

Kalin Johnson: Navigating medications & developing your trea...

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SPEAKERS

Kalin Johnson, Katy Weber



Kalin Johnson 00:00

I reached a point where I had about just like given up and was like, I can't even do this anymore and that scared the heck out of me and I was like, I do this for a living. I navigate interprofessional healthcare communication. I navigate health insurance, I navigate medications, I navigate treatment plans and I have been this beat down by how dismissed and invalidated



Katy Weber 00:33

Hello, and welcome to the women and ADHD podcast. I'm your host, Katy Weber. I was diagnosed with ADHD at the age of 45. And it completely turned my world upside down. I've been looking back at so much of my life, school jobs, my relationships, all of it with this new lens and it has been nothing short of overwhelming I quickly discovered I was not the only woman to have this experience. And now I interview other women who liked me discovered in adulthood they have ADHD and are finally feeling like they understand who they are and how to best lean into their strengths both professionally and personally. Okay, I'd like to share with you two reviews today, both of them short and sweet. One of them is from listener bounce and 75 on the Apple podcast platform is entitled found my people. I love this podcast. It's like an answer key to my life. And the other one is from ninny Beth millas. I apologize if I mangled that one. It's called so real and down to earth. Love this podcast, solid content and great conversational style. Thank you so much to both of you. I am so glad you found this little podcast and that these conversations have been helpful. And for those of you who have been listening to these interviews and enjoying this podcast now is as good a time as any to press pause and write a super quick short review just to let me know I've been doing a good job. Go ahead. I promise I'll wait. Or if that's too much right now and I totally get it you can always just go hit those five stars. It really helps tremendously and getting this podcast noticed and found by other women who could also really benefit from hearing these conversations and knowing they're not alone. Okay, here we are at Episode 97, in which I interviewed Kailyn Johnson Kailyn is an American health care provider mental health advocate and entrepreneur, she shows high

achieving neurodivergent individuals how to unmask their health and feel their best through concierge whole person care. As a licensed clinical pharmacist, functional medicine specialist healthcare advocate and neurodivergent mentor Kaelyn bridges the gap between mental health and physical health through her professional and personal experience. After a year of struggling with extreme burnout and depression, she was diagnosed with ADHD, autism and PTSD at the age of 33. Contrary to some she had always thought she might be autistic, but she was shocked when her therapist first told her that she suspected ADHD as well. Kaelyn then had to unpack a lot of the overzealous coping mechanisms that had been in place and she was young to compensate for her mostly inattentive ADHD symptoms. We discuss what it takes to curate a neurodivergent affirming care team, and what that might even look like. We also discuss self advocacy and finding the right medications for your treatment plan. And we chat about her experience coming out as queer versus her experience coming out as ADHD and autistic and why the latter proved to be the more difficult experience for her. Kailyn is such a wonderful resource for the neuro diversion community. And I'm thrilled that she's agreed to host a q&a in the women in ADHD online community this month, where she will be giving an intro to ADHD medications explaining the different types of popular medications, their classifications, what symptoms they target, and she'll also be available to answer your burning questions about medication and ADHD treatment plans that will take place live on Sunday, August 21. And like all of our monthly q&a is with experts, it will be recorded and available exclusively for members of the community. You can find out more about that at [women and adhd.com/events](https://www.womenandadhd.com/events). And if you're not yet a member of the women in ADHD community and you'd like to join us, we would love to have you so head over to [women and adhd.com](https://www.womenandadhd.com) to join Kailyn is also hosting a free webinar in September on the topic of advocacy. You can find out more about that at her website. [kailynjohnson.com](https://www.kailynjohnson.com). And of course, there are links in the show notes. In the meantime, I hope you enjoy this interview with Kailyn as much as I did. I'll ask you the question I always like to start out with which was you know, how long ago were you diagnosed with ADHD and what was going on in your life that you were like, I gotta I gotta really look into this.



Kalin Johnson 04:35

Yeah, so I started really looking into everything knew that a lot was happening for me around late. Gosh, 2018 2019 and it was really at the start of the pandemic, ima diagnose, pandemic, baby. Like, a lot of us out here. So I ended up diagnosing about gosh, it was a year, year and a half ago. So now that I was diagnosed with ADHD, and then shortly after diagnosed with autism, so what really led to all of that were I was really, really starting to struggle with my mental health with my physical health. And it was really the physical toll that a lot of unaddressed traumas had really taken on me, as well as pretty much all of my ADHD coping mechanisms, which were all to just power through everything, I would pop up like a pop tart every morning, because I knew is the only way to get started. And I would just hyperfocus until, you know, I wouldn't really sleep, I would just write it out. And that eventually took its toll on me. And I was like, Yeah, okay, this is something that and turns out, ADHD?



Katy Weber 05:56

So did you go to your doctor? Or was it something you were talking about with your therapist? Or how did you kind of know that that was a sign of ADHD? Because I feel like for so many of us that all of that, like, masking and burnout and exhaustion, like for me, at least it just like wasn't even on my radar that this was anything other than normal life?



Kalin Johnson 06:15

Yeah, what is your present? I had no clue. My therapist still says she remembers like my jaw hitting the floor when she told me that it was ADHD. And it was completely shocked. Especially with my I had people in my family who had more of the like, hyperactive symptoms where I was a lot more on the inattentive, ADHD side, that I just had no clue because it was all internal. And I still remember, my therapist said something to me. That was something my mom had said to me growing up, which was, Don't you ever get tired of thinking? And I was like, Yeah, but I mean, what am I? Is there an alternative? I didn't know. I had no clue. Because it was all it was all up in here. And yeah, little did I know, there were other people like me.



Katy Weber 07:09

I know. I used to always make that joke about overthinking where people would always told me to stop thinking so much. And I would always joke and be like, Hmm, I need to stop thinking so much. How am I going to stop thinking so much? I should probably Google that. Maybe there's some books about how to think so stop thinking so much. Oh, I bet there's a podcast out there. And I would like joke about that thinking everybody thought that way. And now I'm like, maybe that is not the case. What kind of then led you to think maybe there's more here? Maybe there's also autism? And also like, what was that diagnosis process? Like?



