

[00:00:00] Bonni Stachowiak: Today on episode number 384 of the *Teaching in Higher Ed Podcast*, I welcome Karen Costa to talk about supporting ADHD learners.

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[00:00:22] Bonni: Welcome to this episode of *Teaching in Higher Ed*. I'm Bonni Stachowiak, and this is the space where we explore the art and science of being more effective at facilitating learning. We also share ways to improve our productivity approaches so we can have more peace in our lives and be even more present for our students.

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Karen Costa is a faculty development facilitator specializing in online pedagogy and trauma-aware higher education. Karen loves leading faculty learners through fun, interactive, and supportive professional development experiences. Karen's first book, *99 Tips for Creating Simple and Sustainable Educational Videos* from Stylus Publishing, focuses on helping faculty and teachers to make creative use of videos in their classrooms, and as a side note, it's fantastic, and you should pick it up.

Karen is involved in various faculty development initiatives, including as a facilitator for the Online Learning Consortium, Online Learning Toolkit, and Lumen Learning. She spent four years as a regular writer for *Women in Higher Education*. Her writing has also appeared in *Inside Higher Education*, the *Philadelphia Inquirer*, *On Being*, and *Faculty Focus*. Karen graduated from Syracuse University with a BA in sociology.

She holds an MEd in Higher Education from the University of Massachusetts-Amherst and a CAGS in Educational Leadership from Northeastern University. Karen has a Professional Certification in Trauma and Resilience (Levels 1 and 2) from Florida State University, a Trauma-Informed Organization's certificate from the University of

Buffalo's School of Social Work, and a Certificate in Neuropsych Learning and Online Instruction from Drexel University. Karen is also a certified yoga teacher and Level 1 Yoga for Arthritis teacher. She lives in Massachusetts with her family. Karen, welcome to *Teaching in Higher Ed*.

[00:02:39] Karen Costa: Hi, Bonni, how are you?

[00:02:41] Bonni: Doing well. I'm going to start out with a confession, though, Karen.

[00:02:45] Karen: Okay. I'm ready.

[00:02:47] Bonni: I have to start out with just that I'm getting better. Before I truly admit this, I would say that if you were to talk to me maybe 15, 20 years ago, I might have regularly said something like this that today I would not say, "Oh, I just have such ADD today. I have such ADD today." I would say that on a regular basis to express feeling overwhelmed, feeling distracted, feeling like being pulled in a lot of different directions.

Today, I wouldn't say that because I would consider it to be disrespectful to people who actually do have a diagnosis of something called ADHD. I want to have you share a little bit about what on earth ADHD stands for and what other myths have you had people express that we get caught up in before we could really understand what the thing is.

[00:03:40] Karen: All right. We're going to take up the entire podcast answering that exact question.

[00:03:45] Bonni: [crosstalk] I can't wait.

[00:03:48] Karen: Where do we begin? Okay. Well, first of all, that's very human of you. Overwhelm, distraction, forgetting what we just planned to do, those are all very normal experiences that we all have. We don't all have ADHD, however. I think it's important for us, just as you're doing, to understand that for folks who have ADHD, those feelings, among many others, are incredibly challenging, they are constant, they have been constant for folks for decades.

Many times, particularly women are undiagnosed. Folks are not getting the support that they need to manage this challenge. As you said, I just want to be mindful I think of that, of commenting that I missed a meeting and therefore I have ADHD. What is ADHD? That would be a good place to start, attention deficit hyperactivity disorder. I think you said, ADD and ADHD. We do now use ADHD.

ADD, attention deficit disorder, has been phased out of the formal diagnosis process. That said, all right, we're already going to get into some of the nuances of

this. A lot of folks who have ADD or were diagnosed as ADD still use that terminology. If somebody says that, we certainly don't want to say, "Well, that's not a thing anymore," that ADD is phased out. If people identify as being ADD, we want to celebrate them and support them in that.

