Neuro-affirming Workshop

for therapists and health care providers

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Quotation from a client:

> "My therapist is wonderful and kind. She is incredibly supportive. But you can tell she doesn't really **GET** how tired I am, and why I can't do the simplest things."

They are not talking about wanting any remarkable therapy techniques.

They are talking about wanting to be understood.

They are talking about the relief and connection they feel when someone **GETS** it.

The purpose of this workshop is to help therapists and providers see what autism and ADHD feels like from the inside.

Language and the Affirming Culture

Personal language note:

- I don't use the word "neurodivergent" even though most people in the autistic and ADHD community do. I just say "autistic and ADHD" to mean autistic and ADHD.

- I say "allistic" to mean non-autistic. It is equivalent to saying "cisgender" instead of "non-trans."

- I do not usually say person with autism, in the same way I don't say person with gayness. I use adjectives (autistic person, gay person). For lack of better options, I use ADHD as an adjective (an ADHD person, I am ADHD).

Affirming: Cultural mindset of different and equal

Neuro-affirming practice is providing an environment for clients to be themselves.

- Everything you would do to support cultural diversity, do for neurodiversity.

What does "neuro-affirming" mean?

- Autism and ADHD are **neurotypes**, neurological phenotypes of natural variations in human diversity.

- They are not a result of pathology. They are not defects, disorders, deficits, impairments, limitations, or conditions.

- These neurotypes may cause significant impairment in social and occupational functioning when the environment demands that they present as a different neurotype than what they are.

When Alison Stapleton (2025) teaches neurodiversity classes, she emphasizes "**avoiding the imposition of any singular narrative of someone's experience.**" She cites Robert Chapman's writings (2021) on not reducing the fluid complexity of neurodiversity to a single viewpoint.

This means, listen to the client. Really listen.

It means listening without trying to fit the client's experience into either pathologizing models or anti-pathologizing models.

Being open-minded is letting clients choose for themselves what they want to accept in themselves, what types of interventions they want, and what kind of changes they would like to make.

Overlap between autism and ADHD

In this workshop, I talk mostly about autism, but mostly whatever is said about autism can apply to ADHD as well.

Autism and ADHD are both **interest-based nervous systems**. Motivation comes from passion, play, and wonder rather than from importance (like it does for Allistics) (Neff, n.d.).

Both autism and ADHD are **monotropic**. Monotropism is the allocation of all the attention resources to one focus, rather than distribution of attention resources to various domains of importance (e.g. time, social cues, social conventions, space, other tasks, materials, etc) (Murray et al, 2005).

As an aside, I could not find studies on how this interacts with the phenomenon known as "supertasking." Supertaskers are people who have the ability to multi-task efficiently without any performance losses (Watson & Strayer, 2010).

My hypothesis is monotropic persons can supertask and process multiple data streams efficiently within their attention tunnel.

MONOTROPISM

"AN INTEREST-BASED NERVOUS SYSTEM"[1]

Attention resources allocated at high concentrations.

POLYTROPISM: ATTENTION RESOURCES SPREAD OUT

Attention resources are distributed widely across many interests, responsibilities, and spheres. Polytropics can pay attention to low-interest obligations and keep track of multiple interests at the same time.

MONOTROPISM: ATTENTION RESOURCES TO FEWER THINGS

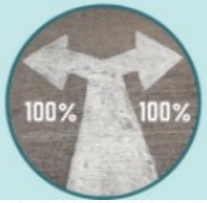
Attention resources are focused on one interest or a few interests at a time. It is exceptionally hard to allocate attention resources to low-interest obligations or keep track of multiple interests at the same time.

MONOTROPIC FLOW: ATTENTION TUNNEL / RABBIT HOLE

When they are allowed, monotropics get into a hyper-focus "zone" that makes their processing and creative abilities sharper, faster, more efficient, more productive, and sometimes euphoric.

TRANSITION AND CHANGE: NO BRAKES

Monotropics find it very difficult to switch in and out of their flow. It is like skiing, where you have to gently ease to a stop. Transitions require a lot of mental preparation. It is hard to get started on a second thing if waiting on something already scheduled.



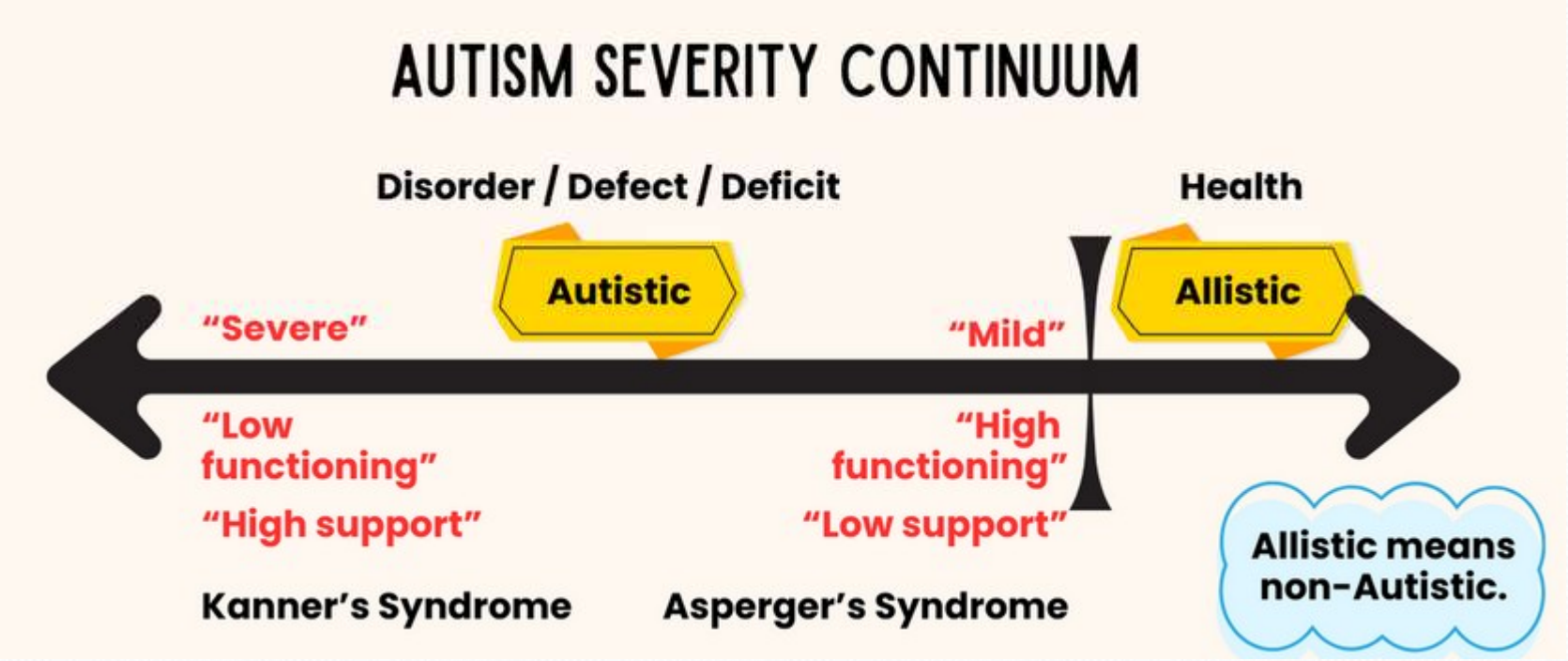
MONOTROPIC SPLIT: ATTENTION OVERLOAD

Overload happens when attention has to be split--such as when plans change suddenly. Instead of reducing the resources to each demand like polytropics, monotropics continue to put out a high level of focus per demand, which quickly leads to depletion.