Kalin Johnson 07:41

Yeah, um, so I find at least when I'm talking to people in the community, I think I was maybe kind of opposite a lot of people where I had suspected autism in myself. Before, when I was probably, you know, even within my teens was kind of, you know, learning like, even at the time, like what Asperger's was, and I was kind of like, well, I mean, like, that my, like, especially I had a lot of sensory issues. That was huge for me, even like, I really struggled, I come from a very athletic family, and they love hiking, and Colorado, and I absolutely hated it, because of things like the wind, like, would just want to melt down. But again, I found ways to really see everything as practicing distress tolerance. And so it became very, very normal for me to be uncomfortable, and to find, you know, creative ways to be to be uncomfortable, and to be okay with it. And then again, with kind of how our, you know, society culture operates, a lot of that was validated and encouraged. And I didn't know otherwise, in a lot of ways. So. So the autism piece for me I was very much aware of, and that really came to light when I was also talking to my therapist, and we were talking about dress codes at work. I again, I'm a clinical pharmacist, and I worked in the academia for eight years prior to doing what I'm doing now. And in our clinic space, we had to have all of our skin covered because of body fluids. And I would have just like total panic attacks, meltdowns about the sensory issues with clothing. And she had made a comment about well did my clothing actually like fall within the kind of constraints of that dress code and I it became a very black and white problem for me and she was like, you've like lost all sense of being able to have like nuance in that case, and that was really what led her to that. So



Katy Weber 09:53

yeah. I know this is kind of where I am on this. You know, I've done a lot of these Instagram

yeah, I know this is kind of where I am on this. You know, I've done a lot of these Instagram videos about like ADHD, you know, things that I thought were just quirks about me that it turns out are related to ADHD. And there's so much overlap when it comes to sensory tolerance. And I'm just like, I don't even know what to do about with it because there's some level, especially like noise, and I look back, like with babies, you know, and the emotional dysregulation that came from sleep deprivation and noise and crying and like all that, it makes sense to me through an ADHD lens. But at the same time, it also makes so much sense for an autism lens. And I'm also like, how do you even begin to know what the difference like, what what is and what isn't? And I don't know, that's where I am right now. I'm on that journey right now, where I'm like, I don't really know how to I don't know how to, I guess I need to just get tested. To figure that out. I really, my ADHD is keeping me from doing it. But like, you know, it's always fascinating to me kind of how those dominoes fall, right? Because so many people, I think, come at this from the from the autism side. And then ADHD becomes sort of like a comorbidity, but then at the same time, I'm like, I don't want to ignore the autism side. But a lot of it just makes sense to me with ADHD, I don't know. Yeah, you know what I'm saying? Well,



Kalin Johnson 11:18

exactly. Well, and I think you hit on really the topic, in a lot of ways that I feel kind of the most passionate about with this, because I think you're hitting on exactly where we can get really hung up both as the patient and as the provider is in pathologizing. And I am very, I guess, anti that within my own treatment with my therapist, and my psychiatrists and my other providers. And as well as my, my patience, like, here's the deal, if, especially when I'm in like my provider mindset, if somebody is coming to you, and they tell you, hey, self diagnosed, tick tock told me I have ADHD and autism, to write that off, to not listen to somebody they are, they're telling you something about their experience. And it is my job then as the provider to listen, to find the validity in that wherever it lies, whether they are right about that diagnosis or not. And I think what we're seeing and what is so clear, is our understanding of ADHD, autism, neuro divergence, and where and how all of those things interact with each other how trauma interacts with it, specifically, complex PTSD is I am very much of the opinion that a lot, most of us who have especially late diagnosed, ADHD and or autism, you know, have, we come with some complex PTSD as well, when you live the life, you know, not knowing that this world, you know, like in this whole internal experience that's working against you. So I think you just hit on really why we're seeing, you know, a lot of changes trying to come to the DSM, I think there's some, you know, good and bad within that. But I think there's just a whole still world to discover within that diagnostic process. And I'm just here and interested to treat the patient that's in front of me, whatever that means, whatever the diagnosis is, or isn't.




Katy Weber 13:31

Yeah, same. And I feel like, you know, just having the conversation around neuro divergence is so much more comfortable, because it's sort of, it's all encompassing, and it feels like everybody kind of is on the spectrum, regardless of what you've been labeled with. And yet at the same time, I also don't want to be dismissive or minimize somebody's experience in terms of like, Oh, we're all just in this together. And then sometimes, you know, people can feel like, actually, no, my experience is very different from yours. And so that's, you know, what I explore on this podcast is like, how similar so many of us, you know, how similar our experiences, but yet at the same time, each person is so unique, and, you know, and then yeah, you bring in something like trauma, where it's like, Oh, my God, like, how do you even begin to parse the

trauma of living a life undiagnosed, and especially the trauma of, of living a life undiagnosed as a woman? I mean, being a woman is traumatic, alone, in our society, and so I'm like, you know, got anyway. I've just had like a very existential mood. I think today because I'm just like, I just, I don't, the more I learned, the less I understand is my answer.

 Kalin Johnson 14:44

That's exactly well, and I think, I mean, again, you kind of hit on two pieces of the back and forth that I have and even doing the work that I do now is when I am able to be someone who can sit and listen and I'm often in, you know, one of the first providers who will understand these patients in front of me. I'm like, Yay, I can help. But then also there's that existential and that advocate part of me that's like, oh, my gosh, like I will have patients who come in it's been I've been trying and misdiagnosed Mr. You know, not listened to feel invalidated, dismissed by both providers for 20 years for seven years. somebody the other day, I was like, you know, why do you want to like work on this? Now? They were like, Well, I've been waiting for you looking for you since 2007. I was like, Well, that was the year after I graduated high school. So I had to wait a little bit. But so like, Yeah, I mean, it is. It is, I'm so glad that there is this community now. And these experiences are being told, because I think that's how we're going to see, even healthcare change around this is really because of all of this. But it is a way that we can I mean, truly help each other and heal.

 Katy Weber 16:09

So I know I have so many questions for you as a pharmacist. But first of all, I want to just ask about, you know, after your diagnosis, what are some things in your childhood? What are some things in your past where you look back? And you're like, oh, yeah, the signs were there all along?