ADHD is a neurobiological condition. It impacts people, their brains are different at a functional, structural, and chemical level. The name of the game they are now talking about in ADHD are these neurotransmitters. I am somebody who has a diagnosis of ADHD. When they handed out neurotransmitters, whoever was doing that, I didn't get them, I didn't get very many, so there's just not the content there, there's just not the chemicals there for my brain to work with.

That impacts me and others with ADHD in fundamental ways. To give a little context to this, Bonni, I think it's really important. I want us to take a strengths-based approach. I also want to mention that folks with ADHD are creative, energetic, passionate, compassionate, deeply care for others, hardworking. When we are in love with something or in love with an idea, we will just devote our entire mind and lives to it and fall for it and work so hard for it.

There are immense strengths to folks who live with ADHD, but it's also very debilitating for many people. There is some data, the doctor's name is Dr. Russell Barkley. He estimates that ADHD results in a reduction of life expectancy between 9 to 13 years on average. Folks with ADHD are much more likely to experience drug addiction and alcohol addiction, for example. This is very much, in some ways, a life-threatening disorder.

Yes, it involves many strengths, but it's something that we really have to get people additional support for. I share that because I really want people, as you said, to recognize that this is way more than I forgot where I put myself on.

[00:07:32] Bonni: Yes. Could you describe a little bit about the context of what it might be like? I realize every person is different, and we do have a number of different diagnoses going on here, but what would be a typical experience of entering into a learning environment for someone with ADHD and how that may or may not be different by someone who doesn't have the same diagnosis?

[00:07:57] Karen: Yes. That's a great question. I'm really glad you said that. The ADHD community is not monolithic, so I can describe certain commonalities, I can describe some out of my experience, and this is not going to land for certain people with ADHD. We certainly want to keep in mind that people have different experiences. The other thing I want to mention is that this shows up very differently for-- Gender is a factor here.

There's a great book I have for my little-- y'all know. If anybody knows me, who's listening, they know they're going to get their book recommendations. The author's name is Sari Salden. She wrote a book called *Women with Attention Deficit Disorder*. Again, you'll notice, I just said women with attention deficit disorder, as we discussed when she wrote this book, that was the language.

She talks about how women are socialized to go along and get along and to take care of others. The myths, we mentioned myths before, the myth of ADHD as the young man or the young boy in the classroom who is calling out and speaking out and not able to sit still on his desk, that's part of the ADHD community, absolutely, but this shows up very differently in girls and women.

Girls and women, that sort of inward focus is maybe at play, so internally, their brains are going a mile a minute, but you would never guess. They are compliant and sitting in their seats, and you might not realize that there is a lot going on and that they need additional support. We want to keep gender very close to our hearts and minds as we proceed. Entering a classroom as an ADHD learner, extreme overwhelm, in particular, just the sense that I have no idea where to begin.

There is information coming at me. I want to like toggle back and forth here between online, hybrid, face-to-face, whatever the heck we're calling everything now, this is true in all modalities. If I'm in a face-to-face classroom, the stimulation of the fellow students in the classroom, the noise levels, the lighting, these might all be putting me on to the verge of shutdown mode or that fight or flight feeling within two minutes of entering the classroom, just extreme overwhelm, a sense of confusion.

What I also want to emphasize, though, is for a lot of folks with ADHD and there's some research coming out about this, the underlying foundation of all of that is a sense of "This is like shame, there's something wrong with me that I feel this overwhelmed right now. There's something wrong with me that the lights or the sound or if I'm in Zoom, all the faces or if I'm in an online learning management system, all of the different links on the side, there's something wrong with me that I don't know what to do here."

That shame exacerbates the existing neurobiological challenges that folks with ADHD face. A lot of people who work with folks with ADHD, learners with ADHD are really looking at that question of shame and making sure that we're being more proactive and more direct at letting our ADHD learners know that that's very normal, it's a very normal reaction to entering an environment when you have that trait of ADHD.

The other thing I'll mention there is that there are estimates that around I've seen as much as 99% of folks with ADHD also have this issue of rejection sensitive dysphoria,

RSD. Rejection-sensitive dysphoria is basically you get any negative feedback, and it is taken as just the end of the world. When you enter that classroom and you get the sense that other people know what's going on and you don't and you're completely overwhelmed, that shame and RSD can combine into "Forget this, I give up, I quit, I'm dropping this class, I'm dropping out of school."

