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Kathryn Chacra, LCSW-S, is a licensed clinical social worker and supervisor with over 20 years of experience in the mental health field and 16 years as a clinician. She is the founder of Kathryn Chacra Psychotherapy and Consulting PLLC, a private practice based in McAllen, Texas. Kathryn specializes in ADHD treatment, emotional eating recovery, and supporting parents with children diagnosed with ADHD. Drawing from her extensive background in both school-based and clinical settings, she integrates evidence-based practices such as Acceptance and Commitment Therapy (ACT) and Dialectical Behavior Therapy (DBT) to help clients navigate challenges with clarity and self-compassion. Her practice emphasizes practical strategies, compassionate guidance, and an authentic, judgment-free space for growth.

Allison Puryear (she/her): Welcome back to Not Boring CEs. I'm Allison Puryear, and I'm here with Kathryn Chacra, a fellow. LCSW. And we're going to be talking about ADHD through the lens of Willy Wonka. Because why not so? Thanks for being here, Kathryn.

Kathryn Chacra LCSW-S: Definitely. This is, just so much fun to have been able to apply this concept to such well, such a great book by Roald Dahl, we should give him his 1st credit. But then, of course, the 2 versions have been just so interesting to watch when you're watching from that lens.

Kathryn Chacra LCSW-S: I knew there was moral lessons already, but I don't think he realized what else he was doing for us. So that's gonna be fun.

Allison Puryear (she/her): Right?

Kathryn Chacra LCSW-S: And yeah.

Allison Puryear (she/her): So where should we start? Should we start with the characters? Should we start with ADHD?

Kathryn Chacra LCSW-S: 1st I do want to say I thought it would be cool because I am a late diagnosed

Kathryn Chacra LCSW-S: person with ADHD myself. And I thought, I'm gonna go ahead and admit that behind my my zoom there's a couple of notes, I thought, why do I want to admit that? And I thought about it, and it's what I do. Tell my clients a ton, which is.

Kathryn Chacra LCSW-S: we do have to mask for survival. We can't pretend we live in a society that is all inclusive of our brains. So masking is a part of our day to some extent, but when we can drop the mask that is so great because well, for one, I think we're advocating in some like little seeds here and there to make it normal about our accommodations that we make for ourselves, and I noticed that a lot of clients I work with who are late diagnosed.

Kathryn Chacra LCSW-S: They have this

Kathryn Chacra LCSW-S: stigma. They feel very like I don't want it to be an excuse for everything. It's it's gonna become my identity or such. And I remind them that really, when you admit to your colleagues, your partner, your loved ones like you're not actually making an excuse. You're giving them context. If I do this, this is why it's happening versus.

Kathryn Chacra LCSW-S: Oh, can't help it. Right? That is more of an excuse. Vibe versus hey? If y'all notice that I might do something real quick, my eye might dart here or there. The context of that is, I am well modulating my anxiety of being on this.

Kathryn Chacra LCSW-S: on this, and I'm also trying to help my working memory which are parts of what we're going to talk about with what is ADHD. But I just did want to say that, so that I was like this would be a version of how people could know. You don't make excuses. You just offer context about your modifications, your accommodations.

Kathryn Chacra LCSW-S: But I do think it'd be cool to start with the characters.

Allison Puryear (she/her): Okay.

Kathryn Chacra LCSW-S: And sort of how they are bringing out some of what we know is in the DSM. Some of what has just been, you know part of what Barkley and Brown's research around executive functioning to make, because that's not in the DSM. But we do know that that's what is happening as well.

Kathryn Chacra LCSW-S: And then, of course, just our, you know.

Kathryn Chacra LCSW-S: having been a social worker for 21 years, a therapist for 16, and how much you see

Kathryn Chacra LCSW-S: similarities that are not in the DSM. But you start to notice things in clients with ADHD. So Augustus Gloop.

Allison Puryear (she/her): He's.

Kathryn Chacra LCSW-S: Such a good one to start with. He is just really personifying that

Kathryn Chacra LCSW-S: reward seeking. He can't get enough. He does have a bit of impulsivity. By the time he has shown us that he's gonna dive headfirst into that chocolate river.

Kathryn Chacra LCSW-S: Can't even hear anyone as they are telling him not to do it. So he's just really showing us that part of us that when we're dealing with ADHD, our children are or loved ones. Are self regulation is the name of the game.

Kathryn Chacra LCSW-S: I know like Dr. Barkley has really even said like he would love to change the name.

Allison Puryear (she/her): Take care!

Kathryn Chacra LCSW-S: Negative

Kathryn Chacra LCSW-S: functioning, deficit disorder or self regulation disorder because of how much it's so much more about that not being able to control impulses, or how much the dopamine around. What's happening in our reward center does get hijacked, and we go for what is the

Kathryn Chacra LCSW-S: instant gratification. And that's a part of ADHD and the symptoms of what executive functioning does to our brain. It doesn't allow us to

Kathryn Chacra LCSW-S: see the future, much less prioritize the future plan for the future, and those are part of executive functioning, planning, and prioritizing and regulating. And so those 3 are really shown in him. He let's see.

Kathryn Chacra LCSW-S: I don't know if we want to go into the parent stuff, because I felt like that was like we talked about was so interesting to see the parent stuff, or we want to do the just the character stuff. What do you think.

Allison Puryear (she/her): I think, like a part of the context of anybody with ADHD, is the parents right? That's a part of their context. So I mean, we can talk about the parents as we talk about each kid, because that is part of their environment.

Kathryn Chacra LCSW-S: Definitely and because I think his was so evidently like enabled there was a real sense of like, we can't do anything. We just this is normal. This is how it has to be. They really were even like encouraging. Sometimes his overeating there was just no boundaries. It was excused

Kathryn Chacra LCSW-S: definitely, did not help him delay gratification, and I think, as they come up to him, I don't remember which movie it is now, in order to like interview him. He's there eating with one of his parents. I believe it's dad. And so it's like the modeling was there around not being able to create

Kathryn Chacra LCSW-S: moderation, just moderation. Because we're also, you know.

Kathryn Chacra LCSW-S: going to have to say that like part of what ADHD is doing when it's in in emotional eating is sometimes

Kathryn Chacra LCSW-S: like looking for stimulation. So part of that sweet, salty, crunchy, bubbly

Kathryn Chacra LCSW-S: seeking that can happen is part of like, maybe a oral fidget. Be just yeah, just trying to

Kathryn Chacra LCSW-S: get that dopamine that we we know that we are lacking. And so that's something that I think is interesting to think about like, oh, are any of these parents also dealing with some of the same symptoms? Is that part of their permissiveness? So that's what we've got with Augustus Gloop any thoughts or anything to add, or questions.

Allison Puryear (she/her): Yeah. So like, the parent thing is always really interesting to me, because my context is, I have a like, significantly ADHD child like when she was tested her tester was like, it's a pretty gnarly case of ADHD. And so I think about how, as we come to be more accepting of neurodiversity, which is very important. And we come to really appreciate that everybody's brain is different from everybody else's. And some people's brains have these patterns that

Allison Puryear (she/her): are similarly different. Right?

Allison Puryear (she/her): That doesn't mean that everything that their brain is doing is

Allison Puryear (she/her): great for them, that we don't have to necessarily accept the impulsivity without assisting the kid in battling that impulsivity, sometimes so kind of as we like swing towards normalization and acceptance of differences

Allison Puryear (she/her): that doesn't mean all of the behaviors are beneficial for the kid right? That there is some some self correction that they need to be taught that doesn't necessarily equate to masking. That isn't necessarily not appreciating themselves for exactly who they are and exactly who they're not, but is going to make

Allison Puryear (she/her): everything in their life easier if they can, you know not. Go head 1st into the Chocolate River, so.

Kathryn Chacra LCSW-S: We could not lose them down a river. I think what you're saying is so wise, too, because it's really helping them differentiate who they are from their brain. Yes, we accept them, and we love them, and we're compassionate to them. But we don't let organs

Kathryn Chacra LCSW-S: do whatever they want to do right if it's the kidney, if it's the pancreas, if it is the brain, these are just organs. And unfortunately, this organ, because, of course, right? It does do so much for us, we can over identify with it. And so, therefore, maybe parents are feeling like, I don't want to shame them. I don't want them to feel a certain way, and it's helping the child or ourselves differentiate. Who am I versus the organ

Kathryn Chacra LCSW-S: is gonna do some glitchy stuff, but that's not about my worth or my capacity to just modify my behavior. Ask for accommodations in my environment, which are 2 of the big things

Kathryn Chacra LCSW-S: that we should keep our ears and eyes open to. Is it something I need to modify is something I need to change about my environment. In order to manage this organ. That's having a hard time

Allison Puryear (she/her): I love how you differentiate it as the organ, because we accept our brains as ourselves so much

Allison Puryear (she/her): and when we're able to be like, yeah, I mean, my brain isn't necessarily any more me than my stomach is, which is, you know, regulating a lot of my hormones and my immune system and things like that, you know, like, there's

Allison Puryear (she/her): I like that when you put it in that

Allison Puryear (she/her): context of like, this is your. This is an organ.

