KDH COLLECTIVE

Neurodivergent Therapy: A Practitioner's Guide

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Accessible reading edition
Original wording retained; reading layout, navigation and text alternatives added.

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Neurodivergent Therapy: A Practitioner ’s Guide June 2023

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Understanding Neurodiversity and Neurodivergence

One of the most prevalent types of clients filling today’s therapy rooms is the neurodivergent client, and yet the typical therapist has very little, if any, training in the concepts of neurodiversity. It is essential for therapists to be familiar and knowledgeable about different forms of neurodivergence so that we can offer tailored support and solutions that work, as well as take into account sensory differences that are at the core of neurodivergent struggles and success.

Neurodiversity

Neurodiversity is a term used to describe the wide variety of brain functioning among humans, and has long been studied and discussed through a range of diagnoses including autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), dyslexia, dyscalculia and many more. These specific neurotypes are considered to be some examples of neurodivergence, or ways in which brain function may deviate from the norm. Despite the individual differences between these diagnoses, neurodivergent folks as a group share some common characteristics that differentiate them from neurotypical people in the areas of cognition (e.g., thinking, learning, information processing) and environmental function (e.g., communication and social interaction).

It is vital for therapists to have an understanding of the ways in which someone can be neurodivergent (ND) in order to provide appropriate support. Solutions that would normally be recommended for neurotypical (NT) clients don't work for ND ones. Worse still, approaching therapy from a NT framework increases feelings of shame and overall dysfunction for ND people, meaning that therapy becomes harmful.

Neurodiversity symbol

A rainbow infinity symbol is used to represent the concept of neurodiversity in that there are infinite ways that the human brain functions, none of them better or worse than any other, and all seen as valid and important for human diversity.

Think it out

What neurotypical expectations, coping strategies, and/or therapeutic interventions are driving your therapy sessions?

Stop Pathologizing: A Look at Neurodivergent Strengths

The traditional medical model views neurodivergence through a lens of disability, meaning that the focus of therapy and treatment is on "fixing" or "curing" the deficits that clients exhibit. The goal of the medical model is to help a neurodivergent person to become (or at least appear) more neurotypical. This lens of functioning is considered to be ableist among many ND people. When treatment is focused on becoming more neurotypical, many ND folks will instead become more proficient at masking (suppressing or camouflaging innate social behaviors in an effort to adapt). Increased masking is associated with increased levels of distress and dysfunction and is likely to lead to meltdown, burn-out, and mental/physical health issues (like anxiety, depression, suicidal thoughts, etc.).

Instead of thinking about and working with neurodivergence as a problem to be solved, the recommendation is to instead be neurodiversity-affirming. Biological diversity is not only a fact; it is also important for the survival and function of a species. As such, diversity in brain

function is not a problem to be solved, but rather something to be valued. Every person has their own set of challenges; likewise, every person also has innate strengths. Being neurodivergent can be a gift and a curse.

Here are some examples:

- Those with dyspraxia demonstrate strong strategic thinking and problem-solving skills.
- People with dyscalculia possess intuitive and creative minds.
- Those with dyslexia are highly observant, empathetic and excellent at making connections.
- Tourettes is associated with increased focus and creativity when tackling problems.
- People with obsessive-compulsive disorder (OCD) are acutely aware of visual and auditory details.
- Autistics thrive with routine and structure, making them particularly adept at working with systems like computers or machines.
- ADHDers display resilience, spontaneity and an abundance of energy.

> "'Who do you think made the first stone spear?' asks Temple Grandin. 'That wasn't the yakkity yaks sitting around the campfire. It was some Asperger sitting in the back of a cave figuring out how to chip rocks into spearheads.'"

Bari Weiss (for the Wall Street Journal, 2010)

Key concept

Neurodiversity affirming means looking at the client's mental health through the lens of function and strength identification.

A note on language - with Whitney

"In talking about becoming neurodiversity-affirming, you may have noticed that we have broken a relatively universal therapist rule: always use person-first language. In an attempt to always remember the human before the diagnosis, we have long been taught the importance of using person-first language in the way we talk about and to our clients. They aren't drug-addicts, they are people with addictions. We aren't working with schizophrenics; we are working with humans diagnosed with schizophrenia.

In many cases, person-first language is helpful best-practice; however, for many ND people, their neurodivergence isn't simply a piece of them or a condition they are living with. We are neurodivergent. It's not something that will go away, be cured, or can be ignored. It's not something that we developed or will grow out of. This way of thinking about neurodivergence is an important part of being neurodiversity-affirming, and is much more similar to the way that we tend to talk about race or sexuality. I am not a person living with whiteness; instead, I am a white woman and that is a lens through which I experience the world and through which people experience me. Similarly, I am an Autistic woman. This is a lens through which I experience the world and through which people experience me.

In the same breath, it's also important to recognize that some ND clients may not ascribe to this way of interacting with themselves and their labels. The current recommendation for best practice is to follow the guide of your client. What label feels most true for them? Allow them to tell you who they are and what that means for them."

A note on diagnosis - with K.D.

"It's the elephant in the room: naming the neurodivergence. Oftentimes we must be the namer, the identifier, the educator for our clients. Being empathetic and having rapport does not mean supporting their misery. It is a fine line we must dance, between educating and supporting and confronting/naming. I name neurological differences not to separate and create shame, but to take ownership, create acceptance, and find solutions. If I deny that my heart beats differently and continue running marathons, there are major consequences.