Pathology vs Neurotype

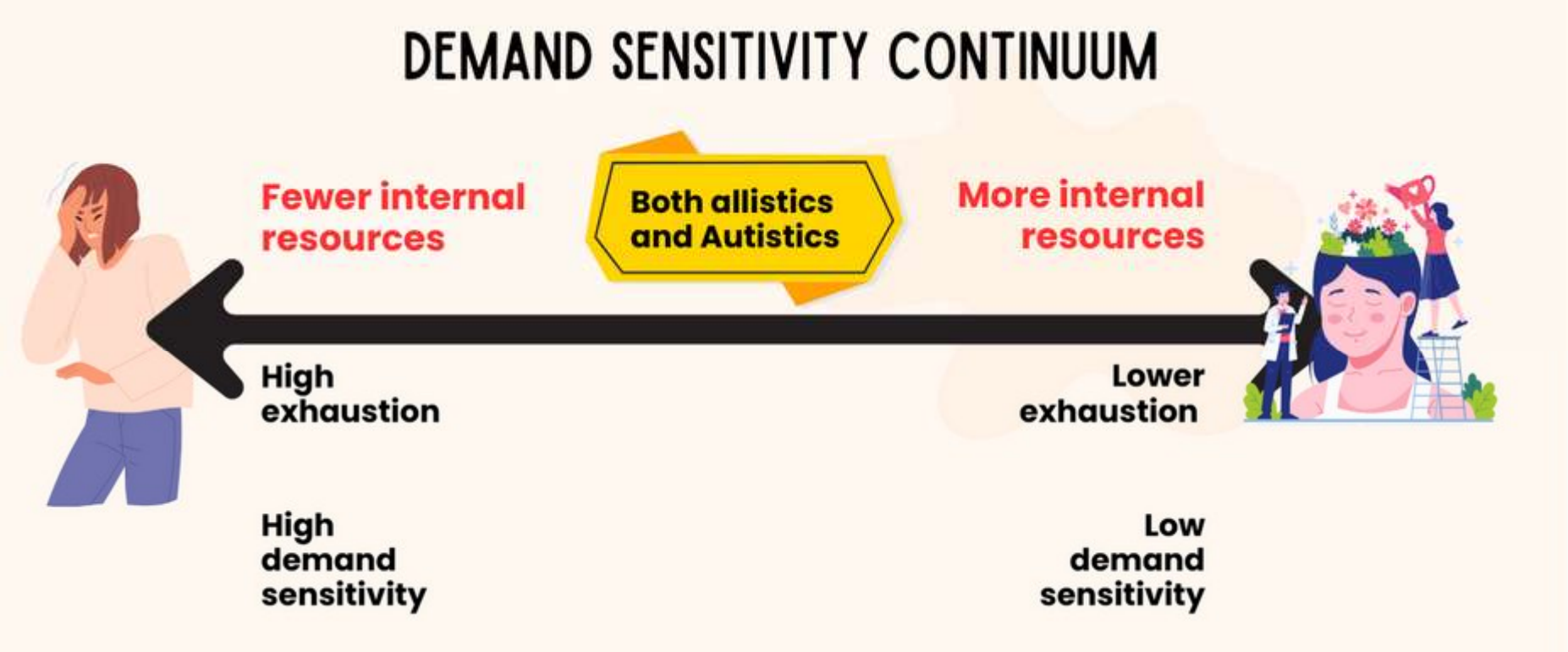
What's the difference between distress and the natural brain?

Pathology Model



- Allism is the benchmark for health. Anything that is not allistic is a deficit.
- The closer you can pass for allistic, the more "high functioning" you are.

Neurotype Model



- All neurotypes can be “high functioning” and flourish when they have access to more internal resources.
- Internal resources can be depleted by factors such as a foreign and hostile environment, stress, health problems, poor sleep/self-care, caregiving, compassion, and toxins.

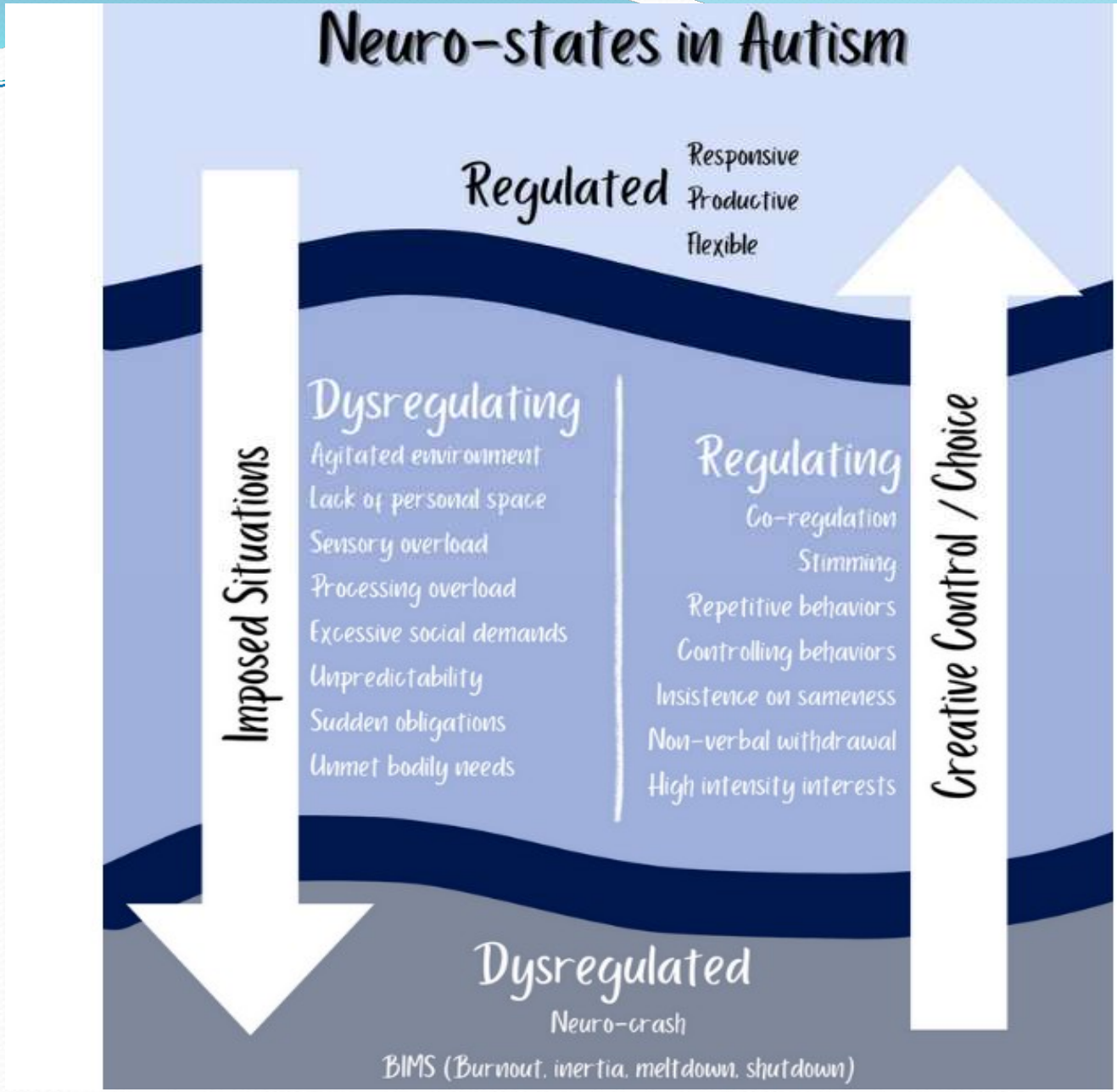
Conflation of dysregulation with neurotype

- Many DSM-V "symptoms" are symptoms of autistic and ADHD dysregulation, not the neurotypes themselves

- Many dysregulation "symptoms" (deficits, impairments) are temporary and situational. E.g. for some, eye contact is difficult with co-workers, but comfortable with trusted family members.