Kathryn Chacra LCSW-S: Yeah.

Allison Puryear (she/her): It. It takes the morality out of it.

Kathryn Chacra LCSW-S: Totally. Oh, yes, this is not a willpower issue. This is not your your, you know. Yes, exactly. This is not a character default. You are wielding a very powerful tool that unfortunately can have a neurobiological disability to it that

Kathryn Chacra LCSW-S: we can

Kathryn Chacra LCSW-S: work with. We can make all these different changes and understanding and education and medication is a big part of it.

Kathryn Chacra LCSW-S: Yet we do not have to like. Some of my clients are afraid of making our identity in the way of it speaks more than it needs to. For who we are as a human right. We're the observer. We're the one who's

Kathryn Chacra LCSW-S: taken aback by our thoughts, and like confounded by our behaviors. That's the observer. And that's who we're really talking to.

Kathryn Chacra LCSW-S: And so yeah, that's something. I think that parents as they practice acceptance, but still are putting in structure. And so we do know that children with ADHD and adults with ADHD need consistent structure, not rigid structure, but a flexible structure, so that

Kathryn Chacra LCSW-S: mental can be offloaded. Mental load can just be, you know, part of maybe using different other techniques that just don't have to ask us every day to be

Kathryn Chacra LCSW-S: putting all of our brainpower just to you know it's it's finite, and so we will run out of it, and if we don't give, it breaks, if we don't give it structure, it's gonna go haywire.

Kathryn Chacra LCSW-S: yeah, there's just so much to say that I can tell. I'm like, okay.

Kathryn Chacra LCSW-S: how much do we say about that one piece? Because I think, even admitting

Kathryn Chacra LCSW-S: yeah, that we do need structure, I think, is sometimes hard for my clients, because they'll say I'm so bad with structure.

Allison Puryear (she/her): Yeah.

Kathryn Chacra LCSW-S: And so that's the trick with treating ADHD is creativity is it doesn't present like you had mentioned the same for people, you know. And as we go through these characters we're going to see that really a different presentation between Augustus and Violet. Violet actually is the one who kind of shows us a very unique presentation, because she leans more on the continuum of like being very perfectionistic, very high achieving.

Kathryn Chacra LCSW-S: and that can be missed. And that's missed a lot of our girls, and that's missing a lot of our late diagnosed women who have been

Kathryn Chacra LCSW-S: very much able to still be successful or still able to do a

Kathryn Chacra LCSW-S: percentage of what they know they can do. But they're living with this really difficult presentation that can have them on cortisol and adrenaline, and running the furnace way too hot all the time, and that's what Violet is. She is our, you know, our gum chewing, I think, in the second one. It's much more obvious that she's an athlete and so she's got this oral fixation. She does really.

Kathryn Chacra LCSW-S: I think, seek out validation. And in that achievement focus which can also unfortunately be a big presentation. Sometimes ADHD can be known as the disorder of 2 extremes. So it's just

Kathryn Chacra LCSW-S: I can do everything, and I get it all done. And it's amazing. And people are wowed by my abilities. And then other days I can't get anything done. It's all offline, and people are very confounded by that. And that can hurt our relationships. I think almost a funny, not funny question in our assessments can be like, have people ever told you like, How

Kathryn Chacra LCSW-S: how are you able to do that? But not this, or you just did it yesterday and today you can't do it. It is that sense of the the brain again, is having days where everything is online

Kathryn Chacra LCSW-S: super, and some days it's not, and we don't always know what could be that difference? Maybe we can track it. We can find out. Was that sleep. Are there other stressors? Because we do know what stress goes up, ADHD symptoms will likely flare up and maybe

Kathryn Chacra LCSW-S: need more treatment.

Kathryn Chacra LCSW-S: Her mom, her mom is part of this performative parenting that can happen, you know. I think so much has changed. I am like an older millennial and so just so different. Now this idea of you know

Kathryn Chacra LCSW-S: my daughter's in 4th grade. I've already been warned. Oh, if she hasn't started volleyball. She's probably not going to make it in middle school. And I'm like, Okay, she's 9 like, how did I know she would want to do volleyball, and she started in her in her little heart that she wants this thing

Kathryn Chacra LCSW-S: so like that scramble's happening to a lot of us right now. It's not as if you know Violet's mom again, sometimes well intentioned, we think we might be doing what's best. We might be feeding into some of these habits that are

Kathryn Chacra LCSW-S: you know, really exacerbating how much our kids aren't able to accept themselves and and stop masking and accept that they might need more help, and how to ask for help.

Kathryn Chacra LCSW-S: So that's an interesting one. Do you have thoughts on Violet or her mom, or anything I should cover with.

Allison Puryear (she/her): Yeah.

Kathryn Chacra LCSW-S: Patience.

Allison Puryear (she/her): I think about a therapist that I was chatting with, who had been one of my students, and she had been late diagnosed ADHD with this perfectionistic presentation, but was pretty pretty able to like maintain the perfectionism. So she was telling me about like internal ADHD.

Allison Puryear (she/her): which was something I had never heard of before, and she said once I was diagnosed and I got on medication. I'm probably like the only person with ADHD whose house got messier because I no longer was like

Allison Puryear (she/her): compulsively cleaning it, and I gained weight because I wasn't watching what I ate like a hawk.

Allison Puryear (she/her): and like this was just a presentation that certainly wasn't taught to me in grad school. I mean, everything I learned in grad school was like what it looks like for an 8 year, old boy, because, you know, I'm a young. Gen. X. So people are like, there are some really rowdy boys, and that's what ADHD is.

Allison Puryear (she/her): But the idea of as an eating disorder therapist for the last 20 years, thinking about the you know, perfectionism and eating disorders often go hand in hand and thinking about my clientele over the last 20 years, and wondering

Allison Puryear (she/her): did I miss this.

Kathryn Chacra LCSW-S: Hey!

Allison Puryear (she/her): Because I may be one of a series of therapists. They saw who missed this because we were looking for something very different.

Kathryn Chacra LCSW-S: Right.

Allison Puryear (she/her): So it's now on my radar. In a way it wasn't before. And it's just. It's just interesting, because it's not at all what I would have imagined ADHD to look like.

Kathryn Chacra LCSW-S: Oh, totally. And I was just listening to Dr. Barkley on a podcast and at that point he was saying that the

Kathryn Chacra LCSW-S: neuropsychological tests that we may have been

Kathryn Chacra LCSW-S: led to lead we're just like

Kathryn Chacra LCSW-S: the bees knees on what you should use for diagnosing can be missing 30 to 60% of some with ADHD because of their ability to demonstrate just high IQ. That might be

Kathryn Chacra LCSW-S: able to

Kathryn Chacra LCSW-S: skew the test if I'm honest, right? So he talks more about, of course, like our skills and being able to sit with clients and talk to them about their day to day life and see them, maybe over a period of time to understand. Okay, relationships and emotional regulation. And yes, how is it going at work in your home

Kathryn Chacra LCSW-S: things that those tests won't catch, and there's no problem with maybe you know, the the safety net of both type of styles. And so I know as a social worker, I

have clients who do want to go that route, and I 100 agree with them, even though I might have already used like, you know. I know.

Kathryn Chacra LCSW-S: there's some assessments out there that we can use that are not the neuropsychological testing. We do not need the license for they're a nominal fee compared to some of those other ones, but they they're able to be things that help us with like. Yes, one of the questions being like, Do you feel like you're driven by a motor right? So that screener that's out there, too. The ASSR, I believe. Is one of those that also has that same type of question, because it's like you

Kathryn Chacra LCSW-S: can't catch that unless you share that. No one can look at you and think you, you look like you got a motor inside, because sometimes we're very good about holding that motor and just mentally running all the time, much less it's physical. But I thought it blew my mind when I came to understand that internal ADHD, even including the impulsivity and thinking

Kathryn Chacra LCSW-S: to a thought. And that's it. That is the conclusion. There's no other second options. We know the the thing we should do without any regard for using hindsight or foresight or foresight and hindsight, which is another function of executive functioning that we would need to help our clients with, because there isn't that pause to consider.

