

Dr. Loucresie Rupert: Why ADHD gets overlooked in children o...

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SPEAKERS

Dr. Loucresie Rupert, Katy Weber



Katy Weber 00:00

I will start out with asking you kind of When were you diagnosed and what was happening in your life at that time that really made you kind of put put those connect those dots and think I really need to look into this.



Dr. Loucresie Rupert 00:11

So I was actually diagnosed in residency, I started suspecting I had ADHD actually in medical school when we were learning about it. And I was like, literally, I fit every single criteria. And you know, I miss school, there's a running joke that you think you have everything that you learn about. So even though I thought I had ADHD, I didn't really try to do anything about it at that time. Because I, you know, it was kind of a joke that everybody thinks you have everything. And I also been because of the stigma. I didn't want people to think I was just trying to get like stimulants to get through medical school. So I went into medical school wanting to be a pediatrician, I want to be a pediatrician who helped trauma traumatized kids, I end up in the chapter catcher. So that is what I do. But when I went into med school, I didn't really know a lot about psychiatry. So you know, at that time, I was really concerned about the stigma. And people think that I was just trying to, like get a leg up in medical school. But actually, when things really hit a wall was in residency, my first year of residency, you have to take what's called Step three. And obviously, it's his three kind of boards you have to take to get your medical license, just your general medical license. Step one you take after the second year med schools don't two you take after the third year med school. And step three you take after your first year of residency, and then you get your general license. And then you get your board and your specific specialty after you finish residency. So anyway, I took step three, and I failed it. Um, and step two is a two day test. So it's two days, eight hours each day. And it's just, I mean, absolutely impossible for me to pay attention for two days straight for eight hours each day. Um, I had never felt anything important in my life. So that was like, okay, like, I know, I felt this because ADHD, like, I know, I have this. I know, this is why I failed it. So at that point, I went in and sought out a diagnosis. And even my supervisor, which obviously was kind

of just because I was in psychiatric residency. My supervisor was like, Yeah, I didn't really believe in adult ADHD a lot until I met you. And I was like, Sure, I don't know how to take that, but let's roll with it. Um, so I got diagnosed after that test. After I failed that test. Took it again, with medication, I don't even think I really studied. I mean, I, I'm sure I studied more, but I didn't put a lot of serious study into it as going through questions, and I passed it just fine. So that was kind of how I came about being diagnose.



Katy Weber 02:56

And once you did receive the diagnosis, how did it kind of change your outlook? I guess, you know, what we what were you looking back at throughout your own life? thinking Oh, my goodness, the signs were there all along.



Dr. Loucresie Rupert 03:09

It just makes so much sense. Um, so I always do well academically in school. But even with that, I always had, like questions that I will miss even if I might have a or made a B, there are always questions that I will miss because I misread the question because I was going through it too fast. And I didn't read the question or I didn't read the answers correctly. And I knew that information, but I missed it. So even we're doing well academically I could have done better had I was you know, had I been paying attention. I was definitely one of those students that the teacher put to work after I was done because I finished everything fast. So the teacher put me to work in elementary specifically, you know, kind of doing the teacher helper type stuff to help me not that I was necessarily gonna get in trouble I wasn't a kid that that caused a lot of commotion, but I did talk a lot so I guess to keep me from, you know, interfering with other people. i My handwriting is atrocious.



Katy Weber 04:09

I thought that was a requisite for doctors.



Dr. Loucresie Rupert 04:13

I know so everybody makes the joke. Like I knew I was gonna be a doctor forever. But it's you know, it's also coming in ADHD that a lot of people a lot of kids or I guess a lot of people have trouble with handwriting because of just their brain going too fast or with a hand you know, can do a lot of kids need to go to occupational therapy. So definitely. We were just talking about that last week me and my mom was like, definitely I needed occupational therapy didn't know you know that at the time. But I remember getting papers handed back to me in elementary by Junior High in high school. That's when kind of typing things kind of took off. But in elementary I got paper sent back to me ungraded because the teacher cannot read them. So I'm sorry, like there's no sensory issues. I have that are like, Oh, that makes sense. I'm very, I was very, very picky with and still am somewhat but way worse when I was a child with sensory things related to food or like mushy foods or certain textures of food. Yeah, so all of that really just decide, oh, all of this makes complete sense now. I forget things all the time, I lose things all the time. Um, I actually had my lights cut off when I was in college, because I

