoring hunger, thirst, or bathroom cues, especially when they are hyperfocused or distracted (Adams et al., 2021; Bijlenga et al., 2017). Executive function challenges can make it even harder to notice or act on these subtle signals (Craig, 2002).

The consequences of poor interoceptive awareness are far-reaching. People may miss meals, get dehydrated, or have toileting accidents, simply because they don't notice the early signs (DuBois et al., 2016; Adams et al., 2021). There is also a strong connection between interoception and emotional health: difficulties in this area can contribute to anxiety, depression, and emotional overwhelm (Khoury et al., 2018; Mahler, 2017).

Some researchers believe that struggles with interoception play a role in meltdowns, shutdowns, and even challenges with social communication, since so much of our emotional life is grounded in physical feelings (Shah et al., 2016; Brewer et al., 2016). The good news is that interoceptive awareness can improve with practice and support. Mindfulness, body scans, and regular routines are all shown to help, and using external reminders (like alarms or check-in buddies) can bridge the gap while you build awareness (Mahler, 2017; Khoury et al., 2018).

Table: No Interoception, Consequences & Tools

Can't Identify	**Consequences**	**Survival Tools**
Hunger	Headaches, irritability, fatigue	Routine meals, snack reminders
Thirst	Dehydration, brain fog, constipation	Water bottles, scheduled sips
Toilet Needs	Accidents, discomfort	Regular toilet breaks
Pain	Injury, delayed care, anxiety	Check body, seek help early
Fatigue	Burnout, shutdown	Scheduled rest, body check-ins
Emotions	Overwhelm, meltdowns	Name feelings and moods, mindfulness log

Interoception Survival Skills

1. **Body Scan Practice:** Set aside a few minutes to mentally scan your body from head to toe. Notice sensations without judging them. This mindfulness-based approach can increase body awareness.

2. **Scheduled Check-Ins:** Set phone or watch reminders to pause and ask: “Am I hungry? Thirsty? Tired? Do I need a bathroom break?”

3. **Track Patterns:** Keep a simple log (paper or app) of meals, hydration, sleep, and mood. Look for patterns between body signals and how you feel.

4. **Anchor with Routines:** Eat, drink, and rest at regular times, even if you don’t feel the cues. Your body may learn to expect and signal needs more reliably.

5. **Use External Prompts:** Water bottles with markers, meal alarms, or buddy check-ins can help bridge the gap.

Mindfulness Log

1. How do I usually know when I’m hungry, thirsty, or tired?

   ____

2. What signals does my body use to get my attention?

   ____

3. What happens if I ignore my body’s signals?

   ____

4. What routines or tools help me stay connected to my body?

   ____

FAQs

1. Q: Is it normal to forget to eat or drink for hours?

   A: It’s common for AuDHDers due to differences in interoception and hyperfocus. You’re not alone, and external supports can help.

2. Q: Can interoception improve over time?

   A: Yes, with gentle practice and awareness, you can get better at noticing and responding to your body's needs.

3. Q: What if I feel overwhelmed by body sensations?

   A: Try grounding practices (deep breathing, gentle movement). Focus on what feels neutral or pleasant, and seek professional help if it causes distress.

4. Q: How do I explain this to others?

   A: "Sometimes I don't notice hunger, thirst, or pain until it's urgent. I use reminders to take care of myself."

Troubleshooting

1. If you suddenly feel overwhelmed, irritable, or foggy, check for basic needs first.
- Pause and ask: "What is my body trying to tell me?"

- If unsure, try a small intervention (snack, drink, rest) and see if it helps.

2. If reminders don’t work:
Pair check-ins with something you already do (e.g., every time you check your phone, ask about hunger/thirst).

3. If you ignore signals out of habit:
Practice self-kindness. Change takes time. Celebrate each small success in tuning in.

4. If you feel disconnected from your body:
Try gentle activities like stretching, walking, or mindfulness to reconnect.

Practice Scripts: Rehearse these lines

1. “I need a quick break to check in with my body.”

2. “I’m not sure if I’m hungry, but I’ll have a snack just in case.”

3. “I use reminders for meals and water. It helps me stay healthy.”

4. “Can we pause? I need to see if I need a bathroom or some water.”

Chapter Highlights

- Interoception is the sense that helps you notice and respond to your body’s needs.
- Many AuDHDers have differences in interoception, leading to missed signals and potential health or emotional challenges.
- Regular routines, external reminders, and body awareness practices can help you meet your needs more reliably.
- Meeting your body’s needs is foundational self-care and self-respect.

Closing Thoughts

Your body is not the enemy, even if its signals sometimes seem faint or confusing. With patience, practice, and the right tools, you can learn to listen to your inner world and care for yourself more deeply. Every small act of tuning in is an act of compassion for your body, your mind, and your whole self.

Chapter 13: Food Issues

"When I eat like this, the world feels a little less overwhelming." ~ Eric

For many AuDHDers, food isn't just about nutrition or pleasure. It can be a daily source of stress, comfort, and negotiation. Maybe you find yourself eating the same foods every day, dreading new tastes and textures, or struggling to explain your choices to others. You're not alone, and you're not "just picky." There are real neurological and sensory reasons for your experiences.

Eric and Claire's Story

Eric and Claire are both AuDHDers who met in their early fifties. Before they met, Eric ate the exact same vegetable thali meal every day for years. Claire rotated through long periods of eating salads every day, then switched to other "clear" or safe foods for months at a time.

After getting married, Eric and Claire found themselves settling into new routines. They had the same dishes, like cheese omelets, for months before switching to different safe foods they both liked. They realized that having such limited food preferences might not be healthy, so they compensated by taking supplements

When friends invited them out, they always arranged to go to the same restaurant where they could have the same meal: Grilled lamb. They always asked to eat outside on the terrace, where the tables were far apart and they could be away from the noise. For them, eating this way feels safe and predictable in a world that often feels overwhelming.

Research Insights

Rigid food preferences and sensory-based eating are extremely common in autistic and ADHD populations. Research shows that these patterns often begin in childhood and can persist into adulthood (Cermak et al., 2010; Kinnaird et al., 2019; Kuschner et al., 2015).

For many people with autism, food routines are not a problem, but a practical and comforting adaptation. They often have a strong preference for sameness, routine, and sensory comfort. Distress over new foods is very common. Limited food preferences can develop due to sensory sensitivities: Taste, texture, smell, temperature, and even the sound of food can be overwhelming or even painful. Crunchy, mushy, slimy, lumpy, gritty, spicy, bitter, or mixed textures can be intolerable. Eating the same "safe" foods reduces anxiety and provides comfort.

For ADHDers, repetitive eating can result from executive function issues, impulsivity, or "interest-based" eating. Planning, shopping, cooking, and trying new foods can feel impossible when overwhelmed or distracted. Also, sensory issues can play a role, but are usually less intense than in autism (Cortese et al., 2008; Rucklidge et al., 2010).

ADHDers in particular can get food burnout: Some hyperfocus on a food for weeks or months, then suddenly lose interest in it, and switch to something else.
(Cermak et al., 2010; Kuschner et al., 2015).
If you live with both autism and ADHD, you may have interoceptive (inner sensing) differences: difficulty recognizing hunger, fullness, or thirst. This can lead to irregular eating or feeling disconnected from the body.

AuDHDers may experience cycles of “food ruts” with both strong sensory and executive components, just like Eric and Claire. Having limited food preferences in not a problem, as long as you are finding ways of getting balanced nutrition, unless you have ARFID.

ARFID: Avoidant/Restrictive Food Intake Disorder

This is a clinical diagnosis of people who eat fewer that 20 different foods, avoid food groups based on color, texture, or brand, and experience distress about eating. ARFID is about sensory sensitivities, fear of consequences (like choking), or a lack of interest in food. It can lead to serious weight loss, nutritional deficiency, and social withdrawal (DSM-5, APA, 2013). ARFID is much more common in autistic people. One study found that up to 17 percent of autistic children and teens met ARFID criteria, compared to 1 to 3 percent in the general population (Koomar & Bundy, 2021).

Table: Common Food Experiences in AuDHD

Experience	**How It Feels**	**Survival Tools**
Eating the same foods every day	Comfort, predictability, safety	Make a list of “safe” foods; rotate brands
Aversion to mixed textures	Gagging, refusal, anxiety	Separate foods on plate; avoid mixed dishes
Sensitivity to smells	Nausea, loss of appetite	Eat in well-ventilated rooms; cold foods
Overwhelm at mealtime choices	Decision paralysis, skipping meals	Meal plans, default options, batch cooking
Social anxiety about eating	Avoiding eating with others, shame	Bring your own food; use scripted responses
Interoceptive confusion	Not recognizing hunger/fullness	Set regular meal/snack times; reminders
Aversion to being watched while eating.	“Freezing,” loss of appetite, agitation.	Request private seating, explain need for space

Research Insights: Gut Health and AuDHD

Recent studies suggest a strong link between the gut microbiome and neurodevelopmental conditions, including autism and ADHD. Differences in gut bacteria, higher rates of gastrointestinal symptoms (like constipation or diarrhea), and altered immune responses are all well documented (Bundgaard-Nielsen et al., 2020; Critchfield et al., 2011).

Autistic individuals are 3 to 8 times more likely to experience chronic GI issues than neurotypicals (McElhanon et al., 2014).

Some research suggests that gut bacteria may influence not only digestion but also mood, anxiety, and even sensory sensitivities.

While more research is needed, some people find that probiotics, fiber, and a regular eating schedule can help support gut health. Always consult a healthcare provider before making major dietary changes or starting supplements.

Social Pressures and Food

Eating differently can attract attention and, sometimes, criticism. You might be pressured to “just try it,” teased for being “picky,” or feel left out at social events. These experiences can lead to anxiety, shame, or even avoidance of social eating altogether.

Practice Scripts: Rehearse these lines: Handling Food Questions

1. “Thanks for offering, but I’m comfortable with what I brought.”
2. “I have a sensitive stomach, so I stick to foods I know work for me.”
3. “I appreciate your concern, but I have special dietary needs.”
4. “I’m happy to join you, but I’ll bring my own food.”

Food Issue Survival Skills

1. Build a Safe Food List

a. Write down all foods you can eat comfortably.
b. Note any patterns (texture, temperature, brand).
c. Gradually try small, low-pressure variations if you want to expand your options.

2. Easy Meal Planning for Low Energy

a. Batch cook and freeze portions of “safe” meals.
b. Keep a list of “instant” options for low-spoon days (e.g., microwavable rice, protein shakes).
c. Use grocery delivery or meal kit services if possible.
d. Prepare snack boxes in advance.

3. Managing Sensory Overload

a. Eat in a quiet, familiar place.
b. Use headphones or soft music to block out distressing sounds.
c. Consider food temperature. Some find cold foods less overwhelming.
d. Separate foods on the plate; use divided containers.

4. Handling Social Situations

a. Eat before you go to events, or bring your own food.
b. Tell hosts in advance about your preferences
c. Practice polite scripts for declining food.
d. Find a supportive eating buddy.

Mindfulness Log

1. What are my “safe” foods? How did I discover them?

   ____

2. How do I feel when someone draws attention to my eating habits?

   ____

3. What foods do I wish I could enjoy? What gets in the way?

   ____

4. How does my body feel before, during, and after eating different foods?

   ____

5. How can I advocate for myself in social food situations?

   ____

FAQs

1. Q: Is it unhealthy to eat the same foods every day?

   A: If your diet covers basic nutritional needs and you feel well, it’s not a problem. If you’re worried about deficiencies, consult a dietitian who understands neurospecial needs.

2. Q: How can I try new foods without panicking?

   A: Try introducing very small amounts alongside a “safe” food, in a familiar setting, with no pressure to finish or like it.

3. Q: What if people don’t understand or criticize my eating?

   A: You don’t owe anyone an explanation. Use simple, practiced scripts, and get support from those who respect your needs.

4. Q: Should I take probiotics or supplements for gut health?

A: Only with guidance from a healthcare provider who knows your health history and dietary needs.

Troubleshooting

- If you skip meals due to overwhelm: Set phone reminders, keep easy snacks on hand, and forgive yourself. It’s okay to start again at the next meal.

- If you feel shame about your eating: Remind yourself that your sensory needs are real. Find a community (online or local) for validation and support.

- If you’re pressured to eat socially: Plan scripts in advance, bring “safe” foods, or focus on non-eating aspects of the event.

- If you’re worried about nutrition: Work with a registered dietitian who understands ARFID and neurodivergence.

Chapter Highlights

- Food rigidity, sensory-based eating, and ARFID are common and valid experiences for AuDHDers.
- Social pressures can add to anxiety; self-advocacy and prepared scripts can help.
- Gut health is an area of ongoing research; regular routines and a supportive provider are key.
- You have the right to eat in a way that feels safe and nourishing for you.

Closing Thoughts

You are not “difficult,” “childish,” or “broken” for eating the way you do. Your preferences and needs are real, and you deserve respect and understanding, especially from yourself. With self-compassion, practical strategies, and the support of those who get it, you can build a relationship with food that works for you.

Chapter 14: Sleep Issues

“My body is exhausted, but my mind refuses to turn off. The harder I try to sleep, the more awake I become.”
~Ava

For many people with AuDHD, getting a good night's sleep is a nightly struggle. Trouble falling asleep, staying asleep, or waking up feeling unrested can become a frustrating cycle that affects mood, focus, and overall well-being. Between racing thoughts, sensory sensitivities, and the urge to hyperfocus late into the night, restful sleep can feel out of reach.

Sleep issues are especially common for those with both autism and ADHD. Whether it’s difficulty winding down, sensitivity to light and sound, or irregular sleep patterns, these challenges can have a big impact on daily life. Yet sleep struggles are often misunderstood or overlooked by others.

Ava’s Story

Ava, 32, has struggled with sleep for as long as she can remember. As a child, bedtime was a battle. She would lie awake for hours, her mind buzzing with thoughts, and entertaining herself by making up stories about the animals she visualized in the shadows on the walls.

Now, as an adult lately diagnoses with both autism and ADHD, Ava’s nights are still restless. Sometimes, she hyperfocuses on a project and loses track of time, realizing she hasn’t started winding down until midnight. At other times, sensory issues, like a dog barking, or a neighbor’s distant music, keep her from going sleep.

Ava tries all the advice she reads: no screens before bed, calming tea, earplugs, and blackout curtains. Still, her thoughts race ("I hope that poor dog isn't chained"), and she struggles to fall and stay asleep. She wakes up groggy and irritable. Most mornings, Ava wonders if she’ll ever feel truly rested.

Research Insights

Sleep difficulties are much more common among people with autism and ADHD than in the general population. Studies estimate that up to 80 percent of autistic individuals and 50 to 75 percent of those with ADHD experience chronic sleep problems, including insomnia, delayed sleep phase, frequent awakenings, and poor sleep quality (Cortesi et al., 2012; Diaz-Roman et al., 2018).

The reasons are complex and often overlap. Neurodivergent brains may have differences in melatonin production and circadian rhythm regulation, making it harder to fall asleep at conventional times (Tordjman et al., 2013).