Kathryn Chacra LCSW-S: Okay in the past. What if? What? How is that worked out for me. What could be the outcome? What do I need to consider? Because that impulsivity and thinking is just.

Kathryn Chacra LCSW-S: This is what I'm doing, and there's no other way to think about. Or we.

Kathryn Chacra LCSW-S: unfortunately, in relationships can have that impulsivity of thinking. We just might lean into assumptions, and then

Kathryn Chacra LCSW-S: our feelings get hurt, we start to feel

Kathryn Chacra LCSW-S: well isolated from those who might have not meant to do that. But we don't

Kathryn Chacra LCSW-S: regulate our emotions. Well, it's not that we have more emotions. We just don't know how to modulate them. So we're not just, you know, we experience what everyone else might experience. But unfortunately we have. What can be an emotional cascade?

Kathryn Chacra LCSW-S: Huh! I was a little bit offended. Now I'm actually get starting to get hurt. This reminds me so much of how lonely I've been my whole life. I've always been misunderstood, and before you know it, it's just.

Kathryn Chacra LCSW-S: It is like a mudslide. You are just going down the hill with all of these emotions.

Kathryn Chacra LCSW-S: so yeah, that impulsivity and thinking was also what kind of blew my mind to realize. Oh, it's happening in our brains.

Allison Puryear (she/her): Yeah. And it's it's interesting being the mom of a kid that has ADHD and is also like on the cusp of puberty, and has all those hormones like she will verbalize exactly what you talked about. She'll go from like it was a great day at school to oh, yeah, I had like a little conflict with so and so, but we worked it out, and then that becomes. But nobody's actually ever liked me ever in my entire life ever, you know, like it just. And we're.

Kathryn Chacra LCSW-S: Heart, we really break our own heart. It goes quick, so fast so that relationship that we

Kathryn Chacra LCSW-S: can build with our kids to offer them that safety, to actually reveal those things, help us.

Kathryn Chacra LCSW-S: be able to, of course, accept that at 1st compassionately. Listen to that before we might be able to then have the credibility

Kathryn Chacra LCSW-S: to offer them a second option. A second alternative storyline. Because, yeah, if we go too quickly to the solution, well, you don't get it either, like, and that's our clients, too. So.

Kathryn Chacra LCSW-S: So it's always that balance of How do I go there with you in the woods? But I also want to show you like, come this way. We're getting a little bit out of the woods without jerking you

Kathryn Chacra LCSW-S: out of the woods because of my own discomfort, and that is something for parents. Right? So even Violet's mom, that part of that performative parenting, unfortunately, can be that sense of pressure like, how will I look to the other parents, and so the more that parents can start to regulate their emotions.

Kathryn Chacra LCSW-S: lean into well compassion for themselves about

Kathryn Chacra LCSW-S: how hard it really, truly is to be.

Kathryn Chacra LCSW-S: you know, dealt this the set of cards.

Kathryn Chacra LCSW-S: We all have these fantasies before we become parents, and how it's going to go. And this ADHD can really throw a wrench in the whole family. And so that's something, too, I think, is, as parents start to model, regulating their emotions, self acceptance,

self compassion. They can also have credibility when they want to help implement those with their kiddos.

Kathryn Chacra LCSW-S: Another great presentation of our ladies is Veruca Salt, and also a great band. But Veruca Salt.

Kathryn Chacra LCSW-S: As we talk about our age, Veruca demands what she wants. She wants it. I want it now. I want it now. And so she's, you know. I know, in the older one they're having the factory workers open all these Willy Wonka chocolate bars in order to find her that golden ticket, because Dad is very much going to let Veruca have whatever she wants, and it's almost out of like a fawning.

Kathryn Chacra LCSW-S: you know. He's almost like trauma response at this point to be like, I will just use fawning to keep this stress at bay, like whatever you want, Veruca. And so he's having all his workers look for her chocolate bar that has the golden ticket, and she just is our girl with really difficult regulation. She's

Kathryn Chacra LCSW-S: she does go down that cascade very quickly. I think with her.

Kathryn Chacra LCSW-S: you know, somebody this leans into was, we started to think about stereotypes.

Kathryn Chacra LCSW-S: People would say she's spoiled. She's just spoiled. She just needs good discipline, you know all these things, and that may not be the case. And unfortunately, kiddos have been told this, or even parents. If you were to just discipline them more, they wouldn't be like that.

Kathryn Chacra LCSW-S: As if discipline can help executive functioning like motivation or understanding in that moment how to ground themselves and not get to that level of outburst.

Kathryn Chacra LCSW-S: I think that one's a very interesting one, too, because.

Kathryn Chacra LCSW-S: again, parents may be taking on the shame in ways where they are using fawning, especially in public, like just Don't

Kathryn Chacra LCSW-S: or the family. Don't let anyone like see how bad some of your symptoms are. And so that's always tricky, because we do want to use rewards we just may not want to use bribing in the way that maybe Veruca's dad is like.

Kathryn Chacra LCSW-S: make these symptoms go down like whatever it takes versus a token system, a point system, a sticker system. Even as adults, you know. My favorite podcasts are not allowed unless I'm cleaning headphones in or walking headphones in. I try to like, save up these favorite things for those other things I don't really want to do. And so, as adults, we do. If

we have ADHD, we can start to be like, oh, what's my token system? Because we do for ADHD need to make

Kathryn Chacra LCSW-S: the

Kathryn Chacra LCSW-S: reward sooner, and especially with our young kids. Kids like as soon as we can. That is part of the disorder is that inability to hold on to.

Kathryn Chacra LCSW-S: Eventually I will get what I'm looking for right? So that is that future focus that, unfortunately is is hindered that time blindness includes. I'm blind to the future. I'm blind to how my behavior today affects my goals tomorrow, but we can help our kids by kind of

Kathryn Chacra LCSW-S: putting some artificial and quicker, quicker, and quicker

Kathryn Chacra LCSW-S: motivations. That's what the brain will be doing. It'll be looking for. Okay, that's part of what's happening in some classes. I don't want to do this. Anything else? Have anything more motivating, more interesting, more stimulating that that reward center does get hijacked looking for the now.

Kathryn Chacra LCSW-S: So that's something to think about with Veruca and her family and what they're doing. They're just throwing bribes at it without it being structured. And so I know

Kathryn Chacra LCSW-S: in that podcast as I was listening. Right? They're talking about accountability and some family or some of the others in the webinar took it as like discipline. But I love

Kathryn Chacra LCSW-S: when we hear the word accountability to remember that the breakdown is.

Kathryn Chacra LCSW-S: are we able to account for why it did or didn't happen? That's all accountability is.

Allison Puryear (she/her): I love that.

Kathryn Chacra LCSW-S: I hear it so like, oh, they're gonna hold me accountable, my personal trainer. It's gonna hold me accountable. Why didn't you last week run the 5 miles right. But that question is just what got in the way. What happened there? What could make it more likely that next week you'll do xyz, that you said you would like to do.

Kathryn Chacra LCSW-S: And so when we hold our kids accountable, that's it. We're just exploring with them. What made this happen this time. Okay, but that other time what made it not happen? And so, you know it can't. It doesn't have to just be discipline or consequences. I should say it can also, yes, be very much like what would motivate you? What would bring that closer to your line of sight?

Kathryn Chacra LCSW-S: So when we use accountability to to think of it like that?

Kathryn Chacra LCSW-S: Coaching. In a way

Kathryn Chacra LCSW-S: we go to our last guy. We have, as far as the the 4 apart from our main characters. So we have Mike TV. And so

Kathryn Chacra LCSW-S: he loves. You know he really is. Part of what we now know is like the stereotype of those who don't understand, ADHD, they say, oh, it's the screens doing it. Now we know that's actually not true. And it's and it's actually not sugar either. Right? So, Augustus Gloop, I think the stereotype would be. Oh, it's because of all the sugar he eats that he has ADHD. No, it's not the sugar, and it's not the screens. Now there can be a propensity.

Kathryn Chacra LCSW-S: And again, that's that dopamine seeking. And that's that reward center being hijacked. But there's also, you know, the 2 sides of every symptom is works in our favor and doesn't work. Hyper fixation does not always work in our favor, but hyper focus can work in our favor. I have a, you know, a big project to get done, and it is something that's going to be good for my development. Hyper focus can help us. But hyper fixation can mean.

