

THE NEURODIVERGENT TRANSITION TO ADULTHOOD

**Why bright teens and young adults get stuck —
and how clinicians can help**

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- 1. Foundations of Neurodivergence**
- 2. The Transition to Adulthood**
- 3. Managing Executive Dysfunction**
- 4. Family “Stuff”**
- 5. Managing Screens**
- 6. Neurodivergence in the Office**
- 7. Thrive Emerge Resources**

Scott

- 21 yrs old
- **ADHD, ASD, Social anxiety, depression**
- Living in parents' basement
- Failed 2 classes at community college
- No IRL social connection
- Lost 3 jobs in the past 2 years
- Daily life: unstructured, unproductive, dissatisfying



Scott

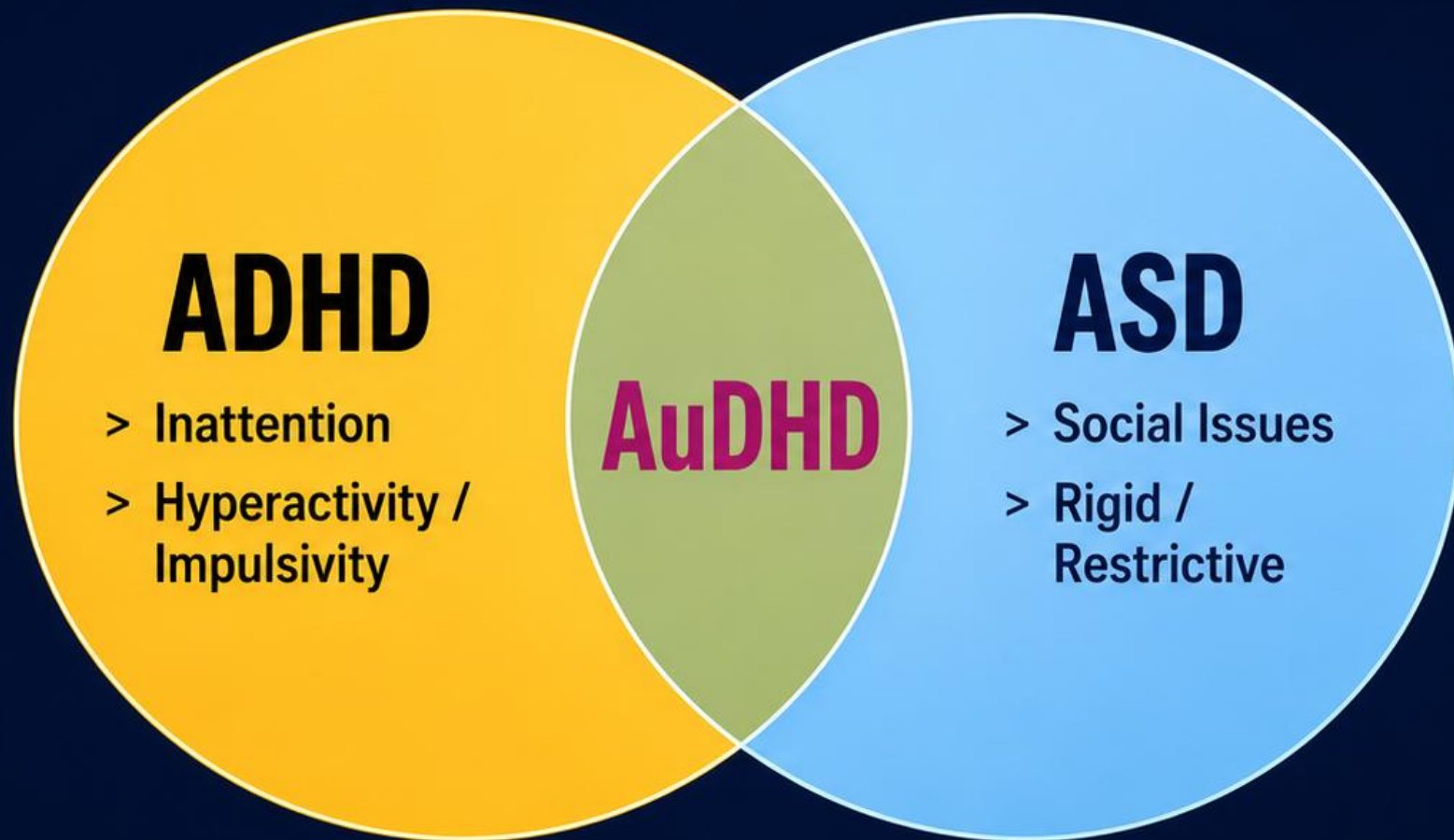
- Screen Use: 5+ hours per day weekdays, 12+ hours weekends
- Interferes with:
 - Sleep
 - School work
 - IRL social connections
 - Family harmony



What Is Neurodivergence?