 Kalin Johnson 16:26

Yeah, it really took me being a lot more educated even on what inattentive ADHD looks like. Because I will say, even in pharmacy school, we did not get a whole lot of education on that. So I really did not know. But once I had that, and looked back, it was again, looking at a lot of I had some, I guess you could call them excellent coping skills, they caused me a lot of distress. But when I really, really looked back at things again, like I would, when I would get home from school, I would do my homework right away, because I knew that if I went and played or had a snack or even like went to the bathroom, that I might not start it, and I might not finish it. So I had to ride the motivation wave. Same thing where like, if my I only had one alarm, and I literally trained myself to like, I'm up out of the bed standing up as soon as I heard that alarm, and I would start like half asleep walking to the bathroom. So that way, I mean, shocker. What I struggle with now, as I allow, like when I allow myself to be not so rigid, is task initiation, and also switching tasks. That is my biggest struggle that I have to Yes, still deal with and not fall back on those little coping mechanisms. But those were huge for me. Yeah, and I think a lot of this my hyper verbal. My, my dad always said he was like you were great at conversations. You could talk about anything. And I was like, yeah, yeah, that's true.





Katy Weber 18:02

What was your parents reaction when you did you discuss your diagnosis with them?



Kalin Johnson 18:07

I did. They were not fully shocked. I don't think as much on the autism, they were very much shocked on the ADHD, especially the fact that you did well in school. And I did very, very well in school. So I got that comment, which, you know, I was that classic ex gifted kid, who was kind of all the struggles were kind of looked past then. And again, with my, my sister actually really displayed a lot more of the hyperactive traits. And so it was like, no, no, that's, that's her. Like, that's not you. They have definitely, I would say, come around more to the idea of it, as I've kind of helped to try to give little education pieces here and there. It was rough for them to accept. And I think rough as well, where some of the work I'm doing is around teaching people that they can be comfortable, and that a lot of their health issues come from again, this chronic stress, and then inflammation from being uncomfortable in every aspect of your life where my parents are likely, you know, neurodivergent as well. And they have lived a life of discomfort and that is triggering and hard to look at. I think for a lot of people who aren't ready to look at that to say we I didn't I didn't have to do this this whole time. And I'm always a challenger of that. So I think I probably drive my parents a little crazy with that.



Katy Weber 19:47

Yeah, I have this conversation a lot with my clients too, which is the you know, oftentimes clients will come to me and they'll be like, what's the answer? How can I do more? How can I be productive every day all day? And I'm like, you just can't you just don't like that should not be the goal. And we've been sold this bill of goods, right, which is like you got to do you gotta beat you know, don't stop and nothing's gonna stop you and you got to figure it out. And it's really about untangling that, because I feel like more than anything a nerve diversion brain needs rest and needs to do less. And it's like, how can we have that desire to always do all the things that comes from being somebody with ADHD and being super excited and very, like enthusiastic and entrepreneurial and always wanting to like, how, how can we have that get up and go, but at the same time, realize that, like, self care starts with doing a lot less than what we are doing. And it's, you know, it's the conversation, I feel like I have, like a broken record all the time, which is like, No, I'm not going to teach you how to be productive every day all day. Like it's just not healthy.



Kalin Johnson 20:55

No know, my, my wife, cracks cracked up that she was like, Oh, I see it. When we were moving into this house. It was right at the start of the pandemic, my parents came up and helped us move. And you know, they're in their 60s, but they were like, we walked outside and my dad had literally the couch on his own and just like, like walking in, and my mom had a chair and they would not stop would not stop until we were done. And I my wife, actually. So she also has ADHD, she also has multiple sclerosis. So autoimmune disease, and I was like, Hey, mom, dad, like, we gotta take a break. Like, you know, it's gonna start affecting Bernie's physical ability. And my dad was like, you know, like your mom, she can't if she stops, she's not gonna get back. I was like, Yeah, this is this is why I'm the way



Katy Weber 21:49

I was gonna, you know, when you were talking, I wrote down momentum. Because I was like, that's we do that. Right? I mean, you and the other thing is, I think often times, like, we don't know when it's going to come back. Right. And so I think momentum is very, very unreliable. And it's like a giant question mark, too. So you really do often have that pressure to ride the wave.



Kalin Johnson 22:12

It's a balance that it because I will say that's still like one of my, you know, ADHD, I would say tricks that I harness is I create a wave for myself still, but I try to make that wave a little calmer, and match the time that I'm giving myself, let's say, to do a project or to work. So even like little things like the lights, what I wear my jewelry like neon, like those will give me those little bits of dopamine that I need or that little bit of that motivator to be like, Oh, this is fun. And then I'll sit down and actually do whatever work I need to. But knowing that I'm not going to, you know, it's not going to fuel a likely a four hour like, have it looked away and forgot about the rest of the world type hyperfocus.



Katy Weber 22:57

Yeah, yeah, saying I'm all about biorhythms. I'm like, that has been the biggest lesson that I've learned since my diagnosis is just to be like, have faith that the momentum is going to come and you're going to enjoy it and also have faith that when you can't get off the couch, there's a really good reason for why you're not getting off the couch. So enjoy that too. And like step back and realize that you are a whole person with a whole productive cycle. And not you know, because, you know, I think so often we look at ourselves as the one who can't get off the couch, because it's more interesting. You know, there's more dopamine in the puzzle and the confusion of the not being able to get off the couch. And so we don't really pay any attention to those times that we were like, oh, yeah, I also started a business over the weekend. Like, I remember when you had when you were still kind of before you even started your business, and you had messaged me, and you were sort of like, Yeah, I'm still trying to figure out what I'm doing. And then like, a week later, you're like, yeah, so by the way, I went ahead and started my business.



Kalin Johnson 23:59

I was like, Um, yes, my HD showing that yeah,



Katy Weber 24:03

no, but I just read it was that sense of like, we just love to throw everything at the wall. And I you know, and that's what I mean, like, that. Enthusiasm is amazing. And I love that it exists. And I think we can do amazing things with it. But we also need to understand that that impulse

is always gonna be there. How do we even know when to act and whatnot?



