

ADHD Coming Home

Module Two

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Introduction

Welcome

Welcome to the ADHD Coming Home course! Both Katie and Alex are thrilled to have you back for Module 2.

Our course is called ADHD Coming Home because we believe that everyone with ADHD has a journey to undertake in order to discover their true selves and live with intentionality. Our aim is to create a supportive and collaborative environment where participants can explore their strengths, struggles, and ultimately come home to themselves.

Our chosen symbol, the **lighthouse**, represents the journey home, the storms we may face, and the importance of finding our own light and truth. We recognize that navigating ADHD can be challenging, but with the right tools and support, we can learn to thrive in our lives. We hope you will join us on this journey of discovery and growth.

Alex + Katie



Pre-Learning

Prior to each live session together, we will provide you with an audio discussion between Alex & Katie as they explore some of the complexities of the concepts in relation to everyday living with ADHD.

The expectation is that you have listened to the audio discussion before each live session, processed it in your own way, and are ready to share your thoughts.

With these course notes and pre-learning material, we encourage you to follow your interests without the need to 'get it right' and 'learn everything'.

We have tried to design this course to support the learning and processing of the wonderful ADHD brain and not to shut it down. We are going to make mistakes and want to make it okay for you to make mistakes too.

We welcome feedback as we have high standards, and we need you on our team to meet them!

All course materials can be found on our online community, you can access it below:

<https://goldmind.circle.so>

The core themes running throughout this course are the use of narrative and the stories we tell ourselves. We draw heavily on Narrative Coaching/Therapy and Narrative Theory. We have structured the course on an adapted version of Stephen Joseph's T.H.R.I.V.E Recovery Model.

The key concepts draw from the fields of Psychology, Psychotherapy, and Coaching. They help us to gain an even deeper understanding of ourselves.

Course Overview

So where are we headed over the next 8 weeks together? Below is a breakdown of each session & objective. You can find more about the 6 executive functions on the next page.

Session 1
Introduction

Introducing the course outline and key concepts.

Session 2
Taking Stock

Taking stock of our narrative before we knew about our ADHD, after we knew, and the journey it took to get there.

Session 3
Harvest Hope

To understand how strengths work can shift our self talk and self perception when we engage with it systematically.

Session 4
Reauthoring

Re-authoring moments of difficulty. How to deconstruct the stories we are telling ourselves through ADHD and other lenses and then moving to strengths.

Session 5
Introspection

Applying the ADHD lens to moments of difficulty and reimagining through strengths.

Session 6
Endings

Experimenting with a structured approach to processing feelings about diagnosis and making sense of the transition from not-knowing to knowing.

Session 7
New Beginnings

How to move forward from an empowered place & communicating change to yourself and to others.

Session 8
Owning & Appreciating
You

How to own and appreciate the breadcrumbs that led you home and examine what ADHD on purpose looks like in a coach.

Course Themes

Narrative Coaching & Therapy

Narrative coaching and therapy are approaches to personal growth and healing that emphasises the importance of creating and understanding our own story. Narrative Therapy was created by Michael White and David Epston, two therapists from New Zealand, in the 1980s. Narrative Coaching was created by Dr. David Drake, a coach and consultant. He developed this approach in the early 2000s, building on the principles of Narrative Therapy and applying them to coaching and leadership development.

Narrative Therapy and Narrative Coaching share some similarities, as they both draw on the principles of narrative theory to help us understand and change the stories we tell ourselves. The main difference is their focus. Narrative Therapy is a therapeutic approach that is primarily focused on helping us overcome mental health problems and emotional distress. On the other hand, Narrative Coaching is a more solution-focused approach.

We have chosen to integrate both approaches because it offers a powerful tool for us ADHDers to explore our experiences and find new ways of making sense of our lives. Many of us ADHDers struggle with negative self-talk and a sense of failure or inadequacy. Through the use of narrative, we hope you can begin to understand how your experiences have shaped your self-narrative and develop a more positive and empowering story.

This can lead to improved self-esteem, greater resilience, and a greater sense of purpose and direction. By integrating narrative coaching and therapy into the ADHD Coming Home course, we aim to provide you with a powerful tool for personal growth and healing.