It can very quickly spiral into shutdown mode. In a welcoming classroom that is geared for folks with ADHD, that entry into a new classroom environment can be exciting and invigorating, and inspiring and make us feel connected to a part of a community, but in a classroom where ADHD is not recognized and considered, it can be a really, really, really stressful experience for new learners.

I say this, I'm always taking classes because I love to learn and because I have ADHD. I've taken classes as recently as a few months ago, I teach online, and I teach other people how to teach online. When I go into a new online classroom, I almost always say, "Forget this, I'm quitting" within the first 15 minutes of going in. I have developed skills and strategies that help me move through that.

This is not a question of talent, or skill, or intelligence. I'd like to think I have those when it comes to online learning, it's about learning tools and strategies and supporting people to navigate that initial overwhelm.

[00:13:16] Bonni: I realized this is a really basic question, but I think it might be helpful just to hear a little bit about the diagnosis in terms of what kinds of things do they test for? How would someone receive a diagnosis and then if you can link it to any kinds of, through the interactive process, working with a disability services department, for example, what are, in a higher education context, the kinds of accommodations that may come out for learners with ADHD?

[00:13:50] Karen: Okay, we're going to really get into it now then.

[00:13:53] Bonni: All right, I'm ready. I think I'm ready.

[00:13:56] Karen: The word "diagnosis" is a really interesting word, and there is a lot of complexity here. I'll say this, this is my experience for me, whether it's ADHD or other things in my life, a diagnosis is a both-and, it is a piece of information that I am able to use to gain access to support and treatment and community. It does not define me, and I also recognize how it can be harmful.

Somebody reached out to me and said, that was going through a new diagnosis, "How do you process this?" and I said I am able to, at the same time, accept my diagnosis and reject it at the very same time. I don't know if I can tell other people how I did that. Well, actually, I can through therapy. I learned how to accept and reject the diagnosis at the same time through therapy, but it's very complex.

It's a very emotional experience, and there's not one way to process it. In general, a diagnosis is something that you would get from psychological or neuropsychological testing that you can access. In theory, you can access through a psychologist who is trained to do in-depth testing. Some people might come to a diagnosis, though, through a therapist or through a psychiatrist, so there are some different paths to a formal diagnosis.

I also want to say that some people identify as having ADHD, and they have not sought out a formal diagnosis. Because some people really do feel like because of their identities or place in life, that the process of seeking out a diagnosis would be more harmful than helpful, they might not have financial access to receive a diagnosis. The other thing is going through the process of getting a diagnosis is like it's not built for people who have ADHD.

It's a lot of work. It's a lot of using executive function skills, which is a huge challenge for folks with ADHD in order to go through the process of dealing with doctors and insurance and appointments to see that process through to the end. It's not just a question of like, "Did you get the diagnosis or not." There's a lot going on there, so hopefully, I've represented that well.

Now we're going to get to the whole can of worms of "Now, I do have a formal diagnosis, and I'm going to access accommodations in higher education. Again, not everybody has access to a formal diagnosis. I have so many students in my courses who either were told that they probably have ADHD, but they don't have a formal diagnosis. They demonstrate in my opinion, they really show signs that that might be an issue for them, but they've never been connected to a diagnosis.

Really, the accommodations here in higher education goes through this idea that you have to have access to and the privilege of getting a formal diagnosis, which is incredibly problematic. I guess I'll pause there. There's a lot going on. Oh, there was one other thing I wanted to say, Bonni, which is that I've taught maybe, I don't know, 10,000 students, I've been teaching since 2006.

I can count on both hands in the number of students I've worked with, give or take, that have requested a formal accommodation in my classes. I'm working in institutions where we have great disability and accommodation services. There's a lot of students in our classes with ADHD who are not going and seeking accommodations. They might have the formal diagnosis, but it doesn't seem worth it to them or it hasn't been made clear to them how they can benefit from, or for whatever reason, they're choosing not to. They're not seeking out those accommodations through Disability Services, there's a lot of students in that bucket.