forgot to pay the bill, not because I didn't have the money. But just because I forgot to pay the bill for two months straight, because it has to take at least two months for them to cut it off at that time. And I was came home on the phone and went to cut on the lights in my room. And I was I was renting an apartment at the time. And they didn't cut on. So I was like, oh, I need to call, you know, the mechanic, the maintenance guy, the light in my room isn't working. And I just kept talking on the phone that I got to use the bathroom and what's going on that light. And they didn't work. And I was like, let me come back? I think so yeah, lots of things that now made sense.



Katy Weber 06:10

Yeah, you know, I never would have said I had any sensory issues whatsoever. I never thought about myself having any sensory issues until my diagnosis. And then I was sort of looking into what you know, the relationship between sensory overwhelm and kind of, you know, and and rage because that was always a big one for me, right, which was like going from zero to rage, seemingly out of nowhere, when I not realizing that a lot of that came from sensory overstimulation, and like, especially when my kids were little right, and like, there's crying, there's TV, there's music, you know, and I would just, I think those are the moments that are so fascinating to me now looking back through this new lens and realizing how much of my you know, my diagnosis of depression came from feeling like I was, you know, an inadequate woman, Mother partner, because of my rage issues, you know, and never really feeling like a depressed person. But really feeling like everybody in my family was walking on eggshells because of me. So therefore, I'm a terrible person. So therefore, ergo, I'm depressed. And so that's been really fascinating to kind of see that connection of like how all of this all of these sensory issues that I did have that I just never even paid attention to, or never even took a moment to stop and think about



Dr. Loucresie Rupert 07:25

that, too. I definitely get the irritability from like sensory overload. And both of my kids are also neurodiverse. And you know, all of us have different sensory needs. So sometimes they're needing to, like, rub on me, and I'm like, Oh, God, please leave. But I don't want to, you know, you can't like for sure cannot be like, although we have talked about boundaries, like my money's no touching right now, you know, how your ears hurt, you hear, you know, so we do that. But it's, you know, you can't do that first instinct of like, Get off of me right now.



Katy Weber 07:56

I know. Yeah, it is very helpful to be able to, like, explain what is happening, though? Absolutely, for sure. And then teaching your kids how to do the same thing. Right. Right. And then you had mentioned about being a really great student, because I was, that's something that, you know, I'm always fascinated about with, you know, women and girls, because I was not, I was sort of, you know, started out as a great student, but by high school, I basically kind of given up, I sort of felt like, there were, you know, so many criticisms from my teachers about about concentrating and being quiet and behaving and all that, you know, I probably would have been diagnosed with Oppositional Defiant Disorder, had that really existed in the 80s. You know, but I realized, like, you know, my relationship with school was really just like, Oh, my

God, I just need to graduate and get the hell out of here. And barely, barely managed to. And so it's always fascinating to me, when I hear women who are diagnosed who who seek a diagnosis in adulthood, and their doctors will say to them, like, Well, you didn't have it in childhood, so therefore, you don't have it. You can't possibly have it in adulthood. And I'm like, Well, there's a chicken or egg thing there going on, because, you know, women and girls girls are just not diagnosed. But I think there's also like, it's, you know, girls just do better in school. You know, I just don't feel like a lot of the stereotypical symptoms that are traits that teachers are looking for really exist in girls. And, but I guess so but teachers are really kind of the first one that sort of the first one, you know, what am i What's the word I'm looking for? Like? Yeah, the first first line right in terms of like realizing because I was very fascinated when you were talking to literally in the video recently in the, in this year's Palooza, and you're talking about the fact that like, you know, we see that we see ADHD, we, you know, we define ADHD by its deficits, right. So you sort of you see kids are going into the classroom and the deficits are being seen in the classroom because they're are expected to do all of these things that are impossible for neurodivergent children and then so teachers are, are the first line of diagnosing them. Whereas at home, the kids are sort of just themselves and are free to be themselves. So I'm completely losing my train of thought, hold on. So my question. My question is, with, with teachers being the first line of defense, like, this is where I think it's so fascinating to me when it comes to like the gender divide and the racial divide, in terms of like, what is being what behaviors are even being looked at as ADHD behaviors, right? There seems to be such discrimination in terms of what is looked at as something that needs an accommodation versus what is looked at as something that's being punished.

