ECHO IDAHO

Behavioral Health in Primary Care

Neuroinclusivity in the Primary Care Setting

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Sara Lupardus, LCSW

Clinician/ Principal Consultant

Enlightened Therapy Solutions

University of Idaho
School of Health and Medical Professions

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About Me!

- 17 years experience working within behavioral health, in executive leadership, advocacy, and client care.
- Owner/Operator of Enlightened Therapy Solutions in Boise, ID
- ADHD Certified Clinical Services Provider
- Autism Spectrum Disorder Certified Clinical Services Provider
- Neurodivergent-focused diagnostic assessments and therapy
- Formally trained in
  - Differential diagnoses
  - ADOS-2
  - MIGDAS-2
  - EMDR, Motivational Interviewing, crisis intervention, PCBH models of care
- ADHD, combined type!

Learning Objectives

- Definitions and Psychoeducation
- Addressing the Elephant in the Exam Room
- Psychological/Communication Strategies
- Practical Applications
- Behavioral/Infrastructure Strategies
- Bonus: Self Development Strategies

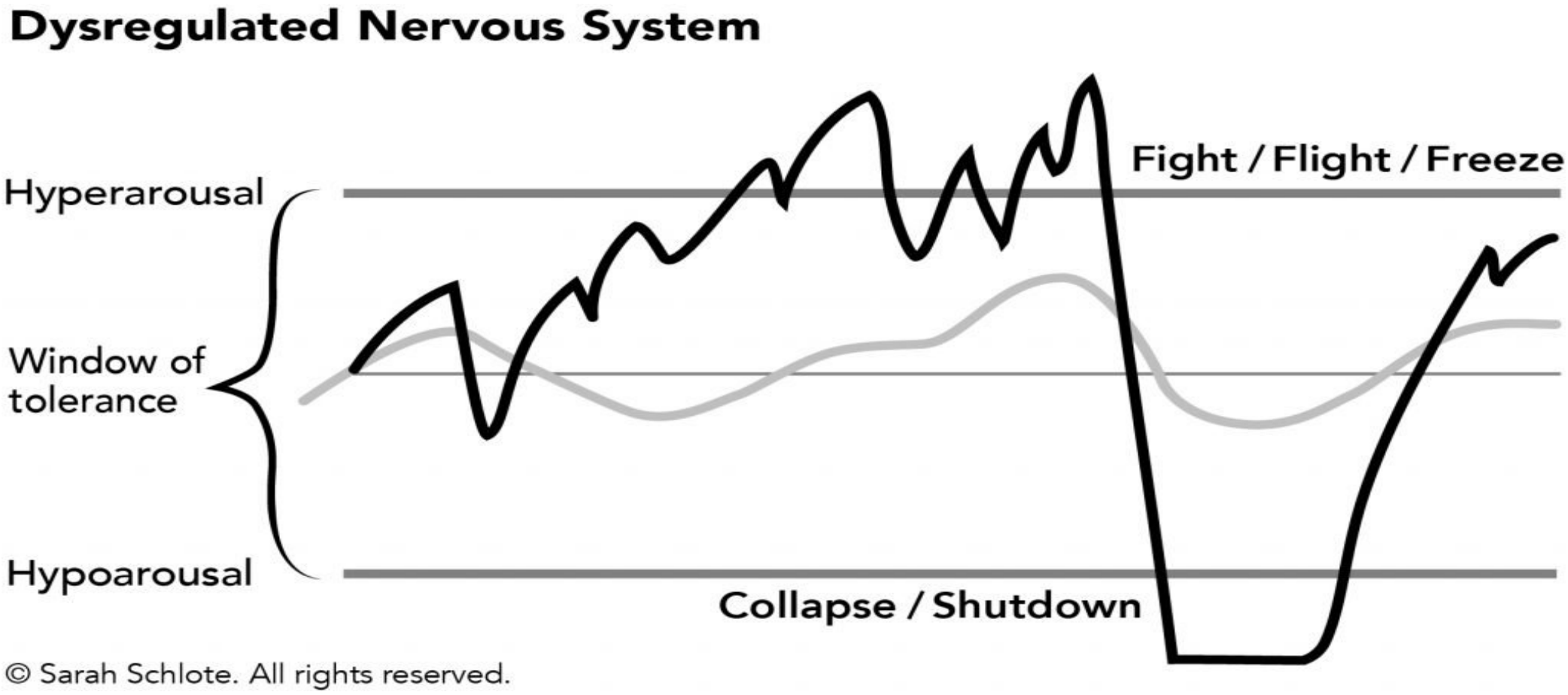
What do we mean when we say ‘Neurodivergent?’