Kalin Johnson 24:23

Right. And I think that, that, that that's not our baseline, I think that kind of superhero type energy, we think that like, oh, that's what I should be able to sustain all the time. I know, I was living at that. And so anything less than that, my mind would view as, like, I knew I had to like rest sometimes, but like, I just was like, yeah, that's always where I'm getting to that like startup business over the weekend. And then I'm gonna run a half marathon and then I'm gonna, like do all the things that paint the room. And I asked for somehow for a while I could and I didn't pay the price. And then when I paid the price, I paid it hard and all at once. So I think, yeah, teaching our minds that like, hey, like that might happen. But yeah, that doesn't need to be our norm. But we can take advantage of it and start start a business too.



Katy Weber 25:17

Right? Yeah. And I feel like we're kind of collectively going through that with a great resignation right now, which is just like, nothing is worth this kind of exhaustion, this kind of burnout, whatever my employer is expecting me it is taking too much. And I'm done. Like, I think everybody is just like, fuck it. I'm done.



Kalin Johnson 25:36

Yeah, well, exactly. And I know that, like, people have talked about this, and I know that I have as well just that, like the neurodivergent. Person, the neurodivergent employee, in a lot of ways, I feel like could be seen as that canary in the coal mine, because we know that like, again, where this is like, not, for sure. 100% not dismissive, but the type of things that like we need that will like truly, truly, truly hurt our mental and physical health would benefit everybody. They're not things that are, you know, that are so like, out of this world, which I think in some ways, I think that's where we can see, you know, I do a lot of work with helping patients receive accommodations, at work and navigate that process and, or, and or at school, and then advocating with that, but I think sometimes, because they're things that sometimes employers will see us well, if anybody, like would want that, like kind of what like, what are you trying to get out of this? Or like, Oh, you'll be fine, kind of an attitude. It's like, No, they won't be fine. And also, like, this would be great for everybody. Like truly not to like, again, diminish anything. But you know, that's been a hard thing for me for sure. To wrap my brain. My Justice, let's change the system type brain.



Katy Weber 26:58

Yeah, absolutely. Right, ma'am. I'd like to take a moment to thank better help for sponsoring this podcast. If you're a regular listener of this podcast, you know, I am a big proponent of therapy therapy provides me the best opportunity for verbal processing something that is so important for my kind of brain and my sense of self. What I love about better help is that it's not a crisis line. It's not self help. It is professional therapy that's done securely online from the comfort of your home, they assess your needs and match you with your own licensed

professional therapist, and it's available for clients worldwide. So you get access to a broad range of expertise that might not be available to you locally. It also tends to be more affordable than traditional offline therapy and financial aid is available. If you visit their website and read their testimonials. There are actually quite a few reviews that specifically reference help with ADHD as a special offer for listeners of the women and ADHD podcast, you'll get 10% off your first month, simply sign up at [betterhelp.com/women ADHD](https://betterhelp.com/women-ADHD), that's BetterHelp [p.com/women, ADHD](https://betterhelp.com/women-ADHD). And there's a link in the show notes. This podcast is sponsored by BetterHelp. So now I love it the Tick Tock videos you've been doing on medications and some of the like negative interactions with stimulants. And so the supplement stuff, it's been really eye opening. I'm curious, like, what when you work with clients? Or is that what you're doing is you're you're sort of looking at their whole drug cabinet. And I like how do you know if somebody were to come to you and be like, should I take stimulants? I don't know if I should or if I shouldn't like what? I guess I'm What do you typically work on with with a client? What are some of the more popular questions you're getting?

K

Kalin Johnson 28:42

Yeah, yeah. Great, great question. So so here's the deal. I work basically with most of my patients in five different areas. So we address providers, so curating a care team, my background, as a clinical pharmacist, I specialized in interprofessional care and interprofessional communication. So when I was in academia, I would help start clinic spaces that were basically incorporating pharmacists into care teams. So I worked in an endocrinology clinic doing a lot with like diabetes, I worked in a 14,000 patient dental clinic where as the only pharmacists there to care interprofessional care there. So I do a lot then with helping patients curate care teams that are neurodivergent affirming, as a lot of people have not had that. So that's kind of step one. Also within that huge advocate for making sure patients are getting correctly diagnosed that way we can make sure we are addressing treatment plans accurately. So within that, we talk about medications and wellness, as well. So I am also a functional medicine specialist, specifically in genomics I'm so that's looking at how kind of your genes interact with how you will metabolize medication had what your likelihood is of having chronic disease states, cardiovascular disease, things like that. So I'll work with patients to on applying Functional Medicine and their medication treatment plans and being a kind of what I say is a medically knowledgeable and neurodivergent knowledgeable thought partner in your entire care where that lies and you can't silo neurodivergent health care and wellness, like you just can't it is. If you do, I always say to my patients, it's like, it's like whack a mole, you address one problem here at work, or this one physical manifestation of stress or whatever, there's all this stuff to look at on the outside, and it's just plugging holes and you plug one and then water starts gushing out at the other. And the cool thing that I realized with like, My professional background, and then my personal experience was like, Oh, I've got like five mallets like I can like, we can just like let's do this, like, this isn't working for these patients. And it's not, not only is it not working, it's like really, it can cause more harm as it did for me, that my process of trying to be diagnosed properly. I mean, truthfully, I am still working on the trauma from that and and ended up diagnosed with PTSD, and then also PNAS, which is psychogenic non epileptic seizures, due to the trauma of that whole time period, that definitely cannot be overlooked. So providers wellness, advocacy, so I work on advocacy, wherever that might lie. So that might be just kind of in their personal life. Again, teaching about how we can really build and curate whatever their realities of their life are, but how can we make them more comfortable? How can we make their kind of internal experience, one that really, you know, matches their values and their boundaries. But additionally, with a lot of patients, I am working on advocacy and accommodations within work, school, but I work with a lot of graduate

students, as well as a actually, most of my patients are healthcare providers, interestingly enough, which was kind of surprising to me, but kind of not. And yeah, so we work on that a lot, too. We also then work on just support and community are kind of the other big aspects as you can do all the right healthy things, but if you don't have the right, you know, support and community, then you're highly likely you're still gonna be sick. So



