THRIVE EMERGE

THE NEURODIVERGENT TRANSITION TO ADULTHOOD

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

Rick Silver, MD **Mary Jo Puglisi, LCPC**



Rick Silver, MD

- Adult Psychiatrist/ Founder, Director of Thrive Emerge
- Neurodivergent teens and young adults struggling with the transition to independent adulthood
- 3 daughters/ bookends have ADHD + dyslexia
- My brain: hyperactive/ impulsive ADHD

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Mary Jo Puglisi, LCPC

- Mother of 4 – 3 “with stuff”
- LCPC, coordinator of The Village program at Thrive Emerge
- 30+ years as an educator, director of counseling and special ed in Baltimore area private schools
- Started out in MANSEF schools x3
- And a little ADHD myself

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AGENDA: Why ND teens and young adults get stuck (and how to get unstuck)

1. 15 min - Family Challenges
2. 25 min - Listening to Neurodivergence – in the office, at home
3. 15 min - Managing Screens
4. 5 min - Thrive Emerge Resources

Family Challenges

FAMILY CHALLENGES

- Parents are burnt out – “done giving f***s”
- 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

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LISTENING FOR NEURODIVERGENCE

In the treatment office, at home

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Nuance Matters

Saying that your client has ADHD or ASD is like saying Baskin-Robbins has ice cream. It's a start, but what about which flavor, one scoop or two, jimmies or hot fudge, cup or cone? It's the **nuances** that count. You need to dig down to get to the heart of what really matters.

— Rick Silver, MD

Miss Matches in the Nuances of Communication

Same words. Different meanings.

SWEDISH

Idiom: **“There is no cow on the ice.”**

Meaning: Everything is under control.

JAPANESE

Idiom: **“My cheeks are falling off”**

Meaning: The food is absolutely delicious.

SPANISH

Idiom: **“To ask the elm tree for pears”**

Meaning: **To ask for the impossible or expect someone to do something completely outside their character or capabilities.**

Editable PowerPoint slide • all text and shapes can be changed

The Nonversations: When what I'm saying or asking doesn't translate.

1	**What I say:**	So how are you feeling?
	My patient:	
2	**What I say:**	I need you to change the dosage of your Zoloft so you're taking one half pill in the morning and two pills at night, and I want you to monitor if there's any increased side effects or if there's any decreases in anxiety or depression. And please text me anything that you're observing about those changes, particularly if you're getting any side effects that are unusual. Also, I need you to take your blood pressure for your stimulant medication.
	My patient:	
3	**What I say:**	Let's spend a little bit of time exploring that relationship with your mom that you had talked about in last week's therapy session.
	My patient:	
4	**What I say:**	Your homework last week was to call a friend and ask to go out for coffee. How did that go?
	My patient:	

Same words, different translation



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My Brain

Neurospicy Brain

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I use my words to:

1. Explore their feelings/ express my feelings
2. Set expectations for treatment – e.g., “homework”
3. Provide important directions
4. Soothe and build trust
5. Challenge and encourage growth

BUT: My intention as a speaker does not always “land” well with the listener

A simple way to understand treatment breakdowns:

Demand > Capacity

My words are not easily translated by the software packages in their ND brains.

Our Goal:

To define an approach
that will help us break deadlocks
in communicating with our ND kids and clients =
Put our brains on a level playing field

The Four Questions: The Process For Getting Unstuck

How does my language — in the office, at home — fit the emotional and cognitive framework of the person in front of me?

Ask this:

1. Curious: Are we stuck? What am I seeing?
2. Demand: What am I asking this brain to do that doesn't translate?
3. Capacity: Explore the nuance: What specific cognitive or emotional or social capacity are they struggling with?
4. Experiment: What can I shift — the language, the treatment, the expectations – that might beak the deadlock in communication?

The Core Domains

Core Domains

Four “Software Packages”

1. Executive Function: turning intention into action
2. Cognitive Rigidity: flexibility, context, uncertainty
3. Emotional Regulation: distress, avoidance, recovery
4. Social-Communication: language, meaning, repair

Cross-Cutting Domains

Additional processes that often shape treatment fit:

1. Sensory regulation and interoception
2. Language and processing speed
3. Attention, impulse control, and repetitive thinking
4. Masking, trauma, shame, identity, and family systems

The Domains

Use these list of ND “signals” as cues:

“I’m seeing/ hearing something unexpected from my kid/ client right now. I wonder what it means?”

