Thinking Outside the Box:

Understanding and Drafting Parenting Plans for Neurodivergent Families

Materials and Resources

Prepared for the 2023 Colorado Family Law Institute

Presenters:

Meggin Rutherford, Esq, AuDHD
Managing Attorney, Rutherford Law Center, LLC
Mediator, Arbitrator, Collaborative, Litigation
Meggin@mrutherfordlaw.com, 303-431-0415

Nicola A. Winter, Esq.
Senior Associate Attorney, Wells Family Law, PC
nicola@wellsfamilylawcolorado.com, 303-309-1077

How to Use These Materials: We understand that these materials are voluminous and can be overwhelming. We certainly could not present them all in the slideshow, or even do them justice. We hope that you will use them as your go-to starting point when you are faced with a case that has any of these concerns.

Authorship and Copyright: The materials were primarily written by Meggin Rutherford, Esq, and edited by Dr. Joyce Fine. Meggin Rutherford holds all copyright to the written materials contained herein. However, she permits the use and sharing of these materials for the purpose of improved outcomes in the legal process for any family(ies) without further release. She does not permit the quoting or passing as their own of any of these materials by any other person.

Assumptions: These materials are written with the presumption that the families are engaged in the domestic relations (divorce and custody) court. However, the concepts can also be used in the guardianship/probate and Dependency and Neglect courts.

Statement on Sources: Both attorneys identify as neurodivergent in multiple ways. Ms. Rutherford also parents two neurodivergent children. Many of the unsourced statements in the sections in which they have personal experience come from their lived experience.

Table of Contents

What is Neurodivergence?

Most of the world has a neurotypical brain. That means that they receive, process, and express information and sensations in a similar way.

People with neurodivergent brains receive, process, and express information and sensations differently from a neurotypical brain.

Think of neurodivergence as different operating systems on a computer.[1] Some people use PC, some use Mac, and some use Linux.

There is a document. Each of them can create a document, and read a document. They could create the greatest novel ever in that document no matter the operating system. However, because the way their "brains" receive and process information differently from each other, as well as how they share the information that they have, they may not be able to easily share those documents with each other.

None of those systems or documents are wrong, they're not corrupt, they're not bad. They're just different ways of creating and processing and sharing information. The others can't always receive and understand what the original document meant to say because they don't share the same computing system.

Imagine that most of the world runs on PCs operated by 20-somethings, they are neurotypical. They can all share documents easily with each other, and they talk the same language. They can even easily insert images in the documents, and quickly format with each other! It's so easy for them! They breeze through (sure they have their problems and occasional viruses), but they don't understand what everyone else is complaining about. You just talk to each other, what's the big deal?

[1] This flight of entertaining explanatory theory was inspired by the work of Steve Silberman in his book NeuroTribes: The Legacy of Autism and the Future of Neurodiversity, Avery, 2016, ISBN-13: 978-0399185618.

People with dyslexia, dyscalculia, dysgraphia, ADHD, or other learning disabilities, run Macs. When they are with each other they can talk just fine! In fact, they can create documents with images even better than PCs! Their system for making videos and 3D objects blows PCs out of the water. They love doing that together. When PCs see what they've done the PCs are impressed and a bit jealous.

The Macs can kind of understand what PCs are saying to each other, but it takes some time. They have to take that document from the PC and they have to go search for a conversion software somewhere on line. Then they have to upload the document there and wait for it to process (that takes a while, so they go might get distracted). Then, when it has processed, the formatting is off. The font is strange, and a big chunk is in wingdings for some reason? So then the Mac has to spend time to reformat the document, try to figure out the font problem. It is so tiring and takes so much longer to just read the document. How can PCs do this so fast?

Autistics run Linux. It is fascinating! There aren't any pre-programmed rules from anyone else. No filters is great! I'm free from the man! I can see so many connections and gather so much amazing information. You can do so much with this thing!

Wait, that's a lot. That's really a lot. Like, where do I put all of this information? Ok, the seam of my pants is itchy, and there is a bird chirping outside (that's a robin), and Aiden didn't brush his teeth this morning, the seam of my pants is itchy, why didn't Sophie want to play with me this morning?, Why not? Why not?, the teacher just asked a question? I don't know, the seam of my pants is itchy. I can't do anything until that stops. Yes, I know what 4 times 3 is, but the seam of my pants is itchy and I'm trying to figure out how I can fix it, because I can't do anything else until that goes away. I can't say 12 because I'm also trying to figure out my pants, and Aiden's breath is really bad, now everyone is staring at me. Now Sophie really wont' want to play with me. What do I do? I don't know what to do. Ok, coping skills. Just stop and breathe. Just breathe. My pants are still itchy. Good, she moved on.

I really have to work on programming in some filters here. Surely someone has some programs that I can get from freeware. I just used one from my therapist. When I feel overwhelmed stop and breathe deeply! I don't know if that was the right program because everyone was staring at me. But it was a program that I had and it helped me feel a little better.

Wait, I just got something from Mac, and there is another from PC. I don't have an auto filter for those. I can read Mac faster, so lets do PC first. Ug, its in code again. You can do this, you just have to go line by line in the programming and translate their code to your code. It's ok, you get faster each time. Wait PC, where did you go? I was still trying to read your code to see what you sent! I want to respond, but sometimes you don't understand my programming. No one is programmed to understand a Linux except other Linux. This is so exhausting.

How is Neurodivergence Different from Mental Health or Behavioral Disorders?

People with neurodivergent brains typically are biologically and genetically wired to receive, process, and express information differently, like a computer system.

Disorders, such as mood disorders, anxiety disorders, personality disorders, and others can be thought of more like glitches in the system or in the programming.

Our computers come to us (in theory) running the systems they run without incorrect programming or pathways. However, if you install a bad program (eg: a traumatic childhood or event, negative adapting skills) then any of those systems will start to run in ways that are not helpful.

For example, lets say you have a PC and someone exposes it to the programs *domestic violence*, *emotional neglect*, *systemic poverty*, *parental abandonment*. That PC has some inbuilt defense mechanisms that might serve it well when its young. They might be things like don't emotionally attach to protect your feelings, disassociate, become emotionally dysregulated (eg: explode with anger or hysteria) in order to get your needs met.

These strategies are ok in childhood, but as the PC grows older, they become programs that grow into viruses that mean that the PC can't interact with other computers in the network the way that it should. For example, every time it tries to attach in a relationship but can't get their needs met, they explode and become hysterical. They're worried that the person, who is a source of both emotional and financial support, is going to leave them. So they do everything they can to bring the attention back to them, no matter how toxic that behavior is. This person may develop narcissistic personality disorder or hysteric personality disorder as a result of their exposures.

Those disorders are not program of how information is received, processed, and expressed. Instead, they are glitches in the system of emotional and informational processing regulation.

The names of the diagnoses can be confusing (eg: ADHD is technically a disorder). However, if you focus on if the issue is one of the *system* to receive and process the information, or if it is one of a reaction to what is received, you will be able to distinguish neurodivergence from a disorder. That is why someone can have both neurodivergence and disorders (and frequently does).

We Must Do More to Protect Children From the Long Term Impacts of Childhood Emotional Trauma

We in the legal profession have the privilege and the responsibility of seeing into children's home lives in a unique way. When we see a child suffering the effects of emotional neglect or abuse from a parent, we are obligated to act to protect them as best we can.

Currently, the court system seems to consider emotional harm as "lesser than" physical harm. In fact, emotional harm can have far deeper and longer lasting consequences for a child than physical abuse.

Neurodivergent children are more likely to suffer from emotional neglect from their parents than neurotypical children. Neurodivergent parents may not understand their children's emotional needs, and unless they have received education and therapy, may be causing trauma on their children. Yet, at the same time they may be the only people who truly understand their children's experience in the family. We also have to consider that these parents likely suffered emotional neglect as children as well. This is a tricky balance for the court and must be tailored for each individual family.

If we want to make a meaningful impact on the lives of the children, most notably the rate of suicide, self-harm, and violence among young people in our community then we *must* take emotional neglect and abuse seriously.

- Childhood Trauma is scientifically proven to cause lasting substantially negative consequences throughout the entirety of a person's life.

    - Childhood trauma is defined as "experiences of direct trauma exposure, witnessing trauma or learning about trauma that happened to a close friend or relative. In children, motor vehicle accidents, bullying, terrorism, exposure to war, child maltreatment (physical, sexual, and emotional abuse; neglect) and exposure to domestic and community violence are common types of childhood traumas that result in distress, PTSD, and posttraumatic stress symptoms (PTSS)."[2]

    - Children who are removed from the parent who is inflicting trauma and neglect, or who have limited safe interaction with that parent, (in a situation where the parent

[2] *The Biological Effects of Childhood Trauma*, Michael D. DeBellis, MD, MPH, Abigail Zisk, A.B., Child Adolesc Psychiatr Clin N Am. 2014 Apr; 23(2): 185–222. Accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3968319/?utm_source=yahoo&utm_medium=referral&utm_campaign=in-text-link

is the cause) are better outcomes in the long term than children who are returned to the traumatic parenting situation.[3]

- People who experience childhood trauma are more likely to experience incarceration, substance abuse, domestic and community violence, mental health diagnosis, lower socio-economic outcomes, lower educational outcomes, and poor health outcomes. Additionally, they are more likely to cause trauma to their own children in the future, only continuing the cycle.[4]

- Children who are subjected to trauma in their childhood do not tend to be resilient. In one study, only 22% of the children followed in a longitudinal study showed healthy adult functioning by the time they reached young adulthood.[5]

- Dr. Nadine Burke Harris developed the ACEs (Adverse Childhood Experiences) survey after noticing in her pediatric practice that the impact of trauma on children was massive, and not sufficiently accounted for in the practice of medicine. Watch her impactful 2014 TED Talk at this link: https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

- Since then, the ACEs survey has been studied and used across virtually all medical fields to understand the lifelong impact of childhood trauma on all negative medical states from heart disease to obesity to substance abuse.

- Childhood emotional neglect and/or emotional abuse can be a significant contributing factor to the development of mental health disorders such as schizophrenia spectrum disorder, borderline personality disorder, narcissistic personality disorder, and obsessive-compulsive or paranoid personality disorders in adulthood.[6]

- Childhood emotional neglect and/or abuse is real trauma, and our domestic relations judicial system is ignoring it almost completely.[7]

---

[3] *See id.* At subsection vii.
[4] *See id.* at subsection viii.
[5] *See id.* at subsection viii.
[6] *What Causes Personality Disorders?* 2010, American Psychological Association Website, accessible at https://www.apa.org/topics/personality-disorders/causes#:~:text=Children%20who%20had%20experienced%20such,may%20also%20play%20a%20role.
[7] In the lived and humble experience of these authors.

- A child can experience trauma through emotional neglect even if their physical needs are met, and they are not physically abused.[8]

- Childhood emotional neglect may lead to complex trauma. This has devastating long term effects through adulthood including disassociation, attachment disorder, inability to control their emotions, become explosive, have effects on their ability to learn and reason, and have very low self-esteem, among others impacts.[9]

- Emotional neglect can be intentional or unintentional, but both are neglect and traumatic.

- "Emotional neglect may involve any pattern of behavior or omission that doesn't allow a child's emotional needs to be met at a level where they can thrive….Emotional neglect involves unnoticed or unaddressed emotional needs. 'Children need someone to listen to them, to validate their feelings, to have appropriate expectations for them based on their age, and they need the adults in their life to provide guidance on the challenges they face as they are developing'

  Examples of emotional neglect may include:
  - **lack of emotional support during difficult times or illness**
  - **withholding or not showing affection, even when requested**
  - **exposure to domestic violence and other types of abuse**
  - **disregard for a child's mental well-being**
  - **lack of intervention on the child's behalf (e.g., allowing behavioral problems to go unaddressed)**
  - **social isolation**
  - **being emotionally unavailable or absent**
  - **ignoring a child**
  - **pushing a child past their mental and physical abilities**"[10]

[8] Childhood Emotional Neglect: How it Can Impact You Now and Later, Kimberley Holland and Timothy J. Legg, Ph.D., Psy.D. Healthline, accessed at https://www.healthline.com/health/mental-health/childhood-emotional-neglect#takeaway

[9] *Effects of Complex Childhood Trauma*. National Child Traumatic Stress Network. https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects

[10] *Emotional Neglect in Childhood: Signs, Effects, and How to Cope*. Hope Gillette and Akilah Reynolds, Ph.D. October 24, 2022. PsychCentral. https://psychcentral.com/health/emotional-neglect-childhood

- Emotional neglect is the greatest childhood maltreatment globally. One study showed that childhood neglect is actually more harmful than physical abuse on orphans.[11]

- Children exhibiting Autistic traits in childhood are at an increased risk of suffering childhood emotional neglect.[12]

- Children who suffer from emotional neglect or abuse often act out behaviorally, sometimes with subtle signs. These can be depression, anxiety, apathy, hyperactivity, aggression, low self-esteem, substance misuse, appearing uncaring or indifferent, shunning emotional closeness or intimacy, and withdrawing from friends and activities.[13] In the converse, these children may be perfectionists who are terrified of doing anything wrong. They may push themselves to superhuman extremes to please a parent. They may do everything they possibly can to avoid disappointing a parent or to try to gain some approval.

- Counterintuitively, the child is more likely to act out at the home of the parent that is emotionally safest. That is because this is the place where they are safe to express their emotions without fear of punishment or retribution. If they were to act out on their fear and negative emotion with the parent who is emotionally neglectful or abusive they may face further neglect or abuse as a result of their behavior.

- It is our responsibility as officers of the court charged with guarding the best interests of the children to protect them when we see emotional neglect occurring, and a better option available. We must recognize that there are a sadly high number of situations where there is no good option for the child, in which case all we can do is try to order therapy and education.

- <u>The Child's Best Interests must be tailored for each situation, and the **child's** interests must be put before the parent's desires.</u>

    - For families with children or parents with special needs or mental health diagnoses this does not necessarily mean 50/50 parenting time or joint decision making. These could result in ongoing massive trauma for the child.

---

[11] *The mediating effects of childhood neglect on the association between schizotypal and autistic personality traits and depression in a non-clinical sample*, Jianbo Liu, *et al*. BMC Psychiatry 17, 352 (2017). https://doi.org/10.1186/s12888-017-1510-0

[12] *See id.*

[13] *See id.*

- Children with neurodiversity, mental health issues, or behavioral problems must be assumed to be at very high risk for emotional neglect, and therefore childhood trauma.

- Courts should take very seriously a parent's diagnosis that affects their ability to put the child's needs before their own, and/or communicate effectively with the other parent. This also includes the ability to handle the stress of solo parenting a child, particularly if the child also faces challenges. If that parent has not demonstrated that they have gained the skills to meet the challenges, then the Court should put the child first and reduce the parent's parenting time and decision making capacity.

Highly Recommended Resources:

- Dr. Nadine Burke Harris TED Talk on the impact of Childhood Trauma on a person's lifetime at https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

- Book (I recommend this one so highly I keep a stack and just hand them out to people. It will transform your life.):
  Adult Children of Emotionally Immature Parents: How to Heal from Distant, Rejecting, or Self-Involved Parents, Lindsay Gibson, PsyD. New Harbinger Publications, 2015. ISBN-13 : 978-1626251700

- The National Child Traumatic Stress Network: https://www.nctsn.org/

- Patrick Teahan LICSW, Childhood Trauma Specialist

  - Website: https://www.patrickteahantherapy.com/

  - YouTube example: 7 Health Family Systems vs 7 Toxic Family Systems: https://www.youtube.com/watch?v=5ZOjFdNiH2g&ab_channel=PatrickTeahanLICSW

Autism Spectrum Disorder (ASD):

- Summary:

  ASD is a spectrum disorder that includes highly successful lawyers and doctors and academics as well as non-verbal and profoundly disabled people. The spectrum is not linear, but is more appropriately seen as a circle of affects that can vary day by day. People with autism are frequently misunderstood, and there is substantial bias against them.

  Those with ASD experience physical, mental, and emotional sensations with extreme intensity, and in a way that would exhaust anyone. Autistic brains lack the biologic filters to filter out unimportant sounds, touch, or other sensations. All sensations are equally felt, from the breeze in your hair to the person telling you important instructions. It is often also very difficult to organize thoughts and say them out loud because they are experiencing so much at the same time. It's difficult to choose which thoughts are relevant and important and then give them words to then share them out loud with the correct social effects. Because Autistics struggle to filter and sort what is inside they need to have substantially more structured external environments to thrive.

  The ability to experience the world without filters can be a superpower that allows for exceptional creativity world changing ideas. However, it can also lead to overwhelm and meltdown, and there is a fine line between the two. It is believed or known that world changers like Albert Einstein, Marie Curie, Alan Turing, Thomas Jefferson, Nicola Tesla, Temple Grandin, Tim Burton, Emily Dickinson, Elon Musk, Mozart, Darwin, and Newton are or were autistic.

  Autistic people tend to be socially awkward because they struggle to differentiate all the social cues that are coming in from the other person/people. They are flooded with facial language, body language, voice tone, words, context, etc. Because they lack the shortcut filters that neurotypical brains possess, they don't always correctly interpret all the social cues that barrage them, and it takes far longer to interpret anything. They also may not know the correct response, since they did not correctly read the situation in the first place. They may unintentionally cause offense and not understand what happened.

- Cause:

  The current hypothesis is that the process of pruning excess neural connections in the brain during infancy and toddlerhood does not occur in the same way as a neurotypical brain, leaving an excess of neural connections. As a result, Autistics have far more neural connections and experience more sensations and thoughts than a neurotypical person. A neurotypical brain has shortcuts and filters for most things like social situations, sensations, and emotions. An autistic brain must manually filter these inputs each time,

using learned scripts and rules. This is why autistic people are often very black-and-white. Additionally, brain chemistry can be maladapted, leading to co-diagnoses. This is, understandably, exhausting and sometimes overwhelming to the autistic person. [14]

- How Diagnosed: Formal ASD requires diagnosis by a psychologist or psychiatrist after extensive testing. Because adult ASD testing is not covered by health insurance, the community of autistic people considers self-diagnosis sufficient for community identification.
- A note on terms: There are many terms that are important to know and understand. The ones included below are very limited only to the legal context.
    - Levels of Autism:
        - A person is diagnosed generally as Level 1: Needs some support, Level 2: Needs significant support, Level 3: Needs very significant support (typically non-verbal).
        - You may also hear the phrases "high functioning" and "low functioning".
        - The community of autistic people generally rejects all these classifications, though they are used by professionals. The community generally prefers to focus on the level of support you need either currently or generally, as your level of support can fluctuate day to day, dependent on your situation, or over your lifetime.
    - "Masking": Autistic people mask as normal people when they are in public (or do their best to try to mask). This is when they actively suppress their autistic traits to the best of their ability to try to fit in with society. It is exhausting and generally leads to mental health problems and meltdowns sooner or later.
    - Autistic meltdown is not a choice and is not a temper-tantrum. It is literally the brain short-circuiting and needing to expel the energy, frustration, and everything else inside. It can be terrifying for both the person and those around them.
    - There is controversy between whether those with autism should be called Autistic or "a person with autism". Typically, the people who have autism prefer to be called autistic because it is a central part of their being, they cannot change who they are. "Person with Autism" focuses on the fact that they are a person outside of their diagnosis and is supported by groups primarily centered around support

[L] Children with Autism Have Extra Synapses in Brain, Press Release Columbia University Irving Medical Center, August 21, 2014, *citing* Loss of mTOR-Dependent Macroautophagy Causes Autistic-Like Synaptic Pruning Deficits. Guomei Tang, Kathryn Gudsnuk, *et al. Neuron*, Vol 83, Issue 5, p 1130-1143, Sept 3, 2014. Accessed at https://www.cuimc.columbia.edu/news/children-autism-have-extra-synapses-brain#:~:text=Clues%20to%20what%20caused%20the,to%20degrade%20their%20own%20components May 15, 2023

people for those with severe autism. I use both interchangeably as I think that both show respect to the community. Neither is used with disrespect.

- The term "Asperger Syndrome" is no longer used to classify Autistic people who require less support. It referred to a Nazi doctor who developed the term and criteria through experiments during the Holocaust and WWII. Instead, all people on the spectrum are now called Autistic.

- Criteria for Diagnosis: The DSM-5 has the following criteria for the diagnosis of ASD:
    - Summary: Difficulty in social interactions, difficulty in both verbal and non-verbal communication, and repetitive or ritualistic behaviors.[15]
    - Must have persistent deficits in each of the three areas of social communication, as well as at least two of four types of restricted, repetitive behaviors:[16][17]
        - Areas of Social Communication across multiple contexts:
            - Social-emotional reciprocity: For example, abnormal social approach, failure of normal back-and-forth conversation, reduced (or excessive) sharing of interest, emotions, or affect, failure to initiate or respond to social interactions.
            - Deficits in nonverbal communicative behaviors used for social interaction: For example, out-of-sync verbal and nonverbal communication, abnormalities in eye contact and body language, abnormal use of gestures and facial expressions.
            - Deficits in developing, maintaining, and understanding relationships: For example, difficulties adjusting behavior to suit social context, difficulty in sharing imaginative play or making friends, absence of interest in peers.
        - Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following:

[15] *See* What is Autism Spectrum Disorder? By Janice Rodden, January 21, 2023, accessed May 15, 2023. https://www.additudemag.com/what-is-autism-spectrum-disorder-asd/

[16] Diagnostic Criteria for 299.0 Autism Spectrum Disorder. United States Centers for Disease Control Information for Providers, accessed May 15, 2023. https://www.cdc.gov/ncbddd/autism/hcp-dsm.html

[17] Author's Note: As an autistic woman with an autistic daughter, I notice that the official examples of deficits in the original source are all centered on what males, particularly male children, tend to exhibit. Females tend to notice that they have social deficits and overcompensate instead of underperform. Everywhere in the original source material it says or assumes "under" or "not enough", one can also insert "over" or "excessive" to be inclusive of all people with autism. I purposefully reframed the original wording to reframe the deficit language from these materials.

- Stereotyped or repetitive motor movements, use of objects, or speech. (This is known as “stimming” and has a very soothing effect.) Eg: Flapping or rocking, relying on phrases or responses learned in books instead of your own use of words, fixated use of fidgets or hands in the same way.
- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior. (Eg: They are very black-and-white and rigid. It often doesn’t make sense to others. If you try to vary one of their rigid structures without their input and agreement then they will have a meltdown. Because they rely on scripts and rules as their manual mental shortcuts, they don’t have the same flexibility and ease of transition to change to their scripts and rules.)
- Highly restricted, fixated interests that are abnormal in intensity or focus. (Eg: when they become curious about something, they want to learn *everything* about it to the tiniest detail. Then they want to tell you about *all* of it because they love it that much. If they want to tell you about their special interest that means that they like you, because they’re sharing a very special part of themselves with you.)
- Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment. (Eg: highly reactive to bright light, loud sounds, does not recognize intense pain. This is because their brains do not have the filters for these sensory inputs, so the sensation floods their brain and literally overwhelms everything to the point of physical pain if it’s a hyperreaction. If it’s a hypo reaction its generally because the brain has recognized that it gets flooded and so just completely turns the reaction off entirely as a self-protection mechanism. Thus, Autistic adults often have a very high pain tolerance.)