In my office this way of understanding the brain guides how I explain and create ownership for my clients. We cannot change brain functioning, so our clients using brute force and denial (through masking and compensating) only propagates mental health issues. Symptom severity necessitates the amount of assertiveness I use. My office is not a place

of complacency and loving others into their helplessness and misery. If the client is looking for this, there are therapists that work this way. After 16 years in practice, I see the value of honesty backed by experience and knowledge. So I arm myself with lots of compassion, lots of patience, and granules of honesty. In helping neurodivergent populations we must name it, and through the naming, empower our clients to lean into who they truly are."

Learn more

In exploring client and personal strengths in light of neurodiversity, we recommend the Neurodiversity Strengths Checklist from Thomas Armstrong's 2012 book Neurodiversity in the Classroom: Strengths Based Strategies to Help Students with Special Needs Succeed in School and Life.

Sensory Differences

Another part of neurodiversity-affirming practice is taking into account sensory sensitivities: the ways sensory experiences can cause distress and/or be a self-regulation tool for clients. ND people have distinctly different neural processes for sensation and perception as compared to NT people.

ND folks can experience hyper- or hypo-reactivity to sensory information across several domains:

- Touch, Sight, Texture/Taste, and Sound (Misophonia)
- Vestibular sense (related to balance)
- Proprioception (awareness of body position and movement)
- Interception (awareness of internal body cues and sensations)
- Alexithymia (difficulty identifying, describing, differentiating affective and physical feelings)
- Interpretation of external or internal demands as threats, triggering survival reactions in the limbic system (flight/flight/freeze)
- Synesthesia (blending of body senses)

Some of these experiences can be explained by differences in neural growth and pruning (or the lack thereof) and are not well understood by the medical community.

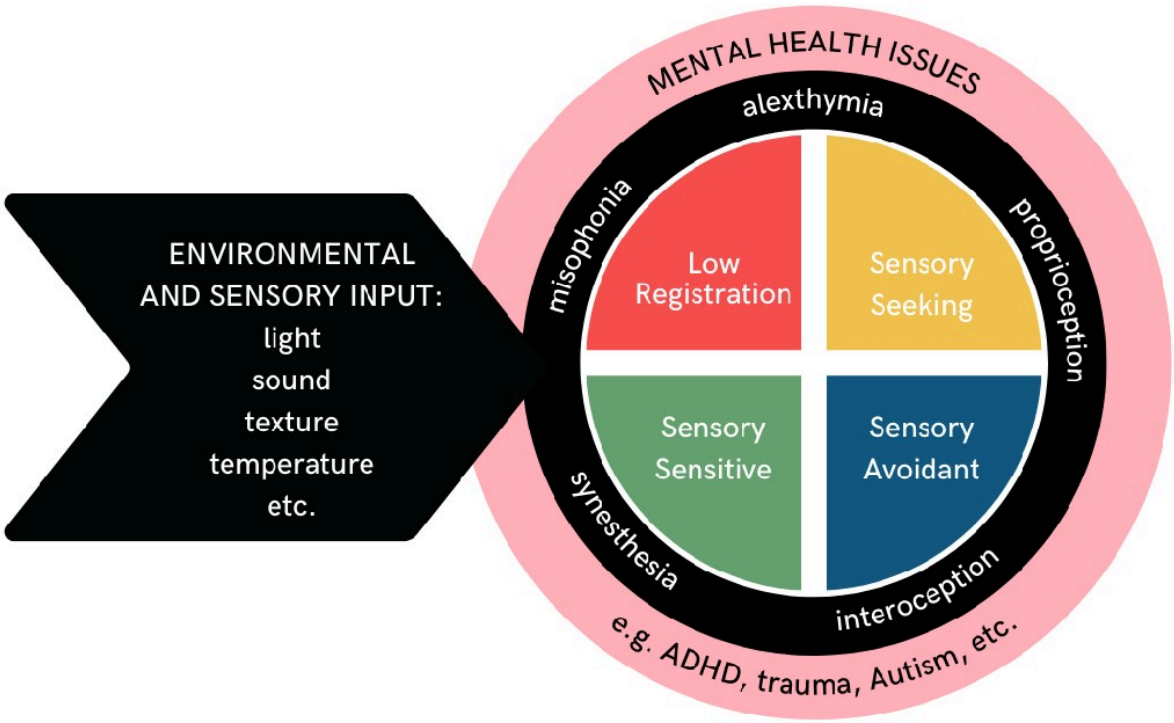
Persistent environmental strain from sensory differences leads to burnout, and can appear as anxiety, depression, suicidal ideation, and other mental health symptoms. The traditional frameworks for treating what appears to be anxiety, depression, or some other diagnosis will not be effective in these situations. In many cases, using a NT framework of understanding these differences leads to intensified feelings of shame, increased masking, and increased distress and dysfunction for ND people.

There are also patterns of sensory processing to consider when working with ND individuals:

- Low registration: Does not recognize or process all of the incoming sensory information, uninterested, and inattentive to their surroundings
- Sensation seeking: Does not recognize or process all of the incoming sensory information, but, they actively try to gain this sensory input to meet their needs. They may be hyperactive, touch others often or engage in risky behaviors
- Sensory sensitive: Feels overwhelmed by sensory information and they may be easily distracted and irritable, cautious, and uncomfortable in loud or bright environments
- Sensation avoiding: Feels overwhelmed by and actively seeks to avoid sensory information

These patterns are extremely important when identifying treatment goals and understanding mental health symptoms as sensory processing is not a factor we can change, but is at the core of understanding mental health.

information



These patterns are extremely important when identifying treatment goals and

Environmental and sensory input includes light, sound, texture and temperature. The diagram connects this input with four sensory-processing patterns, related sensory experiences, and mental health issues.