Executive Function

Turning intention into action

- Difficulty initiating even when the client wants to
- “I meant to” without follow-through
- Losing track of multistep instructions
- Time blindness, lateness, missed appointments
- Plans do not survive the trip from session to real life

Executive Function in the Office

What may look like noncompliance may be implementation failure.

- Incomplete homework despite genuine agreement
- Trouble deciding where to start
- Administrative problems: forms, portals, payments, scheduling
- Hyperfocus or rabbit-holing instead of action
- Needs more external structure than intelligence suggests

Cognitive Rigidity

Concrete thinking, context processing, and uncertainty

- Literal interpretation of language
- Difficulty with metaphor, implication, or indirect requests
- Black-and-white or rule-bound thinking
- Distress when plans change unexpectedly
- Seeking certainty before acting

Emotional Regulation

Distress can quickly overwhelm processing capacity.

- Emotion becomes intense very quickly
- Slow return to baseline
- Shutdown or withdrawal under stress
- Difficulty naming emotions or identifying triggers
- “I don’t know” when asked how they feel

Social-Communication Processing

Meaning is often inferred, not stated.

- Literal interpretation of conversational language
- Difficulty understanding implied meaning or hints
- Long pauses that may be mistaken for withholding
- Difficulty processing multipart questions
- Needs concrete choices rather than broad emotional questions

Social Repair and Masking

Competence can hide the effort involved.

- Difficulty recognizing when misunderstanding occurred
- Difficulty initiating repair after conflict
- Misreads neutral feedback as rejection
- Appears socially competent while expending extraordinary effort
- Needs recovery after successful interaction

Vignette Lab

The same interaction can look very different when distress overwhelms processing capacity.

How to use these vignettes

Each example begins with a reasonable parent or therapist “serve.”

The next slide shows the patient’s glitchy “return,” followed by four questions to help the group identify the mismatch between demand and capacity.

Executive Functioning

1. Initiation Failure

Difficulty initiating even when the client wants to

THE SERVE

Parent: **“You said you want to get your English paper done tonight. It’s 7:00. Go ahead and start it now so you can relax later.”**

Before you see the response:

What executive-function demand is hidden inside this apparently simple request?

Read the “serve” first. Predict where the interaction may run aground.

1. Initiation Failure: the return

THE RETURN

Patient: Alex sits at the laptop, opens the assignment, stares at it for twenty minutes, then switches to YouTube. When asked what happened: “I was going to do it. I just couldn’t start.”

ASK THIS:

1. **What am I seeing / what keeps getting stuck?**
   Starting the task despite intention

2. **What am I asking this brain to do that doesn’t translate?**
   Generate a starting point and activate without external structure

3. **What specific cognitive or emotional or social capacity is breaking down?**
   Task initiation / activation

4. **What if I change demand – the language, the treatment, the expectations?**
   Shrink the entry step: open document → type name → write one sentence; body-double or start together.

2. Multistep Working Memory

Losing track of multistep instructions

THE SERVE

Parent: **“Before we leave, take a shower, put your laundry downstairs, take your medication, grab your charger, and meet me by the car in twenty minutes.”**

Before you see the response:

What executive-function demand is hidden inside this apparently simple request?

2. Multistep Working Memory: the return

THE RETURN

Patient: Alex showers, then starts looking for a shirt. Twenty-five minutes later the laundry is still upstairs, the medication is untouched, and the charger is missing. “You never told me all that.”

ASK THIS:

1. **What am I seeing / what keeps getting stuck?**
   Holding and sequencing multiple steps

2. **What am I asking this brain to do that doesn’t translate?**
   Keep several instructions active while moving through the routine

3. **What specific cognitive or emotional or social capacity is breaking down?**
   Working memory + sequencing

4. **What if I change demand – the language, the treatment, the expectations?**
   One step at a time, visual checklist, or text the sequence in order.

