

Understanding

AuDHD

When Two Neurotypes Meet



ESC Visual Guide

Emma Sachsse Counselling

Inspired by Dr Megan Anna Neff / Neurodivergent Insights

What Is AuDHD?

AuDHD is the informal term for the co-occurrence of autism and ADHD in the same person. It is not a new diagnostic category – it is the lived experience of carrying both neurotypes simultaneously.

Before 2013, you could not receive both diagnoses.

The DSM required clinicians to choose one – or the other.

DSM-5 removed this exclusion. AuDHD could finally be named.

What does co-occurrence mean in practice?

Not simply "autism plus ADHD"

AuDHD creates a distinct profile. The two neurotypes interact – sometimes amplifying each other, sometimes creating apparent contradictions.

A unique neurological signature

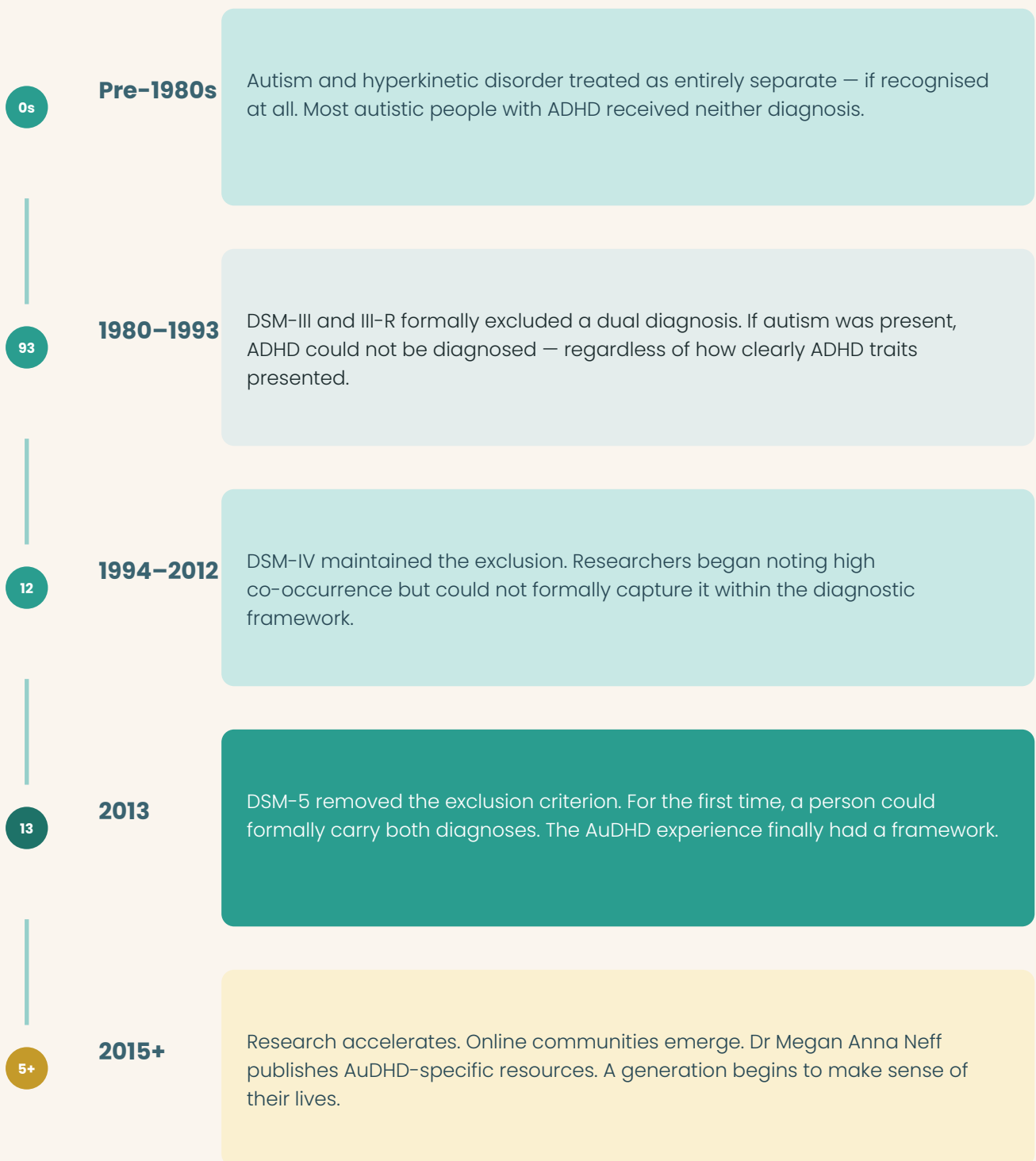
Research increasingly suggests AuDHD has its own patterns of executive function, sensory processing, and social experience that differ from either condition alone.

Common but underrecognised

Studies estimate 50–70% of autistic people also meet ADHD criteria, and 20–50% of people with ADHD show significant autistic traits.

The Co-occurrence We Almost Missed

The history of AuDHD is a story of a diagnostic blind spot that cost countless people decades of understanding.



***An estimated 50–70% of autistic people also meet criteria for ADHD.**

Dr Megan Anna Neff

Psychologist · AuDHD · Author · Founder, Neurodivergent Insights

Dr Megan Anna Neff is a neurodivergent (AuDHD) psychologist, author, and educator who founded Neurodivergent Insights after her own adult AuDHD diagnosis. Her work blends rigorous clinical expertise with lived experience.