- Symptoms must be present in the early developmental period, but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life.
- Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- These disturbances can not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of

autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

- Common Co-Diagnosis: Almost always presents with clinical anxiety and/or depression. PDA (pathologic demand avoidance subtype of autism), giftedness in the high-IQ type, Rejection Sensitive Dysphoria (RSD), Kanner's Syndrome, ADHD, OCD (obsessive-compulsive disorder), Sensory Processing Disorder (SPD), mood disorders, Oppositional Defiance Disorder (ODD).
- Treatments: Autistic children benefit from intervention as early as possible. These interventions can include: Medication, Behavioral management therapy, aka Applied Behavioral Analysis (this is highly controversial, particularly among those who have less support needs.) Mental health therapy, possibly including Cognitive behavior therapy (CBT), Educational and school-based therapies. Nutritional therapy. Occupational therapy. Adults benefit from a lot of therapy and autistic connection groups (mostly online).
- Stereotypes:
    - Shelton Cooper and Amy, Elon Musk, House,MD, Rainman, Temple Grandin, Luna Lovegood (in my loving opinion).
    - Nerdy white boy, about age 10-14, computer programming type with glasses who says "well actually" and is probably also really obsessed with anime, trains, and/or dinosaurs.
    - "High Functioning" Autism: Awkward, a bit of an ass, antisocial, social outcast, unlovable, really smart but you don't want to take them out for a beer, dodgy eye contact, socially inappropriate, computer/scientist type.
    - "Low Functioning" Autism: non-verbal, flapping, grunting, no eye contact, jumping, socially inappropriate.
- Lived Experience: These are experiences of autistic people who have low support needs
    - Every autistic person experiences autism differently. Below are some examples.
    - In the 20 years from 1998 to 2018 there was a 787% increase in diagnosis of autism in the UK, with the largest increases coming in adult women.[18] This appears to be the result of adults recognizing their own autistic traits after their children are diagnosed.
    - Receiving a diagnosis as an adult was such a relief. I realized that I wasn't just being difficult. I just didn't fit in with the societal norms established by

[18] *"A Lot Fell Into Place: The Adults Who Discovered They Were Autistic—After Their Child Was Diagnosed."* Joanna Moorhead, The Guardian Dec 16, 2021. Last accessed May 15, 2023 at https://www.theguardian.com/society/2021/dec/16/adults-discovered-autistic-child-diagnosed-autism

neurotypical people. Unpicking my diagnosis has meant I've learned about the really quite small things that can make a huge difference to my life. Things like realizing I don't have to attend a social event – not because I don't want to be part of it, but because there's too much sensory overload. I used to feel guilty about missing things, but now I make allowances for myself, and my family and other people around me do the same. [19]

- "All the sensations are equally felt, and very strongly. Sensations like noise, clothes, sights, etc, cause physical pain. If we try to shield ourselves from the overwhelming sensation, we are considered strange. Stims like flapping, making repetitive noises, rocking, jumping, etc. are ways for the brain to balance out the inputs it is receiving by creating some outputs to funnel the experiences and energy somewhere else. When society suppresses that it means that all of that sensation and energy has nowhere to go but back in on ourselves, to eat away at ourselves. " –Anonymous 28 year old

- Everything, Everywhere, All at Once. An example from a recent vacation: The feel of breeze on my skin is equally relevant as the waft of horse manure and possible rain contained in it. That is all equally relevant to the sight of the houses, the gradations of the colors in the clouds, the seam on my pants is itchy, how bright it is, and visualizing where exactly I left my sunglasses (because of the photographic memory), that also combines with the different greens in the trees, there are 8 houses over there, all white (that must be a terrible HOA), the crunch of the gravel, the feel of the different size stones under my shoes, one foot is slightly more turned out than the other, what do I need to do when I get back? I need to keep that to-do list running in my head so I don't forget anything since I don't have anywhere to write it down right now. Wait, my husband starts talking, what is he talking about, I didn't hear the start because I was trying to remember what I needed to do. What do you mean "look at that"? The trees, the horses, the way the limestone folds in the geology of the hill, the houses, the ridiculous angle of the road up the hill? I don't know what "that" means. There are so many things over there that have something interesting, you have to use a specific noun. I don't understand vague gestures. Use words. Are you talking about the way the shadow of the cloud is changing the greens across the hill? It is very pretty. No? (all the while the smell has changed, that is definitely rain, and also rotten fish, and there is a teenage boy who started following us……you get the idea).

- "Social interactions can be awkward not because we don't perceive what others are saying, but because we perceive *too much* of what is being said and not said, and if we're trying to understand what might not be being said but we don't know,

[19] Synopsis of testimonials from prior article.

and we struggle to separate what is important and not important. Trying to process someone's facial expressions is often overwhelming information in addition to everything else we're processing, so we don't look them in the eyes. That is just too much. We can better understand what is being said if we are not overwhelmed by facial expressions." --Anonymous 39-year-old

- "I feel very lonely because I don't really have friends. I don't understand why other girls don't really want to play with me. I try to get along with them, but they leave and go play somewhere else. Even my best friend since first grade doesn't want to play with me anymore. I speak a different language from them, and they just don't understand me, and I don't understand them. They also tell me to not be smarter than them, and that hurts my feelings. So I just try to be as quiet as I can be, and not stand out and be different. But its hard, because I want to be myself and have fun and have people like me for who I really am. I am glad that next year I get to go to a school that is just for kids like me where I can be myself and stim and be as smart as I want." –10 year old autistic girl

- "One common myth is that being autistic makes you antisocial. It doesn't. I love meeting people, spending time with others, and having a laugh. I am a member of various role playing and board games groups, while I also attend a writing group that occasionally goes out drinking and a drinking group that occasionally writes.

  One aspect of my autism is that I'm constantly trying to read everyone around me. I try to gauge moods that I might not be aware of and display the correct signs that I'm engaging with and wanting to take part in conversation. It can take a lot out of me, and I need to spend a considerable amount of downtime unwinding and processing the events of the day. And yes, also getting to grips with the neuroses of any social faux pas that I may have committed.

  For example, one of my work colleagues has suffered from a number of bereavements. I want to show that I'm sympathetic and that I empathize with her to the point that my heart feels heavy, but I am completely disfluent when it comes to expressing this verbally. I am envious of those around me who are able to naturally and casually approach her and offer support. Instead, I have to rush off to get myself a coffee and return with my thoughts in order at a later time.

  This is the pressure of being a high functioning autistic person. I have learned to portray the version of myself that a neurologically undiversified person would accept on a day to day basis, but when I am faced with difficult situations, I become unstuck. Unable to act appropriately, at best, and mute, frozen, or flapping, at worst. It is frustrating for neurotypical folk who know me at my best to try and understand this pressure. I find it just as frustrating.

This also extends to my online persona. I will have flurries of posts on social media before I become a ghost, haunting people's feeds, slowly stockpiling determination until I can respond to messages and reach out to friends after days of silence.

This doesn't mean that I am not trying. I love being around people, I just find it hard sometimes. I enjoy your company, even when I can't show you." –Jonathan Rowland, 30-something autistic male [20]

- Because our brains are easily overstimulated, we tend to block out extraneous stimuli as much as possible and focus on just one thing. That means that change and transitions are difficult, and take time. Minimizing change and transitions, and communicating clear rules, boundaries, and what will happen with plenty of warning provides calm and clarity.

- Manifestation in Children:
    - 1 in 36 children in the US is diagnosed with autism. It is 3x more commonly diagnosed in boys than in girls.[21] Children with ADHD are 20x more likely to demonstrate traits of autism than those without ADHD. [22]
    - Girls are underdiagnosed with autism because they don't fit the male-based stereotypes and they are better able to mask. This is a pervasive problem that needs substantial work by the medical and mental health profession.[23] In this author's personal experience, no teacher or medical professional suggested to me that my daughter might be autistic. Instead, a close friend whose son is autistic suggested it to me after we had a playdate. When I brought the diagnosis to my daughter's current and past teachers, each thought for a beat and then agreed wholeheartedly. Yet none of them thought to apply it or bring it up as a possibility.
    - Indication Signs:
        - Children who are highly affected can show developmental delays and speech delays from a young age.
        - Autistic children may have the tendency to avoid eye contact, have a preference for solitary play, be excessively rigid in rules or structures, fail to

[20] Through My Eyes: High Functioning Autism. Jonathan Rowland, Medical News Today May 24, 2019, accessed May 15, 2023. https://www.medicalnewstoday.com/articles/325239
[21] Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2020, USA Centers for Disease Control Surveillance Summaries / March 24, 2023 / 72(2);1–14, accessible at https://www.cdc.gov/mmwr/volumes/72/ss/ss7202a1.htm?s_cid=ss7202a1_w
[22] *See* What is Autism Spectrum Disorder? By Janice Rodden, January 21, 2023, accessed May 15, 2023. https://www.additudemag.com/what-is-autism-spectrum-disorder-asd/
[23] See eg: Why Many Autistic Girls Are Overlooked, Beth Arky, Wendy Nash, MD, Susan Epstein, PhD, https://childmind.org/article/autistic-girls-overlooked-undiagnosed-autism/ .

respond to social cues, tendency to repeat words or phrases (often those from shows or books), repetitive behaviors like rocking, flapping, or twirling.

- Children who are higher functioning (particularly girls) can learn how to mask effectively and can take longer to identify. However, at the ages of 9-12 when social interactions become more complex, they may not be able to maintain their mask any longer.
- Additionally, watch for children who either unusually seek stimulation (eg: struggle to use utensils even though they have the physical ability, climb excessively), or who avoid stimulation unusually (eg: put hands over ears at loud sounds, avoid strong smells, etc).
- If a child has received a school diagnosis, but not a medical diagnosis, that should be considered sufficient for a child to be diagnosed with autism for the purposes of the court. A psychologist with a PHD has diagnosed that child through the school system.
- Early identification and treatment is one of the most important things an autistic child can receive for long term success. Therefore, if a parent has a concern about a child having autism that has been validated by an educational or medical professional, then such concern should be investigated thoroughly.

- <u>Needs for Success</u>:
  - They need the adults in their lives to create structure and scaffolding for them. This needs to be a very tight and predictable structure that is built around their specific needs.
  - They need adults who are emotionally stable and mature. They need adults who can plan ahead to prevent problems, and able support them when they have meltdowns.
  - Transitions need to be minimized. They need to be able to predict and understand what is expected of them and what is going to happen in the future.
  - Adults who support their diagnosis, who celebrate them for who they are, who love them for their whole selves, and who uplift them even on hard days. If any adults in their lives are not able to do that then those adults should be limited in their contact with the child.
- <u>Needs in the Judicial</u> <u>System</u>:

- A CFI or PRE who is knowledgeable about autistic families is a must. Unfortunately, they are difficult to find.
- Parents or decision makers who support diagnosis or treatment. If there is a parent who is in denial or who is avoiding, thwarting, or otherwise denying treatment, then they should not be granted decision making authority, or any ability to delay or stand in the way. The parent who supports seeking medical care should be granted decision making authority.
- Consistency in residence: A 50/50 plan is likely not beneficial for a child with autism. They will benefit from a consistent residence and home, with set and expected visits with the other parent. The primary parent should be the parent who they are more closely attached to and who is more emotionally stable.
- Clear parenting times with reduced transitions. Longer periods of time are better than more and shorter periods of time (dependent on the age of the child). If the child is young, and it is possible considering the conflict level of the parents, it may be better for the non-primary parent to exercise parenting time in the primary home and put the child to bed in that home, and then leave.
- Autistic children are very sensitive to conflict, and tend to be less resilient than neurotypical children. Parent conflict should be reduced, and exposure to conflict and non-preferred homes or situations should be avoided.
- Educational: Autistic children may need a private education if the public school system is inadequate for their needs. This should be taken into consideration for child support. They may also qualify for extended child support beyond 19 years of age if they are still in school, or otherwise qualify as a disabled adult.

- Manifestation in Adults:
    - While more boys are diagnosed in childhood, large numbers of women are diagnosed later in life, including in college.[24][25]

[24]See eg: There is no epidemic of autism. It's an epidemic of need, John Elder Robison and Dena Gassner, Stat+ Health and Medicine Reporting, March 23, 2023, last accessed May 15, 2023 at https://www.statnews.com/2023/03/23/autism-epidemic-cdc-numbers/#:~:text=This%20is%20a%20significant%20increase,is%20an%20epidemic%20of%20need.

[25] To the knowledge of this author, there are only three psychologists in Denver who will take on the challenge of diagnosing a high functioning professional woman with autism.

- Indication Signs:[26]
    - If they have a child who has been diagnosed, you can suspect that one or both parents may have ASD as well.
    - If a parent is particularly rigid or inflexible.
    - If they have difficulty regulating emotion.
    - If they have strict consistency to routines, and outbursts if there are changes.
    - Difficulty interpreting what others are feeling, or facial expressions, body language, or social cues.
    - Participates in a restricted range of activities.
    - Under- or over- expression with your gestures, tone of voice, or facial expressions.
    - Not comfortable with eye contact (either with anyone, or with people you're not familiar with).
- Needs for Success:
    - To be honored and heard for who they are, and not dismissed.
    - Orders need to be extremely clear and without loopholes or unanswered questions as much as possible.
    - To have structures in place so that they can participate in decision making for their child. If they are not emotionally mature enough to be able to have joint decision making with the other parent (or if the parents are too high conflict—the other parent may be equally a problem) then decision making needs to be highly structured to allow for them to have meaningful participation.
    - Do not assume that the autistic parent is the problem. One trait of autism, particularly in women, is that they can be naive and fall for untruthful people. Watch for genuine narcissists in the other parent, or the other parent trying to cause high conflict and exploiting the autistic person's diagnosis against them.
    - In hearing: allow them time to process and formulate an answer. They will be *terrible* on the stand in cross examination. They might shut down and

[26] What Are Signs of Autism Spectrum Disorder in Adults? Janice Rodden, ADDitude Magazine, January 19, 2023, accessed May 15, 2023, https://www.additudemag.com/autism-spectrum-disorder-in-adults/

become non-verbal. This is not a choice, it may be a legitimate physiological response to overstimulation.

- Need in Orders:
    - More clarity and specificity than you think is necessary. If you think it's enough, double it. Every holiday needs to have a start and end time. How and where and when for every exchange for vacations and holidays and regular time needs to be set out.
    - Clear communication protocols and decision-making protocols. See the suggested protocols at the beginning of the materials.
    - People with autism, particularly women, and particularly those who are self-aware and attend therapy, can have joint decision making if they have sufficient communication and a good relationship.
    - If high conflict, then consider who is the cause of the conflict. Joint decision making may not be appropriate regardless of who is the cause.

- Recommended Orders for Consideration:
    - Example of parenting plan with high-needs child: Parent 1 is the primary parent, child is under 5 years of age. Parent 2 does not have the emotional skills to care for the child, and the child struggles with transition:
        - Parent 2 has dinner with child at Parent 1's house on Tuesday and Thursday night from 5:30pm to 7pm.
        - Parent 2 has parenting time with the child from 10am-1pm every Sunday. However, Parent 2 will gently ease into this transition with the child so that it is not abrupt or scary. If the child will not leave, then Parent 2 may stay at Parent 1's home to exercise time with the child.
    - Vacations suggested language: Each parent may have up to fourteen overnights of vacation. However, they may not have more than seven consecutive overnights of parenting time including any combination of their regular parenting time, holiday time, and vacation time. If vacation time is claimed, all overnights included in the block are counted toward the annual number of vacation overnights.
    - The child and parents should be ordered to attend therapy.
    - The parents could likely benefit from specialized parental coaching.
    - See Communication Protocols at the beginning of the materials.

- Further Resources:

- Books for kids:
    - Good Different. Meg Eden Kuyatt. Scholastic Press, April 4, 2023. ISBN-13 : 978-1338816105
    - A Different Kind of Normal: My Real-Life COMPLETELY True Story About Being Unique. Abigail Balfe. Crown Books for Young Readers, October 4, 2022. ISBN-13 : 978-0593566480
- Books for adults/parenting:
    - Unmasking Autism: Discovering the New Faces of Neurodiversity. Dr. Devon Price, Ph.D., Harmony, April 5, 2022.
    - Navigating Autism, 9 Mindsets for Helping Kids on the Spectrum. Temple Grandin, Ph.D. and Debra Moore, Ph.D. W. W. Norton & Company, September 21, 2021. ISBN-13: 978-0393714845
    - The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children, Sixth Edition; Dr. Ross W. Greene, Ph.D., Harper Paperbacks, July 21, 2021. ISBN-13 : 978-0063092464
    - The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind; Daniel J. Siegel, M.D., Tina Payne Bryson, Ph.D., Random House Publishing Group; Illustrated edition, September 11, 2012. ISBN-13 : 978-0553386691
    - Ten Things Every Child with Autism Wishes You Knew, Ellen Notbohm. Future Horizons; Second edition (October 1, 2012), ISBN-13 : 978-193527465

ADHD (Attention Deficit/ Hyperactivity Disorder)

- Summary: ADHD as a deficit of attention is a misnomer. Those affected actually have an *excess* of attention, they just struggle to bring it to focus on just one thing. ADHD minds are unendingly creative, exciting, adventurous, but also sensitive and emotional. It is best understood as a dysfunction of executive function, which is the ability to plan, focus on, and execute a single task. Instead, the brain skips around to many different thoughts and ideas, each as exciting and important as the next. ADHD creates difficulties with focus, concentration, prioritization, hyperactivity (of the body and/or mind), and impulsivity that interferes with functioning in education, work, and/or daily living. There are three types: hyperactive only type, inattentive only type (formally called ADD), and combined type (most common).
- Cause: The causes remain unclear. Genetics appears to have a very large influence, but it may be caused by chemical exposure as well. Biologically, it appears that it is an imbalance in the neurotransmitter dopamine, as well as physical differences in the brain structure.
- How Diagnosed: There is no single test for diagnosis. ADHD is diagnosed by a medical or mental health practitioner following testing. The medical practitioner can be a primary care provider or psychiatrist or a mental health provider. The level of testing can be superficial questionnaires given to parents and teachers all the way to a full psychological examination. Both children and adults can be diagnosed.
- Criteria for Diagnosis: The DSM IV has the following criteria for the diagnosis of ADHD: [27]
    - The following nine symptoms are the key markers of ADHD. They must be demonstrated in two or more settings (eg: at school/work and at home). For children, they must have persisted for more than six months. For older teens and adults, they must have been present before the age of 12.
    - Inattentive Criteria:
        - Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details)
        - Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).

[27] Wording of these criteria sourced from https://www.additudemag.com/what-is-adhd-symptoms-causes-treatments/ on May 14, 2023.

- Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).
- Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
- Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
- Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments)

- Hyperactive Criteria:
  - Often fidgets with or taps hands or feet or squirms in seat.
  - Often leaves seat in situations when remaining seated is expected.
  - Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling restless.)
  - Often unable to play or engage in leisure activities quietly.
  - Is often “on the go,” acting as if “driven by a motor” (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).
  - Often talks excessively.
  - Often blurts out an answer before a question has been completed (e.g., completes people’s sentences; cannot wait for turn in conversation).

        - Often has difficulty waiting his or her turn (e.g., while waiting in line).
        - Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing)."

- Common Co-Diagnosis: Substance Abuse Disorder, Anxiety, Depression, Sensory Processing Disorder, Mood Disorders, Autism, Giftedness.
- Treatments: Treatments include both medication, therapy, and coaching.
    - Therapy is very important to learn strategies and skills to manage the practical and emotional effects of ADHD. People with ADHD have generally been told their entire lives that they are failures, or not trying hard enough (even though they are usually trying 10x harder than those around them). They need therapy to work on self-acceptance and strategies to manage the lived experience. This is particularly true for people who were not diagnosed until adulthood.
    - Medications can be short acting (4+ times a day), intermediate (2-3x a day), or long acting (1x a day). The most effective are typically stimulants (counterintuitive, but true). The stimulants are amphetamines, and are therefore ripe for abuse. There are non-controlled options that have limited success. It is often difficult to find a medication that works well for an individual, and sometimes suddenly stop working.
    - Coaching: Coaching is different from therapy because it is specifically for the functional aspects of your life. ADHD coaching helps you come up with a concrete plan for concerns like time management, scheduling, how to keep your house clean, following through on your plans, etc.
- Stereotypes:
    - "Dennis the Menace". Small boy who is bouncing all over the place, who can't follow instructions, and causes trouble. But adults don't have ADHD, it's a kid's only problem.
    - ADHD is not really a problem in life. Kids have it, and you might have it, but its just a little thing that doesn't affect daily life.
    - It's just an excuse for bad parenting or people who can't get it together.
    - ADHD/ADD is often missed in girls and women because the stereotypes of ADHD are so pervasive even to professionals. There is a substantial increase in the

number of adult women who are receiving diagnosis and treatment, often after their children are diagnosed and they recognize the symptoms in themselves.[28]

    - Social media has had a positive influence by encouraging the acceptance and positive identity of those with ADHD. Adults who have had positive experiences share those and encourage others who may be affected to seek diagnosis and treatment.

- Benefits of ADHD: Far more creative than the average population, more likely to be an entrepreneur, ability to hyper-fixate and produce extraordinary work in a small time, tends to be more artistic, can be passionate and exciting, can be a charismatic leader for their ideas.

- Difficulties of ADHD: Inattention, lack of focus, poor time management, weak impulse control, exaggerated emotions, hyper-focus (able to focus on a task to the exclusion of everything else for hours at a time, and able to produce a great amount in a small amount of time), hyper-fixation (getting sucked into an idea or activity and become consumed by it for days to months), hyperactivity, executive dysfunction (the inability to plan and execute a task), inattention. Some people with ADHD have problems with their hygiene, or with their child's hygiene. People with ADHD have a reduced expected lifespan of 13 years as a result of impulsive decisions, substance use disorder, and lifestyle choices. [29]

- Lived Experience: You're told that you are "not living up to your potential", but you don't know how to do it. You can't understand why everything is so easy for everyone else. You get called lazy or a failure when you try as hard as you can. You work 10x harder for the same, or less, results. You have thoughts and ideas popping in your head so often that you can't focus on the one you're supposed to, no matter how much you want to. There's always something new and interesting popping up. Hyper-fixation (where you get sucked into one idea or activity) can be exhausting and is not a choice. It just takes over your brain. You never have any actual rest or peace, your brain does not let you.

- Common parenting conflicts surrounding ADHD:

    - Regarding diagnosis and treatment: Many people continue to carry negative associations and stigma around receiving an ADHD diagnosis. Or they may believe that ADHD is "made up" and not real. Therefore, they will deny the ability to seek

---

[28] ADHD in Girls: The Symptoms That are Ignored in Females. Maureen Connolly, reviewed by Sharon Saline, Psy.D.; ADDitude Online, April 25, 2023, Accessed May 15, 2023 at https://www.additudemag.com/adhd-in-girls-women/?src=embed_link

[29] *See* How ADHD Affects Life Expectancy, by Dr. Russell Barkely, Ph.D., September 20, 2022, https://www.additudemag.com/adhd-life-expectancy-video/#:~:text=ADHD%20can%20reduce%20life%20expectancy,%2C%20with%20Russell%20Barkley%2C%20Ph., accessed May 15, 2023.

any diagnosis or treatment for their child, or will make it very difficult. (Note: often this is from a sense of self-shame if they also exhibit the symptoms themselves).

- A parent who suffers from ADHD (particularly if undiagnosed and/or untreated) may have the following occur: emotionally explosive with spouse or children, be frequently late or forget exchanges, may forget to pack the children lunch, may forget appointments and extracurricular activities. They may not follow through on promises or tasks (but not intentionally). Forgets what was discussed or agreed between parents. All of these issues can be managed with the appropriate coping strategies put into place, if the parents are willing to do so.

- Orders Consideration for **Children** with Diagnosis:
  - Note: ADHD and childhood trauma can have similar behavioral manifestations.[30] If a child has been referred for diagnosis, but was not diagnosed, then you may want to consider that an indication that there are other emotionally traumatic events occurring.
  - Children with ADHD are very difficult to parent, and difficult in the classroom too. This leads to parenting conflicts that often require intervention and professional input. Don't assume that a difficult child is the result of bad parenting.
  - Decision Making: If the parents have shown consistent and productive joint decision making without notable conflict, then joint decision making is appropriate. However, if they struggle to make joint decisions and have conflict, then they should either have a DM appointed or have a sole decision maker appointed between them.
  - *If/Once the child has already been diagnosed*:
    - These children need consistency and an emotionally regulated parent to be able to help them learn their own regulation skills. Because they struggle with executive functioning (task completion) and to regulate their own emotions, its important that during the school week they have a parent who is able to help them do that. If one of the parents is not able to provide that for the child, then that parent is better to have more summer and weekend time.
    - It is in these children's best interests to have predictability, consistency, and the emotionally stable parent available to them during the school week.

[30] *See* Is it ADHD or Trauma? Caroline Miller, Caroline Mendel, PsyD, Jamie Howard, PhD. Child Mind Institute, February 7, 2022. https://childmind.org/article/is-it-adhd-or-trauma/ *See also*, Patrick Teacan, LISCW, Adult ADHD and Childhood Trauma, January 16, 2022, https://youtu.be/lYD0Q4oMYXw , last accessed May 15, 2023.

        - If both parents are emotionally stable and able to provide this scaffolding, then 50/50 is appropriate.
        - However, if one of the parents struggles with their own ADHD and has not developed sufficient coping strategies then 50/50 is not appropriate. It is more appropriate that they have more weekend and summer parenting time. If so, exchanges should be on Sunday afternoon/evening so that the child gets to school on time on Monday morning and starts the week with consistency.
    - It is important that the child receives the medication, therapy, and educational interventions that the professionals are recommending. If there is a parent who is unreasonably trying to obstruct or delay these services, then that parent should not have final decision-making authority for the child.
- *If the child has <u>not</u> been diagnosed*:
    - The child needs to be able to receive diagnosis and treatment. If the school or a medical practitioner has said that a child needs to be evaluated, then that child should receive the same.
    - Orders should enter granting the parent who wants to seek diagnosis and treatment the ability to do so. If there is a parent who is unreasonably trying to obstruct or delay these services, then that parent should not have final decision-making authority for the child.
    - Because ADHD is highly heritable, it is likely that siblings and/or one or more parents of the child also have ADHD. This should be taken into consideration.
    - If there are symptoms of ADHD that professionals are bringing up, this signals that there is something of concern. Even if it is not ADHD, it may be trauma, severe anxiety, or other mental health issues. The child should be in therapy regardless to try to discover and address the cause of the behavioral issues.
    - The same provisions as if a child has been diagnosed may still be appropriate until the behavioral issues have stabilized.

- <u>Orders Consideration for **Adults** with Diagnosis</u>:
    - If one of the children is diagnosed, then there is a VERY high likelihood that one or both of the parents also have ADHD. Consider suggesting that the parent who

demonstrates ADHD traits seeks diagnosis. "About 40% of children with ADHD have at least one parent with clinical ADHD symptoms." [31]

- Do not underestimate the impact of an adult with ADHD on the family. If that parent has not received treatment and therapy to manage their ADHD then it can have a very substantial and negative impact on the children. It's more than just "where are my keys?" A parent's ADHD can dramatically affect the child's ability to emotionally regulate, creating more tantrums, conflict, and dysregulation. It can be very triggering to children when their parents are late to pick them up, forget to feed the children on time, forget to help them with schoolwork, or don't the child with proper hygiene, etc.