Additionally, sensory sensitivities (to light, noise, touch, or temperature), racing thoughts, anxiety, and hyperfocus can all make it difficult to wind down. ADHD can add impulsivity (“just one more episode!”) and time blindness, while autistic people may have rigid routines that get disrupted by unpredictable sleep patterns.

Lack of sleep can worsen executive function, mood, sensory sensitivities, and physical health. Sleep also plays a vital role in flushing toxins from the brain through a waste management system called the glymphatic system (Komoroff, 2021). Fortunately, research suggests that sleep routines, sensory aids, and sometimes supplements (like melatonin) can help (Cortesi et al., 2012; Tordjman et al., 2013).

Table: Sleep Barriers & Survival Skills in AuDHD

Barrier	**How It Looks**	**Survival Tools**
Sensory sensitivities	Irritation from bedding, noise, light, temperature	Weighted blanket, blackout curtains, earplugs
Racing thoughts/anxiety	Overthinking, mind won’t shut off	Mindfulness, journaling, white noise
Hyperfocus/time blindness	“Losing time,” bedtime procrastination	Bedtime alarms, gradual wind-down routine
Rigid routines/changes	Distress with schedule shifts	Visual schedule, slow adjustments
Sleep phase delay	| Falling asleep/waking up much later than desired	Light therapy, consistent wake times
Co-occurring conditions	Pain, restless legs, GI issues	Medical support, body scan, gentle movement

Solo Exercise

1. Sleep Environment Audit:
Tonight, before bed, do a sensory “walkthrough” of your bedroom. Notice light sources (streetlights, screens), noise (appliances, neighbors), textures (sheets, pajamas), temperature, and smell.

2. For each sense, rate comfort on a scale of 1 (unbearable) to 5 (ideal).

3. Make one change to improve comfort, such as using a softer pillowcase, adding earplugs, or moving devices out of the room.

4. Repeat for a week and note any changes in your ability to fall or stay asleep.

Pair Activity

Pair up with a friend (in person or virtually) for a one-week sleep support challenge. Each evening, send each other a quick message: “Starting wind-down now!” and, in the morning, “How did you sleep?” Share tips, celebrate improvements, and offer gentle encouragement. Knowing you’re not alone can make it easier to stick with new routines.

Mindfulness Log

1. What are my biggest sleep barriers (physical, mental, emotional)?

   ____

2. How does poor sleep affect my mood, focus, and sensory comfort?

   ____

3. When was the last time I woke up feeling truly rested? What was different?

   ____

4. What does my ideal wind-down routine look like?

   ____

5. What messages do I tell myself about sleep, and how can I make them kinder?

   ____

Worksheet: My Personalized Sleep Plan

Step 1: Identify Triggers
List the top three things that make falling or staying asleep difficult for you (e.g., noise, anxiety, temperature).

Step 2: Brainstorm Solutions
For each trigger, write down at least one possible solution or accommodation (e.g., white noise for sound, weighted blanket for comfort, calming playlist for anxiety).

Step 3: Set a “Wind-Down” Routine
Create a simple, step-by-step wind-down routine (e.g., 9:30 PM: dim lights, 9:45 PM: brush teeth, 10:00 PM: read/listen to music, 10:30 PM: lights out).

Step 4: Support Network
List who you can reach out to if sleep issues become overwhelming (doctor, therapist, friend, sleep clinic).

Step 5: Review your plan weekly and adjust as needed. Remember: progress, not perfection.

FAQs

Q: Why do I struggle with sleep when I’m so tired?

A: Neurospecial people often have brains that stay “on” even when the body is exhausted. Sensory sensitivities, anxiety, and circadian rhythm differences can all make it harder to fall and stay asleep.

Q: Will melatonin or sleep medication help?

A: For some, melatonin (with a doctor’s guidance) can help reset sleep cycles. Medications may be helpful, but always consult a healthcare professional familiar with neurodivergence.

Q: How can I manage bedtime procrastination?

A: Try setting alarms for wind-down, using visual cues, and breaking routines into tiny steps. Pairing up with a “sleep buddy” for accountability can also help.

Q: What if sensory issues wake me up?

A: Experiment with sensory supports, like weighted blankets, sleep masks, blackout curtains, or changing sleepwear or bedding. Sometimes, small changes make a big difference.

Q: Is insomnia just part of being autistic or ADHD?

A: Sleep issues are common, but not inevitable. With the right supports and routines, most people can improve sleep quality over time.

Q: When should I seek professional help?

A: If sleep issues are severe, persistent, or impact safety/functioning, consult a doctor or sleep specialist. Sleep disorders are treatable, and you deserve good rest.

Troubleshooting

1. If you can’t fall asleep, experiment. Try a tryptophan-rich meal like pasta to help you relax. (Tryptophan is

a precursor to melatonin). Try calming herbal teas (like chamomile), homeopathic remedies (There are many kinds of calming formulas. Coffea Cruda is said to help stop racing thoughts), and supplements (magnesium glycinate is recommended as the best form of magnesium for sleep). Be sure to ask your health practitioner what's best for you.

2. Avoid screens for 30 minutes before lights out and keep a notepad nearby for racing thoughts.

3. If you wake frequently: Check your sensory environment. Try using white noise or blackout curtains. If you wake with anxiety, try deep breathing or progressive muscle relaxation.

4. If you hyperfocus past bedtime: Set multiple alarms, and schedule wind-down activities you enjoy. Ask a roommate, partner, or app to remind you when it’s time to start wrapping up.

5. If routines get disrupted: Be gentle with yourself. Adjust gradually, and don’t punish yourself for “bad”

nights. Consistency is helpful, but flexibility matters too.

6. If sleep anxiety builds: Practice self-compassion: remind yourself that sleep struggles are not your fault. If anxiety is severe, seek support from a therapist or sleep specialist.

7. If you prefer being up at night: Get a night job or do remote work so you don't have to stress about getting to work in the mornings. However, but sure to get in a solid block of sleep sometime during the day.

8. If nothing helps and you're anxious about not sleeping, get a professional assessment. Conditions like sleep apnea, restless leg syndrome, or GI problems are more common in neurospecial people and can be treated.

Chapter Highlights

- Sleep challenges are common in AuDHD and have real neurological, sensory, and emotional roots.

- Routines, sensory accommodations, and small changes can make a big difference.

- You deserve rest and support. Progress is more important than perfection.

Practice Scripts: Rehearse these lines

a. “I need a wind-down routine to help my brain and body relax.”

b. “Can we keep the lights low in the evening? It helps me get sleepy.”
c. “I’m working on improving my sleep, so I might log off earlier tonight.”

d. “Could you remind me to start winding down if I lose track of time?”

e. “Sleep is getting easier for me all the time. I’m doing my best.”

Closing Thoughts

Rest is not a luxury. It’s a vital part of well-being. Sleep may be elusive, but with patience, experimentation, and support, restful nights are possible. Be gentle with yourself on tough nights, and celebrate small victories. You are worthy of deep, restorative sleep.

Chapter 15: Executive Dysfunction

"It's like there's a hundred tabs open in my brain, but none of them will load, and I can't remember what I was even trying to do." ~ Jamal

Have you ever found yourself staring at a to-do list, knowing exactly what needs to be done but feeling utterly unable to start? Or maybe you've set multiple alarms, made detailed plans, and still missed an important deadline or appointment. For many people with AuDHD, these struggles are not about laziness or lack of effort. They are rooted in executive dysfunction.

Executive dysfunction refers to challenges with the mental skills that help us plan, organize, start, and complete tasks. These skills, known as executive functions, are like the brain's management system, helping us juggle responsibilities, remember instructions, and adapt when plans change. When these systems aren't working smoothly, everyday life can quickly become overwhelming, no matter how motivated or intelligent you are. You are not alone.

Jamal’s Story

Jamal, 35, is creative, intelligent, and full of ideas. But daily life often feels like an impossible puzzle. Each morning, he wakes up determined to “get it together.” He writes a to-do list: pay rent, call the doctor, buy groceries, clean the kitchen, and plan meals for the week.

But the list feels overwhelming. He starts with the kitchen, but halfway through loading the dishwasher, he remembers he needs detergent. Opening the pantry reveals a mess, so he starts reorganizing, then gets distracted by his phone. Hours pass. The rent payment is late again, and he’s too anxious to open the reminder email. The day ends with takeout, guilt, and another promise to “try harder tomorrow.”

Jamal’s friends and family don’t see his struggle. They think he’s just disorganized or forgetful. But for Jamal, simple tasks snowball into overwhelming barriers, and executive dysfunction leaves him feeling defeated, even as he longs for a more orderly life.

Research Insights

Executive function is a set of mental skills that help you manage time, plan, organize, remember information, regulate emotions, shift focus, self-monitor, and get things done in daily life. It's like the brain's "manager."

Many AuDHD adults struggle with one or more aspects of executive function, not because of a lack of intelligence or willpower, but because their brains are wired differently in the regions responsible for organizing, prioritizing, and following through (Barkley, 2015; Kenworthy et al., 2008)

This neurological difference that can lead to chronic stress, burnout, and low self-esteem (Craig et al., 2016).

These difficulties cause real-world challenges, such as managing finances, keeping up with chores, meal planning, remembering appointments, and even basic self-care.

For autistic adults, executive function issues may be compounded by sensory overload and difficulties with change or uncertainty (Demetriou et al., 2018).

For ADHD adults, difficulties with inhibition, distractibility, and time management are especially pronounced (Barkley, 2015).

Studies have shown that a range of interventions can be effective. These include external supports like reminders, visual schedules, body doubling (working alongside someone else), breaking tasks into micro-steps, and self-compassion practices. Many adults benefit from occupational therapy, ADHD coaching, or peer support that can help build practical strategies to deal with executive function issues (Demetriou et al., 2018).

Table: Executive Dysfunction and Survival Tools

Trigger Situation	Common Reaction	Survival Tools
Overwhelming to-do list	Freeze, anxiety, avoidance -	Break into micro-tasks, list top 3 'to-do' items
Unstructured time	Procrastination, distraction	Use external structure, set timers
Multiple tasks at once	Forgetting steps, losing track	Visual checklists, one task at a time
Sudden changes	Confusion, distress, shutdown	Prepare routines, allow transition time
Forgetting deadlines or appointments	Guilt, self-criticism	Use reminders, calendars, ask others to remind you
Organization Issues	Losing bills, messy spaces	Baskets, boxes folders
Getting started	Procrastination	2-minute rule, body doubling

Solo Exercise

Micro-Tasking:

1. Pick one area of daily life that feels most overwhelming (e.g., meal planning, bill paying, cleaning).

2. Break the task down into the smallest possible steps; so small they feel almost silly (e.g., “Find the bill,” “Open the envelope,” “Put bill on desk”).

3. Do just the first step today. Tomorrow, do the next. Track your progress for a week, and note how it feels to move forward in tiny increments.

Pair Activity

Body Doubling Experiment:

Connect with a friend, family member, or peer (in person or virtually).

Each of you chooses a task you’ve been avoiding. Work on your tasks at the same time, checking in every 10–15 minutes.

Notice: Does another person’s presence help you focus or get started? Debrief: What worked, what didn’t, and would you try it again?

Mindfulness Log

1. What are the daily tasks I struggle with most? Why?

   ____

2. How does executive dysfunction affect my mood or self-esteem?

   ____

3. What supports have helped me start or finish tasks in the past?

   ____

4. What would I say to a friend who was struggling with the same things?

   ____

5. How can I make my environment more supportive of my executive functioning?

   ____

Worksheet: Executive Function Survival Plan

Step 1: Identify Top 3 Pain Points. List three tasks or areas you regularly struggle with (e.g., laundry, budgeting, meal prep).

Step 2: Break Down Each Task. For each, write out the micro-steps involved (e.g., for laundry: gather clothes, sort, load washer, set timer, etc.).

Step 3: Choose Supports. For each pain point, list at least one external support (reminder app, calendar, accountability buddy, visual checklist).

Step 4: Set Up Cues & Rewards. How will you remind yourself to start? (e.g., alarms, sticky notes)
How will you reward yourself for progress? (e.g., favorite snack, music, rest).

____

____

Step 5: Weekly Review. Pick a time each week to review what’s working, what’s not, and adjust your supports.

____

____

FAQs

1. Q: Is executive dysfunction the same as being lazy or disorganized?

> A: No. Executive dysfunction is a neurological issue, not a character flaw. Many AuDHDers work extremely hard to compensate, but need supports to function well.

2. Q: Why can I do complex tasks at work but struggle with basic chores at home?

> A: Structure, external deadlines, and clear expectations at work can “scaffold” executive function. Home tasks are often open-ended and less structured, making them harder.

3. Q: What is body doubling, and does it really work?

> A: Body doubling means working alongside someone else. Research and anecdotal reports show it can boost focus and task initiation for many neurospecial people.

4. Q: How can I avoid overwhelm when everything feels urgent?

> A: Try the “Top 3” rule: each day, pick three tasks that matter most. Give yourself permission to let the rest wait, and celebrate each win.

5. Q: Are there tools or apps that help?

A: Yes! Many find success with digital reminders, visual schedules, habit trackers, and low-tech supports like sticky notes and color coding.

6. Q: Can executive dysfunction improve over time?

A: With practice, external supports, and self-compassion, many people build strategies that make daily life easier. Occupational therapists and ADHD coaches can help, too.

Troubleshooting

1. If you freeze at the start: Use the 2-minute rule: do just two minutes, then decide whether to continue. Sometimes starting is the hardest part.

2. If you forget steps: Use checklists, written instructions, or voice memos. Keep them visible and simple.
3. If you get distracted: Minimize distractions (put your phone in another room, use headphones, set short timers for focus).

4. If you lose track of time: Use alarms, visual timers, or “time anchor” activities (e.g., always shower after breakfast).

5. If you feel overwhelmed: Break tasks down further, ask for help, and remind yourself that progress, not perfection, is what counts.

6. If you judge yourself harshly: Practice self-compassion. Remind yourself that your brain is wired differently, and you’re doing your best.

Chapter Highlights

- Executive dysfunction is a real neurological issue, not a moral failing.
- Breaking tasks into micro-steps and using external supports can make daily life more manageable.
- Self-compassion, structure, and community support help you thrive.

Practice Scripts: Rehearse these lines

1. “I need a checklist to keep track of steps.”

2. “Can we do this task together for accountability?”
3. “I’m breaking this down into tiny steps so I don’t get stuck.”
4. “Reminders help me manage my day. They’re not a sign of weakness.”
5. “I’m proud of every small thing I accomplish.”

Closing Thoughts

Daily life doesn’t have to be a struggle. With the right supports, kindness to yourself, and practical strategies, you can build routines that work for your brain. Every small step is real progress, and you deserve to celebrate it.

