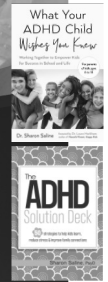


How People with ADHD can Drop the Shame and Build Self-Worth

Dr. Sharon Saline

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LEARNING OBJECTIVES

Identify the biological, behavioral and emotional factors related to ADHD, neurodivergence as well as executive functioning skills

Examine current research on ADHD and executive functioning including medical and non-medical treatment options

Discuss how co-existing disorders, learning disabilities, trauma and substance abuse affect ADHD and executive functioning skills in children and teens

Define executive functioning skills and use effective, collaborative strategies for improving them

Describe how to implement practical and useful interventions for reducing conflict and improving cooperation with neurodivergent students and their families

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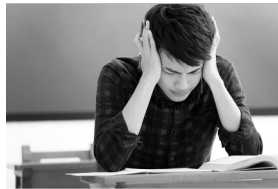
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DOES THIS SOUND FAMILIAR?

- ▶ *"I have a hard time making friends."* - Niles, age 12
- ▶ *"When someone gives me feedback, I expect it to be bad."* - Julia, age 14
- ▶ *"Not being able to focus when you want to."* - Tyrone, age 16
- ▶ *"I expect myself to succeed and I haven't been."* Leila, age 17
- ▶ The only friends I have are outside of the boxers too. Bree, age 11



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Using the 5C's of ADHD Approach

- Self-Control
- Compassion
- Collaboration
- Consistency
- Celebration



- Our goal is teaching executive functioning and social-emotional skills and fostering self-confidence while being more efficient and effective in the tasks of daily living.
- This is an integrative and collaborative method of reaching and teaching all kinds of learners using differentiating instruction and compassion.

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GET THE FACTS ABOUT ADHD IN CHILDREN AND ADOLESCENTS

- ADHD refers to living with persistent inattention, hyperactivity or impulsivity more severe than is typically observed in peers
- Male: Female ratio is 3:1
- Most inherited mental health condition: 57-75%
- Affects **10-11%** children and teens in the USA
- ***Productivity deficit, not accuracy problem***
- ***Disorder of self-regulation and metacognition***



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DIAGNOSTIC CONSIDERATIONS FOR BIPOC POPULATIONS

- ▶ Racism, structural bias and discrimination produce adverse health outcomes
- ▶ Recognize trauma
- ▶ Assess ADHD symptoms in context
- ▶ Account for observer bias
- ▶ Acknowledge how society misperceives children of color



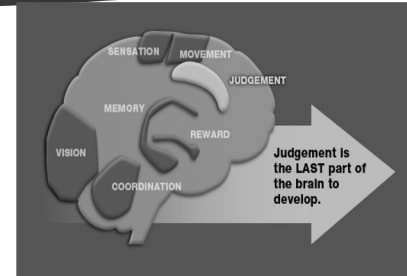
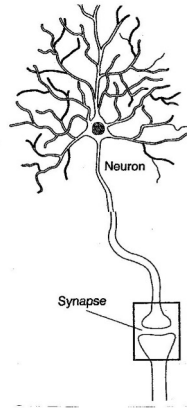
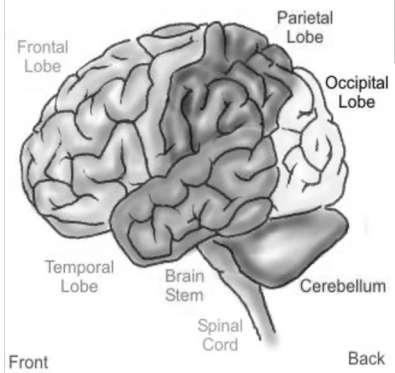
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THE HUMAN BRAIN

Regions of the Human Brain



The human brain reaches its full size and volume by age 10.
The adolescent brain is about 80% developed by age 18.

