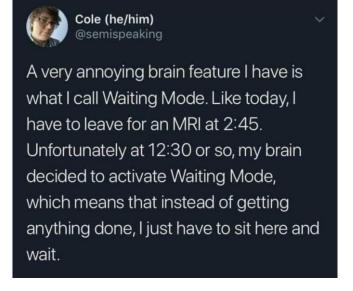


Getting Stuck, Perseveration & Hyperfocus

Getting stuck and perseveration

This is when a person cannot move forward, past something. Often 'feelings' of good, sad, happy, exited, anything, can be overwhelming to an autistic person and can keep them 'stuck' in these feelings for quite a long time. Getting stuck can happen for a number of reasons. This can be due to Autistic perseveration, such as when someone feels guilty or

they cannot meet and cannot find a way to resolve, and it can also be due to the Attention Deficit Hyperactivity Disorder (ADHD) hyperfocus. When an ADHD person hyperfocuses, their entire brain becomes infatuated with something, and it just plays in a loop in their mind. Thinking about this thing at this time is nurturing and feels good and doing/saying/thinking about the



hyperfocus becomes a stim (self-stimulatory behaviour) while they are in the loop and stuck in the hyperfocus.

'Perseveration' has been defined as:

"the continuation or recurrence of an experience or activity without the appropriate stimulus (MacNalty, 1961; Dorland, 1965). The term perseveration was first coined by Neisser in 1895. Goldestein (1948) described perseveration as an inability to inhibit a previous thought."

Perseveration and/or getting stuck can present in a few different ways. Getting stuck happens mostly with people who are both Autistic and ADHD and can be due to overwhelming amount of thoughts which either:

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¹ Gillan and Brockman Rubio https://www.sciencedirect.com/topics/medicine-and-dentistry/perseveration

- a) Make the person unable to do anything else because they feel overwhelmed by the high degree of thoughts pumping through their head and feel unable to do anything because they cannot stop thinking about a particular thing, or everything, OR
- b) Make the person hyperfocus on one particular thing/script/idea/person/situation and just keep repeating it or doing it in a loop. It's very common with those who are ADHD that things stuck in a loop can be controversial, scandalous, inappropriate, or rude. This is because there is so much energy in 'devious' and 'mischievous' and it gives extra dumps of dopamine in the brain when the subsequent excitement happens as a result of this behaviour. This only pushes the loop to last longer.

Perseveration means that the person is struggling to do something because they cannot shift their hyperfocus from something else.



Sometimes it regards an exciting thing about to happen and sometimes it's based on fear of something, or pressure or anxiety regarding an interaction. Very commonly, transitions will lead people to get stuck. They aren't ready to stop doing one thing and do something different and the feelings associated with change become overwhelming.

The reason for getting stuck can be different for each person. More often than not, it's due to a sensory related matter, such as the person struggling with interoceptive input (thoughts and feelings about something) and not knowing how to cope with it

Some of the reasons for getting stuck could include these listed on the following pages.

Sensory Reasons

There is one sensory modality which is often forgotten by people. This is **interoception**. Interoception relates to our internal body sensations, including our bodily functions and processes, registration (or lack of registration) of our feelings of being happy, sad, angry, guilty, nervous etc. It is not uncommon that a lack of interoception registration (e.g. People who don't feel or understand their own interoceptive input) become stuck due to social expectations and norms as they don't feel confident navigating them and know that no response is sometimes just as socially repulsive as the wrong response. This double-edged sword can leave some people unable to do anything regarding a social expectation as they cannot manage doing nothing and don't know how to respond to resolve the matter.

This often is seen as 'inattentive ADHD' which is described further below. Often the person becomes overwhelmed by the interoceptive sensory input which tells them there is a social expectation that they need to meet. Yet, they feel overwhelmed with the pressure of any possible response they can think of. As a result of this, they often choose to do nothing at all and refuse to engage respond or reply to the social demand.