Chapter 16: Time Blindness

"I thought it had only been ten minutes, but hours had passed. Time just slips away from me." ~ Morgan

Introduction

Time blindness (the difficulty sensing, estimating, or managing the passage of time) is a common challenge for many autistic and AuDHD adults. Tasks that seem quick can stretch on unexpectedly, while deadlines and appointments sneak up without warning. This disconnect can lead to lateness, anxiety, and guilt, even when intentions are good. Morgan's story shows how time blindness can quietly disrupt daily life and self-esteem.

Morgan's Story

Morgan sits down to check social media "for a few minutes" before work, telling himself he'll get up as soon as he's caught up on messages. Scrolling through posts, he loses track of everything else, until a glance at the clock jolts him back to reality. An hour has vanished.

Panic sets in as he rushes to get ready, running out the door without breakfast and rehearsing apologies in his head. This isn’t the first time he’s been late, and he knows it won’t be the last.

Later that week, Morgan arranges to meet a friend at 2:00 pm at their favorite coffee shop. He gets started on a hobby project in the late morning, promising himself he’ll leave in plenty of time. But as he tinkers, hours slip by unnoticed. When he finally checks the time, it’s already well past two. He scrambles to the café, arriving half an hour late and full of apologies. His friend is understanding, but Morgan can’t shake the embarrassment and shame that follow him home.

Morgan tries every strategy he can think of (setting alarms, using timers, making lists), but sometimes he forgets to set them, or ignores them altogether when he’s “in the zone.” He wonders if he just doesn’t care enough or if he’s letting people down on purpose, even though he knows deep down that isn’t true.

As these episodes add up, Morgan’s confidence takes a hit. He starts to decline invitations and avoids making plans, afraid of disappointing others. Through researching AuDHD online, Morgan learns that time blindness isn’t a character flaw, but a neurological challenge common in people with ADHD and autism. He begins to experiment with new supports: visual timers, time-blocked schedules, and accountability check-ins with friends. He also practices forgiving himself for slip-ups, recognizing that managing time is an ongoing process.

With patience and self-compassion, Morgan slowly rebuilds trust in himself, and learns that while time may still play tricks, he can find ways to stay grounded in the present and reconnect with the people and priorities that matter most.

Research Insights

Time blindness is a term used to describe difficulty perceiving, estimating, or managing the passage of time. It’s common among both ADHD and autistic adults and can impact everything from punctuality and planning to daily routines.

ADHD is strongly associated with impaired time perception, poor time estimation, and difficulties with time management (Barkley et al., 2001; Toplak et al., 2006).

Autistic adults may also struggle with time processing, especially during transitions, or when routines are disrupted (Allman et al., 2011; Martin et al., 2010).

These challenges are neurological, not character flaws, and often persist despite good intentions or repeated efforts to “try harder.”

The result can be chronic lateness, missed deadlines, frustration in relationships, and shame (Tuckman, 2007; Wittmann et al., 2007).

Table: Times Blindness and Survival Tools

Trigger Situation	**Common Reaction**	**Survival Tools**
Losing track of time in activities	Lateness, panic, shame	Set external alarms, use visual timers
Underestimating time for tasks	Missed deadlines, frustration	Double your estimate, build in buffer time
Difficulty transitioning	Resistance, overwhelm, irritability	Use pre-transition cues, countdowns
Running late for appointments	Anxiety, avoidance, self-blame	Give yourself extra prep time, text ahead
Forgetting future commitments	Missed events, guilt, relationship strain	Use calendar reminders, visual planners

Time Blindness Survival Skills

1. External Time Anchors

What: Use external devices to track time, not just your internal sense.

Why: Compensates for unreliable internal clock.

How: Set phone alarms for appointments, transitions, and breaks. Use visual timers (sand timers, Time Timer app, kitchen timers).

2. Time Estimates & Doubling

What: Estimate how long a task will take, then double it.

Why: Accounts for underestimation and interruptions.

How: If you think a task will take 10 minutes, plan for 20. Add “buffer” time before/after important events.

3. Routine Anchoring

What: Attach routines to fixed events, not just clock time.

Why: Reduces the need to “sense” time passing.

How: "After breakfast, I’ll check emails.” or “When the school bus arrives, I’ll start making dinner.”

4. Countdowns and Warnings

What: Give yourself advance notice before transitions.

Why: Eases shifting between tasks and environments.

How: Set a 10-minute and a 2-minute warning alarm before you need to leave. Use countdown apps or verbal cues (“Five more minutes!”).

5. Visual Scheduling

What: Use calendars, planners, or wall charts.

Why: Makes time concrete and visible.

How: Color-code events, use stickers, or post daily routines where you can see them.

6. Accountability Buddy

What: Ask a friend or partner to check in about timing.

Why: Encourages follow-through and reduces isolation.

How: Text a friend before you start an activity or when you leave for an appointment.

Solo Exercise: Time Tracking Challenge

1. Choose one day to track your activities.
2. Write down what you do and the time you start/finish.
3. Notice which activities take longer or shorter than expected.
4. Reflect on patterns. Where does time “disappear”?

Pair Exercise: Transition Practice

1. With a partner, set a timer for 10 minutes of one activity.
2. When the timer goes off, both transition to a new activity together.
3. Discuss what helped or made it hard to switch tasks.

Mindfulness Log

1. What activities make me lose track of time (in a good or bad way)?

   ____

2. How do I feel about being late or missing deadlines?

   ____

3. What tools or strategies have helped me stay on time before?

   ____

4. How can I ask for support or understanding from others?

   ____

Worksheet: My Time Management Toolkit

1. Event or task: ______________________________

2. Estimated time needed: ______________________________

3. Doubled estimate: ______________________________

4. Reminder/Alarm to set: ______________________________

5. Visual cue or planner to use: ______________________________

FAQs

1. Q: Why can't I just "try harder" to be on time?
   A: Time blindness is neurological. External supports are needed, not just willpower.

2. Q: Is it okay to use lots of reminders or alarms?
   A: Yes! Use as many as you need; these are tools, not crutches.

3. Q: How do I explain time blindness to others?
   A: Try: "My brain doesn't track time like most people's. Reminders and alarms help me stay on track."

4. Q: What if I still mess up sometimes?
   A: Everyone slips up. Apologize if needed, forgive yourself, and adjust your supports.

Troubleshooting

1. Q: Reminders don't always work; I ignore or snooze them.
   A: Try different types (visual, auditory, vibrating). Place alarms out of reach so you must move to turn them off.

2. Q: I miss transitions and get “stuck” in activities.
   A: Use countdowns and have a transition ritual (stand up, stretch, move to a different room).

3. Q: I feel overwhelmed by all the tools and schedules.
   A: Start small. Add one support at a time and celebrate any improvement.

4. Q: People get frustrated with my lateness.
   A: Explain your challenges, apologize, and show you’re trying different strategies.

Chapter Highlights

- Time blindness is common and valid for AuDHD adults.
- External tools and routines can help compensate for internal time challenges.
- Progress, not perfection, is the goal.
- Self-compassion is essential. Everyone needs help sometimes.

Practice Scripts: Rehearse these lines

For self-talk:

1. “Time is tricky for my brain. I can use supports.”

2. “Being late isn’t a moral failing.”
3. “I can adjust and try again.”

For communicating needs:

1. “I may need reminders for appointments.”
2. “Can you text me before we meet up?”
3. “I use alarms to help me transition.”

Closing Thoughts

You deserve compassion and practical tools for dealing with a world built on precise timing. With the right strategies, you can reduce stress, improve reliability, and focus on what matters most.

Chapter 17: Procrastination and Distractibility

“My to-do list is a mile long, but I just keep switching from one half-finished thing to another, and somehow, nothing ever gets done.” ~ Jordan

Jordan’s Story

Jordan, a 29-year-old AuDHDer, wakes up determined to be productive. The plan: finish a work report, clean the kitchen, and reply to emails. But when Jordan sits down, the phone pings. It's a social media notification. Five seconds of scrolling turns into twenty minutes. Sitting back down, Jordan remembers the laundry, then gets distracted by a podcast, then starts the report, but ends up reorganizing folders on the desktop. By dinner, Jordan feels overwhelmed, guilty, and frustrated. The tasks are still unfinished, and the cycle of procrastination continues.

Jordan’s friends and coworkers sometimes call him “flaky” or “lazy,” but the reality is that Jordan’s mind is always busy. It's just rarely on the right thing at the right time.

Research Insights

Procrastination and distractibility are hallmark struggles for both autism and ADHD, and are especially challenging for people who are both. Research consistently shows that people with ADHD experience more chronic procrastination and task avoidance than neurotypical peers, largely due to differences in executive function: the brain's ability to plan, prioritize, and sustain attention (Scheres et al., 2010). Autistic people, too, may struggle with task initiation and shifting, but for different reasons: anxiety, perfectionism, or difficulty with transitions may play a bigger role (Hollocks et al., 2019).

For many AuDHDers, these difficulties are compounded. The ADHD brain craves novelty and finds repetitive or tedious tasks nearly impossible to start, while autistic traits may make change and uncertainty uncomfortable, leading to avoidance. This double burden can create a "freeze" response: knowing what to do, but feeling unable to start or finish. Researchers note that procrastination is not a moral failing, but a functional difficulty with motivation, emotional management, and cognitive flexibility (Scheres et al., 2010; Hollocks et al., 2019).

Table: Procrastination & Distractibility

Cause	**Consequence**	**Survival Tools**
Executive dysfunction	Can't start or finish tasks	Break tasks into small steps
Sensory/environmental issues	Distracted by noise, clutter	Declutter, use headphones
Emotional avoidance	Anxiety about results/feedback	Body scan, self-compassion
Perfectionism or overwhelm	All-or-nothing thinking	"Good enough" mindset
Task is boring or repetitive	Mind wanders, seeks stimulation	Gamify or reward tasks
Hyperfocus elsewhere	All energy spent on one thing	Timers, reminders, transitions

Tiny Steps Solo Exercise

1. Pick one task you’ve been avoiding. Instead of doing the whole thing, identify the very first, smallest possible step (e.g., “Open the document,” “Put one dish in the sink”).

2. Set a timer for 5 minutes and do only that. When five minutes are up, decide if you want to continue or take a break.

3. Repeat daily for a week and track your progress and feelings.

Buddy System Pair Activity

Pair up with a friend or support partner. Each of you chooses one task you’ve been putting off.

Set a 20-minute timer and work on your tasks at the same time (in-person or virtually).

Check in afterward: Did accountability help? How did you feel before, during, and after? What would make this easier next time?

Mindfulness Log

1. What tasks do I procrastinate on most? Why?

   ____

2. How does my body feel when I try to start something I’m avoiding?

   ____

3. What has helped me get “unstuck” in the past?

   ____

4. What self-talk comes up when I miss a deadline or get distracted?

   ____

5. If I could make one task easier, what would I change?

   ____

Worksheet: Procrastination Pattern Mapper

Instructions: For three days, track:

1. Tasks you planned to do

   ____

2. What actually happened (distractions, avoidance, etc.)

   ____

3. What you were feeling or thinking before and after?

   ____

4. Any supports or strategies you used?

   ____

Reflection:

Identify patterns: Are there certain times of day, environments, or emotions that trigger procrastination? What support (environmental, emotional, structural) could help you start or finish more often? List three new strategies to try.

FAQs

1. Q: Is procrastination just laziness?

   A: No. Research shows it’s a brain-based difference in motivation, executive function, and emotional regulation, not a character flaw (Scheres et al., 2010).

2. Q: Why do I get overwhelmed just thinking about tasks?

   A: Overwhelm can result from tasks feeling too big, unclear, or emotionally loaded. Breaking tasks into tiny steps and using visual supports can help.

3. Q: How do I deal with distractions from my phone or computer?

   A: Use tools like website blockers, turn off notifications, or work in a distraction-free space. Sometimes, working in short, timed bursts can reduce temptation.

4. Q: What if I miss deadlines at work or school?

   A: Communicate with supervisors or teachers as soon as possible. Ask for extensions, and be honest about your challenges. Many workplaces and schools will accommodate when they understand.

5. Q: Why do I “freeze” even when I want to start?

   A: The freeze response is common in AuDHD. It’s often a mix of anxiety and executive dysfunction. Gentle self-talk, body movement, and external prompts can help get you unstuck.

6. Q: Can medication help?

   A: For some people with ADHD, medication may improve focus and task initiation. Discuss with a healthcare provider to find what works for you.

Troubleshooting

1. If you start but never finish: Set a timer for “done is better than perfect.” Allow yourself to submit or stop at “good enough.”

2. If you can’t start at all: Try the “2-minute rule”. Commit to just two minutes, then stop or continue as you feel able.

3. If you get distracted constantly: Remove obvious distractions, work in short sprints, and celebrate each completed step.

4. If anxiety blocks you: Pair tasks with soothing rituals (music, aromatherapy, movement) and use compassionate self-talk.

5. If you feel guilty or ashamed: Remind yourself this is not a moral failing. Seek support, and celebrate progress, no matter how small.

6. If you forget everything: Use planners, sticky notes, or digital reminders. Build routines into your day so tasks become automatic.

Chapter Highlights

- Procrastination and distractibility are common in AuDHD, rooted in real brain differences.

- Small steps, external supports, and self-compassion make a big difference.

- You are not lazy. Finding what works for your unique brain is a strength.

Practice Scripts: Rehearse these lines

1. “Can you help me get started on this?”
2. “I’m breaking this down into smaller steps so it’s less overwhelming.”
3. “Let’s work on our tasks together for accountability.”

4. "I need a quick reset. Let's set a timer and try again."
5. "Done is better than perfect."

Closing Thoughts

If your mind is a busy intersection and your to-do list feels endless, know that you are not alone, and you are not broken. Procrastination and distractibility are tough, but with gentle strategies and support, you can find your own rhythm. Celebrate every small win; progress matters more than perfection.

Chapter 18: Daydreaming

"In my head, I could be anyone, go anywhere. My daydreams weren't just escapes. They were whole worlds that belonged to me." ~ Avery

Daydreaming is often misunderstood as a simple distraction or a sign of laziness, but for many autistic and AuDHD adults, it's an essential and creative part of life. Vivid internal worlds can offer comfort, inspiration, and a sense of agency, especially for those who feel misunderstood or out of step with the outside world. While daydreaming can sometimes interfere with focus or daily tasks, it can also be a powerful coping tool, source of joy, and engine of imagination.

Avery's Story

Avery, 14, feels invisible at school. The hallways are loud, the rules confusing, and fitting in seems impossible. But during class, as the teacher's voice fades into the background, Avery slips into her another world; a secret realm where she is the hero, righting wrongs and embarking on grand adventures. In her mind, Avery has friends there who truly understand her, a loyal animal companion, and the power to make things right.

These daydreams aren’t just fleeting distractions; they’re elaborate, ongoing stories, with complete characters, dialogue, music, and plot twists. Sometimes Avery writes her adventures down in a secret notebook. Other times, she acts out scenes alone in her room, lost in the comfort of make-believe.

As Avery gets older, the daydreams become both a refuge and a challenge. They help Avery cope with bullying and loneliness, but teachers and parents start to notice how often she seems distracted or forgets assignments. She's even withdrawn during family gatherings, and feels annoyed when people intrude on her reverie by talking to her.