Kathryn Chacra LCSW-S: Therefore I'm not going to the restroom. I'm not taking breaks to eat, or I'm not even mindful of how much I'm eating while I'm doing the activity. And so that's what Mike TV is showing that sort of hyper focus. He's distracted. And the flip side of distracted is curious. So we want

Kathryn Chacra LCSW-S: the perks of a curious brain. We can't let it become a distracted brain. So that's him. He's mindlessly eating

Kathryn Chacra LCSW-S: I'm trying to think with his parents.

Kathryn Chacra LCSW-S: What did I see?

Kathryn Chacra LCSW-S: His parents were? Oh, they were checked out. That's right. They could have. They were just like, yeah, whatever whatever's happening in his room.

Kathryn Chacra LCSW-S: You need more snacks. We'll just pile them in there. No relationship building.

Kathryn Chacra LCSW-S: And I know when I worked at an academy that was an elementary and a middle school, as the lone social worker in the building, trying to help the teachers who are already knowing it is relationship building. But with those with ADHD, how much it has to be

Kathryn Chacra LCSW-S: effortful and intentional, because, you know, it's just

Kathryn Chacra LCSW-S: part of why ODD and ADHD are so commonly diagnosed. I think you might be like a two-thirds of those with ADHD may develop ODD. I don't want to get that part wrong. But part of that is because of that social conflict. And so they do need a lot of relationship building and that can itself start to become the motivation system. That relationship becomes like, oh, you know, you're checking in on me.

Kathryn Chacra LCSW-S: That's actually keeping me

Kathryn Chacra LCSW-S: motivated, keeping me accountable, giving me instant rewards. You come home that day and I'm already checking in. Oh, look, you did do the homework. That's amazing. Okay, wow. You went ahead and you know, got this particular activity done. I can't believe you got that done right? So I'm already doing that, or I'm already troubleshooting, hey? I noticed only half of the homework is done, or half of the project is done. It's due tomorrow. What's happening? I don't. So those are those things. I think, with Mike TV.

Kathryn Chacra LCSW-S: I wanted to say something about the checking in and relationship building.

Kathryn Chacra LCSW-S: It'll come back to me.

Allison Puryear (she/her): Hmm.

Kathryn Chacra LCSW-S: But yeah, definitely, the mindless eating. Oh, the body doubling. Yes, that's what it was. So that's what we're doing with our kiddos. And that's when an ADHD brain can definitely benefit from is somebody who's just in the room, right? So especially executive functioning being that part of our prefrontal cortex that really is controlling all the other cognitive functions. It's that as they use that metaphor in some of the research the the conductor at the orchestra.

Kathryn Chacra LCSW-S: all of the instruments are there in the ADHD brain. All the instruments are there. They're ready to play. But if you don't have a conductor that's very consistent that knows how to say a little more of this strings, a little less of that from the

Kathryn Chacra LCSW-S: tuba like. Then the music is gonna sound different every day, because that conductor is some days, you know, well, rested and had good protein, and had good movement, and just for whatever reason is functioning better that day to control all the other cognitive functions. But body doubling is one way to kind of like get through that, even if it's us as adults, I have to do the dishes, and maybe I'm asking my partner. Can you just come like hang out in the kitchen? I know it's my turn. You're fine.

Kathryn Chacra LCSW-S: you know. Just come over here like.

Kathryn Chacra LCSW-S: and then that gets me going. It can also, unfortunately be the same with food, though sometimes we're using food as a body, double and so it's just. And I don't know if that's the correct wordage. But it's definitely this thing of it's becoming

Kathryn Chacra LCSW-S: a way of, yeah, just like my TV, I'm watching the television. But I'm

Kathryn Chacra LCSW-S: making the snacks just as much a partner. If you will like.

Allison Puryear (she/her): Hmm.

Kathryn Chacra LCSW-S: I look forward to as much as

Kathryn Chacra LCSW-S: the show itself, or what have you.

Allison Puryear (she/her): Right.

Kathryn Chacra LCSW-S: As far as Charlie Buckets.

Kathryn Chacra LCSW-S: So he's demonstrating still some things that if we were really playing around with this and digging, sure there's still some things there that, like you know him and grandpa don't make the best choice. They drink a fizzy drink in a factory that is not theirs, and so they don't make all the best choices. There's a little impulsivity there, but there is curiosity a lot with Charlie. There was persistence with Charlie. There was a sense of

Kathryn Chacra LCSW-S: you know how well his family leans into values versus just

Kathryn Chacra LCSW-S: discipline, or what have you right? They instill a lot in him about yeah, helping his intrinsic motivation. He does

Kathryn Chacra LCSW-S: demonstrate a very empathic person like, I want to take grandpa, or you know, the way he wants to share the opening of the chocolate bar, if nothing else. Even if he doesn't win, he just wants to share it with the family. And I have noticed. And again, this is one of those. Is it on the assessments? Is it the DSM. No, but a lot of my clients. They, ADHD, are highly empathic, such

Kathryn Chacra LCSW-S: such caring people. They're very, you know. Their emotions are on their sleeve. And so they have recognized that, too, in others like, because

Kathryn Chacra LCSW-S: well, another fun name is that it's really not attention deficit. It's really like overabundance of attention meaning that executive functioning portion of our brain not only doesn't do well with the focusing portion of attention. It doesn't do well, the ignoring. That's more of the problem. They they're very much. We all are very much who are diagnosed, able to stay in the present. It's not that I'm not having attention. It's that I cannot ignore

Kathryn Chacra LCSW-S: the other stuff.

Allison Puryear (she/her): Right.

Kathryn Chacra LCSW-S: And so that's yeah. So that's happening sometimes.

Kathryn Chacra LCSW-S: What else do I want to say about Charlie and his family?

Allison Puryear (she/her): So are you saying he feels like he would also be ADHD.

Kathryn Chacra LCSW-S: If not, he at least demonstrates, like where it can still look in a different way of like this empathic person who just is so curious can't really ignore stimuli like those fizzy drinks, you know. Yeah, it was impulsive, but it was also, I think, just I can't not be curious. I can't ignore this and stay with the tour, because I think that's the point where they like trail off, and they go somewhere else. And so it's like that, like when people joke, and they're like squirrel.

Kathryn Chacra LCSW-S: which I'm not a fan of that joke, but that that's that version of him, just being unable to do that.

Allison Puryear (she/her): Was a pretty bad instance. There.

Kathryn Chacra LCSW-S: Yeah, start going with what's happening genetically. Cause you know, he has a genetic component.

Kathryn Chacra LCSW-S: So it's like, well, there's always that, too.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): when it's interesting, because I think about how like it feels more salient with the other 4 kids to me.

Kathryn Chacra LCSW-S: Yeah, yeah, Charlie, I'm digging for sure. But I'm like, Oh, there are some things I see in my clients, and he demonstrates, oh, I was bringing up with high empathy and not being able to ignore is, I think that's part of it is, they do seem to think right. So we're picking up, maybe on micro facial expressions, micro movements and other things. And we might pick up on words that people use. And we're it's like, I noticed a lot of my clients. They will joke about their spidey sense. They're like, I can just

Kathryn Chacra LCSW-S: read things in the room. I don't know why, and then it's like I have to double like, Guess myself, because I don't have any evidence. But I have feelings and curiosities about like. Is this person going through. This is this happening.

Kathryn Chacra LCSW-S: And so I think that sometimes can be

Kathryn Chacra LCSW-S: a heavy cross to bear. But it can be a super strength, because we're not able to ignore very much. And and we tend to catch too much information. We actually could be maybe reading people quicker than even they are, or others are about what they need. And so those are the good parts of what can happen. Once.

Kathryn Chacra LCSW-S: We're able to harness the the way the brain works.

Allison Puryear (she/her): Yeah. So I always think about Dr. Barkley saying.

Allison Puryear (she/her): and it always like. And I had such a reaction to it the 1st time I heard him say it of like, there are not benefits to ADHD. This is a disability

Allison Puryear (she/her): and like my kids, also dyslexic, there's this great book called the dyslexic advantage. That explains why, like neurobiologically, there are true advantages to being dyslexic and reading from a different part of your brain than the rest of us, and where what we read from. So I was going into it like.

Kathryn Chacra LCSW-S: It is, he's got to have it its advantages, too. Yeah. When he said that I was pissed off about it

Kathryn Chacra LCSW-S: for sure.

Allison Puryear (she/her): And maybe neurobiologically, perhaps there is not a benefit. But I think when you pay attention to everything all at once, you do pick up on things that other people don't.

