

Neurodivergent Clients and Therapy: Being the Therapist Your Clients Need

Mark Luzader, LCSW
Co-Founder of Nurtured Hope Counseling

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Learning Objectives

- 1) To have a working understanding of neurodivergence
- 2) To understand some of the variations and presentations of neurodiversity
- 3) Increased knowledge of ND affirming approaches
- 4) Apply your knowledge of neurodiversity to therapeutic practice.

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About me

- USI Graduate: BSW '04, MSW '06
- Working in the social work field for 26 years
- Private practice since 2010
- Specializing in neurodivergent affirming care since 2016
- AutPlay (2019) and EMDR-certified provider (2025)
- Parent to an autistic teenager

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What percentage of the general population do you think is neurodivergent?

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1 in 5

*National Cancer Institute: Division of Epidemiology & Genetics

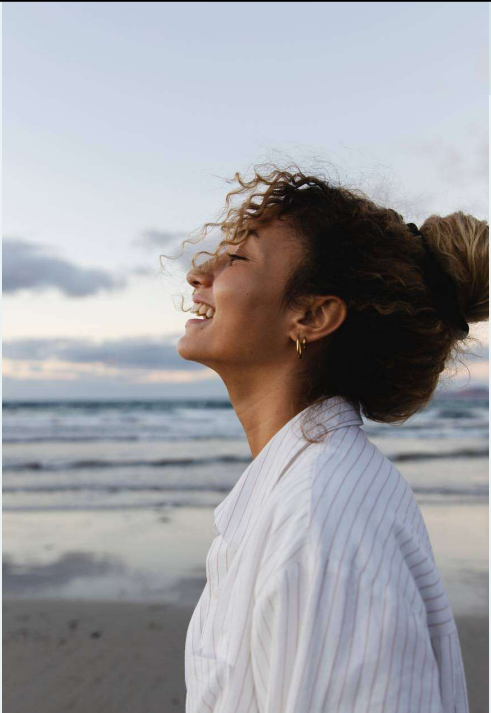
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The breakdown:

- 10% Dyslexia
- 6% Dyspraxia
- 5% ADHD *
- 2% Autistic

* 10% of children



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The Caveat:

ADHD/Autism does not get “outgrown”. Adults who are reporting no or minimal symptoms have simply developed consistent, functional adaptation skills for it.

Autism statistics are: 1 in 36 children, 1 in 44 adults
(CDC Autism and Developmental Disabilities Monitoring Network 2020)

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What is Neurodiversity?

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Neurodiversity...

Refers to the *natural* variation in the human brain regarding social skills, learning, executive functioning, attention and mood regulation.

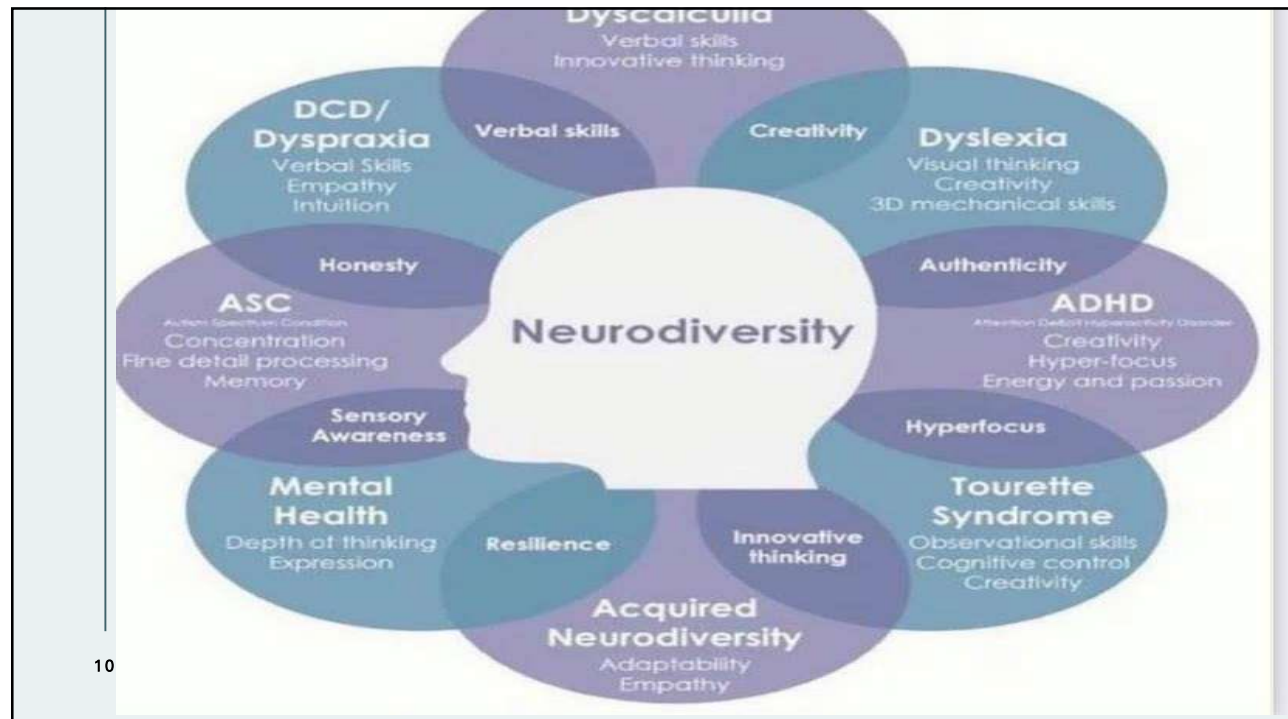
The neurodiversity movement sees ND in a **non-pathological sense**. Not as a diagnosis but as people with normal human differences in behavior.