ADHD, ASD, and AuDHD



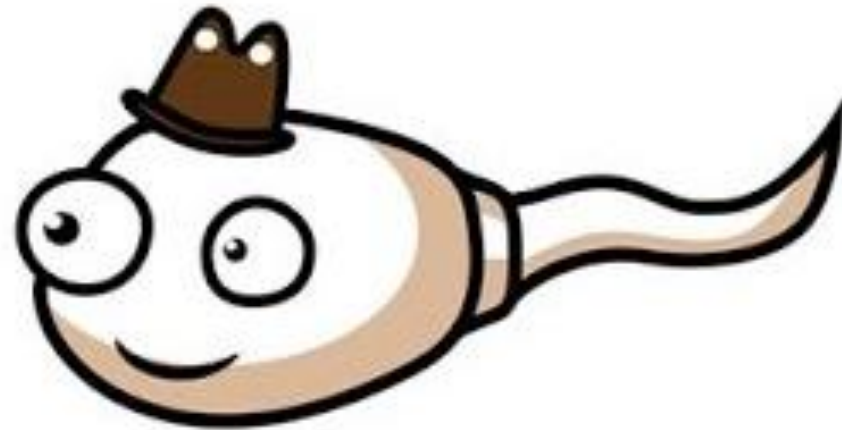
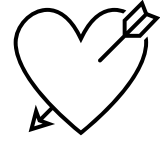


THE NEURODIVERGENT UMBRELLA

- > Learning Disabilities
- > Slow Processing Speed
- > Receptive and Expressive Language Deficits
- > Nonverbal Learning Disability (Developmental Visual Spatial Disorder)
- > Co-occurring Conditions – mood, anxiety, substance overuse, electronics overuse, small “t” trauma

A Love Story

When Mr. Sperm Met Ms. Egg

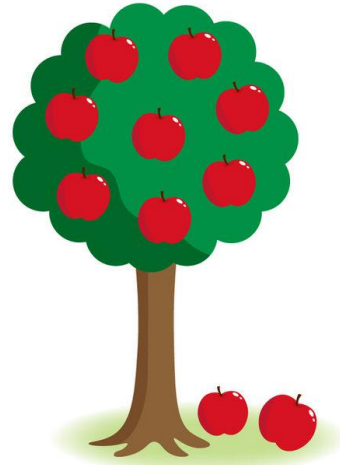


NEURODIVERGENCE IS ROOTED IN BIOLOGY!

TO UNDERSTAND THE NEURODIVERGENT PERSON,
YOU HAVE TO UNDERSTAND THEIR BRAIN!



“THE AuDHD APPLE DOESN'T FALL FAR FROM THE TREE”



BOTH **ADHD** AND **ASD** ARE **HIGHLY HERITABLE**

Attributable to genetic factors:

ADHD: 74% to 88%

ASD: 64% to 91%.



