

Casey-Lee Flood: Sensory overwhelm, burnout & an adult autism...

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SPEAKERS

Katy Weber, Casey-Lee Flood



Katy Weber 00:00

All right, so you are relatively recently diagnosed. And I actually those are some of my favorite guests because I just feel like when you're in the middle of just that profound sense of, of self discovery, it's, it's, I just find it so amazing. And I always feel like that's such a, it's such an incredible time. I like to relive it. As you know, I've only been diagnosed like a year and a half. So I'm talking like I've been diagnosed for decades. But sometimes it feels that way. Where do you have ADHD? I like to say, right, a year in ADHD terms is like a decade. So so why don't you walk me through it kind of what was going on in your life? Because you were not only diagnosed with ADHD, but also ASD, autism spectrum disorder. So what are you kind of walk me through what was happening? That kind of led you up to thinking I should really look into this?



Casey-Lee Flood 00:51

Yeah, so kind of, so I've been in and out of like, mental health care since I was 18. So my first diagnosis was bipolar two, which is like the mini bipolar is how I always describe it to people. And then of course, depression, anxiety, manic depression, like a couple of different things followed on and off through that time. Antidepressants never really worked mood stabilizers me, I went, like 10 years without any medication and just using more holistic treatments, which when I met my most recent therapist, that was like a thing for her. She's like, wait a minute, you're Ovid, you know, typically people with that condition and really need support. So she actually and you know, and even before that, let me go back a little bit here. 2020 happen. So like intuitively, like this whole time I kind of knew, right? Something isn't adding up, but then 2020 happened. And then right at the beginning of COVID, I had an asthma exacerbation and you know, if you sneeze or cough, you couldn't do anything as a nurse at that time, they just would not let you go to work. So I was home for three months and I was on Tik Tok. And of course I ended up on mental health tic toc and I started seeing all these ADHD and autism spectrum and women with these presentations that even as a nurse I didn't know were really a thing I you know, especially as a nurse that works with people on the autism spectrum with

other comorbidities I always had this mindset right very limited view. So you know what I had to sit with it for a while not wanting to like armchair diagnose myself not wanting to over identify and not wanting to try to enter a space where I have no right being that was my biggest concern. And even where I'm having, like some hesitation today is I'm like, Kali, that's right. Like, here I am talking functioning like and, you know, for the best. So it came to me through the pandemic through Tic Toc, but then I went to actual diagnostic testing and then when I met my therapist, even without me really prompting her she said we should really like do a whole re evaluation of where you're at. So she did and she went through the ADHD questionnaire, ASD questionnaire depression, and like the whole gamut, like three or three sessions, three one hour sessions, we went just through diagnostic criteria for the first time since I was 18. And I'm 35 So yeah, I've only been diagnosed like four or five months. And it Wow. Yeah. Sounds like



Katy Weber 03:23

you hit the jackpot with your therapist.



Casey-Lee Flood 03:26

You know, I was looking at because I live in Hawaii and this was the resources are limited to say the least. And I I kept looking at it and see anyone see anyone that's you know, what is my last ditch effort, you know, try one more time. I'm gonna look and she was there. And she told me that she was always listed, but I didn't see her. So it was just meant to be and I I really did hit the jackpot because I was my other idea was to go through grasp organization on the mainland get diagnosed, but that would have been probably close to \$1,000 to get the dual diagnosis. So I really did get and that's with funding and subsidies like that's the cost effective one out of pocket sadly. So, you know, my, I was very, very happy to find a good therapist.



Katy Weber 04:14

Yeah, right. I know I have often said on this podcast, like my experience was so positive in terms of my diagnosis and I feel so grateful because I have heard so many stories of women just time and time again going back and you know, granted I did have a long history like you have kind of this diagnosis of depression and anxiety and never really feeling like the antidepressants were working and you know, a lot of that similarity and sort of feeling like it nobody ever said to me like wait a minute, you know, they should be working should be worried. Like maybe maybe, you know instead I was met with a lot of that like well let's up the dose let's up the dose, let's add in something else right and, and you just kind of think you kind of get trapped in that cycle.



Casey-Lee Flood 05:00

Yeah, it's easy to do that. Yeah. Right.



Katv Weber 05:04



Katy Weber 05:10

So to have somebody kind of see the big picture that way with you, I think it's so important when you're in that journey. So now what happened? So you're working as a nurse, but you were on leave. And you're kind of going through the this diagnostic process. What happened? What were some of the like, Revelations, looking back over the course of your life being like, oh, yeah, okay. I get Yeah, the signs were always there.