Neurodivergent is a non-medical term used to describe people whose brains develop or work differently for some reason.

- Most often used when we are referring to neurodevelopmental disorders such as Autism Spectrum Disorder and ADHD, within the behavioral health space.
  - Dyslexia, dyspraxia, dyscalculia, etc. also fall under this label.
- Many people are now also including Obsessive Compulsive Disorder, Borderline Personality Disorder, PTSD, Tourette’s and even Bipolar Disorder under an umbrella of neurodivergence.

- For today’s session, I will be focusing mostly on people with Autism and/or ADHD

Window of Tolerance



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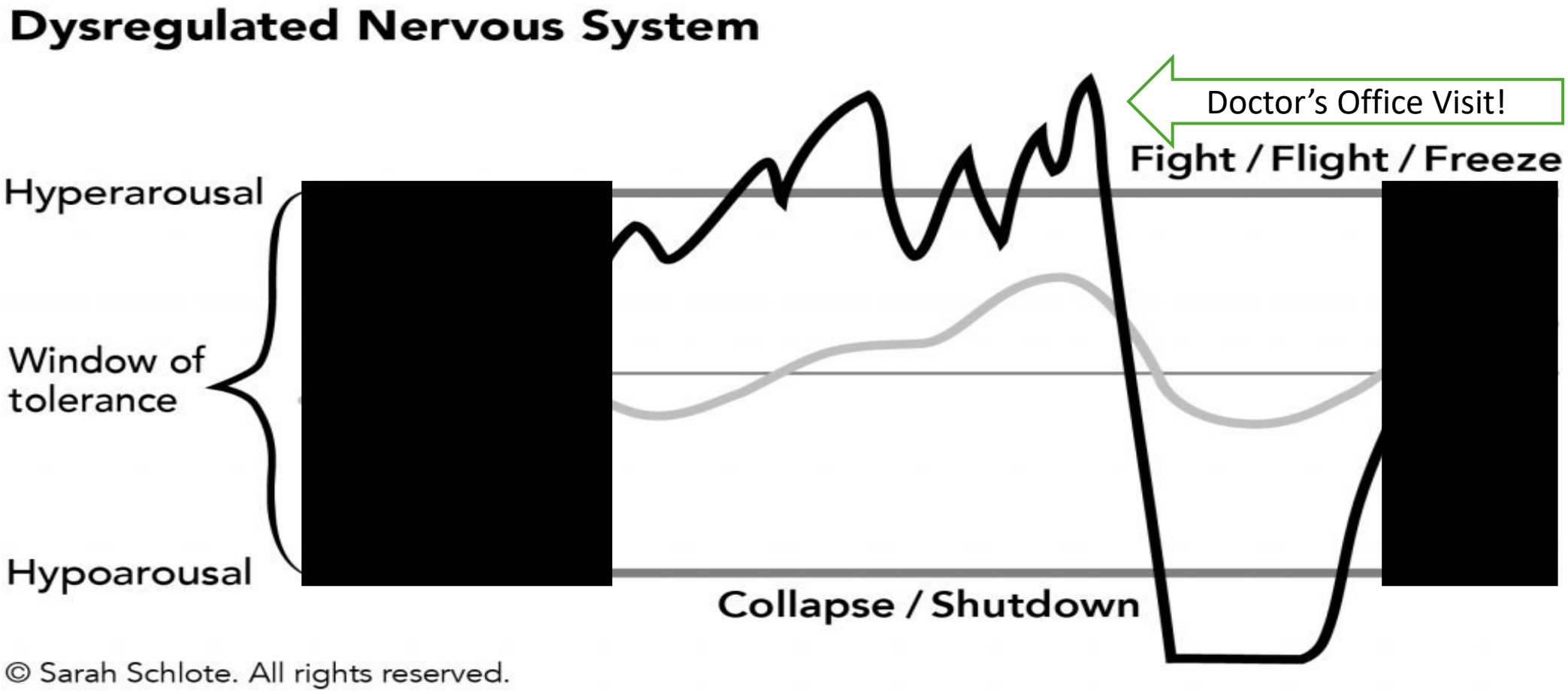

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Cool, but what does that mean for me, the provider?