GENETICS/ EPIGENETICS

BRAIN STRUCTURE

FUNCTIONAL CHALLENGES >
STRUGGLING YA

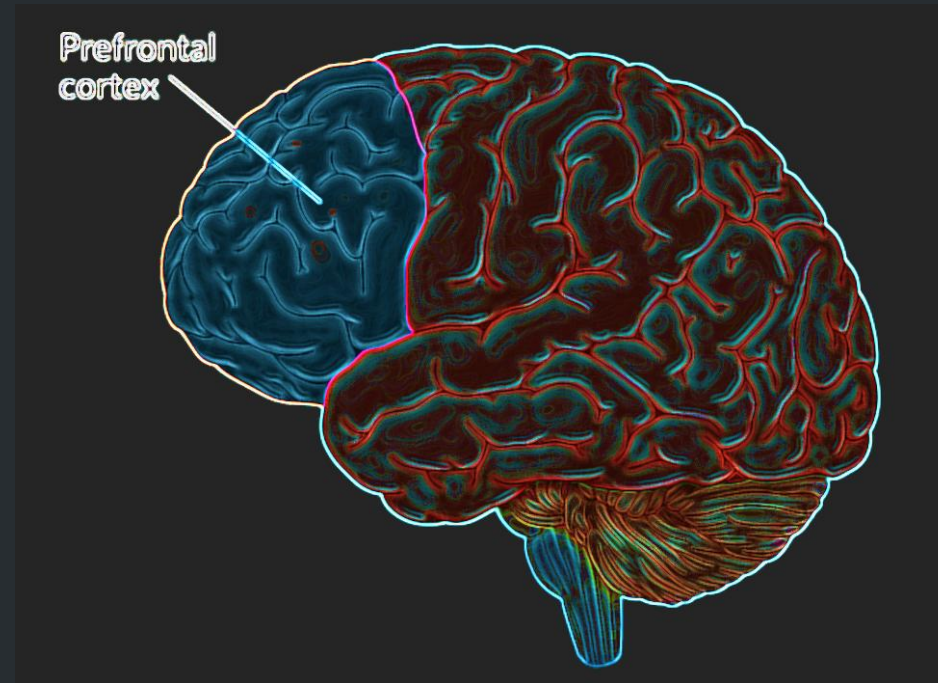
A HIGHLY DYSREGULATED BRAIN

1. Executive Dysfunctions / Emotional Dysregulation
2. Cognitive Rigidity
3. Overwhelming Ruminative/ Intrusive Thoughts
4. Social Challenges
5. Sensory Sensitivities

BRAIN = COLLECTION OF SOFTWARE APPS

Prefrontal Cortex

- Executive Functions: create a complex, adaptive response to the world
- Emotional regulation, initiation, focus, planning, follow through, impulse control, foresight



Brainstem

Survival: eat, breath, digest, reproduce



THE NEURODIVERGENT BRAIN

Multiple “glitchy” apps

Struggles to self-regulate

Constant fight-or-flight response

Experience: Data overload,
dysregulation, small “t” trauma

(SOME OF THE) SOFTWARE PACKAGES RELEVANT TO AuDHD

Emotional Regulation/
Energy Regulation

Social Issues

Slow Processing Speed

Sensory Regulation

Cognitive Rigidity/
Concrete Thinking

Working Memory

Initiation/ Motivation

Focus/ Impulse Control

Planning/ Organizing

Executive function: the CEO of the brain

- Planning
- Organization
- Initiation
- Working memory
- Prioritization
- Time management
- Emotional regulation
- Cognitive flexibility
- Self-monitoring

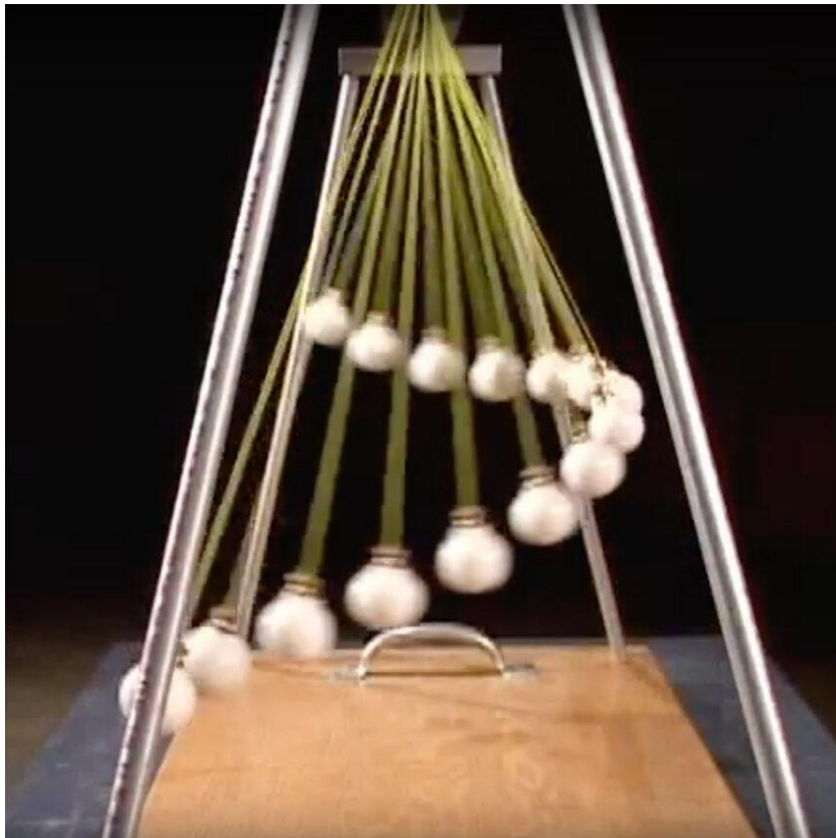
**When the CEO struggles,
everything underneath becomes
less efficient.**