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Dr. Loucresie Rupert 10:48


Yeah. Because if you look, so if you look at my schoolwork academically, I mean, I did, I did good. I wasn't getting the classes. But again, I rushed through everything. I was generally the first second person to turn things and like, stuff was literally illegible sometimes. Um, there's definitely, and I don't know if the teachers knew that, but I'm guessing they knew that I will miss things. That I absolutely mean. I mean, they heard me talking in class, I would assume they, you know, know that. I mean, I wasn't running around the classroom, things like that. I wasn't hyperactive. In that sense. I was definitely impulsive and getting focused to concentrate. But because I focused and concentrated enough to get through what I need to get through. No, definitely wasn't brought up. As, oh, I think your child needs extra help, because I was doing fine in school. So what? Why would they say I need help with, you know, schools well list to help you with things that they need you to do. And I didn't need any. Why? I mean, I did you know what I'm saying. But I got through enough that it didn't raise to a certain concern that, hey, she needs extra help with things, she needs accommodations. So she needs to be an occupational therapy, you know, that kind of thing. I was going to find a school. So that was ignored?




Katy Weber 12:00

Yeah. Well, that's something I feel like I talked about a lot with women who were who did very well in school, you know, that, that idea that like, when you're doing very well in school, and you're trying extra hard, and it's not really being kind of acknowledged that you know, how much extra you have to work in order to do some of the things that are being done. And then you get into adulthood, and then you wonder, we wonder why we're all you know, diagnosed with depression. And because we were working so hard to be self reliant, right, and then that


idea that like asking for help, needing help, ends up becoming akin to failure for a lot of us and so this idea that like you have to always be the best you have to work really hard, becomes part of our identity. And then you know, and then when you do end up in a situation where you're struggling in, you know, college or motherhood, or all of these other ways in which as women we kind of implode. It's seen as a failure, you know, because you you're suddenly in a situation where you're needing help.


 Dr. Loucresie Rupert 13:00

A lot of the kids I see high school is where they well of course, if I'm seeing them then somebody is recognizing that issue. But um, so I see a lot of kids that kind of hit that that threshold in high school, a lot of people that go undiagnosed generally hit it in college and are in grad school or motherhood because that's where you have like additional responsibilities that suddenly are just too much you know, for you to handle.

 Katy Weber 14:11

After I was listening to your video on ADHD Palooza, which was fantastic. I was like, Oh, my goodness, I have to interview you. And I of course, went down the Dr. Rupert rabbit hole. I was reading your blog articles. And the one that really stuck out to me was the case of grace. The article that you had written about some of the stereotypes that do exist in the classroom when it comes to black girls. And so the case of grace just for background she was in Michigan, right and she was a high school student with ADHD. Who was this was pre pandemic right or was this right at the beginning of the pandemic was

 Dr. Loucresie Rupert 14:48
prepared there man.

 Katy Weber 14:50

Okay, so do you want to explain it you can better explain kind of what this case was. Okay. So basically she was she she was had already had sort of a minor misdemeanor, right? She had been caught, like shoplifting or something and, and she was on probation. And then part of her probation was that she had to finish her homework when when so when she didn't complete her homework, she was sent to prison. And, you know, just such this ridiculous extreme response on behalf of the judge. And so the blog article that I will probably link to in the show notes because it's so good, you really break down kind of some of these stereotypes for black girls in the classroom, especially when they are divergent, where it's an I was really fascinated by this idea that like that girls, black girls, especially are like receive harsher punishment than their peers, because they are seen as older and, and less innocent. And that I was really surprised by that. Because I mean, I make sense when you when you see it, but I was like that really, I found profound. Well, you