Casey-Lee Flood 05:30

Yeah, so one of the main things I remembered was, as a kid, just homework, being this horrible, horrible experience, and my parents are amazing. And they did. They did everything they could, right. But they didn't really know what to do with me yelling at me was too much like drag the reduction sensitivity, right? So it's like, they couldn't discipline me, really. So my stepmom, I remember one day, she was just probably at our wits end, I don't know. And she just said, here's a roll of toilet paper and she was crying. She's like, you're either gonna finish your homework first, or finish this roll of toilet paper first? Because, you know, she's tried every other one. Yeah. And I was like, okay, so that lines up through rejection sensitivity, the excelling in reading Shakespeare in like high school and the hyper focusing with autism spectrum disorder, like knowing knowing every sonnet, you know, with ADHD, having that ability to know so much about a topic, but at the same time, struggle to maintain the bees were good grades, but like to work really hard in math to get that beer C, to keep to keep myself out of trouble in grade school. So yeah, so it was it was that and just the the inability to hold social interactions with people with another big thing that I noticed are being overstimulated. And I, you know, looking back, you know, what that 2020 vision is, a lot of times I thought it was anxiety was actually overwhelmed. Right? Yeah, just overwhelmed. And that I think was the most mind boggling moment for me, was I'm like trying to count to 10 I'm trying to deep breathe, I'm doing all which do help. And I'm not knocking those things at all. But now I know that sometimes I just need to remove whatever it is that's causing the overwhelm. Yeah, you know, for me,



Katy Weber 07:23

a lot of my depression, diagnosis came through, like inexplicable anger and, and sadness, right. So I always sort of thought, like, I would have these outbursts of rage, and anger and frustration, especially when I became a mom. And never making that connection that this was due to sensory overwhelm, right? Or just overwhelm you know, and and that I think, is was like, so like, that would hindsight, it seems so obvious that I'm like, why would would did I not connect those dots? Right. But like I look, it was really interesting to look back over my life. And I think the reason why I felt like a depressed person was because I felt so inadequate all the time. Right. And so that inadequacy comes from feeling, you know, from being angry and feeling like I was disappointing other people never really feeling authentically depressed, but always sort of feeling like a lot of my depression came from the fact that I felt like I was disappointing other people, and that I wasn't the kind of person I should be, quote, unquote, and like, so that and a lot of that came from just the anger and frustration and the inability to like, connect with people. And so yeah, it was really interesting, because so much of that emotional regulation, like you said, comes back to overwhelm and sensory issues. And I was like, wow, like, you know, if I had just had like, a back to tank. In my childhood, a DVR is like, you know, or in my love, you know, new mother on yours. If I had just had that sensory deprivation tank, it would have been for those of you who aren't Star Wars fans. You know, if I

had had, if I had made that connection, oh, my goodness, how different I think my my life would have been. And it's really, like, relatively simple. In terms of that, you know, it just seems so obvious. I guess in hindsight, hindsight is 2020. Like they said,

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Casey-Lee Flood 09:23

Absolutely. Yeah. The Yeah. And that I can really relate to you saying like, a lot of the depression was, was, you know, not feeling like, enough or that inadequacy, you know, and and that and that still, like comes up. It's like, you know, ADHD, I'm like, I did like 5000 things today. I still have 10,000 left to do. That's what it feels like. And instead that that time blindness is just like crazy, like, you know, feeling like I've been doing stuff for like, how many hours of like girls like 14 hours, something Is my look, I'm like, oh, it's like working for like four hours. Okay, right. Yeah.



Katy Weber 10:05

Yeah, and the the intense expectations that we have on ourselves for so many reasons, you know, being bright and being capable. And I think, you know, leads to that sense of like, always feeling like you should be able to do more. And then, yeah, and so that would lead me to kind of getting overwhelmed and getting really angry. And I remember like, you know, going back to like, having babies, pivotal time of my life, but you know, like, getting really frustrated about things and my husband kind of stopping me and being like, are you okay? And those are those moments, right? When somebody when you like, have it mirrored back to you, or somebody is like, you're not being normal right now. And then I would sort of stop and be like, Oh, God, you're right. I am and then that spiral would start with like, Oh, I'm a terrible person. What is wrong with me? I need to get help for the sake of everyone else, right. Like, it's so it's so hard to articulate how complicated those thought processes are for us. Until we're unless we're talking to each other. That's why I love these conversations, right? Because you're like, Oh, my God, yes.

C

Casey-Lee Flood 11:08

Yeah, I hear Lego. Yeah, like listening to the to your podcast, because I listened a lot. I, part of what I do with my ADHD now is instead of giving myself a reward for doing something afterwards, I do it while I'm doing the thing. So I've been trying to ride an elliptical at home for like, eight minutes at a time. So I just started. I listened to podcasts, in your personal name once I listened to actually. But yeah, it's to hear the other woman speak about these different things. And I just listened to the podcast because you guys were talking about sex. And I was like, oh, okay, like, yeah, like, she has like this, like, the mindset and I felt like that explained, ADHD to me, on all levels in my life. It's like, I have to have a good mindset, or that task can just fall apart. Oh, right. Yeah, like, yeah, you have to have, I have I'm 20 psi statements, I have to have a good mindset or like the exercise won't happen or the charging won't happen, like you know, and the sensory overwhelm I have at work sometimes between smells, sounds, having to mask a lot and have a really like, not having a resting bitchface but having this really empathetic face on for for a couple hours at a time was just like, I get home I'm just like, oh my

god, it's just about ADHD. I think I don't know if it's if it's ADHD have you if you've ever experienced a you and your guests like that, that shutdown, that kind of happens after the overwhelm?



