



# Shutdown & Overwhelm Support Guide

**Client-facing | ADHD / AuDHD-friendly | Practical, detailed, shame-free**  
*Use this as a “what to do when it happens” guide ... not something you have to remember perfectly.*

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## How to use this guide (when you're already overwhelmed)

When you notice you're tipping into overwhelm or shutdown, your brain may not be able to read lots of text. So use this in layers:

1. **Read only the bold lines**
2. Then pick **one** "Right Now" step
3. Later, when you're steadier, come back to the deeper sections

You're not meant to "do it all." You're meant to **get safe enough.**

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# 1) What shutdowns really are (in plain language)

**A shutdown is a nervous system “power-saving mode.”**

It happens when your system detects **too much input + not enough safety + no clear exit.**

Shutdown is not:

- laziness
- rudeness
- lack of effort
- a moral failing

Shutdown is:

- a **protective reflex**
- a **capacity collapse**
- your body trying to stop further overload

## What it can feel like

- “My brain has gone blank.”
- “I can’t find words.”
- “Everything is too much.”
- “I need to disappear.”
- “I can’t move / start / respond.”

## What it can look like

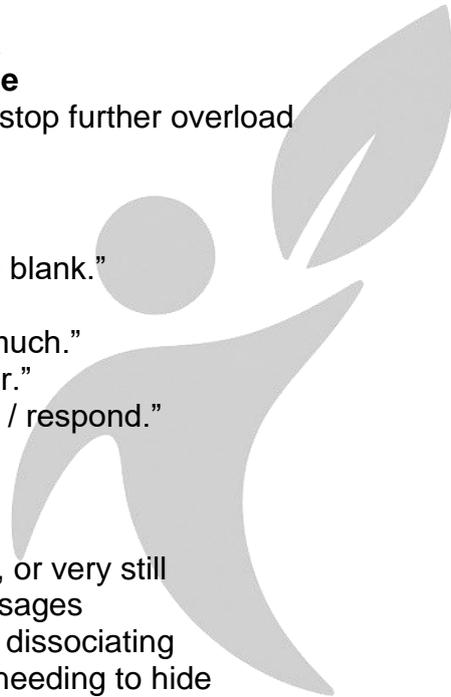
- going quiet, distant, or very still
- not replying to messages
- staring, zoning out, dissociating
- leaving suddenly / needing to hide
- irritability or “snapping” (sometimes this is **overwhelm before shutdown**)
- crying, numbness, or emotional flatness
- losing access to skills you usually have (speech, planning, memory)

## Why it happens more in ADHD / AuDHD

Because many ADHD/AuDHD nervous systems run with:

- higher baseline stimulation needs **and** higher sensitivity to certain inputs
- faster emotional activation
- fatigue from masking / compensating
- executive function strain (decision load, task switching, time pressure)

Shutdown is often the end-stage of “coping for too long.”



## 2) Overwhelm vs shutdown (so you know what you need)

### **Overwhelm = *too much is happening***

You may still be able to talk, move, explain... but you feel flooded.

Common signs:

- rushing thoughts
- panic, agitation
- sensory irritation
- urgency, impatience
- tears, anger, shakiness

### **Shutdown = *your system pulls the plug***

You can't access your usual tools. You're not choosing not to respond... you can't.

Common signs:

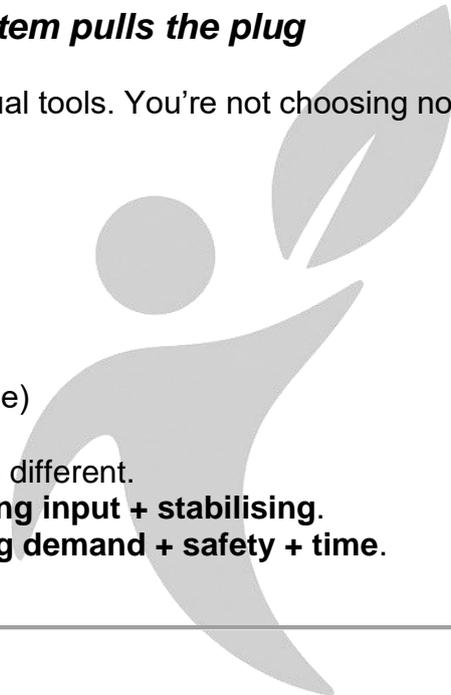
- blank mind
- heavy body
- low/no speech
- numbness
- "I can't" (and it's true)