- If the parent is described as emotionally reactive, do not downplay what that means. This may mean that the parent is very emotionally explosive. This can be scary if the parent has not learned the coping skills to handle this proclivity. This can also be traumatic for the children. If a parent is reactive (particularly if they are explosive), it may not in the children's best interests to have a lot of time with this parent until the parent is able to develop strategies to manage their emotions better. (This is particularly true if the children also have ADHD).

- Consider requiring therapy for both parents so that they can learn emotional regulation and coping skills for themselves, and how to teach those to their children too.

- Consider including a recommendation for ADHD coaching and/or parenting coaching with someone had has ADHD expertise. This will help the parents learn specific skills to parent these difficult children (and some skills for themselves).

- <u>Other Important Considerations</u>:

  - ADHD stimulant medications are amphetamines. If you have a parent or child who has concerns with substance abuse, then orders need to be tailored. Specifically, the affected child should have access to their medication without giving the person with substance abuse concerns access.

  - Unless it is the child who has substance abuse concerns, they should not be made to change their medication. It is *very* difficult to find medications that work well for ADHD. They are not easily interchangeable.

- <u>Recommended Orders for Consideration</u>:

[31] *Occurrence of ADHD in parents of ADHD children in a clinical sample,* Martina Starck, et al. Neuropsychiatr Dis Treat. 2016; 12: 581–588. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4780663/#:~:text=Parental%20ADHD%20seems%20to%20be,parent%20with%20clinical%20ADHD%20symptoms.

- *If the child is having issues with behavioral or emotional regulation*
    - Parenting Time: Should likely NOT be 50/50. This is because the behavior shows that the child is asking for help, and will hopefully do better once they are in a more stable environment. Consider the following choices:
        - Option 1: Weekdays during the School year with Parent 1, weekdays during the Summer with Parent 2. This plan is appropriate only if Parent 2 is adequately stable enough to handle challenging children for 10 days in a row. Every other weekend with each parent. Weekend is Friday after school until Sunday evening. During the school year, they spend the week days with the more stable parent. They can have a dinner with the other parent if it's not too disruptive. Include plenty of phone calls. Summer flips, where the week days are with Parent 2, as long as Parent 2 can handle that much time with the kids. Make sure that the kids are back with Parent 1 at least 2 weeks before school starts so they can get back in school routine. *Variations* could include giving Parent 1 longer weekends like starting Thursday night and/or going to Monday morning.
        - Option 2: School year primarily with Parent 1, 50/50 in Summer: same as above, but 50/50 in summer. This would be more commonly used. It is more likely that Parent 2 could handle the kids for 5 days, or a whole week, but then a week break while they are with the other parent.
        - Option 3: Continue with the school schedule of being with Parent 2 every other weekend (or whatever shorter parenting time) through the summer if Parent 2 is not emotionally stable for the child.
    - Therapy for the child and the parent should be ordered.
    - Parent Coaching: If possible, parental coaching for both parents would be beneficial. It may help both parents learn how to better interact with their child to have a more peaceful relationship.
- *If the parents struggle to make joint decisions (particularly around ADHD and/or mental health related issues)*
    - Joint decision making is generally not advisable. It is critical that the child receives treatment and educational assistance. Either sole decision making, a decision maker, or joint with a tie-breaker is appropriate.

- The parent who is more emotionally stable, and who is more inclined to seek diagnosis, treatment, and assistance should be appointed as the decision maker.
- It is recommended to order that the parents use talkingparents.com, ourfamilywizard.com, or civilcommunicator.com for their communication.
- It is appropriate to involve both parents in the discussion. See the "Tie-Breaking Communication Protocol" at the beginning of the materials for proposed orders.

- *If a parent is consistently not on time for exchanges*
  - Punitive provisions are only slightly helpful and usually hurt the child more than the parent. The child is usually excited to see a parent, and then they have lost all of their time because a parent was late. Eg: If a parent is more than 15 minutes late for pick-up then they forfeit their parenting time.
  - Alternative: have the parent who is ending the parenting time drop off the child to the other parent. That way the child does not lose out on parenting time, and the parent is not late to pick up (though, of course, we all know of times when they are not even at their own home to receive the child).
  - If a punitive provision is necessary because of consistent problems, then there should be a way to not also punish the child. For example: "If a parent is more than 15 minutes late they forfeit their parenting time for that day. For parenting time blocks that are two overnights or longer, the parent may choose to pick the child up the next day at the same time. However, the parent must pick the child up from the other parent's home. The late parent must tell the other parent within 2 hours of being late to the original exchange if they want to exercise their parenting time the next day, or they forfeit the right. If the parent is more than 15 minutes late the next day, then they forfeit the entire parenting time block. If a parent goes through the second day election and is late three or more times in a calendar year, they lose the right for the second day election for the remainder of the calendar year. If they have lost their second day election right for two calendar years in a row, then they lose this right permanently."
  - Alternative: If a parent is late five times or more in a year that has resulted in forfeited parenting time, then …(include a provision that removes that problematic parenting time entirely, dependent on the plan.)

        - The reason for removing this parenting time is that it is more harmful for the child to get excited about a parent coming for parenting time and then not showing up, then it is to just remove the time all together.
        - The plan should focus on the *child*. If a parent is not able to prioritize the child and seek treatment and skills to show up for their child, then the plan must change so that the child is not harmed.

- *If one parent is consistently late to take a child to school/absences on that parent s day*
    - The plan should change so that the parent never has the responsibility to take the child to school. This will mean that 50/50 is not appropriate.
    - Ensure that weekend exchanges are Sunday afternoons. Give the child time to settle back into the other parent's home before bed. Don't make it right before bed time, or they don't have time to settle back in.
- *If a parent consistently has problems with the child s hygiene*
    - Ensure that it is an objective problem with hygiene, which really can happen with no bad intention.
    - A parenting coach is a good recommendation. Generally this is not out of a place of bad intentions, but lack of understanding. A coach can help them develop strategies to remember and act on the need for bathing.
    - If that is not an option, or the parent is not open to help, then reducing parenting time is appropriate to ensure that the child is healthy.
- *If one parent is the manager" and the other cannot equally share in the responsibilities of organizing the activities/appointments for the children* (*or if they do they do not adequately communicate about the same)*:
    - It is very common that the spouse of someone with ADHD (or if both have ADHD, the one who has the better coping skills), have taken over as the "manager" of the family to schedule activities and appointments for the children. The parent with ADHD often does not appreciate the complexity or extent of the executive functioning that this requires. Therefore, they will think that they can just jump in and do it. This often leads to a lot of conflict and problems.
    - If there are ongoing problems surrounding these functions, it is appropriate to order that the parent who demonstrates the ability to successfully carry

out the "management" tasks for the children be granted that responsibility in the division of decision making.

- See the Joint Calendar Protocol at the beginning of the Materials.

- *If the parents are behaving inappropriately in front of the children (emotionally reactive):*

  - ADHD causes people to be impulsive and emotionally reactive. Unless they have developed the skills to manage these reactions, they can be overwhelming to both themselves and those around them.

  - When there are times of high stress and emotion (eg: a parenting time exchange when the parents are at odds), a parent with ADHD may say inappropriate things in front of the children. They may be explosive and scary, too.

  - It is then appropriate to have exchanges occur at school or care where the parents don't have to see each other at all. If that is not possible, then at a location where they are more likely to remember to hold it together (eg: police station), or at a supervised location like the Karlis Center. If the child is old enough, the Court can order curbside where the child gets out of one parent's car, and the other parent does not come out of their house so that the parents don't talk.

  - If the parent still can't make good decisions when they are doing exchanges, the court can reduce their parenting time, or order that they must find someone else that the other parent agrees with to do the exchange instead.

- <u>Further Resources</u>:

  - Books:

    - <u>ADHD 2.0: New Science and Essential Strategies for Thriving with Distraction--from Childhood through Adulthood</u>, Dr. Edward M. Hallowell, M.D., Dr. John J. Ratey, M.D., Ballantine Books, January 12, 2021.

    - <u>The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children</u>, Sixth Edition; Dr. Ross W. Greene, Ph.D., Harper Paperbacks, July 21, 2021.

    - <u>Superparenting for ADD: An Innovative Approach to Raising Your Distracted Child</u>; Edward M. Hollowell, M.D., Peter S. Jensen, M.D.; Ballantine Books February 23, 2010.

- The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind; Daniel J. Siegel, M.D., Tina Payne Bryson, Ph.D., Random House Publishing Group; Illustrated edition, September 11, 2012.

- Websites:
  - ADDitude: Inside the ADHD Mind www.additudemag.com https://www.additudemag.com/what-is-adhd-symptoms-causes-treatments/
  - Coaching: Learn to Thrive with ADHD www.learntothrivewithadhd.com
- YouTube: How to ADHD Channel: https://www.youtube.com/@HowtoADHD/featured Recommended to start: What is ADHD: https://youtu.be/jhcn1_qsYmg

Learning Disabilities

- Summary and Definitions:

  The term "learning disabilities" is an umbrella term that covers a range of neurologically based disorders in learning and various degrees of severity.

  Broadly speaking, these disorders involve difficulty in one or more, but not uniformly in all, basic cognitive processes:

  (1) Input: Processing information from visual and auditory input. This may impact reading, spelling, writing, and understanding or using language.

  (2) Integration: This means taking the information that you've received and sequencing it, abstracting from one concept to another, and organizing the information in one's mind. It can manifest in difficulties prioritizing, organizing, doing mathematics, and following instructions.

  (3) Memory: Including working memory, short term, and/or long term memory. Problems with this system may show with issues of holding multiple facts or inputs at one time, storing or retrieving information from short or long term memory.

  (4) Output: Using spoken expressive language.

  (5) Motor: Using fine and gross motor skills. This can be seen in clumsiness or difficulties in handwriting. [32]

  There are numerous specific diagnosis that may occur. In these materials, we will focus on some of the most common, namely:

  - *Dyslexia:* Difficulty with reading, writing, and spelling. Approximately 15% of children have dyslexia. Brain imaging shows that there are structural differences in the brain of those affected.[33] People with dyslexia tend to excel at spatial and visual reasoning because their brains synthesize the relationship between lines in three dimensions instead of two, making reading and writing two-dimensional text difficult.[34]

  - *Dyscalculia:* Dyscalculia is similar to dyslexia, but for math. It is often noticed in early childhood, but many adults are undiagnosed. This missed diagnosis can cause

[32] *What are Learning Disabilities*, Learning Disabilities Association of America, September 12, 2012. Accessible at https://ldaamerica.org/advocacy/lda-position-papers/what-are-learning-disabilities/

[33] Dyslexia Basics, International Dyslexia Association, 2020. https://dyslexiaida.org/dyslexia-basics/

[34] Thinking in 3D, Dyslexic Advantage Team, September 2, 2019. Available at https://www.dyslexicadvantage.org/thinking-in-3d/

substantial mental health problems for those affected. It is not as common as dyslexia, but is widespread.[35]

- *Dysgraphia:* This is specifically where a person struggles to write with their hands, and is a fine-motor impairment. This can include forming letters, words, and shapes. It can include using grammatically correct sentence structure in writing when they exhibit correct grammar speaking. Struggles organizing and articulating thoughts on paper is another indication. If a person can tell you about the topic well, but cannot write well about the same topic, then dysgraphia should be considered. Dyslexia is understanding what is coming in. Dysgraphia is trouble getting it out onto paper (but generally less so with a keyboard). [36]

- *Other Learning Disabilities:* Learning disabilities can be grouped broadly into verbal and non-verbal learning disabilities.

  Examples of verbal learning disabilities include Oral/Written Language Disorder, Specific Reading Comprehension Deficit, or Specific Language Impairment.

  Non-verbal learning disabilities are not formally recognized in the DSM-5. However, a growing body of research shows that there are three broad areas of nonverbal learning disabilities: motoric skills, visual-spatial organizational memory, and social abilities.[37]

  ADHD and Autism are considered learning disabilities as well. ADHD is a learning disability because of interruptions to focus and difficulties with executive function. Autism is for similar reasons, and is dependent on the person's cognitive abilities and their level of overstimulation.

- *Twice Exceptional*: It is often surprising for people to know that gifted people can have learning disabilities, too. People who have both giftedness and another diagnosis that impacts their education or living are referred to as "twice exceptional" or 2e. This can be if a child is gifted and has ADHD or Autism, or if they are gifted and also have dyslexia, dyscalculia, dysgraphia, etc.

---

[35] Dyscalculia, Cleveland Clinic, August, 2022. https://my.clevelandclinic.org/health/diseases/23949-dyscalculia#:~:text=What%20is%20dyscalculia%3F,of%20people%20without%20this%20disorder.

[36] What is Dysgraphia, Devon Frye, Attitude Magazine Online, January 21, 2023. Accessible at https://www.additudemag.com/what-is-dysgraphia-understanding-common-symptoms/

[37] Non-Verbal Learning Disabilities, Learning Disabilities Association of America Online, accessible at https://ldaamerica.org/disabilities/non-verbal-learning-disabilities/

- Cause: There are many causes of learning disabilities. They may be genetic, a result of a physical or emotional trauma, due to exposure to toxins or other chemicals, from lack of nutrition, care, or sleep at home, or of unknown cause.

- How Diagnosed:

  Most commonly children are diagnosed at school by the school psychologist — most often by professionals employed by the county school district. School psychologists must at least have a master's degree and specialization to be a school psychologist. There are many educational laws around how and when a child can and should receive certain services from the school. A school is not always required to provide evaluation for a learning disability if there is not sufficient demonstrated need.

  Parents can elect to have their children independently tested and diagnosed by mental health or medical professionals outside of the school as well, at hospitals, clinics, or in private practice. The school must accept the conclusions of these reports.

- Common Co-Diagnosis: ADHD, Anxiety/Depression, Autism, Sensory Processing Disorder.

- Treatments:

    - Early intervention is key. The child may qualify for intervention, an IEP or 504 plan, or other special services in school depending on their diagnosis and severity.

  Intervention: Is when school teachers and staff provide targeted and intensive instruction in special education classrooms, or within a more typical classroom, or with a learning specialist at a school. These interventions are used for children who are below grade level, using a multi-tiered system of supports.[38] If these intervention plans continue to not be successful, then they may progress to an IEP.

  IEP: The acronym stands for Individualized Education Plan. This is what used to be termed "special ed". These are legally binding documents that are assigned to a student with a disability that impacts their ability to learn at school. It provides the child with accommodations and interventions to empower the child and bring them up to grade level. IEPs may possibly translate into testing accommodations for the SAT/ACT, AP tests, and into college. [39]

---

[38] *Reading Intervention Strategies for Struggling Readers* by Dr. Amy Endo, Houghton Mifflin Harcourt website, March 23, 2022, available at https://www.hmhco.com/blog/reading-intervention-strategies-for-struggling-readers#:~:text=What%20Is%20Reading%20Intervention%3F,are%20reading%20below%20grade%20level.

[39] *What is an IEP? An Overview for Teachers and Parents.* Jill Staake, March 23, 2023, We Are Teachers, https://ww.weareteachers.com/what-is-an-iep/

504 Plan: This plan is put in place for children with a disorder or condition of their brain or body, or a mental health diagnosis, that substantially limits their major life activities. The child can then qualify for accommodation in the classroom that enables that child to benefit from their schooling. The 504 coordinator helps write up the plan and help effectuate it in the classroom if necessary. However, this plan is not legally enforceable, and there are limitations to what services may be available.[40]

    - Medication: Sometimes, the presence of another diagnosis (eg: ADHD) may impact the ability of the child to succeed in their treatment for another learning disability. The diagnosing practitioner and psychiatrist will often work together to come up with recommended medications that may be helpful for the individual.

- Stereotypes:
    - They are lazy, and that's why they don't 'get the work done. In fact, that's not the case. People with learning disabilities are often working far harder to do the same amount of work that their peers do.
    - People with learning disabilities look like everyone else, they should be able to function just like everyone else. The truth Is that their brains are wired differently, and it's an invisible disability.
    - They are stupid. Truthfully, most people with learning disabilities have average or above average IQs and abilities. Justin Timberlake, Tom Cruise, Daniel Radcliffe, Bella Thorne, Steven Spielberg, and Keira Knightley all have different learning disabilities.
    - They just don't know how to work independently. They need to stop relying on the teacher so much. In fact, many people with LD need teacher support to learn the skills to start or guide their learning, but once they are able to engage with the material in a way that they understand, they are able to work independently with great success.
    - If you just tried harder/bought my essential oils/meditated and did yoga/ ate only vegan organic food you would be cured. No, there is no cure for learning disabilities. However, people with neurodivergent brains and learning disabilities generally quickly learn to identify their strengths and use those to compensate and cope.
    - You're just faking it to get extra help. Trust them, if they could get the assignment done in only 30 minutes instead of three hours, they would be happy to do that.

[40] *A Parent Guide to Section 504 Plans*, St. Vrain Valley School District, https://www.svvsd.org/wp-content/uploads/2020/10/Parent-Guide-to-Section-504-FINAL-OCR-APPROVED.pdf

In order to get the accommodations they have to have diagnosis from medical professionals, not just fake it for some teachers.

- Lived Experience:
    - "I get so frustrated. I have so many ideas that I want to write, but I just can't get them down. I'm so mad that I can't read these words when I've read them over and over and over again!" --7 year old boy who is gifted and dyslexic.
    - "Its really hard for me to text with my friends. They can all read and write so quickly, and it takes me so much longer. I try to hide it, but I still feel ashamed." --17 year old girl with dyslexia and dysgraphia.
    - Many people who have learning disabilities suffer from microaggressions from those around them who don't understand how deeply the disability affects their life.
    - Those affected often have low self—esteem and feel dumb if they aren't that good at conventional schoolwork.
- Needs in the Judicial System:
    - Parenting Plans:
        - If the school or a medical provider has suggested testing for a learning disability, then the child should be tested. If there is a parent who is resistant to testing and diagnosis, then sole or tie breaker decision making should be awarded to the other parent to ensure that the child receives the diagnosis and treatment that they need.
        - Orders should explicitly include that tutoring is a divisible expense between the parents. If one parent is resisting tutoring, then the other parent should be given sole or tie-breaker decision making.
        - Public schools may not be able to meet the needs of the child, so private schools may be necessary. These can be an included cost in the child support worksheet.
    - Adult Interactions with the Court:
        - If a child has been diagnosed with a learning disability, be on the lookout for a parent to have the same problem.
        - Adults will likely feel ashamed that it takes them longer to read, write, or understand the math. They are trying to look their best in court, so the fact

that they can't follow along with the child support worksheet, or read a document quickly, will be very frustrating and shameful for them. If they do need to thoroughly read a document or do math, give them plenty of time. It will reduce the shame if you take a break, then everyone else is not staring at them. If it appears that they are not reading or don't understand, then read out loud for everyone, or explain the math out loud.

- Further Resources:
    - International Dyslexia Association: https://dyslexiaida.org/dyslexia-basics/
    - Learning Disabilities Association of America: https://ldaamerica.org/
    - All Kinds of Minds: https://allkindsofminds.org/
    - What Works Clearinghouse from the US Government: https://ies.ed.gov/ncee/wwc/
    - ADDitude Magazine Online: https://www.additudemag.com/

Bipolar Disorder

- Summary: Bipolar disorder (formerly called Manic-Depressive Disorder) is characterized by phases of high energy mania followed by low energy depressive phases. Mania phases can be either euphoric (30%) or severe irritability (70%). Mania phases can result in risky behaviors and poor decision making, or even psychosis. Depressive phases typically last longer and are characterized by hopeless mode, thoughts of suicide, extreme guilt and regret, distorted appetite, and poor performance at work or school.

  There are two primary types of bipolar disorder, and two additional types. Type 1 is the typical cycle where each phase lasts several weeks. Type 2 includes long periods of depression with episodes of moderate mania. Type 3 is numerous periods of depressive symptoms and lesser manic periods without meeting the severity requirements, but lasting for a period of years. Type 4 is Bipolar not otherwise specified, that doesn't follow any of the prior patterns.

  Bipolar disorder It is often misdiagnosed as depression, schizophrenia, psychosis, other mental illness, or hidden by substance abuse. While bipolar disorder typically has its onset in adolescence or early adulthood, pediatric bipolar disorder is becoming generally accepted.

  Bipolar is a complicated diagnosis to make, yet 2.6% of the population in the US currently have a diagnosis, or 5.7 million people. Missed diagnosis can have disastrous effects, its estimated that up to 30% of those who are untreated die by suicide. Bipolar affects men and women equally. If a person receives a diagnosis, 83% of them are classified as severe. [41]

- Cause: Bipolar disorder is strongly genetically associated, but not guaranteed. It appears that there are some structural differences in the brains of those affected when compared to typical brains. The onset of the disorder may come from a substantial stressful event. [42]

- How Diagnosed: Doctors may conduct both a physical and psychological examination. The disorder is diagnosed based on the length, severity, and frequency of symptoms and experiences over the person's lifetime. The difficulty in diagnosis is because the symptoms are often similar to other mental health disorders like depression, schizophrenia, or thyroid disease. Additionally, self-medication by substance abuse often masks the symptoms of the causal disease with the disease of substance abuse.[43]

---

[41] Summary contents sourced from the following: ADDitude magazine What is BiPolar Disorder https://www.additudemag.com/what-is-bipolar-disorder/, Bipolar Disorder: NAMI (National Alliance on Mental Illness, https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Bipolar-Disorder

[42] *See* Bipolar Disorder, publication by the United States National Institute of Mental Health accessible at https://www.nimh.nih.gov/health/publications/bipolar-disorder *;* Bipolar Disorder: NAMI (National Alliance on Mental Illness, https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Bipolar-Disorder

[43] *See id.*

- Criteria for Diagnosis: The DSM-5 has the following criteria for the diagnosis of bipolar disorder:
    - Bipolar Type 1: Criteria have been met for at least 1 manic episode, and may have been preceded or followed by a major depressive episode or hypomanic episode. The presences of a major depressive episode is not required for diagnosis, though are common. These symptoms are not better explained by a schizoaffective disorder, delusional order, or other psychotic disorder.[44]
    - Bipolar Type 2: Criteria have been met for at least one hypomanic episode and at least one major depressive episode. There has never been a manic episode. The occurrence of these episodes is not better explained by a schizoaffective disorder, delusional disorder, or other psychotic disorder. The alteration between periods of depression and hypomania causes clinically significant distress or impairment in social, occupational, or other areas of functioning.[45]
- Common Co-Diagnosis: ADHD, Anxiety, Substance use disorder, eating disorders like anorexia, bulimia, or binge eating disorder, PTSD. It may present with psychosis, for example hallucinations and delusions.
- Treatments:
    - Bipolar disorder can respond well to medication, typically a combination of mood stabilizers and antipsychotics. However, people may need to try several combinations of medications to find the combination that works for them.[46] However, a study published in 2018 found that about half of patients stopped taking their medications in a 12 month period.[47] Such non-adherence has substantial and negative impacts on the patients and their families. As legal practitioners, we should plan for non-adherence to treatment because the rate is so high.
    - Psychotherapy: Talk therapy can help a person identify their emotions, behaviors, and troubling thoughts, and then develop a plan for how to cope. It can also provide skills and education.

---

[44] DSM 5 Changes: Implication for Child Serious Emotional Disturbance: Bipolar and Related Disorders. National Library of Medicine, https://www.ncbi.nlm.nih.gov/books/NBK519712/table/ch3.t8/

[45] Impact of the DSM-IV to DSM-5 changes on the National Survey on Drug Use and Health, National Library of Medicine, https://www.ncbi.nlm.nih.gov/books/NBK519704/table/ch3.t23/

[46] Bipolar Disorder, publication by the United States National Institute of Mental Health accessible at https://www.nimh.nih.gov/health/publications/bipolar-disorder

[47] *Medication nonadherence in bipolar disorder: a narrative review*, Jawad, Ibrahim, *et al.* Therapeutic Advances in Psychopharmacology, Vol 8, Issue 12, Dec 2018. Accessed on May 15, 2023 at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6278745/

- Other treatments can include electroconvulsive therapy, Transcranial Magnetic Stimulation (TMS), and light therapy for seasonal affective disorder.[48]
- Keeping active with exercise and calming and centering activities like yoga and Pilates are often beneficial.