[00:18:01] Bonni: If we broaden our lens just for a moment and speak about all different types of disabilities, you've brought a number of themes up. One is the

number of people who do go undiagnosed, sometimes because of a lack of means like you talked about sometimes. You shared about because the stigma would be or the perceived cost would be greater and that's something I just think is so important for us to keep in mind.

Then what I haven't known as much about is the formal accommodations, and it sounds like it's possible that it's because not many are given. That doesn't tend to be the route that either people choose to go, or that's just not the way things are landing. It's interesting how your experience there parallels because, again, those of you who are newer to teaching in the higher education context, you're not going to ever know what someone's diagnosis is unless they decide to share that with you.

What you would probably receive from your department of disability services or whatever it's called is some sort of a documentation, either a physical letter or some formal documentation that outlines what those accommodations are. That is, at least here in the United States, we go through what we call an interactive process where it's not just a checking off boxes and the same size fits everyone, but it should be an interactive process where the student is able to advocate for themselves and also where the faculty members are able to consider how those needs might uniquely be able to be met within their particular learning context, so that's helpful.

If we move away then from formal accommodations, we're probably moving now into what is known as universal design for learning. What are some practices that we might put in place in our classes that could both be helpful for individuals with ADHD but also like so much of universal design for learning, the whole word "universal" might be universally helpful to other learners as well?

[00:19:57] Karen: I had a feeling UDL would come up, and that's a great question. I take the middle path here, and this is a both-and for me. A lot of times when I talk about ADHD, everyone says, "Well, UDL, UDL, UDL." I do feel my take is we need a combination of UDL, and we need to improve the process of and the support given by formal accommodations that UDL is not a magic cure for all of our ills. I think we need to take that more broad approach and match it with what is often the more personalized, specific, structured, and robust support that individual accommodations can provide.

That said, I had to get that off my chest. One of the things I think that we need to do more of big picture-wise is I think we need to hear the voices of ADHD learners, and I don't think that's happening. There is a phrase in disability activism, "Nothing about us without us." There is so much happening about learners and folks with disabilities without us on college campuses right now, it's pretty wild.

Getting folks with ADHD involved in this conversation and asking them what they need is a really great place to start. I also want to-- I mentioned before that question of shame or that challenge of shame in RSD. We're now recognizing that is the foundation that we really have to address in order for people to feel well enough and motivated enough to use specific strategies. It's really hard to, for example, I use a tool on my computer called OneFocus, which sets up a timer and blocks tempting websites like Twitter.

It's really hard to use strategies that when you are experiencing that intense shame or that rejection-sensitive dysphoria. One of the things we can do, in addition to asking ADHD learners what they need, I think we need more positive role models on our campuses. One of the models I love is a disability cultural center. Disabilities, on many campuses, are tied to this question of getting accommodations and a deficit-based mindset.

I think this idea of having a disability cultural center on campus where we look at the strengths of our students with disabilities, we hear from faculty and staff who are in a position where they are able to disclose and be open about their experiences and say, "Hey, I've done this. I'm a teacher here. I have my PhD, and I have ADHD. I have written a book, and I have ADHD."

I cannot remember. No one in my college or graduate career, no positive role models with ADHD, never, maybe a couple of years ago when I got it on Twitter. To me, this is a huge issue. We need to start hearing from folks. We need to start changing this mindset and breaking through some of the shame. The other thing I'll mention is this can't just be, "I'm going to give folks a handout."

It's got to be a more consistent approach across courses and across departments. One of the things I'll share with folks that I love, that if I was Queen for a day I'd wave my magic wand and make it happen, Landmark University is one of the leaders in-- Their bread and butter is serving learners with disabilities, and they do a ton of research. They're really at the forefront of this.

