



# THERAPEUTIC CONSIDERATIONS



# Can APRNs Diagnose Autism?

- It is within the scope of practice of PMHNPs to diagnose Autism, but not within our scope of competency without further training, and is usually not feasible in a FQHC setting due to visit lengths.
- Standard Battery for Autism in kids uses the ADOS-2- “the gold standard”.
  - Solid at picking up male Autistics with high support needs- these clients are usually identified early in life.
  - 80% false negative among verbal females.
  - There are a few options in the US for training APRNs in the ADOS, but these are typically in the context of Autism testing centers, like the Yale Child Study Center.
  - MIGDAS-2 is recommended measure for high masking teens who do not fit stereotypical autism presentation

# What Can We Do?

- Consider reason for seeking diagnosis
- AFAB teens/adults with low support needs will likely not meet criteria based on standard battery
- If seeking diagnosis is for self-understanding and ND affirming evaluator is not available, encourage shifting mindset around self care and treatment goals.
- Use screening tools to assess for autistic traits
  - Use the [Camouflaging Autistic Traits Questionnaire](#) (CAT-Q) if you are concerned about masking or if the client is questioning whether they may be autistic but does not have overt social difficulties
- [Embrace Autism](#) website
  - Includes all free screening/assessment tools

# Therapeutic Considerations

- Research shows little evidence for CBT as successful treatment in ADHD, but treatment goals based in observed behavior rather than well being
- Most suggestions from therapists/coaches are based on neurotypical norms and we need to avoid them.
  - *Example: teaching coping skills in therapy often has the unspoken expectation that the client will/can utilize these skills when needed. ADHDers struggle to implement learned techniques outside the office. ADHD affirming therapy would put as much focus on planning and follow through as learning actual skills.*

trying to apply what your therapist says



**Applied Behavioral Analysis** is the current SOC for Autism

- ABA is a set of behavioral strategies implemented by a Board Certified Behavioral Analyst (BCBA) for 10-40 hours a week, usually at home
- **Yes, ABA works** to change behavior. However:
- **ABA is often utilized to alter child behaviors to align with behaviors of allistic peers**
  - Ex: “quiet hands,” forced eye contact, linear, back and forth conversation
  - Ex: exposure therapy: good for anxiety based disorders, not good for autism. The
- Does not respect bodily autonomy
- Teaches shame about being different
- Controversial topic in the Neurodiversity Movement
  - Some say [abolish ABA](#)
  - Some say to reform from within

# AUTISM THERAPY RED FLAGS

1. Observation is Not Allowed
2. Indefinite Therapy
3. Extreme Hours
4. No Stimming Allowed
5. Requires Eye Contact
6. Excessive Reliance on Token Systems and Edibles
7. Rigid Approach or Refusing to Make Basic Accommodations
8. Focus on Outward Behaviors, Rather than Functional Skills
9. Expecting Kids to Perform on Command, Regardless of How Difficult Something is or Where the Child is at Emotionally
10. Moving too Fast or Not Breaking Down Tasks into Manageable Pieces
11. Learned Skills Don't Transfer
12. Focus on Compliance
13. Focus on Verbal Communication
14. Punishment of Any Kind
15. Presumes Incompetence

**CREDIT:  
AUTISTIC  
MAMA**

# Learn more about ABA from Autistic people



[Max Sparrow on ABA](#)



[Does ABA Work? We're Asking the Wrong Question. » NeuroClastic](#)



[Read more](#)

**AUTISTIC MAMA**  
*With Kaylene George* ∞

Empowering parents to develop the unique flavor of parenting strategies that actually work for your neurodivergent child, your values, and your entire neurofamily



[Autistic Mama on ABA](#)

# Modalities and Approaches

- Most therapy models are built with neurotypical experiences in mind.
- Some modalities/thinkers that align more naturally with neurodivergent experiences, but still need to be done with an understanding of a client's unique makeup:
  - Internal Family Systems, Acceptance and Commitment Therapy, Narrative Therapy
  - Collaborative & Proactive Solutions
  - Existential and Humanistic approaches: *Carl Rogers, Jung, Rollo May*
  - Kazimierz Dąbrowski's model of Positive Disintegration
  - Somatic Psychotherapy modalities, somatic/bodywork practices

**The Spectrum of Executive Function**

Executive Function is a set of mental skills we use every single day to manage our daily lives.

You can experience different struggles with different parts of executive function that can also change day to day which is why it's shown as a spectrum.

**The Spectrum of Executive Function Tool**

Executive Function is a set of mental skills we use every single day to manage our daily lives.

Many individuals may experience difficulties with executive function and this is why this wheel is a way of communicating what areas we may need extra support in.

Check out the below examples of executive function skills:

- resulting distractions, maintaining focus on a task, disengaging attention is needed.
- time management, estimating time for a task, meeting deadlines, control of how long you spend on a task.
- asking and prioritising a goal, breaking a task into steps, creating a plan, following a routine.
- remembering instructions, visual memory, putting a reminder in place, internal monologue.
- evaluating progress, ability to think about own thoughts, coming up with new ideas, self-reflection.
- initiating tasks, multitasking, "another task."
- resisting emotions before speaking.



## ADHD Assessment Workbook - The Mini ADHD Coach

Lived Experience Educator's ND Friendly DBT Workbook and ADHD/EF worksheets



See more

**Spoon Theory: Adapted for ADHDers and Autists**

36 page fillable workbook

Personal Use

FILLABLE

Hi. I'm Dr. Neff

I am a neurodivergent clinician, parent, and



# Non-therapeutic Interventions



- Movement
  - Intense exercise and mindful movement both play a role
  - Sports, proprioception, activities that strengthen cerebellar connections (e.g. balance)
- Parent education → better outcomes than behavioral interventions
- In ADHDers, Be wary of “hard wired of addiction” - so build novelty and sensation seeking into everyday life and occupation
- In Autists, special interests must be incorporated into daily life, sense of direction and meaning
- Coaching, support groups
- **Somatic work of any kind**

# Thinking in Community- Care Webs

Networks of support by/for neurodivergent/disabled people– “its our attempt to get what we need to love and live, interdependently, in the world and in our homes, without primarily relying on the state”

- Leah Lakshmi Piepzna-  
Samarasinha

## Disability Justice Practices

- Care webs
  - [STAR House](#)
  - [Creating Collective Access | Practicing Crip Solidarity and Love](#)
  - [Project LETS](#)- Peer Support Network Across 10+ colleges in the US



# Educational Supports



- Good accommodations help minimize medications
- Recognize the limits of educational system
- Know the process and explain it to parents. Encourage them to request a 504 plan if client does not have any accommodations. If they have qualified for special education through school evaluation, go to IEP meetings, advocate for ND affirming accommodations- get creative!
  - Resource: [\*The Difference Between IEP and 504 Plans\*](#)
- Parent resources and knowledge on how to navigate the educational system is a major factor—racial and socioeconomic barriers

## IEP MAKEOVERS FOR NEURODIVERGENT CHILDREN: PART 2

### Therapist Neurodiversity Collective International

• Therapy • Advocacy • Education •  
Established January 2018

Before an IEP goal is accepted, determine if all possible supports, modifications and accommodations are implemented and actually being used for the student.

Then consider which of the two, either A or B, the IEP addresses:

- A) Access to education, communication access/AAC, language development for educational purposes, functional ability, fine/gross motor skills, self-determination, self-advocacy, equitable access?
- B) Correcting or masking Autistic 'deficits' (differences) as compared with neuromajority peers?

#### DEFICIT/PATHOLOGY MODEL

When talking with others, student will look at the person, use a pleasant voice, ask questions when appropriate, and not interrupt the other speaker.

When talking with another person, student will maintain an appropriate voice tone by looking at the person, listen to the level of voice tone the other person is using, and speak slowly and calmly.

When student wants to join a conversation, he will look at the people who are talking, wait for a point when no one else is talking, make an appropriate comment that relates to the conversation, choose words that are not offensive, and give other people a chance to participate.

Respond to teasing from peers appropriately.

#### NEURODIVERSITY MODEL

Student will describe what personal boundaries may look like when they do not conflict with her boundaries or others (such as what kinds of information to share with other people, phone safety, physical touching, friendships, peer pressure to do things that are against the rules, morally or ethically wrong, or harmful, bullying):

- a) Describe her own personal boundaries (physical and emotional).
- b) Describe what other's boundaries may look like.
- c) Describe "safe people" when it comes to sharing personal or confidential information.

After watching a video or listening to a passage student will a) predict or anticipate the reaction of the character independently, using emotion words to describe, and b) state how she might feel in a similar situation, and c) state how she might react, or what she might say in a similar situation and why.

Under the following conditions: when given scenarios of social conflicts, the student will independently demonstrate problem-solving skills by

- a) identifying the problem and then
- b) generating at least one socially appropriate solution/response.

The student will initiate and begin a back and forth conversational exchange on a topic of a peer's choosing (for example, greeting and asking previously rehearsed questions learned during role-play) for 5 minutes.

Student will refrain from interrupting others in conversation.

Student will turn-take in a conversation on a peer's chosen topic for 5 minutes, maintain eye contact and ask relevant questions in a pleasant tone of voice.

When provided with difficult hypothetical social situations as encountered in role-playing with speech services, in videos, movies, short stories, and literature sources, student will:

- a) Identify the social problem (breakdown in communication, misunderstanding, conflicting communication styles, disagreement, etc.)

- B) Self-identify how they feel about the situation (label emotions and accompanying physical sensations).

- b) Generate a communication response to solve the problem which would be socially acceptable to most audiences, without sacrificing self-determination and self-advocacy.  
(A socially acceptable response could include not engaging at all until the student is in a self-regulated state, and then, only if or until the student feels safe.)

The student will appropriately acknowledge an interaction initiated by others by giving an appropriate response, either verbal or non-verbal.

When student needs to wait for his turn, he will sit or stand quietly, keep his arms and legs still, avoid whining or begging, and engage in activity when directed to do so by adult.

In order to develop perspective-taking skills, student will self-generate possible responses or outcomes to a social situation or problem, including communicative initiations by others, and consider:

- a) which response or outcome may be most positively received for the situation, and state why.
- b) which response or outcome may be most negatively received for the situation, and state why.
- c) state certain situations when generating a negatively received outcome might be appropriate, (turning down a dance, a date, compliance with something that makes her feel uncomfortable, infantilized, or unsafe).