Allison Puryear (she/her): And maybe it's kind of a trauma response to some extent. And the way we see with our our non ADHD trauma folks

Allison Puryear (she/her): that you can read a room like that because you needed to.

Kathryn Chacra LCSW-S: Yeah.

Allison Puryear (she/her): If you were often impulsive. If you were like one of these 4 kids who were like the bad kids in Willy Wonka. And socially. That was becoming very isolating, and you needed to alter the way you were doing things, or the the way you showed up

Allison Puryear (she/her): mask in many ways, too. Then there is an awareness you have that maybe isn't neurobiological, but is learned that yeah, great benefit, and is, in my mind at least, like

Allison Puryear (she/her): a superpower that can go along with ADHD.

Kathryn Chacra LCSW-S: Yeah, no, I can totally agree with that. I think I've heard enough clients once they have found the right medication. There's stimulant, and there's non stimulant options. So you know, people really should

Kathryn Chacra LCSW-S: know that, so that they don't have to again have a stereotype of oh, I couldn't do that. I can't. I tried it, Adderall once. It was awful whatever. Okay, maybe, then, stimulants, not the right one. So non stimulant. But also I do think that

Kathryn Chacra LCSW-S: You know, we know kiddos with ADHD before the age of 10. They're getting 20,000 more corrections on average, than maybe the child who's not having to

Kathryn Chacra LCSW-S: manage, so much, much less that they are at a 30 to 40% executive functioning delay. So again, not cognitive, not even, you know, body wise, they look the right age. But that conductor is

Kathryn Chacra LCSW-S: like, if you're 12, maybe your your executive function is really an 8 year old. So I do think because of what you're explaining right all these ways that you have to then sniff and scurry, to figure out how to make your way in this world. How are you not gonna gain some

Kathryn Chacra LCSW-S: tools and strength, and like grit? In how to do that? And so I do think, I agreed, when I got mixed feelings when he was so

Kathryn Chacra LCSW-S: you know very open about, you know, this is actually more likely to hurt mortality than diabetes and blood heart rate blood, high blood pressure even combined that other statistics talk about how many years it can take off of a lifespan. Okay, those are not very uplifting things to hear yet yet somehow I do think it can make it like.

Kathryn Chacra LCSW-S: okay, I'm not making this up. And it is really important that we take this serious. And so I really only trot out any of that. If I notice a parent might be downplaying.

Kathryn Chacra LCSW-S: The diagnosis, or a person themselves is kind of like wanting the quick fix.

Kathryn Chacra LCSW-S: It's very chronic and very serious. Then that might be a room for some of that education around those statistics. That again, just because you're diagnosed with diabetes. Not every statistic will apply to you. But you may want to know, like the outcomes that are available at different ranges of care and seriousness of care. And so that's what the only way I know that I have found that to be useful because it can for others. I don't trot that out, because I can already tell they are just like

Kathryn Chacra LCSW-S: with the reality, and they don't need to hear that. But others, if I feel like they're a little too cavalier with the diagnosis. That might be the only time I'd be like. Just so, you know. It is worthy of your time.

Allison Puryear (she/her): Yeah.

Kathryn Chacra LCSW-S: Of your attention, and you're not making it up.

Kathryn Chacra LCSW-S: So yeah.

Allison Puryear (she/her): Yeah. And the teen pregnancy like among ADHD. I don't remember what it is, but it was. I want to say it was like 60% of girls with ADHD get pregnant in their teen years.

Allison Puryear (she/her): And I almost fell through the floor. I was like, well shit.

Kathryn Chacra LCSW-S: Hey! Now!

Kathryn Chacra LCSW-S: A late pregnancy, and I'm like, I kind of think that no one warned me about. Also the geriatric.

Allison Puryear (she/her): Yeah.

Kathryn Chacra LCSW-S: About the teen pregnancies, pregnancies that could happen so. But, Dr. Barkley, I know he just also blew my mind, and I don't mean to only harp on him. There's Dr. How? Well, there's Dr. Brown. There's lots of good research out there. But he did mention that only about 5 to 10% of those with ADHD go to college, and a 3rd of those will still drop out, because it's just like the point in time where we'll see a lot of our children, and a lot of our clients have

Kathryn Chacra LCSW-S: the most pressure on their executive functioning. You know all of that stuff when we talk about executive functioning is

Kathryn Chacra LCSW-S: is the ability to just regulate energy and motivation and persistence in the face of challenge, much less, of course, we've already said our emotions and our ability to like break steps down, or big chunks of a goal down into manageable steps. So people or children or parents who have someone going into college to remember? Yes, they're 18/19. Should they be starting at the more

Kathryn Chacra LCSW-S: typical age? But their executive functioning may be younger, maybe around 15 to 16, and imagining that age of a person executive, functioning, wise, allowed to just like, Okay, here's your dorm key. Good luck. Here's your schedule, you know, come back for Thanksgiving to to see us right. They may need us to do a little bit more, and we are not coddling or enabling you know, if it's like something as simple as

Kathryn Chacra LCSW-S: you know, he has to send me a selfie on the way to school. You know, doesn't even have to be like just his space. If he's just eating breakfast, it's on his way to campus, like whatever it can be. It's like that's

Kathryn Chacra LCSW-S: just a body doubling. That's done virtually right? So we get creative. Definitely getting the diagnosis and then reporting it to the student center. That can help make sure you get the accommodations you might be allowed to pick. You know your classes sooner able to take smaller class sizes or class load. Maybe they even know which professors would be good fit for you. And so it's always important. Yeah, if someone is going into college or has a student to just

Kathryn Chacra LCSW-S: really think this through about how do I set them up for success?

Kathryn Chacra LCSW-S: Yeah. And I,

Kathryn Chacra LCSW-S: we'll maybe go. Oh, you're 18. Fly the coop like no, they might need more. And it's okay.

Allison Puryear (she/her): Yeah, I think about. So I worked at a university health center before private practice. And you know, we had our disability resource center, and everybody with ADHD had to be tested by testing psychologist and like, have that to present to the disability resource center. And

Allison Puryear (she/her): what I see there. What I also see in my kid and her friends who have ADHD is like, Yeah, there are accommodations available.

Allison Puryear (she/her): but it further "others" them in a way that they don't always want that extra attention, or for people to feel like it's unfair. And I remember the time. And this was, you know, a million years ago, like 15 years ago? There was some talk about like people being mad that these people are getting like all these extra things. And how is that fair? And it's just. It's striking to me how?

Allison Puryear (she/her): Yes, they're getting accommodations that help make it equitable, and most of them

Allison Puryear (she/her): would like do anything to not need them, and many of them won't use them.

Kathryn Chacra LCSW-S: Right.

Allison Puryear (she/her): And the getting through that shame as therapists like. How that I think that should be an important thing that we bring up with our ADHD clients is like what accommodations are currently available to you. And are you using them.

Kathryn Chacra LCSW-S: Yeah.

Allison Puryear (she/her): And if not, can we talk about that.

Kathryn Chacra LCSW-S: Totally totally I think it works for both the parents and the students, because I think even the parents like, I said, we are just under so much pressure to be like, I don't know what kind of parents that we're in some race or competition. And so even us accepting, they do actually need these things.

Kathryn Chacra LCSW-S: yeah, because I think

Kathryn Chacra LCSW-S: it's it's just something that's so misunderstood. And it it is still, I mean, and I don't know when that will stop being so misunderstood that there's no way for us not to feel some of that shame. It's not even like intrinsic. It's now been put into us by some.

Kathryn Chacra LCSW-S: you know, messaging out there around what is happening like you said people wanting to be like, Oh, that's they're just

Kathryn Chacra LCSW-S: they're just spoiled. They're just lazy. They just needed, you know, someone to

Kathryn Chacra LCSW-S: give it. Give them a little good discipline, or what have you? And and I think then, even as parents, we start to take on like.

Kathryn Chacra LCSW-S: did I do something wrong like? Am I doing something wrong? Am I like I mentioned? Am I coddling them? Am I enabling them

Kathryn Chacra LCSW-S: And as long as I think parents and ourselves, or the child or the teenager can just really

Kathryn Chacra LCSW-S: stay compassionate, which is

Kathryn Chacra LCSW-S: just honest about our humanity. Right? Compassion doesn't mean I'm complacent. Oh, well, not my problem. I'm compassionate. That's really not compassionate. Compassion is just. I'm a part of the human species. I have things that I am good at and things I'm not good at, and I do need help, and that is a normal part of a functioning human.