Katy Weber 12:38

Oh, yeah. Especially when you come home to your safe space, right? Like just that exhalation. And yeah, absolutely, like needing needing that sensory deprivation to recover and I think that's another thing too, I kind of always chronically underestimated how much recovery time I need from certain sensory issues overwhelmed moments in my life. And that's been something I've really since my diagnosis I've tried to put in a lot more downtime than I ever thought I needed like more rest more quiet you know, it's always comes back for me that's been huge because I always want to go and I always want to do more and I always feel like there's got to be more time to do this stuff. And, and I really had to like force speed myself. downtime. Yeah, So how did you end up in nursing? So my big two questions are how did you end up in nursing? And how did you end up in Hawaii? Asking for a friend. Because I like the throes of winter in the Northeast. You're from the northeast. Great. So yes, yeah. So originally, yes. So you get it was horrible. Like, did you end up here?



Casey-Lee Flood 15:20

So I ended up in nursing. So my memory of it doesn't match my family's memory, which is the funniest part. And I think that's 88. It's common. Yeah, right. Yeah. So I, I'm gonna tell my version, because that's who's here today. My version is, I was at community college, and I saw nursing students in white in their white scrubs. And I had no idea that these were nursing students. So my in it, like, I just walk up to them. Like, why are you wearing all white? No, hello? No, how are you know, my name is? Why are you wearing all white and they're like, or nursing students. And then I was like, oh, and I had no idea what I was going to do. Because like, that makes sense. I've always taken care of people. I've always been like that little nurturing person my whole life taking care of others. So I went and got my associate's degree in nursing. And that was a little over 10. I've been nursing 10 years now. And the funny thing is, I think I was reflecting on this yesterday. And I think that if I knew I was neurodiverse, I might not have chosen nursing. And I love it. I love nursing, but I'm also tired. So like, and nursing is really how I got to Hawaii. I graduated nursing school, and I never moved away from home. But I wanted to move to Australia, because impulse, why not? My my dad was like, for afar and my boyfriend at the time and have a family member on Oahu. So we ended up going to Oahu. And then we moved to California where I met my husband, and he and I, while we were still dating, I said, I'm going back to Hawaii. I'm not necessarily it's always just been home and the culture. The native culture is the indigenous culture is just beautiful. And the people are beautiful. And it's hard to live here. But it's for us, it's worth it. So I moved back to Maui, about three or four coming up on four years now. I'm never leaving. I love it. Yes, I ended up here through a lot of traveling and through the blessing of nursing and being able to work in different states and have a job.




Katy Weber 17:40

I'm very jealous, especially at this time of year. I've been a few times and it's just extraordinarily beautiful. I absolutely love it. Oh my goodness, there's a peacefulness that you

can't get anywhere else.

 Casey-Lee Flood 17:53


No and, and there's one, there's pretty much one or two ways to everything, which with my ADHD really helps with overwhelm. I just know, like, there's two ways to get to most places I need to go. And once I learn it, then driving becomes a lot easier. And so it's like island life is very well suited. I think for my neurodiversity.

 Katy Weber 18:16

Yeah, that's really interesting as there been any other kind of revelations like that.

 Casey-Lee Flood 18:22

I mean, like, our biggest you can see our one six storey building from like miles away, because everything's pretty small here like are the when the airplanes land in the middle of the old abandoned cane Hill, kind of like, it looks both an airport but surrounded by cane field. But it's YOU the airplanes look huge, because there's nothing big. So for me, there's not a lot of sensory overwhelm here. So this lack of sensory overwhelm the peacefulness at night, the friendliness of people and the slower pace. So like, if I need to take a minute to answer a question, it's not like the east coast where like, if you pause for like, three seconds, they're like, come on, did you want the bagel or not? Or whatever the case would be here. They're like, we just wait. Like, we might get a solid 10 seconds to make a decision. Or even you know, and it's, it's, it's, it's a relief. Because decision making is hard.

 Katy Weber 19:18

Oh, that's really cool. I never thought about that. Yeah, I mean, we, you know, we've talked about like, really needing to be in nature. And I really do. Like I loved living in a city. I grew up in a city and I loved living in New York City for in my early 30s. But I've been like kind of in a rural area for 10 years now. And I have I hate going back to the city now. It's just like sensory death. It's, it's too much. And I just sort of attributed it to like getting old and you know, getting used to the country but so it's fascinating to think about what what works for our brains and what doesn't so that was interesting about Driving

 Casey-Lee Flood 20:00

the nature to your right. Right right nature. That's, that's, that's huge. Like, especially here, you can do mountains, you can do beach the same day, you know, if I need to hug a tree, there's so many trees if I need to go on the water on the water, like that's, there's ways to ground everywhere.