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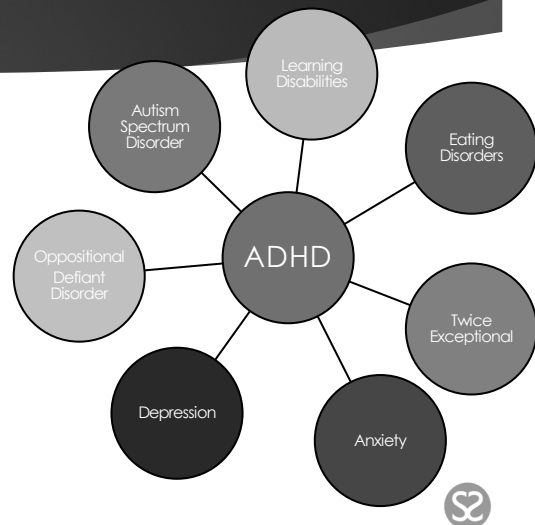
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ADHD RARELY TRAVELS ALONE

- **ADHD:** Affects 10-11% children and teens in the USA
- **Twice Exceptional:** .5% (9.1% with LD)
- **Learning Disabilities:** 2.3 million student in USA:
ADHD 70%, 2E 9.1%
- **Autism Spectrum Disorders:** 50% with ADHD
(14% ADHD as primary diagnosis)

Mental Health Issues:

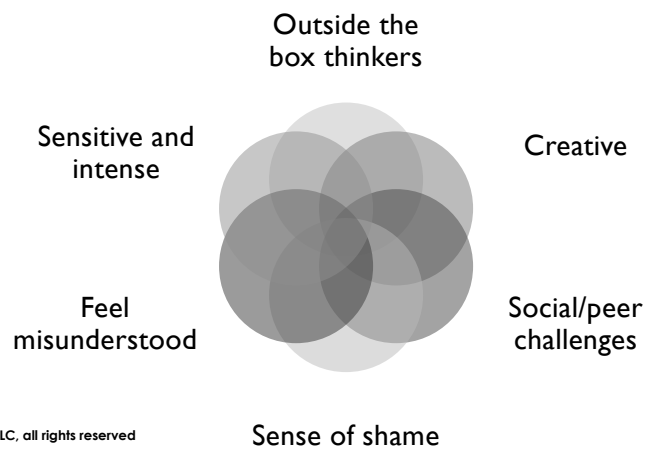
- **Anxiety:** 34%--9% general population 3-17
- **Depression:** 16-30%
- **Oppositional Defiant Disorder:** 40%
- **Substance abuse:** 10%
- **Eating Disorders:** 3.5x more likely



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LIVING WITH ADHD AND NEURODIVERGENCE



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COMMON FAMILY AND PEER ISSUES

Family Issues:

Increased parental stress and family conflict

- Higher economic burden: 5 times more
- Difficulty regulating emotions for everyone
- Greater parental involvement for daily functioning

Social challenges:

- 1/3 of kids with ADHD have social anxiety (Dr. T. Brown).
- Elevated levels of peer rejection.

- Missing visual, auditory or behavioral cues



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NEURODIVERGENT STUDENTS WANT TO DO WELL BUT STRUGGLE WITH HOW

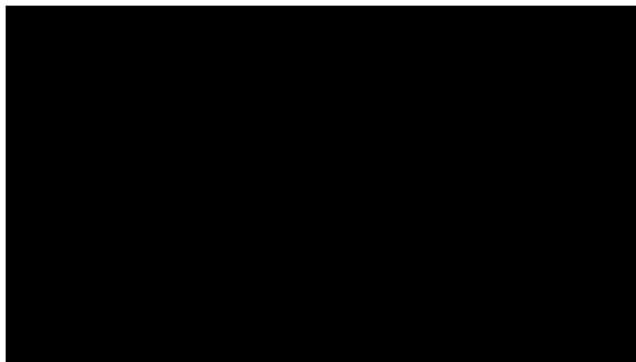
- ▶ Can't consistently access and apply what they know when they need to.
- ▶ Negative outlook.
- ▶ Rely on fixed mindsets.
- ▶ **Offer help by:**
 1. Normalizing different types of brains.
 2. Naming their brain as it reflects their lived experience.
 3. Emphasizing biology and genetic loading.



