

Being Neurodiverse Aware in the Counseling Community

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Thank you

Connecticut Counseling Association

Our team at the Social Learning Center

My hope for you today:

- Participants will be able to:
- Draw on a neurodiverse perspective for therapists working with neurodivergent people in clinical settings.
- Thoughts on the future of mental health counseling and neurodiversity.



Who am I?

- A father of 2 neurodiverse learners
 - Agent of change
 - Graduate degree in School Psychology
 - License Professional Counselor
 - Doctorate (Ed.D) in School Psychology.
 - Adjunct Professor in Psychology and Special Education at the University of Hartford.
 - A member of an amazing group of people at the SLC
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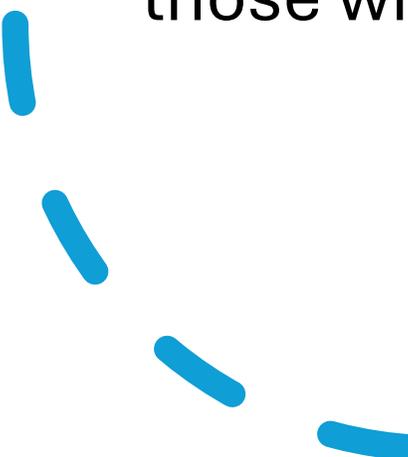


The storm young people are stuck in

- Some are problems initiated or worsened during the COVID pandemic, including: learning loss; delayed screening for autism spectrum disorders and early intervention; interrupted access to health care for children with disabilities; lower preschool enrollment; chronic absenteeism; higher parental unemployment, homelessness, food insecurity; and higher rates of childhood bereavement.
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What's happening out there

- Following the pandemic, we are seeing higher rates of anxiety, depression, suicidal thinking, planning and attempts, and eating disorders (U.S. Public Health Service, 2021).
 - Most importantly, there is a shortage of providers and access to quality mental health care, particularly for, and available from, those with diverse identities.
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Neurodiverse learners and the past

- “Dr. Chris, so what I know a lot of facts about maps and wars in history. I am passionate about the facts that I like. Teachers want to fill my head with facts I don’t like or need, and then they test me on them!”
- “Dr. Chris, why can’t my teachers get that every time I try at something I fail....maybe not to them, but to my brain, I fail. The picture just doesn’t match what I do there I fail”.



This is where you come in...



- Let's really understand what is going on at the roots of our clients.
- Let's understand we all have barriers and challenges.
- We also all have strengths (even when the individual may struggle to see them).



Normal to be different

Embracing our neurodiverse learners & understanding their process of learning

Neurodiversity: What is this new movement and way of understanding learners?

Neurodiversity describes the idea that people experience and interact with the world around them in many different ways; there is no one "right" way of thinking, learning, and behaving, and differences are not viewed as deficits.

The word neurodiversity refers to the diversity of all people, but it is often used in the context of autism spectrum disorder (ASD), as well as other neurological or developmental conditions such as ADHD or learning disabilities. (Harvard Health, 2021)

Neurodiversity movement

- The neurodiversity movement is a social justice and civil rights movement led by and for people with neurocognitive, developmental, and psychological disabilities.
- Neurodiversity theory proposes that divergence from expected functioning (such as autism, attention-deficit/hyperactivity disorder [ADHD], developmental coordination disorder, or dyslexia) are natural variations of human minds, and those who diverge from the norm (neurominorities) are equally deserving of dignity, respect, and accommodation.



Brain processing: it's different for all of us

Termed in 1998 (not that long ago) the neurodiverse movement has attempted to celebrate strengths of all people.

Neuroscience and cognitive science have more data and research to show people with “neurocognitive deficits” also have clear strengths.

How do we catch mental health counseling up with understanding and considering different ways of approaching the counseling process?

APA Psych Info key words “***mental health counseling, therapy, counseling and neurodiversity***” - From 2010-2024 only 137 peer reviewed articles have been published.

What we are up against

- Proponents of autism intervention and those of the neurodiversity movement often appear at odds.
- We see this debate around intensive treatments vs. autism must be accepted as a form of diversity.
- The history of behavioral intervention has understandably outraged many in the Autistic community, though many still value supports focused on quality of life.