Katy Weber 20:10



Katy Weber 20:18

Yeah, I know. And I'm fascinated by the you know what it is about nature, I feel like I have lots of theories about like, you know, I'm not really a spiritual person, but I sort of feel like there's such a, there's a connection to nature that you don't get with other people. And I think maybe because so many of us have had, like, problematic. It's probably communication is problematic when it comes to other people in our life, for the most part. And there's something like very simple. And, you know, I was talking to my 10 year old son the other day, he was caught, he's such a deep soul. And he was talking about, like, he's at that age where he's become very existential. And he was talking about how it's troubling to him that he is not the same with everybody that it's like, I'm one way with my teacher, and I'm one way with my friends and I'm a different way with you. And like, nobody sees the whole me. But me. And and I could tell he was like, felt very isolated, right. Like, you could see that that was like, sort of fundamentally lonely. And I was, you know, part of me was like, yeah, it is kind of fundamentally lonely when you realize that. But then we started having a conversation about masking, you know, and what masking even is, and it was really fascinating to be I don't know what nature, I think it was just that idea of like, there's something for me, I feel like my whole self when I'm in nature in a way, that's just very peaceful, you know, like, do you just do you feel sort of I feel like, I am my true self, when I'm in nature in that way. But anyway, I want to hear more, I want to talk more about nursing, because I feel like it is such like, you know, like you said, I feel like a lot of neurodivergent adults end up in caretaking roles, right. So like you said, like nursing teaching, it's social services like that. And it makes sense because like, it makes sense that we have an abundance of empathy, it makes sense that we are bleeding hearts. But then there's also the like, spinning plates theory, right? Like, you know, you can be really, at your best in high stress situations, but at the same time, like, like, you're chronically exhausted, and so then there's that burnout issues. So what has been your experience? Are you you actually, I think when you wrote to me, you said that you felt like your ADHD makes you a successful nurse. So I wanted you to kind of elaborate on like, what it is about your neuro divergence see that has made you you know, open up to sort of that choice of profession and you know, what have been some of your, your insights into burnout especially, yeah, and then we'll talk about your specialty.



Casey-Lee Flood 23:00

Okay, so for. So for nerve, I think that a lot of us are drawn. And since I've, like come out of the neuro divergence closet, I've said I had ADHD to two nurses. And they're like, Oh, me, too. Like, it's interesting, because though, I think that Okay, so I'm gonna try not to ramble. So the first question, well,



Katy Weber 23:22

I gave you like a three part question too. So you have to kind of backtrack a bit.



Casey-Lee Flood 23:27

So the first part is kind of what draws to nursing. So for me, it's it is that caregiving, like I love I love helping, I love to help, like, not all and it also gives my brain something really concrete, but yet creative to focus on. Like, for example, like wound care, like I call it the arts and crafts, nursing. So there's a science to it, and there's a method to it, but also how I put the bandage on

might be different than how another nurse puts it on. But you'll get the same result because it's the same bandage. So it allows my brain to hold on to facts to help me with the overwhelm that I experienced with nursing that now makes so much sense. Like, never made sense. Like why you don't and in transparency, I've never been a hospital nurse. I tried it for six months, it was too much. I've always been home health administration, patient care, like you know, one on one, like that's where I thrive as a nurse, or survived some of these. So that's what I love about nursing and I burned out in nursing hard, like a dying star collapsing in on itself like 5556 years ago now at this point. And I didn't know I was neurodivergent at the time. So I thought it was just that professional nursing burnout. I didn't realize it was autistic burnout. I didn't realize it was your you know, ADHD burnout. I just thought it was just from work. And I think a lot of neurodiverse folks do burnout because we do have that spinning plates we do thrive in in high intensity environments, but you're going to drop all the plates when you get home. And you're also not going to drop your patients, you're going to drop yourself before you drop your patients because especially in the home health arena, it's I am the nurse that's in the home with them, if, if they're having a hard day, I am the one person that's going to see them that they that that needs to advocate to the doctor, the therapist, my my fellow staff members like everything. So who are all very supportive, thank goodness, but but at the same time, it just leads to burnout. And our reserves are naturally lower as neurodiverse people like our I think that our cups, we can fill our cups, but maybe our cups aren't as big like I might be working with like an eight ounce mug, versus another nurse that might be able to work with like a liter bottle, like, you know, our both our cups are full. But I need to fill mine more frequently. Or, you know, or in smaller doses. I can't just do like that, that weekend spa thing. And just dump a bunch of water. And you know, like it's, I have to put a little bit in each day.



Katy Weber 26:10

I like that metaphor. Yeah, yeah.



Casey-Lee Flood 26:14

Yeah. So that's that was that? And I don't know, what other parts of your question. So



Katy Weber 26:19

I think it was mostly, you know, what, what is it? Why do you think neurodivergent minds are so attracted to caregiving? And then kind of what it was you had, you know, what it was about your narrative urgency that makes you successful? And, and then and then my, the third part was talking about burnout, and like, who takes care of the caretakers?



Casey-Lee Flood 26:41

Okay, so let me thank you for that. That's so helpful. Let me go back to how my neurodivergent helps me in nursing. Because I don't think I really touched on that enough. Because if there's any other nurses that listen to this, or any nurturers, anyone that cares for another being whether it's a parental role, or like a job role. It's our empathy. It's our ability to think about the other person. Because, especially if we know we're neurodiverse, or know that we have

challenges in any way, in ourselves, we quite often have not received that grace of someone saying, Well, you know, they're thinking about this differently. Let me try to see if I can think like they are. So because we haven't had that grace in our life, in the amount that we would have liked to have it, we're ready and willing and able, you know, to give it to someone else, we're able to think outside the box, especially with the ADHD like to just be like, alright, well this is especially nursing, like this is the shit show I was handed today, how can I how can I make this better and finding ways to do it that other people might not think of. And then the other thing I think is just that we know what it's like to be a patient. I have other physical illnesses, I've ovarian failure, I have different just like early menopause is the best way to explain it to our to your listeners. So when I went through that process alongside having burnout, all at the same time. I learned what it was like to be gaslit I learned what it was like not to be listened to I learned what it was like to just be through medication and not having anyone that wanted to know why and as a neurodiverse person why is so important to me. Why is like if I don't get to a lie, good luck having me do it, I need to lie. So I learned what that was like firsthand. And that completely changed my nursing practice. And I actually went back to get further education in holistic nursing, and nurse coaching because I realized that education was only such a small piece of what I needed as a human and what these other humans needed, they needed a chance to find their own answers and their own health as defined by them. So and I think being neurodiversity having that experience is radically going to better your your patients outcomes. I wish they do a study on it. Like what are the outcomes of neurodiverse patient nurses patients have because I really think that they'd be more holistic naturally.