 Dr. Loucresie Rupert 15:55

know, and if, if one of the things that I talk about is how it me personally, I'm for living, it's so for people out there. I've never, ever, ever seen me, I'm 4011. And growing up, I was tiny. And I truly believe that as a black child that that was very protective for me, because I just, I mean, you couldn't really see me as older when I was 411. And Donnie, and you know, 411 is the tallest I've gotten. So obviously, I was shorter than that growing up. So I actually had a lot of irritability with my ADHD, I definitely go from zero to 100, I was kind of known for, quote, unquote, going off all the time, but because, um, I guess, in school teachers didn't normally take me to that place. So when I did get in trouble, because I did get in trouble. Often, it was kind of overlooked, like, Oh, she's smart, she does well, um, and I think, again, because I was so tiny that I was actually seen as my actual age or younger people were more protective of me, then that would be usual for most black students. Definitely, I've dealt with microaggressions and racism. But I truly believe my educational experience was a lot better just due to my size. I know kids that were just as smart as they were my friends, that was just as smart as I was that we're not, you know, nominated for gifted classes, or, you know, if I did get mad at the teacher for whatever, instead, what I have to say, they would just kind of look at me and roll their eyes, whereas my friend who did does that same thing with, you know, get sent to the office, or the few times I got sent to the office maybe twice in high school. And both times, the principles are like, Why are you here? And what did they want us to do? But But again, because my my educational career, I was always so tiny that I think people were in instinctively protective of me, which is not the norm for black girls. So I think, you know, that's again, another reason why even though I actually did have I did have behavior problems, like I said, I did have times where definitely that irritability goes evil 200 could have been a huge deal, and has been a huge deal for so many black girls. For me, it wasn't and I think I had that protective factor that helped were that kind of mitigated. The fact that I was black, which is not a protective factor, you know, and those kind of instances. But yeah, I see so many as a child psychiatrist, I see so many kids that are either new or divergent, and RP or POC, who get in trouble for doing things that are age appropriate. And you know, I have to advocate for them, parents have to advocate for them. Sometimes the school still doesn't care. It's very frustrating. When you're like this kid, like, just because you are treating them like they're older, they're still, you know, they're doing things that are within the realm of age, what you would expect for a candidate.



Katy Weber 19:01

Yeah, we're dealing my husband and I deal with that all the time with our 15 year old. She looks like a woman, you know, like and I think you there is that kind of internal bias in terms of like, you should be more mature than you are in certain situations. And, you know, there are ways in which he is mature. But there are so many ways where we have to, you know, it's such a difficult age in terms of like really having to temper your expectations in terms of behaviors. And, yeah, you know, it's fascinating to me, because I feel like a lot of the, you know, maybe with boys because they develop later, they're sort of see almost like they're infantilized longer in the school system. And so a lot of their behaviors if they're physically kind of jittery and and hyperactive and disruptive it's really easy to be like, oh, there's ADHD, whereas girls are you know more of the symptoms of ADHD or like the impulsivity or the disorganization or the forgetfulness, those are all seen as character flaws. So naturally, they will become defiant or, or talk back or angry, right? Like we all I think a lot of us as women deal with rage when in terms of just being mistreated and you know, I say this I feel like a broken record, I say this all the time on the podcast where I'm like, is this ADHD? Or am I just an angry woman who is a feminist in our society, like, you know, so much of it comes down to sort of that emotional

dysregulation that comes from being treated poorly, you know, and I think our expectations, but just must be that much higher for women and girls in general, in terms of their behaviors, interesting. But I really appreciated that blog article, because I think, you know, I, you brought up so many of the issues and the expectations of girls are just so much different in terms of, you know, the forgetfulness like and even the impulsivity that could have led to a misdemeanor, right, which was this idea that, like all of these, all of these traits are viewed as character flaws,

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Dr. Loucresie Rupert 21:04

is something I really worry about with, with my daughter, my daughter is, is bigger. She's very impulsive. She's been, I mean, she's a so she's been, you know, taking fake news, which is, which EO sometimes do, but she's a bigger, you know, child, you know, taking things out the store, which also she has, you know, some other things going on. But that just really worries me for her. And I'm like, why are you like, why are you taking this, like, we would have just bought it for you. But it's that impulse of me not even thinking about asking or thinking, like, they may say no, and because she has, she does have other diagnosis, just that train of thought doesn't lead to, I shouldn't steal from the store. Now the good thing about it, she's not very sneaky. So we always generally catch her before we leave the store right after. But still, those behaviors as she gets older, really were we for her and school. So far, we we've been lucky that we have people that understand her disabilities, but you know, that that grace generally doesn't last and middle school and high school. So it's definitely a worry for me.