FURTHER RESOURCES

- **Exploring Narrative Coaching:** www.youtube.com/watch?v=_aSr1VOft0M
- **Ted Talk on changing your story:** www.youtube.com/watch?v=O_MQr4lHm0c
- **Narrative Coaching book:** www.amazon.com/Narrative-Coaching-Definitive-Bringing-Stories/dp/0996356312
- **Narrative Therapy book:** www.amazon.com/Narrative-Therapy-Workbook-Deconstruct-Challenge/dp/1685392954
- **Narrative Therapy Podcast:** www.narrativetherapypodcast.com/episodes

THRIVE RECOVERY MODEL

Stephen Joseph's THRIVE Model is a holistic approach to well-being that emphasises the importance of personal growth, resilience, and positive emotions. The model outlines six key factors that contribute to thriving:

1. Taking Stock
2. Harvest Hope
3. Re-authoring
4. Introspection
5. Values (Endings)
6. Express Change (New Beginnings)

By focusing on each of these components, we can develop a more positive outlook on life and cultivate a greater sense of purpose and fulfilment. We have slightly adapted the model for this course.

The THRIVE Model is an ideal framework for this course because it provides a comprehensive approach to well-being that addresses the unique challenges and strengths of ADHDers. Many of us struggle with emotional regulation, which can make it difficult to maintain healthy relationships and engage in activities that promote vitality and a sense of identity.

Additionally, ADHDers often experience negative self-talk and may struggle to maintain healthy habits. By using the THRIVE Model as a structure for this course, you will learn how to identify and address your challenges and integrate strengths to develop strategies for promoting personal growth and well-being. The model provides a roadmap for navigating the complexities of ADHD, while also emphasising the importance of positivity and resilience.



FURTHER RESOURCES

- **THRIVE Overview PDF:** www.shorturl.at/rtwE6
- **Journal Article on THRIVE:** www.bit.ly/3ZVEA9E
- **Stephen Joseph's book:** www.amazon.com/What-Doesnt-Kill-Psychology-Posttraumatic/dp/0465032338
- **THRIVE Resources:** www.profstephenjoseph.com/

Internalised Ableism

Internalised ableism is a term used to describe the negative attitudes, beliefs, and biases that people with disabilities can develop about themselves as a result of living in a society that places a high value on able-bodiedness and stigmatises disability. The concept of internalised ableism was first introduced by disability rights activist and scholar, Eli Clare, in his 1999 book "Exile and Pride: Disability, Queerness, and Liberation."

Internalised ableism can manifest in a variety of ways, including feelings of shame, self-blame, and self-hatred related to one's disability; a reluctance to ask for accommodations or help; and a tendency to downplay or hide one's disability in order to fit in or avoid discrimination. Internalised ableism can also lead people with disabilities to adopt harmful beliefs and behaviours, such as believing that their disability is a personal failure or that they are less worthy of respect and dignity than non-disabled people.

In conclusion, internalised ableism is a concept that describes how people with disabilities can internalise the negative attitudes and beliefs about disability that are prevalent in society. Recognizing and addressing internalised ableism is an important part of promoting disability acceptance, self-advocacy, and empowerment.

INTERSECTION WITH ADHD

Internalised ableism can lead us ADHDers to believe that our symptoms and challenges are a personal failing or a sign of weakness. We may feel shame or embarrassment about our difficulty with executive functioning, impulsivity, and hyperactivity. This can lead us to downplay or hide our symptoms, which can in turn make it more difficult to receive the support and accommodations we need to thrive.

At the same time, the stigma surrounding ADHD can perpetuate internalised ableism, making it harder for us to feel confident and self-assured in our abilities. Overcoming internalised ableism and addressing the stigma surrounding ADHD is crucial in helping us develop a positive self-image, advocate for our needs, and reach our full potential.

FURTHER RESOURCES

- **10 Signs of ADHD Internalised Ableism:**

www.laconciergepsychologist.com/blog/internalized-ableism-adhd

- **Video Overview of Internalised Ableism:** www.youtube.com/watch?v=94j9MV0l-94

Big T & little t Trauma

SUMMARY

The terms "big T" and "little t" trauma were originally introduced by psychiatrist Judith Herman in her 1992 book "Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror." She used this to distinguish between different types of traumatic events.

"Big T" trauma refers to major traumatic events that are typically experienced as life-threatening or life-altering, such as physical or sexual abuse, combat, natural disasters, or serious accidents.