They have something called the Master Filing System. All students in their first term are taught how to use this Master Filing System. It's like time management, how to take tests, how to take notes. It goes all in one place in this gorgeous binder. Guess what, every faculty uses it. Every teacher uses it. It's the foundation of all of their courses. You apply those strategies across courses.

We do have institutions that are using first-year experience and first-year seminar courses. Where those fall short, and we have some good research on this, is that they're stand-alone. We give these students these skills, but then we don't weave it into the rest of their courses. We need some additional consistency in teaching all

students these skills. It'll benefit everybody, as you said, but it will particularly benefit ADHD learners, but then we need to back it up.

We need to weave it across the curriculum and weave it into all of our courses because it dies in that course if we're not giving students the opportunity to practice and we're not supporting them in using those skills down the road. I have about a million more, but I'll pause there.

[00:24:52] Bonni: [laughs] I love it. I've got a colleague whose name is David Rhodes. He's been on the podcast a couple of times before. If I don't mention his name, he's going to be probably just saying, "Hey, hey, you should also mention ... Bonni should also mention the aspect of--" You talked about it earlier, but I wanted to stress again the importance of simplified course navigation.

His dissertation research was on HyFlex learning, and one of the big factors in that was having simple, simple course navigation, easy to navigate. A lot of times, you can bring in a lot of features. In fact, in our case, we use Canvas. If the admin turns something on, it pushes out into everybody's courses, and you can have tools up there that are cluttering up the navigation that you don't really need learners to be able to see, even to be able to access them, by the way.

Being able to hide those that they're not going to be able to access and really think through some levels of consistency for how things are going to be named and organized, I like that, I could tie really well to this Master Filing System. I really love that as an idea. You mentioned having other ideas, too, for how to do this and build upon learning at places Landmark University.

[00:26:03] Karen: Well, let me mention simple course navigation. I take a lot of classes. I'm taking an online writing class, non-fiction creative writing right now, and it's in a homegrown LMS. One of the things they do each week is listed on the left-hand side and then it says "Current week, next to Week 6." I've never seen this in 15 years of working in online learning. I've never seen an LMS that had this beautiful little icon next to the current week that says "Current week" because guess what, I don't know what, especially now because we're adding in this pandemic trauma and stress, which is exacerbating some of the very same challenges that we deal with, with ADHD.

That little nugget is just so incredibly helpful for me because there, I got to click on that. I'm not clicking on Week 3 and then Week 4. "What the heck week are we in?" and then I'm getting frustrated and then comes in that shame. "Karen, everybody else knows what week it is. Why can't you figure this out?" That's part of the deal with ADHD. That little icon, every time I look at it I have a spiritual experience.

Why can't we have that? Why isn't that just standard in all of our learning management systems? To that point, consistency across courses is really important. I think we can balance the need for faculty to have a space to be creative and playful and to introduce novelty in their courses with some fundamental consistency. I think we can do both. Right now, I just really want folks to recognize that in most institutions, every time you start a new course, you have to basically relearn how to take that course because everybody has a different grading system, approach, syllabus, course navigation, and so on and so forth.

Most of my cognitive load is going toward figuring out how we're going to do things in this course. That leaves me very little cognitive load left to do the work of learning in these courses. The other thing I'll mention, this is big in UDL, is giving learners choice. I love ADHD memes. If anybody wants to learn more about ADHD, I encourage you to go on Instagram or Twitter and follow ADHD memes because you will really learn a lot about what it's like to live with ADHD.

There was a meme the other day about people with ADHD say, "I have no motivation to work on this project," and then they recreate all of New York inside of Minecraft in one hour. Folks with ADHD, this idea that people with ADHD are lazy or don't care or are disinterested in learning is so just absolutely ridiculous. We don't like boring things. Boredom is a physical experience for folks with ADHD.

It feels like you're going to truly jump out of your skin, but when we connect with something that we're passionate about that's interesting, just get out of our way because we are going full speed ahead. What that, in the classroom, how do we harness that? You've got this amazing Dr. Hallowell, a doctor who talks about ADHD, who I love and I'm obsessed with, calls it the racecar brain with bicycle brakes.