We want to help our patients maintain their nervous system regulation so that they can better participate in their appointment.

Whatever patience you have for your patients, have a little more!

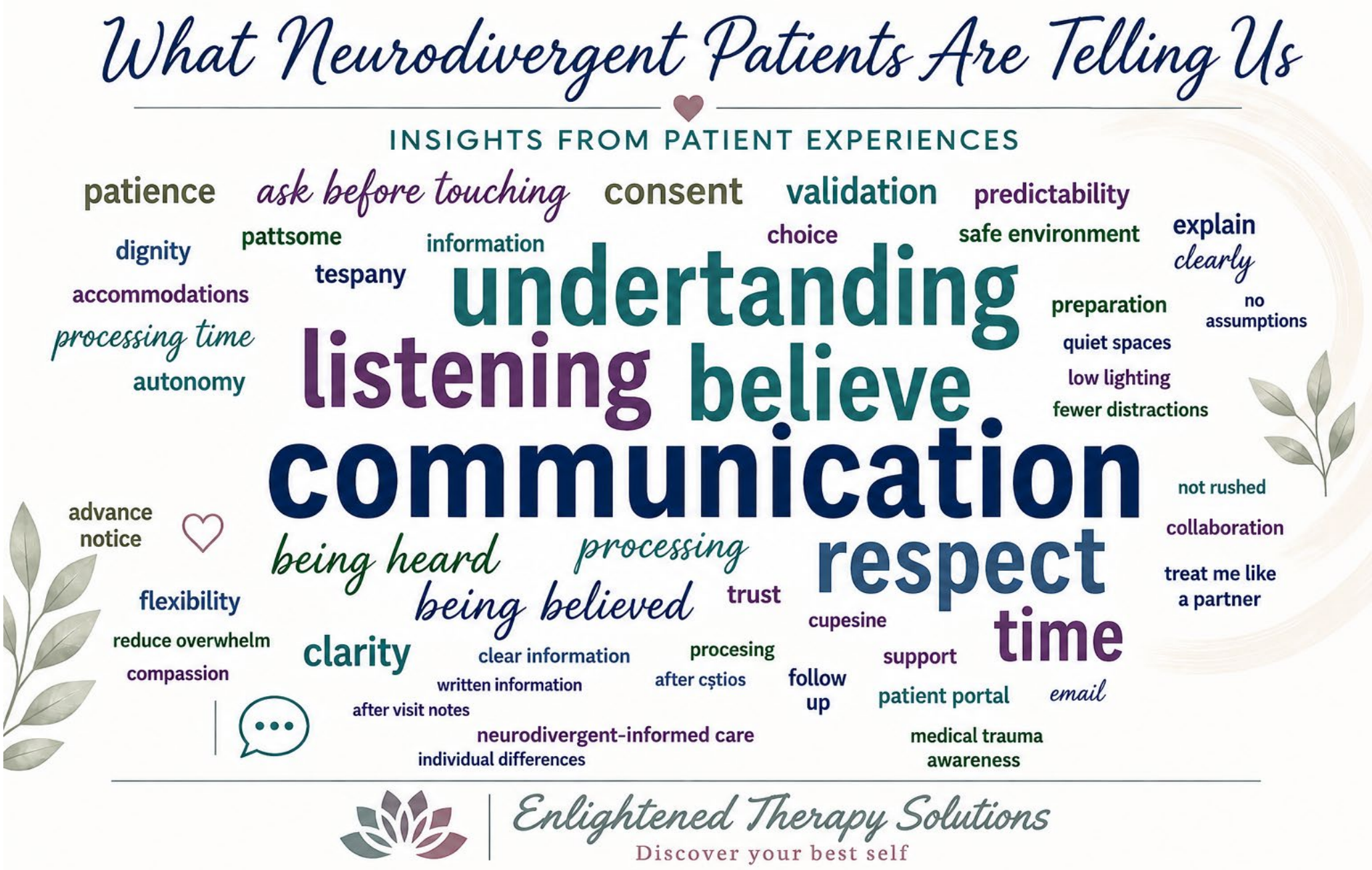
What Can Neurodivergence in the Patient Setting Look Like?