"Little t" trauma refers to more common or everyday experiences of trauma that may not be as severe or life-threatening, but can still have a significant impact on a person's mental health and well-being.

While the distinction between "big T" and "little t" trauma can be useful in understanding the range of traumatic experiences that individuals may face, it is important to note that the impact of trauma is highly individualised and can vary based on a number of factors, such as the person's resilience, support system, and coping strategies. Additionally, what may be considered a "little t" trauma for one person may be a "big T" trauma for another person, depending on their personal experiences and perspective. Therefore, it is important to approach all experiences of trauma with empathy, sensitivity, and support.

THE LITTLE T OF ADHD

For us ADHDers, "little t" traumas can have a significant impact on our mental health and wellbeing. The chronic stress and emotional dysregulation that can result from ADHD symptoms can make it more difficult to cope with everyday stressors and challenges. As a result, seemingly minor events such as social rejection, criticism, or academic setbacks can trigger a "little t" trauma response and lead to symptoms such as anxiety, depression, and feelings of inadequacy.

Recognising and addressing the impact of "little t" traumas on ADHD is important in supporting our mental health and promoting resilience.

FURTHER RESOURCES

- **Big T, little t explained:** www.youtube.com/watch?v=jguHfpw3wqU
- **Additude article on ADHD & trauma:** www.additudemag.com/adhd-trauma-somatic-therapy

Interrupted Reaching

SUMMARY

Being raised and parented by parents who have undiagnosed ADHD or other neurodiverse conditions can have a significant impact on a child's emotional and psychological development.

Parents who are not aware of their own brain wiring may struggle to understand their own needs, let alone the needs of their children. This can result in a phenomenon we call "interrupted reaching out," where as children we may have tried to communicate our needs and feelings to our parents, but these attempts were ignored or dismissed. Over time, we learnt that reaching out does not result in our needs being met and so stop seeking support or connection altogether.

This can lead to a sense of disconnection from our own emotions, physical sensations, and cognitive needs, which can impact on our sense of self, relationships, and overall well-being.

THE ADHD LENS

Without the support and validation of parents/caregivers, we may have learned to suppress our emotions and needs in order to avoid the pain of rejection or dismissal. As a result, we may struggle with low self-esteem, difficulty trusting others, and a sense of disconnection from our own emotions and needs.

This can make it challenging to seek out a diagnosis for our own ADHD later in life, as we may be hesitant to ask for help or feel that our symptoms are not "serious enough" to warrant attention. It is important for us ADHDers who were raised by parents with undiagnosed ADHD to reconnect with our emotions and needs in order to empower ourselves.

What's mine, what's yours?

SUMMARY

The term "projection" was first introduced by Sigmund Freud, the founder of psychoanalysis, in his book "On Narcissism: An Introduction" published in 1914. Freud believed that projection was a defence mechanism that allowed us to cope with unacceptable or repressed aspects of our own personality by attributing them to others. Since then, many other psychologists and theorists have expanded on the concept of projections.

Today 'projections' are understood as a defence mechanism that involves attributing our own thoughts, feelings, or behaviours onto another person or object. Deciphering projections involves identifying the ways in which we may be projecting our own issues onto others, and recognizing how this can impact our relationships and perceptions of ourselves.

WHAT'S MINE, WHAT'S YOURS?

"What's Mine, What's Yours" is a useful concept for helping ADHDers understand the power of projections. It involves learning to distinguish between our own thoughts, feelings, and behaviours and those of others, so that we can take responsibility for our own issues and avoid projecting them onto others.

This can be particularly challenging for ADHDers and emotional dysregulation and impulsivity. By learning to recognize when we are projecting our own issues onto others, we can take steps to address our own needs and improve our relationships with others. This can involve seeking out therapy, developing mindfulness practices, or engaging in self-reflection and self-care.

Ultimately, by becoming more aware of our own projections and taking responsibility for our own issues, we can cultivate greater self-awareness, self-acceptance, and healthier relationships with others.

