

Ep #20 ADHD and cultural considerations with Niki Olsen

Niki Olsen: Or as a parent with somebody with a mental illness, it can be exhausting. Right?

Siope Kinikini: Yeah.

Niki Olsen: And so you need to take care of yourself. Yeah, oxygen mask analogy, right? Like if you're on an airplane and the oxygen mask falls down. The stewardess says put it on yourself first before you help other people. Well, you're going to run out of oxygen. You're not going to help very many people.

Siope Kinikini: This is episode 20 let's get started.

Smarter Parenting welcomes you to our podcast series, the Parenting Coach for ADHD. Here to heal and elevate lives is your parenting coach Siope Kinikini.

Siope Kinikini: So I'm actually, what I'm going to do is I'm going to just ask you to introduce yourself and kinda just tell us a little bit about your experience, your background, where you're working now, the population you're working with and some of the challenges that you have. If that's okay?

Niki Olsen: So my name's Niki Olsen. I am a licensed clinical mental health counselor. And so I have my master's in mental health counseling. And I currently work for Utah Navajo Health Systems as a therapist here, and so we are an integrated community health center, which has four clinics across the Navajo reservation. I also have been a juvenile probation officer. I've worked in group homes. I've worked in juvenile detention centers. So, I kind of have a, I've been a case manager. All of the above. I've done all of that, so.

Siope Kinikini: You've done just about everything there is to do and you've worked with pretty much every age, right?

Niki Olsen: Every age and every population just about, yeah.

Siope Kinikini: Wow. Wow, that's fantastic. I'm curious like, in working with a population like the Navajo nation, you're dealing with cultural issues and mental health. I mean there are different, kind of ideas about mental health or maybe there's even a non-belief about mental health and I'm just curious, what's your take on working with populations that don't have really a mental health, well, I don't know that. You could probably address that better than me, so?

Niki Olsen: Yes. So we have a traditional consultant that works with us. So someone who is, I think he's a, I don't use the word licensed, but he's a medicine man that has been certified through the Navajo nation. And so we can work with him or refer to him in regards to cultural aspects. We have trainings and things based on the Navajo culture and trying to understand that better. There's, let's see, so he can do, our traditional consultants who do, can do the prayers and songs and ceremonies that are needed in the way of the Navajo culture.

Siope Kinikini: Yeah.

Niki Olsen: And so we're like the western culture, I guess, or the western way I guess they call it.

Siope Kinikini: Right.

Niki Olsen: Is how mental health is perceived, that can be perceived differently across the reservation depending on location, depending on education or just family dynamics. So it can run the gamut of what people's belief systems are in regards to mental health. We try to do a lot of awareness in our communities. So we have domestic violence advocates, we have peer support specialists, we have support education specialists that sort of are out there and educating people. We have a high rate of suicide on the reservation and so I've been highly trained in that area. And the number ...

Siope Kinikini: Is that with like, younger people or with older people or?

Niki Olsen: Yeah, actually the highest rate of suicide on the reservation and throughout the state of Utah is males age 40 to 45.

Siope Kinikini: Oh wow.

Niki Olsen: Yeah.

Siope Kinikini: I didn't know that. Wow.

Niki Olsen: Yeah.

Siope Kinikini: Okay.

Niki Olsen: So you would think kind of, kids. But there's reasons behind you know what that age range means and you know, things like that. But I mean, we see all ages with that. The Navajo culture doesn't actually have the word for suicide because it's so taboo.

Siope Kinikini: Wow.

Niki Olsen: And so they'd have to describe it in a different way. But I've received some different training from different medicine men to indicate that it's not that suicide is a taboo subject per se, it's that it's not a topic to be played with in a playful manner. And so they don't want people, if you do that, you can bring the spirits upon you and you've suffered from that.

Siope Kinikini: Okay.

Niki Olsen: And so we need to talk about it in a respectful way. And a teaching way, and in a preventive way. And if we're doing that, we're not calling upon those spirits to enter into our homes or with our families. And so there's a lot of education that has to go with that.

Siope Kinikini: Yeah.

Niki Olsen: In order to teach and prevent and intervene and to even ask about that at a visit, you have to do a lot of education, but it's needed to be addressed. Every visit, every person, you know, 'cause it's at such a high rate here.