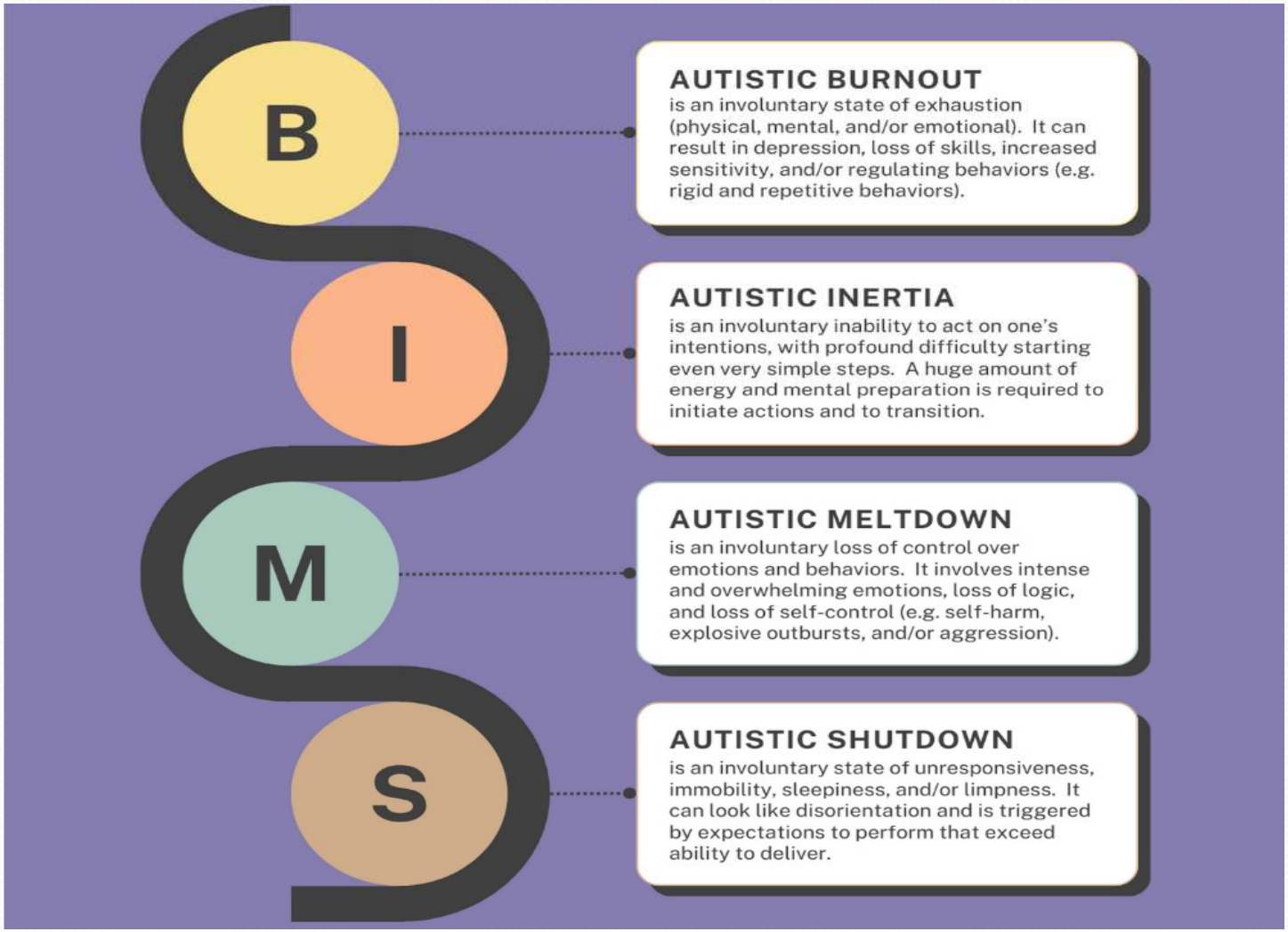
- A happy, thriving neurotype is hard to distinguish from another happy, thriving neurotype. (Just like you can't tell someone with a shrimp allergy from someone without a shrimp allergy, if they are both safe and healthy.)

- Autistics can be like canaries in the coal mine. They are often more sensitive to unhealthy burdens in the environment and react faster and more dramatically.



(Adapted from Kaufman, 2023)

What dysregulation looks like in Autism: BIMS



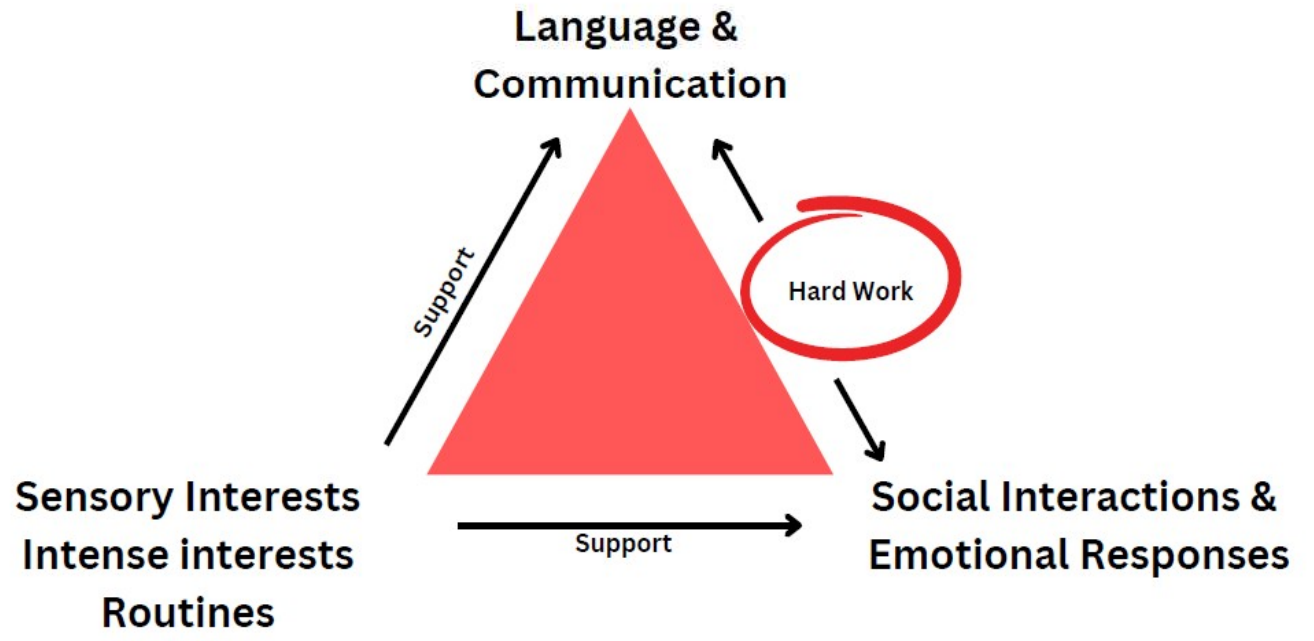
Phung et al, 2021

What the autistic neurotype looks like

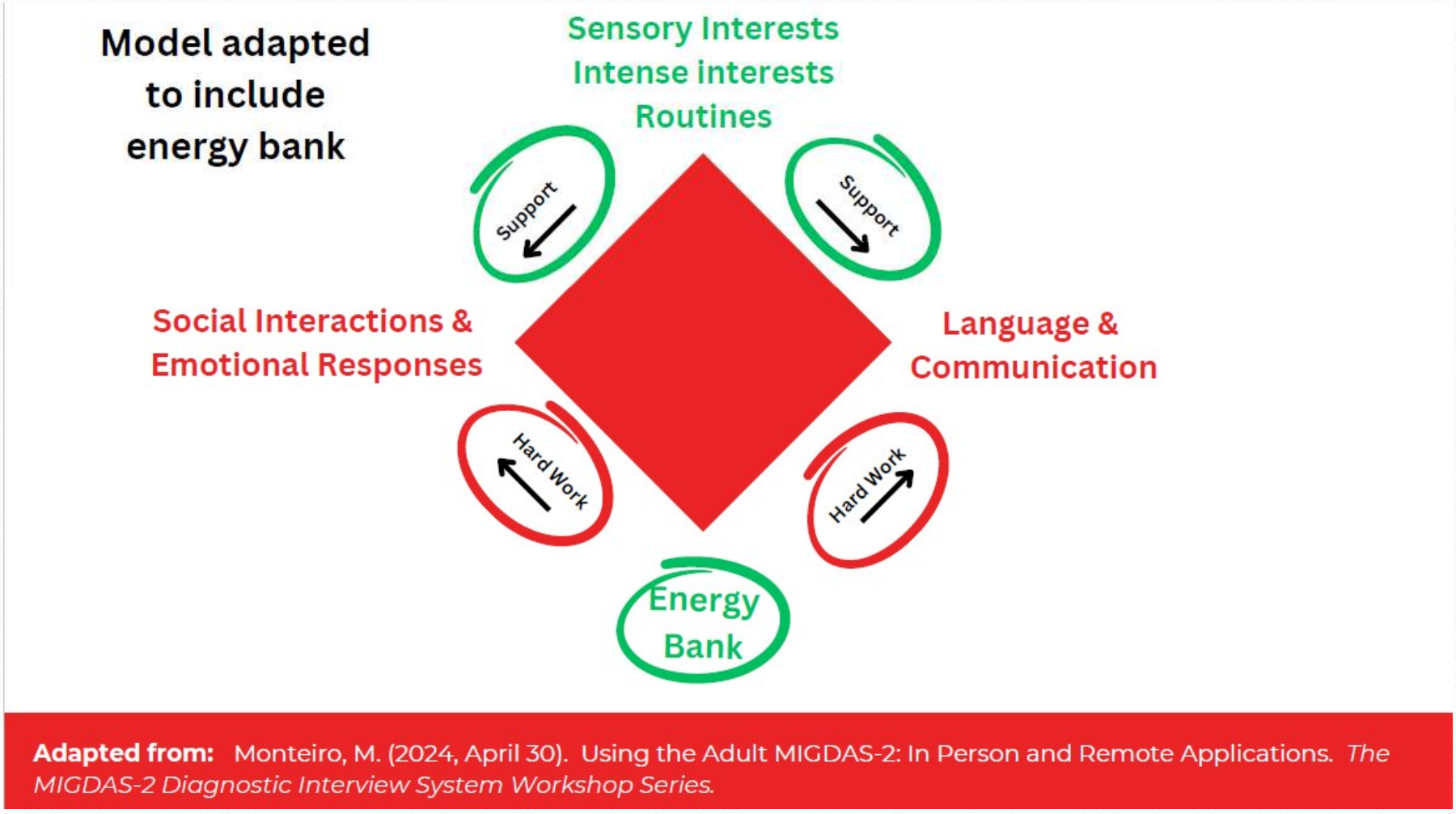
Monteiro Descriptive Triangle for Autism