An arrow labelled environmental and sensory input points into a circular sensory-processing diagram. Four central quadrants are low registration, sensory seeking, sensory sensitive and sensory avoidant. Inner labels include alexthymia, proprioception, interoception, synesthesia and misophonia. The outer ring is labelled mental health issues, with examples ADHD, trauma and Autism.

Key concept

Knowing the client's individual sensory processing patterns is essential for identifying coping strategies that will actually work.

Sensory processing as a guide - with K.D.

“I explore sensory differences of all clients I see regardless of their diagnosis. Sensory processing differences are at the core of how we experience, understand, and respond to the world. Effective therapy must include neurology. People are born with these differences and trauma can intensify them. Trauma can also cause them. In either case ineffective coping and incessant environmental exposures intensifies and deteriorates ND’s mental health.

When I dive into another human's world in my office, sensory differences become the guide. It’s rarely a simple process. Sometimes neurotypical expectations are so embedded within one’s identity, it is hard to unravel from them. These are the situations where psychoeducation, experience, and being willing to try things out together become most important. If light and sound cause sensory overload, leading to increased anxiety and depression, we reflect on this in session. Sometimes it takes quite a bit of exploration to find the answer. And this answer is the key to effective coping.”

Some terms to know - with Whitney

"Sensory sensitivities can appear very bizarre to neurotypical (NT) folks, and naturally this can cause some additional distress to ND people who already feel misunderstood and ashamed. There are a couple of terms I have learned that have helped me both to understand the sensory experiences of ND people, including myself, and to be able to more effectively communicate about them with ND and NT people alike.

First is synesthesia. This is a condition where there is cross-talk between brain regions that usually don't communicate for NT people. Some synesthetes might experience numbers with certain emotions or colors, flavors as having texture, sounds as having color, and more. In my synesthesia, sound causes physical pain in ways that aren't associated directly with hearing (e.g., a group of loud motorcycles driving by actually causes back pain). Synesthesia is common among Autistics and other ND people and has been associated with higher scores on measures of intelligence and creativity.

There's a specific kind of synesthesia called mirror touch, when the synesthete feels touch when seeing someone else being touched. Folks with this type of synesthesia tend to express higher levels of emotional and/or physical pain empathy.

Another term that I find shows up in the therapy room around the idea of sensory sensitivity is the condition of misophonia, in which certain sounds cause extreme emotional and physiological reactions. Many people will express becoming overwhelmingly angry at the sound of repeated "mouth noises" - smacking, crunching, clicking. The anger appears out of proportion or unreasonable for the circumstances. The intense emotional/physiological response is coming from an over-response of the limbic system, wherein the fight and flight system acts unconsciously to protect us from danger.

While sounds are the most common cause of distress with misophonia, there are also people who will report similar reactions to repetitive motions - a bouncing leg, a wiggling foot - even without sound.

Misophonia is more common among girls, and tends to develop in mid-childhood."

Neurodivergence and Identity

Human beings are biologically wired to seek community, and this drive for belonging is based in generations of literal risk of harm and death. For so much of our history as a species, our group belonging is what ensured we had food, shelter, and protection from harm. Unfortunately, even though the world is very different today than it was during our caveman days, our brains have become genetic/biological experts at watching for potential death, and there's no talking our brains out of the idea that rejection is the same as death. When we experience real or perceived rejection, activity increases in the areas of the brain that correlate to physical pain. Rejection hurts, in the most literal sense, and brains are almost entirely focused on avoiding anything that causes pain in order to ensure we survive.

In this image, you can see the anterior cingulate cortex bright with activity as a result of the person feeling rejected by another person. (image courtesy of Beckman, 2003)

What this means for neurodivergent people is that, beginning when we were children, we received subtle and not-so-subtle messages about how we were different, and those messages lead to feelings of fear and rejection. This leads to us developing an incredible ability to mask - it's not uncommon for high-masking Autists to relate to chameleons. We intensely study, learn scripts, and adopt unnatural ways of being and functioning in order to prevent as much pain and rejection as possible. We become as unlike ourselves as possible and as like neurotypicals as we can. But this masking, in addition to being

incredibly exhausting and impossible to entirely master, also leads to neurodivergent people learning that they aren't to trust themselves. Our natural way of being is what leads to us being rejected. Our perception is constantly questioned. Our behavior is repeatedly corrected.

Over time though this lack of trust in self in combination with the incredible amount of work it takes to blend in (or at least to not stand out) leads to burnout, which makes it impossible to mask and even more, impossible to function.