Siope Kinikini: Yeah. That's an interesting topic as far as like, the family has a certain belief system and then you're coming in with another belief system and you're trying to merge two things to address the suicide. Right?

Niki Olsen: Right.

Siope Kinikini: And how does that, I mean, what does that look like? I mean, who takes the lead on who does what? I mean, how does that work?

Niki Olsen: Well, it depends on the dynamic of what's happening. So you might have someone that's bringing in their child because they're worried about them. And then I ask them if they're having thoughts of suicide, the kids talk about that. Suicide's not necessarily yes or no. It's a spectrum. You know?

Siope Kinikini: Yeah.

Niki Olsen: It's not, it's a risk level, I guess I should say. And so we address that risk level and talking to the parents, that's when you get an idea of where their thought process is. And it's really just about, it's not even, I don't even see just as a cultural thing, but just in America, you know, like in general, a lot of people aren't [aware that talking about suicide prevents suicide](#). There's still a thought process across all of America that talking about it brings about that idea. You're going to put that idea in their head. So it's really about educating and saying, if that idea is already there, you know, we're not giving them that idea. It's already there. If it's not there, us talking about it isn't all of a sudden isn't going to give them that idea, of suicide.

Siope Kinikini: Right, right.

Niki Olsen: And so it's just about education in that process and what the parents can do to help with that. And talking about, yeah, there's certainly ceremonies that are offered. There's prayers offered. There's songs offered. And we can set you up with that if they're interested in that for cultural reasons.

Siope Kinikini: Right.

Niki Olsen: That can help as well. We all have our own belief systems in how we can deal with that and we want to honor those and respect those for sure, but not talking about it doesn't necessarily help any of that.

Siope Kinikini: Yeah. Right? And it's like opening the communication I guess between people is essential, but almost as a clinician it's almost, it sounds like you take a back seat in a way and let them kind of dictate how they want to navigate through things and then you join them along the journey. Would you say ...

Niki Olsen: Yeah, very client centered. Yeah.

Siope Kinikini: Yeah, very client centered and very focused on what they believe because that's ...

Niki Olsen: Yeah.

Siope Kinikini: Do you challenge their belief? Do you challenge their belief systems or?

Niki Olsen: Not necessarily challenge their belief systems. I think a lot of people have, I mean, even in my own faiths, a lot of people have their own preconceived notions of what really it means.

Siope Kinikini: Yeah.

Niki Olsen: And so I challenge them to really understand what it means. That...

Siope Kinikini: Okay.

Niki Olsen: That I don't know that any culture or faith believes in something to harm you in any way, you know?

Siope Kinikini: Right.

Niki Olsen: And so challenge them to figure out what that really means and going to the source of where they might learn that and understand that better.

Siope Kinikini: Okay. That's great. Now in working with the families, I'm just curious, do you work with children with ADHD or I mean, is ADHD something that happens with the population that you're working with?

Niki Olsen: Quite frequently. And I feel like, so ADHD can also mimic a lot of trauma symptoms as well.

Siope Kinikini: Yes.

Niki Olsen: And so it's a fine line there. And a lot of times with the kids as they're coming in, the parents will say, "I want some medication for my kids for ADHD," you know?

Siope Kinikini: Right.

Niki Olsen: And so we have a contract through the University of Utah to meet with a child psychiatrist to get a recommendation on that. And they're really good about saying let's try some behavioral techniques or let's try some therapy first. Or yeah, let's start on this medication and see. And so if I'm unsure or a want to get a second opinion, I always have that there. Obviously, I don't prescribe medications and so, but someone coming to me is looking for therapy, right?

Siope Kinikini: Right, right.

Niki Olsen: And behavioral techniques and how to deal with that. And then I'm also assessing for is this ADHD or is this trauma? Is this, you know, what else is going on that could be causing the child to not be able to focus, to be hyperactive, to be unable to follow instructions, you know, those kinds of things? There could be other things involved besides ADHD.

Siope Kinikini: Right.

Niki Olsen: I feel like that's a good go to for people now to say.

Siope Kinikini: Right? It seems like it's an easier thing to do, right?