It's finding the balance in our thinking and social understanding

- Early research and thinking were focused on interventions to help establish and improve foundational social communication skills, interpersonal competencies, behavioral flexibility, and self-regulation strategies.
- They point to evidence in the research literature suggesting that without early and ongoing intervention, there are significant developmental consequences that can ultimately limit opportunities, the likelihood of desirable personal outcomes, and associated quality of life for individuals on the spectrum in particular.

Where is gets tricky

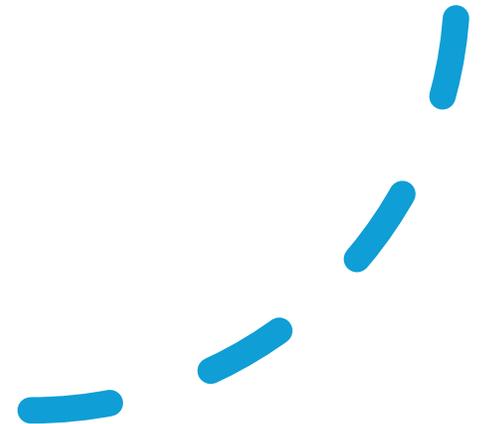
It is important to acknowledge that the lens through which we as a mental health community view and interpret challenges and vulnerabilities is anchored to our underlying conceptualization of neurodevelopmental traits which include strengths and barriers to success.

Historically, many therapies and treatments targeting challenges associated with autism were borne out of the long-dominant medical (or pathological) model of disability; very centered in a medical model.

There is a place for behavioral / early interventions

The neurodiversity movement

- Singer (1998) and Blume (1998) introduced the idea of neurodiversity into academia and popular media using the analogy of biodiversity; just as biodiversity is essential and necessary for healthy ecosystems, so too might neurodiversity contribute to human flourishing.
- Within this paradigm, an individual's ability to contribute to society is not a prerequisite for acceptance.





It's about the balance

Advocates of neurodiversity understand acceptance itself as necessary for human dignity and well-being (Bailin, 2019; Ballou, 2018).

Within this framework, the Autistic way of socializing, communicating, and sensing is seen as an alternate and acceptable form of human biology that should be celebrated and accommodated rather than corrected or cured.



We all face barriers

- Indeed, many individuals on the spectrum face personal challenges related to their experience as being Autistic, with many reporting that this difference makes them feel lonely and socially isolated (Ruiz Calzada et al., 2012).
 - Robertson (2009) asserts that many Autistic individuals possess challenges in areas such as self-determination, social inclusion, well-being (material, emotional, and physical), personal development, & interpersonal relationships.
 - These domains could be targeted through personalized, strength-based counseling, which in turn, could lead to increases in overall quality of life.
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Naturalistic Developmental Behavioral Interventions (NDBIs; Schreibman et al., 2015).

- This work was intentionally crafted through a collaboration of Autistic1 and non-Autistic coauthors to ensure that important perspectives and discussions were captured and synthesized.
- NDBIs (Schreibman et al., 2015) have emerged as a group of particularly promising naturalistic interventions that have been shown to have positive effects on standardized measures of language and social-communication (e.g. Sandbank et al., 2020; Tiede & Walton, 2019).
- A recent meta-analysis by Sandbank et al. (2020) demonstrated that, for children up to 8 years old, NDBIs yielded more favorable developmental outcomes when compared to other interventions



Intervention model to mental health counseling

- All models included under the NDBI umbrella share common features and components, which are informed by both behavioral and developmental theory.
- Though NDBIs incorporate the behavioral principle of positive reinforcement (in which someone will likely repeat a behavior that led to positive consequences), their basis in developmental theory ensures that individuals are not viewed simply as a pattern of behavioral antecedents and responses.
- Instead, personal preferences, opinions, motivations, and social relationships are acknowledged and appreciated.