The racecar brain is a challenge that we need to manage, but how can we harness the power of that racecar brain? Give learners choices. Whenever possible, help them find that thing that excites them as it relates to your course and let them run with it versus "Everybody's got to do it this way," and it's not too interesting. It's pretty boring. "You've got to do it this way even though you have no interest in it."

Help learners adapt your course to and find a place where it meets their passion, and you can just get out of their way, to some extent, because that hyper-focus will take over, which is one of the fun parts of having ADHD is when you just-- my husband calls it going down the rabbit hole and you can really let that take over. Choice can be really powerful to support ADHD learners. The other thing that I think that is really important, somebody on Twitter said to me the other day, ADHD folks need help landing the plane.

It may be obvious to you what you need to do and when you need to do it and how it needs to get done. ADHD folks, it's often just this vortex swirling around. ADHD learners if you can help them and say, "When are you going to do this, D-O? The due date, D-U-E, is Tuesday. When are you going to do it, D-O?" I talk to my learners about the difference between due dates and do dates.

That is a concept that's really, really difficult. Helping them schedule a time to do it, setting alarms to remind themselves, body doubling, bodying up is helpful for ADHD learners. There's a concept called body doubling where if you go in a working group, the stimulation of the social environment provides that boost that it brings in those neurotransmitters, the few that we have, and it gets them going and ramps them up. It helps folks with ADHD focus. Having study groups for ADHD learners can be transformational and will give them that support that they need.

[00:31:28] Bonni: All right. Before we get to the recommendations segment, I just wonder if there's anything you might want to add about the hyper-focus. That could be something new to people if they're just learning about ADHD because I think the stereotype is the constant changing of focus as opposed to this hyper-focus. Could you talk about that a little bit more before we get over to that part of the show?

[00:31:48] Karen: Absolutely. I have another book recommendation for folks, shockingly. The book's title is *ADHD 2.0*, the authors are, I already mentioned, Dr. Hollowell. I love him, and I'm obsessed with him because he has a TikTok account where he posts these funny little TikToks. He always says ADHDers should get dogs, which just I love. It's co-authored by Dr. Ratey, both of whom have ADHD and have written prolifically about this topic and others.

I mentioned before the importance of role models. It's incredibly helpful for me and other ADHDers to hear from folks who do this work. They mentioned, and this is a new thing in the ADHD world, this concept of ADHD, attention deficit hyperactivity disorder. They propose that there's not a deficit of attention with the ADHD but rather a difficulty in harnessing attention.

There is a tendency to be constantly scanning the environment and taking in everything at once rather than focusing on one thing. That's why I feel ADHDers are really the future. We are facing this increasingly unstable world in crisis, and people who are able to scan all of this and take it all in and make connections and be creative are going to lead us through this.

Hallo and Ratey mentioned this idea of VAST, variable attention stimulus trait. It's not that I don't have attention. I have a ton of attention, it's that I don't have those neurotransmitters and certain brain structures that help me to zone it in on one thing and stick with that. I love that. I love that. The first time I read it, I said, "Oh my

gosh." The idea that I have a deficit of attention and I think anyone who's ever encountered me, it's laughable.

I want to give my attention to every single thing on this planet all at once. I have an excess of attention, and I don't know how to prioritize it and focus it. That I think can be really helpful. It connects to that idea of hyper-focus. When I love something and I'm passionate about it and I excited about it, I order every book about it. I follow, I go online and do all this research on it.

I start writing about it. I bring it into my art. I'm talking to my family about it. That is that hyper-focus mindset. We can really use that as an asset and to help celebrate. The goal here is not to make ADHD learners like neurotypical learners, the goal here is to help ADHD learners celebrate their strengths and get support for their challenges. Hyper-focus is a great example of that.

[00:34:30] Bonni: Thank you so much for that. All right. Well, this is the time in the show where we each get to share our recommendations. Mine is actually one that I had wanted to share a long time ago. You mentioned losing all track of time. I can't remember how long ago it was but a past guest, whose name is Annemarie Perez. She had shared on Twitter a long time ago about a poem that her mother had written.

