

# DO I ALSO GET TO HAVE SENSORY NEEDS AS A CCLS?

By: Anonymous

Neurodiversity is a topic that's having a big moment in mainstream society these days. Attention-deficit/hyperactivity disorder (ADHD) in particular feels like an increasingly common diagnosis, both in children and adults. ADHD, by definition, is an "ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development" (U.S. Department of Health and Human Services, 2023). The main symptoms of ADHD include inattentive behaviors, hyperactivity and impulsivity. Adult ADHD is a similar yet different diagnosis and the symptoms "may not be as clear as [in] children. [Hyperactivity] may decrease, but struggles with impulsiveness, restlessness and difficulty paying attention may continue" (Mayo Foundation for

Medical Education and Research, 2023). When I was in school and thought of a kid with ADHD, I thought of a boy running around a classroom who needed to be reminded to sit still. It never even occurred to me to think about that boy growing up and being an adult. This article details my personal experience learning about ADHD as an adult, getting diagnosed and learning to accept my new normal.

There has been a documented recent rise in ADHD diagnoses in recent years. This is in part due to "changing diagnostic criteria and increasing awareness of the disorder in marginalized populations, especially individuals of color and females" and an increase in public knowledge "through the media and [particularly] social media" (Abdelnour et al., 2022).

Part of the boom in mainstream interest in neurodiversity is the reason I went to get diagnosed. I had seen all the TikTok videos and, irony of all irony, was getting a master's degree in developmental disabilities. I spent time in school learning how to break down a child's individual needs, particularly learning and sensory, and build accommodations tailored to them. I felt like I was continuously hearing about ADHD and seeing videos of other people getting an adult diagnosis. So I took my concerns to a psychiatrist and waited for them to tell me that I was just overreacting or projecting. But my intuition was correct. And I didn't really know where to go from there.

There are so many positives to the unique way my brain works. I am, by nature, a loud



person with a tiny attention span and a million creative ideas. That tiny attention span makes it incredibly easy to relate to my younger school age patients, and create coping plans that benefit them. Building rapport is almost always a breeze because one of my biggest strengths is being able to ramble on about something completely random and constantly switch topics on the fly.

All those crazy ideas turn into exciting projects that might just solve a problem our department didn't know could be solved. I thrive on seeing a lot of patients and having many things to do, and getting to organize everything in my head as if it were a game. I can see the school aged kid for an IV prep then jet off to the teenager appendectomy prep then talk to the mom crying that her child is being admitted all while wondering if the nurses are ready for that original IV and if I have the right stress ball in my pocket.

I have a unique understanding of my patients and their potential triggers, and it's all thanks to my sensory needs. I am fortunate to be in the perfect unit for me where I get to do a plethora of things at once and use my crazy brain in a pattern that it thrives in.

Where I trip up is the interpersonal relationship of it all and what to do when I am escalated. How ironic, I teach kids de-escalation plans when I can't even sit down and think of my own. I am the first one to advocate for a sensory break or different approach for a patient, but the last one to advocate for myself. If I didn't keep my email open in front of me, I would never remember to answer one. In emotionally charged situations, I can be sensory overloaded. When people are yelling at each other, I can take things personally and get worked up.

I don't always know how to verbalize the emotions that I am having in an appropriate way. I talk over people because my mind is already ten steps ahead. When I am sensory overloaded, I freeze. Or cry. And I don't want to be that person. But I'm terrified that I will never be able to be "accommodated" that way that little boy might be in school. What if I tell my boss that I need certain accommodations? And what if they think less of me for it?

Sensory issues are a part of ADHD that I am ashamed to say I really didn't know much about. I knew about hyperactivity and impulsivity but that's where my knowledge fell short. Once I went to school and learned about the sensory issues that could be attached, I gained a better understanding of, not only my patients, but of all these things I'd thought everyone dealt with. The flickering light makes it hard for me to remember how to spell certain words. The song playing in my head makes it hard for me to focus on a conversation. My intern chewing gum next to me while a song was playing on the computer making it so I couldn't read the screen.

I can't process conversations auditorily as well as I can visually. I really need a minute or two to be able to understand what someone is saying to me to be able to respond correctly, but it feels like my mouth talks before my brain has time to think. I grew up believing that kids with sensory issues had to have autism which is a terrible misconception to have. Neurodiversity is a broad spectrum and being able to work with everyone on every part of that spectrum will only help this field in the long run.