THE “EMOTIONAL REGULATION” BASEMENT NEVER FULLY FORMS!

Impaired
Foundation



ND FROM THE INSIDE: AN INTUITIVE SENSE OF *INTERNAL DYSREGULATION*



THE INNER WORLD FEELS UNPREDICTABLE,
WITH NO SENSE OF A PHYSIOLOGIC HOME.

“A pendulum without the dignity of center.”

“My body and brain don’t match”

“Not comfortable in my own skin.”

“I'm just white knuckling it all the time.”

“Feels like I have a lot of cables that don't line up
exactly”

“I want to go home.”

EMOTIONAL DYSREGULATION: STRUGGLING TO KEEP THE CAR ON THE ROAD



EXAMPLE: NICK IN HIGH SCHOOL



WHY THEY GET STUCK

**The
Stalled/
Late Launch
Teen/ Young Adult**

**The Beleaguered Child
(nurture)**

Childhood: Small “t” trauma

The Vulnerable Brain (nature)

In Utero: Epigenetic/ Genetic Factors

Infancy: Glitchy neurodevelopment

Adult **demands exceed** current developmental **capacity**.

NOT

- Lazy
- Oppositional
- Manipulative
- Refusing adulthood

INSTEAD

- Executive functioning
- Regulation
- Flexibility
- Stress tolerance
- Independent self-management

UNEVEN DEVELOPMENT: Executive age versus chronological age

Chronological age	17
Reading ability	20
Vocabulary	23
Computer skill	25
Emotional regulation	15
Executive function	13

Ask: “How old is this particular skill?”

Key Idea: Point of Performance

KNOWING $\neq$ DOING

ADHD is often less a disorder of knowing what to do –
and more a **disorder of reliably doing what you already know.**

AVOIDANCE HAS A FUNCTION



?

Avoidance may protect against:

- Anxiety
- Shame
- Sensory overload
- Demand pressure
- Failure
- Loss of control



THE TRANSITION TO YOUNG ADULthood

Best Next Step

- | | |
|--|---|
| ☐ Community college / commuter college | ☐ Employment / work pathway |
| ☐ College (residential or out-of-state) | ☐ Supported transition program |
| ☐ Gap year | ☐ Hybrid / part-time path |
| ☐ Vocational or technical training | |

The real question parents should ask



COMMON QUESTION

**“Where should
my child go next?”**



BETTER QUESTION

**“Is my child ready
for what comes next?”**

Smart ≠ Ready

A teen can be **bright, capable**, and even college-accepted — and still **not ready** for a high-independence environment.

- Academic ability can hide weak daily-life readiness
- Verbal insight does not always become action
- Independence is built before it is tested
- Assess what they consistently do — not what they could theoretically do



Capability

“They can do it under the right conditions.”



Readiness

“They can do it reliably enough when structure is reduced.”

Post-secondary decisions should be based on **readiness**, not just potential.

The 'launch → crash' cycle



When demands jump faster than support, the teen can look unmotivated — but the system is overloaded.

Not an ability problem. It is a *timing + support match* problem.



The 5-domain readiness model

A readiness profile is more useful than a vague feeling of 'I think they'll be okay.'

