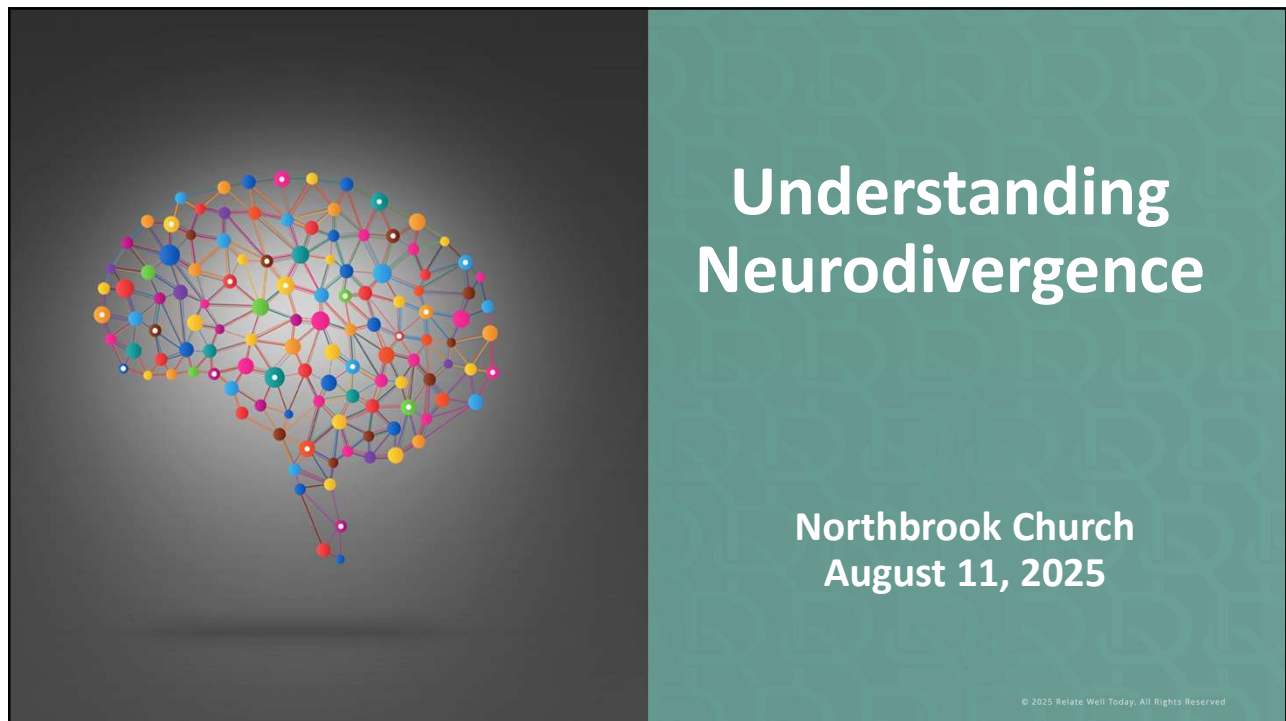




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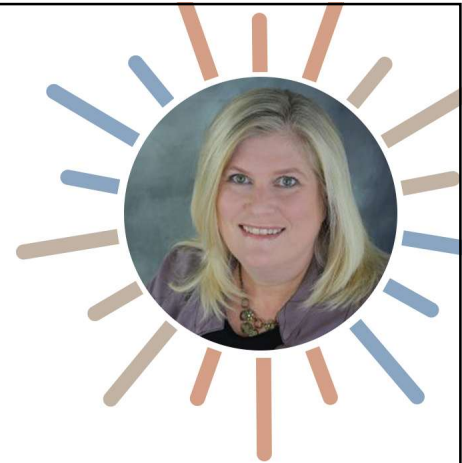
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## Hello & Welcome

Contact Information:

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1777 Quail Ct., Suite 101, Pewaukee, WI 53072  
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Lori@relatewelltoday.com