Avery feels ashamed for drifting away from the real world, but can't let go of her secret one. It isn’t until years later, after an AuDHD diagnosis, that Avery learns how common and meaningful this kind of imaginative escape can be. With support, Avery finds ways to balance their inner and outer worlds, turning her stories into creative writing and even building friendships with others who share their love of fantasy.

Research Insights

Daydreaming and imaginative play are often heightened in autistic and ADHD individuals (and especially in those with both), sometimes manifesting as “maladaptive daydreaming”: elaborate, immersive fantasies that can be difficult to control (Somer et al., 2017). For many, these inner worlds provide relief from sensory overload, social stress, or emotional pain (Beaton et al., 2022).

Daydreaming can help develop creativity, narrative skills, and emotional resilience (Fox et al., 2013). However, when it becomes excessive, it may interfere with concentration, academic or work performance, or social connection. Research suggests that recognizing and reframing daydreaming as a coping strategy rather than as a bad habit, can help AuDHD adults harness its strengths while developing tools to stay present when needed (Somer et al., 2017).

Table: Daydreaming in AuDHD and Tools

Experience	**How It Presents**	**Survival Tools**
Vivid inner worlds	Elaborate stories, imaginary friends	Creative outlets (writing, art)
Escapism	Distraction, inattentiveness, “Zoning out” during stress/overwhelm	Grounding techniques, scheduled breaks|
Inspiration & creativity	Original ideas, problem-solving	Journaling, sharing creations
Trouble focusing	Missing details, losing track of time	External reminders, task chunking
Shame/guilt	Feeling immature or lazy	Reframing, peer validation

Solo Exercise

“Mapping My Inner World:”

1. Draw or write about a favorite daydream, imaginary place, or recurring story from your mind.

2. What makes it special or comforting? How does it reflect your hopes, fears, or desires?

3. Notice how you feel before, during, and after these escapes.

4. Are there patterns to when you daydream most?

Pair Activity

Daydreamers’ Exchange:

1.With a trusted friend (online or in person), share a favorite fantasy, story, or scenario from your inner world.

2. Reflect together: How have daydreams helped you cope or inspired you?

3. What creative projects or solutions have come from them?

Mindfulness Log

1. When do I daydream most often? What triggers it?

   ____

2. What roles or scenarios do I create in my mind, and why do they matter to me?

   ____

3. Has anyone ever shamed me for “zoning out”? How did that affect me?

   ____

4. How can I use my imagination as a tool for healing, creativity, or connection?

   ____

5. What boundaries (if any) do I want to set between my inner and outer worlds?

   ____

Worksheet: Balancing My Daydreaming

Step 1: My Daydreaming Strengths. List three ways your inner world supports you (e.g., comfort, creativity, problem-solving).

____

Step 2: Noticing Patterns. Track when and where you tend to daydream. Are there triggers (boredom, stress, exhaustion, inspiration)?

____

Step 3: Creative Outlets. Brainstorm ways to express your imagination intentionally (writing, art, music, roleplaying games).

____

Step 4: Staying Present. List three grounding techniques you can use when you need to focus (e.g., sensory objects, movement breaks, setting timers).

____

Step 5: Self-Compassion. Write an affirmation that honors your imagination and your need for escape.

____

FAQs

1. Q: Is daydreaming bad or “maladaptive”?

   A: Only if it interferes with your daily life or causes distress. For many, daydreaming is a healthy coping tool and source of creativity.

2. Q: Why do I daydream more than others?

   A: AuDHD brains often crave stimulation and escape from overwhelm. Imagination can soothe, inspire, and help process experiences.

3. Q: Can I turn my daydreams into something productive?

   A: Absolutely! Many people write stories, make art, or invent solutions inspired by their inner worlds.

4. Q: How do I “snap out of it” when I need to focus?

   A: Try grounding strategies, scheduled creative breaks, or external reminders to help shift attention back to the present.

5. Q: Should I be embarrassed about my fantasies?

   A: No, your imagination is valid and valuable. Find people who celebrate your creativity.

Troubleshooting

1. If daydreaming causes problems at work or school: Use external reminders, like alarms or task lists, and schedule intentional “imagination breaks” as a reward.

2. If you feel shame or guilt: Reframe daydreaming as a strength; find others who value creativity.

3. If you struggle to return to reality: Practice grounding techniques (touching a textured object, moving your body, naming things around you).
4. If you miss social cues or appointments: Use visual schedules and trusted friends to help you track time.

5. If you lose interest in reality: Balance immersive daydreaming with real-world activities that bring joy or connection.

Chapter Highlights

- Daydreaming is a common, meaningful part of life for many AuDHDers of all ages.

- Imagination can be a powerful source of comfort, creativity, and resilience.

- Balancing inner and outer worlds with compassion and intention can help you flourish.

Practice Scripts: Rehearse these lines

1. “My imagination is a strength, not a weakness.”
2. “Daydreaming helps me cope and create.”
3. “It’s okay to escape sometimes, and it’s okay to come back.”
4. “I honor my need for both fantasy and reality.”
5. “I can use my creativity to make something beautiful.”

Closing Thoughts

Your inner world is uniquely yours; a place of refuge, exploration, and inspiration. There is no shame in needing to escape, especially when your dreams help you survive and grow. By embracing your imagination and finding healthy ways to express it, you can celebrate one of the most beautiful parts of being neurospecial.

Chapter 19: Hyperfocus and Intense Interests

"When I'm in the zone, the world falls away. I can go for hours without even noticing time passing." ~ Maya

Maya's Story

Maya, a 34-year-old graphic designer with AuDHD, has always been known for her all or nothing approach. When inspiration strikes, she can spend 10 hours straight refining a project, barely noticing hunger or the passage of time. Her portfolio is stunning, and clients praise her creativity and dedication. But when Maya finally snaps out of her work trance, she's exhausted, dehydrated, and sometimes even physically ill from missed meals and sleep. Her partner worries about her health, but Maya finds it nearly impossible to switch off at those times.

Outside of work, Maya's intense interests have brought her joy and connection. Her obsession with birds has led to volunteering at a wildlife center and making close friends with fellow enthusiasts. But sometimes, her focus on her interests isolates her from others who don’t share her passion. She wonders: is this a problem?

One thing Maya has noticed is her tendency to “infodump” about her favorite topics. Info-dumping is when someone shares a large amount of information about a subject they’re passionate about, often in great detail and sometimes without realizing whether their listener is as interested. For Maya, talking about birds can lead to enthusiastic monologues about migration patterns, bird calls, or the latest research. Sometimes her friends are fascinated; sometimes, they’re overwhelmed, bored or unsure how to respond. Maya sometimes worries: is she connecting, or is she overwhelming people?

Research Insights

Hyperfocus is a state of deep and sustained attention on a specific activity or interest, often to the exclusion of everything else. While not exclusive to neurospecial people, it is especially common in both autism and ADHD, and sometimes it's a “double whammy” for AuDHDers.

Intense, special interests are deep, consuming fascinations with particular topics or activities. These can lead to infodumping, a term widely used in neurodivergent communities. Infodumping isn’t just talking too much; it’s a natural outpouring of excitement and knowledge, fueled by the same brain differences that make hyperfocus possible.

Research suggests that hyperfocus is closely related to differences in brain networks involved in attention and motivation. In ADHD, the brain may struggle to regulate attention, leading to either distractibility or intense, prolonged focus on stimulating tasks (Hupfeld et al., 2019). For autistic people, intense interests are a core feature that can lead to deep expertise, joy, and even career paths (Grove et al., 2018). However, hyperfocus can also cause people to miss bodily needs, deadlines, or social cues.

Infodumping can be a double-edged sword. On the one hand, it’s a way to share joy, bond with others, and teach. On the other, it can challenge social norms around conversation give and take. Some people find it charming or impressive; others may feel left out or overwhelmed.

One study found that hyperfocus is associated with high levels of both productivity and functional impairment, depending on context (Hupfeld et al., 2019). Another study highlighted the role of special interests in autistic well-being, resilience, and identity (Grove et al., 2018). The ability to enter a flow state may be heightened in neurospecial brains, but so too is the risk of neglecting basic self-care (Russell et al., 2019).

Table: Hyperfocus and Intense Interests

Aspect	Benefits	Drawbacks
Deep focus	High productivity, mastery, flow	Missed meals, sleep, self-care
Intense interests	Joy, fulfillment, sense of purpose, expertise	Social isolation, inflexibility
Task absorption	Creative breakthroughs, innovation	Missed deadlines, time blindness
Energy investment	Sense of meaning, resilience	Burnout, exhaustion, neglect of other tasks
Infodumping	Sharing knowledge, enthusiasm	Overwhelming or boring others, awkwardness

Infodumping

Infodumping is when someone passionately shares a large amount of information about a topic they love, often in a rapid or detailed way. For AuDHDers, it can feel like a pressure release: the excitement and knowledge build up until they spill over, sometimes without realizing how much they’re saying.

- Intense interests create a well of knowledge and excitement.
- Neurological differences can make it harder to notice conversational cues that a listener is bored or overwhelmed.
- Sharing info is a way of connecting, not just “lecturing.”

Neurotypical conversations are like playing tennis: short turns, back and forth. In contrast, many neurospecial people have a tendency to share lots of information in one turn. They're not showing off. Their excitement and enthusiasm are irrepressible, sometimes endearing, and often contagious, but can be exhausting.

Solo Exercises

1. Check-In Timer:

Set a timer for every 45-60 minutes while working on an absorbing task or interest. When it goes off, pause and ask yourself: Have I eaten, drunk water, or moved recently? What’s my energy level? Write down your answers for a week and review any patterns you notice.

2. Interest Inventory:

Make a list of your top three intense interests. For each one, note how it benefits your life, and any ways it might cause challenges (e.g., relationships, work-life balance). What boundaries could help you enjoy your interests without negative fallout?

3. Infodump Reflection:

Think of a time you infodumped (shared a lot about a passion or interest). How did it feel? How did the listener respond? Think what might you do next time. Ask permission, check in, or look for cues to give the other person a turn to talk.

Pair Activity

With a partner or friend, share one of your intense interests (or “infodump” about it) for 10-15 minutes. Before you start, ask, “Is it okay if I share a lot about this?” Let the other person ask questions or paraphrase back what they hear. Then switch roles. Notice how it feels to share and to listen.

Debrief: Did you feel energized, nervous, validated, or misunderstood? What would help make sharing your interests more positive in the future?

Bonus Variation: Practice noticing body language or cues from your partner. Do they look interested, distracted, or overwhelmed? How does that affect your sharing style?

Practice Scripts: Rehearse these lines

1. “I’d love to tell you about my interest in [topic]. Would you like to hear?”
2. “I need to set a timer so I don’t lose track of time while I work.”

3. “This project is absorbing, but I’ll take a break in an hour to check in with you.”
4. “Could you remind me to eat if I get too caught up?”
5. “I’m proud of how much I know about certain topics.
6. “I know I can go on and on about this subject. Let me know if you want a pause, or when you've had enough!”

Mindfulness Log

1. When was the last time I experienced hyperfocus? What triggered it?

   ____

2. How do I feel physically and emotionally after a deep focus session?

   ____

3. What are my most meaningful interests? How do they support my identity?

   ____

4. Where is the line between passion and overwhelm for me?

   ____

5. When have I infodumped? How did it feel?

   ____

6. How do I want to balance my interests with other areas of my life?

   ____

Worksheet: Hyperfocus Balance Sheet

Instructions:

1. For each of the past three days, record: The activity or interest you hyperfocused on.

   ____

2. How long you spent on it

   ____

3. What you accomplished or learned

   ____

4. Any missed needs (food, sleep, social connection)

   ____

5. How you felt afterward (energized, exhausted, etc.)

   ____

6. Whether you infodumped on anyone (Who, and how did they react?)

   ____

Reflection:
What patterns do you notice? Are there ways to preserve the benefits of hyperfocus while minimizing the costs? List three strategies (timers, accountability partners, scheduled breaks, etc.) you could try next week.

FAQs

1. Q: Is hyperfocus the same as flow?

   A: They are similar, but hyperfocus is often less voluntary and harder to switch off, especially for neurospecial people. Flow or being in the zone is usually a positive, productive state; hyperfocus can have negative consequences if it leads to neglect of basic needs.

2. Q: Can I train myself to control my hyperfocus?

   A: You can't always "turn it on or off," but you can set external cues (timers, reminders), practice body check-ins, and build routines to help manage it.

3. Q: Is it bad to have intense interests?

   A: Not at all! Intense interests can be a source of joy, learning, and connection. Problems arise only when they crowd out other important parts of life or cause distress.

4. Q: My partner doesn’t share my interests. How can I bridge the gap?

    A: Try finding small ways to include them (sharing, teaching, or connecting your interests to theirs) and respect their interests in return. Communication is key.

5. Q: What if I feel “lost” when not immersed in an interest?

    A: This is common. Try building comforting routines or small rituals for transitions between activities, and explore new interests at your own pace.

6. Q: Is it bad to infodump or have intense interests?

    A: Not at all! Infodumping is a way many neurodivergent people share excitement and connect. It can be helpful to check in with others and ask if they’d like to hear more, but your interests are valid and valuable.

Troubleshooting

1. If you frequently miss meals or sleep due to hyperfocus: Use multiple reminders and keep easy snacks and water at your workspace. Ask a friend or partner to check in.

2. If hyperfocus causes conflict at work or home: Set boundaries in advance (e.g., “I’ll work on this for 90 minutes, then join you for dinner”). Communicate your needs and listen to others’. Ask before infodumping: “Do you want to hear about this?”

3. If you feel guilty about wasting time on interests: Reframe intense interest as a strength. Notice what you gain (skills, joy, connection) and look for ways to integrate interests into daily life.

4. If transitioning out of hyperfocus causes distress: Try gentle transitions; a favorite song, stretching, or a sensory break. Allow yourself time to come down before switching tasks.

5. If you feel isolated: Seek out communities (online or local) that share your interests, or practice sharing your passions in small doses with trusted people.

Chapter Highlights

- Hyperfocus and intense interests are common in AuDHD and can be both a strength and a challenge.
- Self-care, routines, and external supports can help maximize benefits and minimize downsides.
- Sharing your passions is part of what makes you unique, but remember: balance and communication can help you connect more positively with others.

Closing Thoughts

Your ability to focus deeply and love fiercely is part of what makes you unique. By honoring your needs and setting gentle boundaries, you can enjoy your passions while caring for your whole self. Remember: your interests are a gift. With balance, they can enrich not only your life, but the lives of those around you.

Chapter 20: Emotional Regulation

"Sometimes the feelings just get too big to hold inside, and my body takes over." ~ Sheri

Emotional regulation is the ability to manage, modulate, and express emotions in ways that feel safe and appropriate for you. For AuDHD adults, challenges with emotional regulation are common and can lead to intense feelings, rapid mood changes, and sometimes emotional outbursts, including ADHD rage or autistic meltdowns.