3. Time Blindness

Time blindness, lateness, missed appointments

THE SERVE

Therapist: **"Your appointment is at 4:00 next Tuesday. Put it in your calendar and plan to leave enough time to get here."**

Before you see the response:

What executive-function demand is hidden inside this apparently simple request?

Read the "serve" first. Predict where the interaction may run aground.

3. Time Blindness: the return

THE RETURN

Patient: Alex arrives at 4:28, surprised that he is late. He says, “I started getting ready at 3:45. I thought it would take ten minutes.” He had not accounted for showering, finding keys, traffic, or parking.

ASK THIS:

1. **What am I seeing / what keeps getting stuck?**
   Estimating duration and transitioning on time

2. **What am I asking this brain to do that doesn’t translate?**
   Mentally simulate time, sequence preparation, and build in transition time

3. **What specific cognitive or emotional or social capacity is breaking down?**
   Time estimation + prospective planning

4. **What if I change demand – the language, the treatment, the expectations?**
   Work backward from arrival time; external alarms for start, transition, and departure.

4. Where Do I Start?

Trouble deciding where to start / hyperfocus instead of action

THE SERVE

Therapist: **"This week, work on your college application. Start with whatever part makes the most sense and try to make some progress before we meet again."**

Before you see the response:

What executive-function demand is hidden inside this apparently simple request?

Read the "serve" first. Predict where the interaction may run aground.

4. Where Do I Start?: the return

THE RETURN

Patient: Alex spends two hours researching dorm layouts and comparing meal plans, but never opens the application. He says, “I worked on college stuff all week.”

ASK THIS:

1. **What am I seeing / what keeps getting stuck?**
   Selecting the highest-priority first action

2. **What am I asking this brain to do that doesn’t translate?**
   Define the task, prioritize, inhibit interesting detours, and choose a starting point

3. **What specific cognitive or emotional or social capacity is breaking down?**
   Planning / prioritization / inhibition

4. **What if I change demand – the language, the treatment, the expectations?**
   Name the exact first deliverable: log in → complete Section 1 → stop after 20 minutes.

5. Plans Don’t Survive Real Life

“I meant to” without follow-through / plans do not survive the trip from session to real life

THE SERVE

Therapist: **“Great—we have a plan. When you get home, email your teacher, complete the portal form, and text me once it’s done.”**

Before you see the response:

What executive-function demand is hidden inside this apparently simple request?

Read the “serve” first. Predict where the interaction may run aground.

5. Plans Don’t Survive Real Life: the return

THE RETURN

Patient: In session Alex agrees, repeats the plan back accurately, and appears motivated. A week later none of it happened. “I remembered when I got home, then I started something else. After that I completely forgot.”

ASK THIS:

1. **What am I seeing / what keeps getting stuck?**
   Translating a plan made in session into action later and elsewhere

2. **What am I asking this brain to do that doesn’t translate?**
   Remember the intention at the right future moment and self-cue the behavior

3. **What specific cognitive or emotional or social capacity is breaking down?**
   Prospective memory + follow-through + cueing

4. **What if I change demand – the language, the treatment, the expectations?**
   Do the first step in session; create a timed cue; send the email draft to phone; define who follows up and when.

Five places the translation can fail

The request may sound simple. The hidden executive demand is not.

1	**Initiation**	Turn intention into a first action
2	**Working memory**	Hold and sequence multiple steps
3	**Time**	Estimate duration and transition on schedule
4	**Planning / prioritization**	Select the right first step and resist detours
5	**Prospective memory / follow-through**	Remember and execute the plan later, in context

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Clinical move: externalize the function before interpreting the behavior as resistance, avoidance, or lack of motivation.

Cognitive Rigidity

Literal interpretation of language

The serve: what the parent or therapist says

PARENT

You seem a little off today. What's going on?

THERAPIST

Tell me what's happening inside for you right now.

Before you see the response: What are we asking this brain to do?

Literal interpretation of language

The return: what the patient says or does

PATIENT

Off how? I'm sitting here. What do you mean by 'inside'? I don't know what you're asking me.