- Stereotypes:
  - People with bipolar disorder just have bad mood swings. They should be able to control those, I have mood swings too.[49]
  - When someone is in a manic phase they're fun to be around. They're funny and on top of the world. (Truth: 70% of manic phases involve extreme irritability and negative emotion).[50]
  - People with bipolar disorder are always either manic or depressed. (Truth: they can experience long periods of balanced mood called euthymia, or mixed episodes with both mania and depression). [51]
  - People with bipolar are unstable and will always have a period when they stop taking their medication. (Truth: While about half of bipolar people stop taking their medication at some point, the other half stay on their medication and are successful and maintain their medication.)
  - Shows like *Homeland*'s main character Carrie Matheson did more to harm the stereotype of bipolar people than help. While she started off as a complex character who was also intelligent, competent, and astute, by the end of the series she became unstable, unpredictable, irrational, and often violent or dangerous.[52]
- Lived Experience:
  - With medication and treatment, I have a strong career as a photographer, a normal daily life, and a stronger marriage and relationships than ever. – Summarized from Mara Robinson[53]

---

[48] Bipolar Disorder, publication by the United States National Institute of Mental Health accessible at https://www.nimh.nih.gov/health/publications/bipolar-disorder

[49] Please Stop Believing These 8 Harmful Bipolar Disorder Myths, Martha Robinson, reviewed by Dr. Timothy J. Legg, Healthline, March 10, 2023, accessed May 15, 2023 at https://www.healthline.com/health/8-harmful-bipolar-disorder-myths-you-need-to-stop-believing

[50] *See id.*

[51] *See id.*

[52] Debunking Hollywood's Depictions of Bipolar Disorder, Chris Foy, January 21, 2022, FHE Mental Health, last accessed May 15, 2023 at https://fherehab.com/learning/hollywood-bipolar-disorder

[53] Please Stop Believing These 8 Harmful Bipolar Disorder Myths, Martha Robinson, reviewed by Dr. Timothy J. Legg, Healthline, March 10, 2023, accessed May 15, 2023 at https://www.healthline.com/health/8-harmful-bipolar-disorder-myths-you-need-to-stop-believing

- "I was diagnosed with I was 14, and I was gutted when I read the sentence 'there is no cure for bipolar disorder'…Bipolar disorder is not exactly unpredictable mood swings. It's more like a spectrum. You can be both depressed and manic at the same time. You can be more extreme in one and not as much in the other…I think its really important that people with bipolar disorder know that there is a way to survive it and not just survive it, but to live it. I didn't think I would graduate high school, but now I have my dream job." –Meradi [54]

- Learning how to live with [my diagnosis] was something I didn't immediately accept. I was terrified of the label of being bipolar. One of the hard lessons I learned is that its my own responsibility to be able to ask for help when I need the help…. I wish people would understand that these things look different for different people. For me it means that its not just therapy and its not just taking meds. Its also what I put into my body. Making sure that I get enough sleep. Also understanding that every day won't be a great day. And that's ok." –Rwenshaun [55]

- "When you love someone with bipolar disorder, life can be very unpredictable. In my case, it was my mother who struggled with this illness. She was in and out of the hospital half a dozen times throughout my childhood. She was often so depressed that she couldn't get out of bed and would cry uncontrollably for hours.

  Other times she'd have what I now know were manic periods, which were kind of like taking a trip to Disney World: She would crank up the music and start singing and dancing—then, suddenly, she'd be running around the house naked. I referred to these ups and downs as "the roller coaster." She could also be emotionally and physically abusive, slapping me and my brother and sister, telling us that we were garbage and imposing all kinds of arbitrary rules.

  There were times when I'd have to stay home from school because my father had to work, and she was too fragile to be home by herself. And when I was in school, instead of paying attention to my teachers, I'd spend all day worrying about how my mom was doing—plus, I was weighed down with keeping the secret that I had a "crazy" mother.

  It wasn't until I was in high school that I understood my mother had a mental illness. Still, it was tough for me to be sympathetic. Instead, I felt angry. So as soon as I was old enough, I began getting jobs in restaurants to have an excuse to spend time away from home. I also figured that if I was going to be working so hard all the time, I might as well get paid for it and receive some appreciation. Taking care

[54] Video Diaries: Meradi's Bipolar Disorder Story. Healthline, accessed at https://www.healthline.com/health/bipolar-disorder/what-bipolar-feels-like
[55] Video Diaries: Rwenshaun's Bipolar Disorder Story, accessed at https://www.healthline.com/health/bipolar-disorder/what-bipolar-feels-like

of my mother—and constantly strategizing with my father about getting her a new doctor or on a new medication—seemed like a thankless job in comparison.

When I was 18, I moved out of the house and went to go live with a boyfriend. Then at 23, I got married early to another guy who turned out to be a male version of my mother. He didn't have bipolar disorder, but he was routinely depressed and abusive, and I found myself constantly trying to fix him—just like I'd try to fix my mother.

It wasn't until my mid-20s, when I divorced and started going to therapy, that I began to heal and learned that it was OK to put some distance between me and my mother, even though I loved her. --Michelle Dickinson-Moravek[56]

- From the prior article: The difference in openness around mental illness today, compared to when I was growing up, is incredible. A short time ago a peer reached out and said, "I'm 61, I'm bipolar and I never understood the impact that my disease might be having on others. I bought five copies of your book—one for everyone in my family. Thank you."
- Access the following article: 5 Things to Remember when Being a Parent with Bipolar Disorder, by Yvette Hess. https://www.bphope.com/blog/5-things-to-remember-when-being-a-parent-diagnosed-with-bipolar-disorder/

- Needs Within the Judicial System for Families with Diagnosed Members:
  - A PRE/CFI is strongly indicated if the parents can't agree on parenting time and/or decision making.
  - A PC/DM is strongly indicated to help coordinate the safety plan and ensuring that parenting time is safe.
  - Stress has a large impact on those with this condition.
    - For children with the diagnosis: the parenting time orders should be with the parent who is best able to support them and ensure that they are able to comply with their medications and therapy.
    - When there is a family with one child with a diagnosis and others without, separate parenting plans are appropriate.
    - For a diagnosed parent, they need to have a parenting plan that they will be able to realistically cope with by themselves. This may not be a 50/50

[56] *Growing Up with A Parent Experiencing Bipolar Disorder*, Michelle Dickinson-Moravek, https://www.nami.org/Personal-Stories/Growing-Up-with-a-Parent-Experiencing-Bipolar-Diso

plan, as that may be too taxing for the diagnosed parent to handle. However, a properly medicated parent with therapy may be able to cope.

- Decision making:
    - If a parent is not willing to accept or support a child who is diagnosed with bipolar, or who is in process of a possible bipolar diagnosis, then they should not be allowed to hinder the process of diagnosis or treatment for that child.
    - If the parents are high conflict and a child has a diagnosis, then joint decision making is not indicated. Because of the risk of suicide, self-harm, extreme risk taking, and substance abuse is so high, there needs to be a single decision maker who can act for the interests of the child.[57] Similarly, if a parent is diagnosed, either sole decision making to the other parent or a decision maker is strongly indicated.
    - If a parent is diagnosed and successfully treated, and the parents demonstrate the ability to make joint decisions, then that parent should be treated as any other parent.
    - If a parent struggles to comply with their treatment plan, then either sole decision making to the other parent or tie breaker decision making to the other parent is appropriate.
- Safety Plan Orders for a Diagnosed Parent:
    - If a parent stops taking their medication, then there should be an automatic parenting plan in place that both protects the child, and avoids the need for a motion to restrict.
    - This parenting plan should include either limited or supervised parenting time, depending on the diagnosed parent's symptoms. It should also include a step-up parenting plan to regain parenting time based on demonstrated compliance with medication and therapy provisions.
    - Recommended mechanism for enforcement/check in is a limited ROI (release of information) for the other parent and/or counsel to the diagnosed parent's psychiatrist and/or therapist. The extent of the ROI is if the provider reasonably believes that the parent is complying with their prescribed medications and attending therapy.

[57] Bipolar Disorder in Children and Teens Fact Sheet, National Institute of Mental Health, accessed at https://www.nimh.nih.gov/health/publications/bipolar-disorder-in-children-and-teens#:~:text=Bipolar%20disorder%20symptoms%20can%20make,being%20over%20the%20long%20term.

- Recommendation: Consider including provisions that encourage openness and treatment for the diagnosed parent. For example, if they voluntarily seek hospitalization, or voluntarily disclose that they stopped taking their medication, then they have a more advantageous step up in parenting time (if that is in the interests of the child).
- A PC/DM/Arb is a good choice for these provisions to allow for efficient administration.
- At all times the focus should be on the best interests of the child and maintaining a *safe* relationship with the parent, not removing all relationship.

- Safety plans and monitoring for substance abuse should also be layered as is appropriate.

- Further Resources:
  - Books:
    - Positive Parenting for Bipolar Kids: How to Identify, Treat, Manage, and Rise to the Challenge, MaryAnn McDonnell, Janet Wozniak. Bantam 2009. ISBN-13 : 978-0553384628
    - The Bipolar Disorder Survival Guide: What You and Your Family Need to Know, David Miklowitz, Ph.D. The Guilford Press, 2019. ISBN-13 978-1462534982
  - Websites and Organizations
    - National Alliance on Mental Illness, Bipolar Disorder: https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Bipolar-Disorder
    - BPHope: Hope & Harmony for People with Bipolar https://www.bphope.com/
    - When a Parent Has Bipolar Disorder…What Kids Want to Know. https://www.camh.ca/en/health-info/guides-and-publications/when-a-parent-has-bipolar-disorder#:~:text=Sometimes%20it%20can%20feel%20like,want%20to%20talk%20about%20it.

Mood Disorders

Summary: You may see a report that refers to someone having an "unspecified mood disorder", or other reference to mood disorders generally. This section aims to succinctly define what is a mood disorder in general, as well as provide a list of the mood disorders contained in the DSM-5. Additionally, this section briefly defines these disorders that we did not cover in-depth, and provides a resource for more information.

Definition[58]:

- Mood is defined as a pervasive and sustained feeling tone that is endured internally, and that impacts nearly all aspects of a person's behavior in the external world. Mood disorders or affective disorders are described by marked disruptions in emotions (severe lows called depression or highs called hypomania or mania). These are common psychiatric disorders leading to an increase in morbidity and mortality.

- According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), mood disorders have been broadly categorized as bipolar disorders and depressive disorders.

List of Mood Disorders:[59]

- Major depressive disorder — prolonged and persistent periods of extreme sadness. Learn more at: National Library of Medicine StatPearls on Major Depressive Disorder, available at https://www.ncbi.nlm.nih.gov/books/NBK559078/

- Bipolar disorder — also called manic depression or bipolar affective disorder, depression that includes alternating times of depression and mania. These materials have an expanded section dedicated to bipolar disorder.

- Seasonal affective disorder (SAD) — a form of depression most often associated with fewer hours of daylight in the far northern and southern latitudes from late fall to early spring. To learn more, visit the National Institute of Mental Health Fact Sheet on Seasonal Affective Disorder available here: https://www.nimh.nih.gov/health/publications/seasonal-affective-disorder

[58] Mood Disorder StatPearls, Sandeed Sekhon, Vikas Gupta. May 8, 2022. United States National Library of Medicine, accessible at https://www.ncbi.nlm.nih.gov/books/NBK558911/#:~:text=According%20to%20the%20Diagnostic%20and,bipolar%20disorders%20and%20depressive%20disorders.

[59] List and definitions from the page Mood Disorders by the Mayo Clinic, October 29, 2021. Available at https://www.mayoclinic.org/diseases-conditions/mood-disorders/symptoms-causes/syc-20365057

- Cyclothymic disorder — a disorder that causes emotional ups and downs that are less extreme than bipolar disorder. To learn more, visit the Cyclothymic Disorder StatPearls from the National Library of Medicine, available here: https://www.ncbi.nlm.nih.gov/books/NBK557877/

- Premenstrual dysphoric disorder — mood changes and irritability that occur during the premenstrual phase of a woman's cycle and go away with the onset of menses. The symptoms are more severe than typical PMS. To learn more, visit the US DHS Office of Women's Health PMDD page at https://www.womenshealth.gov/menstrual-cycle/premenstrual-syndrome/premenstrual-dysphoric-disorder-pmdd

- Persistent depressive disorder (dysthymia) — a long-term (chronic) form of depression. It affects about 3% of the US population. For more information, visit the PDD page of the Cleveland Clinic available at https://my.clevelandclinic.org/health/diseases/9292-persistent-depressive-disorder-pdd

- Disruptive mood dysregulation disorder (Also see Oppositional Defiant Disorder—ODD) — a disorder of chronic, severe and persistent irritability in children that often includes frequent temper outbursts that are inconsistent with the child's developmental age. For more information, visit the DMDD page of the Cleveland Clinic, available at https://my.clevelandclinic.org/health/diseases/24394-disruptive-mood-dysregulation-disorder-dmdd

- Depression related to medical illness — a persistent depressed mood and a significant loss of pleasure in most or all activities that's directly related to the physical effects of another medical condition. For more information, visit the associated page at Tufts Medical Center, available at https://hhma.org/healthadvisor/aha-medcond-bha/

- Depression induced by substance use or medication — depression symptoms that develop during or soon after substance use or withdrawal or after exposure to a medication. To learn more, visit the StatPearls page for the disorder at the National Library of Medicine, available at https://www.ncbi.nlm.nih.gov/books/NBK555887/#:~:text=Substance%2Fmedication%2Dinduced%20mental%20disorders%20refer%20to%20depressive%2C%20anxiety,active%20use%2C%20intoxication%20or%20withdrawal.

Anxiety Disorders

- Summary: "Anxiety is a normal reaction to stress and can be beneficial in some situations. It can alert us to dangers and help us prepare and pay attention. Anxiety disorders differ from normal feelings of nervousness or anxiousness and involve excessive fear or anxiety. Anxiety disorders are the most common of mental disorders and affect nearly 30% of adults at some point in their lives. But anxiety disorders are treatable and a number of effective treatments are available. Treatment helps most people lead normal productive lives."[60]

- Definition:
  "Anxiety refers to anticipation of a future concern and is more associated with muscle tension and avoidance behavior.
  Fear is an emotional response to an immediate threat and is more associated with a fight or flight reaction – either staying to fight or leaving to escape danger.
  Anxiety disorders can cause people to try to avoid situations that trigger or worsen their symptoms. Job performance, school work and personal relationships can be affected. In general, for a person to be diagnosed with an anxiety disorder, the fear or anxiety must:
  Anxiety disorders can cause people to try to avoid situations that trigger or worsen their symptoms. Job performance, school work and personal relationships can be affected. In general, for a person to be diagnosed with an anxiety disorder, the fear or anxiety must:
  - Be out of proportion to the situation or age-inappropriate
  - Hinder ability to function normally"[61]

- List of Disorders:
  - Generalized Anxiety Disorder: "involves persistent and excessive worry that interferes with daily activities. This ongoing worry and tension may be accompanied by physical symptoms, such as restlessness, feeling on edge or easily fatigued, difficulty concentrating, muscle tension or problems sleeping. Often the worries focus on everyday things such as job responsibilities, family health or minor matters such as chores, car repairs, or appointments."[62]

    Learn more at: Understanding GAD, Anxiety & Depression Association of America, available at https://adaa.org/understanding-anxiety/generalized-anxiety-disorder-gad

[60] What are Anxiety Disorders? Philip R. Muskin, M.D., June 2021, American Psychiatric Association, available at https://www.psychiatry.org/patients-families/anxiety-disorders/what-are-anxiety-disorders
[61] *Id.*
[62] *Id.*

- "Panic Disorder: The core symptom of panic disorder is recurrent panic attacks, an overwhelming combination of physical and psychological distress. During an attack several of these symptoms occur in combination:
    - Palpitations, pounding heart or rapid heart rate
    - Sweating
    - Trembling or shaking
    - Feeling of shortness of breath or smothering sensations
    - Chest pain
    - Feeling dizzy, light-headed or faint
    - Feeling of choking
    - Numbness or tingling
    - Chills or hot flashes
    - Nausea or abdominal pains
    - Feeling detached
    - Fear of losing control
    - Fear of dying

  Because the symptoms are so severe, many people who experience a panic attack may believe they are having a heart attack or other life-threatening illness. They may go to a hospital emergency department. Panic attacks may be expected, such as a response to a feared object, or unexpected, apparently occurring for no reason. The mean age for onset of panic disorder is 20-24. Panic attacks may occur with other mental disorders such as depression or PTSD."[63]

  For more information, visit Panic Disorder: When Fear Overwhelms by the National Institute of Mental Health, available at https://www.nimh.nih.gov/health/publications/panic-disorder-when-fear-overwhelms

- "Phobias, Specific Phobia: A specific phobia is excessive and persistent fear of a specific object, situation or activity that is generally not harmful. Patients know their fear is excessive, but they can't overcome it. These fears cause such distress that some people go to extreme lengths to avoid what they fear. Examples are public speaking, fear of flying or fear of spiders."[64]

  To learn more, visit the Phobias page at the National Health System website available at https://www.nhs.uk/mental-health/conditions/phobias/overview/

[63] *Id.*
[64] *Id.*

- "Agoraphobia: Agoraphobia is the fear of being in situations where escape may be difficult or embarrassing, or help might not be available in the event of panic symptoms. The fear is out of proportion to the actual situation and lasts generally six months or more and causes problems in functioning. A person with agoraphobia experiences this fear in two or more of the following situations:
  - Using public transportation
  - Being in open spaces
  - Being in enclosed places
  - Standing in line or being in a crowd
  - Being outside the home alone

  The individual actively avoids the situation, requires a companion or endures with intense fear or anxiety. Untreated agoraphobia can become so serious that a person may be unable to leave the house. A person can only be diagnosed with agoraphobia if the fear is intensely upsetting, or if it significantly interferes with normal daily activities."[65]

  To learn more, visit the Agoraphobia page at the Cleveland Clinic, available at https://my.clevelandclinic.org/health/diseases/15769-agoraphobia

- "Social Anxiety Disorder (previously called social phobia): A person with social anxiety disorder has significant anxiety and discomfort about being embarrassed, humiliated, rejected or looked down on in social interactions. People with this disorder will try to avoid the situation or endure it with great anxiety. Common examples are extreme fear of public speaking, meeting new people or eating/drinking in public. The fear or anxiety causes problems with daily functioning and lasts at least six months."[66]

  To learn more, visit the Social Anxiety Disorder: More than Just Shyness page at the National Institute of Mental Health available at https://my.clevelandclinic.org/health/diseases/15769-agoraphobia

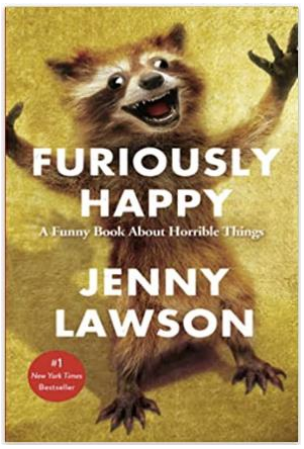
- "Separation Anxiety Disorder: A person with separation anxiety disorder is excessively fearful or anxious about separation from those with whom he or she is attached. The feeling is beyond what is appropriate for the person's age, persists (at least four weeks in children and six months in adults) and causes problems functioning. A person with separation anxiety disorder may be persistently worried about losing the person closest to him or her, may be reluctant or refuse to go out or sleep away from home or without that person, or may experience nightmares

[65] *Id.*
[66] *Id.*

about separation. Physical symptoms of distress often develop in childhood, but symptoms can carry though adulthood." [67]

To learn more, visit the Separation Anxiety Disorder page at Boston Children's Hospital, available here: https://www.childrenshospital.org/conditions/separation-anxiety-disorder

- Recommended Reading (good for a laugh and understanding):
  - Furiously Happy, Jenny Lawson, Flatiron Books 2017, ISBN-13 : 978-1250077028
  - Lets Pretend This Never Happened: A Mostly True Memoir, Jenny Lawson, Berkely Press, 2013, ISBN-13 : 978-0425261019



[67] *Id.*

Personality Disorders

- Summary and Definition: [68]

  Personality is the way of thinking, feeling and behaving that makes a person different from other people. An individual's personality is influenced by experiences, environment (surroundings, life situations) and inherited characteristics. A person's personality typically stays the same over time.

  To be classified as a personality disorder, one's way of thinking, feeling and behaving deviates from the expectations of the culture, causes distress or problems functioning, and lasts over time. The pattern of experience and behavior usually begins by late adolescence or early adulthood and causes distress or problems in functioning. Without treatment, personality disorders can be long-lasting.

  There are 10 specific types of personality disorders in the DSM-5-TR. Personality disorders are long-term patterns of behavior and inner experiences that differ significantly from what is expected. They affect at least two of these areas:

  Way of thinking about oneself and others
  Way of responding emotionally
  Way of relating to other people
  Way of controlling one's behavior

- Needs in the Judicial System:

  - People who truly have a personality disorder tend not to seek treatment or diagnosis. If they do receive a diagnosis, they tend to downplay or dismiss a diagnosis, and not seek treatment. If a parent has been diagnosed with a personality disorder, then the judicial officer and practitioners should take this very seriously.

  - It is important that practitioners and judicial officers distinguish if a person has received an actual diagnosis of any of the below. However, if a person was referred for testing and diagnosis for any of these disorders, but that person chose to not proceed with diagnosis, then the officer should tread with caution and appoint a

[68] *What are Personality Disorders*, Jack Drescher, M.D., September, 2022. American Psychiatric Association. https://www.psychiatry.org/patients-families/personality-disorders/what-are-personality-disorders

PRE if possible. A formal referral from a medical professional for evaluation means that there are strong indications that the person shows the symptoms of the disorder. It is common for people with these disorders to avoid diagnosis and treatment as a symptom of their condition.

- A PRE/CFI should be appointed when a parent or child has a personality disorder diagnosis. The Court should very seriously consider appointing a Child Legal Representative (CLR) for the children, as a parent with a personality disorder may struggle to understand and/or represent the best interests of the children.

- If a parent has been diagnosed with a personality disorder, or if a PRE finds that there is a likelihood that a parent has a personality disorder, then the court can safely assume that both the spouse and the children have suffered from trauma (depending on the type of disorder).

- Practitioners and judges should be aware that people diagnosed with a personality disorder tend to have limited success with treatment and medication. Despite their best intentions and efforts, someone with a personality disorder typically has such deep problems and disorders that they *will not be able to significantly recover*.

- Children of parents with a many of these personality disorders are experiencing emotional trauma when they are with that parent. Parenting time and contact with that parent should be balanced so that the child is not exposed to unnecessary trauma, and maintains a safe relationship with the parent.

- With this in mind, parenting plans should be tailored to give the parent a clearly defined path to earn more time with their child. However, the child must be at the center of this plan, not the parent. The parent must demonstrate by reporting from mental health professionals and the parent's *actions,* not words, that they are making substantial progress with their treatment. The child should not be subjected to more trauma for the sake of giving the parent a chance.

- List of Disorders:[69]

  - Antisocial personality disorder: a pattern of disregarding or violating the rights of others. A person with antisocial personality disorder may not conform to social

[69] The list and the definitions are from the article What are Personality Disorders? From the American Psychiatric Association? Accessible at https://www.psychiatry.org/patients-families/personality-disorders/what-are-personality-disorders

norms, may repeatedly lie or deceive others, or may act impulsively. More on antisocial personality disorder in the APA blog."

For more information, please see the article Antisocial Personality Disorder (ASPD) from the Cleveland Clinic, available at https://my.clevelandclinic.org/health/diseases/9657-antisocial-personality-disorder

- Avoidant personality disorder: a pattern of extreme shyness, feelings of inadequacy, and extreme sensitivity to criticism. People with avoidant personality disorder may be unwilling to get involved with people unless they are certain of being liked, be preoccupied with being criticized or rejected, or may view themselves as not being good enough or socially inept.

  To learn more, please visit the Avoidant Personality Disorder StatPearls at the National Library of Medicine, available at https://www.ncbi.nlm.nih.gov/books/NBK559325/

- Borderline personality disorder: a pattern of instability in personal relationships, intense emotions, poor self-image and impulsivity. A person with borderline personality disorder may go to great lengths to avoid being abandoned, have repeated suicide attempts, display inappropriate intense anger, or have ongoing feelings of emptiness.

  To learn more, visit Borderline Personality Disorder page at the National Alliance on Mental Illness, available at https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Borderline-Personality-Disorder

- Dependent personality disorder: a pattern of needing to be taken care of and submissive and clingy behavior. People with dependent personality disorder may have difficulty making daily decisions without reassurance from others or may feel uncomfortable or helpless when alone because of fear of inability to take care of themselves.

  Learn more at the DPD page on the Cleveland Clinic website, accessible here: https://my.clevelandclinic.org/health/diseases/9783-dependent-personality-disorder#:~:text=Dependent%20personality%20disorder%20(DPD)%20is,%2Dconfidence%20and%20self%2Dreliance.

- Histrionic personality disorder: a pattern of excessive emotion and attention-seeking. People with histrionic personality disorder may be uncomfortable when

they are not the center of attention, may use physical appearance to draw attention to themselves or have rapidly shifting or exaggerated emotions.

Learn more at the National Library of Medicine StatPearls Page on Histrionic Personality Disorder here: https://www.ncbi.nlm.nih.gov/books/NBK542325/

- Narcissistic personality disorder: a pattern of need for admiration and lack of empathy for others. A person with narcissistic personality disorder may have a grandiose sense of self-importance, a sense of entitlement, take advantage of others or lack empathy. However, covert narcissists (often women) may weaponize relationships to satisfy their feeling of superiority and others dependence on them.

  Learn more at the Cleveland Clinic NPD page, accessible here: https://my.clevelandclinic.org/health/diseases/9742-narcissistic-personality-disorder

- Obsessive-compulsive personality disorder: a pattern of preoccupation with orderliness, perfection and control. A person with obsessive-compulsive personality disorder may be overly focused on details or schedules, may work excessively, not allowing time for leisure or friends, or may be inflexible in their morality and values. (This is NOT the same as obsessive-compulsive disorder.)