ADHD - Inattentive hyperfocus

This is when a person with ADHD is overwhelmed by everything they have to do that they can

do nothing. It's common for people with afternoon appointments that they will spend their day doing nothing as they cannot manage other tasks until the afternoon appointment is done. Some call this 'waiting mode'. For children, this can look like they are being vague and unresponsive, but they are sometimes just totally overwhelmed and hyperfocusing on how overwhelmed they are that they are unable to do anything until they can break



things down and unpack the issues leading to this experience.

ADHD - Overactive brain

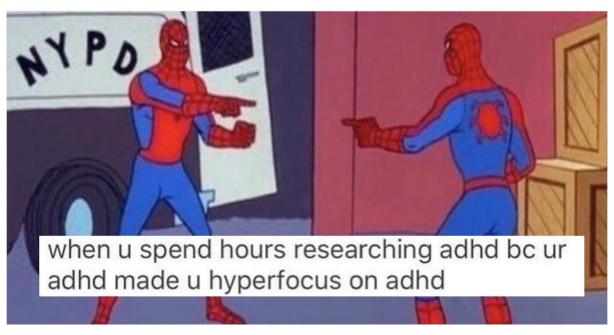
The overactive brain exists with some people with ADHD who cannot stop thinking and have

a hyperactive brain. This is sometimes in conjunction with a hyperactive body (e.g. A body which craves and needs excessive vestibular sensory input) and sometimes the person doesn't have a hyperactive body, but still has a hyperactive brain. People like this have brains that act as magnets to the most interesting stimulus at any one time and can bounce from topic to topic with intense speed. Essentially the brain is seeking continual



dopamine hits, which it gets from what it perceives to be 'interesting stimulus', but this can be found in 25 different things per minute if sufficient stimulus exists. An overactive brain can also hyperfocus all components on just one thing and have such intense fixation on it that the brain cannot think about anything else and be stuck in a perseverative loop regarding this

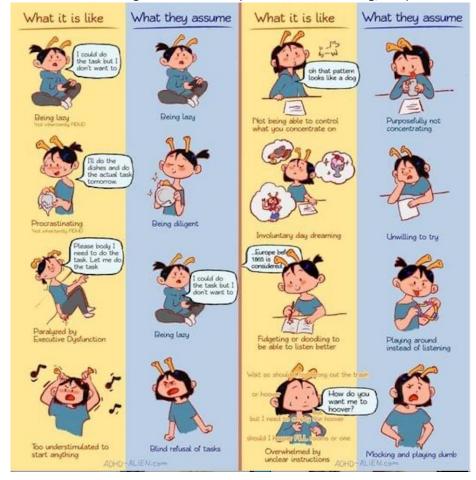
topic. If the topic is controversial then it's even easier to get in this loop as the attention and focus the person gets from first mentioning or doing this is a dopamine hit itself.



Exploring the Hyperfocus

People with ADHD often have issues with their hyperfocus. The hyperfocus means that their brain becomes quite consumed with things and when they focus on something, they can

focus with such intensity that many other things are totally disregarded as a result. The hyperfocus can be very consuming and when the person is hyperfocusing their topic of interest becomes a selfstimulating thing and it's nurturing and feels good to keep thinking about it. Hyperfocusing on



something sometimes provides a dumping of dopamine which makes the person feel good, so it's literally addictive when the person is in the mode. When someone is hyperfocusing, the only way to help them to shift their focus is to provide them something alluring for their brain to help share the focus. This helps them get unstuck from a hyperfocus, but often takes a lot of energy.

People who are Autistic and with ADHD hyperfocus on issues with such intensity that they literally are unable to move past them until the perseverative loop is over, without significant distraction. Focusing or discussing these issues more makes things worse and can lead to amplified behaviour of obsession. Issues with perseveration (e.g., Intense focus on something) are best managed by:

- Increasing other preferred input, such as vestibular movement from the person.
- If possible, find a way to give them an opportunity to access movement and sensory input without the person / thing which they are obsessing about close to them. This enables them to force themselves to switch their focus onto other things.
- Don't give energy to the obsession. E.g., A child saying rude words or saying something offensive which has become obsessional due to how controversial it is (and how much it breaks the rules) can become so excited by this that they get themselves in a perseverative loop easily. The best response is to appear disinterested in what they said, provide minimal response and focus on something different.
- A hyperfocus (from ADHD) is very hard to get out of. All the person's brain is fixated on this thing/situation/person at this time, and it just loudly keeps playing on repeat and thinking about feel comfy and right. When someone has a hyperfocus, doing the thing they are focused on is like a stim (self-stimulatory behaviour) as it feels good and nurturing, regardless of how much trouble they are getting in.