The language is broad and figurative; Alex is being asked to infer the intended meaning and summarize an internal state.

1. **What am I seeing / what keeps getting stuck?**
2. **What am I asking this brain to do that doesn't translate?**
3. **What specific cognitive or emotional or social capacity is breaking down?**
4. **What if I change demand — the language, the treatment, the expectations?**

Metaphor, implication, and indirect requests

The serve: what the parent or therapist says

PARENT

It would be really nice if the dishwasher got emptied before dinner.

THERAPIST

This week, try putting yourself out there a little more socially.

Before you see the response: What are we asking this brain to do?

Metaphor, implication, and indirect requests

The return: what the patient says or does

PATIENT

You never asked me to empty it. And where exactly am I supposed to 'put myself out'? What am I supposed to do?

The request depends on implied meaning. The expected action is clear to the speaker but not explicitly stated for Alex.

1. **What am I seeing / what keeps getting stuck?**
2. **What am I asking this brain to do that doesn't translate?**
3. **What specific cognitive or emotional or social capacity is breaking down?**
4. **What if I change demand — the language, the treatment, the expectations?**

Black-and-white / rule-bound thinking

The serve: what the parent or therapist says

PARENT

No screens until your homework is finished.

THERAPIST

Try for 20 minutes of schoolwork tonight. If you can't finish, just do what you can.

Before you see the response: What are we asking this brain to do?

Black-and-white / rule-bound thinking

The return: what the patient says or does

PATIENT

The math portal is down, so my homework can't be finished. That means I can't use screens at all. And if I can't finish the assignment, doing 20 minutes doesn't count.

A flexible guideline is being processed as an absolute rule; partial success does not register as success.

1. **What am I seeing / what keeps getting stuck?**
2. **What am I asking this brain to do that doesn't translate?**
3. **What specific cognitive or emotional or social capacity is breaking down?**
4. **What if I change demand — the language, the treatment, the expectations?**

Distress when plans change unexpectedly

The serve: what the parent or therapist says

PARENT

Change of plans—we need to leave at 4:30 instead of 5:00, and we'll pick up your sister first.

THERAPIST

Your usual room isn't available today. We'll meet here, and I want to start with something different.

Before you see the response: What are we asking this brain to do?

Distress when plans change unexpectedly

The return: what the patient says or does

PATIENT

No. You said five. That's not the plan. I'm not going. Why are you changing everything?

The shift itself becomes the problem; processing capacity drops before the new plan can be considered.

1. **What am I seeing / what keeps getting stuck?**
2. **What am I asking this brain to do that doesn't translate?**
3. **What specific cognitive or emotional or social capacity is breaking down?**
4. **What if I change demand — the language, the treatment, the expectations?**

Seeking certainty before acting

The serve: what the parent or therapist says

PARENT

Go ahead and apply for that job. If they call, we'll figure out the details then.

THERAPIST

For homework, email your professor and ask for a meeting.

Before you see the response: What are we asking this brain to do?

Seeking certainty before acting

The return: what the patient says or does

PATIENT

What exactly should I write? When should I send it? What if they don't answer? What if they say no? What if the job schedule conflicts? I need to know what happens first.

Action is postponed until uncertainty is resolved—often an impossible standard.

1. **What am I seeing / what keeps getting stuck?**
2. **What am I asking this brain to do that doesn't translate?**
3. **What specific cognitive or emotional or social capacity is breaking down?**
4. **What if I change demand — the language, the treatment, the expectations?**

Emotional Regulation

1 • Emotion becomes intense very quickly

What the parent or therapist says

PARENT

"You've been gaming all afternoon. Please shut it down, take a shower, and be downstairs in ten minutes so we can leave."

What do you expect the patient to do with this?

1 • Emotion becomes intense very quickly

What the patient does with the demand

Patient response

Within seconds, Jordan is yelling: “Why are you always controlling me?” He slams the door, refuses to go, and says the whole evening is ruined.

Glitch: A routine demand rapidly becomes an emotional emergency.

1. What am I seeing / what keeps getting stuck?
2. What am I asking this brain to do that doesn’t translate?
3. What specific cognitive or emotional or social capacity is breaking down?
4. What if I change demand – the language, the treatment, the expectations?