Meltdowns and rage episodes are intense, overwhelming responses to stress, sensory overload, or emotion. They are distinct from tantrums, as they are not manipulative or intentional, but rather a loss of control. This is your nervous system's way of protecting itself when resources are depleted.

Sheri’s Story: Autistic Meltdown

After a stressful day at work, Sheri feels like she’s been carrying a thousand invisible weights. She spent the morning trying to follow a meeting where the conversation kept jumping topics, leaving her confused and anxious about what she might have missed. The overhead lights were too bright, her chair was scratchy, and the constant hum of the printer in the background made it hard to focus. By the afternoon, Sheri had already used up most of her energy just trying to appear calm and attentive, masking her discomfort to avoid standing out.

When Sheri gets home, her partner greets her with a simple question about what’s for dinner. To Sheri, whose mind is still racing and body is tense from a day of sensory and social overwhelm, the question feels like another impossible demand. She snaps, her voice sharper than she intends, and almost immediately bursts into tears. The sadness and frustration feel overwhelming, as if they’ve been bottled up all day and are now flooding out uncontrollably.

Sheri tries to explain, but the words come out jumbled. Her partner looks surprised and concerned, which makes Sheri feel even worse. She’s embarrassed and ashamed, convinced she’s overreacting. The meltdown leaves her feeling emptied out and exhausted, both physically and emotionally.

Later, as she lies in bed, Sheri replays the evening over and over in her mind. She berates herself for losing it over something so small, wondering why she can’t just calm down the way other people seem to. Why does she react so strongly? Why does it feel like emotions take over her whole body, leaving her unable to think or speak clearly?

Sheri’s story is a common experience for many autistic and ADHD adults. Emotional regulation isn’t just about trying harder. It’s often impacted by sensory overload, social misunderstandings, and the constant effort of masking. Meltdowns aren’t a sign of weakness or failure; they’re a natural response when someone’s coping resources have been depleted. Learning self-compassion, recognizing early warning signs, and building supportive routines can all help, but it’s important to remember that emotional regulation challenges are real and valid.

Chris's Story: ADHD Rage

Chris always tries to keep a positive attitude at work, but the constant interruptions, shifting priorities, and last-minute requests make it nearly impossible to focus. By midafternoon, he's running behind, his brain feels scattered, and his to-do list is a mess. When a coworker sends yet another urgent email, Chris feels his frustration boiling over.

At home, a minor disagreement with his roommate about chores triggers a sudden, explosive outburst. Chris's voice gets loud, his words come out sharp and fast, and he feels like he's watching himself from outside his body, unable to stop the torrent of anger and overwhelm. The episode is brief, but intense. As soon as it's over, Chris feels drained and guilty, wondering why he couldn't just let it go.

Later, Chris apologizes, but the shame lingers. He worries that others see him as too intense, and struggles with self-blame. The rage wasn’t intentional. It felt like something that happened to him, not something he chose to do.

Chris’s experience is a classic example of ADHD rage: a sudden, overwhelming emotional reaction that feels impossible to control in the moment. Like autistic meltdowns, ADHD rage is not a failure of character or willpower, but a neurological response when emotional regulation resources are exhausted.

Research Insights

Autistic and ADHD adults often experience heightened emotional reactivity, difficulty returning to baseline, and “emotional flooding” (Mazefsky et al., 2013; Shaw et al., 2014). Emotional dysregulation is linked to increased anxiety, depression, and social difficulties (Hirvikoski et al., 2009; Surman et al., 2013).

Meltdowns (in autism) and rage episodes (in ADHD) can involve crying, yelling, physical agitation, or shutdown (going silent, numb, or immobile). Both are involuntary responses to overwhelm, not conscious choices.

Self-regulation skills, sensory supports, and compassionate self-talk can help reduce the frequency and recovery time for both meltdowns and rage (Mazefsky et al., 2013; Raymaker et al., 2020).

While ADHD rage and autistic meltdowns have many overlapping features, they can feel and look different, and may have distinct triggers and coping needs. Recognizing which one (or both) you experience can help you choose the best strategies for prevention, support, and self-recovery.

Both ADHD rage and autistic meltdowns are forms of emotional dysregulation: intense, involuntary emotional outbursts or shutdowns that occur when someone's coping capacity is overwhelmed.

Similarities between Rage and Meltdowns:

- Loss of Control: Both are experienced as something that “happens to you,” not something you choose or can simply “snap out of” (Shaw et al., 2014; Mazefsky et al., 2013).

- Triggers: Both can be triggered by stress, frustration, sensory overload, changes in routine, social misunderstandings, or accumulated small difficulties throughout the day (Mazefsky et al., 2014; Surman et al., 2013).

- Aftereffects: Both can leave a person feeling exhausted, ashamed, embarrassed, or guilty (Raymaker et al., 2020; Bunford et al., 2015).

- Social Impact: Both can affect relationships, work, and self-esteem, largely because they are misunderstood by others as intentional or “overreacting” (Hirvikoski et al., 2009; Surman et al., 2013).

Table: Emotional Regulation Differences

Feature	**ADHD Rage**	**Autistic Meltdown**
Emotional Build-Up	Fast: anger/frustration in response to perceived injustice, rejection, or frustration	Slow: After long periods of sensory/social overload or masking
Main Triggers	Interruptions, emotional impulsivity, rejection, confusion, excessive demands, fatigue	Sensory overload, sudden changes, social confusion, excessive demands, fatigue, pain or illness
Typical Expression |	Outward: yelling, door-slamming, angry outbursts, throwing objects, sometimes aggression	Outward: crying, yelling, agitation Inward: shutdown, withdrawal, silence, immobility
Self-Awareness	Aware of rising anger but unable to stop; regret often follows quickly	Feeling overwhelmed before, during, and after; often less verbal or unable to communicate

Duration	Brief but intense (“rage storms”)	Longer, with a slow build-up and long recovery (“post-meltdown exhaustion”)
Aftereffects	Guilt, shame, fear of social consequences, sometimes “emotional hangover” exhaustion	Exhaustion, social withdrawal, sometimes physical symptoms like headache,

Co-occurrence in AuDHD

If you have both ADHD and autism (AuDHD), you might experience both phenomena; sometimes separately, sometimes mixed together. For example, you might hold it together all day, then have an explosive outburst at home, followed by a shutdown. You might also notice that your triggers and coping needs are more complex and changeable.

Research Highlights

Emotional lability (rapid mood shifts and intense feelings) is a core feature of ADHD and is linked with frequent anger outbursts (Shaw et al., 2014; Surman et al., 2013; Barkley, 2015).

Autistic meltdowns are strongly associated with sensory overload, difficulties in emotion recognition (alexithymia), and social confusion (Mazefsky et al., 2013; Mazefsky et al., 2014; Raymaker et al., 2020).

Both groups demonstrate impaired executive functioning (like impulse control, planning, and flexible thinking), which contributes to emotional dysregulation (Barkley, 2015; Mazefsky et al., 2014).

Emotion regulation skills are a major predictor of life satisfaction and social success in both ADHD and autism (Mazefsky et al., 2013; Bunford et al., 2015).

Interventions that combine self-awareness training, sensory accommodations, and self-compassion are effective in reducing the frequency and severity of both rage and meltdowns (Mazefsky et al., 2013; Raymaker et al., 2020; Barkley, 2015).

Emotional Regulation Survival Skills

1. Emotion Naming

What: Identify and label what you're feeling.

Why: Reduces confusion and gives you a starting point for coping.

How: Try "I feel…" statements or use an emotion wheel.

2. Grounding & Sensory Strategies

What: Use physical or sensory input to calm your nervous system.

Why: Anchors you in the present and eases overwhelm.

How: Try deep pressure (hug, weighted blanket), rocking, cold water, or breath work.

3. Safe Expression

What: Find outlets for big feelings before they explode.

Why: Releases emotional "pressure" safely.

How: Exercise, go jogging or take a walk, scream into a pillow, or talk to a trusted person.

4. Meltdown/Rage Prevention Plan

What: Know your early warning signs and have a plan.

Why: Allows you to act before reaching a crisis point.

How: List your triggers and early signs (e.g., headache, irritability, restlessness). Make a “kit” (headphones, snacks, stim tool).

5. Compassion Scripts

What: Kind words for yourself during or after a meltdown or rage episode.

Why: Reduces shame and aids recovery.

How: “This is my brain protecting me. I will be okay.”

6. Gentle Recovery

What: Give yourself time and space to recover after a meltdown or rage.

Why: Prevents further stress and supports healing.

How: Rest, hydrate, avoid self-criticism, and do something comforting.

Solo Exercise: Mapping Your Escalation Cycle

1. List your common triggers and early warning signs (rage or meltdown).

2. Write down what happens during an episode of emotional overwhelm.

3. List what helps you recover (people, places, tools, activities).

4. Plan one new strategy to try next time you feel escalation.

Pair Exercise: Supportive Communication

1. With a trusted friend or partner, discuss what you need during big feelings, meltdowns, or rage.

2. Practice saying, “I need space,” or “Can you help me with [specific need]?”

3. Switch roles and reflect on what support feels most helpful.

Mindfulness Log

1. What are my earliest signs of emotional overload or rage?

   ____

2. How do I feel about my meltdowns/rage; before, during, and after?

   ____

3. What helps me recover or feel comforted?

   ____

4. How can I be kinder to myself when big feelings happen?

   ____

Worksheet: My Emotional Regulation Plan

1. My triggers:

____

2. Early warning signs:

____

3. Prevention or coping strategies:

____

4. What I need during/after an episode:

____

5. Compassion script for myself:

____

FAQs

1. Q: Are meltdowns or rage episodes just “adult tantrums”?

   A: No, these are involuntary, overwhelming neurological responses to stress or overload, not deliberate misbehavior.

2. Q: How can I reduce the frequency of meltdowns or rage?

   A: Identify triggers, build in regular sensory and emotional breaks, and use early warning signs as cues to act.

3. Q: What should I do if I feel escalation coming?

A: Use your prevention plan: retreat if possible, use sensory tools, communicate your needs, and let yourself feel without judgment.

4. Q: How do I explain these episodes to others?

A: Try: “Sometimes my emotions or senses get overloaded, and I need time and space to recover.”

Troubleshooting

Q: I feel ashamed or embarrassed after meltdowns or rage.

A: Remember, this is a neurological response, not a moral failing. Practice self-compassion and speak kindly to yourself.

Q: I can’t always avoid triggers.

A: That’s okay. Focus on recovery and support. Even small changes can help.

Q: People around me don’t understand.

A: Share resources or explain in simple terms. Find supportive communities when possible.

Q: My emotions feel numb or “stuck” instead of explosive.

A: Shutdown is also a valid form of overwhelm. Gentle movement, journaling, or creative expression can help process feelings.

Chapter Highlights

- Emotional regulation is a skill, not a character trait. It can be supported and improved.

- Meltdowns and rage episodes are natural responses to overwhelm, not failures.
- Compassion, sensory tools, and safe recovery are your allies.

- You deserve support, understanding, and time to heal.

Practice Scripts: Rehearse these lines

For self-talk:

1. “It’s okay to feel this way.”
2. “This will pass; I am safe.”
3. “My emotions are valid.”

For communicating needs:

1. “I need some space to calm down.”
2. “Can you help me with [specific thing]?”
3. “Please give me time. I’ll be okay soon.”

Closing Thoughts

Whether you experience autistic meltdowns or shutdowns, ADHD rage, or a combination, you can learn to regulate and handle the waves of emotion with gentleness and the right supports. Know you are not broken, and always deserving of care.

Chapter 21: Anxiety

“*My mind is like a browser with a hundred tabs open; only half of them are making noise, but I can’t find the one that’s playing the music.”* ~ Sam

Feeling anxious is something everyone experiences from time to time, but for people with AuDHD, anxiety can be a constant and often overwhelming companion. Whether it’s worrying about social situations, feeling on edge about changes in routine, or struggling with the pressure to “keep up,” or non-locational angst, anxiety often weaves itself into daily life both in obvious and subtle ways.

For those with both autism and ADHD, the unique combination of sensory sensitivities, intense emotions, executive dysfunction, and social challenges can create a perfect storm for anxiety to develop. Sometimes, anxiety is a response to real difficulties in dealing with a world that isn’t built for neurospecial people. Other times, it’s an internal signal that something feels off; even if it’s hard to pinpoint what or why.

Sam’s Story

Sam, age 47, was diagnosed with both autism and ADHD last year. Even as a child, Sam remembers feeling “on edge,” worrying about being late, making mistakes, or missing social cues. In adulthood, that anxiety has only grown. Daily routines (getting to work on time, responding to emails, even choosing what to wear) can set off a spiral of worry, racing thoughts, and physical symptoms like a pounding heart or stomach pain.

Sometimes, Sam’s anxiety is rooted in real challenges: sensory overload, fear of being misunderstood, or trouble managing time. Other times, it feels vague and free-floating, creeping into every corner of life. Friends say, “Just relax!”, but Sam’s mind doesn’t have an off switch. When anxious, Sam finds it hard to focus, gets snappy with loved ones, or freezes and does nothing at all. Despite years of trying coping strategies, anxiety still feels like an unwanted companion.

Research Insights

Anxiety is prevalent among people with autism, ADHD, and especially those with both (AuDHD). Research estimates that up to 50 to 70 percent of adults with autism experience anxiety, compared to about 15 percent of the general population (Hollocks et al., 2019). People with ADHD are also at much higher risk for anxiety disorders, likely due to chronic stress, negative feedback, and executive function challenges (Katzman et al., 2017).

For AuDHDers, anxiety can be both general (worrying about a wide range of topics) and specific (such as social anxiety, sensory-related anxiety, or anxiety around change and unpredictability). Studies suggest that difficulties with emotional regulation, sensory processing, and executive function all contribute to heightened anxiety (Mazefsky et al., 2013; Hollocks et al., 2019). Autistic people may also experience intolerance of uncertainty, meaning unexpected changes or ambiguous situations are anxiety-provoking (Boulter et al., 2014).

Chronic anxiety is not just in your head. It often involves physical symptoms (racing heart, stomach issues, sleep disruption) and can lead to avoidance, shutdowns, or meltdowns. Importantly, research shows that tailored interventions (cognitive behavioral strategies, sensory supports, and self-advocacy skills, can help manage anxiety in neurodivergent adults (Spain et al., 2015).

Solo Exercise

1. Anxiety Mapping:
At the end of each day for one week, write down three situations that triggered anxiety. For each, rate the intensity (1–10), note any physical symptoms (e.g., sweaty palms, upset stomach), and what you did to cope; whether it helped or not.

2. At week’s end, look for patterns: Are there common triggers or body clues? Which coping strategies worked best? Use this map to plan your supports for the coming week.

Pair Activity

“What If?” Rehearsal:
With a trusted friend or partner, pick a worry that’s been on your mind. Take turns role-playing two scenarios: (1) the worry comes true, and (2) it doesn’t.

Discuss together: What would you do in each case? What support would you need? How likely is the worry, really? Sometimes, talking through fears makes them less powerful, and helps you build your coping toolkit.