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Meet Arjun:

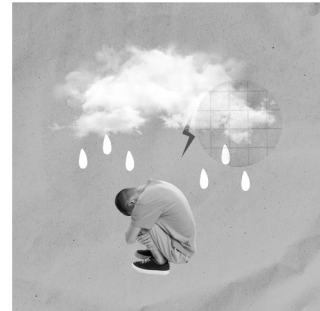


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THE WEIGHT OF SHAME

- ▶ Guilt focuses on what somebody has done.
- ▶ Shame focuses on who somebody is
- ▶ **Multiple sources of shame:**
 1. Societal misconceptions
 2. Negative school or social experiences
 3. External criticism
 4. Internal judgments
 5. Patterns of compare and despair



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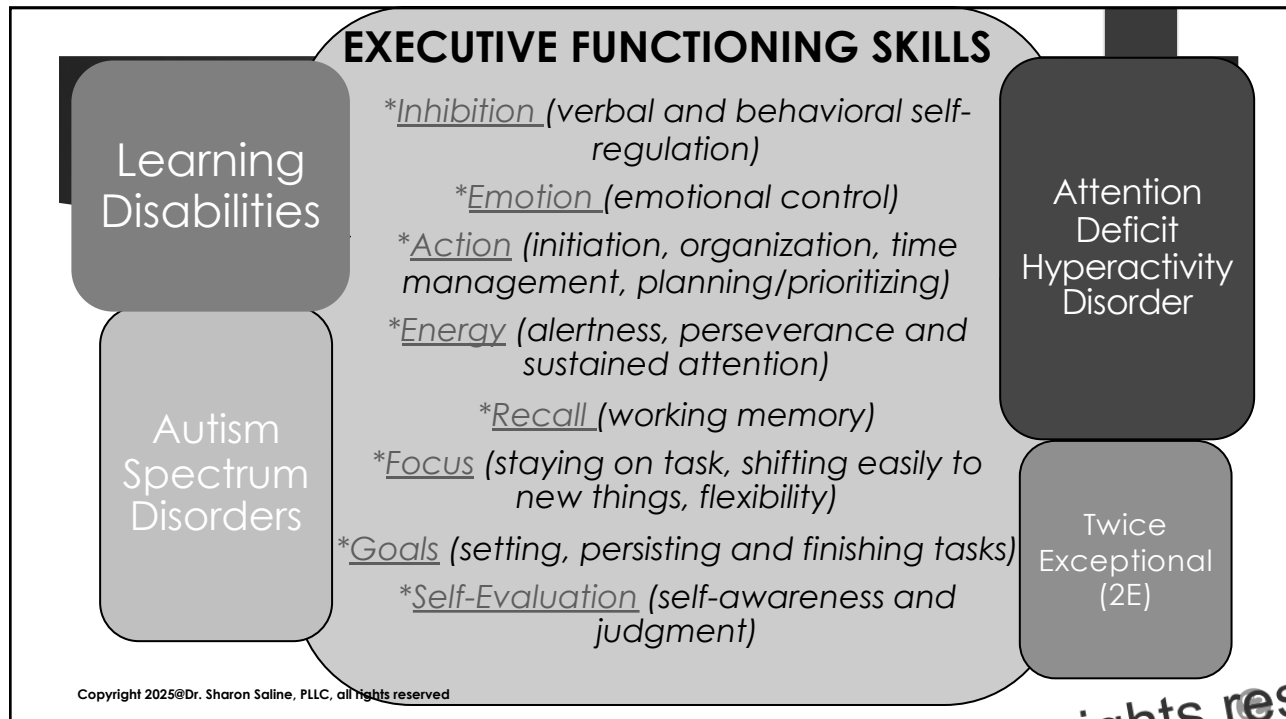
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POLL #1: WHICH OF THESE IS CHALLENGING FOR YOUR CHILD OR TEEN?