Katy Weber 22:19

Yeah, right. I mean, and how quickly how much how dependent our kids are on the right adults at the right time? You know what I mean? I think so, you know, a poor experience with a bad teacher can I think set you off for years, if not your whole life? You know, and the other interesting thing I thought, I don't know if it was from that same case of grace blog article, if it was from a different one, but you talked about kind of that, you know, there's a stereotype about minority communities not you know, being dismissive of mental health labels. And, and that that's actually much more of a, you know, Pat, I feel like I'm losing my words today. It's a misnomer that you know, that there's actually the, it's not because they're dismissive of mental health, but it's because those labels will set their children back in an environment that is already hostile. And I thought that was really fascinating, because I, you know, even I am not a person of color, but still worry about getting either of my children a diagnosis because I'm so concerned with how you know how misunderstood ADHD continues to be in the school system that I'm like, you are going to be viewed a certain way by the administration, and I'm not sure I'm ready for that. And so I thought that was a really interesting clarification. And this

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Dr. Loucresie Rupert 23:44

is really a fine line to walk um, you know, I generally take the stance of your kid is going to be labeled one way or the other. So there is going to be like a label ADHD or lazy. One diagnosis that I actually refuse to diagnose, is you talked about earlier, I actually don't diagnose Oppositional Defiant Disorder. I have never in my career diagnosis. And my reason is it's a it tells me you're oppositional but why are you oppositional? Are you oppositional because of your

ADHD because of sensory issues because you have a learning disability, maybe because you just very strong willed and that's your personality, but I still need to know why and because, to me odd. has even more stigma to me to me than any other diagnosis, like people look at that and say, Oh, it's just a bad kid. I don't need to do any work. So I don't diagnose that like I call myself oppositional defiant disorder because I am but as an adult sure I can say that about myself but that's that's the one label that I refuse to put on any child because I think people see that and just immediately think whatever the issue is, is the kids fall and we the parents the school Whatever, don't need to change anything we're doing because they're just oppositional. Yeah. So I definitely generally take the, you know, take the tone of you want to leave your kid with something that can be helpful. My only assumption is oppositional defiant disorder, and I just don't use it.



Katy Weber 25:16

Yeah, no, no, that makes perfect sense. It's it does not exist in a vacuum. It does not exist independent. And, and that's all that kind of reminds me of how many women I've, I've met or spoken to, or DM to me online about, you know, going to their doctors and saying, I think I have ADHD and the doctor saying, let's treat the anxiety first, before we talk about ADHD, and it's like, anxiety, that to me that I'm not a medical professional. But I'm like, that seems ridiculous to me. Because again, like anxiety is one of those things that does not exist independent of other, you know, coexisting.



Dr. Loucresie Rupert 25:52

Do that sometimes, but so it's really hard. Sometimes it's really hard to tell if you have general anxiety, or if you have anxiety from your ADHD symptoms, I generally Masti kids, I do see adults with developmental disabilities by seeing the more vulnerable adults like that are in group problems or things like that. But with my kids, or my patients, I generally do try to tease that apart like, Are you a just because you have an anxiety disorder in ADHD? Are you anxious, because you're tired of being told you're not doing what you need to do, and you're anxious because your ADHD treatments, or your ADHD symptoms are not treated? You know, that's not easy to tease apart all the time. But if I feel like somebody likely has an actual anxiety disorder, because stimulants can make anxiety worse, I generally will start treatments for anxiety first, but I explain all that, and I explain that, you know, I'm not dismissing you, I want to make sure we have something protective on board, before we add something that can make your anxiety worse. Now, if I get if I get the feeling that your anxiety is due to your ADHD, then I started ADHD treatment first. That's I don't know, can I totally treat the anxiety first too. But ask me that, like, sometimes it's really hard to tease apart. And I you know, I'm just very honest about that, like, I'm trying to tease this apart, I'm not quite sure we're gonna try to cheat anxiety first, make sure you have something protective on board before we treat the ADHD. And we'll see what happens.