Her mother was a teacher for many, many decades, and I had set it aside and then somehow lost it. I had it in the system that I wanted to share it, but then I couldn't find it again to share it. I tried all my Twitter searching, and I couldn't find it. I finally gave up and asked her if she'd be willing to share it again. She replied and said, "It's great to hear from you. I'm so pleased you want to share my mom's poem/prayer. She would've felt so proud and honored."

It's been a while in coming, Annemarie, but thank you for re-sharing your mom's poem. It just brings-- it's so important to me, just so many of the things that she shared. I just love that she can live on in this way for us. *This is Just for You.*

Slow me down Lord, slow me down.

Ease my pounding heart,

Quite my racing mind,

Soothe my frayed nerves,

Relax my tired muscles,

Teach me the art of taking minute vacations,

Of listening to the mind of God

And drawing forth from it

New light, new strength, and new hope

Slow me down Lord, slow me down.

That was by Rita Perez. She wrote this in 1985.

[00:36:14] Karen: We're. On the same light wavelengths, Bonni. My recommendation, this was incredibly difficult for me to pick one thing.

[00:36:26] Bonni: Oh, you're allowed to have more than one. Maybe I should have told you that before [crosstalk]

[00:36:30] Karen: I want to honor that, and it's a good chance. It's a good chance for me to practice prioritizing, and it led me to what I felt was-- I approached this. I said, "What do people need right now?" It's something that I need. I'm sharing a book, another book. Again, nobody's surprised by that. The book is called *The Healing Power of the Breath*.

The authors are Richard Brown, MD, and Patricia Gerbarg, MD. This was recommended by Dr. Hollowell, who I mentioned before, as a support strategy for folks with ADHD. I know there are folks with ADHD listening to the podcast, people like me with ADHD, and this was, again, recommended by Dr. Hollowell as a great tool for managing anxiety and stress and to build focus.

I got this a few weeks ago. I've been using some of these breathing practices on a daily basis. What I love about it is you can do it for five minutes, and it combines, it's a really cool book. I intentionally mentioned that these are medical doctors who wrote this book, but it is also grounded in all of the ancient practices around yoga and meditation. Those are all woven together with the science that we are rapidly getting about how things like breathwork can impact the autonomic nervous system.

I heard frayed nerves in your poem. That grabbed me, that's what I'm seeing in folks. What I hear people saying is "Karen, I know that the causes of this are structural failures. I know that's what's going on here. I'm not feeling well enough to do anything about those societal problems and those structural failures. What do I do?" We just feel stuck and hopeless. What I encourage people to think about is just creating any wiggle room you can with little things like a five-minute reading practice.

Five minutes might not seem like enough. It is if you stick with it and try to do it every day. I've been making that promise to myself to do this every day. The science is absolutely behind this that when we do breathing work, it moves us out of that sympathetic nervous system, fight or flight, which I think we're all-- I had a yoga teacher who told us before the many years before the pandemic, we're living in a sympathetic psychosis as a culture, and this breathing practice can move us into that parasympathetic nervous, which is the rest, digest, heal, calm.

That feels very elusive to many of us. That five minutes can create that little wiggle room to maybe open up some space in our lives for healing and rest and for slowing down. This is ADHD-person approved. A lot of people with ADHD just run in the other direction when they hear meditation, it can be incredibly difficult. What I like about this book, there's audio tracks online.

Listening to somebody else's voice really helps me to stay with the practice. Sitting alone by myself with my own thoughts is incredibly-- Sitting still for meditation is really, really difficult. This is ADHD-approved but will help everybody, especially those who are dealing with those frayed nerves and a sense of overwhelm.

[00:40:07] Bonni: This really rounds out so much of what you shared today in terms of wanting to move away from the shame and into the strengths. It's something that I've been thinking so much about in terms of being able to shrink things down. I talked about in a prior show that I've read so much of the science behind the importance of getting out into nature.