Cost-based model of autism

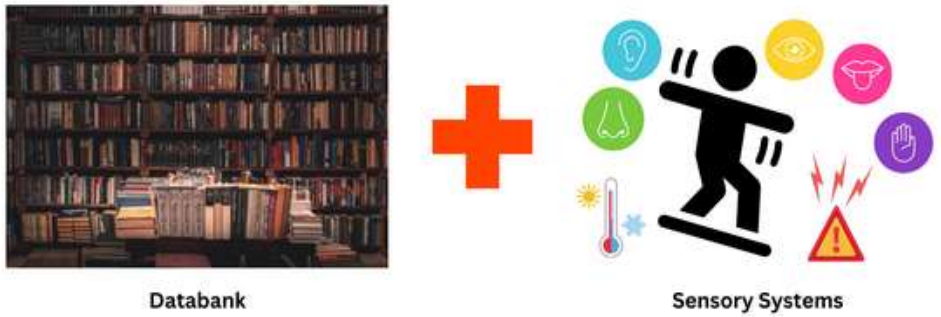
(in contrast to a performance-based model of autism)
This allows increased sensitivity to nuanced presentations of autism.

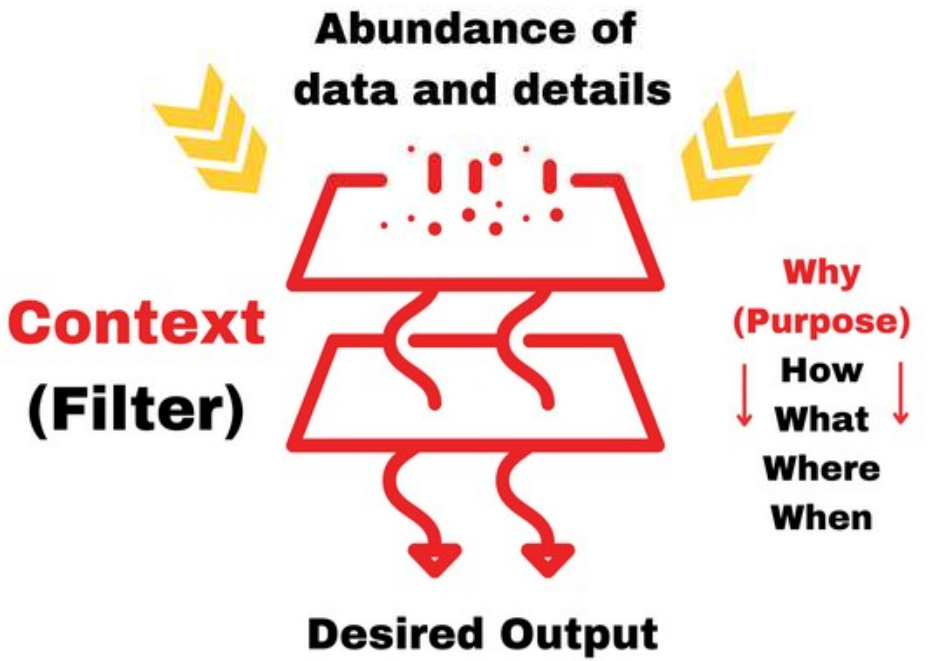


Adaptation of the Monteiro Descriptive Triangle for Autism



Adapted from: Monteiro, M. (2024, April 30). Using the Adult MIGDAS-2: In Person and Remote Applications. *The MIGDAS-2 Diagnostic Interview System Workshop Series.*





Communicating context to autistics help decrease energy cost of language, communication, social interactions, and emotional responses. (Monteiro, 2024).

If you're on the internet searching for "shoes," you may get 10,000 listings for shoes.

You narrow the search by gender, size, brand, function, material, color, price range, etc. You give the search engine filters.

One analogy is automatic vs manual transmission in cars.

Many allistics have automatic filters—you just *know* you are talking about size 12 men's running shoes under $150.

Many autistics filter manually—they will ask for precise details for their filter algorithm. Size 12 wide-toe or regular? Thick cushion or lightweight? Running for a marathon or 12K?

This request for precision can cause interpersonal conflicts.

Allistic Processing

- Transitions and lane changes at the last minute; easier to be flexible and spontaneous.
- Faster processing speed.
- Cues are easier to read, process, and respond to.
- Small mishaps and unpredictable events are easier to work around.

Autistic Processing

- Transitions and lane changes need to be planned ahead of time.
- Careful, slower processing speed to avoid mistakes and accidents.
- Large number of cues require interpretation, integration, and filtering. Response time is delayed.
- Mishaps and unpredictable events disrupt laminar flow and may cause slow-downs and traffic jams.
- Ginormous amount of data with which to solve problems, innovate solutions, and change the world.

Photographs of neurons from dissected brain tissues.

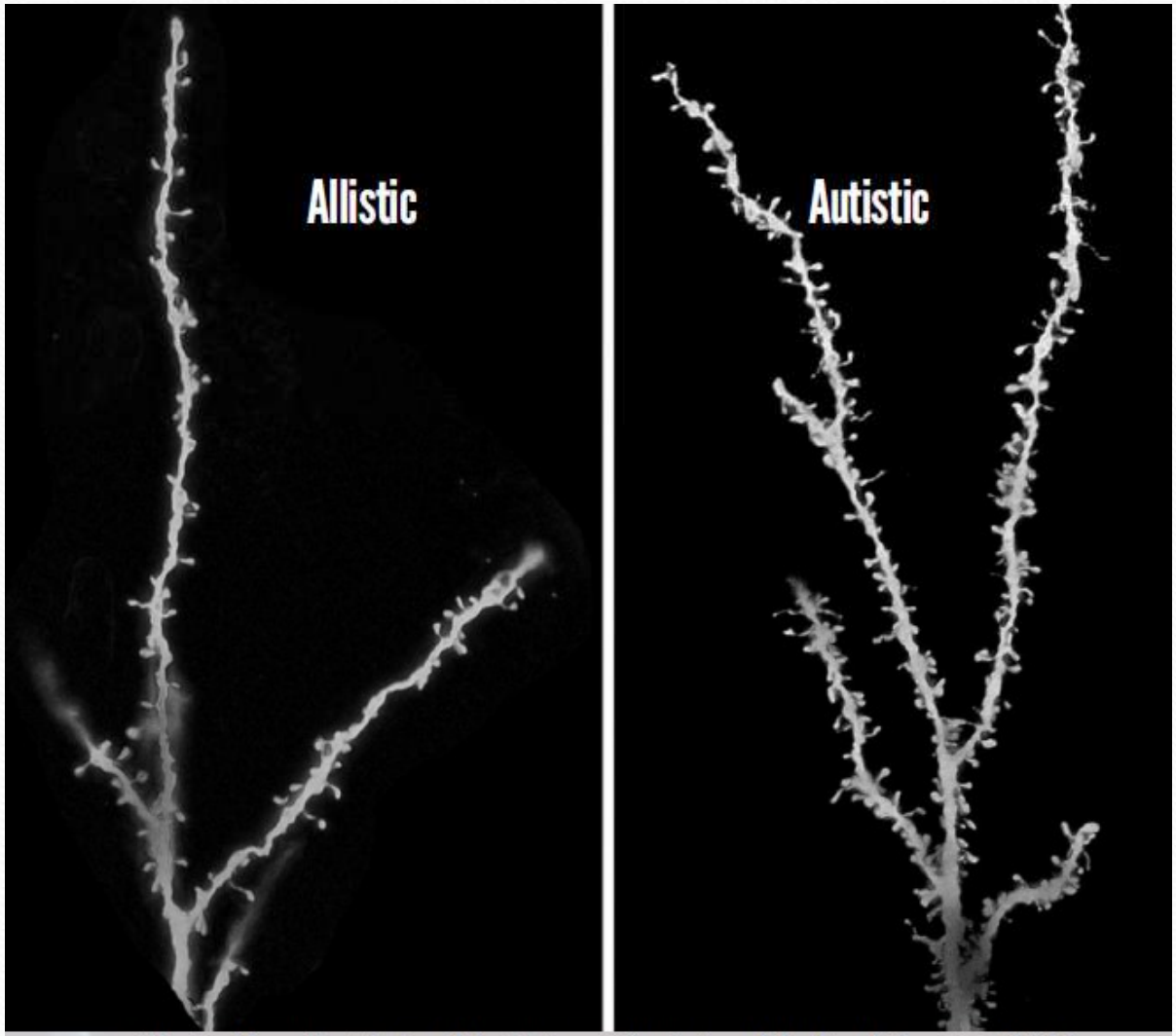
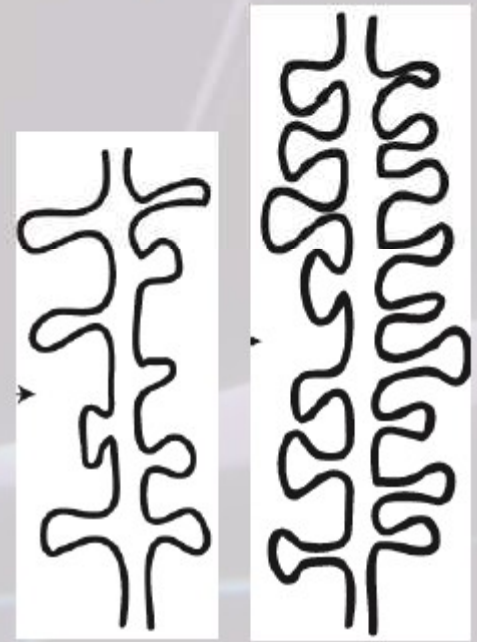