Katy Weber 27:12

Yeah, yeah. And I think that also sort of lends to the idea that there are so many different types of medications that can be used to treat ADHD. And so many of us react so differently to various medications as well or not at all. And so, you know, I think it's it. Yeah, I think it's such

an incredible, like, how do you even begin to parse the spectrum of of traumas and comorbidities and all the things that go into growing up neurodivergent undiagnosed nerve diversion.

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Dr. Loucresie Rupert 27:41

And I think the biggest thing women are with adults that are that go into the office and a total less children's at first is generally the person who's treating ADHD or adults isn't really comfortable with it. Because to be completely honest. I don't know why. But until recently, it seems like the medical world about ADHD went away. I don't know why they thought that. But so a lot of people were just never taught how to treat ADHD. So they're not comfortable with that. They're comfortable saying let's treat anxiety first. But they're not. But they don't even know why they're saying that. So, you know, when you're trained to treat ADHD and anxiety, like child psychiatrists are, I think people are a little more comfortable if I say that, because I have a reason why. And I've explained them itself. Whereas, and I'm not knocking any any question. But even adult psychiatry doesn't have a lot of training on treating ADHD, you really know how to treat ADHD and child psychiatry. And that's a real deficit in psychiatry, because again, all about neurodevelopmental disorders do not go away when you turn 18. And the way psychiatry is set up is you do adult psychiatry first, and then you do additional fellowships, if you want to do child or if you want to do forensic. So you go through all adults with very little training on how to treat child disorders. But those disorders also exist in adults. So a lot of people are just not comfortable. And it's very frustrating as an adult who needs to be treated. But it's also very frustrating for conditions because they just don't feel comfortable and they don't know what they're doing it so there is a push in in the medical world to to be more comfortable treating adult ADHD. And that's just going slowly more slowly than then we would like for it to go right and



Katy Weber 29:25

I think we that's another thing we talk about a lot on this podcast, which is the fact that like education and turn around what adult ADHD looks like is booming on places like social media and tick tock and you know, women are going on Instagram and tick tock and they're seeing their self diagnosing based on Oh, this overwhelming amount of evidence in terms of what does ADHD look like in women? What does autism look like an adult women and so then they're going to their doctors and because you know the the overwhelming opinion on social media is don't self diagnose. And so then you go to your doctor, the doctor is like no You know that there's gatekeeping or you know, there's there's the sense of like, how come like do I know more, you know, that just seems like there's this big divide in terms of what people are finding out and researching on their own and their whole lived experience versus, you know, a 15 minute appointment with their GP or they're just completely dismissed and then they're like, now what?



30:21

Right? Yeah, totally agree.





Katy Weber 37:05

But I'm curious, like, what advice when you work with children? Like how do you teach children, especially girls to kind of advocate for themselves and, and be themselves, but at the same time, you know, navigate a system that is not necessarily going to be very friendly to who they are, essentially, you know,



Dr. Loucresie Rupert 37:27

so I guess the two main things that I do for every single patient is if that patient is verbal, I try to talk to them along from the, I mean, they could be three, four. And from the very beginning, I want them to feel comfortable talking to me, you know, by themselves telling me what's going on with them, telling me how I need to help them. And you know, that's teaching them to advocate for themselves, right? Of course, we kids, I need to get you know, the adult, parent caregiver, side of things before I make choices, but I always always talk to my kids are give my patients basically the power, I let them know, the decisions I'm making for their medicines, I ask them if they're okay with it. And unless things are dangerous, if they're not okay with it, I try to, you know, work with them to they are okay with it. Um, but other so that's one of the things I do when they get about eight or nine, I start kind of asking them, do they know their medicines? What what are they taking? What Why are they taking it? Like, can they explain to me, you know, their diagnosis and how that affects them. So I really just started kind of making sure that they have the language to be able to advocate for themselves. Um, the other thing that I doing I don't know what I was gonna say what was the question?



Katy Weber 38:51

It was basically how do you how do you teach kids to kind of toe that line between, you know, being their true selves and, and not being apologetic for who they are, but at the same time navigating a system that might require them to be a certain way?