Mindfulness Log

1. What are my top three anxiety triggers?

   ____

2. How does anxiety show up in my body?

   ____

3. What helps me feel calmer or safer?

   ____

4. Are there times when anxiety has actually helped me?

   ____

5. If my anxiety could talk, what would it say? How can I respond kindly?

   ____

Table: Anxiety Triggers & Survival Tools

Trigger	How It Looks	Survival Tools
Sensory overload	Panic, irritability, meltdown	Headphones sunglasses, earplugs, quiet space, stimming
Social situations	Worry, avoidance, masking	Scripts, support person, boundaries
Unpredictable changes	Restlessness, anger, shutdown	Advance notice, routines, Plan B
Deadlines or time pressure	Freeze, procrastination	Visual timers, checklists, breaks
Fear of mistakes	Overthinking, perfectionism	Self-compassion, “good enough” mindset
Physical discomfort	Tension, nausea, agitation	Body scan, movement, grounding

Anxiety Survival Skills

1. **Grounding Techniques**
    - Use your senses to anchor yourself in the present. Try the “5-4-3-2-1” method: Name five things you can see, four you can touch, three you can hear, two you can smell, and one you can taste.

    - Carry a sensory object (fidget, smooth stone, textured fabric) to help regulate overwhelming feelings.

2. **Routine and Predictability**
    - Create daily routines and visual schedules to reduce uncertainty. Knowing what to expect can help lower baseline anxiety.

    - Use reminders or checklists for tasks to take pressure off your memory and executive function.

3. **Body-Based Calming**
    - Practice deep breathing: Inhale for four counts, hold for four, exhale for four, hold for four (the “box breathing” technique).

- Try progressive muscle relaxation. Tense and release each muscle group, starting from your toes and working upward.

4. **Self-Compassion and Reframing**
    - Remind yourself that anxiety is a normal response and not a personal failure.

    - Practice gentle self-talk: “It’s okay to feel anxious. I can handle this feeling.”

5. **Safe Spaces and Sensory Regulation**
    - Create a calming “retreat” space: low lights, weighted blanket, soothing sounds, or favorite objects.

    - Limit sensory overload: Use noise-canceling headphones, sunglasses, or take breaks from busy environments.

6. **Connection and Communication**
    - Let trusted people know when you’re anxious. Sometimes just sharing helps.

- Use scripts: “I’m feeling anxious right now. Can we take a break?” or “I need some quiet time.”

7. **Break Big Tasks into Smaller Steps**

- When anxiety is triggered by overwhelm, divide tasks into tiny, manageable parts and focus on one at a time.

- Celebrate small wins to build confidence and momentum.

8**. Mindful Distraction**

- Engage in a favorite hobby, watch a comforting show, or listen to music that calms you.

- Gentle movement like walking, stretching, or rocking can help release anxious energy.

Worksheet: Make a Personalized Anxiety First-Aid Kit

Instructions:

1. List your most common anxiety triggers.

____

2. For each, brainstorm one or more coping strategies or accommodations (e.g., “If noise overwhelms me at work, I’ll use noise-cancelling headphones and take a break outside”).

____

3. Next, write down three people or resources you can turn to for support.

____

4. Finally, describe a “safe space” (real or imagined) you can picture or visit when anxiety rises.

____

Keep this first aid kit somewhere accessible, and update it as you discover what works for you

FAQs

1. Q: Is anxiety part of autism or ADHD, or is it a separate issue?

A: Anxiety is much more common in both autism and ADHD than in the general population, but it’s not an inevitable part of either diagnosis. It often arises from sensory overload, executive function challenges, and social pressures.

2. Q: Why doesn’t “just relax” work for me?

A: Neurospecial anxiety is often the result of real, repeated challenges. “Just relax” doesn't acknowledge the sensory, cognitive, and emotional differences that cause anxiety. Practical supports, routines, and compassion are more effective.

3. Q: Can anxiety cause physical symptoms?

A: Yes! Headaches, stomach issues, muscle tension, and sleep problems are all common.

Sometimes, these symptoms are the first sign of rising anxiety.

4. Q: What helps with anxiety when nothing seems to work?

A: Sometimes, no single strategy works every time. Try combining approaches: sensory supports, gentle movement, calming routines, and reaching out to a trusted person. If anxiety is severe or constant, professional support can make a big difference.

5. Q: Is medication helpful for anxiety?

A: For some people, medication (with medical supervision) can help manage anxiety. Therapy and lifestyle changes are often helpful too.

6. Q: How can I advocate for my anxiety needs at work or school?

A: Use clear, direct language: “I need advance notice for changes,” or “I work better in a quiet space." It's your right to ask for reasonable accommodations.

Troubleshooting

1. If anxiety spikes in social situations: Prepare scripts in advance, use "buddy" support, and set a time limit for participation.

2. If you freeze or shut down: Focus on physical grounding. Wiggle your toes, take slow breaths, or move to a quiet place.

3. If anxiety keeps you from starting tasks: Break them into tiny steps and reward yourself for each one, even if it's just opening a file or writing a list.

4. If you get anxious about making mistakes: Practice self-compassion. Remind yourself that mistakes are part of learning. Try a "good enough" mantra: "Progress over perfection."

5. If anxiety feels constant or overwhelming: Schedule regular sensory breaks, keep a calming

object nearby, and reach out to a professional if you need more support.

6. If you avoid anxiety triggers entirely: Gradual exposure with lots of support can help build confidence. Celebrate even the smallest attempts.

Chapter Highlights

- Anxiety is common in AuDHD and is often linked to real, repeated challenges, not personal weakness.

- Practical strategies, sensory supports, and self-compassion are powerful tools.

- You deserve accommodations and support for your anxiety, just as much as for any other need.

Practice Scripts: Rehearse these lines

1. “I’m feeling anxious. Can I take a break?”
2. “I need more information to feel comfortable with this change.”

3. “Could we turn down the lights/volume?”
4. “I get anxious in crowds; I might step outside if it gets too much.”
5. “Thanks for your patience while I process.”

Closing Thoughts

Anxiety may always be part of your life, but it doesn’t have to run the show. By understanding your triggers, building your toolkit, and offering yourself kindness, you can make space for calm, confidence, and joy. Remember: you’re not alone, and you’re not broken.

Chapter 22: Depression

"It's not always sadness; sometimes it's just emptiness, like I'm moving through fog. I want to care, but I can't find the switch." ~ Lee

Depression is more than just sadness. It can feel like a heavy fog that dims your thoughts, drains your energy, and makes even simple tasks seem impossible. For people with AuDHD, depression often weaves itself into daily life alongside the challenges of autism and ADHD, sometimes making it even harder to understand what's really going on inside.

Whether it's the exhaustion of masking, repeated struggles with executive dysfunction, or the pain of feeling misunderstood or isolated, people with AuDHD can be especially vulnerable to depressive feelings. Depression can show up differently in neurospecial people: sometimes as irritability, numbness, or burnout rather than just sadness. You are not alone, and there are ways forward, even when things feel darkest.

Lee’s Story

Lee, age 61, has always been sensitive and creative. But for as long as he can remember, life has felt heavy. As a child, Lee was often told they were too quiet or too intense. Into adulthood, that heaviness became harder to shake. Some days, Lee wakes up already exhausted and struggles to get out of bed. Tasks that once brought joy like painting, gardening, and even seeing friends, now seem pointless or overwhelming.

On the outside, Lee’s friends see someone who’s “just introverted” or “burnt out.” But inside, Lee fights a daily battle with self-doubt, guilt, and numbness. Sometimes, Lee wonders if depression is just part of being autistic and ADHD, or if things could ever get better. When Lee finally opens up to a therapist, he hears for the first time that depression is common in people like him, and that support is possible.

Research Insights

Depression is much more common in people with autism, ADHD, and especially those with both conditions. Studies show that up to 40% of autistic adults and 30–50% of adults with ADHD experience major depressive episodes which is much higher than the general population (Hollocks et al., 2019; Meinzer et al., 2014). The risk is even greater for those with overlapping diagnoses.

Researchers believe this increased risk is not just “chemical,” but linked to a lifetime of social rejection, masking, chronic stress, sensory overload, and difficulties with executive function (Lai et al., 2019). Autistic and ADHD adults often report feeling misunderstood or isolated, which can deepen hopelessness. Emotional dysregulation, rejection sensitivity, and “autistic burnout” also play a role (Raymaker et al., 2020).

Importantly, depression in neurodivergent people can look different: less sadness, more numbness, irritability, or withdrawal. Some may struggle to recognize or describe their feelings due to alexithymia (difficulty identifying emotions), which is common in both conditions. Research supports the use of tailored therapies (like adapted cognitive-behavioral therapy) and community support as effective treatment strategies (Spain et al., 2015; Raymaker et al., 2020).

Table: Signs & Supports for Depression in AuDHD

Sign/Symptom	**How It Looks**	**Survival Skills**
Low mood/numbness	Sadness, emptiness, flat affect	Routine, gentle self-care
Fatigue/loss of energy	Can't get out of bed, sluggish	Break tasks into small steps
Loss of interest	Hobbies feel pointless	Schedule "just show up" time
Sleep/appetite changes	Insomnia, oversleeping, changes	Stick to meal/sleep routines
Self-criticism/guilt	Harsh self-talk, shame	Compassionate self-statements
Withdrawal/ Isolation	Avoidance, "ghosting"	Reach out for support, online or in person

Solo Exercise

"Mood and Activity Tracker":

1. For one week, each evening, jot down:

One thing you did (no matter how small)

How you felt before, during, and after

One thing you're proud of, even if it's just getting through the day

2. Review at week's end. Notice any connections between activity and mood, and any small victories you might have missed in the moment. Use this to celebrate progress, however small.

Pair Activity

Companion Walk & Talk:

Ask a friend or support person to join you for a short walk (in person or virtually). Take turns sharing one thing that has felt heavy lately and one thing that has helped, even a little. The goal isn't to fix anything; just to witness and support each other. Sometimes, moving together and being heard is a gentle antidote to isolation.

Mindfulness Log

- How does depression show up in my life: body, mind, and spirit?

  ____

- What does “getting through the day” look like for me on hard days?

  ____

- When was the last time I felt even a little lighter? What was different?

  ____

- What would I say to a friend who felt like I do?

  ____

- What small act of kindness can I offer myself today?

  ____

Worksheet: “My Depression Survival Plan”

Step 1: Identify Your Warning Signs. List your top three signs that depression is worsening (e.g., skipping meals, withdrawing from friends, losing interest in hobbies).

____

Step 2: Create a Coping Toolbox. For each sign, write at least one thing that helps (e.g. playing with your pets, listening to music, moving your body, using a weighted blanket, watching a comedy).

____

Step 3: Support Network. Write down three people or resources you can reach out to (hotlines, therapists, friends, online communities).

____

Step 4: Emergency Plan. If you feel unsafe or hopeless, what steps will you take? (e.g. Call a crisis line, message a trusted friend, ask for help from a professional.)

____

Keep this plan where you can see it, and remind yourself: You deserve support.

FAQs

Q: Is depression a normal part of autism or ADHD?

A: Depression is more common in both, but it’s not inevitable. Many factors, like chronic stress, social isolation, and rejection, can contribute.

Q: Why don’t I feel “sad,” just numb or empty?

A: Depression can show up as numbness, irritability, or withdrawal, especially in neurospecial people and those with alexithymia (difficulty identifying emotions).

Q: What if self-care feels impossible?

A: Start with the smallest steps: Drinking water, opening a window, texting a friend. Tiny actions count. Getting through the day is already an achievement.

Q: Are there treatments that work for AuDHDers?

A: Yes! Adapted cognitive-behavioral therapy, gentle routines, sensory supports, peer and community support, and sometimes medication can all help. It’s important to find professionals who understand neurodivergence.

Q: How do I know if I need more help?

A: If you’re thinking about hurting yourself, feel hopeless all the time, or can’t function, reach out to a crisis service or trusted person. You’re not a burden. Help is available.

Q: How can I support a friend with depression?

A: Listen without judgment, offer practical help, and check in regularly. You don’t have to “fix” them. Just being there matters.

Troubleshooting

1. If you can’t get out of bed: Set a goal to do just one thing. Sit up, drink water, wash the glass, or open the blinds. Celebrate each step.

2. If self-care feels pointless: Try body doubling: doing tasks alongside a friend (in person or virtually). Even silent company can help.

3. If you isolate: Schedule check-ins, even brief texts, with someone safe. Online communities can be a lifeline.

4. If negative self-talk takes over: Write down compassionate statements and post them where you’ll see them. Practice saying them out loud.

5. If you lose interest in everything: Just show up for hobbies or activities. Just be present and go through the motions. Interest may return with routine.

6. If you feel hopeless: Crisis lines and support services exist for you. You are not alone, and help is available even in the darkest times.

Chapter Highlights

- Depression is common but not inevitable in AuDHD; support and improvement are possible.
- Symptoms may include numbness, fatigue, withdrawal, and irritability; not only sadness.
- Small steps, routines, and connection help. Progress counts, not perfection.
- You deserve help, understanding, and hope.

Practice Scripts: Rehearse these lines

1. “I’m having a tough day. Could we chat or hang out, even quietly?”

2. “I might not reply right away, but I appreciate your messages.”

3. “I’m struggling right now and could use some support.”

4. “Thank you for checking in, it means a lot.”

5. “I’m doing my best, even if it doesn’t look like much.”

Closing Thoughts

Depression can make the world feel gray and silent, but you are not alone and you are not broken. With time, support, and kindness (especially toward yourself), light can return. Every small act of care is a victory. You deserve hope, help, and a future that feels worth living.

Chapter 23: Burnout, Overwhelm & Recovery

“Sometimes I’m so tired I can’t even think straight, but I don’t know how to stop.” ~ Lena

For many autistic and AuDHD adults, life can feel like an endless juggling act: work deadlines, social obligations, family responsibilities, and the invisible labor of masking or navigating a world that isn’t built for neurodivergent needs. Over time, the constant strain can accumulate and become overwhelming, leading to a unique kind of exhaustion known as burnout. This isn’t just ordinary fatigue. Burnout can deplete skills, cognitive performance, motivation, and well-being, leaving a person feeling numb, detached, and unable to keep up with even basic tasks. Understanding what burnout is and how to recover from it is a vital step toward healing and self-compassion.

Lena’s Story

Lena has always prided herself on being dependable. At work, she stays late to meet deadlines, and at home, she juggles family needs and social commitments without complaint.

For weeks, she’s been operating in overdrive, saying yes to every request and masking her struggles to appear “together.” But now, she wakes up each morning feeling like she’s hit a wall. Even simple decisions, like what to eat or how to answer a text, feel impossible. Lena finds herself snapping at loved ones over minor issues. She’s so exhausted that she feels numb, as if she’s watching her life from a distance. The hobbies that once brought her joy now seem pointless, and every new demand, no matter how small, feels like the final straw. She wants to rest, but guilt and self-doubt creep in. “Am I just lazy?” she wonders. “Why can’t I keep up like everyone else?”