1. New situations
2. Academic work
3. Homework
4. Peer social issues
5. Emotional regulation
6. Impulse control
7. Low self-esteem

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WORKING MEMORY IS ESSENTIAL ASPECT OF EXECUTIVE FUNCTIONING

- Allows a person to hold several things “online” simultaneously
- Search engine of the brain Directly related to emotional control

Scaffolding and support:

- **Write things down**
- **Do one thing at a time**
- **Repeat instructions back**

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STRATEGIES FOR IMPROVING IMPULSE CONTROL AND EMOTIONAL REGULATION

- ▶ **Goal: Slow things down!**
- ▶ **Predict and plan for triggers**
- ▶ **Take a pause in the action**
- ▶ **Identify soothers**
- ▶ **Use STOP, THINK, ACT, RECOVER (STAR)**
- ▶ **Expect Setbacks and Stumbles**

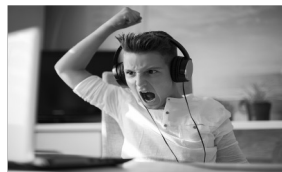


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BOYS WITH ADHD

- Hyperactivity is more common in boys but it's not their only symptom of ADHD
- Look for inattentiveness, poor verbal skills and increased aggression despite negative consequences
- Boys show more symptoms of oppositional and aggressive behaviors



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Meet Mateo:

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GIRLS WITH ADHD

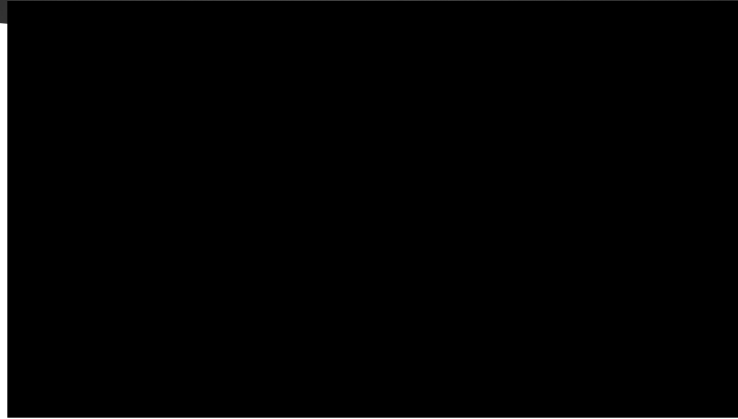


- Girls show more symptoms of anxiety and depression than boys.
- Girls are often diagnosed at a later age than boys.
- Girls tend to have inattentive ADHD, suffer silently or show fewer 'typical' symptoms.

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Meet Ananda:



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PAIR SHARE

- ▶ Pause and reflect on ADHD and neurodivergence.
- ▶ What are two new things that you've learned in this part of the presentation?
- ▶ How would you like to use these at home or at work?



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NERVOUSNESS VS. WORRY VS. ANXIETY

- ▶ Nervousness: unfamiliarity with novel task or situation
- ▶ Worry: how we think about something
- ▶ Anxiety: physical response based on negative thoughts
- ▶ Worriers have good imaginations.

Worriers will:

- ❖ Catastrophize situations, outcomes and concerns
- ❖ Interpret predictions as facts
- ❖ Focus on 'what if' thoughts over and over



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THE SOCIAL ANXIETY SPECTRUM

Social Anxiety

Rejection Sensitive
Dysphoria

Perfectionism

Imposter
Syndrome

CORE SENSE OF
DEFICIENCY

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STRATEGIES FOR DECREASING SOCIAL ANXIETY AND RSD

1. Identify limiting core beliefs and negative self-talk.
2. Find evidence that contradicts those beliefs.
3. Set a small goal that challenges their fear and is doable.
4. Use "Why am I talking Now?"-- WAIT Now.
5. Teach QTIP--Quit Taking It Personally.
6. Reinforce their strengths and plan post-experience positive self-talk.



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TOOLS FOR DECREASING PERFECTIONISM AND IMPOSTER SYNDROME

1. Address imposter syndrome, fear of failure and shame
2. Avoid 'Compare and Despair' and create realistic expectations
3. Break tasks down into smaller chunks
4. Apply past lessons to current situation
5. Talk about a 'recovering perfectionist' perspective



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8 TOOLS FOR ADDRESSING ANXIETY AND ADHD

1. Use validation instead of reassurance
2. Probability
3. Best case/worse case scenario
4. Fake it to Make it
5. Dear Past Self
6. The Superhero effect
7. Identify the goal: "I want ____; so I'm willing to ____."
8. Shift from worry to wonder: pivot to curiosity.