Niki Olsen: Yeah. Like I can be ADHD sometimes, depending on if I don't like the thing, I don't necessarily want to be doing it. And so really looking and assessing, is that across all areas? Are you only seeing that in one area? Or are you seeing that in lots of areas of their life? Who is saying this? Just the parent and at school, they're perfectly fine or you know what's really going on?

Siope Kinikini: Right.

Niki Olsen: Are they anxious? Are they worried about something? What's really keeping them from getting there? And so there's a lot of gathering collateral information to figure out what's happening. What's really happening.

Siope Kinikini: Yeah. You know, that's the recommendation that we make is actually doing it through a team. You know, rather than having it just one clinician saying it's ADHD. But actually consulting with a physician, actually doing a history. So we know like developmentally, have there been other things that have happened?

Niki Olsen: Right.

Siope Kinikini: Before you reach that diagnosis because you don't want to give medication that's inappropriate.

Niki Olsen: Right.

Siope Kinikini: You know, 'cause it will never work.

Niki Olsen: Right, right.

Siope Kinikini: That's really great.

Niki Olsen: And we have a lot of adults will come in seeking out medications for ADHD for just various reasons, you know? So obviously you don't get ADHD as an adult like that has to be diagnosed as a child or there has to be an indication of that as a child, and you don't just develop that as an adult. There's something else going on if you're not able to focus all of a sudden as an adult, you know?

Siope Kinikini: Right, right?

Niki Olsen: And so really looking at that too, and seeing like were you just an unmedicated person with ADHD this whole time? Or you know, is there something else going on? If they're seeking out medication for other reasons, you know, really looking at that.

Siope Kinikini: That's great. So tell me about a behavioral interventions that you use with families. Like what type of behavioral interventions would you recommend and why is it important to intervene with behavioral interventions rather than just using medication? You know what I mean?

Niki Olsen: Yeah. So I think it's important for kids to know how to learn to deal with their ADHD. Like there are behavioral techniques you can do to learn to deal with ADHD. It's not a diagnosis like schizophrenia or bipolar that you know, you have to have the medication for it. You don't have to medicate the ADHD. And in fact, it's probably, especially when they're growing, because

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it can stunt their growth. There are side effects. There's all these things, it keeps you from weight gain, it can have lots of side effects that you really want to do everything you can before you're medicating or beyond the lowest dose possible while you're using other techniques. So you're not having those side effects. You don't want them to have to rely on the medication forever too. You want them to be able to manage it or maybe use it as needed if they need to, to be able to be on one that could do that.

Siope Kinikini: Right.

Niki Olsen: But yeah, so I use a couple of different techniques. Being trained with [Families First](#) and the name is not coming to me.

Siope Kinikini: The [Teaching-Family Model](#).

Niki Olsen: The Teaching-Family Model, I like that.

Siope Kinikini: That's exactly what we use everybody.

Niki Olsen: Yeah, The Teaching-Family Model, and I still use a ton of that. Like in teaching skills, like the [Preventive Teaching](#), the [Corrective Teaching](#), you know, and just teaching basic skills of how to, you know, [Following Instructions](#) and giving smaller instructions, you know, using [Effective Praise](#), not just general praise but how do I get them to understand the relationship between what they're doing and what the result of that action is?

Siope Kinikini: Right.

Niki Olsen: Getting that cognitive thinking going and becoming aware. But I also use a technique, the ADHD affects the executive functioning part of their brain, their ability to organize, problem-solve, time management, communication, empathy, you know, all of that's like in the executive function of the brain, right?

Siope Kinikini: Right. Yeah.

Niki Olsen: And those networks are either not firing, they're blocked, you know, however you want to describe it. So, I also use a technique called Mind-body Bridging.

Siope Kinikini: Okay.

Niki Olsen: To help them connect, reconnect those networks and get those networks firing again or at optimal level for them. And so I'm big on that mind-body connection, becoming aware of what's triggering that mind and body to disconnect. What is triggering that part of your executive functioning brain to not fire? And putting on, turning, your executive functioning brain turns off, your default brain turns on, your autopilot brain, right?

Siope Kinikini: Right.