Katy Weber 33:06

I think there are a shit ton of neuro divergence in the healthcare community, it makes so much sense. I mean, it's like the, the the human interaction and the spinning plates, the desire for, you know, the empathizing, the desire for care. I mean, it's all it's just, yeah, it's got ADHD written all over, I work with a lot of healthcare providers, too. So yeah, that all makes sense. And kind of when you say advocacy to like, it, just, it just brings back so many conversations I've had with people about, like, how much care and support is needed from your medical providers that we just aren't getting with this on this journey? And how traumatizing that alone is, with this sort of a diagnosis especially when you know, you're looking over your entire life with this new lens and realizing that you are the only expert of your entire experience and you are the only one who really knows what you are feeling and knows what you're struggling and to have it be so difficult to have a language to or to advocate and and it's so difficult to articulate in these doctor's offices when so many women are met with like, you know, being dismissed or like my personal favorite is it let's treat the depression first which drives me crazy because like it just you know, I I'm starting to realize over the course of you know, this podcast and the more I learned through these interviews, just like how medical professionals really only want to talk about what they are comfortable talking about because that's their training and I get that right but so I'm like realizing, I'm seeing so many of these patterns in the way that people are diverted in conversation away from what they you know, what these patients like fundamentally know to be true in their guts and are just kind of like pushed in these other directions because their provider is more comfortable over there. You know what I mean? And, and then self after because he is so important and so difficult and so yeah, anytime you can, like have somebody who kind of speaks that language that can be on a person side, I think is so important.



Kalin Johnson 35:13

Right? And there's so many steps to navigate within that. I mean, it's an ADHD nightmare to begin with, like the whole process of even going about getting a diagnosis. And scheduling that and remembering to show up and like, knowing, like you said, being able to articulate it, like, you know, I've had patients who come to me and to have been like, you know, I think I might be ADHD and I was like, okay, cool. Do you have any? Do you have a psychiatrist? Are you set up with anything yet? And I've even gotten from people within the world of health care be like, I don't know, maybe, and I was like, maybe you have an appointment with a psychiatrist, like I'm, but like, how unsure they are of this process has been alarming to me like, and I mean, honestly, I'm not, I'm not shocked. I mean, even those of us who are healthcare providers navigating this specific kind of combo, this kind of mental health, and then the physical health piece that ends up kind of correlated with it. And again, knowing that you need, you need to be looked at through this lens by all of your providers is just even healthcare providers don't know, like, really how to navigate it again, like, I, I didn't, well, I did, but like, what I ended up what really happened. And I think, again, a lot of patients could find themselves in this. And this is

where I was, like, I have to start this business, like, I have to do this. I for so many of us, you know, we're not seeking this help. When we're, well. We're seeking it when we're unwell. And for a lot of us, again, with this high distress tolerance, and not great interoception we are very unwell by the time we are like, things are not okay. And I was so exhausted. So beat down, was having to advocate for my experience. So hard in those settings that I reached a point where I had about just like given up and was like, I can't even do this anymore. And that scared the heck out of me. And I was like, I do this for a living, I navigate interprofessional healthcare communication. I navigate health insurance, I navigate medications, I navigate treatment plans. And I have been this beat down by how dismissed and invalidated. And just, I would always say that, like it felt like a lot of times when I was talking to the providers that I was talking to a wall, they were speaking to a patient that wasn't sitting there, they were speaking to an idea of what they thought they were going to experience or hear. But they weren't listening to me not until I found the therapists and psychiatrists who I'm working with now who are absolutely fabulous, but that's where I was like, No, I want patients to know that unfortunately, there are a lot of providers out there who they just don't have the education, they don't have the skills, they don't have the tools to do so. And like you said, they can get very stuck, you know, there are people too. And they sometimes the ego gets in the way of remembering that there are maybe other providers out there who would be better suited for the patient. And that their experience is real, because it is their experience, and it is our job to take care of them. And to me, that's whole person care. So if I can empower anybody who hears this or anybody, anywhere, I'm shouting that message over and over again that like there are providers out there who will understand you or who will take the time to understand you and to I know it is absolutely exhausting. But please keep going. Keep looking. Contact me, let me help. Like that's, you know, one thing I'm and I know some other ADHD women are hoping to put kind of same similar lists together but putting list together of providers of all sorts from different states who are either trained in experienced in really neurodivergent affirming care. So that way, hopefully, we'll have a bigger resource list for people soon. Right?



Katy Weber 39:23

Yeah, and that is the one of the things I really love about hearing more and more of like ADHD treatment centers that are becoming more and more popular, where it's really just sort of like this one stop shop where they're recognizing the fact that like, you don't just go in and get a diagnosis on a prescription and leave and that's it and you know that there really is so much more to the treatment plan and so even just going to your local doctor and getting a diagnosis is really not always the best route to take or you know, are just realizing that like, like you said, every step of the process is difficult. Just remembering to get reef medication refill, like that's it, say it, like, why is this? Why is this a controlled substance? Like, ah, you know, and then not only that, but then why are women, you know, stigmatized by wanting a stimulant for their medical, you know, for ADHD and then being lumped in with all of these people who feel like they're drug seeking, or just, you know, just like getting into that situation where you just feel like you're being looked down the nose at you, you know, where you're at the pharmacist or all of these ways in which like, it just, I don't know, it really hits you in the face how, like you said, you're in a, really, nobody ever comes to an ADHD diagnosis, because they're walking around being like, I'm amazing, I feel great. And I would like a name for this superpower. Usually, people are in a lot of distress, right? So it's like, you have to get to that point where you even get there, and admit that you need help. But then at the same time to realize as you're asking for help, and finally feeling like you're getting it to realize how much stigma there is around this diagnosis and sort of opening up to this, like, Oh, my God, like, I always joke about that with like, for the first time in my life, I feel like I am not a total fuckup. Like, I feel like Oh, my God,

like my view of myself has changed so dramatically. And yet, I'm realizing that every buddy else in my life who used to think I was this incredibly competent person now that I'm open about ADHD, their opinion of me has now changed. And so it's like, you have to live with that. Right? So anyway,



Kalin Johnson 41:31

well, and I feel like that, well, it's on something. I think that's super interesting that I feel like I experienced also that with the fact that I am It's pride month right now we're recording in June. But I'm queer, and married to a woman and I have found that my, quote, coming out process, especially autism, I have lost more people in my life. With being open about that than I have. With being queer. And I, I live in the Midwest, I live in Nebraska, not always known for being the most open of places for people who live a little outside the box. And that was not something I was quite emotionally prepared for that and still is kind of a wake up some mornings and just kind of still kind of in shock of like, that happened. Like, and this is kind of where this is at. So I kind of almost feel like I'm at the beginning of this kind of neurodivergent. I don't know, kind of at this advocacy movement. I think we're all kind of at the start of this. And while it's painful, it's happy to be part of it, I guess.