## Examples of the Integration of a Dinosaurs SIA into Core Elementary School Curriculum

Academic areas	Dinosaurs-integrated assignments
Reading	Read <i>The Complete Guide to Prehistoric Life</i> (Haines & Chambers, 2006).
Writing	Research and write a paper on <i>Tyrannosaurus rex</i> .
Spelling	Learn to spell names of dinosaurs.
History	Research the Precambrian period.
Speech	Present life history of paleontologist George Gaylord Simpson.
Math	Write story problems about tons of leaf consumption by <i>Triceratops</i> .
Science	Research the asteroid theory of the Cretaceous extinction.
Art	Design and build a clay or papier mâché model of the <i>Stegosaurus</i> .
Internet skills	Research the paleontology wing of the Smithsonian Institution (Washington, DC) and the American Museum of Natural History (New York). Consult with paleontologists online.

# Academic support– Incorporate Special Interests



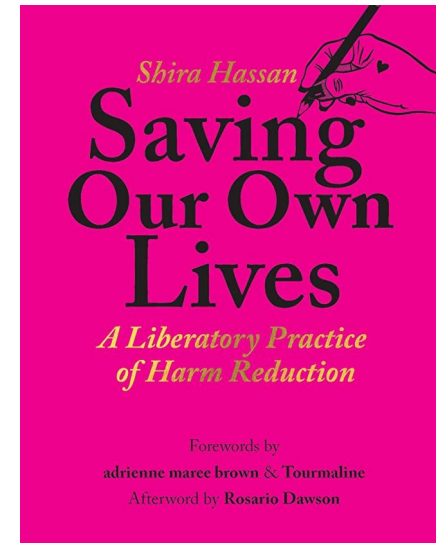
# IN THE ROOM

Creating space for  
**neurodivergent identity  
development and  
authentic Interaction**



# Late-diagnosed Autistic/ADHD Adults

- Children who are older, have lower support needs (“high functioning”), are from minority groups or particular geographic regions are less likely to be diagnosed. [Article](#)
- [Recent study](#) found that 9 out of 10 autistic women experience sexual victimization. ADHDeR’s found to also be at [increased risk](#)
- Be aware of
  - Making space for grief
  - ‘Unmasking’ as a potential trauma trigger
  - High incidence of BDSM/Queer/Kink
  - Substance use
  - Limited opportunities to explore special interests and manage energetic fluctuations



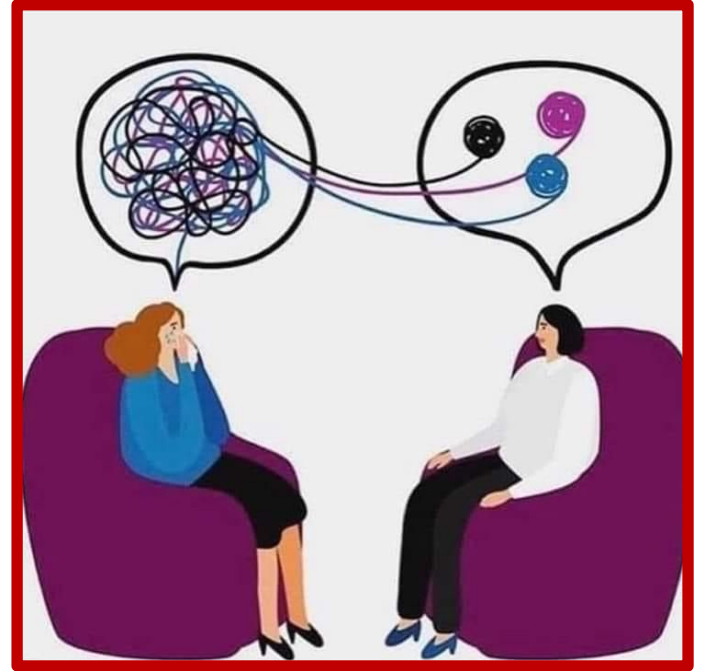
[Book](#)



# In a visit

If you are neurodivergent, model authentic presence and appropriate self disclosure– *this is a practice in unlearning internalized ableism*

- Respond to outside noise/distraction
- Take moments to find train of thought
- Point out when you are struggling with something they struggle with (in the moment, not personal life examples)
- Eye contact
- Identify the ND communication patterns or behaviors that cause shame and allow client to “practice” these in the office



# Practice Cultural Humility

- If you are not an ADHD or Autistic person, recognize and reflect on this. Engage with these populations with the same cultural humility practices you would with any minority identity group. Seek training and consultation from folks with lived experience— these voices are not often represented in research/standard practice
- Sessions will be different- incorporate neurodivergent ways of being into your visits
  - Allow for info dumping, stimming
  - Ask about and respect preferred communication methods


## Cultural Humility Principles

**1. Lifelong commitment to learning and critical self-reflection**

**2. Desire to fix power imbalances within provider-client dynamic**

**3. Institutional accountability & mutual respectful partnership based on trust**

# Talking to kids about Autism

- 
- Increased collective and self-esteem
  - Protective factor against mental illness
  - Lower depression and anxiety rates
  - Increased subjective wellbeing (happiness)
  - Increased resilience and self-determination

reframing  
AUTISM



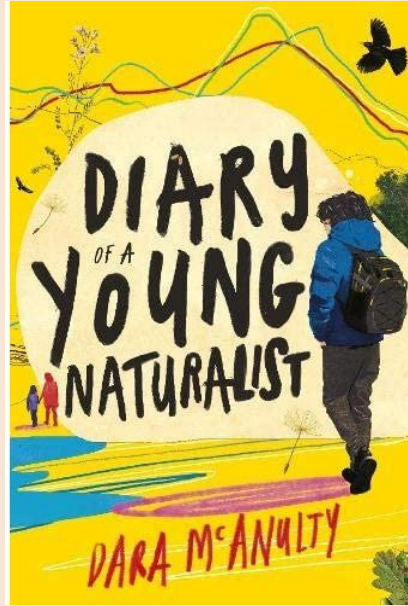
Acknowledging that your child is Autistic will improve their mental health and quality of life.

[Explaining Autistic experience to children: Dr Melanie Heyworth, Aucademy educating - YouTube](#)

For kids-



Educational program for autistic youth



Diary of a Young Naturalist Dara McAnulty

all power to the little people!

woke kindergarten is a global, abolitionist early childhood ecosystem & visionary creative portal

supporting children, families, educators and organizations in their commitment to abolitionist early education and pro-black and queer and trans liberation.

Woke Kindergarten

# For kids

Books For Littles by Raising Luminaries – Igniting the next generation of kind & courageous leaders



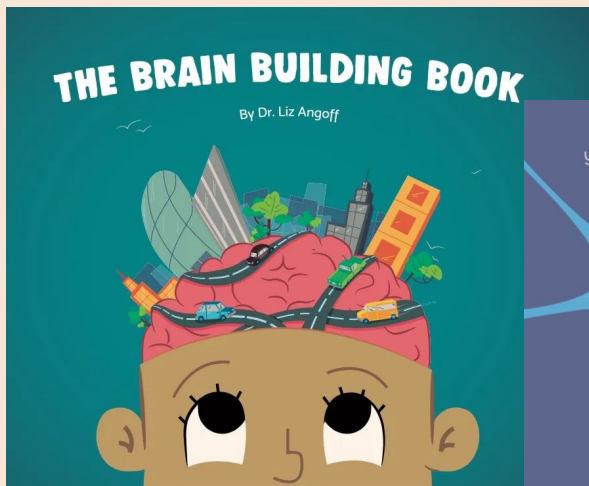
Next Level Collaboration- A research informed and neurodiversity positive social capacity building program, designed and run by educators and therapists of lived experience

**YOUR RAINFOREST MIND**

SUPPORT FOR THE EXCESSIVELY CURIOUS, CREATIVE, SMART & SENSITIVE

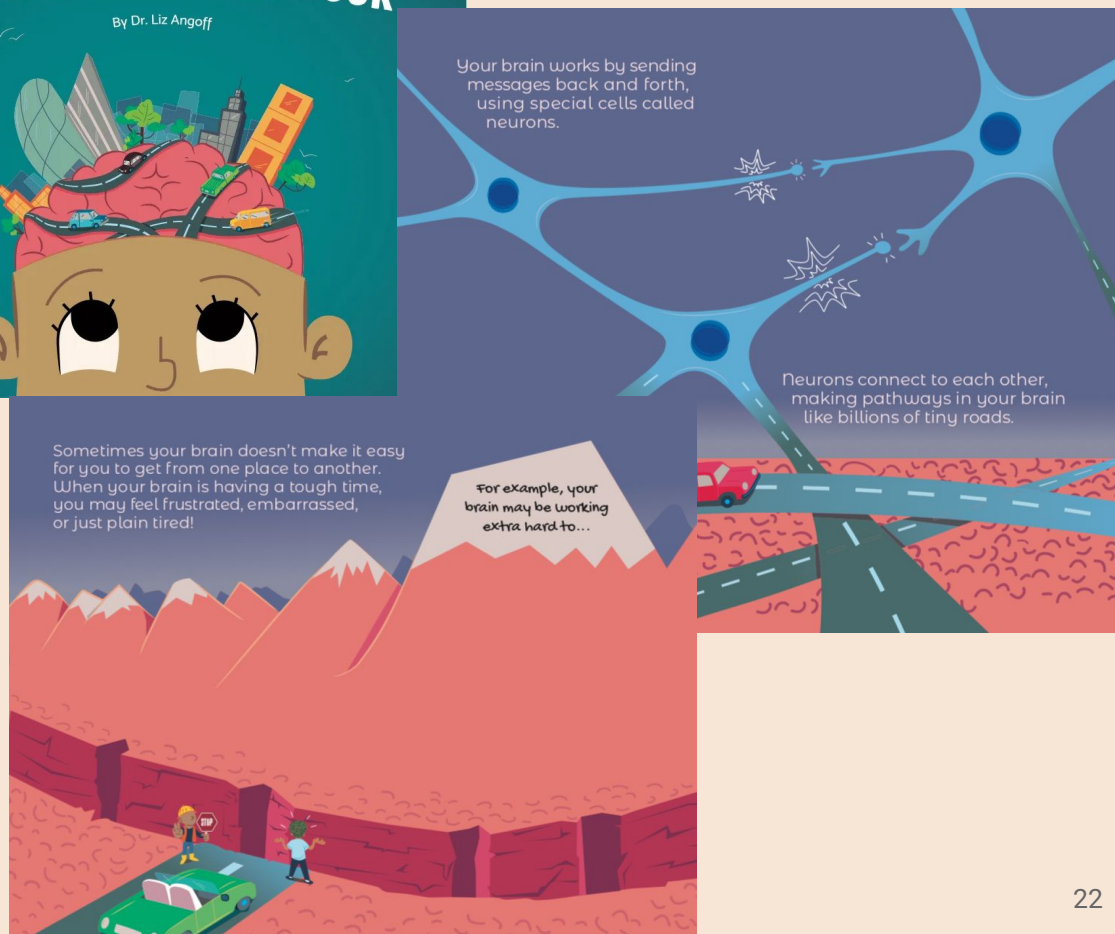
[Website](#)