Example Situation: Bob only 7 years old and Autistic / ADHD and has become a bit obsessed with saying "girls have boobies, girls have vaginas, I'm going to see them". He originally got this off a you tube clip he watched apparently, but he's stuck in a bit of a loop saying it and has gotten in lots of trouble and his parents are quite embarrassed. The teachers have given him time outs and stern warnings about saying this, but it's only made it more worse and

now Bob is saying it quite a lot and everywhere. Bob also loves building things, such as towers and buildings, but this interest has taken a back seat right now due to this hyperfocus.

Bob: "girls have boobies, girls have vaginas, I'm going to see them".

Me: <ignores this, pays no attention, doesn't respond, or show in my facial expression that I even heard it>

Bob: "Tara, did you hear me? girls have boobies, girls have vaginas, I'm going to see them".

Me: "Nah, that's not funny, I don't care. Hey <increased enthusiasm in my tone now> I just saw how Graeme built that amazing tower over there, Graeme is so clever. I wonder if you'll be able to build a tower like that. You used to be the best at towers, I think Graeme is beating you now"

Bob: "Yeah, but Tara <giggles> girls have boobies, girls have vaginas, I'm going to see them".

Me: "I'll be back in a minute, I want to ask Graeme to show me how to build that. Oh goodness, look at how tall it stands, holy dooly, I don't know how he's done that, it could collapse any second and then — oh my gosh — it could knock Julie's whole creation over. Oh no, Julie isn't going go to be happy if Graeme knocks all her hard work over".

Bob: <will appear a little frustrated that he's not getting the feedback he's wanting, but will be starting to get interested in this tower now>

This energy needs to be maintained in order to help Bob shift his hyperfocus away from his script he's saying and onto something different. The key steps are:

- 1. Disregard the scandalous hyperfocus. Don't play into it, punish it or highlight it. The person cannot stop it right now and are stuck in this loop. Providing any more energy to it will make it worse until the only way to stop it will be forced masking from fear-based punishments. These will always result in explosive meltdown behaviour.
- 2. Provide a new distraction that the person would have previously enjoyed and loved. This needs energy and repetition to make it work. It's not easy to have this level of energy, but without it, the person won't shift their hyperfocus.
- 3. Give excessive movement breaks where possible. Helping the person move their body in a whole different way will help them to get unstuck and shift their focus to something else.

4. If the focus is based on a person, try to give them an opportunity to gain sensory input without being in that person's space. Give them a chance to breathe without the obsession right there.

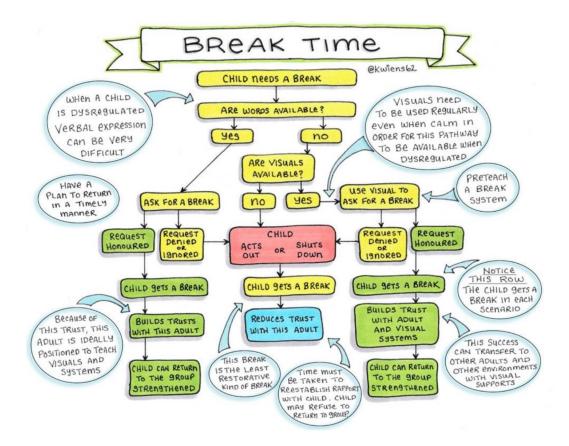
NOTE: It's acknowledged that for many, it's hard not to punish a child who is swearing or saying rude and inappropriate things. But there is no behaviour change in punishment, only trauma and forced masking from fear of loss and restriction. Children want to be good; they want to be liked and they want to feel valued. Behaviour such as controversial hyperfocusing and getting stuck is happening because they lack the skills to not do this, and they are in distress and struggling. No child does this for fun. It's not fun to be in distress and constantly be getting in trouble.