When Lena finally confides in a trusted friend, she hears the word “burnout” for the first time. As she researches, Lena recognizes her own experience in the stories of other AuDHD adults: the loss of skills, the emotional shutdown, the desperate need for rest. With support, Lena begins to set boundaries and prioritize radical self-care. Recovery is slow, and sometimes she slips back into old habits, but Lena learns that healing from burnout isn’t about bouncing back overnight. It’s about learning to listen to her body, recognize her limits, and ask for help.

Research Insights

Burnout is a state of severe physical, emotional, and mental exhaustion that results from prolonged stress, chronic overload, and the constant effort of masking or compensating for neurospecial differences. For autistic and ADHD adults, burnout can go beyond tiredness, often triggering a temporary loss of skills (sometimes called “regression”), withdrawal from social life, emotional numbness, and even physical symptoms or illness (Raymaker et al., 2020; Arnold et al., 2023).

Research shows that the risk of burnout is especially high for those who face ongoing demands without getting enough support, or who feel pressured to mask their true selves in work, school, or relationships (Raymaker et al., 2020; Arnold et al., 2023).

Common triggers include sensory overload, social exhaustion, chronic invalidation, and the build-up of daily stressors (Raymaker et al., 2020).

Symptoms may include chronic fatigue, irritability, loss of motivation, problems with daily functioning, and a sense of emotional detachment or depersonalization (Higgins et al., 2021).

Recovery from burnout is a gradual process, often requiring radical rest, reducing external demands, and practicing self-compassion over weeks or months; not just simply taking a few days off (Higgins et al., 2021). Recognizing burnout and accepting its reality is the first step toward healing and reclaiming well-being.

Table: Burnout Triggers, Reactions, & Survival Skills

Triggers	**Reactions**	**Survival Skills**
Prolonged masking	Exhaustion, irritability, shutdown	Safe unmasking, alone time, self-care
Sensory or social overload	Meltdown, withdrawal, loss of skills	Retreat to safe space, sensory soothing
Chronic invalidation	Numbness, anger, self-doubt	Affirmation, seek support, set boundaries
Too many demands, no downtime	“Freeze” mode, neglect of self-care	Cancel or limit obligations, radical rest
Burnout after big event/change	Depression, anxiety, loss of motivation	Rest, gentle routine, lower expectations

Burnout Survival Skills

1. Radical Rest

What: Taking real, extended breaks from obligations (more than just a typical day off.

Why: Allows nervous system and body to recover at a deep level.

How: Cancel, delegate, or postpone nonessential tasks.

Prioritize sleep, comfort, and low-stimulation activities.

2. Safe Unmasking

What: Spend time where you can drop social “performance.”

Why: Reduces energy drain and refreshes authenticity.

How: Seek out people and places (even online) where you can be fully yourself.

3. Sensory Reset

What: Recalibrate your nervous system with soothing sensory input.

Why: Lowers stress and helps recover from overload.

How: Weighted blanket, soft clothing, music, stimming, or spending time in nature.

4. Boundary Setting and Saying No

What: Reduce incoming demands, even if it feels uncomfortable.

Why: Conserves energy for recovery.

How: Use scripts (rehearsed lines): “I’m not available right now,” or “I need to cancel plans.”

5. Compassionate Self-Talk

What: Replace self-criticism with understanding and patience.

Why: Reduces shame, supports healing.

How: “My body and mind need rest. I’m not broken.”

6. Gentle Routine

What: Maintain minimal, comforting structure to avoid total disarray.

Why: Balances rest with small anchors of stability.

How: Simple meals, basic hygiene, a daily check-in.

Solo Exercise: Burnout Inventory

1. List signs you’re experiencing burnout (physical, emotional, behavioral).

2. Reflect on possible causes or triggers (masking, overload, stress).

3. Write down three things you can pause, cancel, or delegate this week.

4. Name one supportive person or safe space you can lean on.

Pair Exercise: Support Swap

1. With a trusted friend, share your current energy level (1–10).

2. Each of you names one thing you need less of, and one thing you need more of.

3. Make a plan to help each other set boundaries or create rest opportunities this week.

Mindfulness Log

1. What are my earliest signs of overwhelm or burnout?

   ____

2. What beliefs make it hard for me to rest or ask for help?

   ____

3. Who or what helps me feel safe and recharged?

   ____

4. What boundaries do I need to protect my recovery?

Worksheet: My Burnout Recovery Plan

1. Burnout sign I notice:

2. Trigger or cause:

3. Supportive action I can take:

4. Boundary to set:

5. Compassion script for myself:

FAQs

Q: How is burnout different from depression or “just being tired”?

> A: Burnout is specifically linked to chronic, unrelenting stress and overload. It often improves with rest and reduced demands, while depression may persist regardless of rest and may need additional treatment

Q: Why do I feel like I've lost my skills during burnout?

> A: Executive and social functioning can temporarily drop during burnout as your brain and body protect themselves.

Q: How long does recovery take?

> A: It varies: sometimes weeks or months. The solution is patience and removing as many stressors as possible.

Q: How do I explain burnout to others?

A: Try: “My brain and body are overwhelmed. I need more recovery time than usual to function well.”

Troubleshooting

1. Q: I feel guilty for resting or saying no.

   A: Guilt is common, but rest is not a luxury. It’s a necessity, especially after overload.

2. Q: I can’t avoid all demands.

   A: Focus on reducing what you can, and give yourself credit for every small step.

3. Q: What if others don’t understand?

   A: Share resources about neurospecial burnout or ask for support from those who do. Protect your boundaries.

4. Q: I’m stuck in burnout. What else can help?

    A: Try taking mini-vacation, like "shinrin-yoku": forest bathing. More than just a walk in the park, this Japanese de-stressing activity calls for being calm and quiet among trees. Sitting quietly and breathing deeply in a place of nature can promote health and well-being.

    Have you tried pampering yourself with alternative health approaches like spa treatments and different types of massage? They're deeply relaxing. Go regularly.

    Sometimes professional support is needed. Reach out to a therapist or healthcare provider if you’re not improving.

Chapter Highlights

- Burnout is a real and serious risk for AuDHD adults.
- Rest, boundaries, and self-compassion are essential (not optional) for recovery.
- It’s okay to ask for help and to step back from demands.
- Recovery takes time; small steps are worth celebrating.

Practice Scripts: Rehearse these lines

For self-talk:

1. “Rest is productive.”
2. “My needs matter as much as anyone else’s.”
3. “I’m allowed to say no.”

For communicating needs:

1. “I’m experiencing burnout and need to step back.”
2. “I need more rest right now to recover.”
3. “Thanks for understanding as I take care of myself.”

Closing Thoughts

Burnout is not a personal failure: It’s a signal your mind and body need care. You are worthy of rest, support, and patience as you recover. Healing is possible, one gentle boundary at a time.

Chapter 24: Demand Avoidance

“Even things I want to do can feel impossible when they’re expected of me.” ~ Sam

Demand avoidance describes a powerful, often overwhelming emotional reaction to everyday requests or expectations, even ones related to things we usually enjoy. For many autistic and AuDHD adults, the simple fact that something is “expected” or “required” can trigger anxiety, irritability, and an urgent need to escape or resist. This is often misunderstood as laziness, defiance, or procrastination, but for those who experience it, the struggle is real and deeply frustrating. Sam’s story sheds light on what demand avoidance feels like from the inside.

Sam's Story

Sam has always found peace in painting. His evenings are often spent lost in colors and textures, painting whatever catches his interest: a bowl of fruit, the view from the window, or abstract swirls of clouds. Painting is a comfort, a place where Sam can tune out the world’s noise and let creativity flow.

When a close friend admires Sam’s work and asks, “Could you paint a portrait of my dog?”, Sam smiles and agrees. It’s a compliment, after all, and the subject is one Sam likes. But as soon as the request turns into an expectation, Sam's attitude changes. The paints and brushes, once inviting, now feel like reminders of a looming obligation.

Sam tries to start the portrait several times. Each time, his mind races: “What if it’s not good enough? What if my friend doesn’t like it? I have to get this right.” Instead of painting, Sam finds himself scrolling through social media, reorganizing his desk, or suddenly remembering chores that should be done first. Days pass, and the empty canvas sits untouched. Whenever Sam thinks about the portrait, a wave of irritability and heaviness washes over him. The joy has drained from the activity, replaced by a heavy pressure that makes even opening the paint-box feel like an unpleasant burden.

Guilt creeps in. Sam worries about disappointing his friend, and feels frustrated: “Why can’t I just do it? I want to, so why does it feel like climbing a mountain?” The more Sam pushes, the more his mind resists. Even gentle reminders from his friend spark anxiety and resentment.

Eventually, Sam confides in another neurospecial friend, who listens without judgment. Together, they talk about demand avoidance: the paradoxical urge to escape even self-imposed or enjoyable demands. Sam learns that this isn’t about laziness or lack of care, but a real response to pressure and expectation. With support, Sam tries breaking the task into smaller, pressure-free steps: sketching for five minutes, painting just the background, letting the project unfold without a fixed deadline.

Over time, Sam finds a bit of his initial enthusiasm returning. The portrait is gradually finished, at Sam’s own pace. His friend is thrilled, but most importantly, Sam feels understood, and starts to forgive himself for needing space and autonomy to create.

Research Insights

Demand avoidance is a strong, often involuntary urge to resist or withdraw from demands, even if the tasks are small, desirable, necessary, or self-imposed. It’s not just stubbornness or laziness; for many AuDHD adults, demands can trigger anxiety, overwhelm, or even panic. This may include everyday requests, routines, or social expectations from family, friends or coworkers.

Pathological Demand Avoidance (PDA) is a term most often used in the UK to describe a profile seen in some autistic people, marked by extreme avoidance of demands and a need for control (O’Nions et al., 2016). While still debated, many neurodivergent adults recognize this pattern in themselves, even if they don’t meet full PDA criteria.

Demand avoidance is often caused by anxiety, a need for autonomy, or fear of failure, not just an opposition to authority (Stuart et al., 2020).

In ADHD, avoidance may also be linked to executive dysfunction, emotional dysregulation, and sensitivity to criticism or perceived failure (Barkley, 2015; Ramsay & Rostain, 2015).

Masking, trauma, and chronic overwhelm can make demand avoidance stronger in adulthood, especially when paired with other forms of neurodivergence (PDA Society, 2023).

Understanding and honoring your need for autonomy is vital. With the right tools, you can reduce shame, find creative workarounds, and make demands feel less threatening.

Table: Demand Avoidance

Trigger Situation	**Common Reaction**	**Survival Tools**
Being told what to do (even kindly)	Irritability, shutdown, feeling trapped	Reframe as choice, self-initiate, take a break
Self-imposed deadlines	Procrastination, anxiety paralysis	Break into smaller steps, externalize structure |
Everyday tasks (“shoulds”: calls, chores)	Avoidance, distraction, guilt	Gamify task, use body doubling, reward system
Social invitations or obligations	Overwhelm, resentment, withdrawal	“Maybe” scripts, renegotiate, clarify boundaries
Repeated reminders from others	Anger, resistance, feeling judged	Ask for fewer reminders, explain your needs
Tasks you usually enjoy, now “required”	Loss of motivation, frustration, shutdown	Make it playful, reclaim autonomy, set your own terms

Demand Avoidance Survival Skills

1. Choice Reframing

What: Consciously remind yourself that you have agency. (Agency is about having control over your actions. Reframing tasks as choices can help you reclaim your agency and reduce resistance.)

Why: Shifts focus from “must” to “choose,” reducing anxiety and resistance.

How: Replace “I have to…” with “I’m choosing to…”, or "I get to..."

Ask: “What would make this more appealing to me right now?”

2. Task Gamification

What: Turn requests into games or challenges.

Why: Engages interest and reduces pressure.

How: Set a timer and see how much you can do in 5 minutes. Use apps (like Habitica) or reward points for completion.

3. Body Doubling

What: Do tasks alongside someone else (in person or virtually).

Why: Reduces isolation and increases accountability without feeling bossed.

How: Invite a friend to co-work or join an online body doubling group. Tell or text someone before/after you start a task.

4. “Maybe” Scripts

What: Give yourself (and others) permission to say “maybe” instead of “yes” or “no” right away.

Why: Buys time and reduces pressure.

How: Say: “Let me think about it and get back to you.”

Or: “I’m not sure yet. Can I let you know later?”

5. Autonomy Rituals

What: Small routines to reinforce your sense of choice.

Why: Builds confidence and self-trust.

How: Start your morning by picking one thing you want to do.

Make a “menu” of options for tasks, and pick what feels best.

6. Sensory Reset

What: Use a grounding movement or sensory tool before tackling a demand.

Why: Reduces overwhelm and helps you approach tasks from a calmer state.

How: Try a grounding movement (rocking, stretching, deep breath) before starting.

Solo Exercise: Rewriting Your “Shoulds"

1. Make a list of tasks you’re avoiding.

2. Next to each, write what makes it feel hard or pressuring.

3. For each, rewrite the task as a choice or option (“I could…” or “If I want, I can…”).

4. Pick one to try with a new, playful approach.

Pair Exercise: Practicing “Maybe” and No Scripts

1. With a friend, roleplay common requests (“Can you help me move this weekend?”).

2. Practice saying, “Let me think about it and get back to you.”

3. Swap roles and notice how it feels to give yourself space to decide.

4. Discuss what makes saying no or maybe feel safer.

Mindfulness Log

1. When do demands feel most overwhelming for me?

2. How do I react (emotionally and physically) when something becomes a “must”?

3. What helps me feel more in control or autonomous?

4. Are there tasks I can make more playful or flexible?

5. What would I say to a friend who felt trapped by expectations?

Worksheet: Mapping My Demand Triggers

1. Task or Demand:

____

2. How I feel when faced with it:

____

3. What makes it feel pressuring:

____

4. How I can reframe it as a choice:

____

5. Support/strategy to try:

____

FAQs

1. Q: Is demand avoidance just being stubborn or lazy?

    A: No. For many AuDHD adults, demand avoidance is a real, anxiety-driven response to feeling controlled, overwhelmed, or judged. It’s not a moral failing.

2. Q: Why do even fun things feel impossible once they become expectations?

    A: Losing a sense of choice or autonomy, even with enjoyable activities, can trigger resistance or shutdown. This is a nervous system response, not a lack of desire or motivation.

3. Q: How can I explain this to others?

    A: Try: “When things feel forced or expected, my brain sometimes pushes back, even if I want to do them. Giving me flexibility helps.”

4. Q: What if I avoid important things like appointments or bills?

> A: You’re not alone. Break tasks into microsteps, ask for support, and use external reminders. Self-compassion is vital. Shame makes avoidance worse.

Troubleshooting

1. Q: What if someone insists I do something right now?

> A: Repeat your “maybe” or “no” script: “I’m not able to decide right now, thanks for understanding.” If pressured, it’s okay to step away or set firmer boundaries.

2. Q: I keep avoiding even when I want to do the thing.

> A: Try starting with a 2-minute “test run.” Often, getting started is the hardest part. Celebrate every small step.