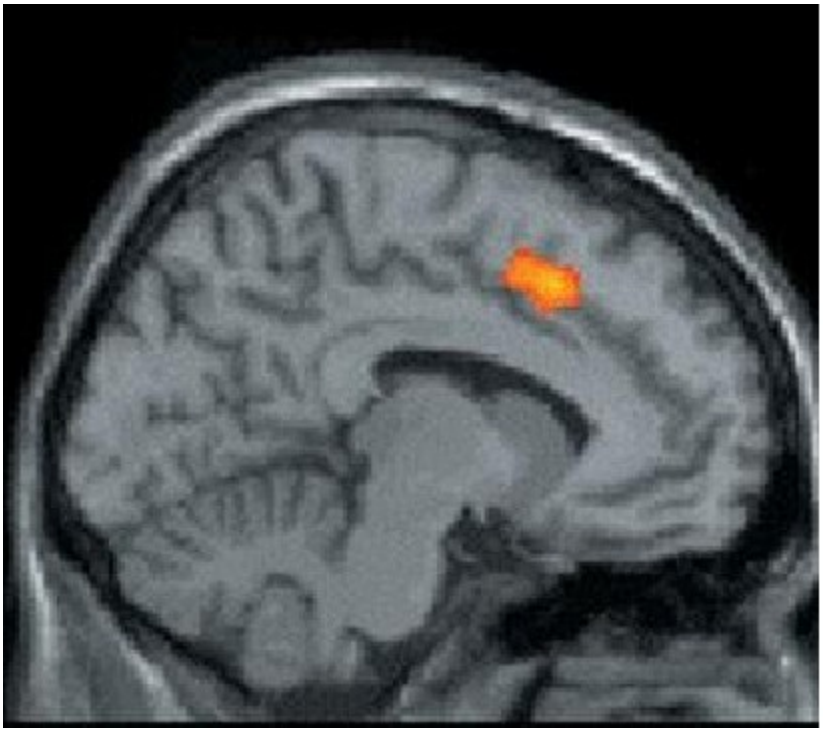


Image courtesy of Beckman, 2003.

Key concept

The primary task of therapy with ND people should be to rebuild trust in the self. Reconnecting with the self will lead to decreased masking, increased values clarification, and typically a decrease in other psychological symptoms that lead to treatment seeking in the first place.

Intersectionality

For the folks in our society who are othered, the intersection of multi-minority statuses can lead to increased distress and dysfunction, and can also lead them to feeling doubly-othered as they may face real or perceived rejection from multiple communities to which they feel drawn. Standard multicultural and diversity coursework and trainings tend to focus on marginalized groups as related to race and ethnicity, sexuality, and gender; however, it's far less likely that a typical mental health education includes intellectual and developmental identities within the diversity framework.

Autigender and Neuroqueer

Research and lived experience has shown that the rate of LGBTQAI+ identification is significantly higher among ND folks than NT folks, with some camps actually developing specific terms to illustrate the overlap between their queer and neurodivergent identities. Autigender folks experience difficulty in understanding their own gender as a result of their autism. It’s less of a specific label for sexual attraction or behavior and more of a way of describing the unique relationship that the autigender person has with their gender as a construct. Neuroqueer is sometimes used as a verb and sometimes as a label. When one “neuroqueers,” they are saying that their understanding of sexual and gender identity doesn’t follow the prescribed boundaries of society because of their unique perspective on the world due to their neurodivergence. Some folks will also identify as neuroqueer, meaning that their conception of and behavior around gender and sexuality is inherently neurodivergent.

It's often these folks with multiple marginalized identities, like those who identify as both LGBTQAI+ and those who are ND, who are missed by the main helping professionals. For example many gay male autists report having their autism questioned, ignored, or rejected because their presentation didn't fit the typical "look" of what the medical/mental health community considers autism to be. The experiences of ND trans folks are written off as part of their transness, which doesn't necessarily require or lead to support in daily functioning. Questioning and rejection of someone's full identity (is trauma) and leads to increased pressure to mask both their neurological differences and their queerness, which we know tends to increase psychological harm.

Race and Ethnicity

Similarly, Black and Brown ND folks frequently report having to exert extremely high levels of behavioral self-management, masking, and code-switching, as their differences are often interpreted as threatening due to their skin color and the inherent biases that exist for the racially marginalized. According to 2020 data, Autists are 7x more likely to interact with the police than NT folks, and we also know that Black boys are 3x more likely than white boys to be shot by a police officer. Depending on the severity of someone's Autism, they may struggle to understand the instructions of police and may behave in unexpected ways, leading to the interpretation of their lack of compliance as a threat (for more on this, see The Color of Autism).

In the school system, many Black and Brown Autistic boys are diagnosed with behavioral disorders (i.e., conduct disorder and oppositional defiant disorder) as their behavior is viewed through a threat lens as opposed to a learning/cognitive lens. The misdiagnosis leads to further stigma and often unhelpful/inappropriate accommodations, all of which is more likely to lead to their involvement with police and the justice system. There is ample research showing that Black and Brown people are overrepresented in the criminal justice system, and although there is limited research on the interaction of neurodivergence in this population, researchers hypothesize that the amount of neurodivergent people in jails and prisons is much higher than in the general population. In many ways, Black and Brown people are given much less opportunity for deviance from any norms than are white people, and we also know that these disparities exist in terms of treatment: Black and Brown folks are less likely than whites to receive appropriate mental or physical health treatment.

Key concept

To be an ethical and competent therapist, all levels of diversity must be a part of our therapy framework, including but not limited to racial and ethnic identity, gender, sexuality, nation of origin, age, language, ability, and religious/non-religious identities.

Links from this section

- https://thecolorofautism.org/

A Neurodiversity-Affirming Practice

In being neurodiversity-affirming, we must consider the therapy experience for all of our clients and actively move away from therapy that is tailored for neurotypical, able-bodied people. This begins at the point at which clients seek a therapist and attempt to make an appointment and all the way into termination of the therapeutic relationship.