Considerations for mental health framework

- In mental health, we need to remember to not engage in the hierarchical power structure that traditionally exists between adult (clinician or parent) and child in a treatment context (Schreibman et al., 2015).
- Rather than adults dictating the session structure and children serving as passive recipients of a pre-determined therapeutic protocol, the client can be viewed as active participants in a more constructivist, child-led approach.
- Client preferences and sustained motivation are core considerations, highlighted through their dynamic selection of the materials and activities should be used.
- Child initiative and spontaneous communication attempts are encouraged and fostered. The clinician role is to build upon and foster existing client motivation to engage and communicate, rather than imposing a therapeutic agenda that might run counter to the child's interests and desires.

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Why this direction?

- This allows a client to learn through experiences that are personally relevant and meaningful to them, while also motivating (rather than repetitively drilling) them to acquire functional skills.
- The focus on client co-construction of therapy fosters a more equitable counseling environment while simultaneously protecting against ‘norm-driven’ interventions focused on symptom reduction (as an end in and of itself) and behavioral compliance.
 - This is about our mindset

But there is more to this
story...

Neurology and Counseling

Idea of bandwidth

- Verschelden (2017) talks about mental bandwidth.
- Understanding what cognitive resources our clients have available for learning and tackling the situations and barriers in their life.
 - Also, may be understood as one's "*attentional resources*"
- This bandwidth is what allows us to listen, learn, make choices, etc.
- Its not about how "smart" a student or client is.
- **Its about how much of their cognitive bandwidth is available at any given point.**

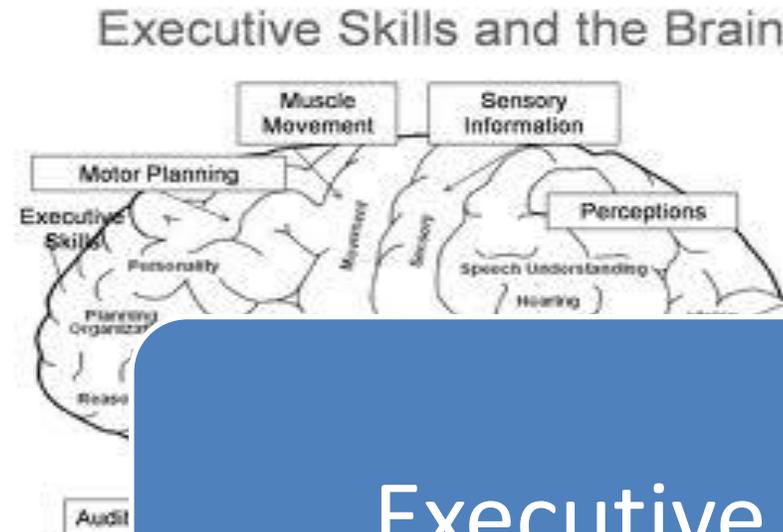




Social and Executive Functioning of Neurodiverse Learners

Things that impact the counseling process and self confidence

Need to understand EF in relation to counseling practices



Executive
Functions



What is Executive Functioning

The frontal lobes of the brain are home to a group of distinct, but interrelated mental processes, commonly referred to as executive functions (EF; e.g., Stuss & Alexander, 2000).

Under the umbrella term of EF, these processes are generally thought to be involved in maintaining “an appropriate problem-solving set for attainment of a future goal” (Welsh & Pennington, 1988, p. 201).



Executive Functioning (EF)

It's not about knowing what to do.

It's about doing what you know at the right time.

Various ways EF deficits impact clients.

- Perseveration
 - Disinhibition
 - Poor Problem Solving
 - Concreteness/Mental Inflexibility
 - Can't Get Started
 - Poor Organization
 - Errors due to poor self monitoring
- Slow processing speed
 - Overreactions
 - Easily overwhelmed
 - Upset by sudden changes in routine
 - Low frustration tolerance
 - Does not notice impact of behavior on others
 - Social initiations are tough