**Important:** The support is different.

Overwhelm needs **reducing input + stabilising.**

Shutdown needs **reducing demand + safety + time.**

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### 3) Understanding freeze and fawn (what's happening underneath)

When stress hits, your nervous system chooses a survival strategy. For many people, especially those who've experienced chronic stress or invalidation, the common strategies are:

#### Freeze (stuck / locked)

Freeze is your body saying: "**Movement feels unsafe.**"

Signs:

- can't start tasks even if you want to
- can't speak or think clearly
- feel trapped, small, numb
- indecision feels impossible
- "I'm just... not here"

What helps freeze:

- **tiny movement**, not big motivation
- **warmth, pressure, slow re-orientation**
- **removing demand** so your system isn't bracing

#### Fawn (please / placate)

Fawn is your body saying: "**Keeping the other person happy is safest.**"

Signs:

- saying yes when you mean no
- over-apologising
- over-explaining
- trying to "perform okay" even while collapsing
- agreeing to things you can't sustain

What helps fawn:

- scripts that protect you without needing a big confrontation
  - practicing "capacity statements" (short, neutral)
  - learning that **discomfort is not danger**
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## 4) Your early warning signs (spot it sooner)

Most shutdowns don't come out of nowhere. They build.

### Early cues checklist

Tick any that fit:

#### Body

- jaw clenching / shoulder tension
- shallow breathing
- headache / nausea
- heaviness in arms/legs
- sudden exhaustion

#### Mind

- “fog” or slow processing
- difficulty making choices
- looping thoughts
- everything feels confusing
- losing words

#### Emotions

- sudden irritability
- teariness
- numbness
- shame spike (“I’m failing”)
- dread / doom feeling

#### Sensory

- lights feel harsh
- sound feels painful
- touch feels wrong
- clothing becomes unbearable
- background noise becomes “too loud”

#### Behaviour

- withdrawing
- scrolling / freezing in place
- snapping at small things
- cancelling plans
- “can’t start” or “can’t reply”



If you notice **3+** of these, treat it as a **yellow light**.  
If you notice **6+**, treat it as a **red light** and start the “Right Now” plan.

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## 5) The Right Now Plan (when you're in overwhelm or shutdown)

### Step 1: Remove demand (first, always)

Choose one:

- "I'm pausing this conversation."
- "I'm stepping away for 20 minutes."
- "I can't decide right now."
- "I'm not available today."

If you can't communicate, jump to the scripts section and use a copy/paste.

### Step 2: Reduce input (make it smaller)

Pick 1–3:

- dim lights / close curtains
- headphones / earplugs
- move away from people
- phone on Do Not Disturb
- lie down, sit against a wall, or go to a corner
- reduce temperature triggers (fan/blanket)

### Step 3: Stabilise your body (not your thoughts)

Pick one "body anchor":

- **Pressure:** wrap in a blanket / hug a pillow / weighted item
- **Temperature:** warm drink or cool cloth on face
- **Grounding:** feet flat + press toes into floor
- **Breath:** exhale longer than inhale (gentle, not forced)
- **Movement:** tiny repetitive motion (rocking, hand squeezing, pacing slowly)

### Step 4: One sentence of reassurance (to stop the panic spiral)

Choose one:

- "This is shutdown. It will pass."
- "My nervous system is protecting me."
- "I don't need to solve this right now."
- "Safe first. Answers later."

## Step 5: Hydrate + sugar + salt (if you can)

Overwhelm often involves adrenaline and depletion.

If possible, try:

- water
- something with salt (crisps, soup)
- something with quick energy (fruit, biscuit)

Not as a “fix” - as fuel.