Niki Olsen: So whatever you've practiced in your autopilot brain is what's going to continue to happen, right?

Siope Kinikini: Right.

Niki Olsen: And so we need to turn off that default brain and turn on the awareness of the executive functioning brain. And we do that through techniques that bridge the mind and body back together to be able to understand that. So through mindfulness techniques, you know, coming to your senses, becoming aware of your senses, but also what is it that's your mind and body to disconnect in the first place? What are those reasons in your life that are causing that to happen? Is it, you know, that I think I should know the answer to every question on the test. Or I think that I should have the attention on me. Or I think I should feel comfortable or, you know, whatever those reasons are that aren't happening, how do I diffuse those reasons and understand that I can still have those desires but it's probably not going to happen all the time.

Siope Kinikini: Right.

Niki Olsen: So I can stay in my natural functioning here with my executive functioning brain turned on. By using those techniques.

Siope Kinikini: Right, and what does that look like when you're teaching this? I mean, are you teaching them brain and then this autopilot and then how to, I don't know, hijack that autopilot? Is that what it is?

Niki Olsen: Yeah, kind of. So we call it resting it.

Siope Kinikini: Okay.

Niki Olsen: So the reason that all of us, and it's not just with ADHD, we all have a system inside of us that can become active and cause that default brain to turn on and your executive functioning brain to turn off. It doesn't only affect your brain, it affects every cell of your body. So you're going to feel that in your body. You're gonna feel it with that tension in your body and you're gonna feel it where we call it described as mind clutter.

Siope Kinikini: Okay.

Niki Olsen: Your mind just starts, I described mind clutter as kind of a snowball of thoughts. You start with one thought that explodes into 50 other ones and those 50 exploded into another 50. And it just keeps going, and pretty soon none of us can focus. Right? That's why I say, like we all experience ADHD at some point. Right?

Siope Kinikini: Right.

Niki Olsen: Right, we're feeling this jittery like still or just in the overwhelming tension, whatever that might be. It's different for everybody, and this mind clutter that keeps us from functioning the way we want to function. So the ADHD might make it more difficult and be triggering that system more often. Right?

Siope Kinikini: Right.

Niki Olsen: Not saying that this system is the cause of their ADHD, but ADHD can cause this system to wake up more often.

Siope Kinikini: Okay.

Niki Olsen: Does that make sense?

Siope Kinikini: Yeah that does make sense.

Niki Olsen: We all have this system. It all becomes awake at some point in our lives, but some people's wakes up more often and stays awake too much. So I use the analogy of like driving a manual car in first gear at 60 miles an hour. Like you're burning out your engine. Right?

Siope Kinikini: Right. Right.

Niki Olsen: And so that, running your system for too long like that can burn you out and have lots of effects. Depression, anxiety, you know, not able to focus.

Siope Kinikini: Right.

Niki Olsen: And the reason that that system turns on could be for different reasons. It can be for trauma, it can be for you have clinical depression, you have generalized anxiety, you have ADHD. Many reasons, but it depending on the age group of people, how I introduce all of those would be different.

Siope Kinikini: Okay.

Niki Olsen: So for kids, I kind of use that system that we're talking about. I name it, I have them name it an animal. Like I have puppets in office and I'll say, "Hey, you know, pick out. I want you to look through all those animals and I want you to find the animal that you think doesn't listen very well and is just not very wise in it's Decision Making." And so they'll pull one out. They might pull out a monkey. I'll say, "Okay, every time this monkey is awake inside of you, this is how it might act. You might start throwing fits. You might start not listening to your parents or

being mean to your brother and sister, or not Following Instructions." And then so how can we put this monkey to sleep so that you can be in charge again? So I might use an analogy like that.

Siope Kinikini: That's great.

Niki Olsen: For adults

Siope Kinikini: That is really great.

Niki Olsen: I use, in all of the after I teach that to them, there's like a mapping processes that help you understand and get to know your identity system and how that might affect you. And so I might walk them through some mapping processes to show them, just to kind of see it on the paper of how it works and how they can use those techniques to rest that system. Now what does it look like? How was it with the practical application of this outside of my office, you know? What are you going to be doing on a daily basis?

Siope Kinikini: Right.