We, as child life specialists, have extensive training in "typical" developmental level and behavior for children of all ages. Some of us choose to take classes on "atypical" development or on neurodiversity. Some hospitals have



programs dedicated to our neurodiverse and sensory population. I find that navigating through life as an adult with ADHD has made me look back on all my child life knowledge and classes, trying to figure out how to apply that knowledge to and advocate for myself.

In a perfect world, all my colleagues would have knowledge about how neurodiversity could present itself in adults. Seeing an overwhelmed colleague would lead to a pause, thinking “Maybe it’s not just that person’s personality” or “Maybe they aren’t overly emotional.” Maybe our world isn’t set up for adults with impulsivity and emotional reactivity issues. Maybe the “staff” part of our hospital is a sensory nightmare. All ADHD, and neurodiversity, presents differently so I don’t want to make blanket recommendations. But these are a few things that would help me and my personal brand of ADHD.

As child life specialists, we are set up to be able to provide the best of care for our patients, no matter their neurodiversity. Our background knowledge gives us unique insight into how to utilize different coping mechanisms for

patients. My hope is that we can further apply that knowledge into how we treat adults and colleagues who are also on the neurodiversity spectrum.

The first step is providing enough resources and sensory friendly environments where these staff members feel comfortable coming forward with their diagnoses and ideas for accommodation. There is already a great article in the Bulletin called “[Supporting Autistic Child Life Students](#)” by Mary Ann Gill which sheds light on how child life professionals can support autistic colleagues, and has applicable knowledge onto colleagues with other types of neurodiversity.

I love our field and work, but I also see the unequal juxtaposition of professionals who are supposed to be advocates for those with all levels of developmental ability and sensory needs, and the feeling that we ourselves need to be neurotypical and perfect. I feel the weight of it every day and I am terrified I will never be a good enough child life specialist to overcome it.

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## Accommodations Ideas

- **Visual information processing:** Options for visual aides should be present in all meetings, including written itineraries prior to meetings. Different people process information differently. Providing visual aides prior to the meeting allows time to think and process potential ideas or questions to feel like I can contribute appropriately. Providing visual information during the meeting (such as a projected itinerary) allows for a wider variety of learners to learn in real time.
- **Sensory breaks:** The option to get up and walk away from an overstimulating situation could be a real option, even as a 5 minute break to fix my sensory overload. It can be embarrassing to feel like I can't conduct myself "properly" for an adult, or that my feelings and behaviors make me "not professional."
- **Sensory-friendly seating:** The need for different seating options doesn't end just because those of us over the age of 18. Sometimes sitting "properly" in a chair can make me feel fidgety or uneasy. Sitting with my feet up makes me feel more contained and hits on my need for proprioceptive input, or "a sense of body awareness" and "controlling force of pressure" (Centre for Autism, 2024). The feeling of being contained makes me able to focus better on my work. Other options can include being able to sit on the floor when overwhelmed or on a backwards chair to be able to lean more of my body on the chair.
- **Multiple smaller breaks:** One long break can actually feel more like work to me. I don't like to sit still for that long and find myself feeling less at ease than before, sometimes ending my break early because I am so antsy. I prefer to split my hour break into three different twenty minute breaks to both break up my long day and help myself feel more rested.
- **Meeting reminders:** I will look at my schedule for the day and then immediately forget I have a meeting in five hours. To combat this, my coworkers know to send my meeting invites to my google calendar so I can have my phone give me a 15 minute alert before the meeting starts. Personally, I also have this connected to my smart watch because there is too much visual noise with alerts on my phone. I can get distracted with texts and other meetings later in the day when looking at my phone. The watch only shows one notification at a time.
- **Earplugs:** Sometimes the amount of noises or different conversations can overstimulate me. I find it hard to focus when certain noises or music is playing, alongside other conversations. ADHD can "affect executive function and attention" which increases difficulty for "process[ing] sensory input, including sounds, [making it difficult] to interpret sounds" (Medical News Today, 2024). I would love to wear earplugs made for noise reduction, not full noise cancellation, but I fear judgment and misunderstanding from coworkers.