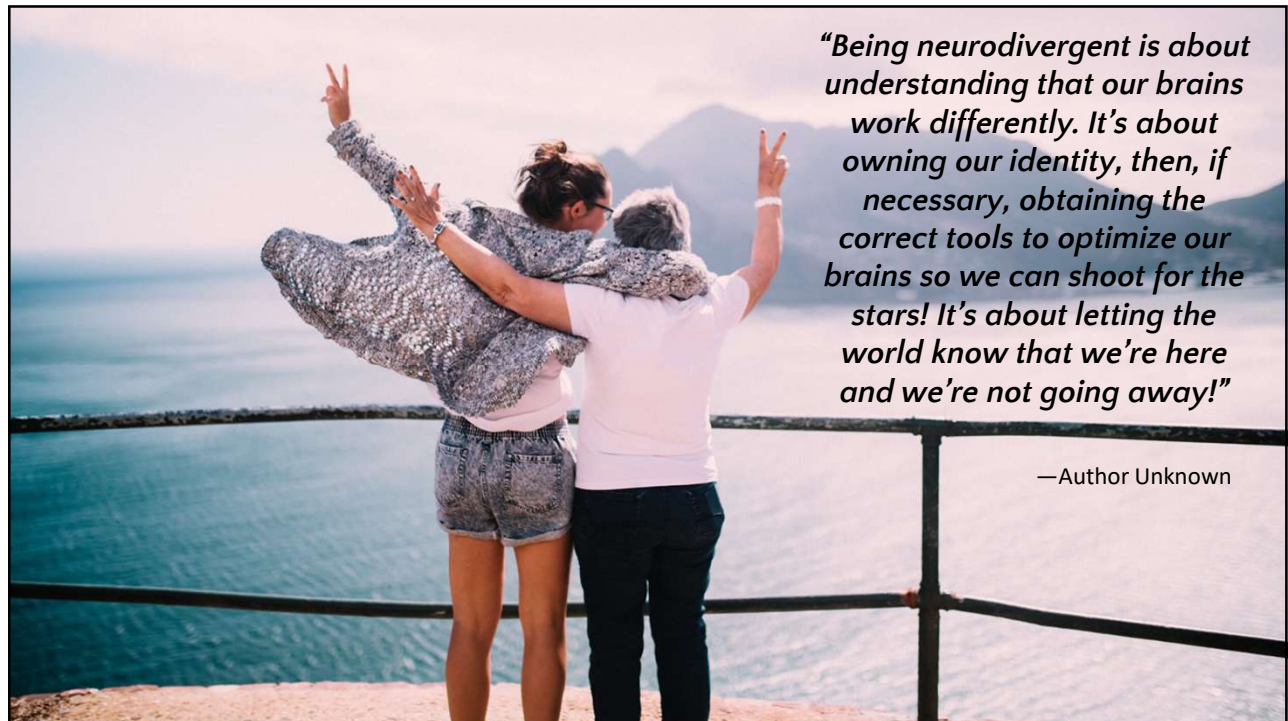
**Lori R. Fairbairn, LMFT**  
Therapist, Consultant & Educator

EXPLORE - CONNECT - CHANGE

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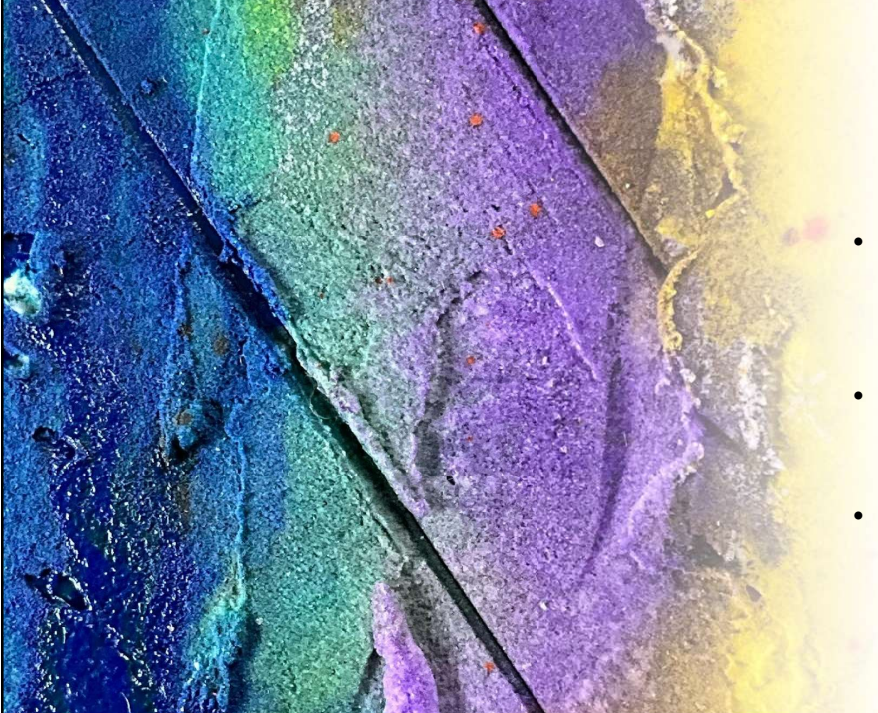
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*"Being neurodivergent is about understanding that our brains work differently. It's about owning our identity, then, if necessary, obtaining the correct tools to optimize our brains so we can shoot for the stars! It's about letting the world know that we're here and we're not going away!"*

—Author Unknown

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## Objectives

- Expanded understanding of neurodivergence
- Identify traits of neurodivergence
- Resources for support

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## What Do We Know About Neurodivergence?