2 • Slow return to baseline

What the parent or therapist says

THERAPIST

After a tense exchange, the therapist says: “Let’s take five minutes, reset, and then come back to what happened.”

What do you expect the patient to do with this?

2 • Slow return to baseline

What the patient does with the demand

Patient response

Twenty minutes later, Jordan is still replaying the exchange, breathing hard, and unable to shift topics. “I’m not talking about anything else. You don’t get it.”

Glitch: The demand assumes recovery happens on the clinician’s timetable.

1. **What am I seeing / what keeps getting stuck?**
2. **What am I asking this brain to do that doesn’t translate?**
3. **What specific cognitive or emotional or social capacity is breaking down?**
4. **What if I change demand – the language, the treatment, the expectations?**

3 • Shutdown or withdrawal under stress

What the parent or therapist says

THERAPIST

"Walk me through what happened when your teacher emailed your parents. What were you thinking, and what did you do next?"

What do you expect the patient to do with this?

3 • Shutdown or withdrawal under stress

What the patient does with the demand

Patient response

Jordan looks down, pulls up the hood, stops answering, then says quietly: “I don’t want to talk about it.” The therapist experiences the silence as avoidance.

Glitch: Language and reflection demands exceed capacity under stress.

1. **What am I seeing / what keeps getting stuck?**
2. **What am I asking this brain to do that doesn’t translate?**
3. **What specific cognitive or emotional or social capacity is breaking down?**
4. **What if I change demand – the language, the treatment, the expectations?**

4 • Difficulty naming emotions or identifying triggers

What the parent or therapist says

PARENT

"You came home upset and went straight to your room. What happened? What set you off? What are you feeling?"

What do you expect the patient to do with this?

4 • Difficulty naming emotions or identifying triggers

What the patient does with the demand

Patient response

Jordan says: “Nothing happened. I’m fine. I don’t know.” Later, Jordan reports a headache and stomachache but still cannot identify the trigger or emotion.

Glitch: The parent asks for internal information Jordan cannot readily access.

1. What am I seeing / what keeps getting stuck?
2. What am I asking this brain to do that doesn’t translate?
3. What specific cognitive or emotional or social capacity is breaking down?
4. What if I change demand – the language, the treatment, the expectations?

5 • “I don’t know” when asked how they feel

What the parent or therapist says

THERAPIST

The therapist opens the session with: “How are you feeling today?”

What do you expect the patient to do with this?

5 • “I don’t know” when asked how they feel

What the patient does with the demand

Patient response

Long pause. Jordan shrugs: “I don’t know.” When offered concrete choices – aangry, worried, tired, embarrassed – Jordan says, “Maybe overwhelmed. Mostly tired.”

Glitch: An open-ended emotional question requires more translation than it appears to.

1. **What am I seeing / what keeps getting stuck?**
2. **What am I asking this brain to do that doesn’t translate?**
3. **What specific cognitive or emotional or social capacity is breaking down?**
4. **What if I change demand – the language, the treatment, the expectations?**

What keeps getting mistranslated?

Emotional dysregulation changes what the person can access, process, and communicate.

1	**Intensity**	A small demand can become a large emotional event.
2	**Recovery**	Capacity may remain low long after the visible crisis passes.
3	**Stress shutdown**	Silence or withdrawal may be overload – not refusal.
4	**Interoception / labeling**	The person may not yet know what happened internally.
5	**Question format**	Broad emotional questions may require translation and scaffolding.

Social-Communication Processing

Difficulty understanding implied meaning or hints

The serve: what the parent or therapist says

PARENT

“It would be really nice if someone took the trash out before dinner.”

THERAPIST

“Maybe think about whether there’s something you could do this week to show your parents you’re trying.”

Before you see the response: What are we asking this brain to do?

Difficulty understanding implied meaning or hints

The return: what the patient says or does

PATIENT

Later the trash is still there and nothing has changed. Alex says: “You never asked me to take it out. You said it would be nice. And what exactly was I supposed to do to ‘show’ them?”