RESOURCES

- **ADHD & Emotions:** www.chadd.org/attention-article/adult-adhd-and-emotions/
- **Research connection ADHD & Projections:** www.journals.sagepub.com/doi/10.1177/1087054712459559
- **Projections & Transference:** www.youtube.com/watch?v=TPMrWGUfkl8

Emotional Granularity

SUMMARY

The phrase "emotional granularity" was coined by psychologist Lisa Feldman Barrett, who is a leading researcher in the field of emotion and affective neuroscience. She first introduced the concept of emotional granularity in her 2017 book "How Emotions Are Made: The Secret Life of the Brain". In the book, she discusses the importance of emotional granularity for mental health and well-being, and outlines strategies for improving emotional granularity through mindfulness and other practices. Since the publication of her book, emotional granularity has gained increasing attention as a key aspect of emotional intelligence and mental health.

In essence, Emotional granularity refers to the ability to identify and describe emotions with specificity and nuance. It involves recognizing the subtle differences between emotions and being able to label and communicate them effectively. Research has shown that individuals with higher levels of emotional granularity have better mental health outcomes, including lower levels of stress, anxiety, and depression. They also have stronger social relationships, as they are better able to communicate their emotions and needs to others.

THE ADHD LENS

For us ADHDers, emotional granularity can be particularly helpful in understanding ourselves, our emotions, and our needs. ADHD can often be accompanied by emotional dysregulation, which can make it challenging to identify and manage emotions effectively. By developing emotional granularity skills, we can learn to identify and express our emotions more accurately, which can help us better understand our own experiences and communicate our needs to others.

This can lead to greater self-awareness, self-acceptance, and improved relationships with others. By working to improve emotional granularity, we can develop greater emotional intelligence and resilience, which can support our overall mental health and well-being.

See over the page for an Emotions Wheel, which we use throughout the course to help us gain more emotional granularity.

FURTHER RESOURCES

- **Ted Talk with Lisa Barrett:** www.youtube.com/watch?v=0gks6ceq4eQ
- **How Emotions are Made book:** www.amazon.com/How-Emotions-Made-Lisa-Barrett/dp/1328915433/

Needs & Boundaries

SUMMARY

START WITH EMOTIONS...

Getting in touch with one's emotions is a critical aspect of managing ADHD, particularly for late-diagnosed individuals who may have spent years struggling with unidentified symptoms. By learning to identify and label our emotions, we can develop greater self-awareness and gain insight into the ways in which our symptoms affect our mood, behaviour, and overall well-being. This can be particularly important for managing emotional dysregulation, a common symptom of ADHD that can lead to mood swings, impulsivity, and difficulty with interpersonal relationships.

TO HELP IDENTIFY NEEDS...

In addition to promoting self-awareness, getting in touch with one's emotions can also help us ADHDers identify our needs. By learning to recognize the underlying emotions that drive our behaviour and decision-making, we can gain insight into the specific needs we may have in a given situation. For example, if we are feeling overwhelmed and irritable, we may recognize that we need some time alone to recharge or may need additional support in managing our workload. By identifying these needs, we can take steps to proactively manage our symptoms and improve our overall well-being.

IN ORDER TO ASSERT BOUNDARIES...

Finally, identifying our needs can lead to greater clarity on how and when to put healthy boundaries in place. Boundaries are critical for us ADHDers, as they can help manage overwhelming situations and prevent burnout. By identifying our needs and recognizing the situations in which we may need to set boundaries, individuals with ADHD can take steps to protect our own well-being and ensure that our needs are being met. This can involve setting limits on social engagements, delegating responsibilities at work, or taking breaks as needed to manage symptoms.

Ultimately, by getting in touch with our emotions, identifying our needs, and setting healthy boundaries, we can develop greater self-awareness, improve our overall well-being, and lead more fulfilling lives.

Personalising Received Wisdom

SUMMARY

Personalising received wisdom involves taking information, advice, or guidance from others and making it your own by applying it to your own life and circumstances.

This process can involve adapting received wisdom to fit your own values, experiences, and goals, and using it to inform your own decision-making and problem-solving. By personalising received wisdom, you can create a more tailored and effective approach to managing challenges and achieving your goals.

For late diagnosed ADHDers, personalising received wisdom can be particularly important as we navigate the challenges of living with ADHD. Late diagnosis can mean that many traditional strategies and approaches for managing ADHD have not been effective or have not been tailored to their unique experiences and needs. By personalising received wisdom, late diagnosed ADHDers can take the information and advice they receive and adapt it to fit their own circumstances, preferences, and challenges. This can help them develop a more effective and sustainable approach to managing ADHD symptoms and improving their overall well-being.