  More information, including a helpful graphic, is available at the Cleveland Clinic page on this disorder, available here: https://my.clevelandclinic.org/health/diseases/24526-obsessive-compulsive-personality-disorder-ocpd#:~:text=Obsessive%2Dcompulsive%20personality%20disorder%20(OCPD)%20is%20a%20mental%20health,completing%20tasks%20and%20maintaining%20relationships.

- Paranoid personality disorder: a pattern of being suspicious of others and seeing them as mean or spiteful. People with paranoid personality disorder often assume people will harm or deceive them and don't confide in others or become close to them.

  More information is available at the Healthline information page, accessible here: https://www.healthline.com/health/paranoid-personality-disorder#causes-and-risk-factors

- Schizoid personality disorder: being detached from social relationships and expressing little emotion. A person with schizoid personality disorder typically does

not seek close relationships, chooses to be alone and seems to not care about praise or criticism from others.
More information, and a helpful graphic, can be found at the Cleveland Clinic site here: https://my.clevelandclinic.org/health/diseases/23030-schizoid-personality-disorder

- Schizotypal personality disorder: a pattern of being very uncomfortable in close relationships, having distorted thinking and eccentric behavior. A person with schizotypal personality disorder may have odd beliefs or odd or peculiar behavior or speech or may have excessive social anxiety. This can develop into full schizophrenia.

  Learn more at the Cleveland Clinic's page about the disorder.
  https://my.clevelandclinic.org/health/diseases/23061-schizotypal-personality-disorder#:~:text=What%20is%20schizotypal%20personality%20disorder,reality%2C%20superstitions%20and%20unusual%20behaviors

Communication and Scheduling Protocols

1. Joint Decision-Making Communication Protocol: I include the following protocol in every parenting plan with joint decision making that I write, regardless of the level of conflict. There is a reason they are getting divorced, and it's better that they have some guidance around how they are expected to communicate about decisions.

   Joint Decision Making Protocol: The parent who first knows that there is a decision to be made will send the other parent an e-mail detailing the following:

   i. The decision to be made
   ii. The timeline of the decision (unless there are reasons for a change, the default should be seven [7] days)
   iii. Any additional information or factors to consider.

   The parents will then do their own research on the issue. They will each send an e-mail to the other within the stated timeline that sets forth the following:

   i. The choice that the parent would prefer and why.
   ii. The other choices that are available and why the parent does not prefer those options.
   iii. Any other additional relevant information.

   If either parent does not research or provide preference and why for any decision to be made, the parent who provided information and research within the timeline is entitled to make the decision and inform the other parent. Other parent cannot unilaterally veto a decision made in this manner without following the communication protocol.

   If the parents have followed the communication protocol and cannot agree on a choice in this first communication, then they will meaningfully discuss the options together over the phone or in person to see if they can reach an agreement. If they are still not able to reach an agreement, then they will attend mediation as soon as possible. (Or insert PC/DM language here)

   If there is an urgent or emergency decision to be made, then the parents are encouraged to speak on the phone directly about the decision.

If for any other reason the parents come to an agreement on the phone, they will send an email detailing the agreements that they made on the telephone.
If the parents reach an impasse where they cannot make a decision, they will engage in mediation before filing any matters with the court. If there is an emergency threatening the health or safety of a child, then either may go directly to the court.

2. Tie-Breaker Decision Making: The following is a modified version of the above for tie-breaking decision making. Tie-breaking decision making is indicated when a parent has shown that they are not able to put the children's needs before their own, or where they tend to obstruct diagnosis and treatment for the children. This way both parents contribute to the conversation and decision, but if they are not able to decide together after meaningful consultation, the parent who is better able to put the child's needs first makes the final decision.

Decision Making Protocol: The parent who first knows that there is a decision to be made will send the other parent an e-mail detailing the following:

i. The decision to be made
ii. The timeline of the decision (unless there are reasons for a change, the default should be seven [7] days)
iii. Any additional information or factors to consider.

The parents will then do their own research on the issue. They will each send an e-mail to the other within the stated timeline that sets forth the following:

i. The choice that the parent would prefer and why.
ii. The other choices that are available and why the parent does not prefer those options.
iii. Any other additional relevant information.

If the parents have followed the communication protocol and cannot agree on a choice in this first communication, then they will meaningfully discuss the options together over the phone or in person to see if they can reach an agreement.

If the parents not able to reach an agreement, then (TIE BREAKER DECISION MAKER) will make a final decision. They will communicate the decision to the other parent in writing within 24 hours.

If the parents come to an agreement on the phone, they will send an email detailing the agreements that they made on the telephone.

3. Sole Decision Making: Sole decision making is rarely used and generally restricted to situations where there is domestic violence, a parent is not involved in the children's lives, or where a parent has shown that they consistently are never capable of acting in the best interests of the child. In these situations, I strongly recommend that the court also order the use of a communication system like Talking Parents, Our Family Wizard, or Civil Communicator if the parents need monitored communication.

   Sole Decision Making Protocol: (PARENT) is granted sole decision making for (CHILD/REN). When PARENT makes a major decision for the child, PARENT shall inform the other parent in writing of the decision. They shall also include the reason that they made the decision, and the contact information for any new providers, education locations, etc.

4. Joint Calendar Protocol: It is very helpful if the parents share a joint calendar for the child's activities. In the case of a neurodivergent parent, it is likely beneficial to order that a joint calendar be used, and to order some parameters around that use. All of the parent communication systems have joint calendars that can be used. Below is an example of a stipulation a family reached for this purpose using a Google Calendar. It is also an example of the level of detail that is helpful for an autistic parent with ADHD and children:

   Joint Calendar Protocol:

   The parents and child will have a joint Google calendar together named Smith Family Calendar. Mother will create and share this calendar within 48 hours of this agreement.

   Both parents will be included as editors and who can control sharing. Any adult who lives in the household with that parent may be added as editor, and the parent who adds them will inform the other parent in writing. The children will be included as viewers until the parents agree together they can be editors. Neither parent will make changes to the participants in the calendar outside of these agreements.

   The participants of this calendar will only input information or activities that pertain to the Smith Children or parenting of the Smith Children.

The parents will set notifications so that they are emailed any time there is a change to the calendar. The parents will set automatic notifications so that they receive phone notifications before the events.

The parents will input their parenting, vacation and holiday days in the "all day" section at the top of the calendar without notifications, except for the start of special holiday time. It is the obligation of each parent to input their own parenting days. Vacation days will not be included until they have been properly claimed pursuant to this agreement.

When a parent makes an appointment or schedules an activity for any child they will input it to this calendar. To the best of their ability, they will include the address for the appointment and any other necessary information in the calendar details if they are setting the appointment or activity on the other parent's time.

Appointments that will involve information for joint decisions (eg: non-routine doctor's visits, special school meetings, etc), should be scheduled at a time that both parents can attend. The parents will communicate together efficiently to schedule these appointments, understanding that slots fill quickly and they can be hard to schedule.

The input of the appointment or activity on the calendar is sufficient communication of the appointment or activity if the parents have discussed it before scheduling. If the appointment is for a sick visit, or an issue that has not been previously discussed (because it is routine), the parent making the appointment must follow up with an explanatory email if the appointment is unusual.

If each parent has the ability to attend a meeting individually, and the parents prefer to do so (eg: parent/teacher conferences), then each parent is independently responsible for scheduling their own appointment and inputting it to the calendar. The parents understand that it is in the best interests of the child that they attend important functions or appointments together for the benefit of their child.

The parents will input appointments and activities within 24 hours of scheduling the same.

5. PC/DM/Arb Stipulation Language: I have found in my practice that appointing a PC/DM/Arbiter is often by far the best and cheapest route for families who struggle with neurodivergent issues. There is one professional who understands the family, understands the issues, and who can issue orders quickly and efficiently. Because the issues with neurodivergent families are often unusual they exceed the authority granted to Decision Makers. We have therefore found that adding in arbitration authority gives the practitioner the authority they need. Of course, this can only be done by stipulation.

Appointment of PC/DM/Arbitrator. The parties agree to the appointment of _____ as an Arbitrator pursuant to C.R.S. § 14-10-128.5 and C.R.S. § 13-22-201 et. seq. to resolve disputes between the parties concerning the parties' minor children, including, but not limited to, parenting time, nonrecurring adjustments to child support, and disputed parental decisions2. The Arbitrator shall also have duties and authorities pursuant to C.R.S. § 14-10-128.1 (Parenting Coordinator) and C.R.S. § 14-10-128.3 (Decision-Maker). Should _____ be unable or unwilling to accept the appointment, the parties agree to interview other candidates. If they cannot agree they will submit a proposed name to _____(original mediator/arbiter), who will have binding arbitration powers to appoint a PC/DM. The fees for the Arbitrator shall be shared equally by the parties, subject to reallocation in the discretion of the Arbitrator. The parties agree to confer and file a proposed Order of Appointment within fourteen (14) days of the execution of this Parenting Plan. The Proposed Order shall refer to this Parenting Plan as it relates to the authority of the Arbitrator.

6. Order appointing PC/DM/Arb: The following language is filled in and provided to the Court for the approval and appointment after stipulation. Both counsel and the PC/DM/Arb should review and approve of the language before submission.

This matter is before the Court on the parties' Stipulation Regarding Parenting Coordinator pursuant to C.R.S. §14-10-128.1, Decision-Maker pursuant to C.R.S. §14-10-128.3, and Arbiter pursuant to C.R.S. § 14-10-128.5 and C.R.S. § 13-22-201 et. seq.

Finding in the best interests of the children, the Court hereby appoints as Parenting Coordinator and Decision-Maker and Arbiter (PC/DM/Arb):

Name:

Telephone #:

Email:

The PC/DM has not previously served and is not currently serving as an evaluator pursuant to section 14-10-127 or a representative of the child pursuant to section 14-10-116.

Information about the children:

Information about the Petitioner:

Date of Birth:

Name:

Attorney:

Mailing Address:

Phone #:

Information about the Respondent:

Date of Birth:

Name:

Attorney:

Mailing Address:

Phone #:

Responsibilities of the Parenting Coordinator:

PC/DM/Arb shall comply with the requirements of §14-10-128.3, C.R.S. and any other applicable statutes or Chief Justice Directive(s), and any other practice or ethical standards established by rules, statute, or licensing board that regulates the Parenting Coordinator/Decision-Maker. You are required within 7 days of your appointment, to disclose to each party, attorneys of record, and the court any familial, financial, or social relationship that the appointed person has or has had with the child, either party, the attorneys of record, or the judicial Officer. (JDF1338)

The PC/DM/Arb has binding authority to resolve disputes between the parties as to the interpretation, clarification and implementation of existing orders concerning the parties' minor or dependent children, including but not limited to disputes concerning parenting time, specific disputed parenting time. The PC/DM/Arb shall have authority to make binding determinations to implement or clarify all provisions within the Parenting Plan, including but not limited to disputes regarding parenting time (no substantial parenting time issues as the parties' currently have equal parenting time) and parental decision-making issues.

The PC/DM/Arb's decisions must be consistent with the substantive intent of the existing court order and the best interests of the minor children.

All decisions made by the PC/DM/Arb/Arb shall be in writing, dated, and signed by the PC/DM/Arb. Decisions of the PC/DM/Arb shall be filed with the court and mailed to the parties or two counsel for the parties, if any, no later than twenty days after the date the decision is issued. All decisions shall be effective immediately upon issuance and shall continue in effect until vacated, corrected, or modified by the PC/DM/Arb or until anorder is entered by a court pursuant to a de novo hearing.

The PC/DM/Arb's procedures for making determinations shall be in writing and shall be approved by the parties prior to the time the PC/DM/Arb begins to resolve a dispute of the parties.

Responsibilities of the Parties:

Each party shall initiate contact with the PC/DM/Arb within seven (7) days from the date of this Order to arrange a first meeting. Each party and his/her counsel shall confer with the PC/DM/Arb when and as the PC/DM/Arb directs and shall otherwise cooperate fully with the PC/DM/Arb.

Counsel for the Respondent shall provide the PC/DM/Arb with all court orders, and all documentation currently in the file related to the issues before the PC/DM/Arb within 7 days of the date of this Order.

The parties or their counsel are responsible for providing information concerning other cases which have a relationship to this case when requested to do so by the PC/DM/Arb.

Release of Confidential Information:

The parties shall sign any releases necessary to assist the PC/DM/Arb; and the PC/DM/Arb may request the Court to issue any other necessary order for release of information.

Termination of the PC/DM/Arb's Appointment:

This appointment shall terminate two years from the date of appointment. The Court shall maintain the discretion to terminate this appointment at any time for good cause.

Upon agreement of the parties, the Court may extend, modify, or terminate the appointment. The Court shall allow the PC/DM/Arb to withdraw at any time.

Immunity:

The PC/DM/Arb is granted quasi-judicial immunity while acting within the course and scope of his/her appointment.

Payment of Costs and Fees in Favor of the Decision-Maker/Arbiter:

The Court hereby finds that the fees of the PC/DM/Arb, plus costs are reasonable and necessary. Any objection to these fees and costs shall be made in writing and filed with the Court within 14 days of the date of this Order. The PC/DM/Arb's fees are in the nature of child support as the role of the PC/DM/Arb is to work with the parties on parenting issues that affect or may affect the best interests of the children.

After considering the financial resources and/or other equitable circumstances of the parties, the Court apportions the payment of the retainer, fees, and costs as follows:

The PC/DM/Arb's hourly rate is $xxx and s/he requires an initial retainer of $xxx. The parties shall be equally responsible for the fees and costs associated with the PC/DM/Arb. The parties shall pay their portion of the retainer to the PC/DM/Arb within 14 days from this Order. The PC/DM/Arb is empowered to reallocate fees as he deems appropriate at any time.

The Court maintains the discretion to reallocate the appointment of fees.

The PC/DM shall not commence work until the retainer is satisfied in full and the PC/DM shall apprise the Court within ten days of his/her inability to proceed with the case because of non-payment. Upon notification to the Court, the Court may set a forthwith hearing which will require the mandatory appearance of the non-paying party. Failure of either party to comply with this Order will result in sanction by the Court which may include up to six months in the County Jail or a $1,000.00 fine.

Date: _____ _____

Judge Magistrate

Step-Up and Safety Plan for Unsafe Parent

Sometimes parents are not safe because of their mental health. Below is an example of a step-up plan originally drafted for a mother with schizophrenia and bi-polar disorder who was unsafe when not medicated.

Phase 1

- Mother shall have no contact with the child until she can prove she is mentally stable and enrolled in ongoing treatment to manage her mental illness
    - Mother shall be considered "mentally stable" upon completion of the following:
        - Mother meets with her psychiatrist regularly, on a schedule determined by the psychiatrist. Mother shall sign a release authorizing her provider to speak with Father for the ***sole purpose*** of confirming Mother is attending appointments as recommended
        - Mother shall rigorously follow the medication regime as prescribed by her psychiatrist. To allow time for Mother and her doctors to find the right medication and let it take effect, Mother must be compliant with her medication regimen for at least two (2) months (8 weeks) before any contact with the child occurs
        - Mother is no longer a danger to herself, or others. Mother's psychiatrist shall make this determination and communicate this via a formal letter to be mailed to each party, and subsequently filed with the Court. This letter only needs to set forth that Mother is attending appointments as recommended, is taking her medication as prescribed, and no longer appears to be a danger to herself or others. No further details of Mother's treatment should be included
        - Once Mother has met the above criteria, she shall move to Phase 2
- Phase 2
    - Mother and the child shall start reintegration therapy and attend on a frequency to be determined by the therapist. The parties shall split the cost of reintegration therapy equally. Mother and child shall attend until the therapist determines it is no longer necessary
    - In addition to reintegration therapy, Mother shall have up to two (2) hours of supervised parenting time twice a week. This parenting time shall be supervised by a professional parenting time supervisor and Mother shall be solely responsible for the cost of supervision
    - Phase 2 shall last for a period of three (3) months, commencing upon Mother and child's first joint reintegration therapy session

- Mother shall continue seeing her psychiatrist as recommended and taking all mental health medications as prescribed. Father shall continue to be authorized to verify with Mother's psychiatrist that she is attending appointments as recommended and taking her medication as prescribed. ***Again, no other details of Mother's treatment shall be provided to Father***
- Upon completion of Phase 2, Mother shall move to Phase 3

- Phase 3
  - Mother shall continue to have up to two (2) hours of supervised parenting time twice a week. This parenting time shall be supervised by a professional parenting time supervisor and Mother shall be solely responsible for the cost of supervision
  - In addition to the supervised visits, Mother shall have up to two (2) hours of "semi-supervised" parenting time once a week. "Semi-supervised" meaning that parenting time shall occur in a public place (zoo, park, museum) or an adult third party must accompany Mother. Mother need not obtain Father's approval of her chosen third party
  - The child shall always wear her apple watch during Mother's semi-supervised parenting time
  - Mother and child shall continue reintegration therapy until therapeutically discharged
  - Mother shall continue seeing her psychiatrist as recommended and taking all mental health medications as prescribed. Father shall continue to be authorized to verify with Mother's psychiatrist that she is attending appointments as recommended and taking her medication as prescribed. ***Again, no other details of Mother's treatment shall be provided to Father***
  - Phase 3 shall last for a period of three (3) months, commencing upon Mother and child's first "semi-supervised" visit

- Additional Provisions:
  - Upon completion of Phase 3, the parties shall re-evaluate expanding Mother's parenting time and Mother may file a Motion to Modify Parenting Time if necessary. Mother may not seek to modify parenting time prior to completing Phase 3. However, the parties acknowledge and agree that Mother is always free to file a Motion to Restrict Parenting Time, regardless of what parenting phase she is in, should she believe circumstances warrant such action
  - If during any phase, Mother is arrested for any crime involving a child, or is ***involuntarily*** committed to a mental health facility during any phase, she shall automatically restart Phase 1. **The parties acknowledge and agree that Mother will never be penalized for *voluntarily* seeking in-patient treatment.** If Mother chooses to pursue in-patient treatment, it shall not cause her to revert to Phase 1. Instead, the timeframe on whatever phase Mother is in shall pause during the course of her treatment, and then resume where she left off upon her discharge.

Slides

For the slides updated for the presentation, please visit the following link:

https://www.canva.com/design/DAFnIudkijI/eZZ8eCM1Z7aGKahpLkXdOQ/view?utm_content=DAFnIudkijI&utm_campaign=designshare&utm_medium=link&utm_source=publishsharelink

THINKING OUTSIDE THE BOX:

Understanding and Drafting Parenting Plans for Neurodivergent Families

Prepared for the 2023 Colorado Family Law Institute

Presented by:

Meggin Rutherford, Esq., AuDHD

Nicola Winter, Esq.

With input by:

Dr. Joyce Fine, PhD

Your Presenters

Nicola A. Winter, Esq.
Attorney
nwinter86@gmail.com

Meggin Rutherford, Esq., AuDHD
Attorney, Med/Arb, Collaborative
Rutherford Law Center, LLC
Meggin@mrutherfordlaw.com
303-431-0415

Joyce L. Fine, Ph.D., CDC
Licensed Clinical Psychologist
PRE, Collaborative Divorce Facilitator
drjoyce@drjoycefine.com
720-859-3895

Note on Materials

The materials included with this presentation are extensive. Each area covered includes diagnostic criteria, common co-diagnoses, and a more thorough discussion of what will be needed to help these families succeed.

We could not hope to do justice to this topic in the time provided.

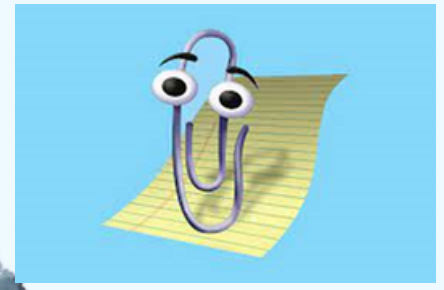
The materials include extensive protocols and copy/paste for orders that you are welcome to use. It also has bonus content on mental and behavioral health disorders.

We hope that when you encounter neurodivergent families, or those with mental or behavioral health issues, you will refer to our materials for guidance.

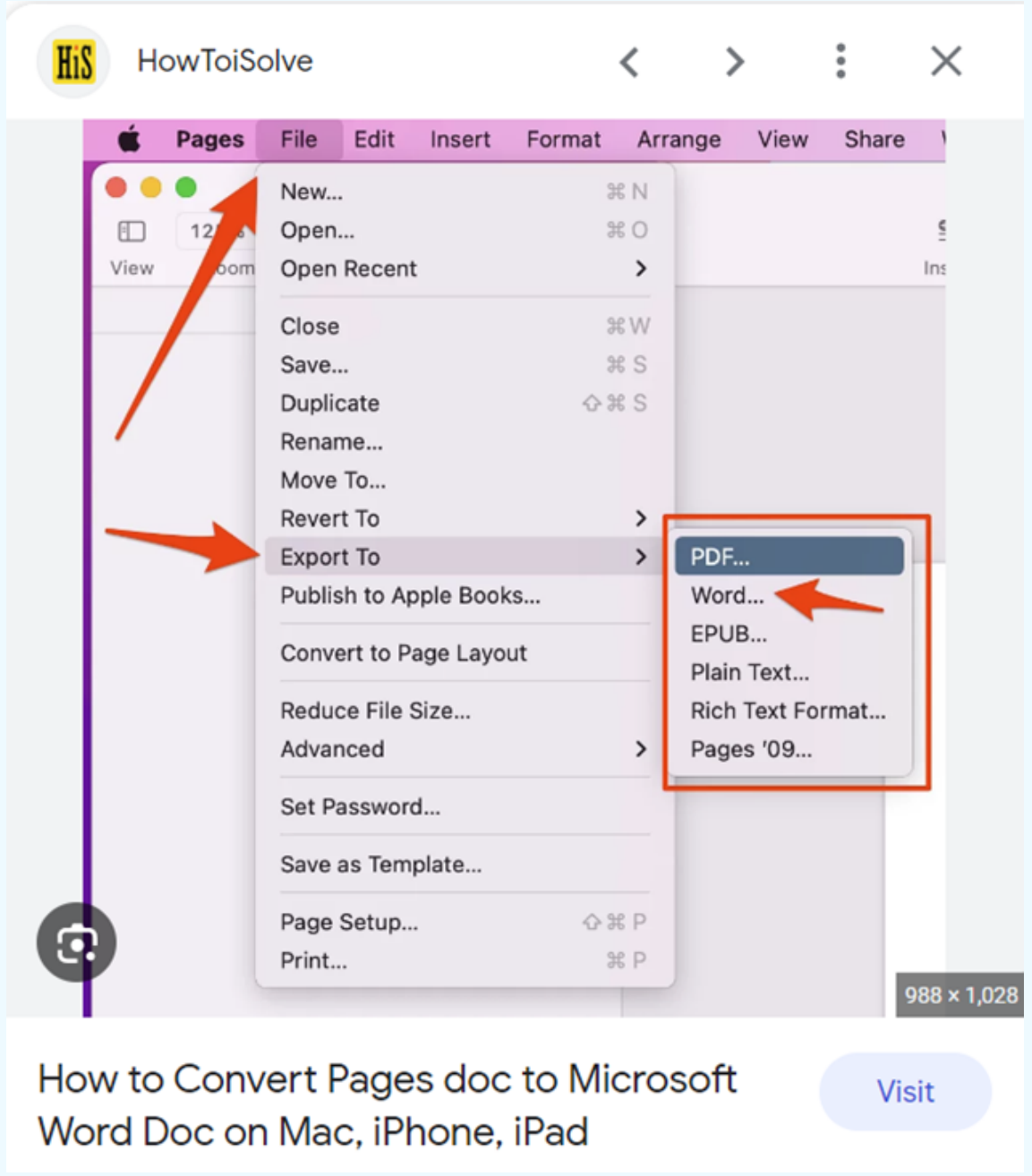
WHAT IS NEURODIVERGENCE?

What is Neurotypical?

Neurotypical Brain: A PC that Runs Windows and Microsoft Products



Neurodivergent
ADHD/Learning Disability



An Apple running MAC trying to talk to PCs

Neurodivergence: Autism

Comes with limited operating system pre-installed based on individual. All other programming must be manually entered. The program must be and manually re-processed each time it is needed. No shortcuts!

A homebuilt computer running Linux

limited pre-installed programming

Can do amazing things no other computer could possibly ever do!

All Great Computers, They Just Speak Different Languages

Difference Between Neurodivergence and Mental/Behavioral Health Disorders

Mental Health or Behavioral Disorders are the programming or bugs that are on to the computer

What IS NOT included:

- Severe Cases
- Chromosomal Differences (eg: Down's Syndrome)
- Some Behavioral Disorders
  (there are many--see the materials)
- PTSD/ TBI (traumatic brain injury)

Why This Matters:

Emotional Neglect and Abuse Creates Childhood Trauma

•If we want to make a meaningful impact on the lives of the children, most notably the rate of suicide, self-harm, and violence among young people in our community <u>then we must take emotional neglect and abuse seriously.</u>

•A child can experience trauma through emotional neglect even if their physical needs are met, and they are not physically abused.

•Neurodivergent Children and children from neurodivergent households are far more likely to suffer from emotional neglect, and trauma from that neglect, than other children. Through no fault of the child or the parent, these kids are hard to parent, especially if the parent is alone. We must acknowledge this reality.