Photo Credit: Columbia University Irving Medical Center, 2014.

• Increased dendritic spines

Diagram from
Bowling & Klann, 2014.

(Kim, et. al. , 2017)



Allistic Autistic

The "buds" on the branches are called dendritic spines.

Each spine connects with another neuron across a space called a synapse.

More spines =
more synapses =
more connections.

Spine density is higher in dissected brains of autistic humans and mice.

Summary:

The autistic and ADHD neurotypes may be processing a large amount of data, which may result in a vulnerability to being overburdened and overworked.

Throw in trauma and environments that expect their brains to leverage social assets while processing even more social data, you have a rope that is carrying a weight more than it is rated for.

To cope with the vulnerability, these neurotypes may have "anchors" in the storm, as it were. Regulating, repetitive behaviors (RRBs) and comfort with sameness help add some elements of predictability.

Think about the Chinese Water Torture. Unpredictability plus restraint is known to be a psychological torture technique. Autistics just get there faster.

Thought Exercise:

1. Think of something that is **hard for your brain to do**.
   When you think of doing it, you kind of fill up with dread.
   (E.g. taxes, cooking, replacing a head gasket on a car, painting, gymnastics, math, etc.)

2. Imagine having to do that **TEN TIMES** as much as you are doing it now.

3. What do you feel at the thought of it?

4. Autistics/ADHDers often have not one thing on this list, but 100 things on the list—including talking. They're asked to do these things 100 times a day. Then they get diagnosed with depression and anxiety.

Neuro-affirming is understanding that just because something is easy for you, doesn't mean it is easy for the other person.

Lots of kids get told this by their parents.

- I am not asking for anything unreasonable. These are SIMPLE tasks!
- I can answer something for "How was your day?" after I come home.
- I can take out the trash. It takes 3 minutes. I know you can do it. I've seen you do it before.
- I can brush my teeth and take a shower.
- If I can do it, you can too.
- Why can't you? (Lazy? Stubborn? Manipulative? Spoiled? Rude? Care only about video games?)

The Social Environment

OVERVIEW OF COMMUNICATION DIFFERENCES

ALLISTIC		AUTISTIC
Communication is usually intuitive and energizing.	VS	Com. is hard work, except in energizing favorite interests.
Faster tempo banter	 	Longer, careful expositions
Social use of conversation The journey is what matters.	 	Mission use of conversation Destination is what matters.
Symbolic content	 	Literal content
Implicit hints	 	Explicit transparency
Toggles between offering and asking for stories	 	Information dumping or information diving
Social-focused: gestures, social signaling, networking	 	Data-focused: connections, patterns, and mechanisms

The double empathy problem

In 2012, an Autistic British sociologist, Damian Milton, hypothesized that the lack of understanding between autistics and allistics was mutual. He proposed that if Autistics had trouble empathizing with allistics, allistics also had trouble empathizing back, and it was really a "double empathy problem" for both sides. He noticed that whenever allistics made assumptions about Autistics, they were usually "wildly inaccurate." Because allistics are used to doing things their way, they assume the "other" people must be doing it wrong. Milton argued that autism was not pathological. Rather, the problem lies in a mismatched social interaction between two groups that have different dispositions, i.e. it was a matter of cross-cultural miscommunication.

Studies demonstrating allistic "mind-blindness" toward Autistics

Edey et al (2016) found "typical adults exhibit mind-blindness" towards Autistics, but not towards other "typical" persons in predicting mental states. Sheppard et al (2016) found allistics had a hard time interpreting facial expressions of Autistics correctly, but not of other allistics, even though they rated the faces equally expressive for both groups. Cheang et al (2024) found participants had difficulty tracking happiness and sadness in Autistic narrators, but felt anger and fear more intensely in their bodies from Autistic narrators.

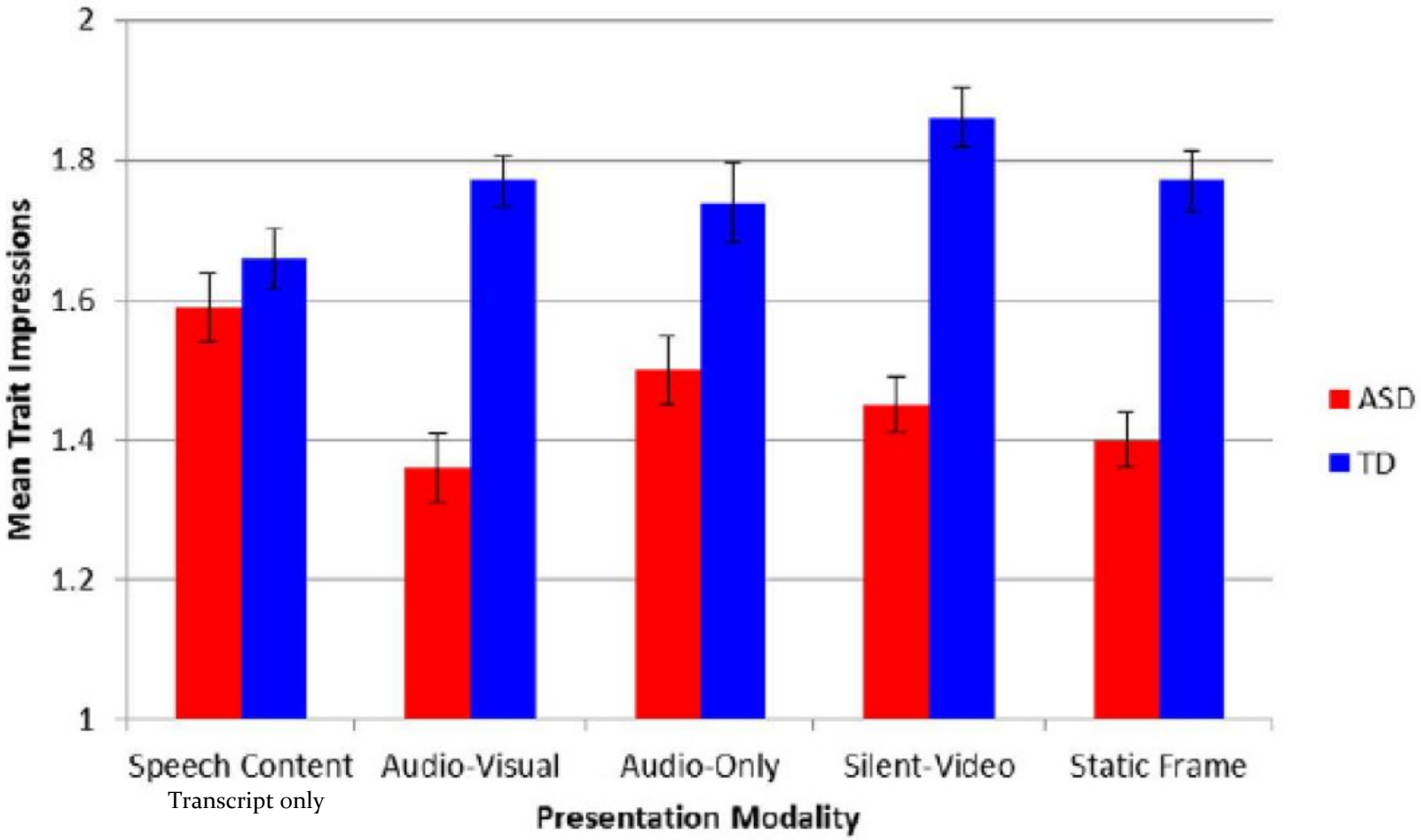
The Crompton studies on cross-neurotype communication