Both adults used implication rather than a direct request. Alex processed the literal words but did not infer the intended action.

1. **What am I seeing / what keeps getting stuck?**
2. **What am I asking this brain to do that doesn't translate?**
3. **What specific cognitive or emotional or social capacity is breaking down?**
4. **What if I change demand — the language, the treatment, the expectations?**

Long pauses mistaken for withholding

The serve: what the parent or therapist says

PARENT

“Why aren’t you answering me? I asked whether you knew about the missing assignment.”

THERAPIST

After asking about a peer conflict, the therapist waits a few seconds, then says: “You’re being very quiet. Is there something you don’t want to tell me?”

Before you see the response: What are we asking this brain to do?

Long pauses mistaken for withholding

The return: what the patient says or does

PATIENT

Alex pauses for 15–20 seconds, then says: “I was thinking. I was trying to remember what happened and figure out what you meant. When you ask me again, I lose what I was thinking about.”

Processing latency is being interpreted as avoidance or withholding, which adds pressure and further disrupts retrieval.

1. **What am I seeing / what keeps getting stuck?**
2. **What am I asking this brain to do that doesn't translate?**
3. **What specific cognitive or emotional or social capacity is breaking down?**
4. **What if I change demand — the language, the treatment, the expectations?**

Difficulty processing multipart questions

The serve: what the parent or therapist says

PARENT

“Why didn’t you text me, where were you, who were you with, and what time did you think you were coming home?”

THERAPIST

“Tell me what happened at lunch, what you thought your friend meant, how you felt about it, and what you want to do next.”

Before you see the response: What are we asking this brain to do?

Difficulty processing multipart questions

The return: what the patient says or does

PATIENT

Alex looks overwhelmed and says, “I don’t know.” When pressed, he answers only the last piece: “I guess I don’t want to do anything.”

The interaction requires holding, sequencing, and answering several social-language demands at once. The apparent nonresponse may be processing overload.

1. **What am I seeing / what keeps getting stuck?**
2. **What am I asking this brain to do that doesn't translate?**
3. **What specific cognitive or emotional or social capacity is breaking down?**
4. **What if I change demand — the language, the treatment, the expectations?**

Difficulty recognizing and initiating social repair

The serve: what the parent or therapist says

PARENT

“You really hurt your sister. Go apologize and make this right.”

THERAPIST

“You and your friend clearly misunderstood each other. Why don’t you text him and clear the air?”

Before you see the response: What are we asking this brain to do?

Difficulty recognizing and initiating social repair

The return: what the patient says or does

PATIENT

Alex says: “But I didn’t lie, and I didn’t call her a name. What am I apologizing for?” About the friend: “If he misunderstood me, that’s his problem. I don’t know what I’m supposed to say.”

The adults assume Alex recognizes the relational rupture and knows the unwritten steps of repair. Neither may be available without explicit scaffolding.

1. **What am I seeing / what keeps getting stuck?**
2. **What am I asking this brain to do that doesn't translate?**
3. **What specific cognitive or emotional or social capacity is breaking down?**
4. **What if I change demand — the language, the treatment, the expectations?**

Masking and the hidden cost of successful interaction

The serve: what the parent or therapist says

PARENT

“Your teachers say you were totally fine all day. Come downstairs, eat with us, and tell us about school.”

THERAPIST

“Group went really well today. You were engaged and social. I think you’re ready to add another activity this week.”

Before you reveal the response: What are we asking this brain to do?