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STRATEGIES FOR DEALING WITH LYING, AVOIDANCE AND PUSHBACK

1. Look underneath rude words and inappropriate behaviors
2. Establish do-able routines
3. Use "Why am I talking Now?"-- WAIT Now
4. Create a system of "Take back of the day": TBD
5. Rely on natural vs. logical consequences
6. Set clear and appropriate expectations
7. Avoid comparisons



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Turn and Talk:

- ▶ Which of the tools and strategies for dealing with anxiety would you like to try?
- ▶ What potential obstacles might you face?

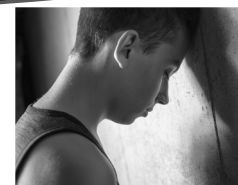


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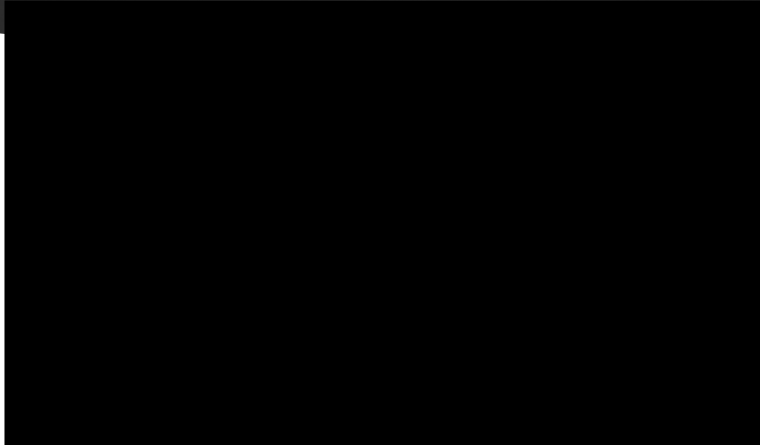
SHAME, FAILURE MENTALITY AND REFUSING HELP

1. Deep-seated sense of shame about having ADHD and/or being "different" from their peers.
2. Shame may be obvious or hidden.
3. It's easier not to try and fail, then try and fail.
4. Asking for help is often seen as a sign of weakness, stupidity and failure of independence



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UNDERSTANDING THE SHAME CYCLE



ADHD Symptoms



Feelings of inadequacy



Negative self-talk



Social stigma/misconceptions worsen emotions



Avoidance, denial, defensiveness and hopelessness



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Poll #2: WHAT IS ONE CORE BELIEF RELATED TO SHAME THAT YOU SEE IN NEURODIVERGENT KIDS?

1. Things never work out for me.
2. I embarrass myself.
3. I will fail again.
4. People don't like me.
5. I am not that smart.
6. I don't get things right (in school, friendships, etc.)

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**HELP STUDENTS
WITH ADHD
CHANGE PATTERNS
OF NEGATIVE
SELF-TALK**

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TALK BACK TO THE INNER OGRE

- ▶ Identify the triggers that set off negativity spiral
- ▶ Get perspective: "Your ADHD is a part of you, not all of who you are, It can be cool to be an outside the box thinker"
- ▶ Ask "Is this thought helpful? What could I focus on instead? What could go right?"
- ▶ Focus on a strength or accomplishment that day



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PRACTICAL TIPS FOR REDUCING SHAME BY BUILDING SKILLS OF DAILY LIFE

- ▶ Identify the triggers
- ▶ Use organization tools (planners, apps, etc)
- ▶ Break down tasks into manageable (micro) steps
- ▶ Build a structured, consistent routine to nurture habits
- ▶ Set guidelines for self-care including sleep, exercise, screens and nutrition
- ▶ learn how to ask for help comfortably



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RESILIENCE: THE ANTIDOTE TO SHAME

Focus on developing:

- Islands of competency
- Charismatic adults
- A growth mindset



Shift Perspectives:

- **Wonder** about what's going to happen instead of worrying about it
- Focus on what you **can** change
- See mistakes as **learning opportunities**
- **Control** what you **can**

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SHIFT THE FOCUS TO WHAT'S WORKING

- ▶ Two steps forward and one step back is still forward movement
- ▶ YES starts the process of change; YET keeps it going
- ▶ Discuss fears of failure: Describe and investigate
- ▶ Focus on noticing effort as much or more than outcome
- ▶ Ask "What could right?" instead of "What could go wrong?"



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