Katy Weber 29:19

Yeah, you know, I feel like when I was getting my holistic health coaching certification, they called it the thumbtack syndrome and I thought about it a lot when it comes to advocacy just in general and in my own life, right like you so many medical providers are interested in solving the outcome without looking at the why and so it's like the the example they gave with a thumbtack is that you have a thumbtack in your ass and you go to your doctor and you're like My ass hurts. And the doctor is like, well, here's medicine for your pain. And they don't think to ask what's causing the pain and so you have but you so you know, it's one thing to take the medicine it's just it's another thing to actually get to the root of like what is causing it So I think like, we are such puzzle solvers by nature, right? So yeah, it is really important to take in, too, you know, I think naturally, we want to know the why, like, there's a source for everything and it's not enough to just be in pain management. And I think yeah, like you said, like, so many of us as patients have experienced that kind of minimizing. And dismissing of, you know, a lot of their, our need for the why. And, and there's a sort of a sense of, like, why can't you just be happy enough with the pain management? Or whatever, you know, whatever the pill is, yeah.



Casey-Lee Flood 30:36

Right. Mike, are you out of pain? Yeah, but they're still but Are you out of pain? Yeah. Like, Oh, right. Yeah, there's still a thumbtack in my ass doc like that out. Like, I love that metaphor. I'm gonna I use I borrow that? Absolutely. I



Katy Weber 30:50

mean, I have been credited with with the Institute for Integrative Nutrition. But, uh, yeah, I use it a lot. I use it all the time. And I think advocacy is so like, it's, it's something I think a lot of us struggle with and talk about. And it's certainly like, an ongoing theme in my own life. And, you know, and then thinking about my children and like the accommodations that they need in school and then advocating for themselves. And, you know, I think it's, yeah, it's such a big topic for all of us, but especially when you have spent most of your life sort of feeling dismissed or feeling like who you fundamentally are, is wrong. And, and you know, like, what works for you is wrong, even though it works for you. You know, I've been having to like relearn methods that work for other people, and then feeling like there's something wrong with us, or I'm on my soapbox now.

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Casey-Lee Flood 31:40

No, no, no, no, I hear you. And right, like, it's, it's all it is. And when you said accommodations, I actually just asked for accommodations that I had a relatively relatively decent experience. And I just want to put it out there that if you are an adult, and you want accommodations, it can be scary. And it is opening a can of worms. But like, for me, it's like, I just wanted to do it because I wanted to be a nurse and ask for help. Like, I just wanted to be one of those nurses that said, You know what, I need help. Yeah. Like this, this is this is getting too much. I, this could be easier for me, now that I know, I'm neurodivergent now I really realized that I need accommodations. Like because I'm you know, I'm working in a world that wasn't me on the same wavelength or operating system, you know, so it's like, I have some accommodations, please to deal with this. And it's, it's really interesting, you know, I know there's a universal thing. It's like, what can I get accommodations for? Like, it's nursing, you have to do you have to do? Yeah, but it can be easier. Yeah, there's a way you know, and get accommodations to that's wonderful.



Katy Weber 33:00

Well, it's something weird, certainly that, you know, a narrative we're constantly working on. But I think, you know, like, with nursing, especially, I think it's just it's one of those professions where it's like, you know, the, it's considered a virtue to not need help, right. And so it's, it's really, it's a sign almost of weakness. It's a sign of inadequacy to need help in that profession. And so let's unpack that, like us. Okay. So you, when did you decide that you wanted to help other nurses? Because that was obviously before your diagnosis, right?

C

Casey-Lee Flood 33:36

Yeah, that was three years ago, about I decided that even before that, but I started my coaching career officially, like four years ago and founded nourish the nurturer, because I felt so alone, going through burnout, I felt ridiculously alone. And I didn't want other nurses to go go through that alone. I was like, there's a night I had a fight. And I had to learn, I had to advocate and it was exhausting. Like I even said to my husband today that my health care is a it's a job. Like I do it lovingly, but to but it is a job. Like, it's so I wanted to help nurses and take an active role in their life and you know, be part of that job, and maybe make it a little easier for them. Or not easier, because it's hard. And that's like the one thing I always tell them is that this isn't a quick fix. This isn't. This is something that you're going to learn and learn how to do

without me. So you can keep doing it. Yeah, so I just decided to help nurses because I didn't. That's why I didn't want to be by themselves. And I was like, I might as well all this hyper focus and hyper fixation I did on burnout. I can use it I could do something with this. So I did.