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## Neurodivergent Defined

**Neurodivergent is a nonmedical term that describes people whose brains develop or work differently for some reason. This means the person has different strengths and struggles from people whose brains develop or work more typically.**

~ [Clevelandclinic.org](https://clevelandclinic.org)

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### Neurodivergent

Describes those who perceive, think, relate and learn differently to what is typical in society.

### Neurodiversity

Refers to the diversity of human brains the wide variety of individual differences in brain functioning.



### Neurotypical

Describes an individual with typical neurological development and functioning.

### Neurodiverse

Describes a group of people where at least one person has a different style of brain functioning.

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## List of Neurodivergent Conditions

- Autism Spectrum Disorder (ASD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Tourette Syndrome (TS)
- Sensory Processing Disorder
- Dyslexia (difficulty with reading)
- Dysgraphia (difficulty with writing)
- Dyscalculia (difficulty with math)
- Dyspraxia (difficulty with coordination)
- Obsessive Compulsive Disorder (OCD)
- Learning disabilities
- Hyperlexia
- Meares-Irlen Syndrome



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## The Facts



- **15% - 20% of the world's population is neurodivergent**
- **Neurodivergence is diagnosed more often in males than females**
  - 4:1 for ASD
  - 2:1 for ADHD
- **Not curable**
- **Typical childhood onset and may carry into adulthood**

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## The Facts



- **Most prevalent neurodivergent conditions**  
 Dyslexia                      ASD  
 ADHD                        Tourette's Syndrome
- **Co-existence of ADHD and ASD**
- **Significant genetic component**
- **Environmental factors can be contributors**
- **Neurodivergent traits present differently in females than males, with more significant differences in ASD**

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## MOST COMMON NEURODIVERGENT CONDITIONS

Dyslexia	ADHD	ASD	Tourette Syndrome
<ul style="list-style-type: none"> <li>• Est. 15% of population               <ul style="list-style-type: none"> <li>• 30M adults - US</li> <li>• 6M adults - UK</li> <li>• 3M adults - Canada</li> </ul> </li> <li>• 1 in 5 persons have dyslexia</li> <li>• Impacts ALL ethnicities</li> <li>• Males diagnosed more than females</li> <li>• Impacts professional and academic success</li> <li>• Early interventions can greatly improve outcomes</li> <li>• 40 - 60% chance of passing genetically</li> </ul>	<ul style="list-style-type: none"> <li>• Est. 6.8% of world population               <ul style="list-style-type: none"> <li>• 8.7M adults - US</li> </ul> </li> <li>• Prevalence of symptoms can reduce with age</li> <li>• Males Dx more than females</li> <li>• 60% of children with ADHD have one additional mental, emotional or behavioral disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Est 2.21% of adults US               <ul style="list-style-type: none"> <li>• 5.4M adults - US</li> <li>• Low 1.97% LA</li> <li>• High 2.42% MA</li> </ul> </li> <li>• Highest Populations: CA, TX, NY, FL</li> <li>• Male (3.62%) Female (.086%)</li> <li>• Females higher % unreported</li> <li>• Occurs in all racial, ethnic, and socioeconomic group</li> </ul>	<ul style="list-style-type: none"> <li>• Est. 1.4M adults US</li> <li>• Est. 1 in 50 children aged 5 - 14 yrs.</li> <li>• About 50% of children may not be diagnosed</li> <li>• 83% of those Dx have at least one additional mental, behavioral, or developmental disorder.</li> <li>• Approx. 33% of people with TS have an OCD Dx</li> </ul>

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## Area of Brain Affected

### Impact

### ADHD

### ASD

- Prefrontal Cortex - executive function
- Cerebellum – motor control, coordination, language
- Amygdala – processing emotions
- Basal ganglia – motivation and impulsivity
- Neural networks – difficulty in focusing
- Hippocampus – memory
- Caudate nucleus – social and communication skills
- Social processing regions – face and emotion recognition
- Cerebral Cortex – sensory processing

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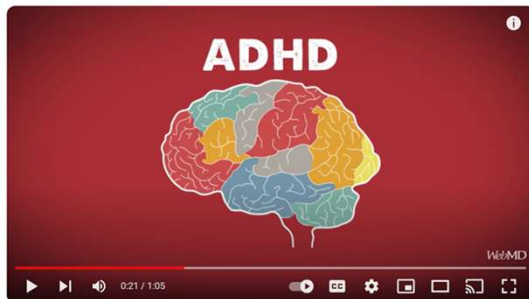
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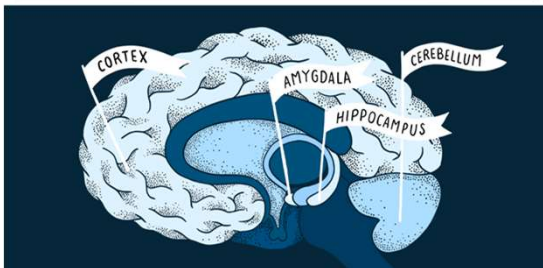
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## Brain Function



<https://www.youtube.com/watch?v=EpfEWrkV3os>



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<https://www.spectrumnews.org/news/brain-structure-changes-in-autism-explained/>

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## EXECUTIVE FUNCTIONING



“A set of cognitive responses that manage our thoughts, emotions and behaviors to achieve goals.”