Crompton et al (2020b) studied accuracy of person-to-person information transfer similar to that in the game of "telephone." They found more details were shared in allistic-to-allistic groups and Autistic-to-Autistic groups, but fewer details were shared in cross-neurotype groups. Using videos from this study, Rifai et al (2022) found higher frequency of eye contact and short verbal acknowledgements (called backchanneling) in the allistic group, and corresponding high rapport ratings. They found lower eye contact and short acknowledgements in the autistic groups, but with equally high rapport ratings, indicating that autistics did not need those indicators for rapport.

In a different study, Crompton et al (2020c) also found high self and observer ratings of rapport in same-neurotype groups, but much lower ratings in cross-neurotype groups. Finally, Crompton et al (2020a) interviewed Autistic subjects and identified that they felt interacting with other Autistics was easier and more comfortable, they felt the need to mask when interacting with allistics, and they felt a sense of belonging and could be themselves with other Autistics.

Thin Slice Judgment Studies

Sasson et al, 2017



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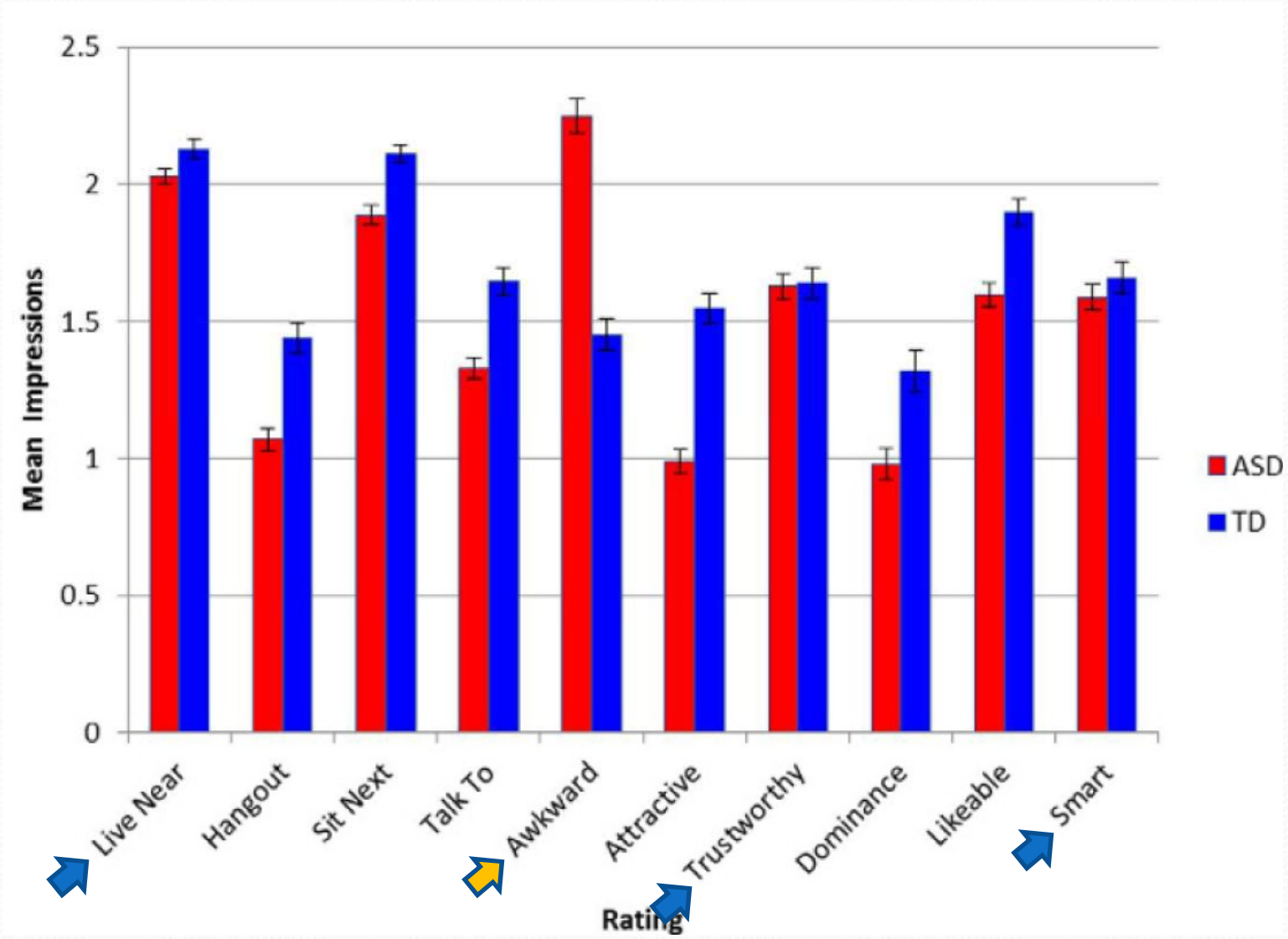


Neurodiversity

Infinite variability in cognitive functioning

Co-occurring with Autism

ADHD

- Roughly 40% to 70% of Autistics are also ADHD (Rong et al, 2021; Hours et al, 2022)
- Distinct structural brain differences have been found in ADHD and autism, e.g increased fronto-temporal gray matter volume in autism and decreased orbitofrontal gray matter volume in ADHD (Lukito et al, 2020).

Intellectual Differences / Spiky Cognitive Profile

- Around 35% of Autistics identified by age 8 in the USA are intellectually disabled (IQ less than 70) (Maenner et al, 2023).
- Around 10% of Autistics have savant syndrome, and 50% of savants are Autistic (Treffert, 1999).
- About 30% of Autistics have exceptional abilities in specific areas (Howlin et al, 2009).
- Autistic savants have a different behavioral profile from other Autistics (Hughes et al, 2018)

Non-speaking / Minimally Speaking

- Around 25% - 30% of Autistics are considered minimally speaking (Rose et al, 2016)
- 20-40% have significant language difficulties (Brignell et al, 2018)

Time Perception / Dyschronometria

- Atypical time perception in Autistic individuals can be found across research literature (Casassus et al, 2019)
- Time perception and duration judgment have been found to be linked to working memory issues in Autistic youth (Brenner et al, 2014)
- Time duration judgment can sometimes be stronger in Autistics with eidetic-type memory (Wallace & Happe, 2008)

Co-occurring with Autism

Information Processing Differences / Learning Differences

- Dyslexia: 20-40% of children with ADHD have a reading disorder; 6-30% of Autistic children have a reading disorder (Hendren et al, 2018).
- Netherlands twin study suggests co-occurrence of ADHD and dyslexia/dyscalculia probably share a common genetic cause vs causing one another (van Bergen et al, 2025).
- Dysgraphia is found in about 50% of ADHD children and 50% in Autistic children (Mayes et al, 2018).
- About 80% of Autistic children have been found to have pronounced motor difficulties. 7% self-report diagnosis of dyspraxia. (Cassidy et al, 2016).

Agnosia and Alexithymia

- Agnosia is difficulty with recognition of sensory input, including: visual (objects, faces, landmarks), spatial (distances, direction), auditory (sounds, voices), tactile (recognizing objects by touch), gustatory (taste), and olfactory (smells).
- Prosopagnosia is difficulty recognizing faces or "face blindness." No good prevalence data in autism, but studies have found some autistics perform worse on facial identity tasks than allistic controls (Weigelt et al, 2012).
- Alexithymia is difficulty recognizing and articulating emotions. About 50% of Autistics reported alexithymia on the Toronto Alexithymia Scale (Kinnaird et al, 2020)

Sensory and Auditory Processing / Synesthesia

- Auditory processing differences in 70% of Autistic children (Lau, 2023). Auditory processing disorder prevalence rates in autism is unknown.
- About 80% of Autistic children have sensory processing disorder (Patil & Kaple, 2023).
- Synesthesia is when sensory perception is intermingled, such as sounds are sensed as colors, or visual patterns are felt on the skin.