3. Q: I feel guilty or ashamed about my avoidance.

A: Guilt is common, but remember: demand avoidance is a survival response, not a character flaw. Notice the guilt, offer yourself kindness, and try again later.

4. Q: What if my avoidance upsets others?

A: You can be both honest and kind: “I know this is frustrating. I’m doing my best, and I appreciate your patience.”

Chapter Highlights

- Demand avoidance is a real, nervous system-based response, not laziness.
- Autonomy, flexibility, and choice make demands feel less overwhelming.
- Playfulness, body doubling, and “maybe” scripts are powerful tools.
- You deserve to approach life at your own pace, with compassion.

Practice Scripts: Rehearse these lines

For self-talk:

1. “I’m allowed to do things in my own way and time.”
2. “This feels hard right now, but it doesn’t mean I can’t do it later.”
3. “It’s okay to need flexibility.”

For communicating needs:

1. “Let me think about it and get back to you.”
2. “I do better with flexible plans.”
3. “I need to do this my way, at my own pace.”

For boundary-setting:

1. “I’m not able to commit right now.”
2. “I need some space to decide.”
3. “No, thank you.”

Closing Thoughts

Your needs for autonomy and flexibility are valid. Demand avoidance is not a flaw. It’s a sign your nervous system needs safety and respect. With practice, you can find ways to meet expectations without losing yourself.

Chapter 25: Work and Study Supports

"I used to think I just had to try harder. Now I know I need to ask for what I need, and that's not weakness, it's wisdom." ~ Noah

Workplaces and schools are not always set up for people with both autism and ADHD (AuDHD). Many people with AuDHD face challenges like sensory overload and trouble staying organized. This chapter looks at simple changes and helpful tools that can make working and studying easier. Whether you want support for yourself or want to help others, this chapter presents ideas to make work and study better for people with AuDHD.

Noah's Story

Noah, 27, was thrilled to land his first "real" job after university. But after just a few weeks, he was struggling. The open-plan office was noisy and distracting; team meetings seemed to move at lightning speed, and the unspoken social rules left him bewildered. Noah found himself making small mistakes, missing deadlines, and feeling anxious before every shift. At university, similar issues had led to late assignments and missed lectures, but he'd always told himself he just needed to "push through."

One afternoon, after a sensory overload meltdown in the staff bathroom, Noah decided something had to change. He researched special workplace arrangements for neurospecial people and learned he had legal rights to request support. Nervously, Noah set up a meeting with HR. With notes in hand, he explained his diagnoses and asked for noise-cancelling headphones, written instructions, and the option to work remotely a few days a week.

To his relief, HR was understanding and made several special arrangements for him. For the first time, Noah felt seen. He started asking for special arrangements for his studies too, such as using recording devices with permission, asking professors for clear rubrics, and building in regular breaks. Life didn't become perfect overnight, but Noah realized that thriving wasn't about working harder, but working smarter with the right supports.

Research Insights

Neurospecial adults with autism and/or ADHD face unique challenges in work and study environments, from sensory overload and unclear expectations to executive dysfunction and social misunderstandings (Morris et al., 2021). Studies consistently show that reasonable accommodations improve not only job performance and educational outcomes, but also mental health and job satisfaction. Supportive arrangements might include flexible schedules, remote work options, assistive technology, clear communication, and sensory modifications (Krzeminska et al., 2019).

Disclosure (letting people know you are neurospecial) is a complicated, personal decision. Some research shows that supportive disclosure and accommodation (special arrangement) requests lead to greater well-being and decreased burnout. However, there are still concerns about stigma and discrimination (Morris et al., 2021). Recent evidence supports the effectiveness of universal design principles: workplace environments designed to be convenient for everyone, not just those who request support (Krzeminska et al., 2019).

Legal protections in many countries (such as the ADA in the US, Equality Act in the UK, and Disability Discrimination Act in Australia) require employers and educational institutions to provide reasonable accommodations. However, many AuDHDers are unaware of their rights or unsure how to ask for them. This shows why advocacy and education are important (Morris et al., 2021).

Table: Supports for Work and Study

Issue	Support	Who to Ask
Sensory overload	Noise-cancelling headphones, quiet space, control over lighting	HR, supervisor, access office
Executive dysfunction	Flexible deadlines, checklists, reminder apps	Professor, manager
Social communication	Clear written instructions, scripts, training for colleagues	HR, disability services
Fatigue or burnout	Flexible hours, remote work, extra breaks	HR, manager, access office
Task switching/time blindness coach	Visual schedules, time-blocking, alarms	Supervisor, study skills coach
Test/assessment anxiety	Extra time, alternative formats	Disability/ inclusion office

Solo Exercise

1. List three aspects of work or study that are most difficult for you (e.g., group work, loud environments, ambiguous instructions).

2. For each, brainstorm at least one possible accommodation (e.g. flexible schedule) or support (e.g. headphones) that could help.

3.Next, check your workplace or school's policies (or legal rights in your country) about requesting accommodations.

4.Draft a sample email or script to request one support in a low-stakes setting, even if you don't send it right away.

Pair Activity

Disclosure Roleplay:
With a trusted friend or mentor, rehearse a conversation in which you request an accommodation or explain your needs to a supervisor or professor.

Take turns playing each role. Afterward, discuss: What phrases felt empowering? What was difficult? How could you handle refusal or misunderstanding?

Mindfulness Log

1. What special arrangements would make my work or study environment more satisfying?

   ____

2. What fears or hesitations do I have about asking for support?

   ____

3. When have I felt most successful? What support made it possible?

   ____

4. How would I describe my needs to someone who wants to help?

   ____

Worksheet: My Work/Study Survival Plan

Step 1: **Identify Your Needs**. List your top three work or study challenges and what makes them difficult.

____

Step 2: **Find Solutions**. For each challenge, write down possible accommodations (from the table above or your own ideas).

____

Step 3: **Gather Documents**. Get any diagnoses, assessments, or supporting evidence you may need (if required).

____

Step 4: **Draft Your Request**. Write a brief, direct script or email template to request one or more special arrangement.

____

Example: “Due to my diagnosis of autism/ADHD, I would benefit from [being allowed to wear noise-canceling headphones] at work. This would help me perform my job more effectively.”

Step 5: **Support System**. List people or offices who can support your request (HR, disability office, union, someone you trusted).

____

Keep your plan handy, and update as your needs or environment change.

FAQs

1. Q: Do I have to disclose my diagnosis to get accommodations?

> A: In many countries, you do not have to share your diagnosis with everyone; only with disability services or HR, and often only as much detail as you’re comfortable providing.

2. Q: What if my request is denied?

> A: Ask for the reasons in writing, and get support from a disability advocate, union, or legal aid. You may be able to appeal the decision or negotiate.

3. Q: Will asking for accommodations make me look weak or difficult?

> A: Accommodations are a right, not a favor. Framing your request as a way to do your best work can help, and many organizations are becoming more inclusive.

4. Q: What if I don’t know what I need?

> A: Start by writing down your biggest challenges, and research what has helped others. Disability services or occupational health can help you brainstorm options.

5. Q: Are remote work or flexible hours reasonable accommodations?

> A: Increasingly, yes! The pandemic has shown that many roles can be flexible. If it helps your ability to do your job or studies, it’s reasonable to request.

6.Q: How can I support a coworker/student who is wants to ask for supportive arrangements?

> A: Listen, reassure them, offer practical help, and ask for inclusive policies in your workplace or school.

Troubleshooting

1. If you feel worried about disclosure: Practice Scripts: Rehearse these lines with a trusted person, or start with written requests. Remember, you control how much you share.

2. If accommodations are refused: Document all communications, follow up in writing, and seek support from advocacy groups or legal resources.

3. If colleagues react negatively: Remember, their discomfort is not your responsibility. Find allies and reinforce your rights.

4. If you’re unsure what to request: Start small: try one change at a time and adjust as needed. Many find trial and error helps clarify what works best.

5. If your needs change over time: Revisit your accommodation plan regularly, and don’t hesitate to update requests as your job or studies evolve.

6. If you’re overwhelmed by the process: Reach out to disability services, advocacy organizations, or peer support groups for guidance and encouragement.

Chapter Highlights

- Supports or accommodations are a right, not a privilege, and can make work and study more accessible and sustainable.

- Disclosure is a personal choice. Share only what you’re comfortable with, and seek allies.

- With the right supports, AuDHDers can thrive in work and learning environments.

Practice Scripts: Rehearse these lines

1. “I’m requesting [accommodation] to help me perform at my best.”

2. “I’d appreciate written instructions so I can follow along more easily.”

3. “Could we explore flexible work arrangements to support my needs?”

4. “Thank you for considering my request. I want to do my best work here.”

5. “Who can I talk to about disability support and accommodations?”

Closing Thoughts

You should not feel damaged for needing support. Asking for accommodations is a sign of self-awareness and self-respect. With the right tools and allies, you can create an environment where you don’t just survive; you flourish.

Chapter 26: Moving Forward with AuDHD

As you reach the end of this book, take a moment to acknowledge the journey you've made, not just through these pages, but in your own life. Whether you have been living with an AuDHD diagnosis for years, are newly diagnosed, or are still exploring where you fit, you are part of a growing community of adults who are discovering, naming, and honoring their neurodivergent experiences.

A New Chapter for Adults

Today, more adults than ever before are receiving diagnoses of autism, ADHD, or both. For many, this brings a sense of relief and clarity, but it can also stir up feelings of grief for missed understanding and support in earlier years. If you are among those who have spent decades masking, adapting, or feeling different, you are not alone. The recognition of AuDHD in adults, especially in middle age or later, marks a turning point in how we understand ourselves and how society sees us.

Honoring Your Story

Your story matters. The challenges you have faced, the ways you have adapted, and the strengths you have developed are all part of who you are. Diagnosis, at any age, can be a powerful tool for self-understanding. It can help explain lifelong patterns, validate your feelings, and provide new language for your experiences. It can also open the door to self-compassion and forgiveness for times when things felt especially hard.

Self-Care is Self-Respect

Throughout this book, we have talked about self-care, not as a luxury, but as a basic need. For those with AuDHD, self-care often means unlearning old rules and expectations that don’t fit, and instead honoring your real needs. This may look like giving yourself permission to stim, take breaks, or ask for support. It may mean embracing routines that help, or finding new ways to rest and recharge.

Self-care also means recognizing your limits and respecting them. It’s okay to say no, to ask for accommodations, and to seek out environments where you can thrive. Remember: your needs are real, and meeting them is not a weakness, but a strength.

Building Your Support Network

No one should have to navigate AuDHD alone. Finding supportive people (whether they are friends, family, professionals, or other neurodivergent adults) can make a world of difference. Community can offer understanding, shared strategies, and a sense of belonging. If you haven’t found your people yet, keep looking; your community is out there.

There are also more resources than ever before, both online and in-person, for autistic and ADHD adults. From peer groups to therapy, from workplace advocacy to creative outlets, support can take many forms. Don’t hesitate to reach out for help, and don’t be afraid to offer your own experiences and wisdom to others.

Looking to the Future

As awareness grows, so too does the hope for a more inclusive world: one where differences are understood and valued, not hidden or shamed. Your journey is part of this larger change. By learning about yourself, advocating for your needs, and connecting with others, you are helping to create a future where AuDHD adults of all ages can live authentically.

Remember, self-discovery is a lifelong process. There will be ups and downs, setbacks and breakthroughs. Give yourself grace as you continue to grow, heal, and learn.

A Final Word

Thank you for taking the time to care for yourself, to seek understanding, and to embrace the tools that can help you live well with AuDHD. You are resilient, resourceful, and worthy of support and respect, at every age and stage of life.

No matter where you are on your journey, you are not alone. Your path is important, your experiences are valid, and your future is full of possibility.

Here’s to you, and to the next chapter in your AuDHD story.

Appendix: Resources

Worldwide Neurodivergent Support Organizations

These are the largest and most active organizations supporting autistic and ADHD adults. Most have information in English and connect to local groups or online communities. Check these organizations' websites for grassroots groups in your area.

International Networks

- Autistic Self Advocacy Network (ASAN) (https://autisticadvocacy.org/) Run by and for autistic people; advocacy, resources, and worldwide community.

- Attention Deficit Disorder Association (ADDA) (https://add.org/) International support, webinars, and community for adults with ADHD.

- Autism-Europe (https://www.autismeurope.org/) Umbrella network for autism organizations across Europe.

- ADHD Europe (https://www.adhdeurope.eu/) Regional network linking ADHD organizations in over 20 European countries.

- Autism Speaks Global (https://www.autismspeaks.org/global) International advocacy, research, and directories for families and adults.

Selected National Organizations

United Kingdom:

- National Autistic Society (https://www.autism.org.uk/)

- ADHD UK (https://www.adhduk.co.uk/)

Australia:

- Autism Spectrum Australia (Aspect) (https://www.autismspectrum.org.au/)

- ADHD Australia (https://www.adhdaustralia.org.au/)

Canada:

- Autism Canada (https://www.autismcanada.org/)

- Centre for ADHD Awareness, Canada (CADDAC) (https://caddac.ca/adhd/)

United States:

- Autistic Self Advocacy Network (ASAN) (https://autisticadvocacy.org/)

- CHADD (Children and Adults with ADHD) (https://chadd.org/)

- Autism Society (https://autism-society.org/)

Philippines:

- Autism Society Philippines (https://www.autismsocietyphilippines.org/)

- ADHD Society of the Philippines (https://adhdsocphil.org/)

India:

- Action for Autism (AFA) (https://www.autism-india.org/)
- ADHD Foundation India (https://adhdfoundation.in/)

Japan:

- Japan Autism Society (日本自閉症協会) (https://www.autism.or.jp/)

- ADHD Association Japan ADHD協会 (https://adhd.co.jp/)

- TELL Japan (Tokyo English Life Line) (https://telljp.com/)

China:

- Stars and Rain 星星雨 http://www.guduzhishu.com/)

- ADHD China (多动症之家) (https://www.duodongzheng.com/)

South Africa:

- Autism South Africa (https://www.aut2know.co.za/)
- ADHASA (ADHD South Africa)

(https://www.adhasa.co.za/)

Ireland:

- AsIAm (https://asiam.ie/)
- ADHD Ireland (https://adhdireland.ie/)

New Zealand:

- Altogether Autism (https://www.altogetherautism.org.nz/)
- ADHD New Zealand (https://www.adhd.org.nz/)

Online Communities

- Wrong Planet (https://wrongplanet.net/)

A large, active international forum for autistic and neurospecial people.

Reddit (Lived experience sharing)

- [r/autism](https://www.reddit.com/r/autism)
- [r/ADHD](https://www.reddit.com/r/ADHD)
- [r/AuDHD](https://www.reddit.com/r/AuDHD)

Note:
This list is representative, not exhaustive. Many countries have additional local organizations and peer networks. For the most current support options, check the directories provided by these organizations or search online for local and virtual support groups.

You are not alone. There is a growing, worldwide community here to support you!

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