Cognitive behaviors needed for school



Initiate: Begin tasks independently



Working Memory: Sustained attention to task



Plan/Organize: Plan ahead, develop strategies & use them



Organize Materials: Backpack, Folders, Desk, Homework

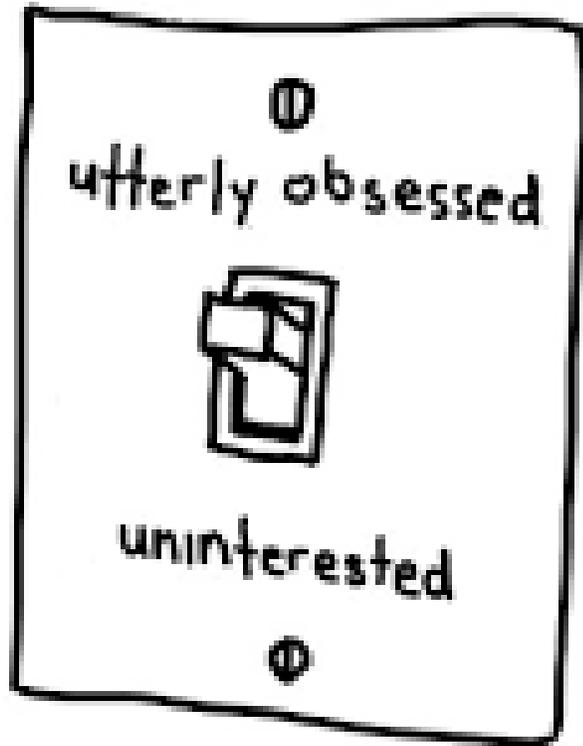


Monitor: “Pay attention to what you’re doing!”



These are all aspects of Executive Functioning

how my brain works.



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- Neurodiverse learners will go in and out of interest.
 - Forcing interest is not recommended.
 - Great debate around accountability and meeting clients where they are.
 - Our job is to validate one's thinking and think of that as baseline.

Neurodiverse learners

- We understand we are in a national crisis when it comes to student's mental health.
- When placed into classrooms and assumed to perform at a certain level, these are our students who often must work harder to overcome the many challenges and obstacles caused by their learning differences.
- They are told, "You are so smart, you should be able to do this....."
- "My talents don't matter if I can't do school" (*students experience a loss of hope*)
- What happens in a student's life outside of school can significantly impact life in school.