The following are some questions to consider as you contemplate the ways you could improve the accessibility of your practice:

- Are clients required to call and talk on the phone in order to make an appointment? Is there an option for email and/or texting?
- Does your intake paperwork and therapy system allow for gender and sexual minorities to be acknowledged (e.g., pronouns)?
- Do you use noise machines during sessions? Is there an option for clients to choose the sound that is most relaxing (e.g., using white noise vs. water sounds)?
- What is the lighting situation in the practice? Fluorescent lights, natural lighting, warm vs. cool light bulbs in lamps all affect people in different ways.
- What smells might there be in your practice that could affect people in different ways? For clients who may struggle with food smells, is there an option to have an appointment time outside of lunch and/or via tele-health?
- Is there enough space within which someone could easily navigate with a wheelchair or other mobility device? Is there a public restroom that is also accessible to all types of bodies?
- Is the furniture conducive to larger bodies?

Key concept

What works for neurodivergent and other disabled people also works for neurotypical and able-bodied people.

Sensory Needs in Therapy

Providing sensory and comfort options for clients within the therapy setting can also be helpful in allowing clients the ability to do intensive inter- and intrapersonal work. Many clients may also be unaware of some of the benefits associated with different tools, so providing them in the therapy space gives them a chance to test out options before they purchase them on their own.

Sensory needs are at the heart of coping effectively especially in trauma treatment.

In addition to some of the specifics we have touched on, the following are some additional options that have been found to be helpful for some ND and NT folks alike:

- Noise-canceling or noise reducing headphones
- Dim lighting / glasses with tinted lenses
- Eye masks designed to block out light
- Weighted blankets or stuffed animals which offer soothing deep pressure input
- Compression sleeves, wrist bands, shirts, or shorts
- Fidgets designed for tactile stimulation
- Time management techniques
- Sensory breaks to reset the nervous system
- Time boundaries
- Psychoeducation
- Sensory swings/hammocks

> Sensory swing from Aokitec’s Amazon shop.

Accepting difference is at the core of therapy. In order to build self-understanding and self-acceptance in our clients, we must first provide that in our therapy space. As mentioned previously, using these types of tools and considering the experience of attending therapy in your practice and with you doesn't lend benefits for only your ND clients. These types of

accommodations also benefit the neurotypical clients in your practice. Being intentional about the entirety of the therapy experience and explaining those intentions with your clients also helps to:

- give clients the opportunity to explore their wants and needs in ways they haven't done so before
- build rapport and a sense of caring due to the efforts made to ensure safety, security, and comfort
- encourage clients to advocate for their wants and needs in a relatively low-risk environment
- decrease the internal and external pressure to mask

Fidget with me - with Whitney

"Learning about my Autism allowed me to then explore my sensory preferences and needs in a way that has benefited me as a therapist and also in my day-to-day life. As part of my intake with clients, I always point out that I will have a fidget and give them permission to speak up if it becomes distracting. This also frees clients up to try and use the fidgets we provide on the table next to where they sit.

I have tried so many different fidget tools, and I have figured out some of my favorites:

- There are so many different textures of slime! Depending on my mood and the context, sometimes slime is the exact tool I need.
- If I'm in an environment where I can use a fidget with more of a sound, I found that I really love magnets. I'm a huge fan of the Speks brand, especially their Ferrite Putty, and tiny magnetic orbs like these. It's important to note that these are dangerous for any folks who may end up putting them in their mouth. Swallowing these can lead to medical emergency.
- There are also tons of different types and textures of fidget noodles. These are nice and quiet, which makes them perfect for therapy sessions.

I should also note that these links are not sponsored in any way, nor do I earn anything should you use the link to make a purchase. I just think that good finds should be shared!"

Links from this section

- https://www.amazon.com/Speks-Ferrite-Stones-Seriously-Satisfying/dp/B0B52BSWJ9/ref=sr_1_1_sspa?crid=1PZ8AHOLZ7FL4&keywords=speks&qid=1679780855&sprefix=speks%2Caps%2C114&sr=8-1-spons&psc=1&spLa=ZW5jcnlwdGVkUXVhbGlmaWVyPUEySUY2U1QwNEtNUklxJmVuY3J5cHRlZElkPUEwNTQ0MTg2MzhQRTNOVEpNWVJaTiZlbmNyeXB0ZWRBZElkPUEwNDQ5MTE2M0JES01LRlM1TEg0SSZ3aWRnZXROYW1lPXNwX2F0ZiZhY3Rpb249Y2xpY2tSZWRpcmVjdCZkb05vdExvZ0NsaWNrPXRydWU=
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- https://www.amazon.com/Pack-Fidget-Monkey-Noodles-Christmas/dp/B0BC8YJP8X/ref=sr_1_17_sspa?crid=2ZHLPDHTS42R8&keywords=stretchy+worm+toy&qid=1679781029&sprefix=stretchy+worm+toy%2Caps%2C109&sr=8-17-spons&psc=1&spLa=ZW5jcnlwdGVkUXVhbGlmaWVyPUEzUlA1R1FNVDQwM1E1JmVuY3J5cHRlZElkPUEwNzczMDk5MVdYR1pQMlpPNlY0USZlbmNyeXB0ZWRBZElkPUEwNjE0MjAxMTBYOTBaWkNaUllNUSZ3aWRnZXROYW1lPXNwX210ZiZhY3Rpb249Y2xpY2tSZWRpcmVjdCZkb05vdExvZ0NsaWNrPXRydWU=

Trauma and Neurodivergence

People often consider trauma in terms of extreme, life-threatening events such as abuse, accidents, and natural disasters; however, trauma is extremely subjective. We tend to discuss the different types of trauma as "Big T Traumas" and "Little t traumas". The Big T Traumas are those more textbook experiences where someone is in a situation wherein they feel out of control and as if their life is in danger. Little t traumas can be subtle

experiences wherein someone feels unsafe and out of control. Trauma also tends to have a dose-effect, meaning that while one Big T Trauma can cause difficulties for people, many little t traumas or little t trauma over a long period of time can also cause similar difficulties.