Aphantasia, Hypophantasia, Hyperphantasia

- Aphantasia is a condition in which visual imagery is absent. Hypophantasia is when visual imagery is vague or dim. Hyperphantasia is the ability to generate realistic and vivid visual images.
- There may be a connection between aphantasia and synthesia in Autistic individuals. Aphantasics report lower sensitivity to other senses and the dimmer imagery extends to other senses as well (e.g. less vivid auditory imagery) (Dance et al, 2021).

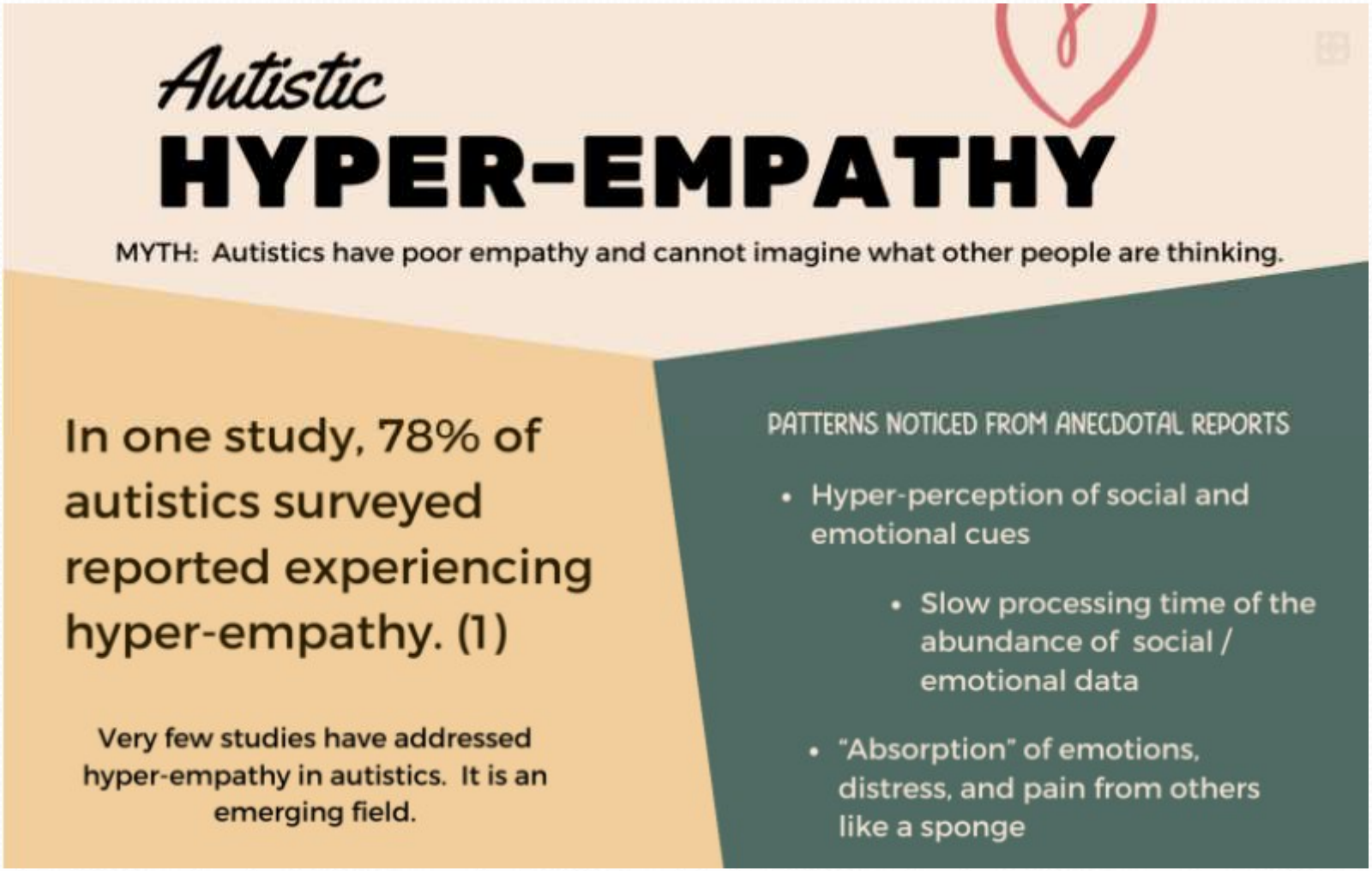
Co-occurring with Autism

Gender Differences

- One study found about 5% of autistic children endorsed a gender-related issue on the Child Behavior Checklist (Janssen et al, 2016).
- One study found gender-diverse individuals are about 5 times more likely to be diagnosed as Autistic and score significantly higher on self-report of autistic traits (Warrier et al, 2020).

Mental Health

- Scottish 2011 census data showed both intellectual disabilities and autism predicted poor health; ID predicted worse general health than autism, and autism predicted worse mental health than ID (Kinnear et al, 2019).
- About 80% of Autistic adults met criteria for a psychiatric diagnosis at least once in their lives compared to 30% of Allistics (Lever & Geurts, 2016). This may be related to Autistics seeking mental health services more frequently.



(1) Kimber et al, 2023

Interoception is often difficult for autistic and ADHD individuals.

Attention has to be directed inwards intentionally.

Agnosia, aphantasia, and alexithymia can make perception vague.

If recognition and sensing is hard, use proxies. Translate what can be sensed into what is hard to sense.

E.g. If emotions are hard to sense, translate thoughts or urges for action into emotion-equivalents.

Examples of data points processed by sensory input streams:

Sight / Visual

- light level
- precision details (e.g. angles, items lining up, distances apart)
- organization level
- beauty, esthetics
- color, color brightness, color clashes, color variety
- movement
- organicity, connection to nature
- neutrality
- _____

Sound / Auditory

- volume
- clarity
- pitch, frequency
- music
- number of sources of sound
- silence
- _____

Therapy for Autistic and ADHD Clients

Therapy for Autistic and ADHD clients:

- Help them understand how much data they are processing and how many hidden burdens they are carrying.

- Help them attune to themselves so they can stop before they overload—before the breaker switch trips.

- Improve interoception so they can know what they need better.

- Help them trust themselves. They need to trust that they will "do" when they are able. They are not lazy.

- Understand their solutions are not going to be the same as for allistics. If they look depressed, they may be told they need to get out of bed or out of the house to activate. In fact, that may make things worse for autistics. Often, autistics need the opposite—to rest and do absolutely nothing until they recuperate from burnout.

Therapy for Autistic and ADHD clients:

- Once they are attuned to what they need, help them set boundaries to keep their nervous systems safe.

- Lean into monotropism, high-intensity interests, repetitive sensory experiences and behaviors, their comfort with sameness.

- Encourage meeting with other Autistics who speak the same language—better yet, Autistics who speak the same high-intensity interests.

- E.g. Think HBO series Silicon Valley. Amazing amounts of creative innovation can be achieved when autistics get together. One of Crompton's studies (2020c) showed other people watching Autistics interact with each other rated more enthusiasm and rapport than Allistics interacting together.

Therapy for Autistic and ADHD clients:

- Bottom-up supports. Medications, supplements, diet.

- Circadian rhythm regulates not just sleep but also digestion, immune function, cognitive function, and emotional regulation. Estes et al (2024) states 80% of autistic persons have significant sleep problems.

- Psychiatrist Tracey Marks (2023) recommends doing the same 5 things every day at the same time to give the body anchor points for a regulated circadian rhythm. Anchor activities can include waking, going to bed, starting work or mental exertion, starting social interactions, exercising, drinking coffee, eating meals, going outdoors, and getting bright light exposure. These activities can be grouped to perform at the same time, for example, going outdoors to get bright light exposure while drinking coffee and eating breakfast at 8 am every morning.

PDA

Pathological Demand Avoidance

Pervasive Drive for Autonomy

Power Difference Allergy

PDA:
The "I want to, but I can't" syndrome.

1. Chronic state of nervous system dysregulation, stuck in fight or flight or frozen.

2. Sensitive to impositions from others, especially from people who <u>assume</u> power over them.

PDAers need:

- To be treated as equals, with creative agency over their own lives and environment.

- To be talked to the way polite and kind people talk to strangers, without any demands, without assuming any obligation or debt or inferiority.