Allison Puryear (she/her): Okay.

Kathryn Chacra LCSW-S: And

Kathryn Chacra LCSW-S: this is hard. I doesn't again mean, therefore I won't do it. It just means this is hard. And so, as I do it. I need to work on my self Talk, which is a big part also of executive functioning, the verbal

Kathryn Chacra LCSW-S: working memory and the nonverbal working memory. And so what those are is verbal working. Memory is our self talk. How much can I talk myself through the steps of making a peanut butter sandwich? Okay, where's the bread? I need the peanut butter. I need the jelly. Where's my knife? Okay, I'm going to sit here. All of that kind of like simplistic example is the idea that we can use our self talk

Kathryn Chacra LCSW-S: to and even out loud if we need to, or if we're in a space where we can't find. But if at 1st to help our brain and we're at home trying to just work on things, use your voice out loud.

Kathryn Chacra LCSW-S: but that's helping what is already a deficit, that verbal working memory? And then we have nonverbal working memory. That's also being made deficient, which is why we get time blindness being able to like hold these abstract concepts in our head.

Kathryn Chacra LCSW-S: And so when you know, I have a son who's 12 who's diagnosed, and he's got real issues with math. But he does have Dyscalculia. We come to find out. It is the nonverbal working memory. He is still doing math on his fingers. He's got the executive functioning, maybe of 8 years old when it comes to that. And so.

Kathryn Chacra LCSW-S: you know, helping him figure out, how can he do that discreetly sometimes. How can he find other ways? Is it like counting, maybe, how like

Kathryn Chacra LCSW-S: a tap on his finger versus like obviously on his finger, but

Kathryn Chacra LCSW-S: just being creative, that that is what his nonverbal working memory can do. It can't hold numbers, it can't hold any of that. And so that's not his fault. But it is his responsibility, right? As we say, with lots of things like trauma. It's not your fault, your responsibility. And same with ADHD. It's not our fault, but we do want to work on finding what speaks to us. I wanted to go through a few of those.

Allison Puryear (she/her): Yeah.

Kathryn Chacra LCSW-S: Especially with food. There is an

Kathryn Chacra LCSW-S: 4 times more likelihood of being diagnosed with binge eating disorder. If you have ADHD, they really work a lot on the same parts of the brain. And so, even for me to read that Vyvance is a 1st line contender for medication, for binge eating disorder. Now CBT and DBT and

Kathryn Chacra LCSW-S: ACT, and all those acceptance and commitment therapy that should be 1st line, and then, if the client really is still needing medication. Then typically people would say, medication. Second line, whereas full reverse with ADHD, we do really kind of see like medication

Kathryn Chacra LCSW-S: helps the brain even grasp some of that other behavioral modification or therapies that we're doing with kiddos.

Kathryn Chacra LCSW-S: much less the cognitive therapies that come a little bit later. Cognitive therapies aren't really recommended. So much for the kids. It's the behavior

Kathryn Chacra LCSW-S: and it's parent support. Those are like 2 huge ones. So, parents, you know. So if you in your town can find a therapist for your child, maybe even find a therapist for yourself, and that can be like, well, trickle down. And so we hope that that could at least be available if it's harder to find someone for the child. But

Kathryn Chacra LCSW-S: yeah, so my brain lost it. We were, I was saying, for adults. We need ACT. We need DBT, oh, yeah. But Vyvanse, Vyvanse is the 1st line of defense for if you're gonna try medication for binge eating disorder. And so

Kathryn Chacra LCSW-S: well, that's very handy. But it does show right? They're working on the same mechanisms in our brain.

Kathryn Chacra LCSW-S: So they're very common, but with with binge eating disorder, you know, talking to clients about intuitive eating principles. Using that DBT skill that we can apply for like their emotional regulation working on their interpersonal relationships. So that maybe where they are, you know, using emotional eating for excitement. And for, you know, feeling

Kathryn Chacra LCSW-S: when they're lonely, or they're bored to find other places and other individuals even to help them meet those needs.

Kathryn Chacra LCSW-S: Those are things to consider, because

Kathryn Chacra LCSW-S: no, none of these characters were diagnosed or seem to have that, and I didn't highlight that as much, but sure like. Unfortunately, that can become an issue.

Allison Puryear (she/her): When I think about how, with really strong personalities like rug assault, for instance.

Allison Puryear (she/her): if Veruca Salt landed in the average therapist's room, it would initially feel like, Okay, well, these parents have never had boundaries with this kid, and they are so indulgent, and she is spoiled. And she's entitled. And so we need to like get some boundaries in place for the parents. Like. There would probably be a lot of parenting work.

Kathryn Chacra LCSW-S: Mhmm!

Allison Puryear (she/her): Meanwhile she is still not going to be able to self-regulate.

Kathryn Chacra LCSW-S: Yeah.

Allison Puryear (she/her): Like. No amount of parenting is, if she has, ADHD is going to be able to give her the self-regulation that she needs.

Allison Puryear (she/her): Same with Mike TV. Like these parents. They're checked out, they don't, you know, like there's just

Allison Puryear (she/her): It's not the 1st thing that most therapists are going to think of unless they specialize. And I think about how many people are then late diagnosed, because

Allison Puryear (she/her): even if they showed up with almost textbook things, the intensity of one of the symptoms kind of looked primary.

Kathryn Chacra LCSW-S: Right.

Allison Puryear (she/her): And how that also happens with like depression and anxiety for people with ADHD, because they feel less than because they are having to work so much harder to achieve the same things their peers are.

Allison Puryear (she/her): and how we really do really do need to be on the lookout.

Kathryn Chacra LCSW-S: Oh, definitely, diagnosing is so important. And again, like we don't if we don't specialize in it. But we do want to know who we can refer to so that they want, if they do want to go with that diagnosis that we just feel like, I don't know if I want to touch that. But you know, then, that can always be like

Kathryn Chacra LCSW-S: It doesn't always mean you have to lose your client. It just may be like they are going to go to a psychiatrist who specializes in that, or they are going to go get that diagnosis. And then I'm going to help them navigate that new reality, and should they need a specialist and fine. But is there other things that yes, I can use that can help with? Let's say, like again, emotional regulation. But having that umbrella of like, why, it's happening is so different than us. Well, so often it

Kathryn Chacra LCSW-S: is misdiagnosed, and maybe it's being misdiagnosed even in adults as bipolar disorder or even borderline personality disorder. Or, again, kiddos, we're just maybe going straight to oppositional defiant disorder and not thinking because so much of those symptoms do overlap with with the emotional regulation issues that are happening in ADHD. And so just to yeah, definitely keep our eyes and ears open.

Kathryn Chacra LCSW-S: The possibility that this is

Kathryn Chacra LCSW-S: not what we thought, as far as that stereotype of the kid who is just messy and lazy and

Kathryn Chacra LCSW-S: silly and rambunctious like. It is also the child who may be very angry, and it could be the child like Violet, who's very, very extreme in her

Kathryn Chacra LCSW-S: perfectionism.

Kathryn Chacra LCSW-S: So exploring. That is super important. I think I know even my.

Kathryn Chacra LCSW-S: I've had just these clients that are just

Kathryn Chacra LCSW-S: feeling sometimes that when they have gone to, maybe others who are less likely to keep their eyes and ears open. They're feeling invalidated, told like, no, you have so much going well, like there's no way you have it.

Kathryn Chacra LCSW-S: And just like not realizing, you know. And I've kind of told some of my clients. Look, you know, when some of these questions on these assessments they might be using. Say, how difficult is it to, let's say, make it to an appointment on time. And and so we might.

Kathryn Chacra LCSW-S: Well, I make it on time, so I guess. No, it's not difficult. But then, if you will do a little digging in, you find out well, because they have 8 alarms.

Kathryn Chacra LCSW-S: and one of them has to be across the room, and another one has to remind them about like, Go brush your teeth. And and so they've set up systems. They've already figured out that I'm not good at this. So no, now they're never late. But how difficult is it? It's actually quite difficult. Are they ever late? No. So sometimes we just want to dig behind like, oh, you, you seem to have it all together yet. You're telling me you're suffering. Let me go ahead and believe you

Kathryn Chacra LCSW-S: tell me more about that. And yeah.

Kathryn Chacra LCSW-S: yeah, she'll diagnosis. It's a hard thing to do with ADHD, so never shame if we need help with it. But also don't be afraid to be the one who broaches it first, because maybe you are able to, you know. Just use the screener, and you don't have to say I'm a diagnosis and just say, Well, look, the screener seems to really indicate you should consider this, and if it's not my specialty, here's who's who it is.