Living in a neurotypical world with neurotypical expectations and lack of attunement to their sensory differences is a traumatic experience for many ND people. We receive messages all the time that we are not acceptable and that we should push aside our needs in order to fit in. This rejection, otherness, aloneness pain, and emotional neglect can be traumatic on its own, and we know that many ND adults report that there is a cumulative effect in terms of how psychologically and physiologically difficult it is to mask for years. Masking leads to burn out, which can also lead to rejection and further trauma.

When considering trauma with our clients, it's also important to consider polyvictimization, which is exposure to multiple sources of trauma (e.g., experiencing trauma at home, at school, and in relationships). Research shows that neurodivergent communities, such as ASD and ADHDers, are more likely to experience polyvictimization, which means that treatment for neurodivergent clients should be especially trauma-focused.

These are some traumatic situations to be considered in therapy with ND clients:

- Bullying
- Attachment Trauma
    - Interpersonal neglect from caregivers
    - Indifference from caregiver (especially painful)
    - Alcohol or other Substance abuse in home
    - Perfectionistic Parenting
    - Physical and Emotional Abuse
- Cultural Expectations
- Emotional and Physical abuse in relationships
- Sexual Assault
- Social Isolation

Clinicians must consider trauma in the treatment of and work with ND people. These issues will be particularly present for ND people who are also marginalized for other reasons, such as those who are also queer or gender non-conforming and those who are Black and Brown.

In addition to the neurological differences present among ND people, which can cause them to interpret trauma and traumatic events differently than NT people, trauma also tends to intensify ND symptoms (e.g., isolation, dissociation, people-pleasing, etc.). Trauma changes the nervous system, so trauma work can help clients organize their already sensitive nervous systems in a way that benefits them across multiple areas of their life. Treating these layers of trauma can help clients take a deeper dive into who they truly are and embrace the beauty and difference of their biology.

Coping with trauma - with K.D.

"I am deep in the trauma treatment world and often individuals start therapy because of their trauma history. There is a large overlap in the individuals who report polyvictimization, dissociation, and neurodivergence. In the process of unraveling trauma, it is not uncommon for people to discover their neurodivergence. Specialization in trauma treatment requires education on neurodivergence.

The cornerstone of trauma treatment is stabilization, which consists of skills to help clients manage their distress and behaviors that contribute to distress. Traditional forms of coping do not always work for those who are ND, nor does the framework of understanding distress. These skills must be tweaked to fit the specific sensory differences of each client and must begin with a somatic understanding. Some ND clients who struggle with proprioception will find that guided meditations produce dissociative symptoms; in these cases, eyes-open grounding techniques work better. We are looking for skills that produce feelings of calm and not shut down, and some ND people will struggle with knowing the difference between the two. It starts in our office with our curiosity. Where and how does one feel calm? How do we help them achieve it?"

Key concept

Trauma treatment is an essential part of helping this population, so in your practice explore identity and how NT expectations have increased isolation, aloneness pain, and shame.

Therapeutic Foundations and Neurodivergence

Applied Behavioral Analysis

Applied Behavioral Analysis (ABA) is often the first-line therapy recommended to parents of autistic children. ABA's focus is on skill-teaching, with extremely structured processes of gradually improving functional skills (e.g., brushing teeth and getting dressed) while decreasing behaviors that are seen as unhelpful (e.g., stimming, aggression). There is ample research that ABA can be effective with these goals, and even more motivating for many families is the fact that often insurance is willing to pay for this type of treatment. Many autistic advocates, however, regard ABA as harmful, leading to increased masking, shame, and internalized anxiety. This highlights one of the more important disagreements in the larger autism community about the role of treatment as a way of appearing or becoming more neurotypical, or "curing" autism, as opposed to accepting autism. It's also worth noting that ABA was developed by Ole Ivar Lovaas, who is also known as the developer of anti-queer conversion therapy, which is an incredibly harmful pseudoscientific method of attempting to change one's gender-and/or sexual-identity.

Many ABA therapists use games, like “Memory” seen here, in their work with clients.

Key concept

Knowing the complexities surrounding ABA offers an opportunity for therapists to advocate for the autonomy of autistic people while educating families and loved ones in working together, with the autist at the wheel, to decide on treatment.

In the know - with Whitney

"It's also important to me to mention here that there is a lot of disagreement in the larger autism community about the role of the organization Autism Speaks. Known as the largest autism advocacy and research organization in the United States, it seeks to connect families to treatment, raise awareness, and further research on autism. The original mission of the organization was focused on discovering the cause of autism and therefore, preventing and curing autism. The disease-model of autism leads to stigma and discrimination as opposed to increasing acceptance of autism as a normal variation in function/behavior. This is also why some autists and advocates dislike the puzzle piece symbol used by Autism Speaks. Autism is not a problem to be figured out or solved. The preference of many has been the rainbow colored infinity symbol, representing the full spectrum of diversity and difference that is autism. Autism Speaks as an organization has marketed autism as something to be feared, even comparing it to childhood cancer in its ability to negatively impact the family.