1

Initiation

*Can they
get started?*

**2**

Persistence

*Can they
stay with it?*

**3**

Regulation

*Can they
manage stress?*

**4**

Organization

*Can they
track life?*

**5**

Help-Seeking

*Can they
use support?*



Rate each domain: **1** = rarely • **2** = inconsistently • **3** = mostly with support • **4** = independently

Matching Readiness to Post-High School Options

Option A: Residential or Out-of-State College

Best fit when the teen can manage:

- Sleep
- Classes
- Deadlines
- Help-seeking
- Emotional stress
- Social challenges
- Daily living without parents nearby

Red flags:

- Parents still wake them up
- Parents track assignments
- Teen hides problems
- Teen avoids asking for help
- Stress leads to shutdown or retreat



Matching Readiness to Post-High School Options

Option B: Local College or Community College

Best fit when:

- Academic potential is present
- Independence is uneven
- Parents need to remain nearby
- A reduced course load may help
- The teen needs practice using support

Important caution:

Living at home must not simply become extended high school. There need to be expectations, structure, and gradual parent step-back.



Matching Readiness to Post-High School Options

Option C: Structured Gap Year

Best fit when the teen needs time to build:

- Life skills
- Emotional resilience
- Work experience
- Direction
- Confidence
- Executive functioning

Important distinction:

A structured gap year can be developmental.

An unstructured gap year can become avoidance, screens, sleep reversal, and retreat.



Matching Readiness to Post-High School Options

Option D: Work, Internship, or Vocational Path

Best fit when the teen:

- Learns better by doing
- Needs practical competence
- Benefits from structure and routine
- May not thrive in traditional academics right now

Skills needed:

- Showing up
- Accepting supervision
- Managing correction
- Persisting through boredom or frustration

Matching Readiness to Post-High School Options

Option E: Supported Transition Program

Example: The Village at Thrive Immerge

Best fit when:

- Weekly therapy or coaching is not enough
- Parents are carrying too much
- The teen needs structured practice
- Avoidance is entrenched
- The family is stuck in conflict, rescue, or over-functioning
- The teen needs help building daily routines, adult skills, community connection, and confidence

Frame this as:

A bridge to adulthood, not a failure.



Improving Executive Function: Build the Brain Outside the Body

EXTERNALIZE: Build the brain outside the body

The goal is not to remember more.

The goal is to **need memory less.**

If someone has poor eyesight, we do not lecture them about seeing harder.

We give them glasses. 🤔

WHAT you can do: The external executive toolkit

- Shared calendar
- Phone reminders
- Visual checklist
- Whiteboard
- One-folder system
- Pill organizer + alarm
- Exit checklist by door
- Weekly planning sheet

The perfect system used twice is less valuable than the **simple system used every day.**

Safe failure



Natural consequences teach. Shame rarely does.

Reflection: What is one safe failure you might allow this fall?

Teach scripts, not just concepts

- “I’m kind of confused about what we’re supposed to do for this project. Can you go over it with me?”
- “I think I’m starting to fall behind, so I wanted to ask for help before it gets worse.”
- “I have accommodations for ADHD and executive functioning. Can we talk about how I can use them in this class?”

Confidence comes from rehearsal.

The Sunday Planning Meeting

- Open the school portal.
- Review assignments, tests, and projects.
- Break large tasks into smaller steps.
- Enter deadlines into calendar.
- Schedule work blocks.
- Review transportation, activities, medication, and special events.

**15–20 minutes each week.
Not a lecture. A planning
meeting.**

Activity: When could your family realistically hold this meeting?

PARENTING CHALLENGES: Overfunctioning versus scaffolding

Overfunctioning

- Parent owns task
- Parent solves problem
- Parent prevents all failure
- Creates dependence

Scaffolding

- Student increasingly owns task
- Parent teaches process
- Parent supports recovery
- Builds competence

The Co-Pilot Model

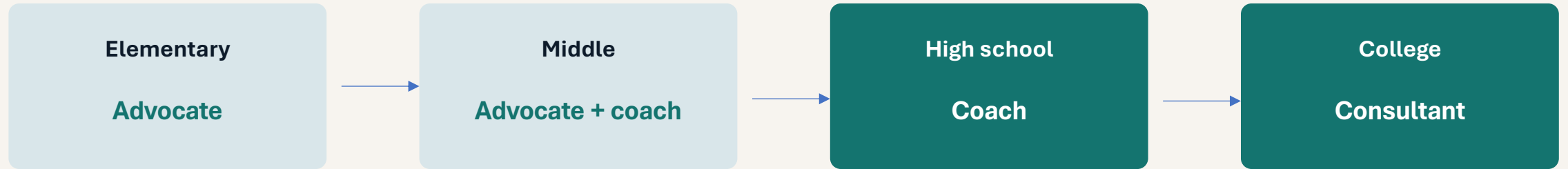
I DO
Parent models

WE DO
Student does; parent
coaches

YOU DO
Student owns; parent
reviews

Independence is not the absence of support.
It is the gradual transfer of responsibility.