Additionally, personalising received wisdom can help us build self-awareness and self-acceptance, as they learn to embrace their unique strengths and challenges and develop strategies that work best for them.

Ditzler Model of Self

SUMMARY

The model of self is a theory created by Jinny Ditzler. It's a set of beliefs and assumptions we have about who we are and what we are capable of. This theory suggests that our sense of self is based on our past experiences and how we interpret them. It also states that our sense of self can change over time depending on our experiences and how we learn from them.

Depending on your intersecting identity and the privilege you hold, you may be under more or less pressure to pretend to be something/someone.

Ultimately, the Model of Self is a helpful tool for understanding how our sense of self is formed and why it can change over time.

FURTHER RESOURCES

- Jinny Ditzler: <https://www.youtube.com/watch?v=1aUAVep-x8I>



Drama & Winning Trivable

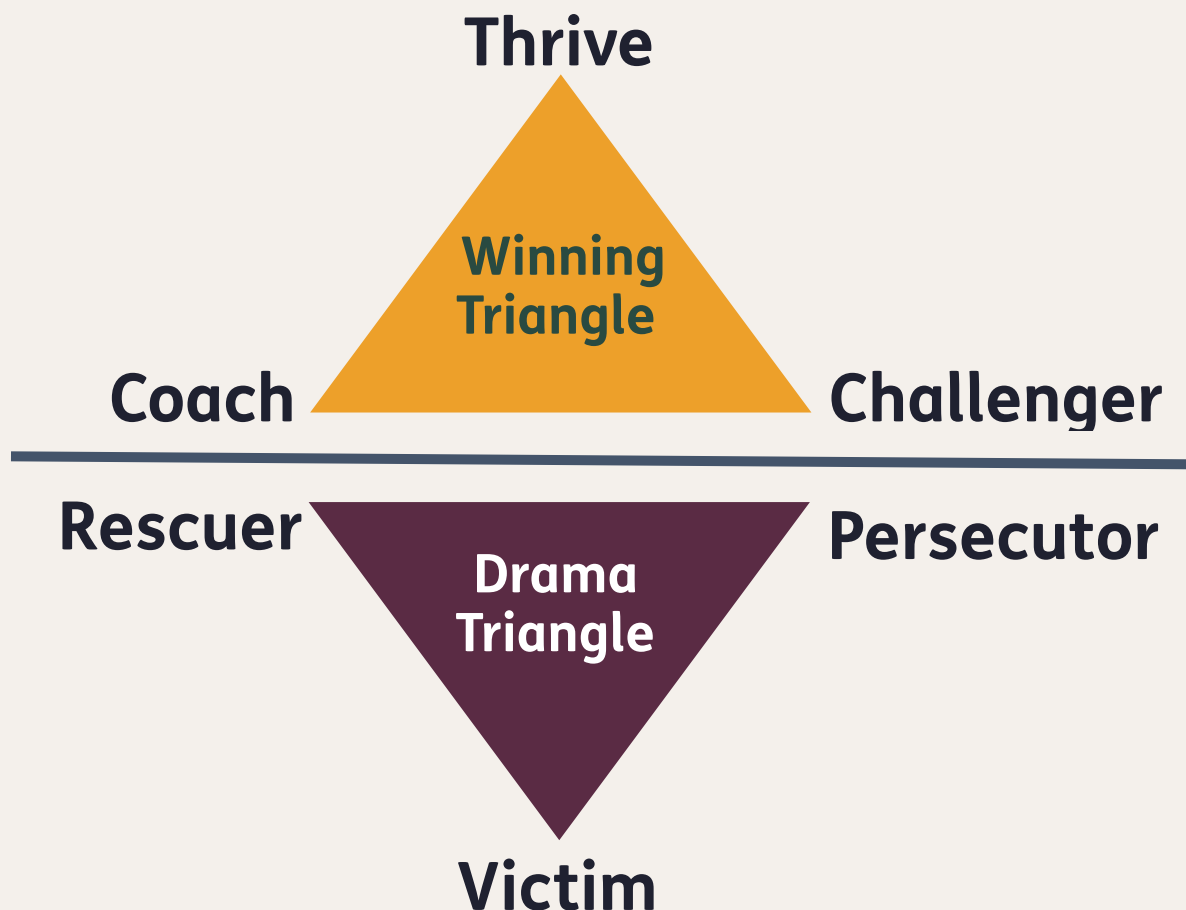
Karpman's Drama Triangle is a model of human interaction that describes the three common ways that people respond to conflict: victim, persecutor, and rescuer. The Victim is someone who feels powerless and helpless and is often blaming themselves and/or others. The Persecutor is someone who is aggressive and controlling. They are often in an actual or perceived position of power. The Rescuer is someone who tries to help (rescue) the Victim by taking on the problem. They often have a lack of boundaries and are seeking to rescue because they are avoiding what needs rescuing in them.