Despite the name's implication, it's also often said that the organization in fact does not let autism speak. Only one member of the nearly 30-person board is autistic. Many feel as if Autism Speaks prefers to center the voices of family members over the voices of autistics themselves. Autism Speaks has also received criticism about their funding, with some reports showing that somewhere between 1-4% of their budget is actually going to provide services and programming for autistic people and their families. Recently a large portion of their funding has been going toward prenatal detection of autism, which, in combination with their disease-model of autism, leads to questions of whether they are moving toward and advocating for (whether implicitly or explicitly) an eugenic future wherein parents would be allowed to terminate pregnancies due to autism being detected during fetal development. Although the organization removed "cure" from their marketing and website and claim to be focusing on acceptance, autistics and advocates still question the organization's continued funding and focus on early detection and negative framing of autism. Their board is also still severely lacking in autistic people."

Cognitive Behavioral Therapy

For autistics who are able to access treatment, the odds are high that they will be paired with a clinician working from a cognitive behavioral therapy (CBT) model. Similarly to ABA, there is ample evidence to show the effectiveness of CBT for a variety of types of clients and issues; however, among the recent research on CBT's effectiveness with autistics, the

research is less promising. One of the main features of CBT is in helping clients realize when they are in a battle with irrational thoughts/thought patterns and how to manage those irrational thoughts. Autistics, though, tend to be excessively rational in their thinking, and many of the fears/concerns expressed by them tend to be rooted in reality and based on years of painful experiences, ie trauma. Autists often explain that they don't need training on how to not allow their emotions to govern their behavior as they have usually been forced to learn to ignore their emotions at all costs. In the research that does exist showing CBT to be helpful for autists, there is some question as to who is reporting the positive effects: often there is disagreement between the clinicians or parents/families of the autistic client and the autistic client themselves. While some autistic folks may appear to be less anxious on the surface, many autists report feeling just as anxious and sometimes more anxious than they were prior to treatment. In a 2009 study conduced by Wood et al., for example, while clinicians rated CBT as being "highly effective" for anxious autistic children, the children themselves rated the control condition as more favorable.

For other neurodivergent subtypes, traditional CBT may be difficult for additional/different reasons. Alexthymia (or the inability to notice or a lack of awareness of one's feelings) is a common symptom among many different flavors of neurodivergence, and while some folks can learn how to improve their awareness of physiological and affective states, for others this is something that their brain may struggle with in a way that is not possible or helpful to attempt to change.

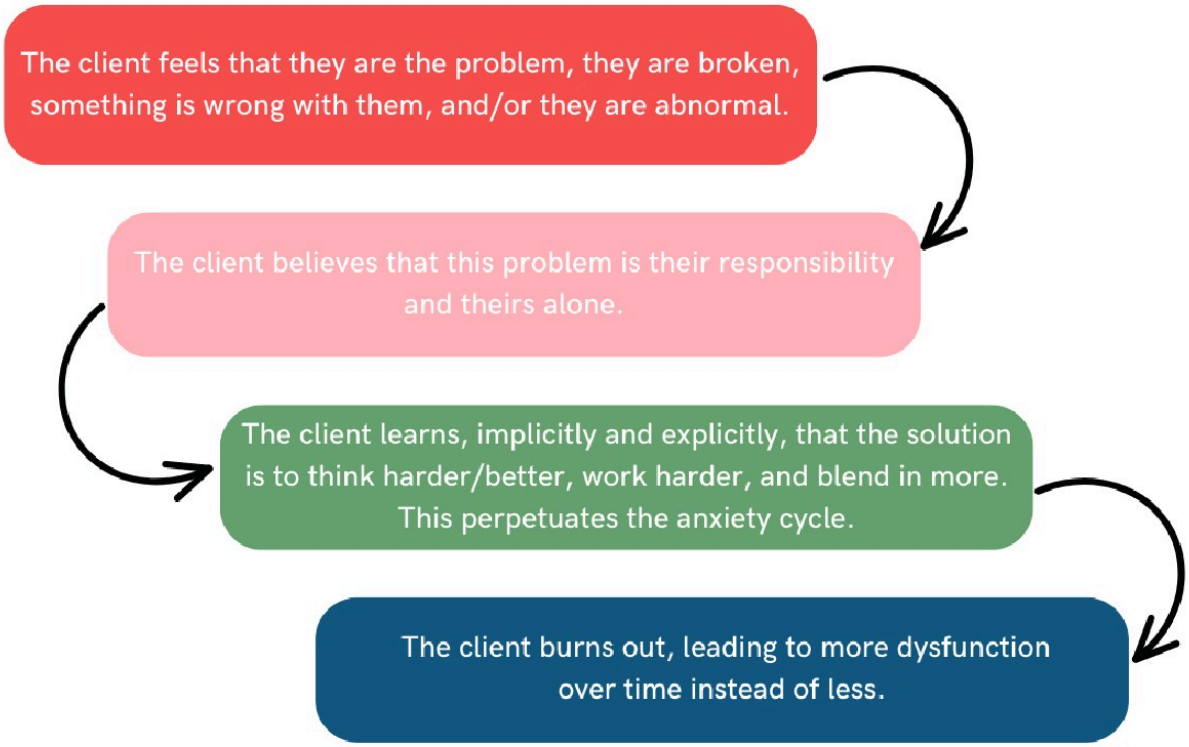
Key concept

When remembering that neurodivergence is actually a natural variation of brain function, any therapeutic modality that makes brain function the problem is likely to have a number of effects.