# Talking to kids about Autism/ADHD



I haven't found great resources yet for explaining ADHD to kids in an ND affirming way, but here's a book that offers a strengths-based to explaining differences/challenges

[The Brain Building Book](#)



WINNER  
AWARD OF EXCELLENCE  
ACCOLADE  
GLOBAL FILM  
COMPETITION

OFFICIAL SELECTION  
NANTUCKET  
FILM FESTIVAL  
2021

20  
YEARS

OFFICIAL WINNER  
SAN DIEGO  
INTERNATIONAL  
FILM FESTIVAL

OFFICIAL SELECTION  
GREENWICH  
INTERNATIONAL  
FILM FESTIVAL  
2021

OFFICIAL SELECTION  
Awareness  
Festival  
2021

Studio City  
FILM FESTIVAL  
Official Selection  
2021

# THE DISRUPTORS

[See the Film](#) [ADHD Resources](#) [ADHD A-List](#) [ADHD Experts](#) [Filmmakers](#) [Press](#) [Extras](#) [Contact](#) [Host a Screening](#)

FORGET EVERYTHING  
YOU THOUGHT YOU KNEW  
ABOUT ADHD

Watch Now 

Watch Now 

Watch Now 

Watch Now 

Watch Now 



[The Disruptors | ADHD Documentary](#)

**reflections for  
professionals who  
are interested in  
being neurodiversity  
affirming:**

@livedexperienceeducator

**Are you allowing  
neurodivergent individuals  
to define their own goals  
and outcomes?**

@livedexperienceeducator

**Are you compensating  
neurodivergent individuals  
for your learning and  
professional development?  
What about supervision?**

@livedexperienceeducator

**Do you focus on increasing  
executive function skills or  
do you focus on providing  
accommodations and tools that  
suit someone's executive  
functioning differences?**

@livedexperienceeducator

**Are you emphasizing  
independence as the ideal  
goal or ideal outcome  
without considering the  
individual's needs and  
circumstances?**

@livedexperienceeducator

**Are you accepting and  
accommodating multiple  
forms of communication,  
expression, movement,  
feeling and functioning?**

@livedexperienceeducator

**How are you improving  
the accessibility of your  
environment and  
practice?**

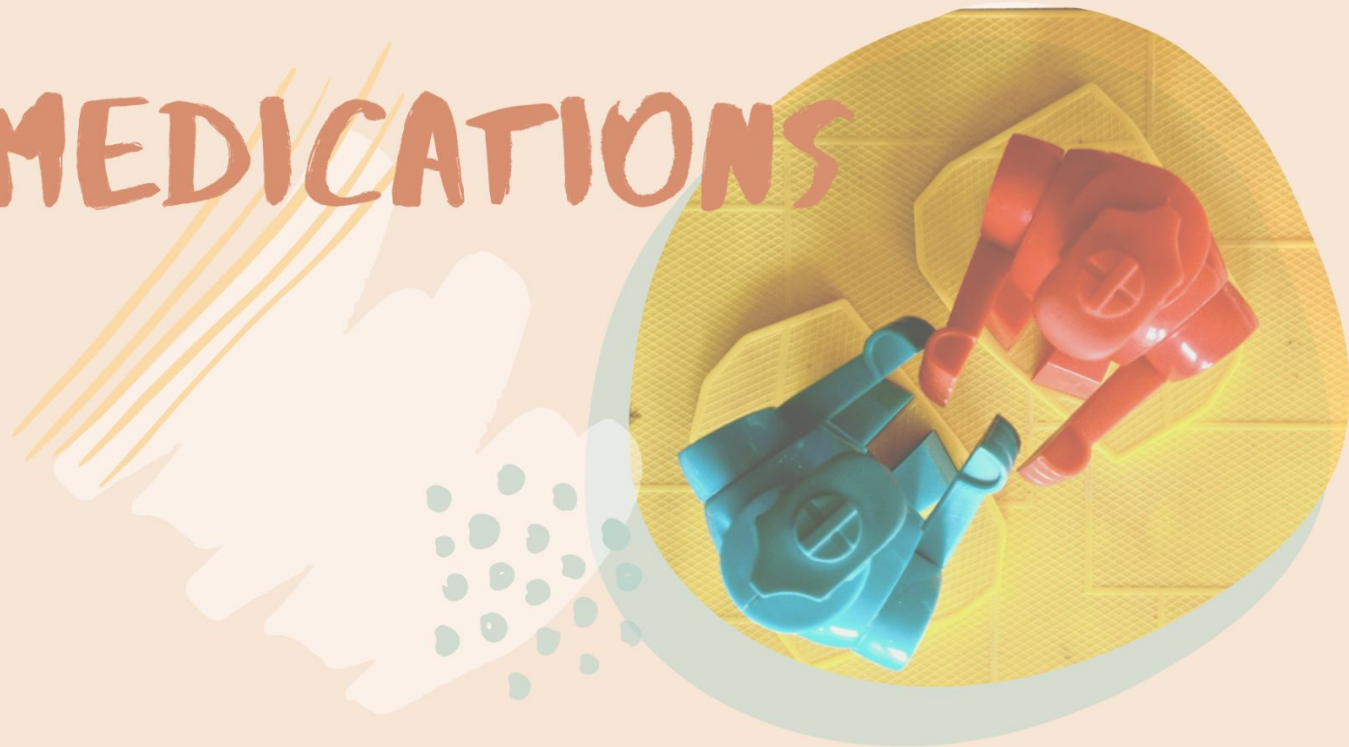
@livedexperienceeducator

**How are you centering and  
amplifying the voices of  
neurodivergent individuals  
within your organisation,  
business or practice?**

@livedexperienceeducator



# MEDICATIONS



# Medications

- A tool (just one) in the ‘how to exist in a neurotypical world ‘ toolbox - Never compulsory
- Never at the expense of other skills/tools - what if meds can’t be used?
- ADHD Meds are not just for focusing at work/school. They can help folks take care of their daily needs and establish habits for longevity.
- Always ask if medication is based in clients needs or others. Ex: too often see medication to “reduce frequency of problem behaviors”

# Working With Autistic Clients

- Ask: what are we treating? Consider trauma-informed frame w/minority neurotype stress as a contributor to depression, anxiety, and trauma presentations
- Despite decades of research, no psychopharmacological agents have been shown to “address the core symptoms” of autism  
Medications are targeted at “associated conditions”-- approximately 70% of autistic individuals ranging from attention deficit and hyperactivity disorder (ADHD), irritability, aggression, mood, and anxiety issues ([Article](#)).

# Tips for Working With Autistic Clients

- Poor reactions to typical starting doses can lead to stopping potentially helpful medications. Start super low!
- Side effects common
- Consider different formulations
  - Liquid (for difficulty swallowing pills)
  - Patch (ex: clonidine, Daytrana)
  - Compounding pharmacy (more control over flavor/texture of med)

# Kids – Uncharted territory

- Studies are incredibly limited
- Most prescribing is off label
- Here is a [2020 study on safety](#)



Research Reports | [Free Access](#)

## Safety of 80 antidepressants, antipsychotics, anti-attention-deficit/hyperactivity medications and mood stabilizers in children and adolescents with psychiatric disorders: a large scale systematic meta-review of 78 adverse effects

Marco Solmi, Michele Fornaro, Edoardo G. Ostinelli, Caroline Zangani, Giovanni Croatto, Francesco Monaco, Damir Krinitski, Paolo Fusar-Poli, Christoph U. Correll

First published: 11 May 2020 | <https://doi.org/10.1002/wps.20765> | Citations: 85

☰ SECTIONS 📄 PDF 🔧 TOOLS 🔄 SHARE

## Abstract

Mental disorders frequently begin in childhood or adolescence. Psychotropic medications have various indications for the treatment of mental disorders in this age group and are

# Depression and Anxiety

- Being different leads to anxiety/depression and trauma responses (minority stress model). Anxiety and depression can also co-exist
- Consider evidence regarding how current treatments for Autism can contribute to anxiety/depression
  - Ex: Social skills groups teach masking,
- There is not currently not strong enough evidence to support use of SSRIs for reduction of repetitive behaviors in autism\*

## QUICK GUIDE ON AUTISTIC BURN OUT.

**SPOT THE SIGNS:**

- exhaustion
- over/underwhelm
- reduced EF skills
- loss of spoken communication
- demand avoidance
- quicker to meltdowns
- inability to mask
- heightened sensory sensitivities

**CONTRIBUTING FACTORS:**

- sensory overload
- sudden/lots of changes
- suppressing stims
- meeting expectations
- intense stress
- masking
- lack of support
- lots of demands

**TOOLS & TIPS:**

- engage with Splns
- attend sensory needs
- connect with Autistic community/resources
- rest, rest & more rest
- establish boundaries
- take time to unmask
- ask for support
- create a burnout plan
- reduce demands & activities

@livedexperienceeducator

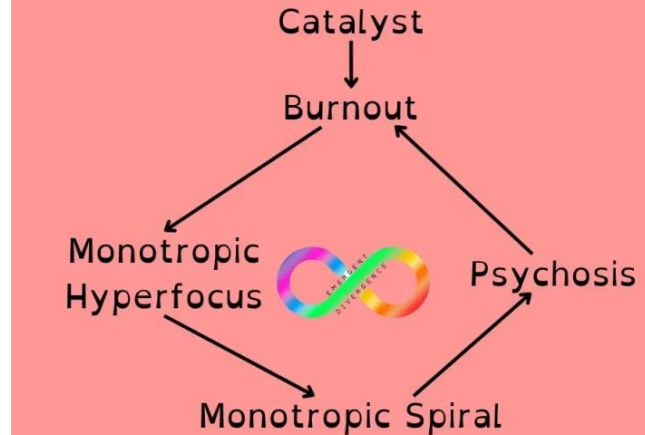
# Autism and Antipsychotics

- Antipsychotics are the SOC
  - [2021 JCAP meta-analysis](#) noted that risperidone and aripiprazole were the two best drugs, with comparable efficacy and safety for improving irritability in pediatric ASD patients.
  - Problem: Success in trials is measured by behavioral observer report
  - It's up to provider to explore w/client what the internal experience is like, whether it's helpful (ex: easier transitions), identify how reduced behavioral issues after starting antipsychotics reflect inner experience
  - For kids, changing environment often leads to reduced doses—accommodations needed to help client regulate. (Ex: PRN risperidone)
  - Autistic clients [have higher risk](#) for and metabolic effects