- Communication issues
- Quick to irritability/ excitability/ emotionality
- Confusion/ delays in answering questions/ ‘freeze response’
- Obstinance/ refusal to cooperate
- Lack of trust
- Flat affect
- Issues being touched, or ‘jumpy’ when touched
- Low interoception (unable to tell you how they’re feeling)
- High interoception (can feel very small changes in their condition)
- Rumination/ fixation on resolving specific symptoms
- Giving lots of information(you maybe did not ask for!)

Origin of Information

- 170/345 respondents
- Ages 18-68
- Asked to openly comment on the following statements:

- What are ways you think your own experiences in healthcare could be improved, specifically related to your neurodivergence?
- Do you have any general tips on how providers can do better when working with neurodivergent patients/clients?
- Please share any stories of things providers have said to you, positive or notsomuch.
- Please share any stories of experiences, positive or notsomuch.



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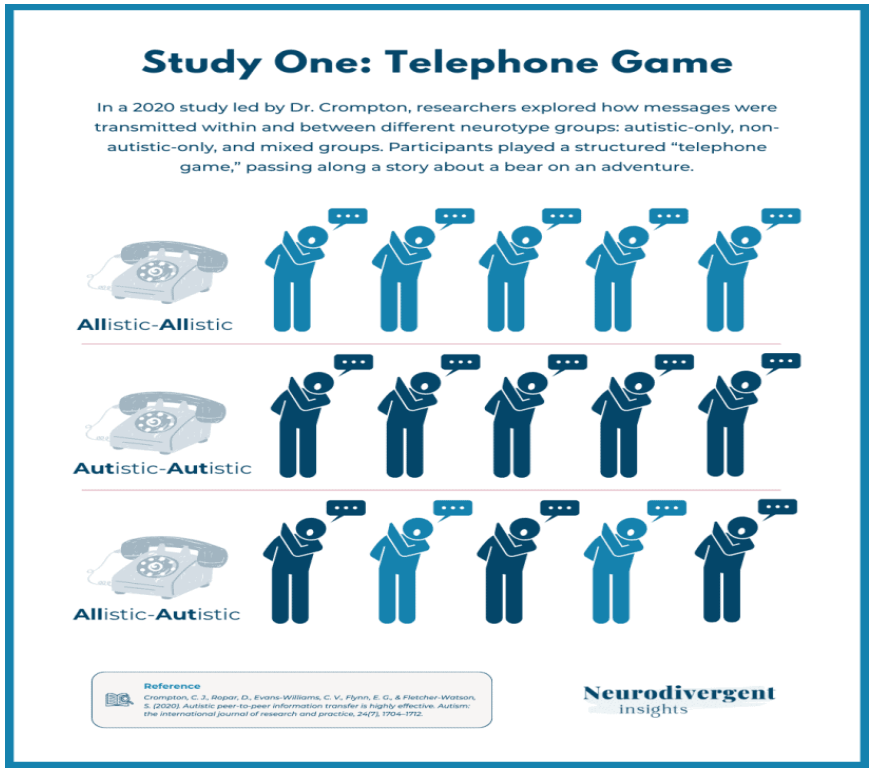
Communication ‘deficit’ vs. ‘difference’

- The Telephone Game Study by Doctor Catherine Crompton et al
  - University of Edinburgh



What does someone with neurodivergence need?

- Predictability
- Safety
- Clarity
- Processing time
- Low sensory environment
- To feel heard
- To be believed

The Elephant in the Room
Social Media Influence on Self-Diagnosis, over-identification with diagnoses, and the biases that can come with that