Primarily today we'll be focusing on Autism and ADHD as we discuss Neurodiversity but there is a broader spectrum within the umbrella of ND.

Is based on the work of Judy Singer in the 1990s but has come into the spotlight in recent years due to the ND Affirming movement and increased awareness.

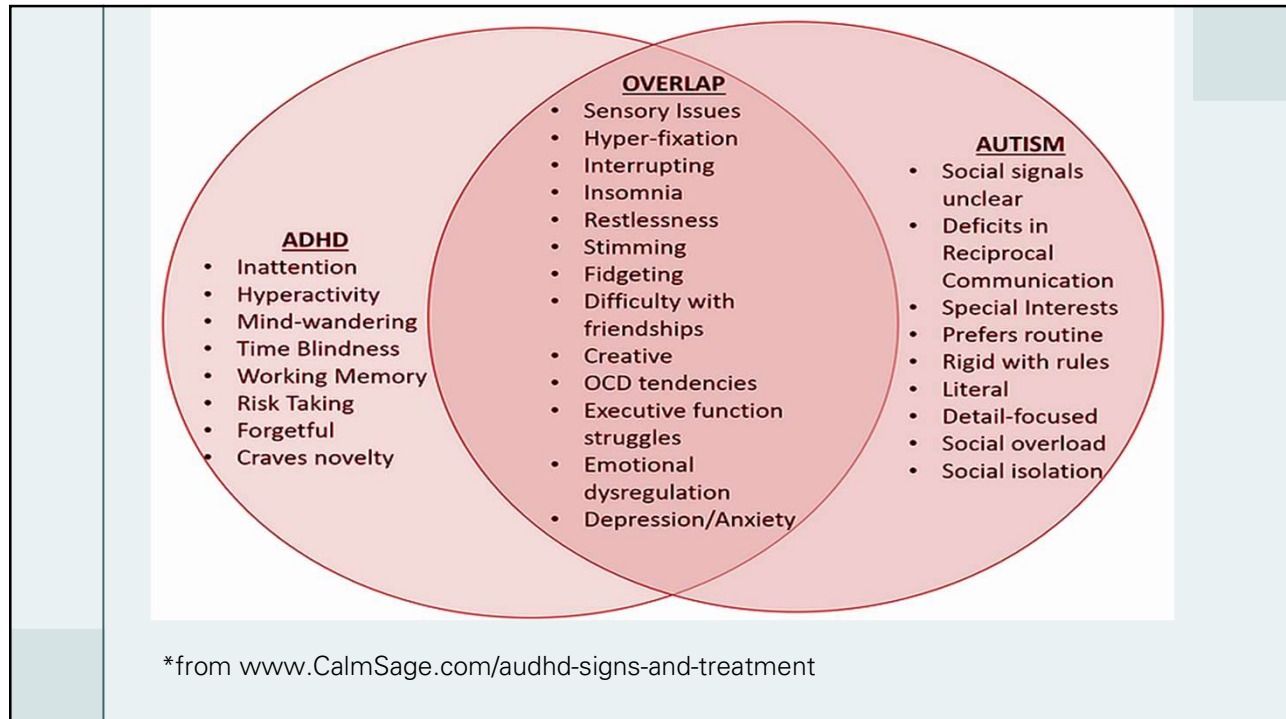
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Neurodivergence and Mental Health

- Being neurodivergent in a neurotypical world can present unique challenges that can significantly impact mental health. Simply being neurodivergent in the neurotypical world is traumatic for a multitude of reasons. PTSD/Trauma is a common feature in ND clients.
- ND individuals often experience social rejection, discrimination, and a lack of understanding, which can lead to low self-esteem, anxiety, and depression.
- Sensory Overload: Many social environments designed can be overwhelming for those with sensory sensitivities (auditory and visual overload as well as perceived demands. This constant sensory input can contribute to anxiety, stress, and even meltdowns.