# Autism and psychosis

- Autistic people found to be 3-5x more likely to experience psychosis
- Until recently, research has not considered:
  - In diagnosed autistics, prodromal psychosis may be missed due to overlapping behavioral presentations
  - Stress as a psychosis trigger for autistics,, despite strong link between daily stress/increased cortisol in adolescents and psychosis risk in general population
  - Subclinical and episodic psychotic experiences
  - Anomalous Perceptual Experiences
    - Synesthesia 3x more likely in autistics

## The Autistic burnout-psychosis cycle



Lived experience voices: The Autistic Burnout-Psychosis Cycle



# Went down the rabbit hole...

[Anomalous Psychedelic Experiences: At the Neurochemical Juncture of the Humanistic and Parapsychological](#)

Article

## Anomalous Psychedelic Experiences: At the Neurochemical Juncture of the Humanistic and Parapsychological

David Luke<sup>1</sup> 

### Abstract

This article explores the nature of psychedelically induced anomalous experiences for what they reveal regarding the nature of “expanded consciousness” and its implications for humanistic and transpersonal psychology, parapsychology, and the psychology and underlying neuroscience of such experiences. Taking a multidisciplinary approach, this essay reviews the nature of 10 transpersonal or parapsychological experiences that commonly occur spontaneously and in relation to the use of psychedelic

Journal of Humanistic Psychology  
2022, Vol. 62(2) 257–297  
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DOI: 10.1177/0022167820917767  
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# Mood Stabilizers in Autism

- Gabapentin acts on the GABAergic system and literature data have reported the presence of an imbalance between excitatory glutamatergic and inhibitory GABAergic pathways in Autism. Minimal research.
  - One [good case series](#)
  - One [current ongoing study](#)
  - No research in kids
- One [Systematic review/meta-analysis of mood stabilizers](#) (lamotrigine, valproate, topiramate, levetiracetam) found
  - “Given the methodological flaws in the included studies and the contradictory findings, it is difficult to draw any definitive conclusion about the effectiveness of mood stabilisers.”
- Similarly little research on ADHD
- With research not having the answers, we have to practice discomfort, let clients try options (wth risk/benefit discussion), and listen to their experiences– see survey>



Mary Ann Liebert, Inc. publishers

Journal of Child and Adolescent Psychopharmacology > Vol. 29, No. 2 > Original Articles

Open Access

## Rating of the Effectiveness of 26 Psychiatric and Seizure Medications for Autism Spectrum Disorder: Results of a National Survey

Devon M. Coleman, James B. Adams, Amy L. Anderson, and Richard E. Frye

Published Online: 7 Mar 2019 | <https://doi.org/10.1089/cap.2018.0121>

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### Abstract

**Objective:** The objective of this study was to provide an evaluation of the benefits and adverse effects (AEs) of psychiatric and seizure medications commonly used for individuals with autism spectrum disorder (ASD).

[Really good article](#)

# Stimulants are best practice for ADHD

- **Misconception:** *non-stimulants work as well as stimulants and should be tried first due to addiction risk of stimulants*
- **Reframe:** There are no direct comparisons between stimulant and non-stimulant medications in clinical trials, but meta-analyses in adults show improved response with at effect sizes in short-term trials of adult ADHD are greater for stimulants compared with non-stimulant medications. Evidence shows that stimulant treatment:
  - Reduces later substance use in ADHD teens
  - Significantly reduces car accidents in ADHD adults



- Evidence for methylphenidate as treatment option for emotional regulation in ADHD Adults
- Another study w/similar findings, noting evidence is not strong for SSRIs/mood stabilizers, but likely due to need for more research



ISSN: 1465-6566 (Print) 1744-7666 (Online) Journal homepage: <https://www.tandfonline.com/loi/ieop20>

## Current and emerging pharmacotherapy for the treatment of adult attention deficit hyperactivity disorder (ADHD)

Giulio Perugi, Alessandro Pallucchini, Salvatore Rizzato, Vito Pinzone & Pietro De Rossi

To cite this article: Giulio Perugi, Alessandro Pallucchini, Salvatore Rizzato, Vito Pinzone & Pietro De Rossi (2019): Current and emerging pharmacotherapy for the treatment of adult attention deficit hyperactivity disorder (ADHD), *Expert Opinion on Pharmacotherapy*

To link to this article: <https://doi.org/10.1080/14656566.2019.1618270>

# Emotional dysregulation

# Autism and ADHD

- Medication sensitivity can lead to poor stimulant response (side effects, irritability) in ADHD/Autistic clients. However, this can lead to overcaution
- Current research indicates stimulants should be considered w/comorbid ADHD
  - 2019 [systematic review](#) urged caution in using research on increased irritability from stimulants as a rule out for stimulant treatment.
    - Strong evidence for stimulants in reducing irritability in ADHD alone
    - Current evidence is not enough to support OR discourage stimulant use in ADHD/autism
    - Use clinical judgement
  - [Significant improvement in processing speed](#) w/stimulant treatment in ADHD/Autism
  - Treatment of ADHD symptoms may [reduce need for antipsychotic medications](#)

# Alpha Agonists- the “Yellow Light” Medications

## Alpha Agonists

- Guanfacine (Intuniv, Tenex)
- Clonidine (Kapvay, Catapres)
- FDA approved in kids for ADHD and PTSD
- Underutilized in adults
- Helpful for impulsivity and emotional reactivity (often experienced as RSD)
- No better than placebo in autism for increased social behavior and reducing repetitive behavior\*, but in my clinical experience can reduce distress and help with tolerating transitions and stressful/unaccommodating environments



# Propranolol

- Propranolol may be useful in the treatment of anxiety disorders caused by unsettling memories, notably PTSD. Furthermore, propranolol is useful in lowering emotional arousal, eradicating stage fright, and alleviating anxiety-related cognitive dysfunction ([Article](#))
- It is important to consider propranolol's potential as a preventative treatment for chronically stressed individuals.. Propranolol is shown to reduced anxiety-like behaviours while also increasing resilience to a following stressor ([Article](#))
- [Recent article](#) notes differences in sympathetic/parasympathetic balance in autism
- [One study](#) on propranolol in autism, but framed around “reducing problem behaviors”

## Naltrexone

FDA approved for Alcohol Use Disorder and Opiate Use Disorder

Reduces the body's 'reward' response to these substances

Often used off label to reduce self-harm behaviors, binge eating, and skin picking



Anecdotal Evidence



# Misconceptions and Reframes



- **Misconception:** *Stimulants are not safe for ADHD w/comorbid bipolar due to risk of mania*

- **Reframe:**

- Patients with co-occurring bipolar disorder and ADHD should be stabilized on a therapeutic dose of a mood stabilizing medication prior to treating ADHD with a stimulant.
- Significant risk of activating mania when stimulant is used before mood stabilizer
- No increased risk of mania when mood stabilizer is present.
- Still possibility of psychosis if schizoaffective
- [Source article](#)

# Supplements



- **Fish Oil- 3000-4000MG daily**
  - JAACAP 2011 Metaanalysis showed small but significant effect in improving ADHD symptoms
  - More data needed, but benign side effects, benefits around structured attention to health.
- **N-Acetyl Cysteine- 2400MG daily**
  - Antioxidant- modulates glutamatergic, neurotropic, and inflammatory pathways
  - **NOT specifically for ADHD-** Strong evidence for common co-occurring conditions: substance use, including cannabis dependency, hair pulling/skin picking

# Supplements



## L-Methylfolate- 7.5 - 30 MG daily



- 40% of us have a genetic profile limiting ability to process folate, which is essential in neurotransmitter synthesis and [linked to Autism and ADHD](#)
- [Conflicting research](#) on on folate as adjunct in ADHD. Some evidence of reduced methylphenidate response. Further research needed, genetic testing for MTHFR polymorphisms encouraged.
- May be helpful for co-occurring MDD. A [2021 meta-analysis](#) and [2022 systemic analysis](#) found Folate, as an adjunct to SSRI/SNRIs improves depression scale scores, patient remission,, and response rates.

# Consumer Lab

[consumerlab.com](http://consumerlab.com)

- Tests various supplements to compare label to actual ingredients
- Important because supplements are not monitored by the FDA

Test Results by Product: ▼

Approval Status <sup>1</sup>	Claimed Amount of Melatonin Per Serving <sup>1</sup>	Directions	Cost per Serving
Product Name (Suggested Serving on Label)	Disintegration	Pill Size <sup>1</sup>	[Cost per 1 mg Melatonin] <sup>1</sup>
			Price
<p><b>APPROVED</b></p> <p><b>Top Pick</b></p> <p>for Low Dose - 1 mg</p> <p>Swanson® Melatonin <sup>+</sup></p>  <p>Dist. by Swanson Health Products</p>	<p>1 capsule</p> <p>1 mg ✓</p> <p>NA</p>	<p>As a dietary supplement, take one capsule with water one half-hour before bedtime.</p> <p>Medium/large capsule</p>	<p>\$0.02/capsule</p> <p>[\$0.02]</p> <p>\$1.99/120 capsules</p>
<p><b>NOT APPROVED</b></p> <p>Zarbee's Naturals® Children's Sleep With Melatonin - Natural Berry Flavor <sup>+</sup></p>  <p>Dist. by Zarbee's Inc.</p>	<p>1 gummy</p> <p>1 mg</p> <p>Found 1.9 mg per serving (187% of listed amount)</p> <p>NA</p>	<p>If your child weighs less than 31 lbs. (14 kg), this product is not recommended for use. 3 Years to 5 Years: Consult your physician for adequate serving, not to exceed 1 gummy. 6 Years to 12 Years: Take 2 gummies. 12 Years and Older: Take 3 gummies.</p> <p>Medium/large bee-shaped gummy</p>	<p>\$0.25/gummy</p> <p>[\$0.25 based on amount listed]</p> <p>[\$0.14 based on amount found]</p> <p>\$12.74/50 gummies</p>

# Cannabis

- Systematic Review: Cannabis and cannabinoids may have promising effects in the treatment of symptoms related to ASD, and can be used as a therapeutic alternative in the relief of those symptoms. However, randomized, blind, placebo-controlled clinical trials are necessary to clarify findings on the effects of cannabis in this population
- Brief Report: Cannabidiol-Rich Cannabis in Children with Autism Spectrum Disorder and Severe Behavioral Problems—A Retrospective Feasibility Study
- Current state of evidence of cannabis utilization for treatment of autism spectrum disorders

# THC/CBD

- Diagnostic considerations
- Self medication
  - Helps vs harms ratio depends on the person
- Chronic use can lead to motivation/activation issues
- Rather than requiring discontinuation in order to be on psychiatric medication, consider urine test for marijuana metabolites by GC/MS to explore/monitor level of use