DRAMA TRIANGLE, WINNING TRIANGLE & ADHD.

- Any person at any given moment can be 'in drama' or 'winning'.
- When we are stressed, feeling under pressure, or tired, it is harder to keep out 'drama'.
- Unmanaged ADHD can lead to being in 'drama' more often. This in itself causes stress.
- According to the psychology of Transactional Analysis, being in 'drama' is also referred to as being in your 'child ego state'. Winning is being in your 'adult ego state'.
- Systematic Pausing is one way to help yourself out of 'drama' and into a calm 'winning' state.

FURTHER RESOURCES

- <https://karpmandramatriangle.com>
- <https://www.gbebooks.co.uk/9780990586708/Game-Free-Life-definitive-book-0990586707/plp>



Inner World of Not Knowing

SUMMARY

The 'Inner World of Not Knowing' is our concept that describes a specific set of thoughts and feelings when a person doesn't have the language to understand and clearly describe their experience. These thoughts and feelings are compounded by not 'fitting in' to society/systems and not fully understanding why.

The 'Inner World of Not Knowing' often causes an individual to blame themselves and try even harder at tasks/situations they find difficult (often trying to be something they are not).

There are understandable concerns around 'labelling' and how this will be received in a world that still lacks considerable understanding of ADHD. However, evidence suggests that late-diagnosed individuals welcome the clarity and acceptance that a label can bring when there is an opportunity to process this fully.

'INNER WORLD OF NOT KNOWING' MODEL



Systematic Pausing™

SUMMARY

Pausing is a great idea for all of us! It allows us to take stock, process thoughts/feelings and sometimes get intentional. Those of us with *“Ferrari engines brains but with bicycle breaks”* (Ned Hallowell M.D.) need to systematically pause even more than everyone else.

Systematic Pausing implies the structure needed for ADHDers to remember the importance and feel the benefits over time. If we can practice pausing outside the moment of greatest need, we get better at pausing in-the-moment.

ADHDers need to understand the energy cost of not pausing. This may be outside of their awareness to begin with, and the thought of pausing can feel very scary to a ‘speedy brain’. Pausing needs to be customised to fit the ADHD brain, and it takes practice. The 3 ways ADHDers can Systematically Pause:

1. Habitual Pause - times that are intentionally planned in our day/week/month to slow our brains down in order to reflect. For example, yoga sessions, walking, meditation, journaling, a bath, and time outs etc.
2. In-the Moment Pause - times when we are overwhelmed, operating at speed, emotionally flooded and allow ourselves to pause, go into our bodies and reflect on what might be happening.
3. Retrospective Pause - times when we reflect back on a challenging or overwhelming time to check in with ourselves - in order to gain clarity on the situation that we may not have been aware of in-the-moment.



*™Pending Approval

Window of Tolerance

SUMMARY

Dr. Stephen Porges developed Polyvagal Theory (1994). This theory states that there are two different parts of the autonomic nervous system (ANS): the sympathetic nervous system and the vagus nerve.