Katy Weber 34:51

Yeah, I mean, not even just to say that. I think it's just the idea of like feeling seen is so important, right? And especially like in our own diagnosis journey. I think you know, why these conversations are so important is to feel like we're not alone and to feel like, what we are experiencing is to have that permission that you know, what we're what we've been experiencing is is, other people have gone through it. And you know, we're not, we're not fundamentally broken. And so even just that validation, right, so to provide that validation to nurses be like, Yeah, you should, you know, it's normal to feel this way. It's normal to feel burnout. Look, you know, to mirror that sometimes you get so wrapped up in like, I should be able to do this, what's wrong with me that I can't do this? Sometimes you need the permission from somebody outside of yourself to be like, nobody can do this, or nobody shouldn't do this or fight.



Casey-Lee Flood 35:43

It's really this should it's really, yeah. Oh, yeah. Because there's always going to be a nurse that can Well, that's fine. For limited amount of time. Not forever. And I think, and I think, and I think for nurses or people who are caregivers, even if they're caregiving for family member, like this is what I do in the home nurse situation a lot is I look at, I look two years down the road, like, yeah, you're doing it now. But if I came to you in five years, and you're doing the same thing at the same amount of energy, where would your healthy where's your brain? Be? Where would your your spirit be? You know, if you believe that having spirit or just your emotional well being, you know, where would that be? And a lot of times, they're like, oh, wow, probably not very good. Like, probably not, you know, like, let's, let's, let's unpack this and see what we what we can do with this to make it so you're not just surviving, because that's how I felt and how I still feel sometimes is the nurse is that I'm just surviving. And since getting my diagnosis, my therapy has completely changed. Like, what, like I'm doing skill building now. EMDR, like, like, my therapist, now understands why I logically won't understand. But I sometimes we'll enact what she tells me to do. You know, I don't have anyone shaking their head at me, because I did talk to another psychiatrist, about a year and a half for sadness about ADHD. And he's like, Oh, I'll give you medicine. I was like, so I recoiled at that. Because I was like, afraid. I was like, I just don't want to take something that I haven't even been evaluated just because, you know, I say I have it. So like that. Yeah. So it's, and that's the thing with nurses, too, is that they're just a lot of shame and being secure themselves. Yeah, or meeting support. And I just, so that's kind of my passion project right now, is neurodiversity and nursing is just is, yeah, we're different brains. In nursing, there's different abilities in nursing, there's different disabilities in nursing, and we shouldn't hurt ourselves to hide them. You can be disabled and be a nurse. You know. And I really think that, you know, especially with the pandemic, and what it's done to nurses, and what the administration's have done to nurses, I think it's about time that they gotta take us as we are not have us at all.



Katy Weber 38:14

Yeah, you know, it's interesting, that reminds me of that conversation I had had with kto, saurez, about like, the, it's so much easier to just applaud people for being incredible. Oh, you work so hard, we, we can't do what you do. Like, you know, it's so much easier to create that narrative, especially for women and caretakers, of, you know, oh, you what you do is so amazing, thank you so much, rather than actually providing a situation where they can have a sustainable self, you know, like, just creating this idea of like, you know, you're so amazing for being able to do all of these things, which then reinforces this idea that if you suddenly can't do all those things, then you know, you become the problem, it makes it that much more difficult for you to come and ask for help. Because we've set up this system of, you know, the your worth, and your value is in holding up like the Encanto song that that's been moving everybody, right? You know, that idea of like the pressure, right, and that we've created we create these situations of such intense pressure.

C

Casey-Lee Flood 39:18

Yeah. Yeah. Yeah, absolutely. And it's, when is it? When is it gonna i Sorry, I just stopped the whole song in my head. Now. I know, right? It's so vague, right? Yeah, like, for weeks, I don't even have kids and I've been like, that's all I've been listening to.



Katy Weber 39:36

I know like it really. I love the fact that that song has struck a chord and I love that that character like I keep seeing posts about how like they thought the really pretty girl with the flowers was going to be all of the like Disney marketing. And they were going to have like all little girls were only going to want that character and there's been such as huge demand for this big strong muscular woman and they can't they don't have enough like, merchandise to meet up with the demand. I'm like, Yes.

C

Casey-Lee Flood 40:05

I know. You know what's interesting though? The girl with a flower I also identify with.



Katy Weber 40:12

Well, yeah, I mean all of those archetypes, right?

C

Casey-Lee Flood 40:15

Because yeah, masking she's like, especially her main song. Practice perfect pose and like pillow. Like that's what I that's what I did like, I like drama so much because I learned how to like learn learn drama club, because it's like, oh, go be this person this afternoon. Like, that was so easy for me. Really? I know, right? Yeah. Sorry, I was completely one off topic.



Katy Weber 40:19



Katy Weber 40:40

Like I should have. I'll have you back for an entire episode on incanto. And like familial archetypes and masking, I know because it's like there is something really deep about that movie that has been touched a chord with a lot of us. We're like, this isn't just a kid's movie. And cross cultural to write like, it's I think that's interesting about it, too. All right. Well, there's somebody who's writing right now. Yeah. For now. So what does sustainable self care look like for your clients? So I mean, you know, I, because it's funny because I've had coaching clients who are nurses, and it's so I mean, it's really, it's really ingrained in your psyche, to be everything and to wait until you are at your absolute wit's end before you ask for help. Right? And so before you even begin to like, think about the lifeline so what how do you what does that look like when you start unpacking that with with other nurses or care professionals?