•It is our responsibility as officers of the Court to protect these children when we see emotional neglect occurring and better options available to protect these vulnerable children from trauma.

Definition of Emotional Neglect

"Emotional neglect may involve any pattern of behavior or omission that doesn't allow a child's emotional needs to be met at a level where they can thrive....Emotional neglect involves unnoticed or unaddressed emotional needs.

Children need someone to listen to them, to validate their feelings, to have appropriate expectations for them based on their age, and they need the adults in their life to provide guidance on the challenges they face as they are developing."

Emotional Neglect in Childhood: Signs, Effects, and How to Cope.Hope Gillette and Akilah Reynolds, Ph.D.October 24, 2022. PsychCentral.
https://psychcentral.com/health/emotional-neglect-childhood

Definition of Emotional Neglect

Examples of emotional neglect may include:

1. **Lack of emotional support during difficult times or illness**
2. Withholding or not showing affection, even when requested.
3. Exposure to domestic violence and other types of violence
4. **Disregard for a child's mental wellbeing.**
5. **Lack of intervention on the child's behalf (eg: allowing behavioral or educational problems go unaddressed).**
6. Social isolation.
7. **Being emotionally unavailable or absent**
8. Ignoring the child.
9. **Pushing the child past their mental and physical abilities.**

Autism Spectrum Disorder

Summary

- **ASD is a spectrum disorder** that includes highly successful lawyers, doctors, and academics as well as non-verbal and profoundly disabled people.

- **Autistic brains lack the biologic filters to filter** out unimportant sounds, touch, or other sensations. All sensations are equally felt, from the breeze in your hair to the person telling you important instructions.

- **It is often also very difficult to organize and express thoughts** because they are experiencing so much at the same time. Therefore, they need to have substantially more structured external environments to thrive.

Summary, Cont.

- **The ability to experience the world without filters can be a superpower** that allows for exceptional creativity and world changing ideas.

- **These abilities also lead to overwhelm and meltdown.** There is a fine line between the two.

- **It is believed or known that world changers** like Albert Einstein, Marie Curie, Alan Turing, Thomas Jefferson, Nicola Tesla, Temple Grandin, Tim Burton, Emily Dickinson, Elon Musk, Mozart, Darwin, and Newton are or were autistic.

Autism and Social Interaction

- **Autistic people tend to be socially awkward because they struggle to differentiate all the social cues** that are coming in from the other person/people.

- **They are flooded** with facial language, body language, voice tone, words, context, etc. Because they lack the shortcut filters that neurotypical brains possess, **they don't always correctly interpret all the social cues** that barrage them, and it takes far longer to interpret anything.

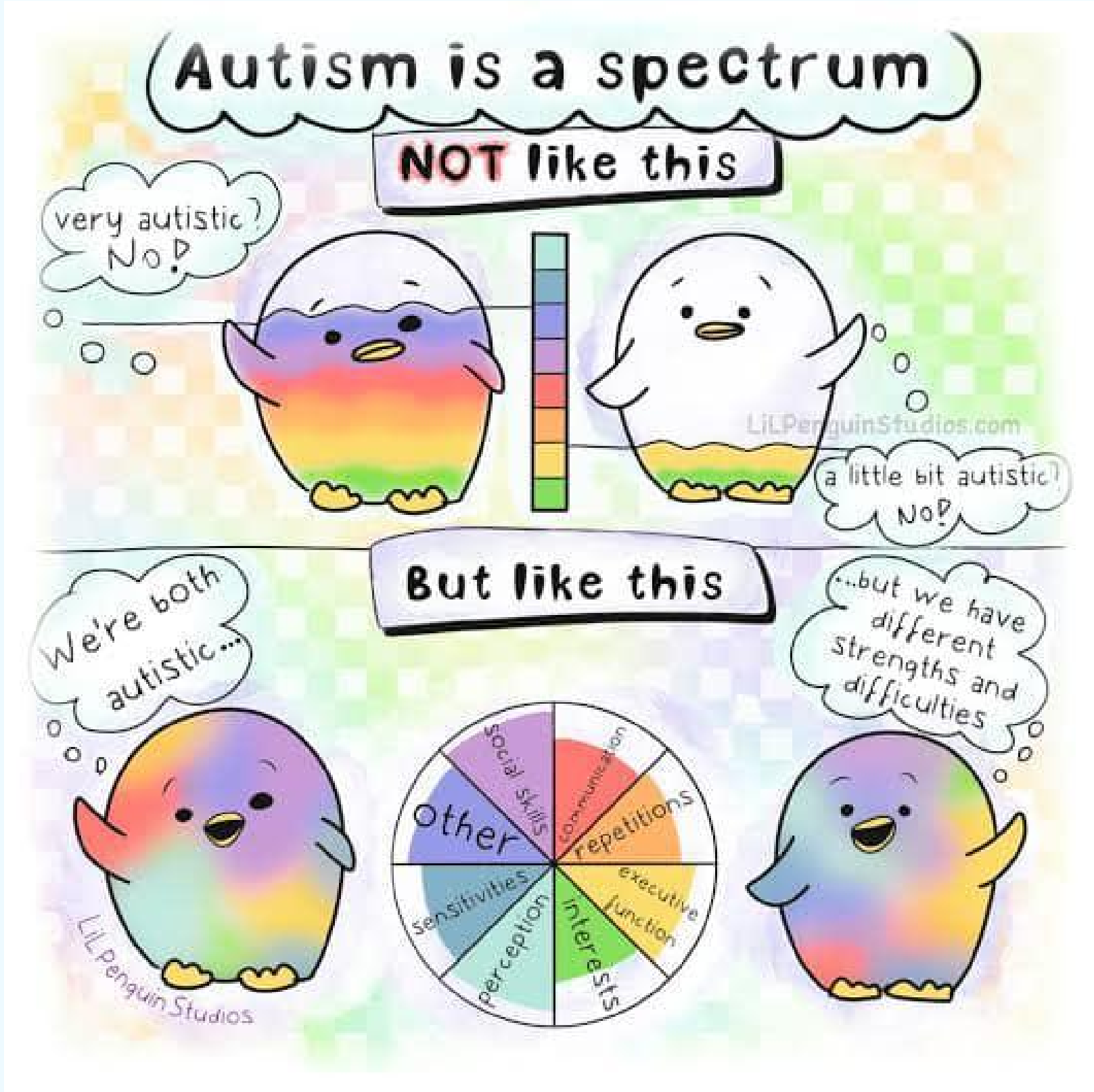
- They also may not know the correct response, since they did not correctly read the situation in the first place. **They may unintentionally cause offense and not understand what happened or how to do better**.

The Autism Spectrum is a Wheel

But Meggin, You don't LOOK Autistic!

PS: Never EVER say this to anyone. Please.

Just because I'm not a white boy with poor social skills does not mean that I am not autistic.

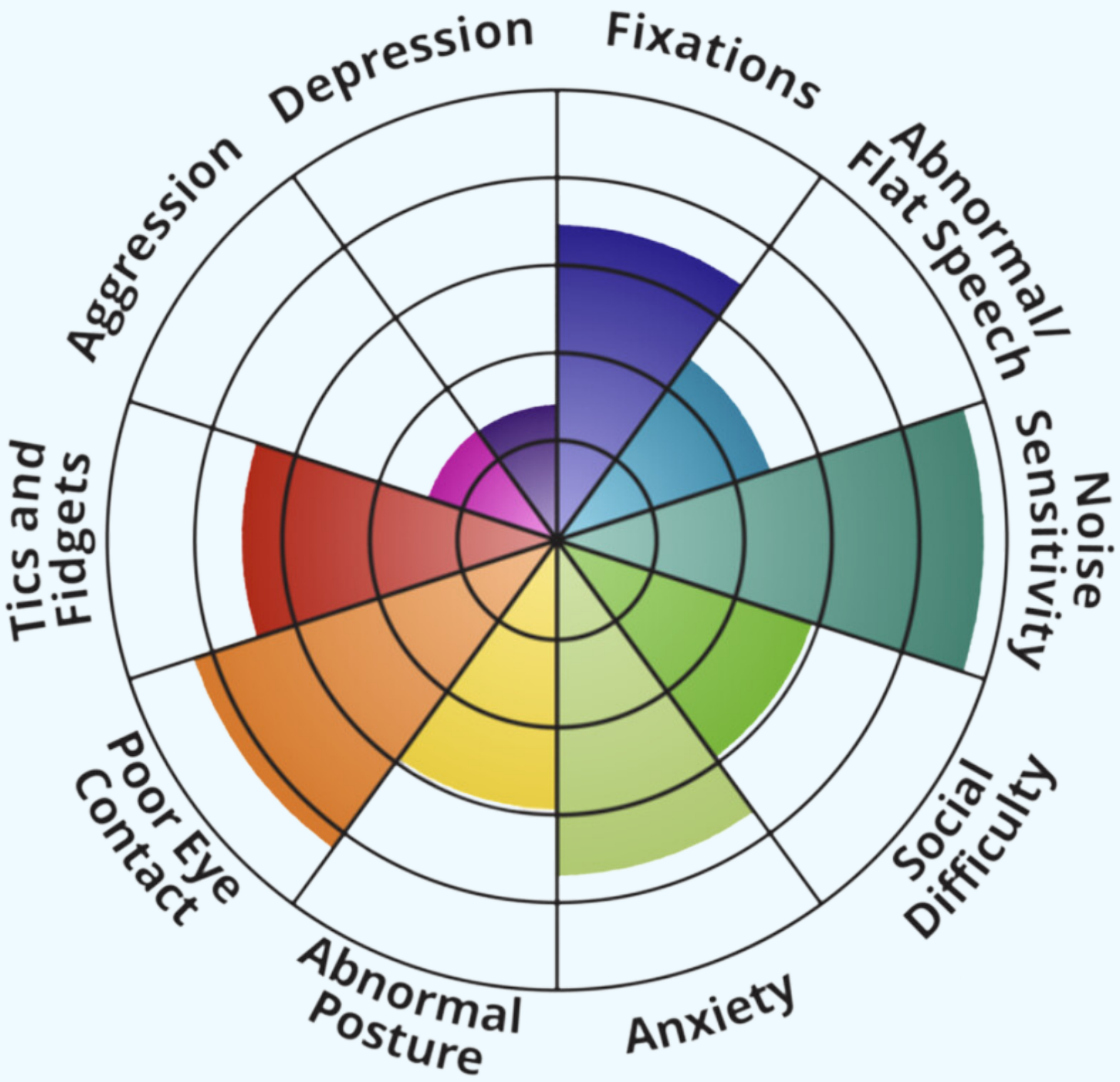


That is because I am MASKING.

Masking is where autistic people do their best to fit in with social expectations. It is exhausting, and causes meltdowns if done too long. When done every day over time with no safe place for authentic self or understanding, it causes severe mental and physical health problems.

The Autism Spectrum is a Wheel

A person's Autism intensities can vary day to day

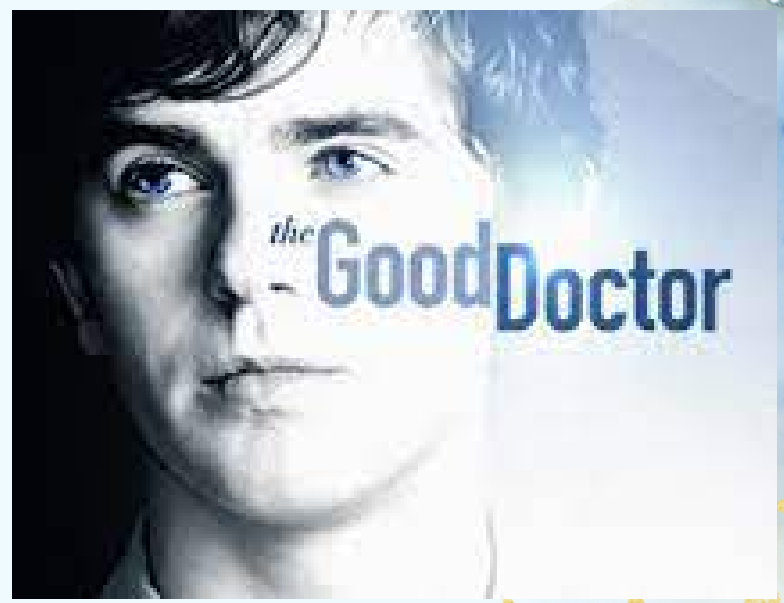


Meltdowns or shutdowns happen when a wedge of capacity is overwhelmed.

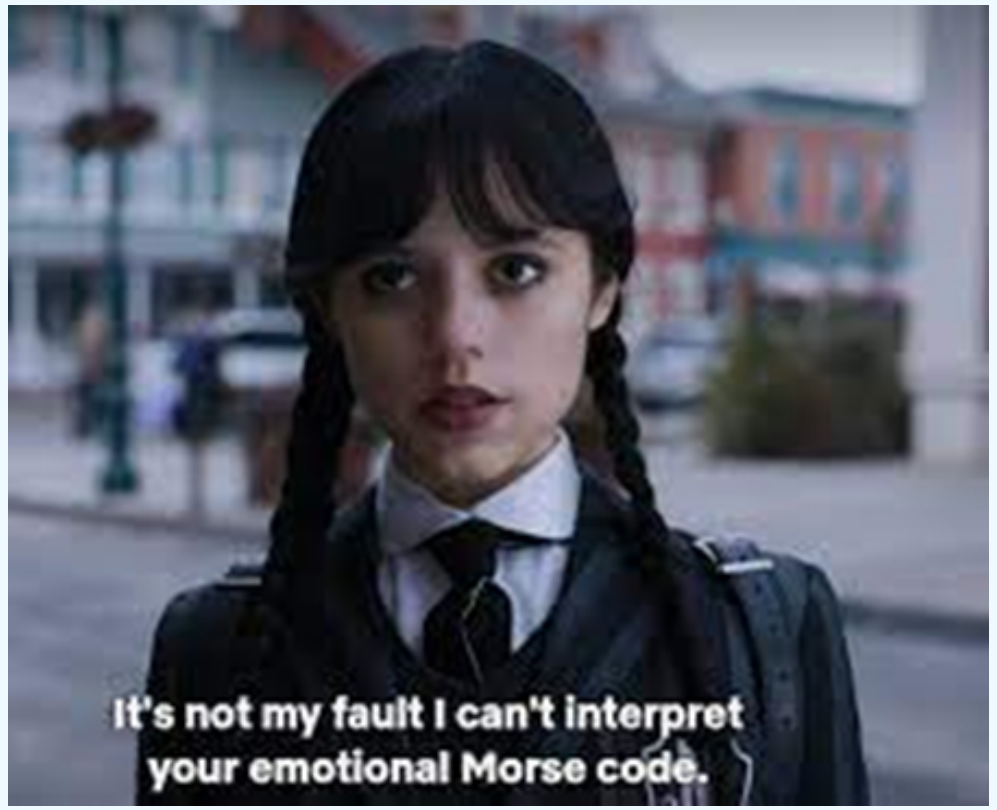
Your autism spectrum symptoms are high.

PS: This is Meggin's on 5/23/23 *before* she started transfering from Powerpoint into Canva.

Autism Stereotypes/Media



Living as Autistic



Autism: Needs in Court

<u>If the child is diagnosed as Autistic:</u>

- **If they cannot reach agreements through mediation, they will need a PRE/CFI**.
- **Joint decision making should be the exception**. If the parents do not have a demonstrated history of being able to make joint decisions, they will need a tie-breaking decision making plan, or a PC/DM/Arb.
- Consistency in residence: **50/50 should be the exception** if they have reached your courtroom. The primary parent should be the parent who is more emotionally stable and who the child is more attached to.

Autism: Needs in Court

<u>If the child is diagnosed as Autistic, cont:</u>

- **Reduce transitions**. Make creative plans to allow contact with fewer transitions and unexpected changes.
- **Reduce conflict**. Autistic children are less resilient.
- **Provide substantial scaffolding and time for the child** so that they are well informed about what to expect and they understand what is happening.
- **Public school may not be appropriate**, and private school may need to be included in child support. They may qualify for extended child support.

Autism: Needs in Court

<u>If the PARENT is diagnosed or suspected Autistic:</u>

- If a child is diagnosed, **it is likely that one or both parents are also autistic**.
- **The rates of autism are particularly high in the Denver metro** because of our high density of science, academic, aerospace and high tech jobs.
- See the materials for indications that a parent may be autistic.
- **Orders need to be written with what seems to be <u>excessive</u> detail**. See the materials for examples.

Autism: Needs in Court

<u>If the parent is diagnosed or suspected Autistic:</u>

- Unless they are exceptionally self aware and self-actualized, **they will likely need a PC/DM/Arb**. If they are in your court, they will.

- **Do not assume that the autistic person is the problem.** Autistic people (particularly women) seem to have a tendency to marry people who exploit them. Watch particularly for legitimate narcissists. This is medically known and studied.

- See later slides on case management for more tips.

Attention Deficit Hyperactivity Disorder (ADHD)

Summary

- ADHD is a Misnomer: A better name could be **Attention Misplacement and Sometimes Hyperactive Disorder**
- ADHD minds are unendingly creative, exciting, adventurous, but also sensitive and emotional.
- **ADHD is best understood as a dysfunction of executive function**: the ability to plan, focus on, and execute a task.
- **Instead, the brain skips around to many different thoughts** and ideas, each as exciting and important as the next.

Summary, Cont.

- **ADHD creates difficulties with focus, concentration, prioritization, hyperactivity** (of the body and/or mind), **and impulsivity** that interferes with functioning in education, work, and/or daily living.

- **Superpowers**:
  - Hyperfocus in times of interest or stress,
  - extremely creative,
  - a lot of energy and passion.

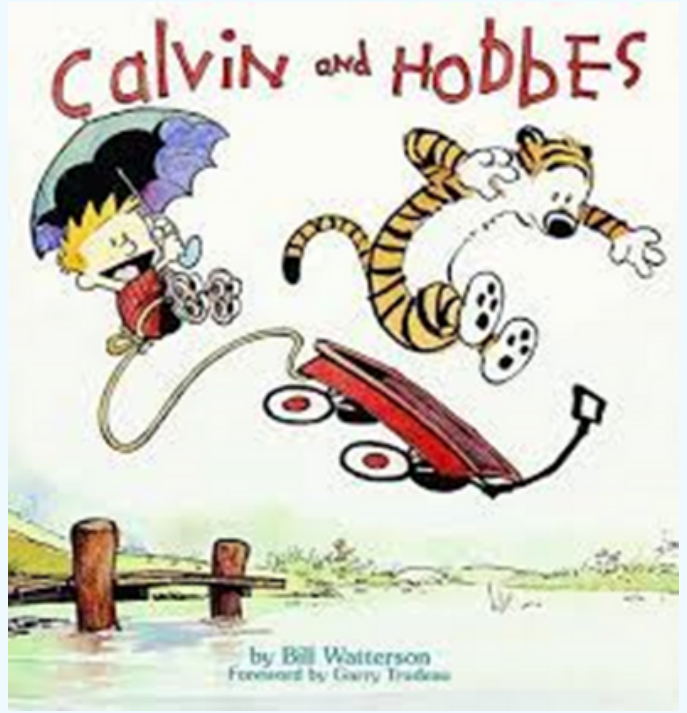
3 Types of ADHD

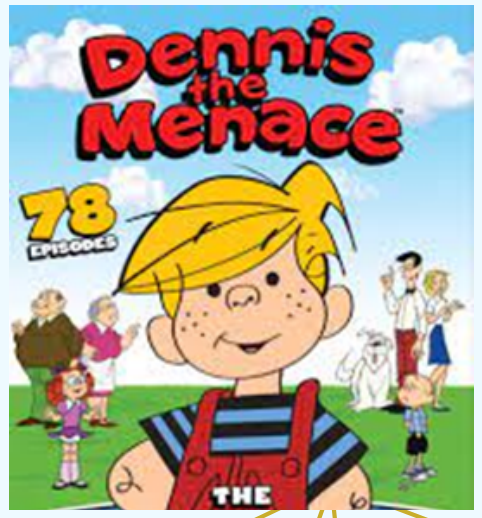
- Inattentive (formerly ADD): More interested in the clouds and the sound of the birds than in what you are saying.

- Hyperactive: Cannot sit still long enough to listen, because they have an internal perpetual motion machine.

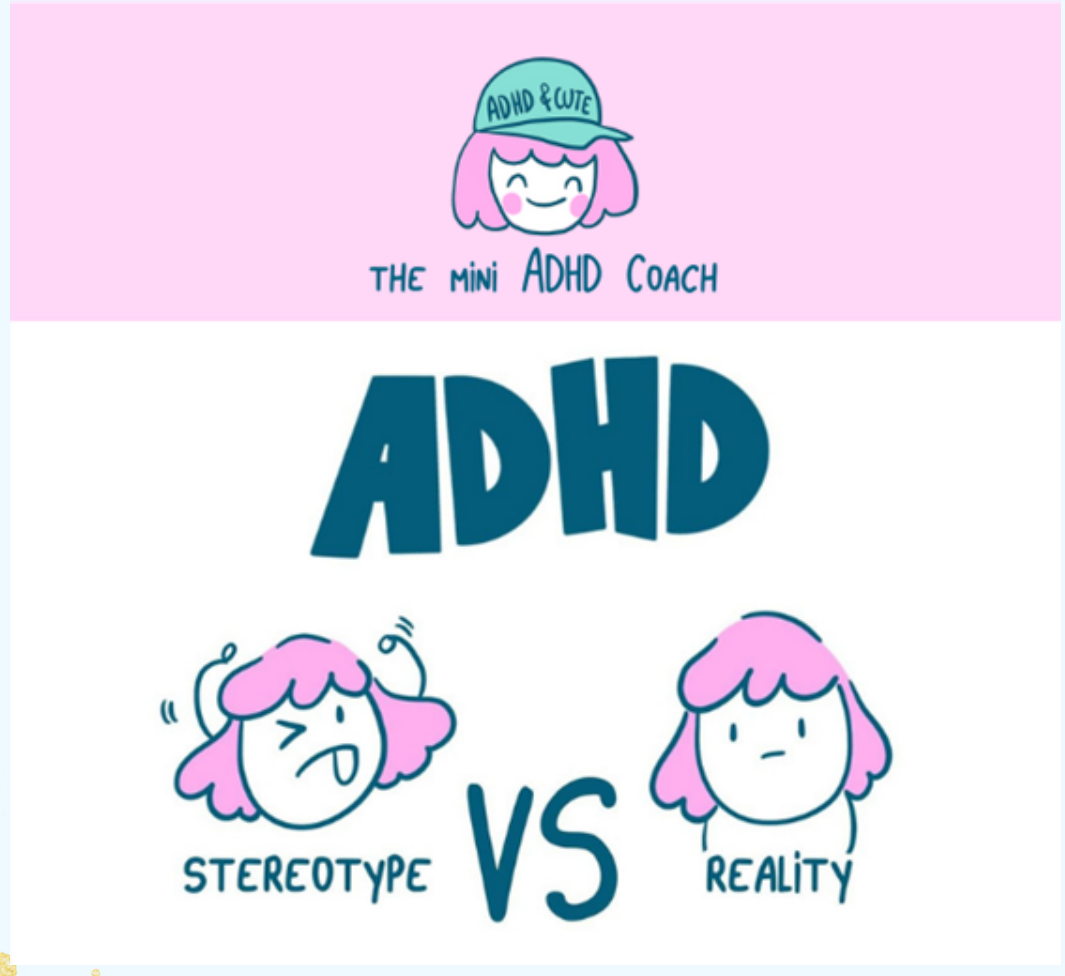
- Combination: Beset by both at the same time.