Dr. Loucresie Rupert 39:04


Yeah, so the other thing guys do is is teaching them to find their people. Um, so, you know, in a lot of times, finding your people doesn't happen till after high school for some people like college. But now with the internet, like there's, you know, groups and boards and things like that. So, teaching kids to find their people hanging there until you can find your people school says right now, but one day, you will find your people. So. So teaching them to find their people, you know, find find their group that will accept them as they are, and then just teaching them the language to advocate for themselves.




Katy Weber 39:41

Yeah, yeah, that's one thing I talked about with my kids too, because I have a 15 year old and 11 year old and but neither of them is officially diagnosed. But I mean, they both I think are neuro divergent. And so we talk a lot about like, you don't have to, you know, you can still ask what you need without having to label it as being ID This because of ADHD, like you still have a right to that to advocate for yourself. And so and I think it's also a good practice for myself to

like, ask for things without labeling why I need those things. It's just like to practice advocate, right. So like I if I say at the doctor's office, like you can't just tell me things I need things written down. That's it doesn't matter if I have ADHD or not, or it doesn't even come up. It's just a practice for me to advocate and ask for my things. And so I'm like, trying to teach them that stuff. But then I also like during the public school system, like advocating is not encouraged. Advocate self advocacy is not encouraged, it's keeping quiet and shutting up is encouraged. So it's, you know, becomes really difficult in terms of like, I want to step in all the time and be their advocate and help them and I see how a diagnosis would be helpful in those situations would make a lot easier, because I can always be in there all the time for them. And then, but then that brings me back to I just don't have the executive function to like, get them diagnosed. I got other stuff on my plate. So it's like, you know, I think it's, I think that it's just, there's so many like layers of complication when it comes to kind of really getting what you need in this crucial developmental period. Anyway, um, so I guess, you know, on a lighter note, one thing I love to ask my guests is if you could rename ADHD to something else, a little less confusing or problematic, would you call it something else?

 Dr. Loucresie Rupert 41:33

Yes. And I meant to look this up. So the name that I liked the best was Dave, there was no one around with Dave and but now I forgot what they stood for. Let me see if I can find it real quick.

 Katy Weber 41:46


It's Connor, the wolf. He came up with it. And yeah, okay, I

 41:51

have to find a new name for ADHD. But they don't actually have a deficit an intention, they just can't regulate it. That explains the hyper focus seems to be more of a regulation issue, but their sleep is either too much or too little. Everything they do, it's kind of just all or nothing. And they're only either under stimulated or overstimulated and they lack dopamine. So what about dopamine attention variability, executive dysfunction?

 Dr. Loucresie Rupert 42:12

So yeah, actually love that dopamine, attention barrier variability, executive dysfunction. I love it. It makes perfect sense.

 Katy Weber 42:19

It is a really good one. It's so creepy how that little blonde kid can so perfectly described so many of our inner

 Dr. Loucresie Rupert 42:28



Dr. Loucresie Rupert 42:20

Yes, all of that.



Katy Weber 42:31

Though, that is a good one, you know, cuz that's another thing. Another conversation we have a lot, which is like, is it beneficial to call it a disorder? Is it detrimental to call it a disorder? You know, I, you know, I definitely don't fall into the category of it's a superpower. But I also think that, you know, often like you've said in the past, like, it's, it's often defined by its deficits, which is so problematic, too, as well, because those deficits only exist in systems that are unfriendly to your brain, you know,



Dr. Loucresie Rupert 43:00

and that's what I try to do with, with my patients is, you know, we have what we have as far as our way of diagnosing it. But I do always, you know, bring up you know, the, the positive things are the reason that you're having difficulty is because school and are the work day is a very recent, you know, phenomenon in, in human history, and it's, it's just not what our brain function as well as it, it's not something that I had to realize, because there hasn't been around long. So, um, yeah, I think it's very helpful. Like, it can't be a disability, it absolutely can be a disability for people. So I'm like you like sometimes there's, there's great things about being ADHD, there are hard things and I think just being realistic about that, and not just approaching it from a deficit point is what is what medicine misses, like, yes, there are things you need help with, I wouldn't be here trying to get help. Um, but they but we just need to be more inclusive and well rounded with how we educate ourselves as clinicians on how to treat people with ADHD.