Casey-Lee Flood 45:33

Yeah, we so nurses tended to have a Maslow's hierarchy of needs, which is like, you know, your basics, food, shelter, safety, physical, and then you work your way up to more like, you know, what people see as self care. It's like spiritual growth. So we like we started the foundation, we started like, water sleep. And they they kind of look at me like, really, this is what I'm, this is what I'm paying you to teach me is to sleep and to drink water. I'm like, no, no, this is not this is I'm teaching you acknowledge you have a body. And just like your patients require certain nutrition hydration to survive. You do too. And that's, it's really easy, especially for neurodiverse nurses to get really caught up in their heads, and what they're doing and taking care of people and forget that there's even discomfort in their body, not even feel it until they're done work. Or not even feel it until they've done three or four shifts in a row. So it's self care for nurses really looks at breaking it down super simply. And having support, like constant support for me, because they're not going to do it. They're not going to do it. They're there at the beginning, like I and I might sound pessimistic How can I rephrase that? They want to do it. Everyone wants to take care of themselves. They feel like they can't, because of what you said it's ingrained in us not to ask for help. Yeah, so So yeah. So we started the foundation of that, and then we look at the emotions that it brings up, then we look at emotional health. And that's kind of when we look at journaling, unpacking, unpacking old behavior patterns, envisioning what we want our shifts to look like, envisioning what we would like work life balance to be so like, creating an inspiration, umbrella goal is to huge, like this big thing that you would like to cover your life is so important. And then from there, we do the foundation, and we work our way up to touching that. Yeah, yeah. And I think self care. Also, for nurses, especially because we work so hard as delegation at home, it's much easier at first to ask for help at home with people that you know, know you're on this self care journey and probably want an aspect of their their partner or their family member or their friend back. Because when nurses come to me, they're typically burned out. So when you burn out, you burn everything around you, you burn relationships, you burn yourself care, like everything's kind of ash. So you start asking for help from family members, like small things like when I get home? Can I have five minutes in the car without talking to someone first? Or can you have a glass of water ready for me? Like I have them ask for very small thing. So they just get used to asking and then the biggest self care for a nurse is a two letter word. No. So they ask for help. And then they have to start saying no.




Katy Weber 48:42

Yeah. Well, I can think of, right, I think it goes back to what we were talking about earlier, which

is like you start to if when you start to experience burnout, you feel like you're a disappointment to other people in your life. And that is what leads to it's just starts to just like spiral in on itself. And that's what leads to the depression and the burnout, and that feeling of just like feeling like you're inadequate. And then I think so much of our depression and anxiety is wrapped up in that right, like, I haven't disappointed others

 Casey-Lee Flood 49:13


write? Yeah, and then and that's the big thing, too, for nurses is they just think that they are disappointing, everyone. So they hide it and they bury it. And it just causes them more pain and distress and unhealthy coping mechanisms that aren't sustainable, but ultimately, hurting themselves is better than disappointing others. That's the other thing was health care. is either Yeah, it's you know, it's and that's something I had to unlearn. And that's the piece that I tell nurses that you're going to default, you're going to go back to that. So it's about self care is about learning how to see it coming. So at least you can see it coming and learning to love that part of you and acknowledge it but not given to it because I almost did it this week. There's like, there's always a huge need for nurses here. There's not enough of us anywhere, let alone on an island in the middle of the ocean. And I like found myself looking my schedule, where else can I put someone else can put someone else? And I was like, whoa, whoa, whoa, whoa, well, no, this. So that's a big piece of self care to is knowing yourself,

 Katy Weber 50:20

ah, what an undertaking. I know there's so much there to unpack. I'm curious now, you had mentioned earlier that you had worked with with patients with autism. And so it's been really profound for you to kind of have to rethink what it looks like, you know, and, and how the face of it is changing. And I think that that's just on a bigger conversation to have, just like how the, our understanding of neurodiversity is really changing the face of a lot of a lot of these diagnoses. So I'm curious, like, what, what was your family's reaction to your diagnosis?

 Casey-Lee Flood 50:57

So some of them are going to find out before this airs.

 Katy Weber 51:02

Hey, man, I'm the first one to admit I do not talk about it with anybody in my family for lots of reasons. No judgment there. You haven't even told anybody I have.

 Casey-Lee Flood 51:11

I have like, my mom was kind of like, she was cool. She pretty much was like, Well, that's good, honey. Like, I think because I framed it in a way of mom, my therapy is so different now. Like, I'm getting all this help. And I'm doing like building of skills and like what to do today. And like, because I could tell the first time I told her when we were in person a couple months ago, it

didn't quite click, and didn't quite fully land. Because we had a lot going on. So I told her again, and then I told my one sister already, and she was like, Oh, that's interesting. And I gave her an example of how I used to kind of always stay in my bedroom and how it looked like I've never wanted to be around everyone. And, you know, I was just a moody teenager, when really that was I was completely overwhelmed. Because they were a lot louder than iOS. So sensory, it was just too much for me to handle. So I just kind of retreated. And so then, you know, my brother was like, okay, like, what does that mean? Like, you know, my brother's like, everyone was really surprised, again, huge blessings. And a lot of people's families are just like, No, you're not.



Katy Weber 52:15

Right, you're just, we're just quirky. That's just who we are.