# THC/CBD + Medication

- Oral THC/CBD increases levels of most psych meds due to slowing down drug metabolism.
- Smoked THC/CBD can decrease drug levels of specific meds- Noted in green on the list.
- Unclear re. interactions w/stimulants, more research needed
- WATCH OUT for Delta 8 and other synthetic formulations

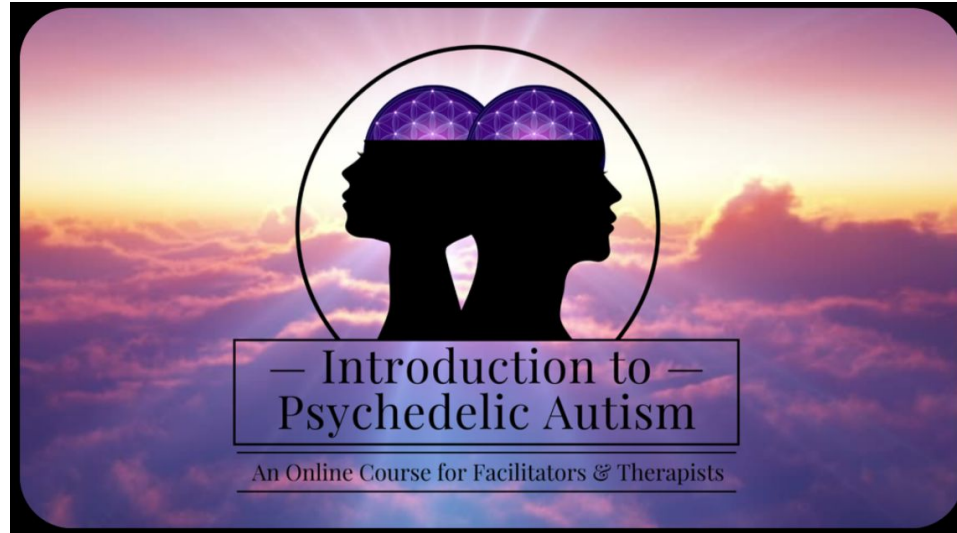
## Psychiatry

Alprazolam	CYP3A4
Amitriptyline	CYP2C19 CYP2D6
Aripiprazole	CYP2D6
Atomoxetine	CYP2D6
Brexipiprazole	CYP2D6 CYP3A4/5
Bupropion	CYP2D6 CYP3A4/5
Buspirone	CYP3A4/5
Citalopram	CYP2C19
Clomipramine	CYP2C19 CYP2D6
Clonazepam	CYP3A4/5
Clozapine	CYP2D6
Desipramine	CYP2D6
Diazepam	CYP2C19 CYP3A4/5
Doxepin	CYP1A2 CYP2D6 CYP3A4/5
Duloxetine	CYP1A2 CYP2D6
Escitalopram	CYP2C19
Fluoxetine	CYP2D6
Fluvoxamine	CYP1A2 CYP2D6
Haloperidol	CYP2D6
Iloperidone	CYP2D6
Imipramine	CYP2C19 CYP2D6
Milnacipran	CYP2C19 CYP2D6 CYP3A4/5
Mirtazapine	CYP1A2 CYP2D6 CYP3A4/5
Nortriptyline	CYP2D6
Olanzapine	CYP1A2 CYP2D6
Paroxetine	CYP2D6
Perphenazine	CYP2D6
Pimozide	CYP2D6
Protriptyline	CYP2D6
Quetiapine	CYP2D6 CYP3A4/5
Risperidone	CYP2D6
Sertraline	CYP2C19
Thioridazine	CYP2D6
Trazodone	CYP3A4/5
Trimipramine	CYP2C19 CYP2D6
Venlafaxine	CYP2D6
Vortioxetine	CYP2C9 CYP2C19 CYP2D6 CYP3A4/5
Ziprasidone	CYP1A2 CYP3A4/5

 Inhibited by THC and CBD

 Inhibited by CBD

# Autism and Psychedelics



Psychedelic Autism: [Course and Community](#)  
[Book filled with lived experiences!!!!](#)



# MDMA



## “Reduction in social anxiety after MDMA-assisted psychotherapy with autistic adults: a randomized, double-blind, placebo-controlled pilot study”

Alicia L. Danforth<sup>1</sup> · Charles S. Grob<sup>2</sup> · Christopher Struble<sup>2</sup> · Allison A. Feduccia<sup>3</sup> · Nick Walker<sup>4</sup> · Lisa Jerome<sup>3</sup> · Berra Yazar-Klosinski<sup>5</sup> · Amy Emerson<sup>3</sup>

Received: 12 June 2018 / Accepted: 20 August 2018  
© The Author(s) 2018

### Abstract

**Rationale** Standard therapeutic approaches to reduce social anxiety in autistic adults have limited effectiveness. Since 3,4-methylenedioxyamphetamine (MDMA)-assisted psychotherapy shows promise as a treatment for other anxiety disorders, a blinded, placebo-controlled pilot study was conducted.

**Objectives** To explore feasibility and safety of MDMA-assisted psychotherapy for reduction of social fear and avoidance that are common in the autistic population.

**Methods** Autistic adults with marked to very severe social anxiety were randomized to receive MDMA (75 to 125 mg,  $n = 8$ ) or inactive placebo (0 mg,  $n = 4$ ) during two 8-h psychotherapy sessions (experimental sessions) in a controlled clinical setting. Double-blinded experimental sessions were spaced approximately 1 month apart with 3 non-drug psychotherapy sessions following each. The primary outcome was change in Leibowitz Social Anxiety Scale (LSAS) Total scores from Baseline to one month after the second experimental session. Outcomes were measured again six months after the last experimental session.

**Results** Improvement in LSAS scores from baseline to the primary endpoint was significantly greater for MDMA group compared to the placebo group ( $P = 0.037$ ), and placebo-subtracted Cohen's  $d$  effect size was very large ( $d = 1.4$ , CI – 0.074, 2.874). Change in LSAS scores from baseline to 6-month follow-up showed similar positive results ( $P = 0.036$ ), with a Cohen's  $d$

# Ketamine

Ketamine's proposed mechanisms of action have striking overlap with the theory that autism emerges from differences in synaptic communication and neuronal networks. These differences are due to 'impaired' function of metabotropic and ionotropic glutamate receptors, disruption of BDNF/TrkB signaling, and abnormal mTOR signaling. (Carlson 2012; Correia et al. 2010; Uzunova et al. 2014; Wang and Doering 2013)

Brief Report | [Published: 08 July 2020](#)

## Brief Report: Intranasal Ketamine in Adolescents and Young Adults with Autism Spectrum Disorder—Initial Results of a Randomized, Controlled, Crossover, Pilot Study

[Logan K. Wink](#), [Debra L. Reisinger](#), [Paul Horn](#), [Rebecca C. Shaffer](#), [Kaela O'Brien](#), [Lauren Schmitt](#), [Kelli R. Dominick](#), [Ernest V. Pedapati](#) & [Craig A. Erickson](#) 

[Journal of Autism and Developmental Disorders](#) **51**, 1392–1399 (2021) | [Cite this article](#)

**1072** Accesses | **9** Citations | **10** Altmetric | [Metrics](#)

### Abstract

Dysregulation of glutamate neurotransmission plays a critical role in autism spectrum disorder (ASD) pathophysiology and is a primary target for core deficit research treatment trials. The mechanism of action of ketamine has striking overlap with the theory of ASD as a disorder of synaptic communication and neuronal networks. This two-dose, double-blind, placebo controlled, cross-over pilot trial of intranasal (IN) ketamine targeting core social impairment included individuals with ASD ( $N = 21$ ) between 14 and 29 years. Participants were randomized to received two doses of IN ketamine (30 and 50 mg) and two doses of matching placebo. No significant impact was noted on the Aberrant Behavior Checklist Social Withdraw subscale. The IN ketamine was well tolerated, with only transient mild adverse effects.

# Ketamine

## CASE REPORT

Psychiatry and Clinical Psychopharmacology 2022;32(3):268-272  
DOI:10.5152/pcp.2022.22037

## Ketamine Self-Medication in a Patient with Autism Spectrum Disorder and Comorbid Therapy-Resistant Depression

Mihriban Heval Özgen<sup>1,2</sup> , Wim van den Brink<sup>3</sup> 

<sup>1</sup>Parnassia Addiction Research Centre (PARC), Parnassia Psychiatric Institute, The Hague, The Netherlands; <sup>2</sup>Curium, Department of Child and Adolescent Psychiatry, Leiden University Medical Center, Leiden, The Netherlands; <sup>3</sup>Amsterdam University Medical Centers, location Academic Medical Center, Bijlmer, Amsterdam, The Netherlands

### ABSTRACT

In this case report, we present an adult male patient with autism spectrum disorder and a comorbid (treatment-resistant) mood disorder with suicidality. He has been treated with numerous psychopharmaceuticals, most recently risperidone and valproic acid. He has been hospitalized several times and has attempted suicide. He displayed limited social functioning, repetitive behaviors, sensory hypersensitivity, anxiety, depressed mood, anhedonia, low energy, and chronic suicidality. Despite intensive treatment, he remained highly symptomatic and unable to work. After repeatedly self-medicating with ketamine, the patient reported that his depression and suicidality disappeared and that his autism spectrum disorder symptoms were reduced. This case study - along with previous clinical studies - suggests that ketamine is likely to be effective against depression and suicidality and potentially effective against (certain) autism spectrum disorder symptoms. However, increasing public awareness of the beneficial effects of ketamine may lead to more unsupervised and thus risky use of ketamine for self-medication.