Masking and the hidden cost of successful interaction

The return: what the patient says or does

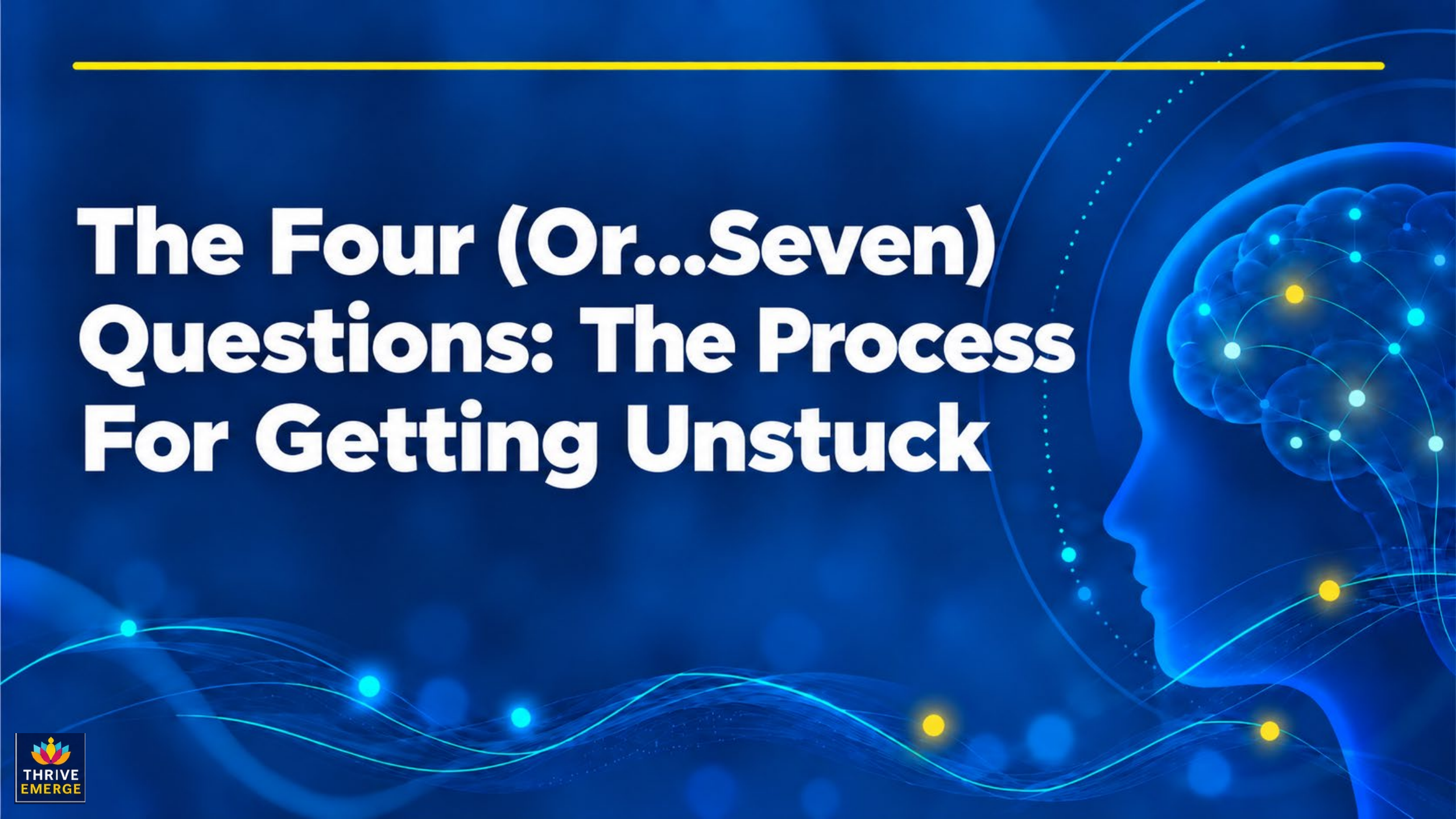
PATIENT

Alex gets home, puts on headphones, and says: “Please don’t talk to me.” He skips dinner and becomes irritable when anyone enters his room. He later says: “I held it together all day. I can’t do one more thing.”

Visible social success hides the effort required to monitor, interpret, and respond. The next demand arrives when social and regulatory capacity is depleted.

1. **What am I seeing / what keeps getting stuck?**
2. **What am I asking this brain to do that doesn't translate?**
3. **What specific cognitive or emotional or social capacity is breaking down?**
4. **What if I change demand — the language, the treatment, the expectations?**

The Four (Or...Seven) Questions: The Process For Getting Unstuck



THRIVE EMERGE

1. What Am I Noticing?

Describe behavior. Do not explain it yet.