Casey-Lee Flood 52:18

Right? Yeah. Right. And I think I think I might have gotten that, depending on how I also know my family. And from masking and from watching and observing so much. I know how to approach certain people, like your son was saying, like, his teacher sees one part, like, I even have that going on in my family, my whole life. So it's like, I know how to approach them and how to make them understand. So that's kind of where it is. And then ultimately, like, I explained it to my husband really well, when I was seeking diagnosis, I said, I don't care if they diagnosed me as a purple one. boomba. I just want the right treatment. And I think that made him understand, but I wasn't like looking for anything specific. I just was looking for the right help. And I think that's what I keep telling my family is all this is is me getting the right help. I'll be 35 next month, and I'm just like, I feel like this is opening up a whole new section of my life. So just from getting the proper label for diagnoses.



Katy Weber 53:21

That's so beautifully said. And it's I really related to that, you know, that idea that, like, I just want the answer. You know, like, I just want to feel like I've found the right answer. And sometimes ADHD feels like the answer to so much, then then I start to question like, Am I just looking for an answer, you know, have I just inserted this diagnosis into every one of life's mysteries, because sometimes it feels like at the end of every question that that acronym is the answer.



Casey-Lee Flood 53:52

I know. Yeah. And that and that's hard, especially like so my, my biggest fear actually is one of my old patients, families, hearing this interview, and saying, you know, feeling a certain way about me having the same diagnosis as as their child. You know, that's, that's my biggest. I don't wanna say fear. But like, yeah, fear, will go with fear. I think that's the Crafty emotional feel. So yeah, but so, but it is what it is, and that is my diagnosis. I wasn't not that, you know, self identification isn't valid, but I mean, for me as a nurse, that meant a lot to go actually check that box for this reason. Exactly. Yeah. I



Katy Weber 54:33

mean, I think, you know, that's it, I think the same way that we have to find that grace or we have naturally have that grace for our parents who didn't know you know, we there's a lot of grief there when we sort of think about how our lives could have been different if people had known and saw the signs, but at the end of the day, really like people did the best they could. And so I think most people are understanding about that when it comes to, you know, our our learning curve and I think, you know, by expanding what, what neuro diversity looks like, I think it only benefits you know, all families really to sort of be able to kind of show the many, many faces to these. What's happening. So yeah, I don't think I totally understand why you would feel that way. But I also feel like, you know, I can at least mirror back and say, you know, that I'm sure most families would have absolute grace for, you know, how you move forward. Right? It's, it's, if you continue to keep your head in the sand, that's the issue. Okay, so really quick, would you would you rename ADHD to anything else?



Casey-Lee Flood 55:45

Oh, good. I thought about this so much. And I would love to rename it. Only because it's so limiting. It is so limiting. But I don't want it not to be a disorder. Right? I know. Yeah, I want the word disorder and whatever the name is, because if it the big diagnostic criteria, as it stands, is that this impacts your life daily. And I think that that is important, because that's what allows accommodations to happen. So even though I don't view it just as that and I do see the gifts within I never want it to lose that punch. You know, at my nurse brain is kind of like I always wanted to be the decider, you know, deficit or disability because I want people to get the support they need. Right? And because healthcare is often based a lot around financial decisions if it was no longer classified as such, what would not be covered?



Katy Weber 56:39

So yeah, absolutely. No, I get it. I get it. I don't have an answer for that. So that's why I asked everybody.



Casey-Lee Flood 56:47

I like to call my brain my spicy brain. Like sometimes I just say my brains spicy. But that's just my cute little catch phrase. I like it. Spicy bring.



Katy Weber 57:01

Okay, so now nourish the nurturer. How can people find you and work with you? And what are some wonderful ways people can connect?



Casey-Lee Flood 57:10

Yeah, so I'm on Instagram under nourish, nurture. And I'm also launching a like subscription for nourish neurodiversity underneath of that umbrella. So you can people can work with me one on one. But we're also going to start nourishing our nerve diversity and our differences within the medical professional or just women in general. I do predominantly work with women, but for male nurses or any gender identity, anyone's Welcome. I'm LGBTQ plus friendly. You know, I'm pansexual myself. So like, I'm, I'm with that crew. alphabet. So yes, they can find me on Instagram, Facebook, I do not have Tik Tok, because that is just dopamine on tap. So I am not on that platform. But yeah, Instagram is the best way to find me nourish, nurture. And I'd love to connect with any listener that wants to learn how to better take care of themselves without the rules that they think they have to follow. Self Care has no rules.



Katy Weber 58:16

And how to not wait until you're absolutely at your breaking point, I think is something that we all need to actively learn.



Casey-Lee Flood 58:25

Yeah, that it's okay to have asked for help. It's okay to require help. And there's it's a judgment free space for anyone of any ability level. And I have I have opening so I'd love to hear for some people.



Katy Weber 58:41

Oh, well. It's been such a joy hearing your story. And I love what you are doing for your fellow caretakers. I think it's such important work. And yeah, it's been really fascinating. I feel like I should go listen to Encanto again



Casey-Lee Flood 58:59

after I'm gone right after.



Katy Weber 59:02

So yeah, so I was so great. I was so glad you reached out and thank you so much.



Casey-Lee Flood 59:07

Oh, thank you for everything that you do. And thank you for this time together. I really appreciate you