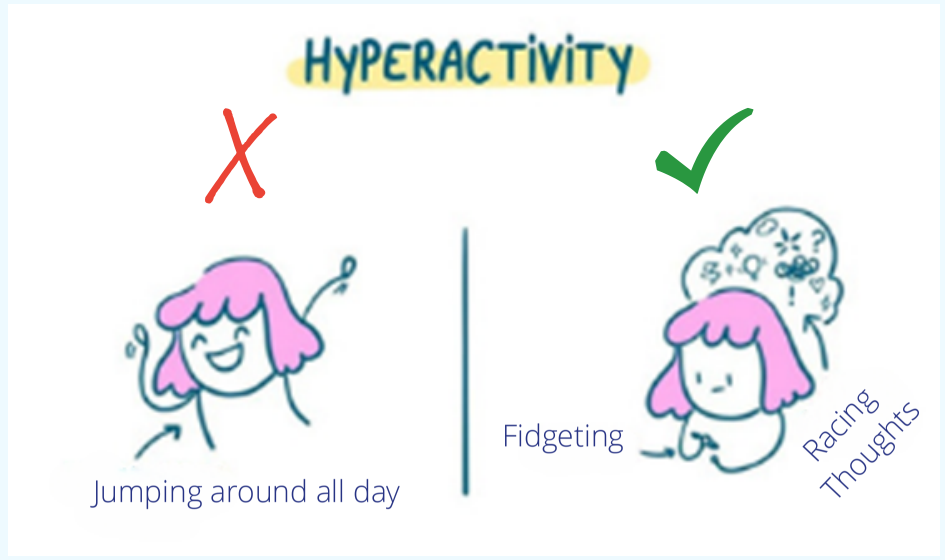
Stereotypes/Media

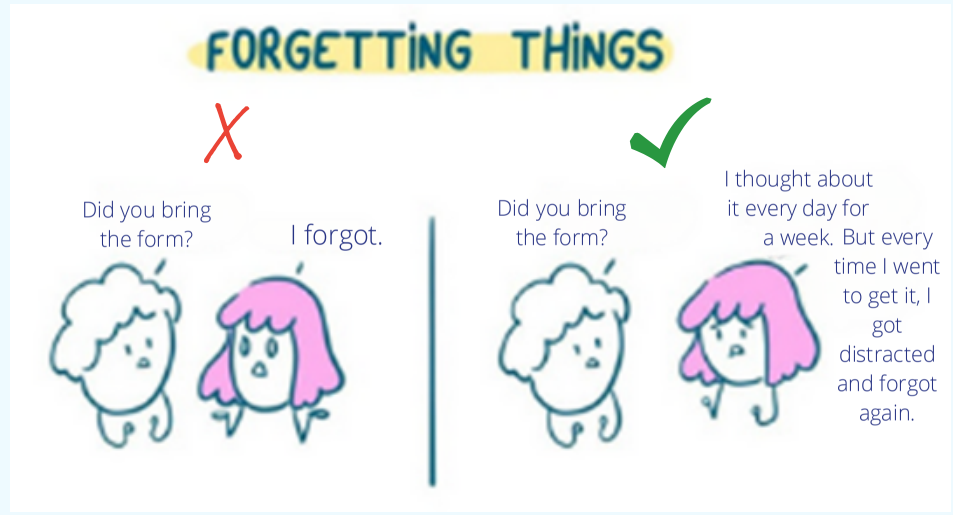


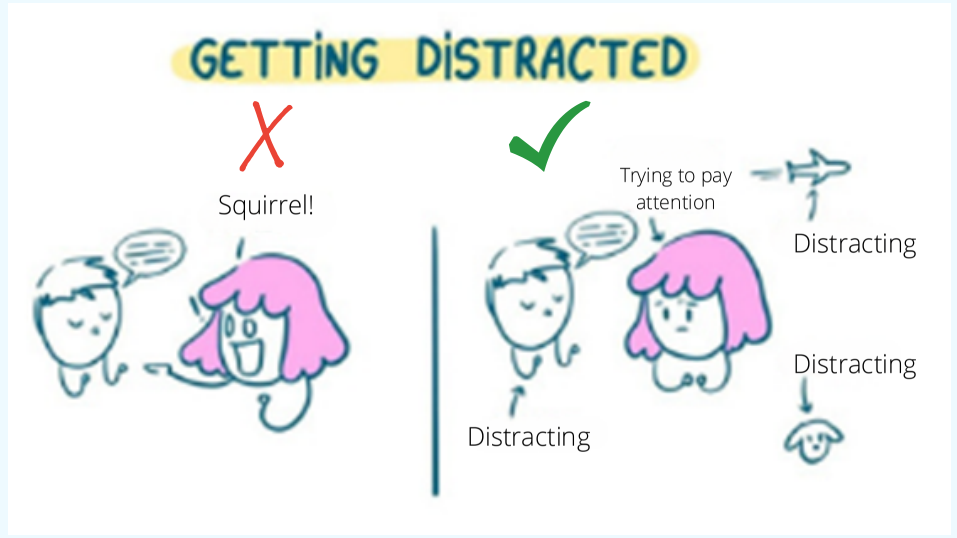


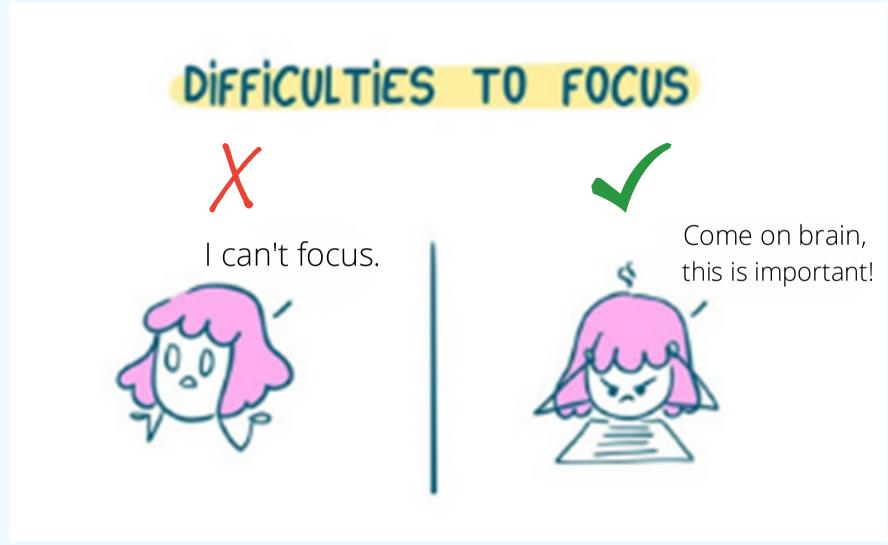
Lived Experience











What ADHD Families Need in Court

ADHD in Children

- Diagnosis and Treatment: If a parent is getting in the way of recommended testing, then that parent should not be granted decision making capacity. If a parent will not work jointly with the other parent in treatment then joint decision making is not appropriate.
- Loving, supporting, and affirming parents, caregivers, and educators. If a parent is dismissive or not affirming of ADHD superpowers, or refuses to properly scaffold the child, then their time should be reduced.
- Consistency in expectations. If the households are vastly different, then the child will be set up for failure. It is better to have one household with more consistent expectations and scaffolding.

What ADHD Families Need in Court

ADHD in Children

- Parental scaffolding around them to ensure that the child is learning executive functioning skills. This is a parent who explicitly teaches them executive functioning skills. If a parent is not able to provide that scaffolding, then the child needs to primarily be with the parent who can. (Eg: get them to school, activities, and appointments on time, ensure homework is done, handle their emotions and not be emotionally reactive themselves, etc).

- Emotional stability: If there are emotional or behavioral regulation problems from a child then 50/50 parenting time is not advised. The parenting time should be given to the more emotionally stable parent who can scaffold the child until the child can learn and sustain regulation skills.

What ADHD Families Need in Court

ADHD in Parents

- Diagnosis and Treatment. **If a child is diagnosed, then there is a very high likelihood that one or both of the parents also have ADHD**. Consider suggesting that the parent who demonstrates ADHD traits seeks diagnosis. "About 40% of children with ADHD have at least one parent with clinical ADHD symptoms."

- Do not downplay the effect of unmanaged ADHD on children. A parent's ADHD can dramatically affect the child's ability to emotionally regulate, creating more tantrums, conflict, and dysregulation. It can be very triggering to children when their parents are late to pick them up, forget to feed the children on time, forget to help them with schoolwork, or don't the child with proper hygiene, etc.

What ADHD Families Need in Court

ADHD in Parents

- Emotional Stability: **If the parent is described as emotionally reactive, do not downplay what that means.** This may mean that the parent is very emotionally explosive. This can be traumatic for the children, and only exacerbate their ADHD problems. If a parent is reactive (particularly if they are explosive), it may not in the children's best interests to have a lot of time with this parent until the parent is able to develop strategies to manage their emotions better. (This is particularly true if the children also have ADHD).

- Therapy: Consider requiring therapy for both parents so that they can learn emotional regulation and coping skills for themselves, and how to teach those to their children too.

What ADHD Families Need in Court

ADHD in Parents

- Coaching: Consider including a recommendation for ADHD coaching and/or parenting coaching with someone had has ADHD expertise. This will help the parents learn specific skills to parent these difficult children (and some skills for themselves).

- Further Considerations: **Most ADHD meds are schedule 1 drugs (amphetamines).** It can be difficult to find a medication that works for someone, and the medications can stop working. If a parent has a substance abuse problem, then the parenting plan should be such that the child gets their medication and the parent at issue does not have access to the medication.

LEARNING DISABILITIES

Summary

Broadly speaking, these disorders involve difficulty in one or more, but not uniformly in all, basic cognitive processes:

1. **Input:** Processing information from visual and auditory input. This may impact reading, spelling, writing, and understanding or using language.

2. **Integration:** This means taking the information that you've received and sequencing it, abstracting from one concept to another, and organizing the information in one's mind. It can manifest in difficulties prioritizing, organizing, doing mathematics, and following instructions.

3. **Memory:** Including working memory, short term, and/or long term memory. Problems here may show with issues of holding multiple facts or inputs at one time, storing or retrieving information from short or long term memory.

4. **Output**: Using spoken expressive language.

5. **Motor**: Using fine and gross motor skills. This can be seen in clumsiness or difficulties in handwriting.

Specific Learning Disabilities

Dyslexia is difficulty with reading, writing, and spelling. Approximately 15% of children have dyslexia. Brain imaging shows that there are structural differences in the brain of those affected.

People with dyslexia tend to excel at spatial and visual reasoning because their brains synthesize the relationship between lines in three dimensions instead of two, making reading and writing two-dimensional text difficult.

Specific Learning Disabilities

- Dyscalculia is similar to dyslexia, but for math. It is often noticed in early childhood, but many adults are undiagnosed. This missed diagnosis can cause substantial mental health problems for those affected. It is not as common as dyslexia, but is widespread.

- Dysgraphia: This is specifically where a person struggles to write with their hands, and is a fine-motor impairment. This can include forming letters, words, and shapes. If a person can tell you about the topic well, but cannot write well about the same topic, then dysgraphia should be considered. Dyslexia is understanding what is coming in. Dysgraphia is trouble getting it out onto paper (but generally less so with a keyboard).

Specific Learning Disabilities

- Other Learning Disabilities: Learning disabilities can be grouped broadly into verbal and non-verbal learning disabilities. ADHD and Autism are considered learning disabilities as well.

- Twice Exceptional: It is often surprising for people to know that gifted people can have learning disabilities, too. People who have both giftedness and another diagnosis that impacts their education or living are referred to as “twice exceptional” or 2e.This can be if a child is gifted and has ADHD or Autism, or if they are gifted and also have dyslexia, dyscalculia, dysgraphia, etc.

Terms of Art

IEP

These are legally binding documents that are assigned to a student with a disability that impacts their ability to learn at school, and who are typically at least two grade levels behind. It provides the child with accommodations and interventions to empower the child and bring them up to grade level. Stands for "Individualized Education Plan"

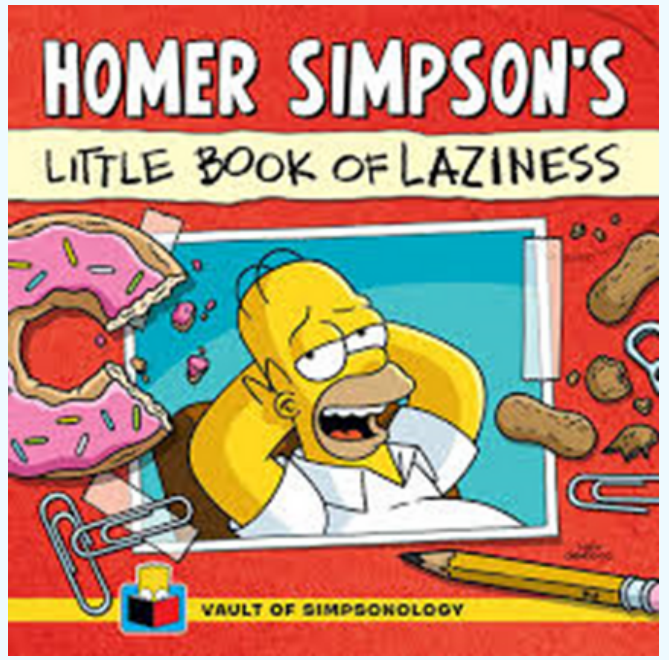
Intervention

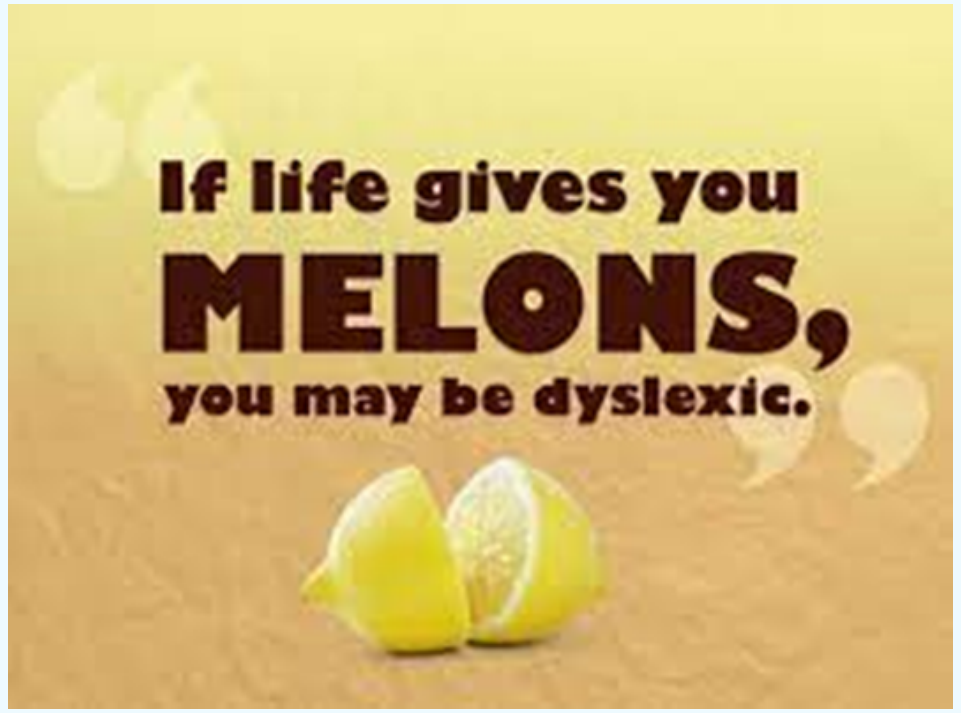
When teachers and school staff provide targeted and intensive instruction to a child in their area of need. These interventions are used for children who are below grade level using a multi-tiered system of supports. If these intervention plans continue to not be successful, then they may progress to an IEP.

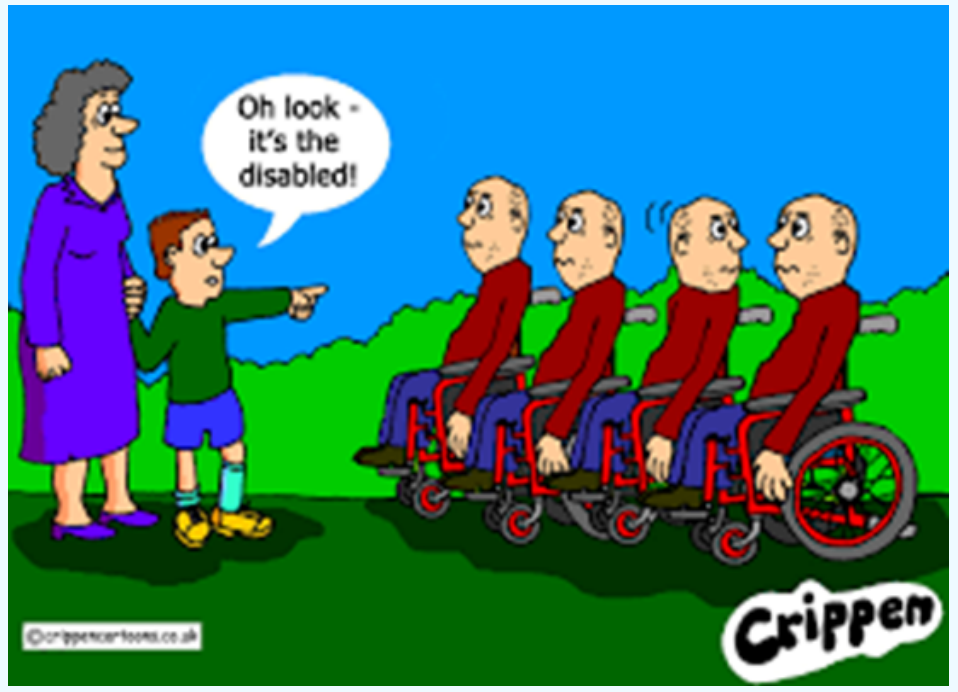
504 Plan

This is for children with a disorder or condition of their brain or body that substantially limits their major life activities. The child can qualify for accommodations in the classroom that enables that child to benefit from their schooling. However, this plan is not legally enforceable, and there are limitations to what services may be available.

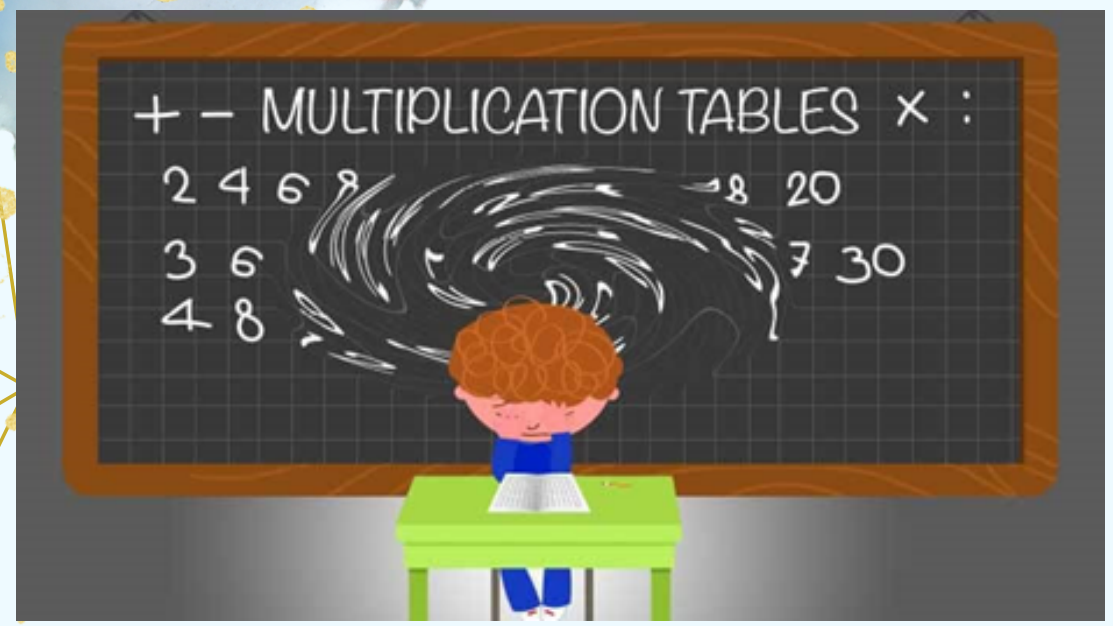
Stereotypes

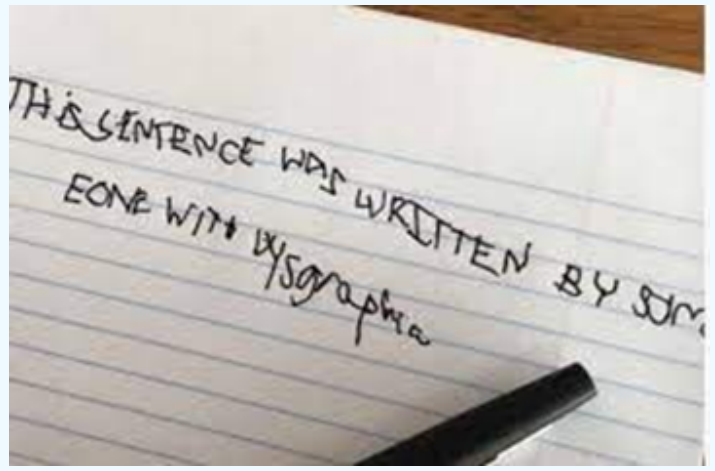


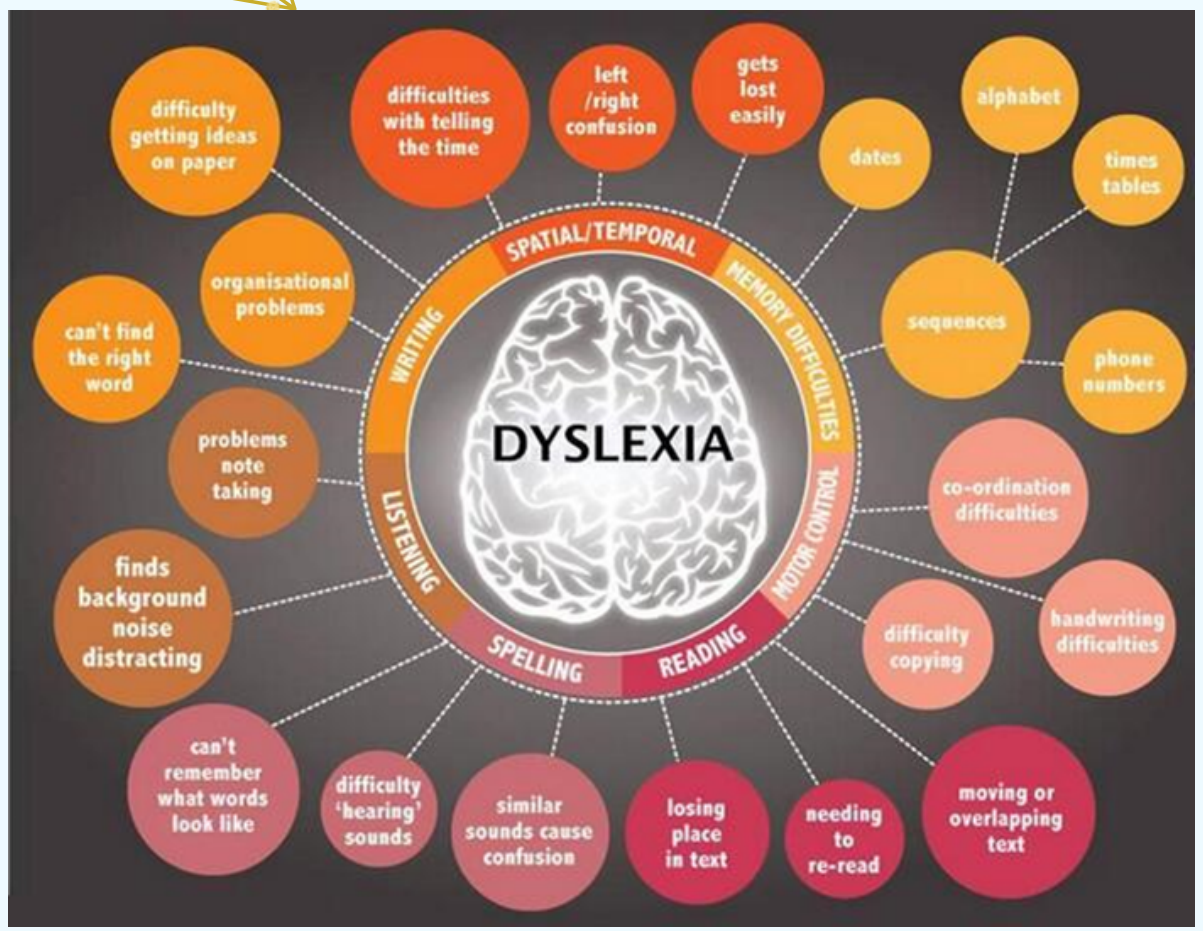




Lived Experience







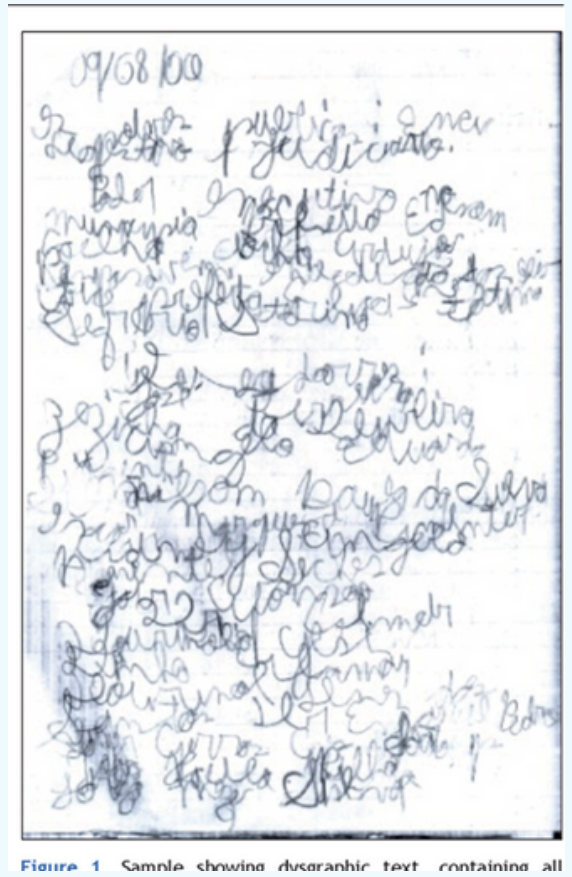
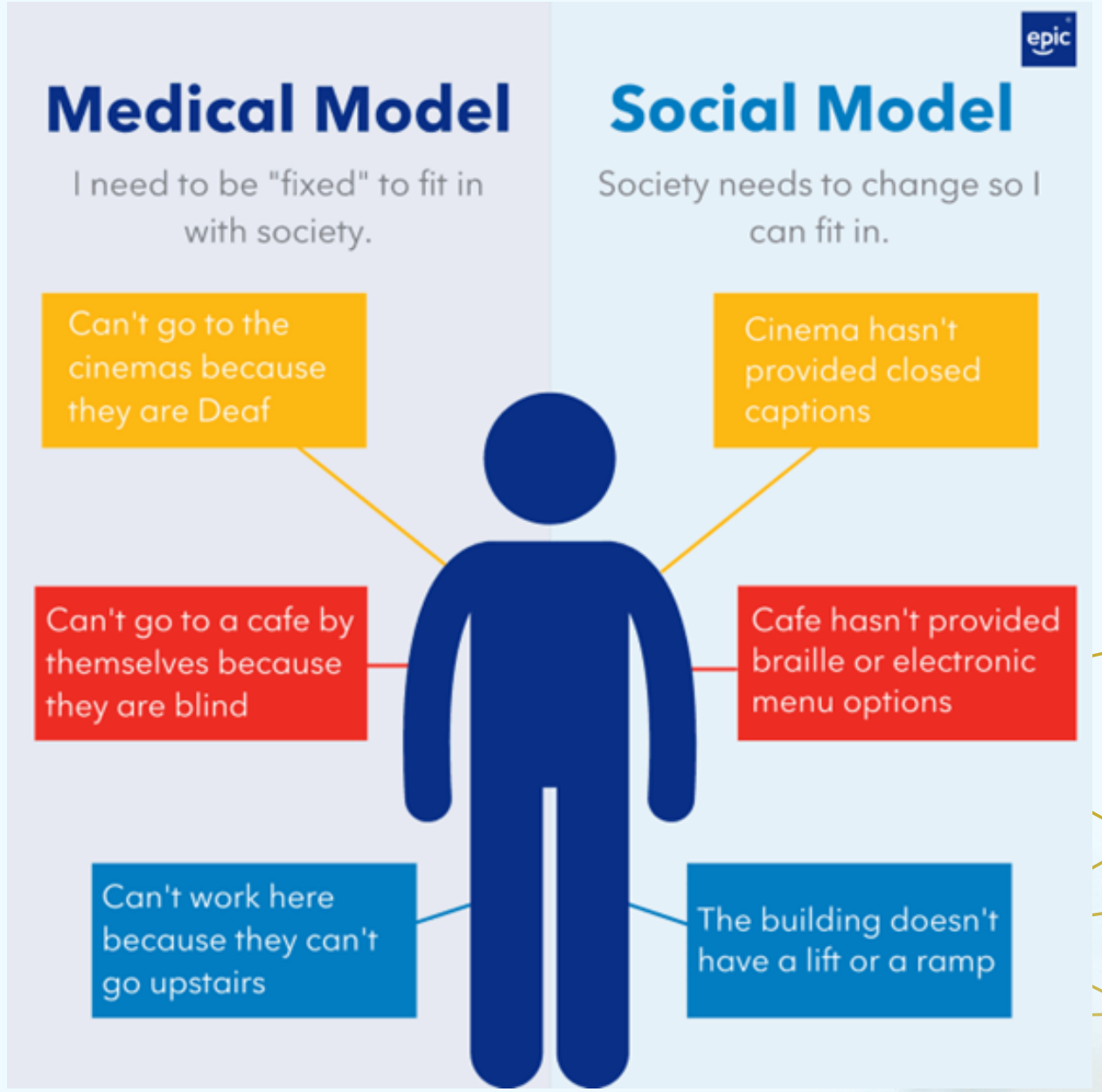