- Missed homework/tasks
- "I don't know"
- Long pauses
- Gets stuck on wording/rules
- Difficulty shifting
- Emotional escalation
- Avoidance
- Insight without real-world change
- Other: _____

My observation:



THRIVE EMERGE

2. What Am I Tempted to Call It?

Notice the label before you assume it is true.

Resistant	Unmotivated
Avoidant	Oppositional
Poor insight	Controlling
Not ready	Other: _____



Pause. What else could explain it?

3. What Am I Asking This Brain to Do?

Name the demand being placed on the client.

- Remember
- Initiate
- Organize/sequence
- Shift
- Sustain attention
- Tolerate uncertainty
- Process spoken language quickly
- Infer implied meaning
- Identify/name an emotion
- Organize a verbal response
- Regulate distress
- Generalize a skill into real life

4. Where Does the Process Break Down?

Look for the bottleneck.

- Not understand?
- Understand but forget?
- Remember but not know how to start?
- Start but not sustain?
- Become overwhelmed by choices?
- Become dysregulated?
- Get stuck on uncertainty or correctness?
- Know internally but struggle to put it into words?
- Do it here but not elsewhere?

The bottleneck may be:

5. What Are My Working Hypotheses?

Not diagnoses. Check any possibilities worth exploring.

1	Executive function — knowing → doing
2	Rigidity/context processing — shifting/reframing
3	Emotional regulation/avoidance — distress/recovery/approach
4	Social communication — meaning/expression/interpretation

Possible modifiers:

Language/ processing speed	Sensory load	Interoception	Masking
Anxiety/shame	Trauma/trust	Energy/fatigue	Family/environmental fit

6. What One Variable Can I Change?

My experiment next session:

- [ ] Slow down
- [ ] One question at a time
- [ ] Wait longer
- [ ] Offer choices
- [ ] Make it concrete
- [ ] Write it down
- [ ] Make expectations explicit
- [ ] Reduce the number of steps
- [ ] Practice it in session
- [ ] Preview transitions/changes
- [ ] Other: _____



7. What Happened?

Did functioning improve when the demand changed?

Clearly	Somewhat
No	Unclear

What did I learn?



8. My Provisional Functional Formulation

Turn your observations into a working treatment plan.

"This client appears to have difficulty with _____ when _____. Performance improves when _____. Therefore, I will adapt treatment by _____."



SCREEN OVERUSE AND ADDICTIONS

THRIVE
EMERGE

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

THRIVE EMERGE

Next 3-part series

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

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Building Alternatives #1:
Harm Reduction Strategies

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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

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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

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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

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REPLACE "FAST FOOD" DOPAMINE WITH "HOME-COOKED" DOPAMINE

- Creating Art
- Woodworking
- Robotics
- Coding
- Exercise
- Music
- Photography
- Volunteering
- Cooking
- Hiking
- Deep Special Interests

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Next 3-part series

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

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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

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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

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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

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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


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4. Course — Empowering Neurospicy Individuals and Families
5. Free and Half-Price Consultations
6. The Village — The School, The Farm, The Road

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When Is It Time to Refer to The Village?

Simple signs that outpatient therapy may not be enough

1



They understand it in session...

...but still can't do it in real life.

2



The same problems keep coming back

Little lasting change between sessions.

3



Functioning is getting worse

School, work, self-care, or daily life are slipping.

4



Family conflict or dependence is growing

Parents or partners are doing too much, and everyone is stuck.

5



Avoidance is taking over

More isolation, shutdown, screens, substances, or missed responsibilities.

6



Weekly therapy is not enough structure

The client needs more support, practice, and coordination than the office can provide.



Consider referring to The Village when...

The client needs wraparound support to learn skills, practice them in real life, and build greater independence.

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The Village: A Developmental Learning System

Wraparound services for ADHD/ASD teens and young adults struggling with real-life readiness.

The School



Learn foundational skills: emotional regulation, executive function, and social skills.

EXPLICIT TEACHING

The Farm



With daily support from a coordinated team, repeatedly practice the skills.

GUIDED PRACTICE

The Road



Through individual care and strong family involvement, cross the bridge to real-life readiness.

REAL LIFE READINESS

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