Niki Olsen: So it's all different.

Siope Kinikini: So for the different populations, it's kind of the same concept. It's just giving them these different approaches to deal with it. So with the child that's kind of more imaginary. And then with the adult that's like just preparing them for what's eventually going to happen and then how to deal with that.

Niki Olsen: Yeah. Yeah. I teach all the same tools from zero to 99, but I will do it in a different way. Just use their language, meet them where they're at and help them understand it in a different way. I might use more technical terms with adults or more science behind it. Kids don't care about the science.

Siope Kinikini: Yeah.

Niki Olsen: They don't care about the technical thing, tell me how to do it, I'll do it, you know?

Siope Kinikini: Right right.

Niki Olsen: So I leave all of that out for the kids, explain it to the parents or sometimes adults are like, "I don't care either. I don't need to know the science. It works."

Siope Kinikini: Yeah. Right, right? As long as it works, that's kind of what we're looking at.

Niki Olsen: Yeah.

Siope Kinikini: Do you have any suggestions for parents who may be exhausted at this point in dealing with a child with ADHD or with any mental illness or struggling through any behavioral problems? What advice would you give parents?

Niki Olsen: A couple things. One, and this is, you know, we kind of learned this in our master's program too, is self care, right? You can really get drained caring for other people. Like as you know, a health care professional or as a parent with somebody with a mental illness, it can be exhausting, right? And so you need to take care of yourself.

Siope Kinikini: Yeah.

Niki Olsen: That oxygen mask analogy, right? Like you're if in an airplane, the oxygen mask falls down, the stewardess says put it on yourself first before you help other people or you're going to run out of oxygen. You're not going to help burn many people before you run out. And so finding self care things. Whether that's exercise. Whether that's finding a support group of other people who do that. An online support group. A physical support group where you go making sure you're eating healthy. Making sure that you, let's see, what other self care, you know, self care, I always describe as anything that you feel rejuvenated afterwards. So sometimes a nap is self care.

Siope Kinikini: Right?

Niki Olsen: Sometimes watching a TV show could be self care. Sometimes it's going for a walk. Sometimes for me, I like to take a bath every night just to like unwind and get rid of all that stress and like cut off the day and and be done. And so anything that's self, that you feel rejuvenated at the end, going for a bike ride, taking your kids for a walk, going to the park, whatever that might be, you really have to integrate that into your life. And parents will say, "Well I don't have time for that." Well its that oxygen mask, right?

Siope Kinikini: Right.

Niki Olsen: Yeah. You don't have time to put your own oxygen mask on, but how far are you gonna make it if you don't?

Siope Kinikini: That's a good point.

Niki Olsen: You really are going to burn out.

Siope Kinikini: Yeah. And it's kind of interesting because I noticed with some parents they feel like they should be and they're almost operating out of guilt. So it's kind of this dual thing where it's guilt and exhaustion, but they're just like, I'm going to push through, I'm going to push through, I'm going to push through and then it's crash and burn. So, I'm glad you said self care

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because that's definitely something I think everybody could use, now and especially dealing with children with a lot of behavioral issues.

Niki Olsen: Yeah. Yeah.

Siope Kinikini: You know? What would you say to parents who feel like they can't leave their child alone because their child would just freak out or whatever. Do you have any suggestions for them?

Niki Olsen: Yeah, so you're talking about like, well nobody knows how to care for my child like I do kind of thing?

Siope Kinikini: Yes, yeah.

Niki Olsen: Yes, I say you train somebody. I say you find somebody and you teach them how to do it. You train Grandma, you train Grandpa, you train dad, you train siblings, whatever it is so that you can get that self care. If you train that child to only rely on you, you are going to be the only person in their life ever able to deal with them.

Siope Kinikini: Yeah.

Niki Olsen: Like we train people how to treat us right?

Siope Kinikini: Right.

Niki Olsen: And so if there are certain techniques that are helpful for that child, teach them to somebody, show them how to do it. You know, you can find a provider or somewhere that can help with that or family member or a friend. That thought process or that story that we tell ourselves that we're the only one that can care for a child is just a story.

Siope Kinikini: Yeah, it's just a story.

