AuDHD

Understanding AuDHD

When Two Neurotypes Become One

ESC Resource Guide

Emma Sachsse Counselling

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 or masking 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.

Diagnostic labels can feel both liberating and limiting. They help us understand we aren't broken — just differently wired — and they unlock resources and medication. But neurodivergent traits are often fluid and overlapping, and the siloing of neurodivergence into neat categories can feel reductive. The map is not the territory.

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.

Pre-1980s

Autism and hyperkinetic disorder treated as entirely separate — if recognised at all. Most autistic people with ADHD received neither diagnosis.

1980–1993

DSM-III and III-R formally excluded a dual diagnosis. If autism was present, ADHD could not be diagnosed — regardless of how clearly ADHD traits presented.

1994–2012

DSM-IV maintained the exclusion. Researchers began noting high co-occurrence but could not formally capture it within the diagnostic framework.

2013

DSM-5 removed the exclusion criterion. For the first time, a person could formally carry both diagnoses. The AuDHD experience finally had a framework.

2015+

Research accelerates. Online communities emerge. Dr Megan Anna Neff and Bridgette Hamstead publish AuDHD-specific resources. A generation begins to make sense of their lives.

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

INSPIRATION & RESOURCE

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. She has published books including The Autistic Burnout Workbook and Self-Care for Autistic People, and blogs regularly at neurodivergentinsights.com.

As part of her upcoming book project on the AuDHD experience, she asked her community what finding this term gave them. Here's what people said:

"I feel like I actually understand what's happening in my head for the first time."
"It helped me understand the push-pull I always felt. I thought it was low self-esteem, but the contradiction finally made sense."
"I give myself more grace now. I'm less frustrated with the constant tension between the two states."
"Seeing other people describe my experience made me feel less wrong... less alien... less alone."

Again and again, people described relief, validation, and a loosening of shame. Having language for something changes how it feels. Contradictions start to look less like personal failures and more like the shape of our neurology.

neurodivergentinsights.com/what-is-audhd

Neurodivergent Insights (NDI)

Visual guides, articles, and resources for neurodivergent people and the clinicians who support them — grounded in research and real life.
neurodivergentinsights.com

Understanding Interoception

Our ability to sense internal body signals — essential reading for AuDHD.
neurodivergentinsights.com/what-is-interoception

Recommended:

Visual guide series & membership — neurodivergentinsights.com/membership

What Makes AuDHD Distinct?

AuDHD is not simply autism added to ADHD. The two neurotypes interact — amplifying, modifying, and creating entirely new patterns. The result is a distinct neurology, not two conditions running in parallel.

Key features of the AuDHD profile:

Internal contradiction

Autistic need for routine may clash with ADHD novelty-seeking. You may crave predictability and simultaneously find it intolerable — not a personal failure, but two regulatory systems pulling on the same resources.

Amplified executive function challenges

Both conditions affect executive function — but differently. Together, the impact on planning, initiation, and emotional regulation is compounded. The brain accesses motivation through interest, not importance — and that is neurology, not character.

More complex masking

Autistic masking is layered with ADHD impulsivity that frequently breaks through. The cognitive and emotional cost is significant — each set of traits can obscure the other from clinicians.

Distinct sensory profile

Autistic sensory sensitivities combine with ADHD difficulty filtering sensory input. 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 (alexithymia) 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 or avoiding eye contact
- Discomfort making small talk
- Scripting social interactions
- Performing "normal" responses

ADHD & Masking

- Suppressing the need to fidget or move
- Monitoring "correct" amount of eye contact
- Suppressing the urge to talk/interrupt
- Over-preparing to appear organised
- Compensating for forgetfulness

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
- Emotional dysregulation leading to difficulties in close relationships
- Alexithymia — losing touch with internal signals, interoception, and sense of identity
- Mental health impact — anxiety, depression, and low self-worth
- Losing the chance to find our people — and be genuinely seen

KEY FRAMEWORK

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 significantly.

> *"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 — and that difficulty often comes from environments that weren't designed for your nervous system, not from a deficit in you.

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.

> *"When we build framework from neurodivergent experience instead of clinical categories, people recognise themselves immediately. That recognition matters. It is not just personal validation. It is political clarification."*
>
> — Bridgette Hamstead

Resources & References

RECOMMENDED RESOURCES

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

Bridgette Hamstead — NeuroJustice

AuDHD writer, advocate, and architect of the Neurodiversity Justice Framework. Her work reframes neurodivergence as a site of knowledge and structural transformation — not a deficit to be managed. Founding Director, Fish in a Tree. She also runs The Trouble With Being Good Community Circle for late-identified AuDHD women.
bridgettehamstead.substack.com · fishinatreeglobal.org

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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 Kaurna 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.