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Frequently used terms

- Neurodivergent Affirming Care
- Neurotypical
- Masking
- PDA (Pathological Demand Avoidance/Purvasive Drive for Autonomy)

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Neurodivergent Affirming Care

- Neurodivergent-affirming care is a healthcare approach that recognizes and supports the natural variations in human brains and minds. It focuses on *celebrating* neurodiversity and *empowering* individuals with neurological differences, rather than trying to "fix" or "cure" them.
- It emphasizes identifying and nurturing the unique strengths and talents of neurodivergent clients, while also providing support for any challenges they may face.
- As ND Affirming Therapists, we empower our nd clients to make their own choices about their healthcare and support, and to advocate for their needs in all environments, including therapy.

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Neurodivergent Affirming Care is NOT

- Demanding unquestioned compliance.
- Operant Conditioning through Reward and Punishment systems.
- Forcing clients into environments where they will be overwhelmed and dysregulated to the extent that they won't function.
- ABA

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What is Neurotypical (NT)

Simply refers to the absence of neurodivergent traits (ADHD/Autism, learning disabilities)

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Masking

- Masking is the constant effort to appear neurotypical. It is emotionally and physically exhausting, leading to burnout, exhaustion, anxiety, and even dissociation.
- It's not always intentional, can be reflexive d/t social conditioning and the desire to not stand out.
- Many therapy modalities that are popular (especially ABA) encourage masking. Research by Henry Kupferstein (2018) found nearly half (46%) of respondents who took part in ABA met criteria for PTSD.

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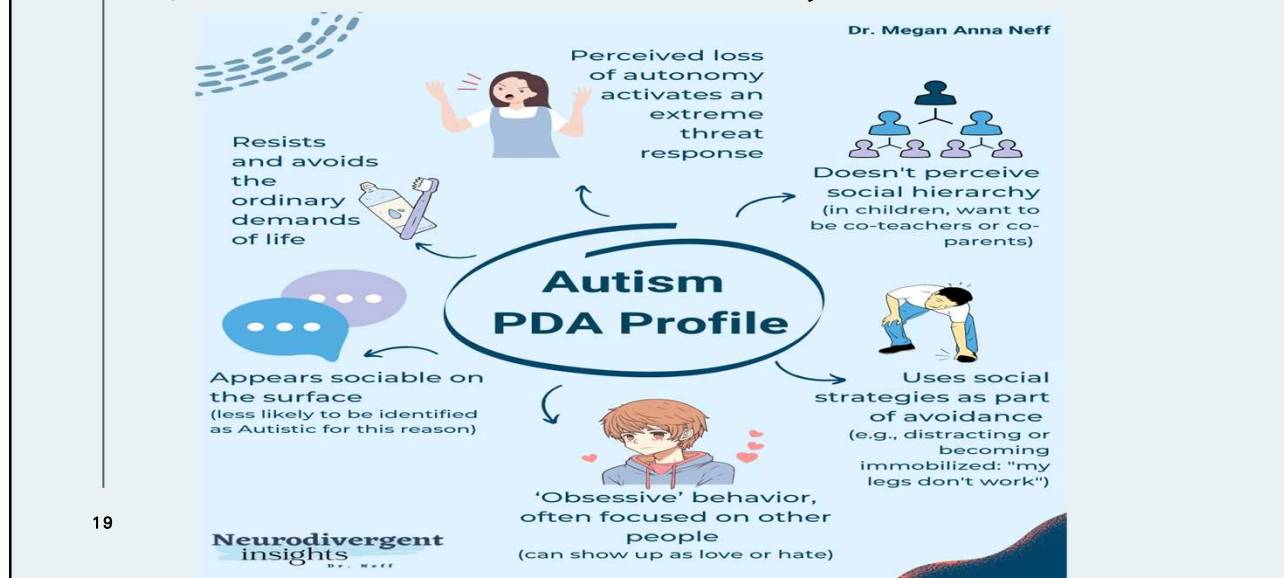
PDA: Pathological Demand Avoidance (Persistent Drive for Autonomy)

- PDA is a term primarily recognized within the UK and has no **formal** acceptance in the US. The term was coined by Elizabeth Newson, a British developmental psychologist, in the 1980s to describe the profile of a group of children she had seen for assessment.
- PDA falls under the autism spectrum and is a feature or subtype of ASD. It is characterized by a strong inclination to resist and evade demands, even when the individual may actually wish to do them. At its core, the primary drive behind demand avoidance in PDA is the protection of an individual's autonomy.
- In children and teens this is often interpreted as "oppositional" behavior that must be corrected (often aversively).