I just felt the shame of like, "I don't do this enough. I don't do it with the kids enough, and I don't do it with Dave enough, and shame, shame, shame," versus now I've started sitting in the backyard enjoying nature, which I'm saying with air quotes, but you can't see me right now unless you're Karen, and then just really treasuring that. I have also resisted meditation before because it does feel like five minutes wouldn't be enough and everything.

The other day, one of our kids was feeling depressed. I don't mean depressed in a clinical sense, I mean depressed in a depressed sense. Just I think as they are transitioning back to in-person learning, just all of the exhaustion that can come from that feeling, so we all said we're going to get in the car, and we're going to go to a park even if we don't want to, and it was really upsetting for one of my two children. [laughs]

We were talking about depression and what is clinical depression and then what is regular depression that so many of us experience on an average of between two and three days a month, all this funny stuff that you'd talk to a seven and a nine-year-old, but we were saying, "What are the things that we could do to help our

bodies not feel depressed?" I just cracked up because our daughter, who is seven says, "We can breathe. We can use our breath, and we can breathe in."

I just thought I always love when they get to a certain age and they're not with you all day. Of course, even if they're just watching things on YouTube or whatever, you go like, "Where on earth did you hear that from, what a delightful thing? I think I need to be listening to whatever it is." I think some of this might be coming from their school, that kind of thing but just so good.

Five minutes, what a difference that that could make. Our drive to the park wasn't more than five minutes, but we grounded ourselves in the ways we can take care of our minds and our bodies, it was really cool. Thank you for helping us shrink this down a little bit. It sounds like a really good book.

[00:42:24] Karen: That's evidence that I think the kids need to be in charge, rather than the adults. I'm gathering that evidence [laughs] from the mouths of babes and all. If we want to come at this from a philosophical, spiritual lens, there is this idea that we know how to live and we know how to do this, and we have everything that we need and it's not a question of learning but really remembering how we are supposed to live and forgetting so many of the things that have been taught to us about what it means to be human and to find value in life.

Breathing, it's so interesting. I have a yoga teacher background, but when you start to pay attention to your breathing, you realize how shallow your breaths are. Just this practice, five minutes a day of extending the breath, it does take over because I do feel like it's our birthright, or it's part of what it means to be human. If we just give it a little attention, just five minutes of attention, it catches on because it's who we are.

We're not meant to take these shallow breaths. Find some wiggle room and five minutes, and I know all y'all are overachievers listening to this. You're going to say, "5 minutes? Sure, Karen. No, I'm going to do 20 minutes," but it's got to be sustainable, folks. 5 minutes, promise me you're not going to try to overachieve and go right to 20 because then you might get overwhelmed and give up on it. Five minutes for maybe a week or two, and then report back and let me know how it's going.

[00:44:01] Bonni: Karen Costa, thank you so much for coming on the *Teaching in Higher Ed Podcast* and sharing this glimpse of your life, your work, your teaching, and with a lens on how we can be more supportive of ADHD learners. I so enjoyed getting to talk to you. I think I read your words practically every day of my life on Twitter, but it's so fun to have this opportunity one-on-one.

[00:44:23] Karen: I want to thank you, Bonni, for all that you do. I just cannot imagine the amount of work and persistence and energy that it takes to keep this podcast

going and to offer this amazing resource for everybody in higher ed so adjuncts can access it, everybody at every type of institution all around the world can access this. It's such an amazing service, and I am sure it takes a lot of your time and heart, and energy. Thank you. Thank you.

[00:44:53] Bonni: Oh, thanks. It's a joy to be in community with so many like you.

[music]

Thank you to Karen Costa for joining me for today's episode of *Teaching in Higher Ed*, and thanks to all of you for listening. I hope you got some good ideas for how to better support ADHD learners and for those of you who also are ADHD, some good ideas for you in your learning and your work. If you are yet to sign up for the weekly update from *Teaching in Higher Ed*, you'll receive all of the show links from the most recent episode, along with some other recommendations that don't always show up in the show. You can subscribe at teachinginhighered.com/subscribe. Thanks so much for listening, and I'll see you next time.

[music]

[00:46:02] [END OF AUDIO]

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