- **Working Memory**
- **Self-Monitoring**
- **Planning and Prioritizing**
- **Task Initiation**
- **Organization**
- **Impulse Control**
- **Emotional Control**
- **Flexible Thinking**

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## Sensory Sensitivity

Involves an increased sensitivity of the central nervous system and a deeper cognitive processing of physical, social and emotional stimuli.



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## Developmental Delays

**It's not uncommon for neurodivergent individuals to experience developmental delays.**

- Awareness to child not meeting milestones.
- Not everyone with ADHD experiences delays and the severity can vary. Additionally, experiencing delays does not automatically mean a diagnosis of ADHD, as these delays can be present in other conditions as well.
- Impact of ASD on development varies significantly from person to person.

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Understanding Neurodivergence

## ADHD: Professional Diagnosis

Inattention	Hyperactivity and Impulsivity	Additional Criteria
<p>Six or more symptoms for children up to age 16 (or five or more for older adolescents/adults), present for longer than six months:</p> <ul style="list-style-type: none"> <li>• Careless mistakes in school or work</li> <li>• Difficulty sustaining attention</li> <li>• Not listening when spoken to directly</li> <li>• Not following through on instructions</li> <li>• Trouble organizing tasks</li> <li>• Avoidance of mentally demanding tasks</li> <li>• Losing necessary items</li> <li>• Easy distractibility</li> <li>• Forgetfulness in daily activities</li> </ul>	<p>Six or more symptoms for children up to age 16 (or five or more for older adolescents/adults), present for longer than six months:</p> <ul style="list-style-type: none"> <li>• Fidgeting or tapping hands/feet</li> <li>• Leaving a seat in expected seated situations</li> <li>• Inappropriately running or climbing</li> <li>• Inability to engage in leisure activities quietly</li> <li>• Acting as if "driven by a motor"</li> <li>• Excessive talking</li> <li>• Blurting out answers prematurely</li> <li>• Difficulty waiting for turns</li> <li>• Interrupting or intruding on others</li> </ul>	<ul style="list-style-type: none"> <li>• Beginning of symptoms before age 12</li> <li>• Presence of symptoms in two or more settings</li> <li>• Clear evidence of interference with social, school, or work functioning</li> <li>• Exclusion of other mental disorders as the primary cause</li> </ul>

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## ADHD Types

### Predominantly Inattentive Type

Difficulty paying attention, making careless mistakes, losing things, and being easily distracted.


### Predominantly Hyperactive-Impulse Type

Exhibited by excessive fidgeting, talking, interrupting, difficulty staying seated, and acting impulsively without considering consequences.

### Combined Type

Combines symptoms from both the inattentive and hyperactive-impulsive types.

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Understanding Neurodivergence

## ASD: Professional Diagnosis

Deficits in Social-Emotional Reciprocity	Deficits in Nonverbal Communicative Behaviors	Deficits in Developing, Maintaining, and Understanding Relationships
<ul style="list-style-type: none"><li>• Abnormal social approach</li><li>• Failure of normal back-and-forth conversation</li><li>• Reduced sharing of interests, emotions, or affect</li><li>• Failure to initiate or respond to social interactions</li></ul>	<ul style="list-style-type: none"><li>• Poorly integrated verbal and nonverbal communication</li><li>• Abnormalities in eye contact and body language</li><li>• Deficits in understanding and use of gestures</li><li>• Total lack of facial expressions and nonverbal communication</li></ul>	<ul style="list-style-type: none"><li>• Difficulties adjusting behavior to suit various social contexts</li><li>• Difficulties in sharing imaginative play or making friends</li><li>• Absence of interest in peers</li></ul>