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PDA: Pathological Demand Avoidance (Persistent Drive for Autonomy)



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Why traditional therapy doesn't work for ND clients

- **The focus on "Fixing" differences:** Many traditional models aim to "fix" or "normalize" neurodivergent traits, which can be invalidating and damaging. This can lead to feelings of shame, self-doubt, and a struggle to accept oneself.
- **Emphasis on Verbal Communication:** Therapies heavily reliant on verbal communication can be challenging for clients with difficulties in language processing (common with autistic clients).
- **Limited Flexibility:** Traditional models often have rigid structures and expectations, which can be overwhelming or even distressing for neurodivergent clients who may require more flexibility and individualized approaches. Therapeutic homework can be extremely difficult without external support, leading to frustration on both sides.

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Why traditional therapy doesn't work for ND clients (cont'd)

- ***Lack of Sensory Considerations:*** Many therapy offices are not designed with sensory sensitivities (auditory input, overhead fluorescent lights, various smells, visual overstimulation) in mind, leading to discomfort, anxiety, and difficulty concentrating during sessions
- ***Misunderstanding of Neurodivergent Experiences:*** Therapists who lack understanding of neurodiversity may misinterpret neurodivergent behaviors as symptoms of mental illness, leading to misdiagnosis and inappropriate treatment. Emotional meltdowns can be interpreted as 'temper tantrums' that must be extinguished. Socially isolated teens must 'get out there and make friends'. PDA challenges are often interpreted as oppositional defiant acts to be corrected.

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Why traditional therapy doesn't work for ND clients (cont'd)

Examples

- ***Cognitive Behavioral Therapy (CBT):*** While CBT can be helpful, its emphasis on identifying and challenging negative thought patterns may not always resonate with neurodivergent individuals who may experience the world differently.
- ***EMDR:*** Traditional EMDR relies on a certain amount of cognitive and somatic activation, something that can be difficult for ND clients to tolerate. It can easily lead to dysregulation and shutdown/dissociation.

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Why traditional therapy doesn't work for ND clients (cont'd)

Examples

- ***Motivational Interviewing***: MI relies heavily on intrinsic motivation and the client's own internal drive for change. Neurodivergent clients may experience challenges with self-motivation due to factors like executive dysfunction, anxiety, or difficulty understanding and processing internal cues.
- ***Dialectical Behavior Therapy***: DBT involves learning and practicing a wide range of complex skills (mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness) and when to use them. This can be challenging and overwhelming for ND clients.
- ***Solution-focused therapy***: SFT emphasizes future-oriented goals and solutions. ND clients may experience difficulties with abstract thinking and future planning, making it challenging to envision and work towards long-term goals.

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Neurodivergent Affirming Care: A Guide for Therapists

Assessment Phase:

- Approach with Curiosity! Create a safe and non-judgmental environment where your client feels comfortable being their authentic self (mention the hardships of masking). Avoid using language that pathologizes or stigmatizes neurodivergence.
- Focus on Strengths: We all do well when we can. Highlight where your client flourishes.
- Respect what's off limits: Therapy is hard. Sitting with a stranger telling them about your hardships, what you've been through, and how you hurt is very dysregulating to the system. If your client says "I don't want to talk about that" RESPECT IT

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Neurodivergent Affirming Care: A Guide for Therapists

Assessment Phase:

- Be Sensitive to Sensory Needs: ask about what sensory challenges there are and which ones don't bother them.
- Focus on describing the individual's experiences rather than labeling them with diagnoses
- Collaboration and Consent: You're not doing therapy TO your client, you're doing it WITH them. Be respectful of their autonomy and choices

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Neurodivergent Affirming Care: A Guide for Therapists