Brief Report | Published: 08 July 2020

## Brief Report: Intranasal Ketamine in Adolescents and Young Adults with Autism Spectrum Disorder—Initial Results of a Randomized, Controlled, Crossover, Pilot Study

[i L. Reisinger](#), [Paul Horn](#), [Rebecca C. Shaffer](#), [Kaela O'Brien](#), [Lauren Schmitt](#), [Kelli R. edapati](#) & [Craig A. Erickson](#) 

*J Developmental Disorders* 51, 1392–1399 (2021) | [Cite this article](#)

Citations | **10** Altmetric | [Metrics](#)

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### ARTICLE HISTORY

Received: March 17, 2022

Accepted: June 22, 2022

Publication date:  
September 19, 2022

**KEYWORDS:** Addiction, autism spectrum disorder, depression, drugs/medication, suicide

Existing resource lists, collaborative efforts, etc

[ND Affirming IEP Accommodations - Google Docs](#)

[Neuro-Affirming Autism/ADHD Resources - Google Docs](#)

[ADOS-2 Write Up Revisions - Google Docs](#)

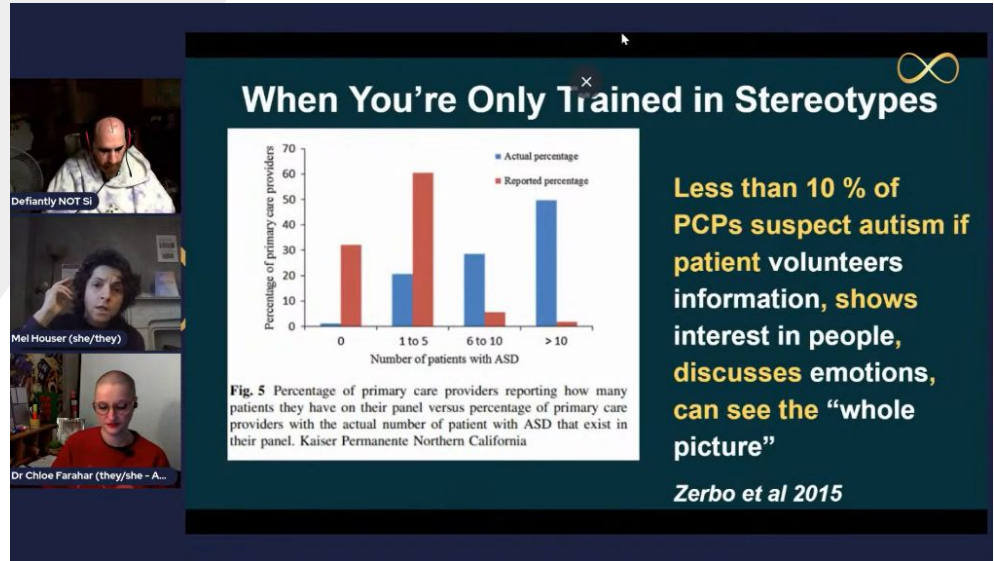
[https://drive.google.com/drive/folders/1cKeMPs1XdoXBk7I\\_2Wi1rtKfecbnwKCT?usp=share\\_link](https://drive.google.com/drive/folders/1cKeMPs1XdoXBk7I_2Wi1rtKfecbnwKCT?usp=share_link)

[Autistic Researchers | Mysite \(autisticprofessor.com\)](#)

[I'm Autistic, Now What??? — Dr. Christine Henry \(therapyforpetpeople.com\)](#)

# Medical Comorbidities

- Ehlers Danlos Syndrome, Apraxia, Autoimmune issues, POTS, GI conditions (IBS, Crohns), Allergies/sensitivities, Prosopagnosia, Sleep apnea
- Difficulty describing bodily sensations, flat affect/incongruent affect leads to lack of identification of conditions
- Autistic people are often overly trusting, which can lead to being misled toward scam treatments (Amen SPECT scans example)



[Why Autistic people have "all the things": Mel & Si educate Aucademy](#)

# Role of the Therapist



- Med adherence - or examine why they may not want to adhere
- Fine tuning medication goals
- Self understanding
- Internalized ableism
- Monitoring side effects

# Psychiatry folks: Collaborate with therapists!

**questions to ask  
to find out if a mental  
health professional  
is neurodiversity  
affirming:**

@livedexperienceeducator

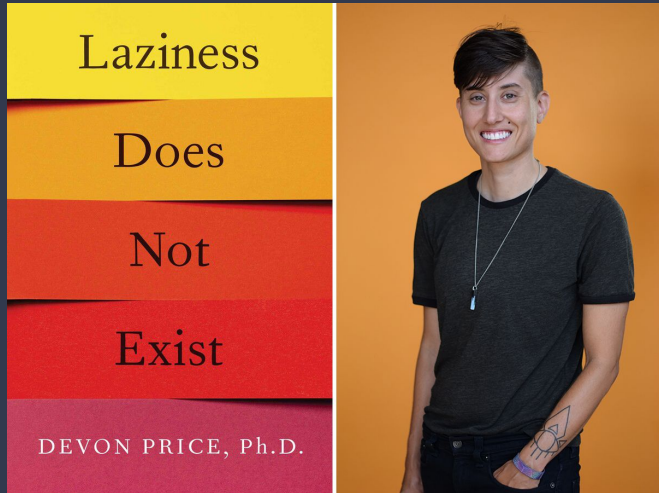
.....



[Read more](#)

Connecting clients with  
Neurodiversity affirming therapists is  
essential. Join [Neurodiversity Affirmative  
Therapists](#) on Facebook

# ADHD Resources



Laziness Does Not Exist: Devon Price

## Books

- **ADHD 2.0** (new book by Hallowell and Ratey) - watch out for pro ABA section
- **Driven To Distraction-** Hallowell
- **Buffering- Unshared Tales of a Life Fully Loaded,** Hannah Hart
- **A Thousand Ways to Pay Attention: A Memoir of Coming Home to My Neurodivergent Mind** by Rebecca Schiller
- **Tom Hartman-** A Hunter in a Farmer's World
- **Smart But Scattered Teens-** Guare and Dawson



# ADHD (and more) Resources

## Facebook Groups & Pages (click to link to page)

- [Neurodiversity Affirmative Therapists](#)
- [Neuroqueer Healers](#)
- [Neurodivergent Counsellors and Psychotherapists](#)
- [ADHD Clinicians](#)
- [Unlearning Ableism](#)
- [ADR: Anti-Ableism 101](#)
- [LGBQIA and Trans Affirming Therapists](#)



# ADHD (and more) Resources



**How to ADHD-**  
[Youtube channel](#)

## Websites, Social Media

- **Summer Farrelly-** ADHD/Autistic Teen doing amazing work- [Website](#)
- **Jenn Has ADHD-** [Linktree](#) - Promoting ADHD Advocacy and Peer Support
- **Annie Crowe-** Neurodivergent Millennial [Website](#)
- **Dani Donovan-** [Website-](#) Comics, Tiktoks
- **The ADHD Homestead-** [Website](#)
- **ADHD Alien-** [Comics!](#)
- **Dreamcatcher Tutoring-** ND Affirming tutoring and educational consulting- [Website](#)

# ADHD (and more) Resources

- **Podcasts**

- [Faster than Normal](#)
- [The Neurodiversity Podcast](#)
- [Neurodiverging](#)

- **Tiktok**

- @myadhdidiary, @mikepanero, @jorislechene, @dr.kojosarfo, @howtoadhd, @courtneyadhd

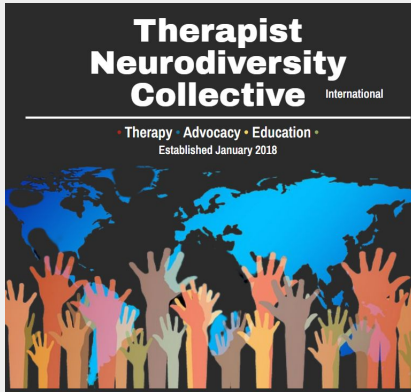
- **Instagram:**

- @nd.narratives, @livedexperienceeducator, @the\_mini\_adhd\_coach, @adhdoers, @iampayingattention, @chloeshayden



Sandra shares her experiences and insights from her late in life ADHD diagnosis and Autistic self-diagnosis as a Black femme and transracial adoptee. This podcast explores the unique experiences of neurodivergent people (particularly those who've been historically excluded from mainstream neurodivergent narratives), often considering intersectionality and social justice lenses while sharing tools and strategies to promote self-knowledge, self-acceptance, radical responsibility and self-love. [Podcast](#)

# Autism Resources



[Therapist Neurodiversity Collective](#)



[Aucademy- endless resources, webinars, guides](#)

- [Elements of Executive Function: Road Trip Without a Map](#)
- [An Autistic Father's Letter to an Autistic Kid](#)
- [Perceptive Observational Analysis: The Autistic Way of Navigating & Connecting Knowledge](#)
- ["Autism is a Spectrum" Doesn't Mean What You Think](#)



# For kids

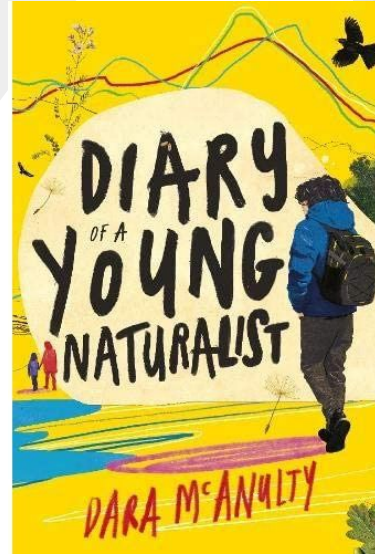
Books For Littles by  
Raising Luminaries –  
Igniting the next  
generation of kind &  
courageous leaders



Educational  
program for  
autistic youth



TENACIOUS INSTIGATORS –  
KIDS BOOKS CELEBRATING  
DISABLED HEROES



Diary of a Young  
Naturalist Dara  
McAnulty



Will You Be My  
friend? Grant  
Harrison

# *Neurodiversity Affirmative Autism Resources for Children and Teens on the Road to Self-Empowerment and Self-Discovery*

Neuroclastic's Guide to the Autistic Mind (written by Autistic writers):

[https://neuroclastic.com/guide/...](https://neuroclastic.com/guide/)

The Reason I Jump (written by a 13-year-old Autistic boy):

[https://www.thriftbooks.com/.../1879635/item/3910794/...](https://www.thriftbooks.com/.../1879635/item/3910794/)

Why Johnny Doesn't Flap: NT is OK!

<https://www.amazon.com/Why-Johnny-Doesnt.../dp/1849057214....>

The Brain Forest (helps kids understand neurodiversity and lean into accommodations):

<https://www.onwardsandupwardpsychology.com/.../book-the...>

100-ish Inclusive Children's Books on Autism and Neurodiversity:

<https://notanautismmom.com/.../inclusive-childrens-books.../>

Guide for parents from the Autistic Self-Advocacy Network (ASAN):

[https://autisticadvocacy.org/book/start-here/...](https://autisticadvocacy.org/book/start-here/)

Book for Teens by ASAN: Welcome to the Autistic Community:

<https://autisticadvocacy.org/.../welcome-to-the.../...>

Standing Up For Myself Book For Neurodivergent Kids And Teens:

<https://ausometraining.com/.../standing-up-for-myself.../...>

Different Like Me: My Book of Autism Heroes:

[https://www.amazon.com.au/.../ref=asc\\_df\\_1843108151/...](https://www.amazon.com.au/.../ref=asc_df_1843108151/...)