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Traits		
ADHD	AuDHD	ASD
<b>Attention/Focus:</b> <b>Lack of Focus</b> <ul style="list-style-type: none"> <li>• Difficulty staying on task</li> <li>• Easily distracted</li> <li>• Hard to listen to others in conversation</li> <li>• Focus on unrelated tasks</li> <li>• Difficulty completing tasks and projects</li> <li>• Procrastinates</li> <li>• Hard to get motivated</li> <li>• Easily bored</li> </ul> <b>Hyperfocus</b> <ul style="list-style-type: none"> <li>• Become unaware of anything around them</li> <li>• Loose track of time</li> <li>• Ignore those around them</li> </ul>	<b>Attention/Focus:</b> <ul style="list-style-type: none"> <li>• Not completing tasks that are unimportant to them</li> <li>• Hyperfocus in both:               <ul style="list-style-type: none"> <li>➢ ADHD: difficulty shifting attention</li> <li>➢ ASD: restricted interests</li> </ul> </li> </ul> <b>Sensory challenges:</b> <ul style="list-style-type: none"> <li>• Overstimulated</li> <li>• Under-stimulated</li> </ul> 	<b>Attention/Focus:</b> <ul style="list-style-type: none"> <li>• Attend one task at a time</li> <li>• Difficulty switching topic or task</li> <li>• Special Interest / Monotropism - focus on smaller number of interest.</li> </ul> <small>© 2025 Relate Well Today. All Rights Reserved</small>


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Traits		
ADHD	AuDHD	ASD
<b>Organization and Planning:</b> <ul style="list-style-type: none"> <li>• Challenge with organizing and staying organized</li> <li>• Difficulty organizing schedules</li> <li>• Hard to keep track of tasks</li> <li>• Hard to prioritize logically</li> <li>• Time management concerns</li> <li>• Show up late for events</li> </ul>	<b>Stimming:</b> <b>ADHD</b> (Visual) staring off into space, drawing, spinning things (Verbal) repeating sounds, excessive giggling, constantly clearing throat (Tactile) rubbing fingers, chewing/biting nails, chewing inside of cheek (Balance based) spinning, rocking, swinging  <b>ASD</b> (Balance based) rocking, bouncing, jumping, twirling, flapping hands, flicking/snapping fingers, walking on tiptoes, pacing, pulling hair, (Verbal) repeating words or phrases, (Tactile) Rubbing skin, scratching, repetitive blinking	<b>Organization and Planning:</b> <ul style="list-style-type: none"> <li>• Impairment in planning</li> <li>• Difficult to stay organized</li> <li>• Collect and keep items that may seem "useless" to others</li> <li>• Limited involvement in household and parenting</li> <li>• Difficulty sequencing information</li> </ul> <small>© 2025 Relate Well Today. All Rights Reserved</small>

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Traits		
ADHD	AuDHD	ASD
<b>Emotional Regulation:</b> <b>Impulsivity</b> <ul style="list-style-type: none"> <li>Interrupting others in conversation</li> <li>Socially inappropriate at times</li> <li>Rushing through tasks</li> <li>Shopping, risk taking, limited self-control</li> <li>Emotional sensitivity</li> </ul> <b>Emotional regulation challenges</b> <ul style="list-style-type: none"> <li>Emotions constantly in flux</li> <li><b>Low Frustration tolerance</b> - easily irritated and angered</li> <li>Frequent mood swings</li> <li>Hot temper</li> <li>Trouble coping with stress</li> </ul>	<b>Emotional Regulation:</b> <ul style="list-style-type: none"> <li>Difficulty regulating feelings resulting in outbursts</li> <li><b>Rejection Sensitive Dysphoria (RSD)</b> - intense sensitivity and emotional pain to real or perceived criticism or rejection</li> </ul>	<b>Emotional Regulation:</b> <ul style="list-style-type: none"> <li>Emotional regulation challenges</li> <li>Overwhelmed easily</li> <li>Hypo or hyper-sensitive to other's emotions</li> <li>Emotional development delays</li> <li>Easy going with emotion until complete disruption</li> <li>Criticism or offense to their character is seen as a threat (intense emotion)</li> <li>Limited coping skills (Meltdowns and Shutdowns)</li> </ul> <b>Emotional Understanding:</b> <ul style="list-style-type: none"> <li>Limitations to understanding Conflict is uncomfortable -highly avoidant</li> <li>Difference in sharing and reading emotions</li> <li>Uneasy with other's emotions</li> <li>Truth can be more important than emotions.</li> </ul>

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Traits		
ADHD	AuDHD	ASD
<b>Social Interaction &amp; Communication:</b> <ul style="list-style-type: none"> <li>Talkative</li> <li>Interrupt or blurt out</li> </ul>	<b>Social Interactions:</b> <ul style="list-style-type: none"> <li>Difficulty sustaining attention:               <ul style="list-style-type: none"> <li>➤ ADHD: inattention</li> <li>➤ ASD: social skill impairment</li> </ul> </li> </ul> 	<b>Social Interaction &amp; Communication:</b> <ul style="list-style-type: none"> <li>Slower processing communicating</li> <li>Challenge with retaining and retrieving verbal information</li> <li>Poor timing of discussions</li> <li>Eye contact with looking away)</li> <li>Monologue vs. Dialogue</li> <li>Literal interpretation</li> <li>"No filter" – words shared prior to thoughts engaged</li> <li>Scripting – repeating language already heard</li> <li>Omission of context</li> <li>Conversation for information vs. connection</li> <li>Task vs. Relationship</li> <li>Limited skills in interpreting non-verbal communication</li> <li>Volume control challenges</li> </ul>