ND Affirming Models of Therapy

- ***IFS (Internal Family Systems)***– non-pathologizing, focuses on inner world and 'parts of self', which parts are doing or feeling what, what their roles are in protecting the system.
- ***Collaborative Problem Solving***– Dr Ross Greene ("The Explosive Child"). Prime principle is "Kids do well when they can". When the child doesn't do well we collaborate on identifying those situations and building skills around those moments so they can do well. Behavior takes a backseat to solving the issue.
- ***ACT***: Acceptance and Commitment Therapy emphasizes identifying and living in accordance with one's values, which can be a powerful framework for neurodivergent clients to navigate challenges and build a meaningful life. ACT also incorporates mindfulness practices, which can help clients develop greater self-awareness, manage sensory experiences, and reduce anxiety.
- ***Expressive Therapies***: Sand tray, puppets, art therapy all can be very helpful by offering a non-verbal means of communication, esp for ND clients who have difficulty expressing themselves verbally.
- ***AUTPlay***: Cutting edge of ND Affirming care. Incorporates ND friendly interventions and play therapy for focus on regulation, coping skills and trauma.

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ND Affirming Modifications to Traditional Therapy

Cognitive-Behavioral Therapy (CBT)

- **Focus on Strengths**: Shift the emphasis from identifying and challenging "irrational" thoughts to identifying and building upon strengths, coping skills and positive cognitions.
- **Visual Aids and Sensory Supports**: Utilize visual aids such as diagrams, dry-erase boards and sensory tools/fidgets to enhance understanding and reduce anxiety. Visuals work better than words for some ND clients.
- **Flexible Scheduling and Pace**: Offer flexible scheduling options and adjust the pace of therapy to accommodate the individual's needs and preferences. Burnout can occur any time and if clients aren't feeling like doing a lot of work meet them where they are.

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ND Affirming Modifications to Traditional Therapy

Dialectical Behavior Therapy (DBT)

- **Skills Training Adaptation:** Be flexible when teaching skills to accommodate different learning styles. Consider using visual aids, role-playing, and technology-based tools.
- **Sensory Integration:** Work sensory integration techniques into DBT skills training, such as mindfulness exercises that involve sensory awareness and regulation. Because of interoceptive challenges some ND clients may not be aware of where they are in their bodies or are hyper-aware of bodily sensations.
- **Emphasis on Radical Acceptance:** Emphasize self-acceptance and validation of neurodivergent traits. Help clients understand that their unique experiences are valid and valuable and not something pathological.

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ND Affirming Modifications to Traditional Therapy

Solution-Focused Therapy (SFT)

- **Utilize a Strengths-Based Approach:** Focus on identifying and building upon the client's strengths, resources, and existing coping mechanisms.
- **Visual Goal Setting:** Use visual tools such as vision boards or timelines to help clients visualize and work towards their goals. Make them small and achievable!
- **Sensory-Friendly Environment:** Be aware of smells/scents in your office, keep fidgets easily accessible.

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ND Affirming Modifications to Traditional Therapy

EMDR

- Phase 1 (history taking)- be aware that memories will come up and be more vivid the more that history is discussed. Many ND clients have a lot of dissociative features that protect the system from overwhelm
- Phase 2 (Preparation) – Resourcing and strengths development is critical in preparation phase. If you rush through this part of treatment you’re going to get more dissociation, physical discomfort and emotional exhaustion. Take time verbally observing and building positive cognitions when you see them.
- Phases 3-7 – Clients may need some guidance with the cues we ask during this phase. Take your time, don’t rush them or prompt them too much. Ask if they need help with wording or if a suggestion you give feels like the right thing to say. Work through somatic sensations and be well versed in dissociation. You’re going to get more ecological SUDS with ND Clients here. Take time in Phase 7 for Closure activities.
- Phase 8 (Re-evaluation) – Be aware of ecological SUDS even in this phase

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Resources for Professional Development

- PDA North America- Free PDA 101 trainings and resources
- AutPlay – Dr Robert Jason Grant (books, trainings and YouTube channel)
- Neurodivergentinsights.com – Blog and resources from an Autistic Psychologist.
- Livesinthebalance.org – Dr Greene’s Collaborative Problem Solving Model. Books that are highly recommended (“Lost at School”, “The Explosive Child”).
- EMDR Training – Jackie Flynn (jackieflynnconsulting.com) or Annie Monaco/Ann Beckly-Forest (playfulemdr.com). The pacing and adaptations they focus on for children can be easily adapted for ND clients.
- Free Virtual Sandtray/dollhouse/puppets – Oaklandertraining.org

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Questions? Comments?



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Thank you!

Mark Luzader, LCSW
812-459-9365
LuzaderMark@gmail.com
www.nurturedhope.com

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