Katy Weber 42:52

Yeah, I know, I like to remind myself about how many amazing people I have met since my diagnosis. Because I have also had a very similar situation where I have I have pulled away from a lot of people in my own life. And I don't know, if people have pulled away from me so much, I know that I am actively pulling away from a lot of people. And I, I'm really still trying to figure out was this pandemic related? Because I you know, I always joke, like, the pandemic brought out the introvert and a lot of us and like, I am not ready for a lot of, you know, coming back. But like, it's been enough time now at this point that I think a lot of it has to do with boundaries. And my relationship to the world has changed so drastically since my diagnosis, right. And so I like the fact that you use the comparison of coming out, because I often think about that, you know, that idea that like, it is sort of like coming out because there's you know, when you do announce this diagnosis, there's the people in your life who are like, Yay, that's amazing. And also, we already knew this, how did you not know this? And then there's also the people who are like, I was much more comfortable with who you were before. And so your the relationship has become really awkward and change. And so those are the people that I'm really feeling like, I don't know if they've changed so much. But I have changed so drastically. And so I'm realizing that I am just not interested in a lot of the relationships I used to have. I'm still trying to figure that out that one out, is it because I have these boundaries, and I'm not willing to act a certain way and I'm not willing to mask was I treated a certain way originally, and I'm not willing to be treated or am I just like, I'm just trying to live my life with what I'm comfortable with. And sort of like we were saying before, like I'm pulling back I'm just doing a lot less and a lot less often includes a lot less socializing and a lot less like trying, you know, in a way that you really have to try really hard with certain relationships and I'm just like, I don't want to try anymore. But then the other part of me is like Well, I'm also like 40 Almost 48 Like maybe I just don't give a shit anyway, like maybe it's just age. I don't know. You know, so I'm still Trying to figure out what it all is, is probably all of the above. But yeah, like I agree. Since my diagnosis, my relationship with a lot of people in my life has changed. And I, for the most part, I also remember like when I get down about the fact that there's like, especially a lot of

extended family members that I'm just not talking to anymore that I'm just like, I know, not doing it anymore. I also try to remember like, yeah, like how, right, yeah, but I also remember that, like, my world has opened up to so many incredible people as a result, in the way that I feel most like nourished, you know, in terms of relationships, where they're on a different plane, they're on a different level, there's not a lot of trying, there's not a lot of guilt or feeling like, Oh, I really should call this person or I really, I feel terrible that I didn't remember that, you know, like, I feel like they're just like, more lighthearted and casual and kind of what I need as a human.

K

Kalin Johnson 45:56

Right. Well, and I think it's like describes, like you said, like, I think it is this, this easier connection with people. And I think I say it on my website. And it's why I also love this business and what I'm doing in my practice for my patients, but for myself in that when we're talking to each other, we're already speaking the same language, like you don't have to translate your spirit from moment one here, like, I got you, you're gonna go off on some spider web tangent followed along, no problem. I got you. And everybody, every single patient apologizes for like the dump of information and like, oh, my gosh, I'm so sorry. And I'm like, No, this is this is the norms, the expected, and this is what I want, because I'm like you. And I think that, you know, I think we just kind of changed as far as, yeah, there's relationships really being who we were. And I know Yeah, for myself, there were definitely some relationships and some friends where I really realized how much I mean, really, probably not great things I put up with and tolerated, because I knew that my personality, which specifically a lot of the things that I could attribute to ADHD as well as autism, required a healthy amount of patience from certain people in my life that I had grown up with. And so I kind of took that to be normal. Kaelyn just takes patience, or Kailyn is just silent, like very quiet. I had my my freshman roommate, college roommate shout out to Amy. She used to call me silent because I would talk so rarely, because, in return, I gave out patients like it was totally free to the point that I was then definitely taken advantage of in some of those circumstances in settings. So yeah, a huge part for me, and those relationships and day ending was setting those boundaries. And like, No, I'm not going to tolerate this type of behavior. And pretty quick. were gone. I was like, Yeah, okay, that that was a thing. But, you know, it's it. Is it truly as painful as that process is, and I know, I help, you know, patients kind of right, I think a lot of my patients are right at that crux right at that point where they've got like, one foot in the old life, and they can see the new one, and they know they want it but like, oof, this is going to hurt. And I always like, yeah, it is it really, really, it's not going to be easy. It's truly not. But I can say on the other side, there's still pain. But you're you and that's better and, and the health then like, the mind body connection, it is so real. It is so I mean, I see it, I see it every every single day and I see it honestly. I mean, I get to see it my wife with their autoimmune condition, what stress and what not living into herself and not not holding her boundaries does to her physical health and to her ADHD to on a daily basis. And yeah, it's better. It's surely better. On the other side, the promise. Yeah,



Katy Weber 49:19

that is such a good point, too. I think I reflect back on my own mental health since my diagnosis. And it's true, like, you know, it's a learning process. I still take on too much. I still get like, you know, those those physical signs of anxiety and all of those things where I'm like, Oh, wait, I can't breathe. Okay, what's going on? Well, yeah, I have to like take stock. But I think

you're right like that. That idea of just like going and going and going and jumping up and always doing like that idea of like, I don't think I'll ever get to that point of burnout ever again, because I just won't accept it. Like, you know, I was talking about like, living life with my notes in the margins, right where I'm just like, I see now Now where this leads, and I'm not going there anymore. And so yeah, you think like, it's so incredibly, there's so much grief and it's so it can be really lonely a lot of the time going through this diagnosis because nobody is going to understand what is happening to you, but you and then all of the amazing other women, if you can meet them who are also diagnoses, but for the people who are surrounding you, in your life, a lot of the time have no idea what you're going through. And that can be really isolating. But I agree, I think from a mental health standpoint, it is only going to get better, and it only does get better.