Links from this section

- https://doi.org/10.1111/j.1469-7610.2008.01948.x

In reality, and as supported by the research, neurodivergent people are normal humans who are living in a neurotypical world that is not built for them and is, as a result, inherently traumatizing. It's not the ND person who needs to change, but rather the context wherein the ND person is living and attempting to function.



Possible effects of a problem-centered treatment modality for ND.

Text equivalent of the four-step flow

1. The client feels that they are the problem, they are broken, something is wrong with them, and/or they are abnormal.
2. The client believes that this problem is their responsibility and theirs alone.
3. The client learns, implicitly and explicitly, that the solution is to think harder/better, work harder, and blend in more. This perpetuates the anxiety cycle.
4. The client burns out, leading to more dysfunction over time instead of less.

Behaviorist at heart - with K.D.

“I am a behaviorist at heart, but all behavioral approaches are not created equal. Behaviorism has its host of problems when forced upon unwilling participants. When applied to clients and not actively chosen by them, behaviorism can be cruel and harmful. When done with adults who are aware of the process and use their own inner wisdom (which is a concept from Dialectical Behavior Therapy) to facilitate change, great things happen. Dialectical Behavior Therapy (DBT) and Radically-Open DBT (RODBT) can be helpful frameworks for therapy with neurodivergent clients, especially Autists, those with OCD, those diagnosed with personality disorders, and more. RODBT is particularly useful with clients who are “over controlled,” such as those who struggle with perfectionism and those who internalize their anxiety symptoms. Exposure and response prevention (ERP) can also benefit neurodivergent individuals.

Regardless of the therapeutic foundation, therapy must start with acceptance of biology and honoring the authenticity of our clients. As therapists we must make sure that we are not further reinforcing perfectionistic, neurotypical solutions that counter the biological flow of our clients, even if our clients think it is best. A big piece of our work is untangling any neurotypical expectations they have internalized. Solutions must be focused on what is best for the client as a whole, biology included. Sometimes modifying one of the previously mentioned therapeutic frameworks can greatly benefit clients and provide tangible solutions for what has been a lifetime of struggle. Empathy opens the door but does not resolve our client's struggles. But our empathy can be like wildfire, stirring our clients' own empathy for themselves. Our job is done when we can provide solutions that work by fostering independence, building inner trust, and developing confidence for who they naturally are. When our clients understand their biology and how to use these skills, we have provided a priceless gift that will last the rest of their lifetime.”

Learn more

If Radically-Open Dialectical Behavior Therapy is a new one for you, you can learn more at the Radically Open Blended Learning website at https://www.radicallyopen.net/.

Effective Treatment

Just as there are many flavors of neurodivergence, the most effective treatment modality also needs to contain many flavors. It's difficult to imagine that there would ever be a clear-cut list of guidelines for working with ND people simply because everyone's neural function (and their ability to work with their particular neural function) is different.

When mapping therapy for our ND client’s we must identify NT expectations and provide psychoeducation on ND differences. Often client’s may be unaware of their own NT expectations that are driving the way they live their lives. Through this process we can develop solutions that work authentically for our clients. There is an art to ND-affirming therapy if done effectively.

The most effective treatment modality is one wherein a therapist knows themselves deeply and securely and invites the client to be the guide as to what their progress and treatment goals should look like. Our clients really do know best, especially when they are invited into a space where they can identify and abandon their NT expectations..

Key concept

The one treatment concept with strong support is that the treatment should begin at rebuilding trust in the self. This will inherently require increasing knowledge of and acceptance of the self, and for many ND people this begins with exploring who they actually are with curiosity and patience.

How I see it - with Whitney

"When I consider what it looks like to build trust in myself and how I encourage clients to build trust in themselves, I see so much value in using Acceptance and Commitment Therapy (ACT). All of the steps mentioned in effective treatment above require some basic skill building in terms of acceptance and defusion: not getting stuck on any particular psychological or physical experience (unpleasant or pleasant) that shows up, but nonjudgmentally practicing present moment awareness and active choice in terms of what comes next. ACT is considered to be a third-wave cognitive behavioral therapy where,

instead of focusing on thoughts as the cause of problematic behavior and distress, thoughts are just another data point. Much like the weather and much like my emotions, thoughts come and go. I can purposefully think some things, but other things are going to happen unconsciously. Thoughts are ultimately uncontrollable, and even in times when I am able to wrangle my thoughts, the energy that it takes to be successful at that sometimes means that I don't have the energy to do things that are even more important to me. If ACT is new to you and/or you'd like to learn more about it, I have several blogs that you can check out. Reach out, as well, if I could be of some help in some specific recommendations for your continuing education on this treatment modality."

Finally

By having a comprehensive knowledge base around neurodiversity as well as being cognizant about sensory differences within the therapeutic environment, we are able to create tailored approaches that best suit neurodivergent needs whilst making use of individual strengths and empowering them to access opportunities that fit their biology.

To learn more check out our CE opportunity on Neurodivergence in the Therapy Room.

Links from this section

- https://kdhcollective.kdholmeslpc.com/neurodivergence