Change the stimulus – provide an opportunity for a new focus

To help someone re-align or shift their hyperfocus, it's helpful to provide them something different to think about. Adding opportunities to gain sensory input can be a great way for some as some children are nurtured through meeting sensory needs such as gaining vestibular input.

Never take away opportunities for movement in response to complex behaviour as this will inevitably lead to increases of this behaviour, even if there is short-term relief.

Fear-based punishments such as suspensions and not being allowed their break time will sometimes work to stop unwanted classroom behaviour but using methods like this traumatises an Autistic / ADHD child as you're literally removing the thing they need, not teaching any lessons. Most commonly the reason an Autistic or ADHD child is in an unhelpful perseverative loop is they are either hyperfocused on something they cannot control and/or they are feeling deprived of sensory input they desperately need to remain regulated. Both of these situations or possibilities are helped by increasing opportunities to gain sensory regulation from increasing the opportunity to access other sources of input.



Never use reward charts / star charts in classrooms with children who are ADHD – This is BEYOND DANGEROUS.

Star charts and reward systems are toxic. Many theorists now have come out with evidence-

based research which shows the danger in using manipulative systems like star charts and behaviour charts in classrooms.

You might remember this episode (pictured) of SpongeBob SquarePants where he had one of his stars removed



from his star chart for his behaviour. SpongeBob burst into tears and slithered down in his chair, despondent and devastated.

Star charts and reward systems are toxic. They make children suppress their needs to gain public validation that they are behaving the way that the authority figure deems to be 'good'.

Star/reward charts force masking (e.g., Make the child suppress their own needs) and star/reward charts result in public humiliation when a child isn't successful.

Let's look at this example. This is a *note from the Author:*

I am not good at maths, definitely never understood calculus. It wouldn't matter what reward existed, I couldn't just suddenly understand calculus without a lot of patient training and education. If I was in a position where suddenly the only way to be considered successful and to gain a reward was to demonstrate I knew calculus, I would fail. It doesn't matter if I really want the reward and if I am ashamed of the public humiliation I would endure when I don't get the reward, all these motivations still don't make me magically understand calculus.

Calculus is particularly hard for me and I can't just learn it quickly, especially now that I feel pressured due to these possible rewards.

I am ADHD myself. I have pride in what I can do and I like to be correct and I like to win. I also love to make an impact and love to shock people. Due to all these reasons, I would be likely to go overboard in response to this 'reward for calculus' that I will never get. I would mock it; I would make my impending failure totally epic!! This is because my brain is ADHD and I don't do anything in a small way or by halves. I am extreme a lot of the time and I love to make a dent. For me, if I was in a classroom with a reward system like this and I had to demonstrate behaviour that I knew I would not be able to demonstrate, then I would just make a mockery of the whole thing. I would do this as it's the only way I know I can have fun and I would do it because it's unfair that I can't get the reward for reasons that aren't in my control. It's not my fault that I don't have these skills. It's not my fault that my brain doesn't understand maths.

Reward charts for the ADHD brain are either an intoxicating driver of behaviour which makes us suppress all our actual needs, mask heavily while in the reward zone and hyperfocus only on the behaviour needed to gain the reward, OR they are the subject of hopelessness, public humiliation and feeling helpless and useless and thus often the instigator and motivator of other behaviour.

There are many resources about the damaging effects of star charts, reward systems and classroom behaviour medication tools.

The link below has plenty (50+) of these articles and resources for further information. There is also great international professionals with evidence-based, published work on the harm they do, including Greg Santucci, Mona Delahooke PhD, Dr Ross Greene and others.

https://docs.google.com/document/d/1JiBpVxSY0hha6BaUGRM6iRbO2lgU2Ll3fmNARyNy8h4/edit?fbclid=IwAR0ioTvfXtZJCCaaX6adkoJ_ykxTyL5tP9tq8KUJnuXnQyMalTnr-7BThDA