Kalin Johnson 50:39

Yeah, well, and that's, that's, that's my hope. That's my goal, you know, like half of what I do is, you know, this one on one, work with my patients. And I see that as I'm tending to the problem that our systems and our cultures and our health care have presented these patients with, and where we're at now, and that's kind of the band aid work currently, but like, I am just always such an upstream thinker. And like, I again, have finally, really, you know, I love that I loved academia a lot. But you know, there were still a lot of restrictions on things I could change and do. And that was so frustrating for me, I'm like, Why can't Why can't we just fix this, we know, this is a problem. We know, this is, you know, whatever an issue. But now I spend a lot of my time still working within advocating especially with my background in academia and teaching as a professor, I will still go into schools, graduate programs, mostly, again, within healthcare, pharmacy, schools, PT, OT, PA, MPs, medical, whatnot. And we'll talk about this talk about neurodivergent affirming care. And I get mixed responses from academic institutions on the interest of this, but I think the students want it, they're very woke to it. So it's, you know, I'm hopefully getting in with these, these new crops of providers. So I really, really, really am truly hopeful that it will be better, it will get better




Katy Weber 52:26

Can I hope so I hope that there's we have ended this cycle of like a whole generation of women just being diagnosed as just depressed, and that there's no such thing. When I was diagnosed with ADHD, it completely turned my world upside down. I looked back at so much of my life, my grades and school, my multiple careers and hobbies, my friendships, my marriage, motherhood, my relationship with food and my body, like all of this with a new lens. And it was overwhelming to say the least, if you've been diagnosed with ADHD, and you're feeling blown away by this new insight into your brain and how it operates, I totally understand I can help you begin to sort through this chaos, explore who you are and how your brain operates. So you can finally start to lean into your strengths and begin to use them to your advantage moving forward. Together, we can work to identify what obstacles you've been facing, and create strategies to help you start living a more fulfilling, gratifying life, head over to women in adhd.com/coaching to book a 30 minute initial consult with me, so we can figure out if my brand of one on one coaching is right for you. Again, that's women and adhd.com/coaching. And you can find that link in the episode show notes. And actually, that reminds me the whole you know, as somebody who was diagnosed from the age of 19 on with depression and anxiety and now I believe it was an entirely a misdiagnosis. I believe I was undiagnosed ADHD I do not

believe I'm depressed now. Can you be both? Absolutely. I mean, ADHD is a shit show. There's a lot of things to be depressed about. But one thing I see a lot of and I'm curious, and I don't know if this is sort of outside of the purview of pharmacy, but like I see a lot of clients who were diagnosed with depression and anxiety are on some serious either SSRIs or cocktails of anti anxiety and antidepressant medications and then get put on a stimulant because they are finally diagnosed with ADHD. Should that be a red flag? Like, because I don't know I'm always sort of like I'm not a medical professional. I don't comment on this, but I Oh, that's always kind of like, stops me in my tracks when I see that. Is that something to be wary of in general?

 Kalin Johnson 54:42


Here's the deal. I think that especially as a woman with ADHD, I would probably step into most interactions with providers with a sense of weariness with a sense of the ability to and out there ready to self advocate which would be to at least ask these type of questions like to not be afraid to, to ask the questions of hey, you put me on a depressant and a stimulant, like those things seem like they're counterintuitive. Should I be on both now, so I'm not gonna say definitely isn't like a red flag. I'm actually I am on an SSRI. I'm on Prozac and I take Vyvanse every day as well. The only thing that would be with that is again, there is some hit up with that some of the antidepressants are again depressants and can cause adverse effects like sleepiness, things like that, where we're going to have obviously the opposite of opposite effects of the stimulant, you might just find that like when I was on a higher doses of those same I was diagnosed major depressive disorder, anxiety disorder, borderline personality disorder, when I was hitting the fan. That was great. When the PNAS two, I mean, I was truly sedated by the providers that I was working with, and knew that as a pharmacist, but was like not being heard at all. So there was a time period where I was kind of adjusting and coming off of both. And at that time, then we had to kind of I was, I was on, like, 70 milligrams of Vyvanse at the time, so a lot of bands to basically counteract what was happening with those, which it's not great at all, ask questions, for sure. Do not be afraid to, I think, like you said that a lot of patients with ADHD will do okay, and fine, and probably better just on the stimulant itself. But we do know that while dopamine is the main neurotransmitter we think is really at play. There are some other possibilities of other neurotransmitter deficiencies within those eight patients. So affecting things like serotonin affecting possibly norepinephrine. So there can be some benefit then from also being on an SSRI or an SNRI, an antidepressant, which will help to have more of those neurotransmitters floating around and making you feel hopefully better.

 Katy Weber 57:19

Yeah, yeah. And I have so many questions about this stuff. But

 Kalin Johnson 57:24

hey, we can do this again.


 Katy Weber 57:26

I know. Right? I'm very excited for the q&a, that community too, because putting my list together, you know, especially about that stuff. Because I think the big question for so many of

together, you know, especially about that stuff. Because I think the big question for so many of us is like, what are they even targeting? What am I even looking for? What am I like? That was always my question. The very beginning was like, How do I even know it's working? You know, and all of that stuff? It's can be so confusing.

 Kalin Johnson 57:47


Well, and especially when you don't have good interoception? Well,

 Katy Weber 57:51


exactly. I was like, I talked about self advocacy and how important it is. But then oftentimes, I'm like, who put me in charge? I don't want to be in charge right now.