Queerly Autistic: The Ultimate Guide for LGBTQIA + Teens on the Spectrum

<https://www.thriftbooks.com/.../27025062/item/51754703/...>

Me and My PDA: A Guide to Pathological Demand Avoidance for Young People

[https://www.amazon.com/.../ref=cm\\_sw\\_r\\_cp\\_api\\_i...](https://www.amazon.com/.../ref=cm_sw_r_cp_api_i...)

13 Tips for Talking to Your Child About Their Autism:

<https://www.parentmap.com/.../13-tips-talking-your-child...>

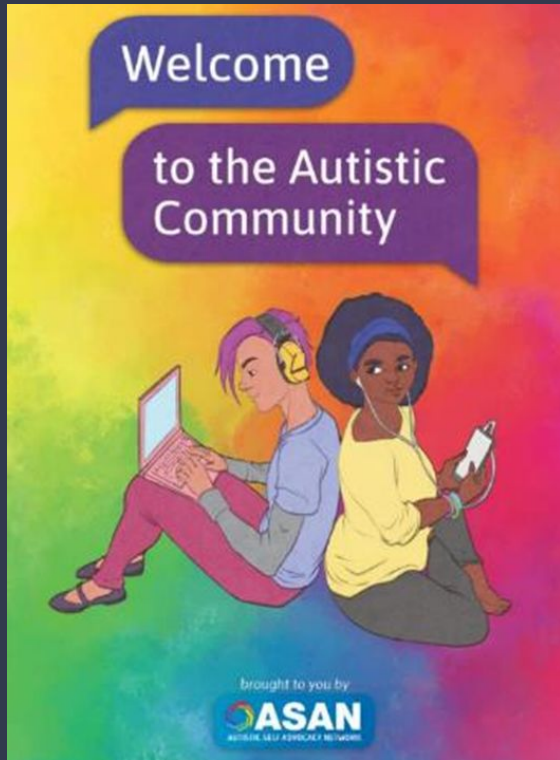
Tools for helping children (and their parents) understand their amazing brains!  
(Compiled by two Autistic psychologists):

<https://brainbuildingbook.com/practitioners/...>

Autism: Anti-Ableist Autism Books:

<https://booksforlittles.com/.../anti-ableist-autism.../...>

# Guides for Autistic Clients



- Autistic Self Advocacy Network- [Welcome to the Autistic Community](#)
- Neuroclastic's [Understanding the Autistic Mind](#), [Descargar la guía Comprender la Mente Autista](#)

# For parents

## AUTISTIC MAMA

*With Kaylene George* 

Empowering parents to develop the unique flavor of parenting strategies that actually work for your neurodivergent child, your values, and your entire neurofamily



[Autistic mom of autistic kids](#)

# QUICK GUIDE ON AUTISTIC MELTDOWNS

## SPOT THE SIGNS:

- bolting/running
- throwing items
- lashing out
- losing control
- crying/yelling
- self-injury
- loss of spoken communication
- freezing or shutting down

## CONTRIBUTING FACTORS:

- masking traits
- intense stress
- sudden/lots of changes
- change in routine
- cognitive overload
- sensory overload
- emotional distress
- lots of demands

## TOOLS & TIPS:

- don't get angry
- reduce sensory input
- identify triggers & early warning signs
- make a meltdown plan
- allow space to express the emotions
- reduce demands
- have an exit strategy
- hold compassion
- sensory space/tools

\*remember that everyone experiences meltdowns differently @livedexperienceeducator

9 TIPS  
FOR PARENTS AND  
AUTISTIC MELTDOWNS

[Read more](#)



# More anti-racism and decolonization resources

Kamora Herrington (Hartford based) for one on one consulting and supervision around dismantling white supremacy in your work and life.  
<https://kamorasulturalcorner.com/>

Dr. Kimberly Douglass, PhD- on demand trainings  
Decolonizing Neurodivergence- from Violence to Love  
<https://reimagineacademy.teachable.com/p/decolonizing-neurodivergence-the-power-of-framing>

'Strategies for Liberating Care from Ableism, Carcerality and Capitalism' :  
<https://www.ominiralabs.com/lab-week-events/lw-02>

## Books:

My Grandmothers Hands by Resma Menakem.

Decolonizing Trauma Work by Renee Linklater

Emergent Strategy, Holding Change, and We Will Not Cancel Us by adrienne maree brown

Mad Blackness, Black Madness by Theri A. Pickins

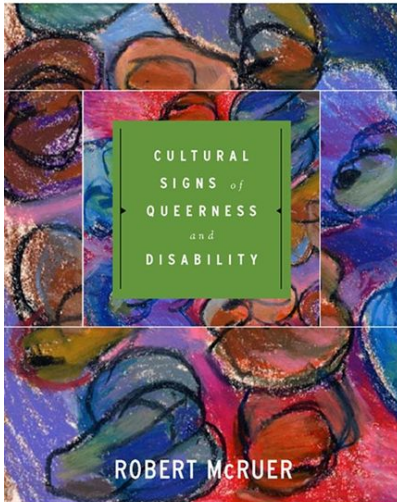
Institutional Racism in Psychiatry and Clinical Psychology- Suman Fernando

Secret Life of a Black Aspie- Anand Prahlad

Liberated to the Bone by Susan Raffo

Care Work: Dreaming Disability Justice by Leah Lakshmi Piepzna-Samarasinha. Also an interview with the author:  
[https://www.youtube.com/watch?v=n\\_sw6Hjfg8](https://www.youtube.com/watch?v=n_sw6Hjfg8)

# CRIP THEORY



ROBERT McRUER

## Neuroqueer Heresies

NOTES ON THE NEURODIVERSITY PARADIGM,  
AUTISTIC EMPOWERMENT,  
AND POSTNORMAL POSSIBILITIES



NICK WALKER

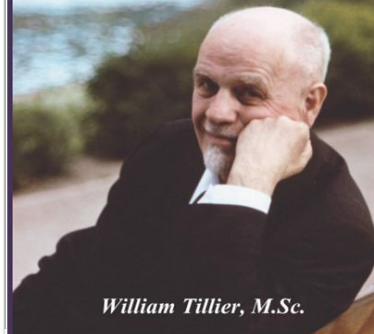
RICHARD SCHWARTZ, PhD



How the  
**INTERNAL FAMILY  
SYSTEMS MODEL**  
Changes Everything

# No Bad Parts

PERSONALITY DEVELOPMENT  
THROUGH  
POSITIVE DISINTEGRATION  
THE WORK OF KAZIMIERZ DĄBROWSKI



*William Tillier, M.Sc.*

## The Body in Recovery

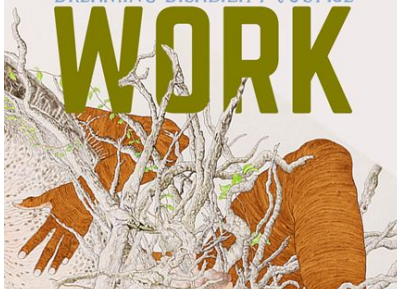
Somatic Psychotherapy  
and the Self



John P. Conger

# CARE WORK

DREAMING DISABILITY JUSTICE



# NO SELF NO PROBLEM

How Neuropsychology  
Is Catching Up to **BUDDHISM**



CHRIS NIEBAUER, Ph.D.

# Queerly Autistic

The Ultimate Guide  
For **LGBTQIA+ Teens**  
On The Spectrum

ERIN EKINS

## POLYAMORY

A Clinical Toolkit for Therapists  
(and Their Clients)

MARTHA KAUPPI



FOREWORD BY KATHY LABRIOLA

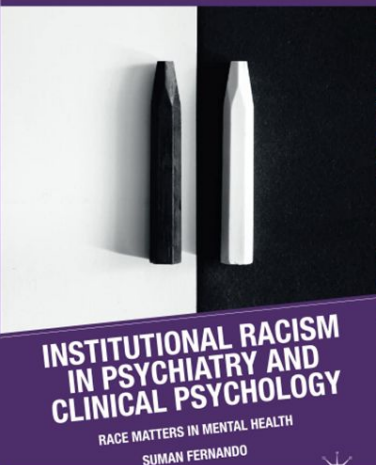
## SOMATIC INTERNAL FAMILY SYSTEMS THERAPY

AWARENESS, BREATH,  
RESONANCE, MOVEMENT,  
and TOUCH in PRACTICE

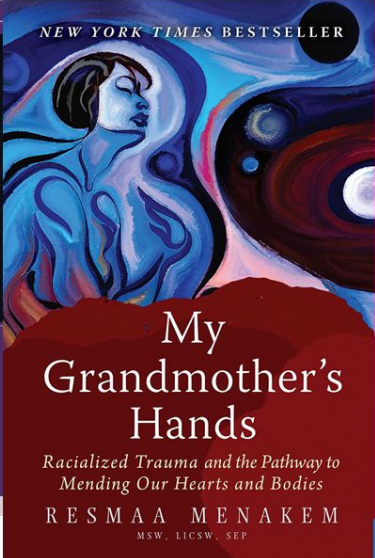
SUSAN McCONNELL

Foreword by Richard Schwartz, Ph.D., founder of Internal Family Systems

CONTEMPORARY BLACK HISTORY



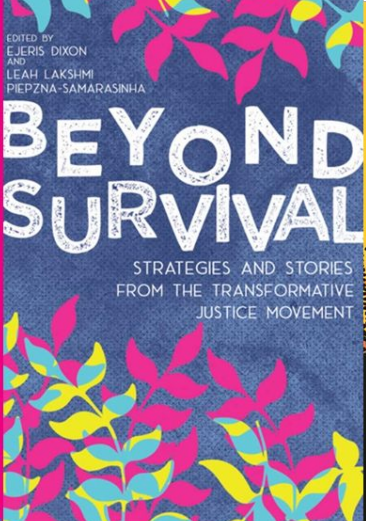
**INSTITUTIONAL RACISM  
IN PSYCHIATRY AND  
CLINICAL PSYCHOLOGY**  
RACE MATTERS IN MENTAL HEALTH  
SUMAN FERNANDO



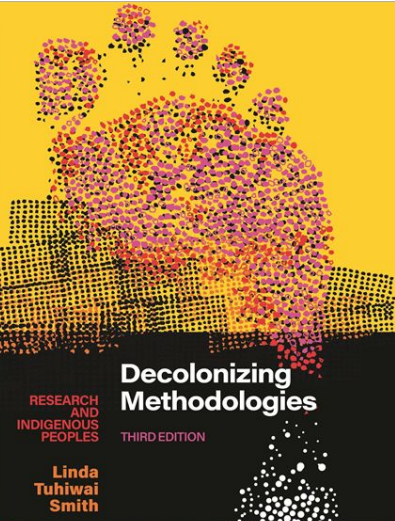
**My  
Grandmother's  
Hands**  
*Racialized Trauma and the Pathway to  
Mending Our Hearts and Bodies*  
RESMAA MENAKEM  
MSW, LICSW, SEP