Figure 1. Sample showing dysgraphic text, containing all



Learning Disabilities: Needs in Court

For a Diagnosed Child:

- Diagnosis and Treatment: If a parent is impeding the recommended testing or treatment for a child, or other interventions, then they should not be involved in joint decision making for that child.

- Decision Making: If the parents have not demonstrated the ability to jointly make decisions together, then a PC/DM/Arb should be appointed, or one parent should have tie-breaking authority.

Learning Disabilities: Needs in Court

For a Diagnosed Child:

- Division of Costs: **The orders should explicitly include the division of tutoring or other intervention costs** for the child so that they may receive the tutoring they need.

- Specialized School: **Public school may not be able to meet the child's needs**. Private school may be necessary and includable in the child support worksheet.

- Summer parenting time and summer school: **If summer school seems likely, then parenting time orders should explicitly include orders regarding the schedule** if the child is in summer school. If there is a different schedule during the summer because a parent struggles to get a child to school, consider ordering a school parenting plan if a child is in summer school.

Learning Disabilities: Needs in Court

For Adults:

- You are unlikely to know if an adult has a diagnosed learning disability. But if their child does, you can assume a parent might as well.

- They are likely to feel ashamed that they cannot follow as easily. They are trying to look their best in court.

- Consider taking a break if a parent needs time to look at a document or do some math. This will reduce the shame and give them time to process.

- Alternatively, you can read or explain everything out loud in court so that they do not have to do anything themselves in their head.

CASE MANAGEMENT STRATEGIES & DRAFTING PARENTING PLANS

Communication and Support

- Neurodivergent individuals face particular communication challenges during legal proceedings.

- Be clear about purpose of each hearing, conference, etc.

- Importance of proactive measures from you and clear, tailored communication with neurodivergent individuals:
  - “How do you process information best?”
  - Hard deadlines that are enforced
  - Routine follow-up from the court with pre-set conferences
  - Telephone/zoom status conferences
  - Additional time for processing/reading
  - **Use plain English and parties’ names or roles (Mother/Father)**

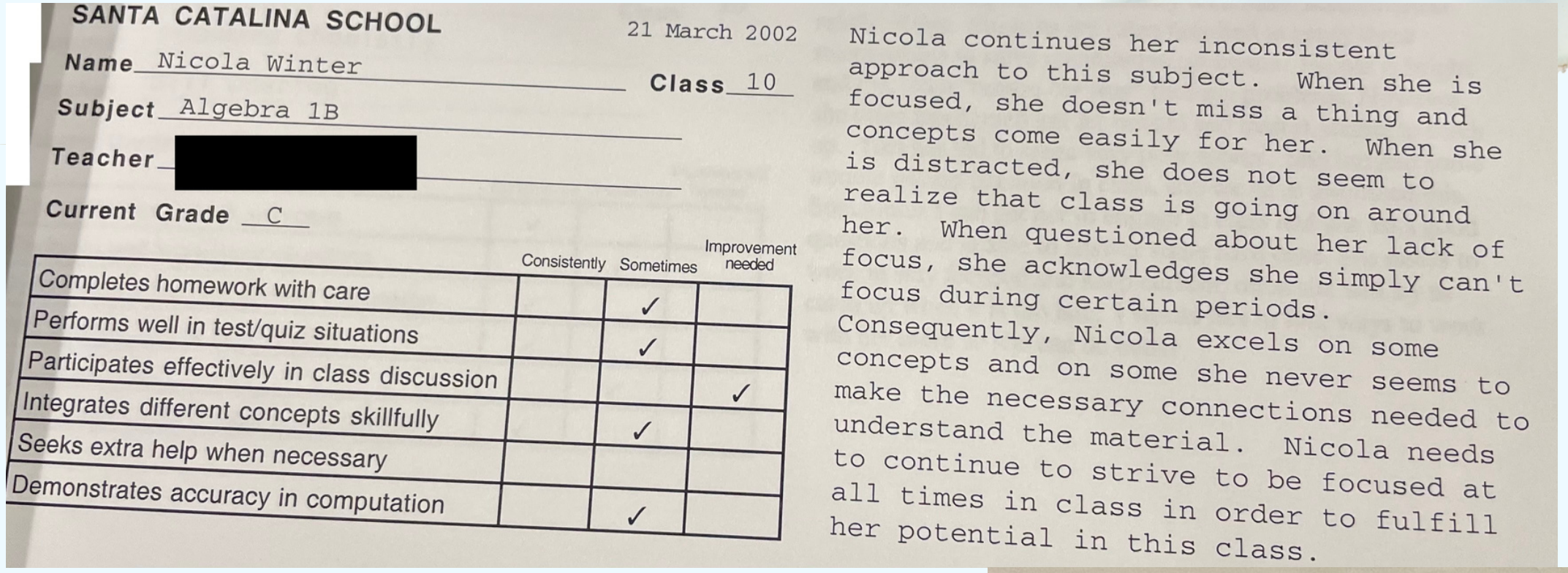
Communication and Support

- ADA accommodations in court
  - ADA coordinators
  - Ask parties if aware of any accommodations they might require
  - Suitable accommodations might not be obvious
  - Do not be dismissive of requested accommodations as inappropriate

- Connecting neurodivergent individuals to appropriate resources (have handouts available to give out)
  - Therapy/counseling
  - Support groups
  - Divorce coaches
  - Parenting coaches

Importance of Testing for Diagnosis

- Early testing is critical to avoid long term negative impacts on children



SANTA CATALINA SCHOOL 21 March 2002

Name Nicola Winter Class 10

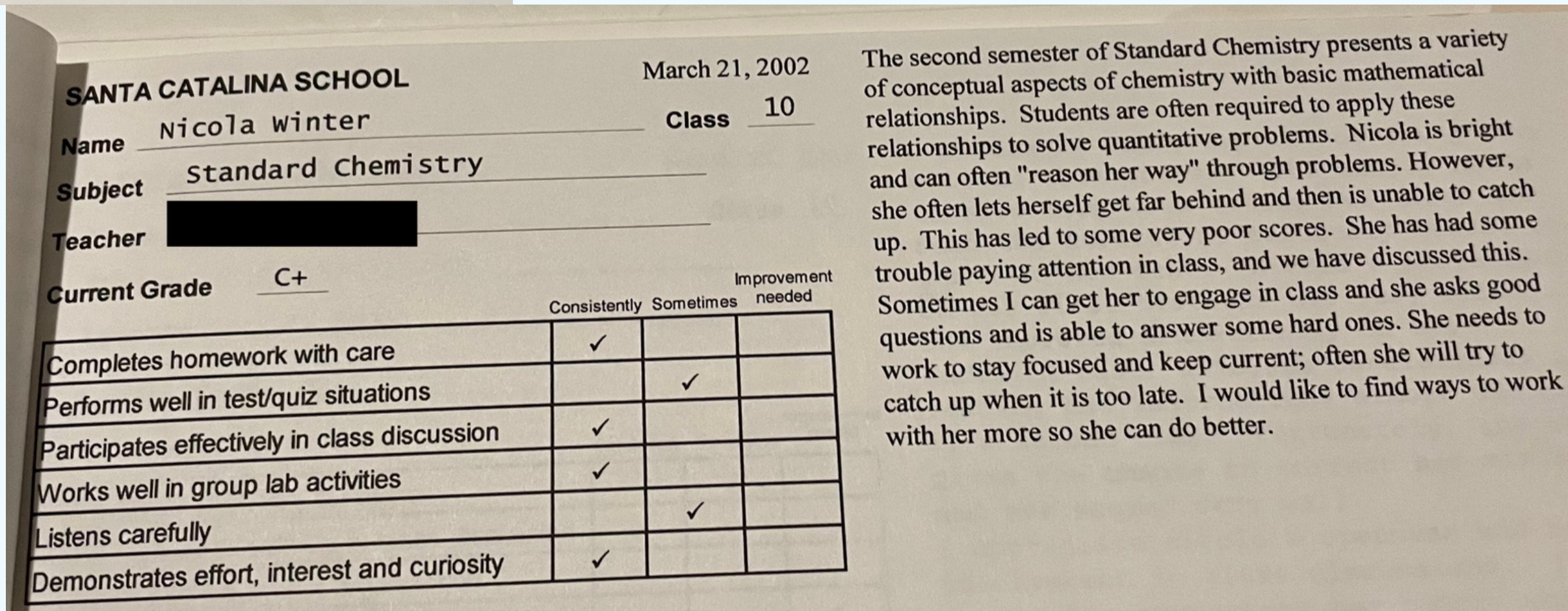
Subject Algebra 1B

Teacher [redacted]

Current Grade C

	Consistently	Sometimes	Improvement needed
Completes homework with care		✓	
Performs well in test/quiz situations		✓	
Participates effectively in class discussion			✓
Integrates different concepts skillfully		✓	
Seeks extra help when necessary			
Demonstrates accuracy in computation		✓	

Nicola continues her inconsistent approach to this subject. When she is focused, she doesn't miss a thing and concepts come easily for her. When she is distracted, she does not seem to realize that class is going on around her. When questioned about her lack of focus, she acknowledges she simply can't focus during certain periods. Consequently, Nicola excels on some concepts and on some she never seems to make the necessary connections needed to understand the material. Nicola needs to continue to strive to be focused at all times in class in order to fulfill her potential in this class.



SANTA CATALINA SCHOOL March 21, 2002

Name Nicola Winter Class 10

Subject Standard Chemistry

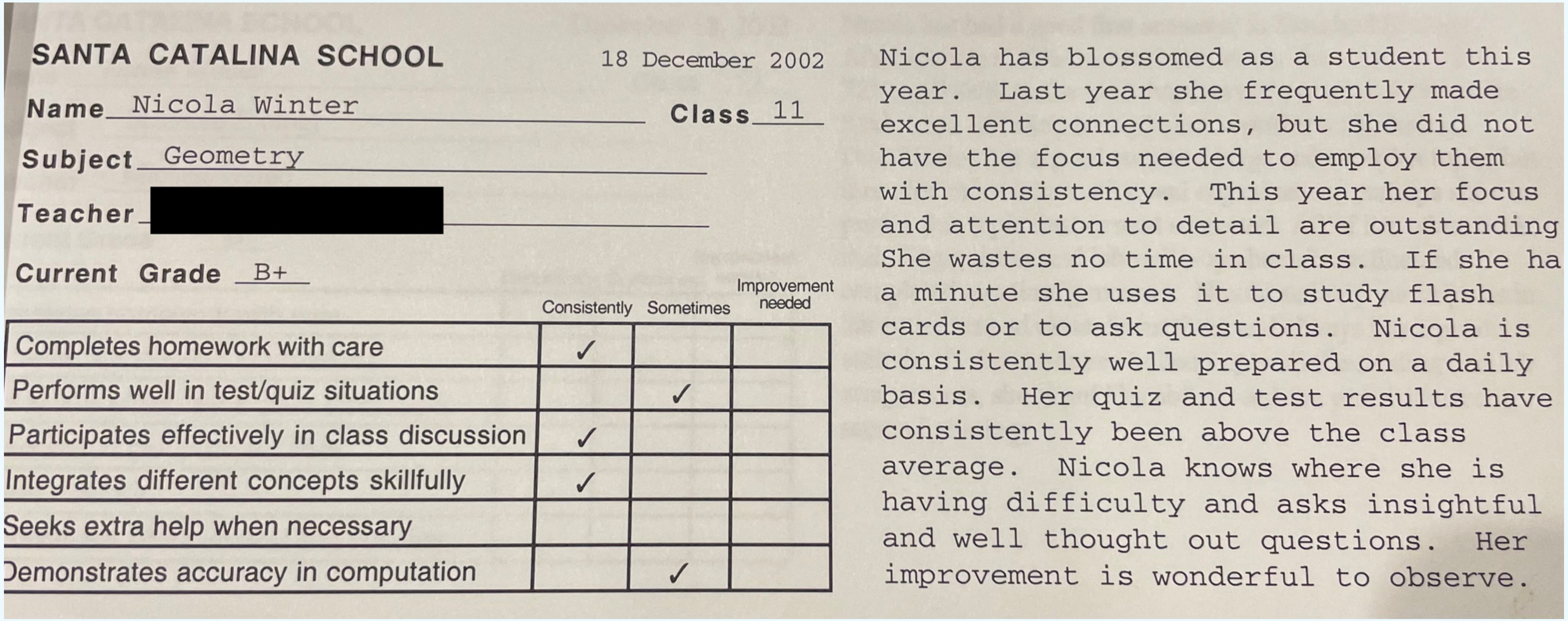
Teacher [redacted]

Current Grade C+

	Consistently	Sometimes	Improvement needed
Completes homework with care	✓		
Performs well in test/quiz situations		✓	
Participates effectively in class discussion	✓		
Works well in group lab activities	✓		
Listens carefully		✓	
Demonstrates effort, interest and curiosity	✓		

The second semester of Standard Chemistry presents a variety of conceptual aspects of chemistry with basic mathematical relationships. Students are often required to apply these relationships to solve quantitative problems. Nicola is bright and can often "reason her way" through problems. However, she often lets herself get far behind and then is unable to catch up. This has led to some very poor scores. She has had some trouble paying attention in class, and we have discussed this. Sometimes I can get her to engage in class and she asks good questions and is able to answer some hard ones. She needs to work to stay focused and keep current; often she will try to catch up when it is too late. I would like to find ways to work with her more so she can do better.

Importance of Testing for Diagnosis



SANTA CATALINA SCHOOL 18 December 2002

Name Nicola Winter Class 11

Subject Geometry

Teacher [redacted]

Current Grade B+

	Consistently	Sometimes	Improvement needed
Completes homework with care	✓		
Performs well in test/quiz situations		✓	
Participates effectively in class discussion	✓		
Integrates different concepts skillfully	✓		
Seeks extra help when necessary			
Demonstrates accuracy in computation		✓	

Nicola has blossomed as a student this year. Last year she frequently made excellent connections, but she did not have the focus needed to employ them with consistency. This year her focus and attention to detail are outstanding She wastes no time in class. If she ha a minute she uses it to study flash cards or to ask questions. Nicola is consistently well prepared on a daily basis. Her quiz and test results have consistently been above the class average. Nicola knows where she is having difficulty and asks insightful and well thought out questions. Her improvement is wonderful to observe.

No testing, diagnosis and treatment = continued failure and negative self worth

Testing for Diagnosis

De-stigmatize and de-weaponize the issue of being diagnosed and treated for mental health or neurodiversity

A diagnosis is not determinative of the outcome! The determinative factor is how it is handled!

Get ahead of the issue - Take the ability to weaponize away from the other side

Testing for Diagnosis

How to Destigmatize in Your Practice

- **Address the issue in a positive light to both parties and attorneys**
  - Testing NOT a punishment or indication of choosing one side over another – we simply need more information to make the best decision and help set the family up for long-term success.

- **Present testing from an angle that will benefit the party.**
  - If one side is accusing the other of being bipolar (for example). You can get tested, if you're not, then that solves that. If you are, then you've had the testing, you've started medication, and then you can show me everything that you've done to manage it. You'll feel much better too.

Testing for Diagnosis

- **Draft plans to encourage testing and treatment, not make it scary** - will help the whole family in the long run to know more about a person's strengths and areas for growth.

- **Don't buy into tit-for-tat arguments**. (I'll get tested if she does). Don't waste money and resources if one person clearly has an issue but the other does not. Do require if there are concerns on both sides. Require testing for the clear problem, not just so it's "even".

- **Have a list of providers and resources who can provide testing**
  - For both children and adults
  - See materials for this presentation for ideas
  - Acknowledge the insurance and cost concerns

Disputes Over Testing and Treatment

If an adult is suspected of being neurodivergent or having a mental/behavioral health disorder.

- Preferable to have a medical or CFI/PRE recommendation for the testing, including why and how it is affecting the children and/or decision making.
- The Court can order testing to be completed and/or treatment engaged in before further orders entered. Otherwise order restricted or reduced parenting time.
- Set reviews or follow-up status conferences.
- In the end, you cannot force someone to seek diagnosis or therapy. But you can seek to allocate/restrict parenting time based on their behavior until they have sought appropriate care and treatment.

Disputes Over Testing and Treatment

If a child is suspected of being neurodivergent or having a mental/behavioral health disorder.

- If the parents do not have a demonstrated ability to make joint decisions, then joint decision making is not appropriate.
- Allocate decision-making authority in Temporary Orders for the issue of testing alone or for all medical/educational to the parent who supports testing and treatment.
- The CFI/PRE can request that the court order the testing as part of their evaluation.
- The parents can agree that if the CFI/PRE recommends the testing then the child will undergo the recommended testing before the CFI evaluation is finalized.
- A parent can request permanent decision-making on the basis of the other parent not taking the child's neurodivergence seriously. The Court can grant that request if appropriate.
- See the materials for extensive proposed wording for different decision-making allocations.

CFI/PRE

- A Court should always appoint a PRE/CFI in cases involving neurodivergent individuals if they are to a point of litigation.
  - If CFI, must be a mental health professional or a lawyer with known and proven experience in neurodivergence (there are very few).
  - Look at experts CVs for any specialized training/background, even with PREs.

CFI/PRE

- Be specific in the Order of Appointment, don't use stock generic language. What exactly do you need to know about this family and neurodivergent individual to help you make the best decision? i.e. any specific needs for daily schedule etc. For example:
  - Given the child's dyslexia, what does the CFI/PRE recommend in terms of the parent's involvement in/contact with the child's educators?
  - Any other specific recommendations to support the child in light of her autism diagnosis?
  - If the parents are at the point of litigation, decision making will almost always be an issue. Specifically ask for investigation into their ability to make decisions that put the child's needs first, particularly considering the child's diagnosis.

Drafting Parenting Plans
Key Points

- These cases should rarely go to hearing with the district court
  - The best place to deal with these issues is either in mediation/arbitration or with experienced collaborative professionals.
  - If there are attorneys, encourage the attorneys to consider med/arb instead.
  - If the parties are pro se, then you may need to be far more involved than normal.

- Educate yourself! The more familiar you are with a particular diagnosis, the better suited you will draft the plan (and the less likely they are to return to the court).

- Rely on your experts. Make sure the Order of Appointment is specifically tailored to fill in the gaps in your own knowledge.
  - Look in the materials to this presentation for a wealth of knowledge.
  - Contact the presenters for more assistance.

Drafting Parenting Plans
Key Points

- **Stability is critical**
  - Equal parenting time is less likely to be appropriate for neurodivergent kids (and possible for neurodivergent parents).
  - Might need to include far more specific provisions than normal. i.e. include bedtimes, set homework hours, might need to set a routine schedule within each parent's parenting time

- **Joint Decision Making should be the exception, not the rule**
  - The parents need to convince you that they can handle joint decision making through their actions, not their words.
  - If the parties are at the point of litigation, they should not have joint decision making.
  - When crisis happen with neurodivergent children they tend to be emergent and critical. A delay for mediation and court will likely lead to substantial and irreversible trauma for the child.

Drafting Parenting Plans
Key Points

- **These Parenting Plans are not likely to be long-term**.They will need to be re-evaluated more often, especially with a neurodivergent child

- Encourage the neurotypical parent to be supportive of the neurodiverse parent as well – **include a non-disparagement clause**.

- Create a Parenting Plan that sets them up for success – ask for input. **Make sure the plan is something the parents are capable of accomplishing**.

- If there are professionals involved, **encourage the parents to meet with the professionals to get input** on how their child learns and how their child experiences the world. Then they can be more empathetic to how their child experiences the world, and how they can help their child.

Drafting Parenting Plans
Key Points

- **Everyone should be in therapy!**
  - Consider terms governing parental involvement in child's therapy so that the child's therapy is not hijacked by one parent.
  - If there is concern about a parent not attending therapy for themselves, and that is very important, require a limited ROI so the other parent can confirm that the parent is attending ONLY, and no other information.

- **Include language requiring that all educators, therapists, and medical providers receive any testing results for the child.** Consider including language that the parent's therapist shall receive all CFI/PRE reports as well as any court order or diagnosis that the parent has received.

Drafting Parenting Plans
Key Points

- **NEVER DISCOURAGE SOMEONE FROM SEEKING HELP**
  - "If during any phase, Mother is arrested for any crime involving a child, or is involuntarily committed to a mental health facility, she shall automatically restart at Phase 1. The parties acknowledge and agree that Mother will never be penalized for voluntarily seeking in-patient treatment. If Mother ever chooses to pursue in-patient treatment, it shall not cause her to revert to Phase 1. Instead, the timeframe on whatever phase Mother is in shall pause during the course of her treatment and then resume where she left off upon her discharge."

- **Refer to the materials**: They have a wealth of information, suggested parenting plan provisions that you can copy and paste and use for your situation.

Key Takeaways

01

Neurodiversity includes a wide range of biologic neurological differences. **It is real, not a choice or a fad.**

02

Emotional neglect and abuse is real trauma that has lasting consequences. We have a responsibility to act to stem the tide of childhood suicide and self-harm. Testing is critical.

03

Understanding the unique needs and challenges of neurodivergent people and families **is crucial for the success of our legal system.**

04

Continue your personal education.

05

Normalize and de-stigmatize both neurodivergence and mental health struggles. **It's not the diagnosis, it's how it's handled.**

Questions?

GROUP DISCUSSION

Break into groups as directed and choose from the following to discuss:

1. How will you change your case management strategy for neurodivergent families?
2. What is your plan when you have a case with a neurodivergent family?
3. How has this changed your understanding of one or more of the diagnoses that were discussed?
4. Work together to write a decision making plan for parents who cannot have joint decision making for an autistic child.
5. What do you want to learn more about in this topic area? How will you ?

THANK YOU