Allison Puryear (she/her): But we can be the 1st to make that.

Kathryn Chacra LCSW-S: You know, kind of like. Hmm! Eyes and ears open.

Allison Puryear (she/her): Yeah, absolutely. When I think about, too, how expensive ADHD testing is.

Allison Puryear (she/her): and how it is considered like the most legitimate way to be diagnosed.

Kathryn Chacra LCSW-S: Yeah, like, my, as a LCSW, you know my diagnosis. I can use it for our treatment and for insurance purposes. But if they are going for accommodations. No, they they really aren't are probably gonna get some push back. And so the schools, for instance, are gonna have a different route. And that's okay. That's okay. But that doesn't mean we can't have any part of the story and solution.

Allison Puryear (she/her): Right? Right? And I think that's but it is prohibitive for a lot of people.

Allison Puryear (she/her): Oh, yeah.

Allison Puryear (she/her): able to get to pay for that out of pocket. I know schools here on a 2 year waiting list for.

Kathryn Chacra LCSW-S: See it.

Allison Puryear (she/her): Psychologists. So like, people aren't getting their needs met. Yeah. And that's that's tough.

Kathryn Chacra LCSW-S: It is really.

Allison Puryear (she/her): So the university where I worked

Allison Puryear (she/her): would not prescribe without testing and I like I totally understand it, and also.

Kathryn Chacra LCSW-S: Were affordable, then it would be better sign up.

Allison Puryear (she/her): Yeah, yeah. So it's a tough position that a lot of people are in. And I think it accounts for why a lot of people are late diagnosed because they finally had the money to get tested.

Kathryn Chacra LCSW-S: I know well, and to imagine right, we're putting hoops into in front of the very brain.

Allison Puryear (she/her): Oh, my! Gosh!

Kathryn Chacra LCSW-S: And do well with hoops. We're like hoop, jump through hoop jump through.

Kathryn Chacra LCSW-S: Okay. And so you may have the persistence to jump through 2 hoops. But by that 3rd hoop you may drop the ball on how much you can invest time and energy back into getting the right diagnosis. So there's a lot of barriers to care for? Sure.

Kathryn Chacra LCSW-S: Yeah.

Allison Puryear (she/her): And I think, too, about you know, I've had a lot of parent like parent friends who are like my kid was diagnosed with ADHD. I don't want to put my kid on speed like, what are you doing with your kid and like, because we're a mental health family like both in that in the fields. Then it's we end up having these conversations a lot and end up quoting a lot of the research and

Allison Puryear (she/her): I understand, not wanting to put your kid on amphetamine.

Allison Puryear (she/her): Yeah, I get it. I it sounds extremely scary. And what the research consistently shows

Allison Puryear (she/her): is that it is safer for them. They're actually less likely to become addicts in the future. They are like, there are some states where you're not allowed to get a driver's license unless you were on some sort of ADHD med. If you have ADHD, because so many people die in car accidents.

Kathryn Chacra LCSW-S: So.

Allison Puryear (she/her): So like

Allison Puryear (she/her): we have a lot of pro medication conversations in our household, whether that's a stimulant or a non stimulant, and I understand wanting to try, you know, a non stimulant first, if that's more comfortable for you. But

Allison Puryear (she/her): it!

Allison Puryear (she/her): It allows

Allison Puryear (she/her): the brain to do what it needs to do in a way that, like no therapy, no executive functioning training, no, any of that is gonna be able to do. And, in fact, a lot of that stuff won't stick

Allison Puryear (she/her): because the brain isn't able to do what it needs to do to process the information they're learning.

Kathryn Chacra LCSW-S: It's so true. And again, I I refer a lot to diabetes when when I'm trying to get clients to see the mirroring of the fiscal to this issue, that particular fiscal issue to this fiscal issues, because.

Kathryn Chacra LCSW-S: you know not, we would never say, just keep trying diet and nutrition. You clearly need glucose. But keep trying the diet and nutrition, you know. We'll hold off the glucose a little longer. It's like, if the organ needs it. The organ needs it. And yes, we still, in that

example, use diet and nutrition. And so, even with ADHD, no, the medication is not the end all be all, you still implement what you can implement. And we do know the things that are

Kathryn Chacra LCSW-S: that we can influence our sleep quality helping with those sleep hygiene issues with our kiddos and ourselves. Prioritizing movement.

Kathryn Chacra LCSW-S: that is just such a big help to getting the endorphins and everything that we need, especially, maybe, like, you know, if there is, you know, after school the option to let the brain recharge because executive functioning just depletes. But let's recharge. Let's go for a walk, let's, you know, go outside and

Kathryn Chacra LCSW-S: play on the sprinkler. The swings. I don't know. Then we might see that recharges, and then we do homework.

Kathryn Chacra LCSW-S: getting well.

Kathryn Chacra LCSW-S: Nutrition definitely and especially in light of everything that we were talking about with these characters. But protein is great, but also complex. Carbs are so good. We do need those. We do need definitely carbs for our brain to work. That is

Kathryn Chacra LCSW-S: fuel. So you know, just being aware of that, too, even as adults. And we might want to. You know, we're kind of. I'm kind of going everywhere with it. But if we're trying to like, maybe control our weight, or we're working on something, or I don't know but to not demonize some of this stuff that unfortunately, society is demonized with some of these bad diets. It's like, actually, we really need carbs if we have ADHD, so they're not the enemy. And then to think of ours. Our.

Kathryn Chacra LCSW-S: you know. Sometimes things are not luxury is their necessity. So I say this with my adults, who might have to have a housekeeper or some assistance with that like at that point. It's not a luxury. If it is a part of what you know is where your brain is not able to function. Well, like, that's a part of your team. And then for our kiddos, right? Like their coaches, I mean, obviously, are already a part of their care. But

Kathryn Chacra LCSW-S: maybe even more, as we let them know, like how much it their consistency and their accountability helps our kiddos brain, much less the movement itself. If we do have to get them a tutor. That's not a luxury that's sometimes like

Kathryn Chacra LCSW-S: worth us looking at, you know. What does the school have for free. What can we afford if anything? Just because that becomes a part of the kiddos team.

Allison Puryear (she/her): Yeah. Yes.

Kathryn Chacra LCSW-S: Just the doctor, the therapist.

Allison Puryear (she/her): And you've mentioned movement a few times. Can we talk a little bit about the importance of movement for people with ADHD, even if they don't have hyperactivity.

Kathryn Chacra LCSW-S: Definitely. We know that the brain does well, even with just 10 min. Right? So we think the body 60. That's, I think, prime, for like your heart to lungs. But if you only have 10 min, you know, like you're gonna have a big meeting, and you're gonna have to sit there, or something, or you're about to go. Use a lot of your executive functioning. I know. Right before this we have. I'm in a common workspace. I was just walking around the halls, just being like, here we go. Now I'll get some endorphins, and that can help my brain run pretty well for another

Kathryn Chacra LCSW-S: hour, 2 h on just this 10 min walk. So that's really helpful. But it does obviously, then translate to good sleep.

Kathryn Chacra LCSW-S: And it just it's been shown to one of the to be one of the things for kids, especially, that can just

Kathryn Chacra LCSW-S: help their brain output.

Kathryn Chacra LCSW-S: Racing thoughts are gonna decrease. And.

Kathryn Chacra LCSW-S: like I mentioned already, sleep is gonna go better

Kathryn Chacra LCSW-S: all of these kinds of things.

Kathryn Chacra LCSW-S: I don't really know that I have any ideas of any particular one. I think everyone, even in that realm, is so different. I wouldn't want anyone who doesn't like high intensity workouts to think that's their only option. Like, even if it's a mindfulness walk, we can do those. And that's really trying to maybe actually leave our headphones at home and stay mindful. How many birds do I hear? How many, like, you know, different little

Kathryn Chacra LCSW-S: pets and animals do I run across, and what's it sound like with the shoes on the rocks and on the leaves? And

Kathryn Chacra LCSW-S: just these mindfulness, even with movement, can be impactful. Because we do know, mindfulness is another important piece of helping those with ADHD have that pause, that magic pause

Kathryn Chacra LCSW-S: like, I don't have to be impulsive. My thinking I don't have to be impulsive in my doing. I can take a pause and evaluate, and just, I like to say, hindsight, foresight, hindsight, foresight, and just play this little game like, where? What do you got to give me? Think of something from my past? Think of what could happen, and like making the hand movement, so that I'm like mimicking like, go, go where, give me something. And so. But mindfulness

Kathryn Chacra LCSW-S: helps you even think of hindsight, foresight, because you need the pause and so mindful movement.