EMERGENT STRATEGY SERIES  
**WE WILL  
NOT  
CANCEL  
US**  
AND OTHER DREAMS OF  
TRANSFORMATIVE JUSTICE.  
by **adrienne maree brown**  
Afterword by Matkia Devich Cyril



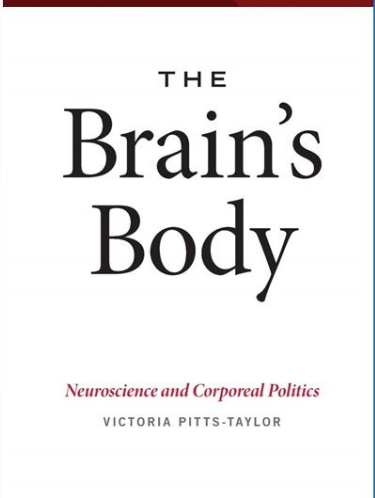
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EJERIS DIXON  
AND  
LEAH LAKSHMI  
PIEPZNA-SAMARASINHA  
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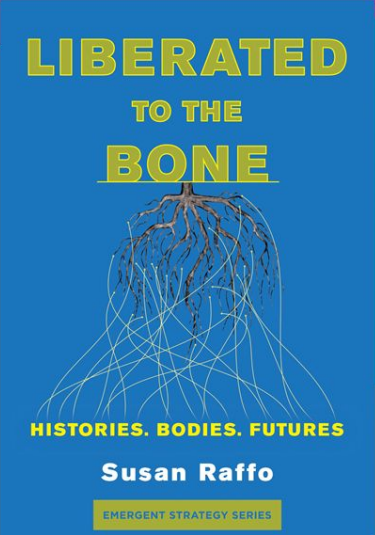
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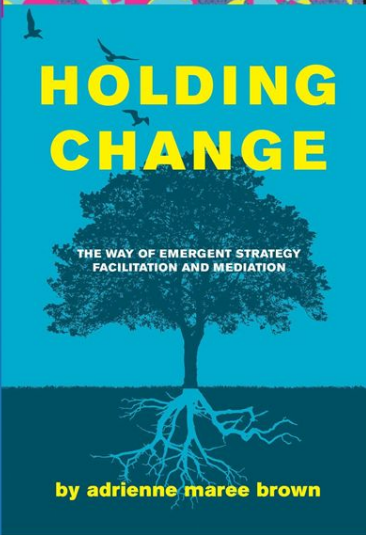
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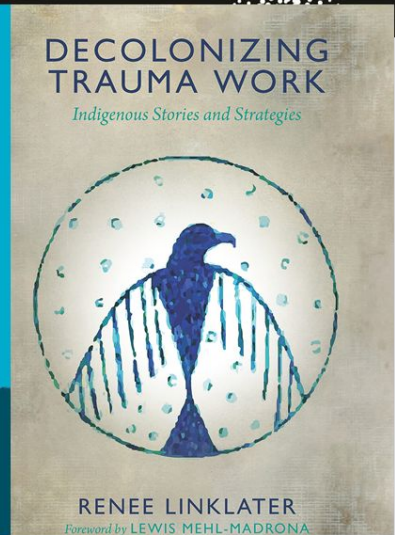
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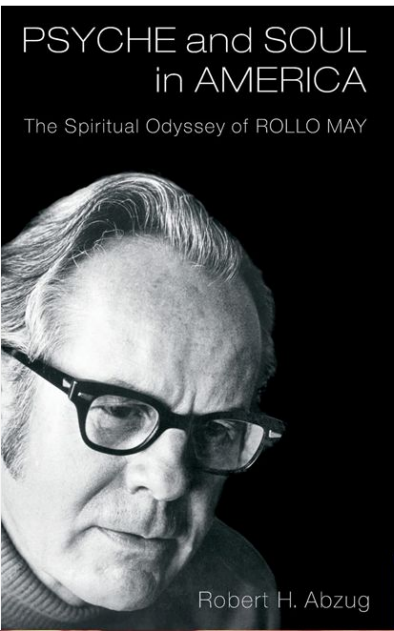
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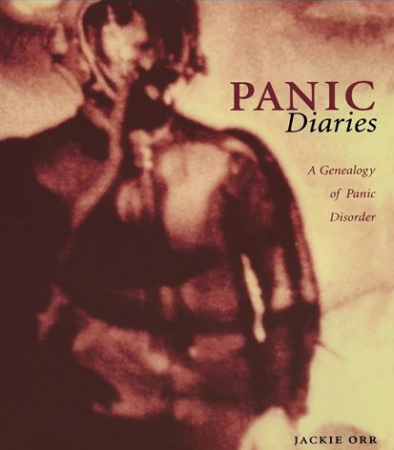
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THE WAY OF EMERGENT STRATEGY  
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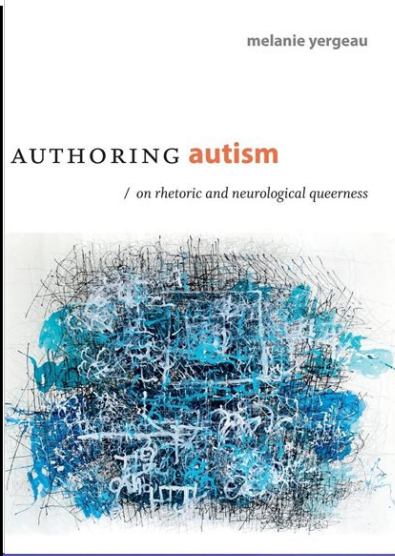
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TRAUMA WORK**  
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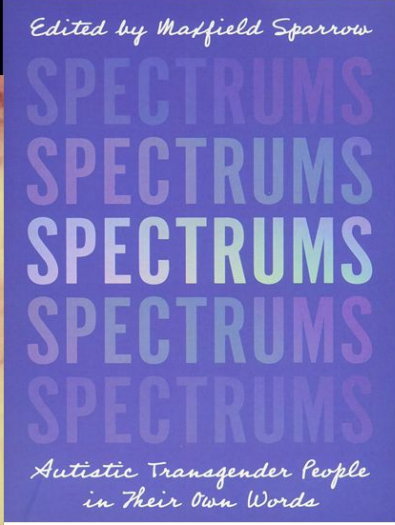
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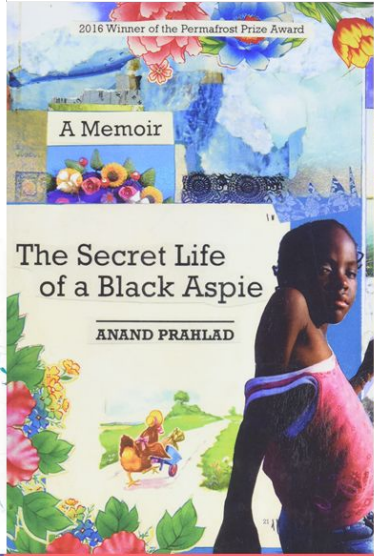


melanie yergeau



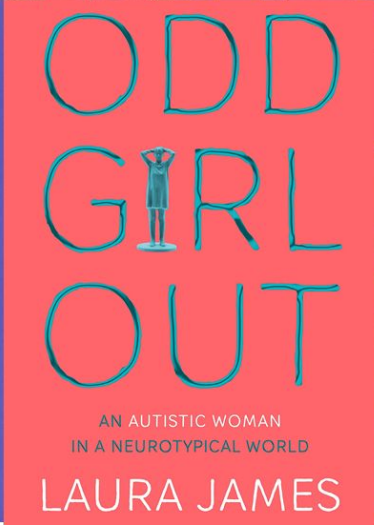
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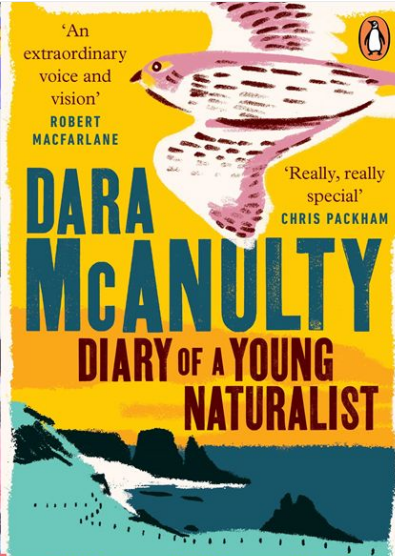
The Secret Life of a Black Aspie

ANAND PRAHLAD



AN AUTISTIC WOMAN IN A NEUROTYPICAL WORLD

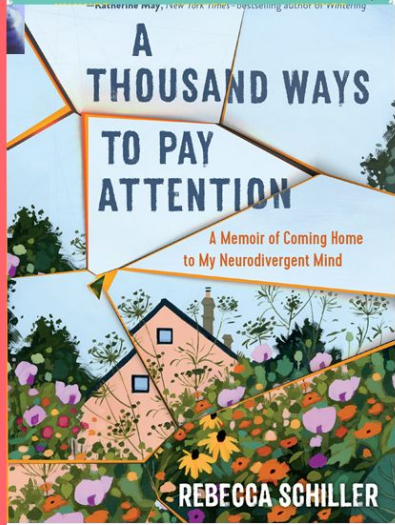
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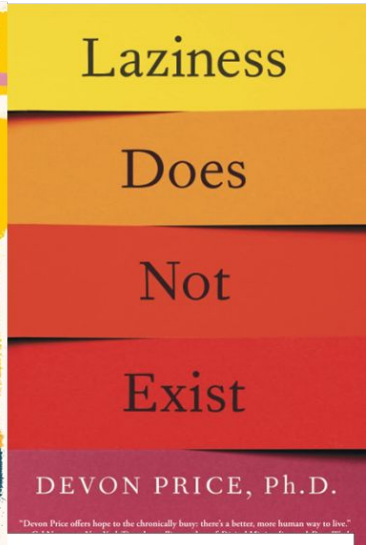
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Laziness

Does

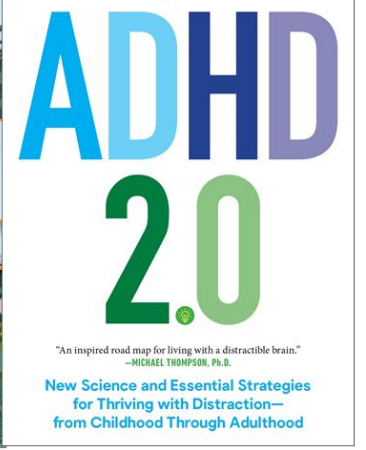
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