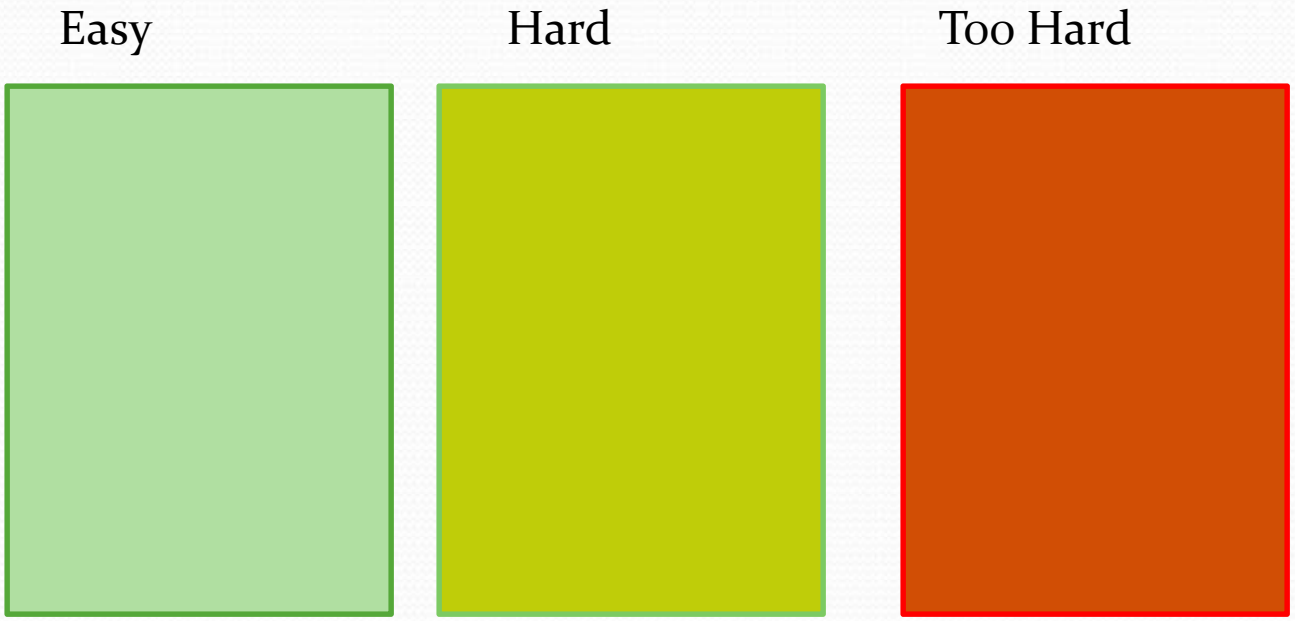
- To be connected with as human beings in an authentic way, not as objects that produce outcomes for others.

When they are ordered around, their dysregulated nervous systems can get very aggressive (fight) or avoidant (flight). The aggression often presents like Oppositional Defiant Disorder.

Punishment or reward (which is a secret punishment when you don't earn it) makes the dysregulation worse.

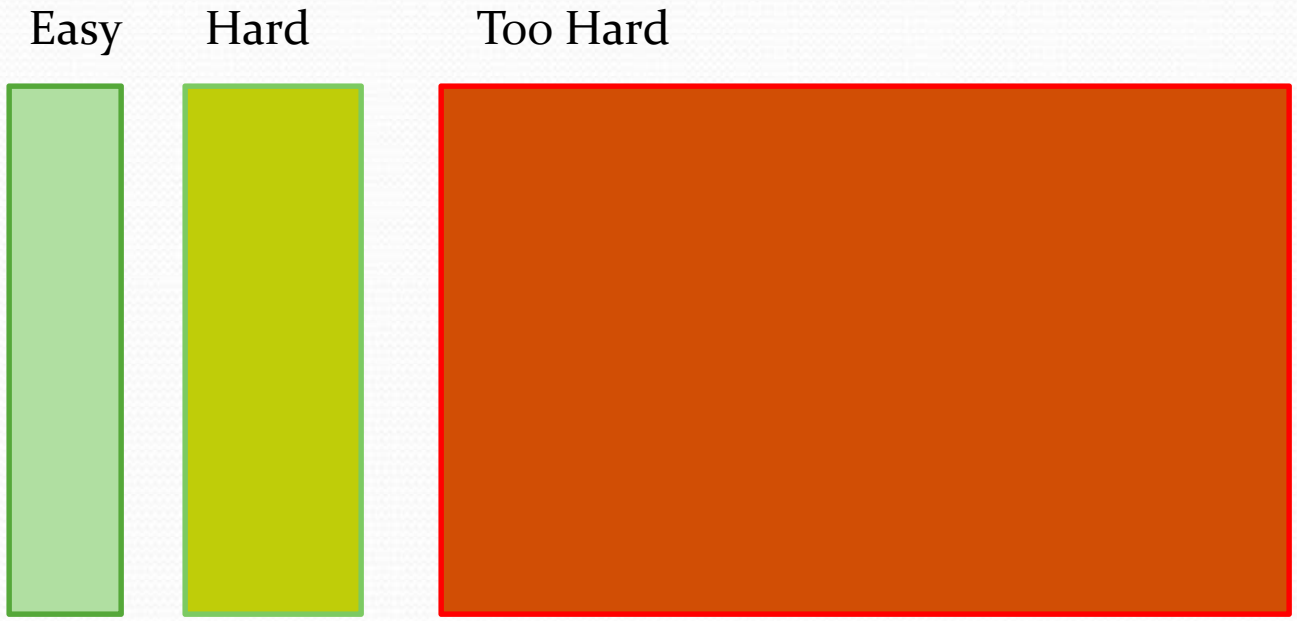
✓ Connect with them. Love them for who they are, not what they should do or can do. Be With.

People have things in their lives that are easy, hard, and too hard.

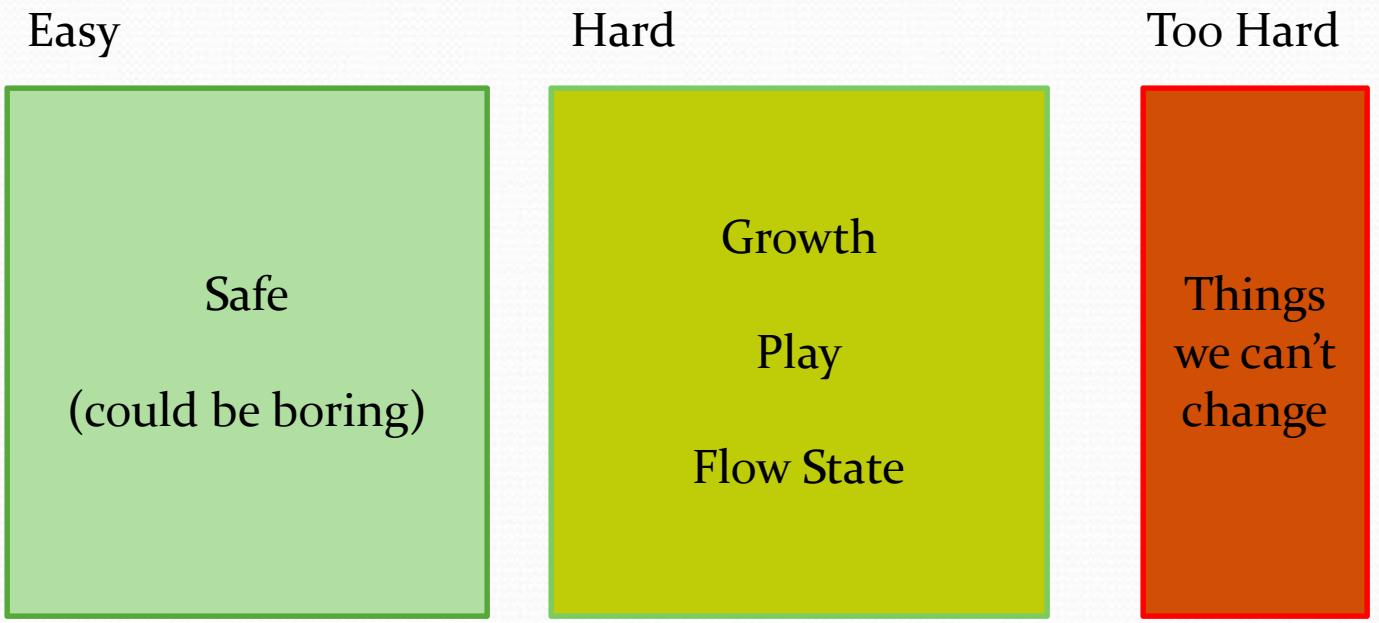


(Diekman, 2025)

PDA world



PDA'ers need to create this



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