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## 6) How to support yourself (before, during, after)

### Before (prevention = earlier exits)

Ask:

- What are my top 3 shutdown triggers? (sensory, conflict, urgency, decision load, social masking)
- What are my top 3 safety signals? (quiet, low light, alone time, predictable plan, co-regulation)

Build **micro-exits**:

- scheduled decompression after meetings
- ear protection ready
- “no decisions after 7pm”
- buffer time between tasks
- a “safe person” check-in

### During (permission + minimalism)

Your job is not to “bounce back.”  
Your job is to **stop further harm.**

Focus on:

- less input
- less demand
- more safety
- more time

### After (re-entry, gently)

When you start returning:

- don't jump into hard conversations
- don't do intense problem-solving
- don't shame yourself into productivity

Instead:

- small routine
- warm food
- familiar show/music
- shower/bath if soothing
- one tiny task if it helps you feel oriented



## 7) Scripts for communicating needs (copy/paste)

### Ultra-short (when words are hard)

- “Shutdown. Need quiet/time.”
- “Overwhelmed. Pausing.”
- “Can’t talk right now. Will reply later.”
- “Need space. Not about you.”

### Clear but kind (relationships)

- “I’m going into shutdown. I’m not ignoring you... my system is overloaded.”
- “I care about this, but I can’t process it right now. Can we revisit later?”
- “Please don’t ask questions right now. Quiet helps.”
- “I need you to be near me without talking, if possible.”

### Boundaries (when someone pushes)

- “I’m not able to continue this conversation.”
- “I’m not making decisions under pressure.”
- “If we keep going, I will shut down. I’m stopping here.”
- “I’ll re-engage when I’m regulated.”

### Work scripts (professional)

- “I’m experiencing cognitive overload and need to step away briefly.”
- “I’m not at full processing capacity. I’ll respond after a reset.”
- “I can do X today, but not Y. Please confirm priority.”
- “I need this in writing / broken into steps.”

### If you’re non-verbal / can’t type

Prepare one of these as a phone note:

- “I’m in shutdown. Please reduce talking/questions. I need 30–60 minutes.”
  - “I’m safe. I just can’t respond. Please give me quiet.”
  - “If you need something urgent, ask yes/no questions only.”
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## 8) Co-regulation: if someone is supporting you

If you have a safe person (partner, friend, colleague), this helps **a lot** - but only if it's done in the right way.

### What helps

- calm presence, low voice
- fewer words, not more
- practical support (water, blanket, dim lights)
- choices with limited options:  
“Do you want **quiet** or **music**?”  
“Do you want **alone** or **near**?”

### What makes it worse

- lots of questions
- “just calm down”
- demanding explanations
- trying to solve the issue immediately
- moralising (“you’re being unreasonable”)

A helpful supporter thinks: **safety first, story later.**

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## 9) Steps to return to safety (a structured reset)

Use this if you want a clear sequence.

### Phase 1: Stop the leak (0–10 minutes)

- reduce demand
- reduce sensory input
- get physically safe
- drink water if possible

### Phase 2: Stabilise (10–30 minutes)

- pressure/warmth/grounding
- minimal talking
- slow, repetitive activity
- eat something small if you can

### Phase 3: Re-orient (30–90 minutes)

- one familiar routine
- gentle movement (walk/shower/stretch)
- simple “next step” plan
- avoid big decisions

### Phase 4: Re-entry (later that day / next day)

- choose one meaningful thing
  - keep the rest low-demand
  - repair only if needed, using short scripts
  - note what triggered it (data, not blame)
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## 10) Your personal Shutdown Safety Plan (fill this in)

**My common triggers:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**My early warning signs:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**My fastest safety signals:**

- Quiet / dark / alone / pressure / warmth / movement / other: \_\_\_\_\_

**My “Right Now” sentence:**

- “ \_\_\_\_\_ ”

**My copy/paste message:**

- “ \_\_\_\_\_ ”

**What helps me recover:**

- Food: \_\_\_\_\_
  - Sensory supports: \_\_\_\_\_
  - People supports: \_\_\_\_\_
  - Activities: \_\_\_\_\_
- 



## 11) When to seek extra support

If shutdowns are frequent, prolonged, or feel dangerous (e.g., you can't eat/drink for long periods, you're dissociating heavily, or you feel unsafe), it may help to talk to:

- a GP
- a therapist familiar with neurodivergence/trauma
- an ADHD-informed coach or clinician

Needing more support doesn't mean you're failing.

It means your load is too high for your current resources — and that's solvable.