The Evolving Parents' Role



Parents do not disappear.
The role changes from spokesperson to communication coach.

Family Challenges

- Parents are burnt out – “done giving fucks”
- Parents struggle with limits, consequences
- Fear of escalation – anger, suicide
- Poor emotional regulation – parents, kids escalate
- Intense parental anxiety over loss
- YA lies, manipulates
- YA Rigid thinking/ struggles with transitions, the unknown

SCREEN OVERUSE AND ADDICTIONS

NEURODIVERGENT BRAINS (ESPECIALLY) NEED STIMULATION



The ND brain is dysregulated from birth:
emotional, **sensory**, **cognitive**



The **prefrontal cortex** plays a key role in
this dysregulation.



Stimulation > **dopamine squirt** (nucleus accumbens/
reward center) > **wakes up PFC** > **regulated brain**



A well-regulated brain feels better to us –
calm, **clear**, **organized**

WHY SCREENS ARE SO COMPELLING – AND NOT JUST “THE PROBLEM”

Screens may provide:



- Predictability
- Control
- Reward
- Escape
- Social connection
- A place to feel competent

Screen use solves problems:
“patches” core neurodivergent vulnerabilities

Building Alternatives #1:

Harm Reduction Strategies

Start with the Basics

- Understand your child's actual use patterns (what, when, why)
- Set clear, realistic limits that can be enforced
- Establish consistent consequences (not emotional reactions)
- Build daily connection time to reduce need for escape

Harm Reduction Mindset

This is about progress, not perfection

What is realistic to implement this week?

- Start with 2–3 changes, not everything
- Focus on consistency over intensity
- Adjust based on what actually works
- Stay relational, not controlling

Replace, Don't Just Remove

If screens are reduced, what fills the gap?

What actually competes with screens in real life?

- Offer engaging alternatives (not just “go do something else”)
- Support real-world social interaction
- Build structured routines to reduce default screen use
- Promote movement and outdoor activity

REPLACE “FAST FOOD” DOPAMINE WITH “HOME-COOKED” DOPAMINE



Creating Art



Woodworking



Robotics



Coding



Exercise



Music



Photography



Volunteering



Cooking



Hiking



Deep Special Interests

Work at the Family Level

This is not just an individual problem

What patterns in the system reinforce screen use?

- Create a predictable weekly rhythm
- Prioritize shared meals without screens
- Engage in family activities regularly
- Use screens together—not in isolation

Protect Sleep First

Sleep disruption is often the hidden driver

What changes here would shift everything else?

- Target 8+ hours of sleep consistently
- Remove devices 1 hour before bedtime
- Use WiFi shutoff if needed
- Reward consistency, not perfection

Shift the Environment

How can you reduce overuse without constant policing?

What structural changes would make the biggest difference?

- Create tech-free zones (bedroom, dining areas)
- Establish tech-free times (meals, evenings)
- Remove devices before bedtime
- Use environment—not willpower—as the intervention

Redefine “Healthy Use”

Not all screen time is the same—how do we clarify that?

Where can screens actually support growth?

- Differentiate passive vs active use
- Encourage learning, research, and creation
- Limit automatic scrolling and default use
- Shift from habit → intentional choice



SECTION 2

HOW THIS LOOKS IN THE OFFICE

WHY WE MISREAD THEM



Neurodivergent stuckness can look like:

- Resistance
- Poor motivation
- Entitlement
- Immaturity
- Depression
- Anxiety
- Addiction
- Family enmeshment

EXECUTIVE DYSFUNCTION IN THERAPY



Common signs:

- Missed appointments
- Late arrivals
- Incomplete forms
- “I forgot”
- No follow-through
- Good insight, poor action
- Parent manages logistics

FIND THE BREAKDOWN POINT



?

Do not just repeat the plan. Study the failure point.

- Where did the plan break down?
- Did you forget, avoid, freeze, or get stuck?
- Was the first step clear?
- Was the plan visible?
- Did anyone help you start?