Kathryn Chacra LCSW-S: other movement that you also would think of that I'm missing.

Allison Puryear (she/her): I mean, I think. And I'm definitely not an ADHD expert. I'm like, just, you know, a mom who intellectualizes everything and learns as much as I can. But I think, like Cardio is.

Kathryn Chacra LCSW-S: Oh!

Allison Puryear (she/her): Really good.

Kathryn Chacra LCSW-S: Yes.

Allison Puryear (she/her): But any movement is better than no movement, so.

Kathryn Chacra LCSW-S: Oh, definitely.

Kathryn Chacra LCSW-S: And it made me think of the interoception that's happening with ADHD, which is also kind of what was happening with their characters in Charlie and Chocolate Factory, or Willy Wonka and the Chocolate Factory is that they, you know, interoception is that part of our brain that's able to read our internal physical cues. And so, hunger being one of them like not even reading our fullness cues, or maybe being so hyper focused or not reading our hunger cues.

Kathryn Chacra LCSW-S: And so movement can help with that. Because, yeah, when we do, Cardio especially, we're no longer floaty. And in our head we have to be in our body to.

Kathryn Chacra LCSW-S: And so we're we're gonna be able to start to tune into like, oh, okay. Now, I can read my my body better. And then we also know that ADHD can affect

Kathryn Chacra LCSW-S: proprioception. I'm not as great with that word, but that like how our body is in space and in our surroundings. Which is that, like Klutzy type of you know version of it. And I have one child. He's too young to be diagnosed, but my goodness is proprioception is like really like giving me pause because that boy wants to run fast. I run fast, Mom, but it's only a matter of time before those little legs are

Kathryn Chacra LCSW-S: kicked out from under him. And I. So we've been working on. You gotta work on control and then speed.

Kathryn Chacra LCSW-S: control and speed. You're gonna be faster if you can control, because you can tell, his brain is not able

Kathryn Chacra LCSW-S: to read how his body is moving in space and awareness of what's around him? I mean the amount of door knobs and kitchen counters. But to know movement can help with those things so that really helps our kids that they can have some movement to work on that other parts of what the brain is doing when it has. ADHD, yeah, nothing to do with executive functioning.

Allison Puryear (she/her): Yeah, it's so interesting because that propriety, like, in addition to the impulsivity.

Kathryn Chacra LCSW-S: Hey!

Allison Puryear (she/her): There's just so many injuries.

Kathryn Chacra LCSW-S: Not arrested.

Allison Puryear (she/her): And then you add in the like intense emotional reaction to things

Allison Puryear (she/her): like I know my kid will stub her toe, and she's on the ground screaming, you know. So it's like, and she does that like 3 times a day.

Allison Puryear (she/her): Yeah, exactly.

Allison Puryear (she/her): It's it's all really big and I mean we haven't even talked about

Kathryn Chacra LCSW-S: Like rejection, sensitivity!

Kathryn Chacra LCSW-S: Oh, my gosh!

Allison Puryear (she/her): That plays into everything.

Kathryn Chacra LCSW-S: Oh, definitely, so rejection, sensitivity, dysphoria. Just that way. And I think again, it is because that inability to ignore that could also be leading into that sense that things just hurt really, deeply and very quickly. And it can be the impulsivity that's also playing a part of that. I know why you you looked at me like that.

Kathryn Chacra LCSW-S: It must be that you hate me right. It's like there's no other second option. Maybe they had a bad morning, you know. There's no other option. Why, they didn't say hello to you. It's like, No, I know why they're against me. And I saw, like her eye kind of twitched when she looked at me. So you can have all these symptoms that could be like. Unfortunately, also arousing that rejection sensitivity. I can't ignore anything you do, and I've also already made up a story that my brain jumped to and will not move from

Kathryn Chacra LCSW-S: and so again. Why, that pause is so great, I think you know, for adults one book I've loved, and even just the title is a mantra is "Is it you, Is it me, or is it Adult ADD" it still has. ADD, even though that previous term used? But

Kathryn Chacra LCSW-S: I just love that mantra even like, is this, you thing like? Did you not say good morning to me? Because, like you're grumpy Bear, something went wrong at where I mean on the way to work. Is it me like, maybe I am today, like, you know, expecting too much. You have a busy meeting. Of course you walk by without saying, Hi! Like, that's a me thing, or maybe it is ADHD like, is it causing me to be so impulsive in my thinking

Kathryn Chacra LCSW-S: that now I've made up a whole storyline, or maybe I've already assumed versus allowing myself to take a beat. Gather more data check in

Kathryn Chacra LCSW-S: you know. Give it time for my own nervous system to re-regulate before I revisit. Like, how I want to move. Now, considering what happened.

Kathryn Chacra LCSW-S: Yeah.

Allison Puryear (she/her): It's interesting, because I have like I've spent. I'm a very highly sensitive person, but nobody would guess it. But I am. I'm very sensitive, and I have spent most of my career working with very sensitive people. But when I think about what goes on inside the mind of somebody with ADHD.

Kathryn Chacra LCSW-S: It like, breaks my heart, how?

Allison Puryear (she/her): Hard it is

Allison Puryear (she/her): emotionally to regulate when your your your mind is telling you all these different things that are so against you.

Allison Puryear (she/her): Like it's a defense. And it's

Allison Puryear (she/her): oh, it's just heartbreaking, especially like I feel like

Allison Puryear (she/her): through the pain of childhood. People end up developing ways to manage it, either emotionally or strategically, or whatever.

Allison Puryear (she/her): So it really sucks for adults who've had to go through that. But I think about these kids who have no coping skills because they haven't gone through shit yet.

Kathryn Chacra LCSW-S: Yeah. Yeah.

Kathryn Chacra LCSW-S: And because of the break

Kathryn Chacra LCSW-S: is just even more likely to to just be like having outputs that were not a part of the you know selection of, you know. I think of my son who's 12 and again diagnosed. But he his frustration even in 4th grade, with how much he still was crying.

Kathryn Chacra LCSW-S: and just like would be crying and just like, and why am I doing this like? Can't, couldn't accept himself. But also I think

Kathryn Chacra LCSW-S: he does recognize.

Kathryn Chacra LCSW-S: I have a harder time like he knows that already. Because again, ADHD, this diagnosis is not an issue of not knowing. It's the doing so. He knows some things, and he can't do those things. And that even includes, like

Kathryn Chacra LCSW-S: modulating his emotions, to be able to hang out with friends without the nervousness overtaking him and making him just be like, never mind, I don't even want to go hang out.

Kathryn Chacra LCSW-S: The potential gap is what's so painful. And I think that can be social, or that can be in our abilities that can be in our relationship. So it's the idea of I know what I

Kathryn Chacra LCSW-S: could be doing and who I could be, and I can't get there because of this brain. And so that that potential gap is what's so painful. And I do think that can happen even in relationships.

Allison Puryear (she/her): Oh, yeah.

Kathryn Chacra LCSW-S: Like. I know

Kathryn Chacra LCSW-S: who I could be as a friend, and I can't get to that level of friendship with people.

Allison Puryear (she/her): Right.

Kathryn Chacra LCSW-S: Maybe because I have a little out of sight out of mind. So we go home for summer, and I haven't kept up with anyone, and I've completely disconnected. And then.

Kathryn Chacra LCSW-S: by the time I meet them, because I don't have great nonverbal working memory or verbal working memory, I don't even have good self awareness of myself, which is why a lot of imposter syndrome can happen is because I don't even re like the brain will not give me, hey? You've already done this. You've already made a friend. You know how to introduce yourself. Remember, last year you made a great group of friends like the brain is just like.

Kathryn Chacra LCSW-S: I don't know. Have you ever made friends like.

Allison Puryear (she/her): Right.

Kathryn Chacra LCSW-S: Give you what you need in that moment. And so you could doubt yourself, and you can just really not be allowed to solidify a self image.

Allison Puryear (she/her): I'm so glad that Willy Wonka gave us, like, a frame a fun frame to be able to like talk about all these things.

Kathryn Chacra LCSW-S: Yeah. So yeah, when you watch the movie, maybe next time you'll be like, I see a little of this.

Allison Puryear (she/her): For sure, for sure. Awesome. Thank you so much, Kathryn.

Kathryn Chacra LCSW-S: Thank you, Allison. I enjoyed it so much.

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