 Kalin Johnson 58:00

Oh, yeah. Well, and that's what I talked about with patients. And I'm like, I like to be very real in that, like, yeah, I remember when I first started, even on antidepressants, and also on the stimulant and I was asked like by my psychiatrist, like, Hey, do you think it's working? And I'm like, I don't know. Like, I barely know how I feel. I can't even describe that on any day. Like, and like, Yeah, I know, like, I was taught what to look for. So there was a lot of them like, okay, but like, this is what I'm like talking about with neurodivergent affirming care. You can't just ask somebody who's you know, neurodivergent who maybe is for the first time really connecting with their like internal experience in this way. Like, do you think it's working and just let leave open ended. So I try to put together a lot more precise I guess kind of questionings or examples of what that might look like. For you I know that with the stimulant medication that's always hard for people to especially when I know I get a lot of women who are kind of like well maybe I have it maybe I don't like maybe I actually don't have it that constant

 Katy Weber 59:10

maybe I need my doctor Yeah.

 Kalin Johnson 59:12

Right. So I think they look to the medication to validate that and for not for every patient I know some patients will say like gosh, yeah, oh my God, I didn't know I could have this type of focus. But that's not the case for everybody. I didn't experience that like there it was better but I just realized oh, I got out of bed after like 1520 minutes rather than laying there for two hours. So like, it was kind of once I look back at my day that I was like, oh that was different but that's what I coach or talk to my patients to do is like, if we can let's pick out like what is that like? When you think about your really really top ADHD symptoms like look at that like use that as your barometer? Is it easier was it did it that the time come down a little bit do Do you have less anxiety around those things I find more often for patients, it's kind of this very silent, quiet,

just improvements in those. But if you can kind of watch those, I think that's a better way. Because that just kind of broad, like, how do you feel? It's really, really hard for anybody but definitely for us.



Katy Weber 1:00:19

Yeah. Oh my god. Yeah. Okay, before we, before we talk about your practice and how people can find you and work with you, because you work with people outside of Nebraska, right? Yeah. Okay, so I like to ask if you could rename ADHD to something that's a little less confusing. Would you call it something else?



Kalin Johnson 1:00:38

Yeah. So, um, the right away when you say that, my first my first thought, and my first response is, well, if I were a man, I would name it the Kailyn Johnson disorder. I wouldn't even after myself, right? Like, just, I mean, just had just had to throw that out there that like, that would be what I would name it. But I'm not. So I would I've thought about this. And like, honestly, I think I would name it something along the lines of like, neural transmission deficiency disorder. Even within the medical community, there is so much bias, implicit bias, even from providers that come along with the names of different disorders or diseases. So I think something that we're to describe the possible, you know, pathophysiology of the disorder would sit well, with providers, where again, I think, the diagnosis and the treatment, that being kind of the most important piece from there. Yeah, I think that's what I would go with. And TDD



Katy Weber 1:01:51

reminds me of a of a video you shared on your Instagram of, you know, learning disorders, and that learning disorders are only called disorders when the the environment demands one way of learning. And I thought that was so beautifully articulated. So yeah, how can people work with you? And how can you help people who are just in that state of, like, as divergence often are, which is like, I just don't know what to do next? I feel like you are such a valuable beacon in in this storm. So how can people find you and work with you?



Kalin Johnson 1:02:27

Heck, yeah, thank you so much. And I mean, that's exactly why like, I did start the business after like, a month after emailing you, because I was like, Oh, my gosh, I like I have to do this, like, this is what is needed. So yeah, like, I work one on one with patients, clients, I never care about the name, here's the deal. I don't, I hate boxes, I hate pathologizing. I want to work and I want to know you that is what I do. One on one unique healthcare, application of treatment plans, really looking at your entire life through this lens and getting you on a path to a life that you can feel healthy and at peace in and I focus, always, always, always on sustainability. I don't want anything that if you can't see yourself living this way, for six months, a year, whatever the rest of your life, like back to the drawing board, like we're gonna, we're gonna get this and we're gonna get you to a point where like, again, you are, you're comfortable, and you're well, so they can find me at Kailyn johnson.com. And first name, it's ka li N, not the most

common first name lessons easy. But you can go there, you can sign up for my newsletter, I send out neurodivergent health and wellness tips a couple times a month, you can register for my next free webinar, which will be coming up then in September. And you can book a consult with me and those are free. And I just love to chat about what your journey has been and see how I can best support you or if that's not me, refer you to one of my colleagues.



Katy Weber 1:04:06

Oh, nice. I love that. Right? If we just want to feel heard, we just want somebody who supports us. Yeah, there'll be links in the in the show notes to all of your your wonderful website and all of that. And I'm thank you so much. I'm so grateful to know you and to get a chance to sit down and hear a little bit more about you. And if you know, when we talk about like that new kind of conversation when we find each other right. I totally related that like yeah, we don't want small talk. Let's just get straight to the trauma.



Kalin Johnson 1:04:38

Dump it, I love it. I have a T shirt. I always wear a t shirt I wear as often as I can when I have initial consults that says event to me. Because I'm like here this is the message like Go for it. I have the space to hold.



Katy Weber 1:04:54

I know right? Yeah. Oh, I love that. Yeah. Ah, that was beautiful. Well, thank you so much. It's been a real pleasure sitting down with you. So thank you killin.



Kalin Johnson 1:05:07

Thank you. I loved it. Thank you so much.



Katy Weber 1:05:14

And there you have it. Thank you for listening. And I really hope you enjoyed this episode of the women and ADHD podcast. Also, you know, we ADHD ears crave feedback, and I would really appreciate hearing from you the listener. If you're a fan of the podcast, please take a moment to leave me a review on Apple podcasts or audible. And if that feels like too much, and I get it, then just take a few seconds right now to give me a five star rating, or share this episode on your own social media to help reach more women who may be have yet to discover and lean into this gift of neurodivergent. See, and they may still be struggling and don't even know why. And if you'd like to find out more about me and my one on one coaching for women with ADHD, head over to [womenandadhd.com/coaching](https://www.womenandadhd.com/coaching) and you can always find that link in the show notes. I'll see you next week when I interview another amazing woman who discovered that she is not lazy or crazy or broken. But she has ADHD and she is now on the path to understanding her neurodiversity and finally using this gift to her advantage. Take care till then