Neurodivergent Insights (NDI)

A growing library of visual guides, articles, and resources for neurodivergent people and the clinicians who support them — grounded in research and real life.

neurodivergentinsights.com

Key Works

Self-Care for Autistic People

2023

Practical strategies grounded in lived experience and neuroscience. Available at all major booksellers.

The Autistic Burnout Workbook

2024

A guided resource for understanding and recovering from autistic burnout.

About this guide series

This resource was directly inspired by Dr Neff's NDI Visual Guide format.

We are grateful for her generosity in sharing this approach.

She also recommends:

Dr Neff's visual guide series and membership community at neurodivergentinsights.com/membership

What Makes AuDHD Distinct?

AuDHD is not simply autism added to ADHD. The two neurotypes interact — the result is a distinct profile, often more complex than either condition alone.

Key features of the AuDHD profile:

Internal contradiction

Autistic need for routine clashes with ADHD novelty-seeking and impulsivity. Many describe feeling pulled in opposite directions simultaneously.

Amplified executive function challenges

Both conditions affect executive function — but differently. Together, the impact on planning, initiation, and emotional regulation is compounded.

More complex masking

Autistic masking is layered with ADHD impulsivity that frequently breaks through. The cognitive and emotional cost is significant.

Distinct sensory profile

Autistic sensory differences combine with ADHD's poor sensory gating. Overstimulation thresholds are often lower and harder to manage.

Pronounced emotional dysregulation

Emotional intensity is amplified in AuDHD — rapid mood shifts, rejection sensitivity, and difficulty identifying emotions are common.

The Masking Paradox

Masking – camouflaging neurological traits to appear neurotypical – is well-documented in autistic people. In AuDHD, it becomes significantly more complex.

Autistic Masking

- Suppressing stimming
- Forcing eye contact
- Scripting social interactions
- Performing "normal" responses
- High cognitive cost; leads to burnout

ADHD & Masking

- Hiding impulsivity and restlessness
- Over-preparing to appear organised
- Compensating for forgetfulness
- Shame-based coping strategies
- Impulsivity frequently breaks the mask

In AuDHD: When Masks Stack Up

AuDHD masking is layered – suppressing both autistic and ADHD traits simultaneously. The cognitive load is enormous. Many describe exhaustion, identity confusion, and late-day collapse after sustained masking.

The cost of sustained masking:

- Autistic burnout – profound physical and cognitive exhaustion
- Delayed or missed diagnosis – masking obscures symptoms from clinicians
- Mental health impact – anxiety, depression, and low self-worth are common

Dr Russell Barkley

Executive Function & What It Means for AuDHD

Barkley's executive function model is essential for understanding AuDHD. His framework illuminates a central AuDHD frustration: the gap between knowing what to do and actually doing it.

Barkley's EF Model Applied to AuDHD

- **Behavioural Inhibition**

Both conditions impair the capacity to pause and reflect. Autistic rigidity and ADHD impulsivity produce contradictory patterns.

- **Working Memory**

Detail-focus combined with ADHD working memory deficits creates highly variable performance.

- **Emotional Self-Regulation**

Alexithymia (common in autism) and ADHD emotional impulsivity interact in exhausting ways.

- **Time Perception**

Barkley's "temporal myopia" is often acute in AuDHD — difficulty sensing time affects daily function

***"ADHD is not a problem of knowing what to do.
It is a problem of doing what you know."***

— Dr Russell Barkley

For AuDHD individuals, this gap between knowing and doing is often widened. Autistic inertia combined with ADHD task-initiation difficulties creates a particularly complex profile — one that requires neuroaffirming, strengths-based support.

Understanding the "why" is the first step toward useful support.

Not trying harder.

Working with the brain, not against it.

Seeking Support with AuDHD

AuDHD requires a clinician who understands the interaction — not just one condition in isolation. A neuroaffirming approach starts from the premise that the brain is different, not broken.

What tends to help:

Neuroaffirming therapy

ACT works with the person's neurotype rather than trying to normalise it. Schema Therapy addresses early maladaptive schemas from years of masking and misunderstanding.

Environmental accommodations

Reducing sensory load, building in transition time, using external structure to support working memory. Accommodations treat the environment, not the person.

Sensory regulation

Identifying sensory needs and building regulation strategies — not as a "cure" but as a way to manage the nervous system before it becomes overwhelmed.

Safe unmasking

Therapy that acknowledges the cost of masking — and works toward identity, self-compassion, and the freedom to simply exist as you are.

Community and connection

Finding other AuDHD people is often described as profoundly validating. Being seen by people who share your experience changes everything.

Resources & References

PRIMARY INSPIRATION & RECOMMENDED RESOURCE

Dr Megan Anna Neff — Neurodivergent Insights

This guide was directly inspired by Dr Neff's NDI Visual Guide format. Neurodivergent Insights offers the most comprehensive AuDHD-specific resources available — written from lived experience and backed by clinical expertise.

neurodivergentinsights.com · [@neurodivergent_insights](https://twitter.com/neurodivergent_insights)

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ABOUT THE PRACTICE

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Emma Sachsse is a neurodivergent AMHSW and sole practitioner based in Gawler, South Australia. Her practice is neuroaffirming, trauma-informed, and identity-inclusive, working across anxiety, depression, ADHD, AuDHD, trauma, and identity and sexuality.

Therapeutic approaches: ACT · Schema Therapy · Motivational Interviewing

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Emma Sachsse Counselling acknowledges the Kurna people of the Adelaide Plains as the Traditional Owners of the land on which this practice operates. We pay our respects to Elders past and present.