EMOTIONAL DYSREGULATION



May present as:

- Shutdown
- Irritability
- Tearfulness
- Explosiveness
- “I don’t know”
- Shame spirals
- Dropout after feedback

WHEN THE REACTION LOOKS “TOO BIG”



The nervous system may be responding to:

- Overload
- Depletion
- Transition stress
- Sensory stress
- Demand pressure
- Shame from repeated failure

DEMAND SENSITIVITY

(Pathological Demand Avoidance/ Pervasive Desire for Autonomy)

The demand itself may trigger threat.



- “Yes, but...”
- Rejecting suggestions
- Negotiating every step
- Avoiding desired activities
- Escalating when pressured

LANGUAGE SHIFT

Instead of:

“You need to apply for three jobs this week.”

Try:

“Let’s find the smallest step that does not make your nervous system slam on the brakes.”



SECTION 3

START WITH CAPACITY



?

Before pushing the goal, ask:

- Is the client regulated enough?
- Is the task concrete enough?
- Is the demand too large?
- Is shame being triggered?
- Is the plan visible outside session?
- Is the family supporting or rescuing?

USE DEMAND-SENSITIVE LANGUAGE

USE

- Concrete
- Collaborative
- Non-shaming
- Autonomy-preserving
- Small-step oriented

AVOID

- “You just need to...”
- “Why didn’t you...”
- “You have to...”
- “You’re choosing not to...”

STALLED TREATMENT

A blue circle containing two vertical bars, representing a pause or 'stalled' state.

Treatment may stall when it assumes capacities the client does not yet have.

- Homework without initiation support
- Insight without implementation
- Exposure without regulation capacity
- Medication without structure
- Therapy without family-system change

REALISTIC PROGRESS



Small progress is still developmental progress.

- Fewer blowups
- Shorter recovery time
- One successful routine
- One avoided task approached
- One rescue behavior reduced
- Client can name the stuck point

COGNITIVE RIGIDITY



Build flexibility concretely.

- Literal thinking
- All-or-nothing conclusions
- “That won’t work”
- Trouble shifting plans
- Difficulty imagining alternatives
- Narrow definition of success

MEDICATION: HELPFUL BUT NOT SUFFICIENT



**Medication may improve access to capacity —
but it does not create routines, structure, skills,
family change, or real-world practice.**

MATCH TREATMENT TO IMPAIRMENT

How much structure does this young person need to function?

LOWER STRUCTURE

- Therapy
- Parent coaching
- Medication
- EF coaching

HIGHER STRUCTURE

- Family work
- Group/community
- Vocational support
- Higher-frequency contact

HIGHEST STRUCTURE

- Multidisciplinary care
- Therapeutic community
- Functional skill-building

WHEN OUTPATIENT THERAPY IS NOT ENOUGH

Consider a higher-structure model when there is:



- No school/work participation
- Severe sleep reversal
- Screen dependence
- High family conflict
- Repeated non-follow-through
- Social isolation
- Poor daily living skills

THRIVE VILLAGE



A therapeutic community where adult skills are practiced in real time.

- Executive functioning
- Emotional regulation
- Social connection
- School/work avoidance
- Screen overuse
- Life skills
- Identity and independence

Invest 15 Minutes Today

A brief consult can help families identify the right support before crisis begins.

Schedule a FREE consultation with one of our senior clinical staff.

CALL TODAY 410-740-3240



Scan for Thrive Parent Resources

or use the number at left to schedule a free consult.

The goal is to identify the right support before crisis begins.

School-Year Launch Series

Helping parents move from summer reset to fall readiness.

1

Summer Reset

*Rebuild rhythm, sleep, screens,
and family trust.*

RECOVER

2

Academic Launch

*Executive function, supports, and
parent step-back.*

PREPARE

3

First Six Weeks

*Regulation, social stress, and
preventing collapse.*

LAUNCH

Tonight: Academic Launch



THRIVE EMERGE

FAMILY OF NEURODIVERGENT SERVICES AND PRODUCTS

What Level of Support Does Your Family Need Right Now?



**Free 15-Minute
Consult**



**Free Monthly
Newsletter**



**Parent Support
Group**



**Teen
Group**



**The Village
Program**



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THANK YOU