Niki Olsen: It's just that, and it's running our lives. And it's keeping us from functioning the way we want to function. It's not letting us see life as the reality of there are options out there. Yes, they might be harder. I just can't go to the gym and drop them off at the daycare there. 'Cause that might not be great, but I may have to work with somebody and take some time to say, "Hey, if I do this for an hour and it was during this time and you were able to do this with them. Would that be possible?" It's going to take more work. I'm not saying it's easy, but it's possible. It is possible.

Siope Kinikini: Right. Yeah. Yup, Yup, Yup. No, that's great. Now I'm curious about, so you stopped Families First obviously cause you're doing clinical work, which is great.

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Niki Olsen: I do some of it on the side sometimes.

Siope Kinikini: Oh do you sometimes?

Niki Olsen: Sometimes Wayne calls me and asks him to do stuff.

Siope Kinikini: There are still families down there? I mean with the population of like 3,000, I'm kinda curious is there?

Niki Olsen: Yeah.

Siope Kinikini: There's still referrals huh?

Niki Olsen: Yeah there's some someone in referrals. I think I finished a family last year and I hadn't done one in probably three or four years, but I think they're hoping to kind of get it started back up in the four corners area and find somebody that could do that more full time.

Siope Kinikini: Oh wow. Yeah.

Niki Olsen: There is definitely a need for it here. It was just a time in my life I needed to transition to more daytime work when my kids are at school so I can be home with them at night.

Siope Kinikini: Right.

Niki Olsen: And I had a great opportunity presented to me and you know, and so I just transition to that but I would love to train somebody down here and be a possibility.

Siope Kinikini: Right, to kind of do that. What I find amazing is you're really in a remote area and yet you're able to access still all these resources. That's pretty creative on your part. I mean, is that something that was built in or is that something that you had to figure out? Is that, how did that all come about?

Niki Olsen: So like the training and stuff. Or like?

Siope Kinikini: Yeah trainings and just, you know, you had mentioned there's, you have from the University of Utah is helping you guys out.

Niki Olsen: Yeah.

Siope Kinikini: I mean how did that all happen?

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Niki Olsen: So the University of Utah coordinates with us a lot on our specialty care. So we do a lot of like we have tele-neuro, tele-derm, tele-psych, tele, you know we have, we have a lot of, what did they call that? The where you can go through the screen?

Siope Kinikini: Yeah, it's like a like Tele Med type ...

Niki Olsen: Tele Med, yeah.

Siope Kinikini: Tele Med.

Niki Olsen: So we have a lot of Tele Med stuff here where they can do that and some of the specialists come down. We have people that fly in, and well for the day and like cardio flies in from University of Utah I think once a month. And so we have like a specialty department here.

Siope Kinikini: Yeah.

Niki Olsen: That recruits and has people come in from different locations and things. I think people are wanting to help our locations it's just a matter of logistics of making it work and things like that. As far as trainings and understanding things, I mean with your license you have to get continuing education. So I often try to get in areas that I feel like I'm like, "Oh, I've seen a lot of this and I'd really like to up my education in this area and learn more about that." People will bring trainings down here 'cause we have, you know, school social workers, we have counselors at other clinics and stuff. And so if we can pay somebody to come here, it's cheaper than come here than, you know, and training everybody all at once.

Siope Kinikini: Right.

Niki Olsen: And so I'm always about like what, what's new, what's upcoming, how can I learn? That's just kind of been my, I want to know how to deal with this. And so I'm always thinking about education and learning.

Siope Kinikini: Oh that's fantastic.

Niki Olsen: Well thanks Siope, it was good to see you.

Siope Kinikini: And nice to reconnect. So ...

Niki Olsen: It is, that's awesome.

Siope Kinikini: We here at Smarter Parenting. I want to thank you for listening to this podcast, and we are passionate about helping families who have children with behavioral issues, specifically with ADHD. We need your help, and the way that you can help us is to subscribe, to like to share and to comment on this podcast. We want to reach out to as many people as we

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possibly can in order to help those families who are in desperate need of resources. So again, those are the things you can do. Like, subscribe, comment, and share. Please do that. Help us grow, help us move forward and accomplish what we want to do in helping families around the world.

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