Katy Weber 44:07

Yeah, and I think the the general argument for giving the term disorder is that you know, once it is taken as a clinical term, then it can be looked at as something you know, where the child needs help and the child needs accommodations versus the towel just is, you know, poor behavior or poor parenting and not trying hard enough, all the ways in which kids are so you know, dismissed. And so that kind of medicalization. paper is a pathologize ation of the of the behaviors can be super helpful, I think for especially for kids. Yeah, I know, it's a facet. I always say that the more I the more I learn about it, the less I know about ADHD. Okay, so I would love to kind of bring listeners to find you and how can they work with you? I know do you work with clients outside of Wisconsin?



Dr. Loucresie Rupert 44:57

So Well, I do personal calls. coaching. So as far as a psychiatrist, I only do I only work clinically in Wisconsin, but outside of that I do personal coaching especially for neurodiverse people or parents of neuro diverse kids. And I also do trainings for light schools, churches, on how to interact with neurodiverse people, whether they're, you know, students or clients or how to also do and I write anti racism trainings. So you can find me at [www dot inciteful consultant](http://www.incitefulconsultant.com), which

is I n s IG ht FULDONSULTAN T that org. And you can find me there for either tradings if you want to bring Chinese to your business, or if you want personal coaching services, I also am on Twitter, Facebook, and Instagram, under under one umbrella, which is my blog name under one umbrella. I have not written a blog in quite a while. But you could go to my old blogs and under one umbrella dot blog, and you can find me on Twitter, Instagram and Facebook at under one umbrella.



Katy Weber 46:17

Now, though, the work you do with training accompanies you is that is that working with neurodivergent employees, or is that just anti racist work or all of the above.



Dr. Loucresie Rupert 46:27

So I do trainings on anti racism, and then I do trainings just to be trauma informed, but trauma informed in a way that is that is inclusive of people that are new or divergent people that have you know, trauma, PTSD, so basically how to not the more traumatic for people in your place of business. Like, like I said, my first job was very traumatic for me, because between the racism and the neuro divergence, like they just had no idea what to do with me. So there'll be a perfect place to be trained by me, I'm interested in that, but



Katy Weber 47:08

they know who they are.



Dr. Loucresie Rupert 47:14

But, but so yeah, I do that. And then also, um, I do. Um, so people that are in administration, I have a couple of couple of personal coaching clients, that we actually do anti racism, or I guess, cultural recognition work together, I guess that's what you call it, I really don't have a name for it. But I have a couple of clients that are like in administration at schools, or, you know, churches or hospitals or whatever, that just one things by me, like, they want to make sure if they have a situation at work, that they're responsible for helping the employee or, you know, discipline an employee, they want to make sure that they're approaching it from an inclusive lens, and they're not missing, or approaching something from a bias that they don't realize they have. So they like my situations by me and make sure that I'm missing any cultural importance or not approaching it from a bias situation, just to be more inclusive at work. Um,



Katy Weber 48:09

yeah, well, I hope there are more and more companies who are actually going in that direction. It feels like such important work in those environments, especially as we come out of a two year pandemic, where workplace environment is just so just feels really hostile to people's mental health right now. I feel like we're in a very fragile space right now. So Well, thank you so much for taking this time to sit down with me and talk to me and allowing me to ask you all

these questions, because I, you know, I just think it's so important to, you know, have to expand the face of, you know, all of our experiences. And you know, like I said at the beginning, you know, like so we have so many similarities in terms of how we came to our diagnosis. And yet at the same time, there's so many differences in terms of who we are in society and how we are treated and how that treatment leads to so much of the trauma that then leads, you know, it becomes a cycle in terms of our neuro divergence, so thank you, and I so appreciate that. Even if you're not writing the blog anymore, some of that stuff is fantastic. I'm definitely I'll put the link back to it. I know right? It's ever but it is some evergreen, amazing stuff there. So thank you for all that you're putting out there in the world and for your speaking and I really appreciate you sitting down with me. So thank you. Thank you