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Traits		
ADHD	AuDHD	ASD
<b>Memory/Thinking Process:</b> <b>Forgetfulness</b> -short term memory problems > Forget where things are placed > Difficult remembering instructions > Forget dates and times > Can be confused with lack of intelligence or carelessness • Miss details but get big picture or main idea (see the "forest" not the "trees") <b>Other</b> • Flexible thinking • Creative thinking	<b>Common with both diagnosis:</b> <ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Depression</li> <li>• Fatigue</li> <li>• Substance misuse</li> <li>• Relationship concerns</li> </ul> <b>Living in present moment</b> (vs. past or future) ASD will think in future regarding finances 	<b>Memory/Thinking Process:</b> <ul style="list-style-type: none"> <li>• Excellent memory of details (facts &amp; visually)</li> <li>• Analyze &amp; systemize information</li> <li>• Impaired flexible thinking</li> <li>• Rigid thinking</li> <li>• Black &amp; White</li> <li>• Right &amp; Wrong, Tolerance Box</li> <li>• Routine based</li> <li>• Weak Central Coherence (see the "trees" rather than "forest")</li> <li>• Focus on detail, miss the main idea (see the trees, not the forest)</li> <li>• Hyper focus on money and frugality</li> </ul>

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Traits		
ADHD	AuDHD	ASD
<b>Hyperactivity/Energy:</b> Internal motor won't shut off <b>Restlessness in body</b> <ul style="list-style-type: none"> <li>• Active body and high energy</li> <li>• Fidgeting</li> <li>• Shifting in seat</li> <li>• Tapping or moving hand or foot</li> </ul> <b>Restlessness in mind</b> <ul style="list-style-type: none"> <li>• "Mind and thoughts won't settle"</li> <li>• Replay worrisome events</li> </ul> <b>Negative Self-Image:</b> <ul style="list-style-type: none"> <li>• Hypercritical of self</li> <li>• View self as "failure", "disappointment", "unsuccessful", "incompetent"</li> </ul>		<b>Ego-centrism/Self Focus</b> <b>Theory of Mind- impairment.</b> Possible limited ability to understand another person, including their beliefs, desires, intentions, emotions and thoughts. as if walking in their shoes. Also includes possible inability to see into yourself. <ul style="list-style-type: none"> <li>• Lack of "team skills"</li> </ul> <b>Limited Perspective:</b> Belief that everyone sees the same way they do and will have the some understanding and perspectives of things as they do. Will lead to: <ul style="list-style-type: none"> <li>• <b>Need to be right</b></li> <li>• <b>Limited intuition</b></li> <li>• <b>Tolerance Box</b></li> <li>• <b>Permanent marker on dry erase board</b></li> </ul>

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## Identify the Superpowers

### ADHD

- Creative and passionate
- Compassionate
- Multi-tasking
- Good problem-solving skills
- Curious
- Persistent
- Innovative
- Diverse hobbies and skillsets

### ASD

- Honesty
- Having in-depth knowledge on topic
- Logical thinking & strong memory of facts
- Innovative
- Strong sense of loyalty & justice
- Detailed and precise

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## Why Expand Neurodivergent Awareness?



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## Reasons for Advancing Awareness



- Proper diagnosis so children and adults can understand themselves and receive support.
- Continued growth of neurodivergence in population.
- Underdiagnosed and misdiagnosed conditions.
- Additional support needed for parents.
- Frequency of neurodivergence co-existence with other conditions.
- Different therapy approach may be required.
- Significant impact neurodivergence has on school and work performance, personal relationships and self-worth.

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## Supporting Parents



- Limited resources offered after diagnosis
- Feeling overwhelmed
- Grief and denial with diagnosis
- Learn of parent's undiagnosed neurodivergent condition
- Neurotypical (NT) and neurodivergent (ND) combination in parenting leads to different styles and perspectives
- Real or perceived judgement by others because of child's behavior



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## Underdiagnosed

Adults with ADHD are more likely to **seek help or support for a symptom other than for their ADHD.** (Anxiety, depression, relationship challenges)

ADHD symptoms can be mistaken for **other condition or symptom.**

Person will receive **ONE ND** diagnosis, but **additional ND diagnosis will be missed.**

**Females** are underdiagnosed for ASD.

**Trauma** will be diagnosed but the ASD or ADHD which brought on trauma will be missed.

## Misdiagnosed

ASD can be mistaken for mental illness

ASD women -> Border Line Personality Disorder

ASD men -> Narcissistic Personality Disorder

Bi-polar Disorder can be misdiagnosed for ADHD

Sensory Processing Disorder – but is it part of ASD?