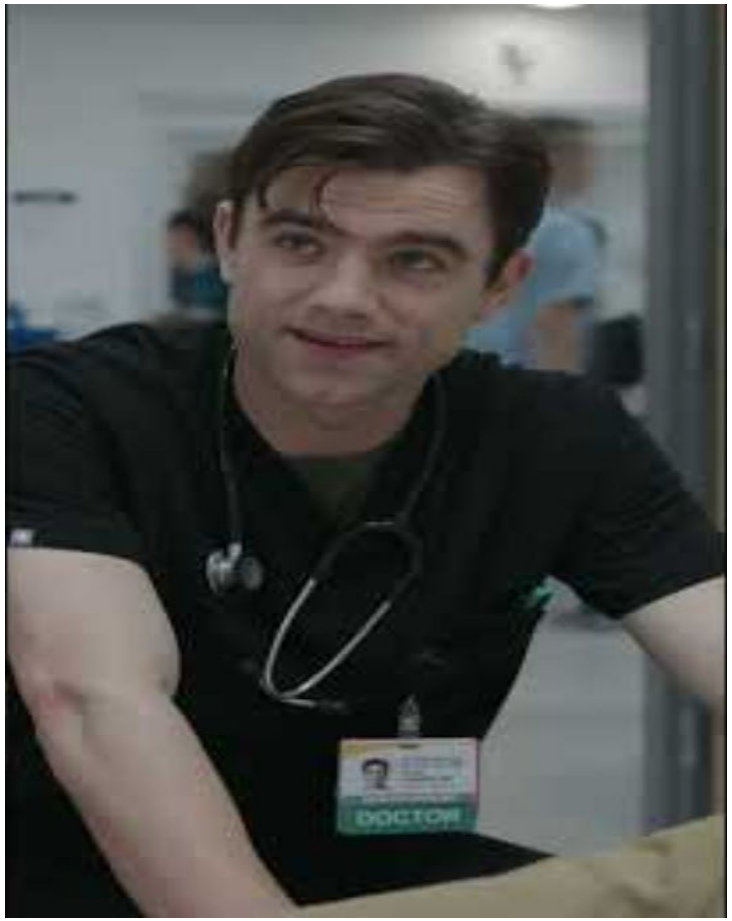
- Self diagnosis
- Identity as a **neurodivergent person**

- Ultimately, this is a demographic of folks who, over the course of their lives, have struggled to fit in, adjust to social norms, or feel understood. They are looking for belonging.

Psychological/Communication Strategies

- Meet them where they're at
- Approach with curiosity
- Explain/ narrate what you're doing
- Consent to touch/ Explain why you are touching
- Paraphrase often- "just to be sure we're on the same page, you are experiencing [fill in the blank]. Did I get that right?"
- Summary at the end of the encounter

Communication Example 1



What issues did you catch? Type in the chat

- Didn’t notice Terrence’s closed-off stance
- Dismissed Terrence’s used of the word ’everted’
- Lack of consent to touch
- Took it personal!

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Communication Example 2

How did this encounter go? What went well? Type in the chat!

- Immediately reducing sensory input
- Moving more slowly, approaching with curiosity
- Meeting Terrence where he's at

Behavioral/Infrastructure Strategies

- A way for ND patient to signal they are neurodivergent, without having to tell you out loud
  - Sign in exam room inviting ND folks to turn off the lights
  - An item that can be placed into a basket
  - A card that can be flipped
- Allowing alternative ways to schedule, such as through client portal
- Prior to appointment, sending message through patient portal of what to expect at appointment, especially if there is a procedure/ lab collection
- Waiting room
  - Space seating farther apart
  - Designated ‘quiet area’ seating

Behavioral/Infrastructure Strategies (cont'd)

- Be willing to be flexible with what happens in the appointment
- Longer appointment times for established ND patients
  - Medical codes allow for anywhere between 10-55 minutes. On average, doctors spend between 10-20 minutes (CPT 99212; 99213). Give ND patients 30 minutes (CPT 99214).
- Give processing time
  - Part of that 30-minute appointment
  - "I'm going to give you some time with that information, and I will be back in to see if you have any questions."
  - Encourage communication/ questions through patient portals

Bonus: Self Development Strategies

- Don’t take anything personal
- Acknowledge your biases
- Take a break if needed
- Practice Radical Acceptance

Key Points

- Clients who identify as neurodivergent are more easily dysregulated due to their unique nervous systems; so, to have a productive appointment with them, we need to do what we can to help them stay within their window of tolerance.
- Communication strategies center around slowing down, providing explanations, asking for consent, giving time to process, and meeting them where they are at
- Behavioral strategies center around allowing alternative ways to let patient communicate their neurodivergence to you, prepping patients for what to expect at their visit, and being flexible
- Infrastructure strategies center around ways to make the physical spaces less overstimulating, and extending appointment times

Thank You!

Enlightened Therapy Solutions

Discover your best self

If you are interested in working with me, please see below!

sara@enlightenedtherapyidaho.com

208.957.9517

www.enlightenedtherapyidaho.com

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References

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