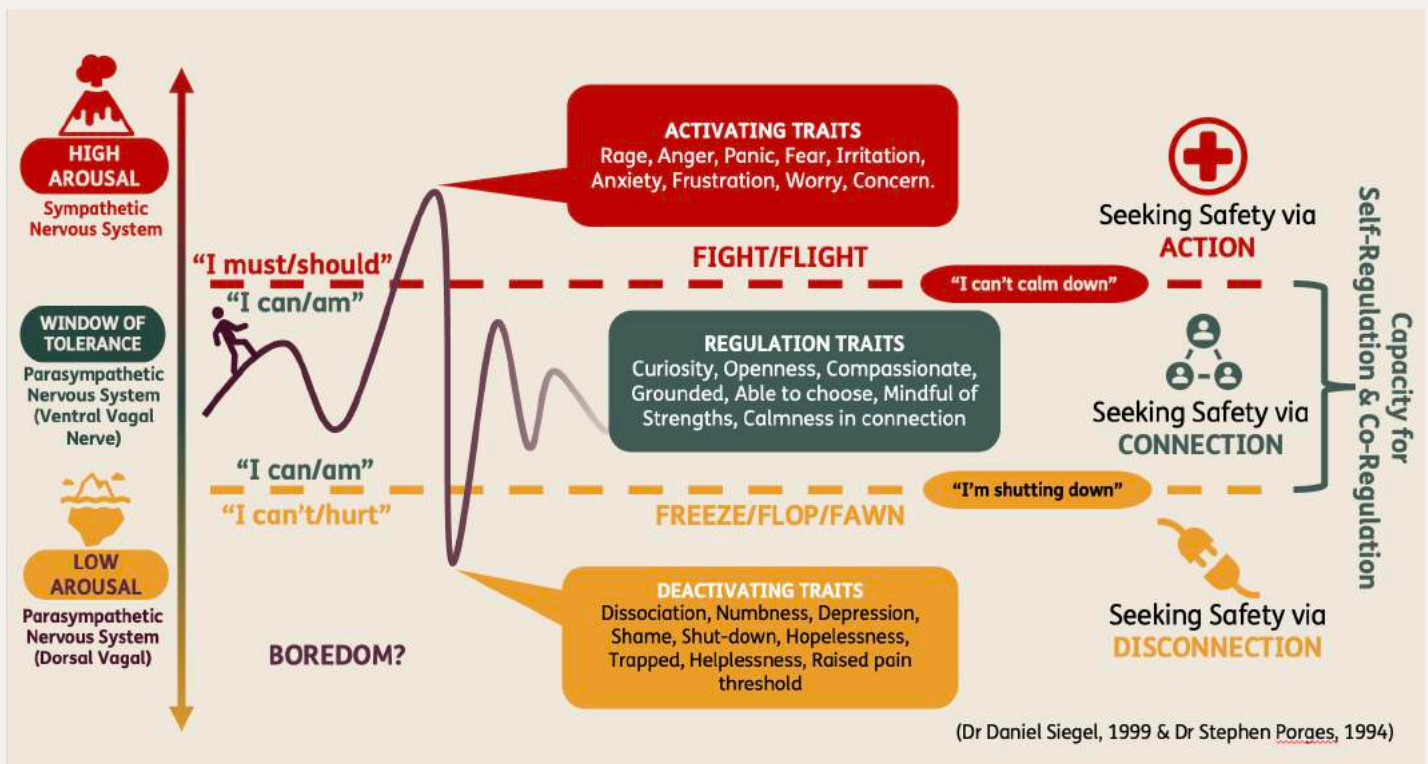
The sympathetic nervous system is responsible for the "fight, flight, faun or freeze" response, while the vagus nerve is responsible for the "rest-and-digest" response.

ADHDers have dysfunction in the vagus nerve, which causes individuals to have trouble regulating their emotions. This theory has been supported by research showing that ADHD is more common in individuals who have a history of trauma or stress. While the Polyvagal Theory is still being developed, it provides a new way of understanding ADHD and its relation to the autonomic nervous system and emotional regulation, which, as yet, is still not included in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5).

This concept becomes more understandable when talked about as our 'Window of Tolerance' a term coined by Dr Daniel Siegel. describes the best state of 'arousal' or stimulation in which we are able to function and thrive in everyday life. When we exist within this window, we are able to learn effectively, play, and relate well to ourselves and others.

FURTHER RESOURCES

- Porges on Polyvagal Theory: <https://www.youtube.com/watch?v=ec3AUMDjtKQ>
- Polyval Theory and ADHD: <https://www.youtube.com/watch?v=-tQ2e4V4wjY>
- <https://www.additudemag.com/polyvagal-theory-adhd-brain-cant-get-anything-done/>
- Window of Tolerance: <https://www.youtube.com/watch?v=J-BJpvdBBp4>



Reading List

Narrative Coaching: The Definitive Guide to Bringing New Stories to Life

David B. Drake

Retelling the Stories of Our Lives: Everyday Narrative Therapy to Draw Inspiration and Transform Experience

David Denborough

Diversity, Inclusion and Belonging in Coaching

Salma Shah

Maps of Narrative Practice

Michael White



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