Oppositional Defiant Disorder or Disruptive Mood Dysregulation Disorder – but is ASD behind the behavior?

TIC disorder vs. Stimming from ASD

ASD mistaken for Social Communication Disorder (SCD)

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## Co-existing Conditions

### With ADHD

Behavior Problems: 52% (ODD or CD)

Anxiety: 33%

Depression: 17%

ASD: 14% - 30%

Dyslexia: 25%

### With ASD

ADHD: 30 – 80%

Sleep Disorder: 40-80%

Anxiety: 27-42%

Depression: 23-37%

Epilepsy: 3-5%

### With TS

Anxiety: 61%

ADHD: 52%

Behavioral Problems: 34% (ODD or CD)

Learning Disabilities: 34%

Developmental Delay: 26%

ASD: 21%


Depression: 20%

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## Impact in Workplace



ADHD	ASD
<ul style="list-style-type: none"> <li>• <b>Focus:</b> challenge maintaining focus &amp; sustaining attention to tasks</li> <li>• <b>Organization:</b> difficulty organizing work &amp; prioritizing, procrastinating &amp; missing deadlines</li> <li>• <b>Impulsivity:</b> hasting decision making, interrupting colleagues, impact on teamwork</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Communication &amp; Social Interaction</b> challenges: forming &amp; maintaining relationships with colleagues, navigating workplace politics, working on teams, role as manager or supervisor</li> <li>• <b>Sensory processing concerns</b></li> <li>• <b>Hyperfocus on details:</b> decrease productivity &amp; miss deadlines</li> </ul>

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## Impact on Relationships

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# ADHD: Impact on Relationships



## Communication

- Struggle with maintaining focus during conversations, leading to misunderstandings or appearing disinterested in their partners' or friends' thoughts and feelings.
- Exhibit impulsive behavior, such as interrupting others or speaking out of turn, which can create tension and frustration in relationships.

## Time Management

- Difficulties with time management and organization can result in forgetfulness or inconsistency in making plans or keeping commitments. This may lead to feelings of neglect or unreliability in their relationships.

## Emotional Dysregulation

- Emotional dysregulation commonly manifests as mood swings or outbursts, which may strain relationships and make it challenging for partners or friends to understand and support them.

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***“Marriages or partnerships with a person with ASD are often very challenging, with mental health consequences for both members of the couple, for their children, and for their larger family systems.”***

**Grace Myhill,  
Association for Autism and Neurodiversity  
(AANE)**

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## ASD: Impact on Relationships



### Communication

- Limited understanding of social cues, leads to difficulties in forming and maintaining connections.

### Connection and Understanding (Emotional Intimacy)

- Lack of empathizing with others or interpreting subtle nonverbal signals, may limit the development of intimate relationships or create misunderstandings within existing ones.
- Rigidity in routines and special interests can lead to difficulties in accommodating the desires and interests of others, leading to strains in relationships.

### Coping Skills and Processing Emotions

- Similar to ADHD, outbursts may strain relationships and make it challenging for partners or friends to support them.

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## ASD: Impact on Relationships



### Physical Intimacy

- A different perspective on intimacy and what leads to satisfaction. Disconnect on the right time, reading the partner's sexual signals or neither understanding what the other wants and or know what to do for the other partner.
- Limited communication on the topic.
- Sensory issues can be the biggest challenge to physical intimacy.

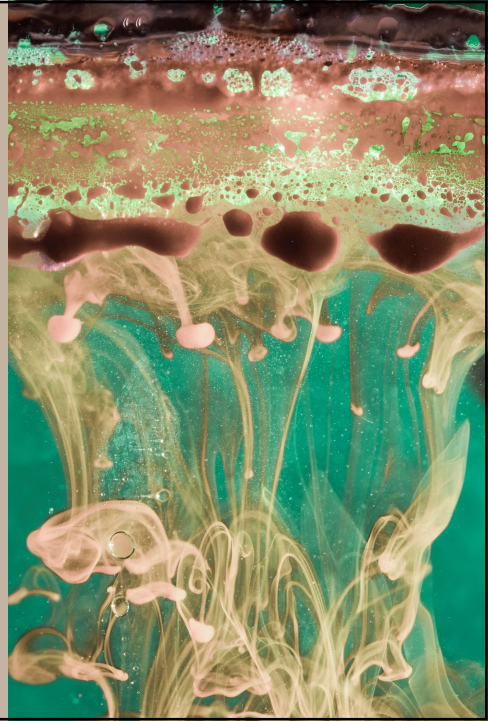
### Teamwork

- Special interest plays a significant role in this relationship challenge.
- Challenges with household support and parenting.
- Lack of intuition.
- Time: overly committed or lack of commitment.

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## What's Next?



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**“Know the person”**

~AANE.org

*Don't see them as a diagnosis | See their traits | Notice their neurological differences*

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## To Assess or Not?



Therapy

### Consider AGE and STAGE

- Different for child and adult
- Assessment for child may begin in school
- Adults may be resistant

### Benefits:

- Increased self-awareness
- Explanation of challenges experienced
- Increase self-worth and decrease self-blame
- Receive proper treatment and coaching
- Child can get an IEP or 504 plan
- Rule out a mis-diagnosis
- Medication, if needed
- Family system receives the proper support

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## To Assess or Not?



Therapy

### Challenges.

- No wanting a "label"
- Need to address social stigmas
- Getting an appointment can take time
- Cost
- No "medical" test and different assessment tools
- ASD assessment requires more steps and time

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## Neurodiverse Referrals

### **Lake Blue Wellness**

Gail Buchberger NP and Founder  
ADHD assessment and Medication management  
810 Cardinal Ln #110, Hartland, WI 53029  
[\(262\) 361-4005](tel:(262)361-4005)  
[info@lakebluewellness.com](mailto:info@lakebluewellness.com)

### **Northshore Center, LLC**

1500 W. Market St., Suite 200, Mequon, WI 53092  
Appointments: (262) 241-5955 Ext 0  
<https://www.northshorecenterllc.com/>

Nina Sebastian Bredehorn, MSN, APNP, CPNP-BC, PMHS-BC  
Pediatric Nurse Practitioner, Pediatric Mental Health Specialist  
depression, anxiety, OCD, ADHD, autism – Children, adolescents, young adults  
Office: (262) 241-5955 Ext 1018

Nettie Palay, MSN, APNP, PMHNP-BC, CPNP-PC, PMHS, LMT  
Psychiatric Mental Health Nurse Practitioner, Pediatric Nurse Practitioner,  
Anxiety, ASD, ADHD – Adults, children, adolescents, young adults; Medication  
262-241-5955 extension 1029

### **Balanced Innovative Care – Virtual only for WI clients**

Veena Tripathi Ahuja, M.D.  
ADHD, ASD and Medication Management  
[contact@balancedinnovativecare.com](mailto:contact@balancedinnovativecare.com)  
614-602-2172  
[Balancedinnovativecare.com](http://Balancedinnovativecare.com)

### **Arbor Mental Health Center – Madison, WI**

Chad MacMillan, PhD, LP  
ASD, ADHD, IQ, Personality, Achievement  
[referrals@arborcenter.org](mailto:referrals@arborcenter.org)  
608-492-1965  
[Arborcenter.org](http://Arborcenter.org)

### **Wisconsin Behavioral Health Clinic**

Multiplés sites in Wisconsin  
ASD, ADHD, Learning Assessment  
Contact: Caroline Coenen, Front Office Specialist  
715-842-9500  
[Wibehavioralhealth.com](http://Wibehavioralhealth.com)

**Psychological Assessment Service, LLC**

Wauwatosa, WI

ADHD only (no ASD or dyslexia)

Contact: Neal Brey

414-443-1773

[NealBrey@psychassess.net](mailto:NealBrey@psychassess.net)

Psychassess.net

**Chicago Mind Solutions – Shorewood, WI**

ADHD, Learning Disabilities (no ASD)

414-207-4778

[adminmke@chicagomindsolutions.com](mailto:adminmke@chicagomindsolutions.com)

chicagomindsolutions.com

Resource:

Speechify

<https://speechify.com/dyslexia-assessment/wi/madison/>

American Behavioral Clinics- Brookfield

# Neurodivergent Resources

## ADHD

[CHADD.org](http://CHADD.org)

Children and Adults with Attention-Deficit/Hyperactivity Disorder.

[ADD.org](http://ADD.org)

Attention Deficit Disorder Association

[Attitudemag.com](http://Attitudemag.com)

online resource with a wealth of information on ADHD. It offers articles, webinars, podcasts, and symptom tests, as well as resources for parents, educators, and adults with ADHD.

## ASD

[Autismsociety.org](http://Autismsociety.org)

[Autismspeaks.org](http://Autismspeaks.org)

dedicated to creating an inclusive world for all individuals with autism throughout their lifespan. We do this through advocacy, services, supports, research and innovation, and advances in care for autistic individuals and their families.

[AANE.org](http://AANE.org)

[Autismintenetmodules.org](http://Autismintenetmodules.org)

Designed for those who support, instruct, work with, or live with someone with autism, the Autism Internet Modules (AIM) guide users through case studies, instructional videos, pre- and post-assessments, discussion questions, activities, and more.