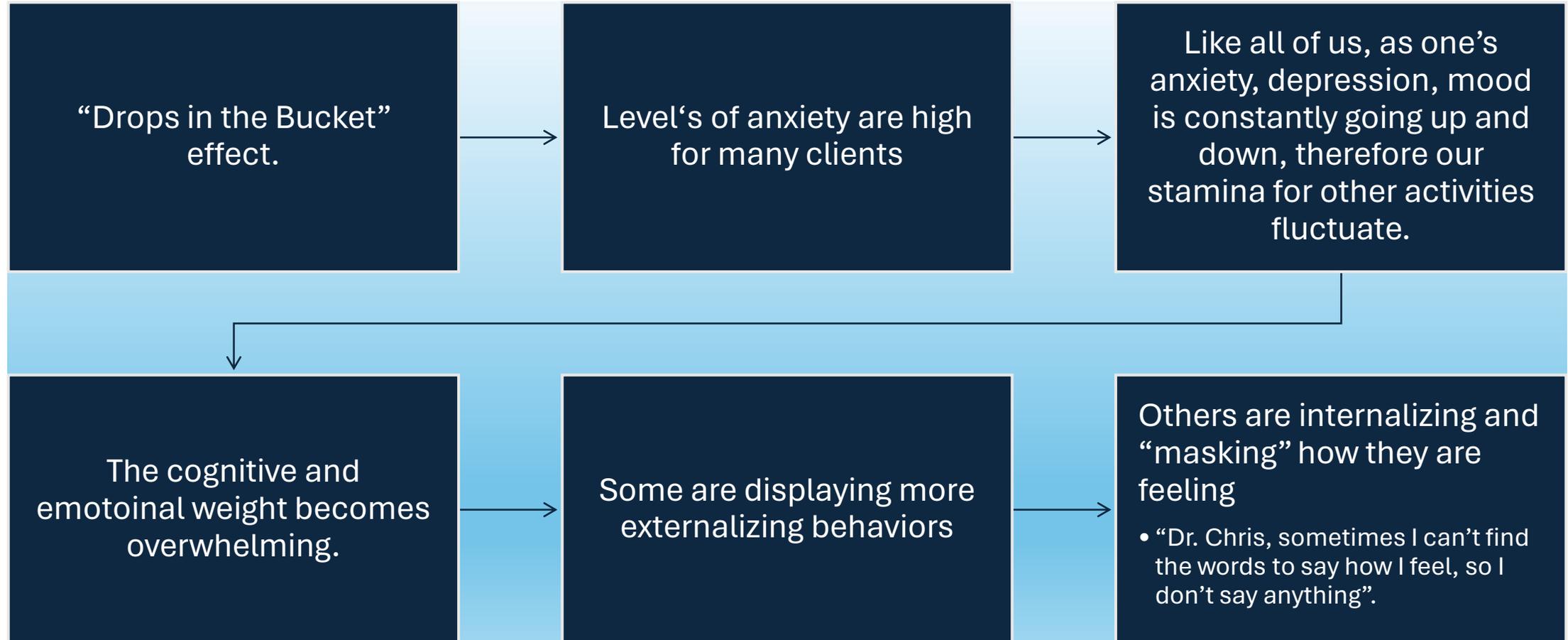


Clients feeling a “kind of way”

- “I can feel emotions of teachers but don’t understand them”
- “I don’t want to go to school Dr. Chris, its not a great place for me”.
- “Teachers are yelling at me to sit in my chair, but I need to move to understand things Dr. Chris”



Linking one's feelings to emotional and behavioral output





Trauma and stressors

- Adverse Childhood Experiences (ACEs)
- Experiencing adverse events in childhood, such as parental death or divorce, family violence, or poverty, is associated with an increased risk for common neurodevelopmental conditions, including autism, attention deficit hyperactivity disorder (ADHD), and learning disability, according to a recent University of Iowa study.
- A study, led by [Lane Strathearn, MD, PhD](#), professor of pediatrics-developmental and behavioral pediatrics at the UI provides evidence that childhood adversity can increase the risk for many chronic physical and mental health problems that last into adulthood and are difficult and costly to treat.
- Our clients with ASD and other neurodivergent learners are impacted by trauma – but it's not talked about?
- Have we (as mental health providers) ever been the cause of an ACE?

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Article Review

- ***Sad, Sadder, Saddest: Recognition of Sad and Happy Emotional Intensity, Adverse Childhood Experiences and Depressive Symptoms in Preschoolers*** by Ella Sudit, Joan Luby, & Kirsten Gilbert (2022)
- What are the implications for depression at younger ages:
 - “Findings revealed that in the context of adverse childhood experiences, preschoolers with poor and moderate ability to recognize sad emotional intensity exhibited elevated depressive symptoms. This study provides initial support for the importance of early-emerging negative (sad) emotion recognition on mental health outcomes starting as young as the preschool period”



So how can we support
our clients better?

Finding the strengths of all clients

Sometimes we only focus on the referral questions.

We set out to be “problem solvers”

To tackle a “presenting concern” what’s the first line of defense?



How do you identify a client's strengths?



ASD, Neurodiverse learners and the next step in mental health reform

- These past several years have taught us a lot about various inequities in education and mental health.
- The impact of mental health on one's QoL, social development and having a greater understanding of impact of family stress on children is imperative.
- Our agencies and support networks need to continue to focus on building relationships and trust with neurodiverse learners so there is a foundation to build upon when we hit stormy waters.



ASD and trust

- This idea of “trusting” can be seen as very black and white in the eyes of a client with ASD.
- Likewise, due to struggles in understanding and attending to social cues, these defects in social communication may impact one’s ability to trust and even be selective in who they trust (Yang, et. al., 2017).
- It’s about a “trust” in the process; not just the individual person.



Common ground around strengths



- Regardless of our specific “therapy goal” we need to be meeting clients where they are.
- It’s about the climate we create in our clinical settings.
- It’s about thinking about the whole client in relation to their cognitive and social/emotional profile and bringing that balance of “expectation and one’s own voice”.
- Its about inviting feedback and observations from the client’s stakeholders.

Explicit and Implicit Attitudes: We fall victim to this

- This is partly explained by the contrast between the absence of apparent physical differences in most children with ASD and their atypical behaviors (Lilley 2013). Because children with ASD often look like neurotypical children, people expect that they behave in a typical way.
- Hence, the contrast between how these children should act and how they really act trigger negative attitudes and exclusion.





Respecting clients' cultural beliefs

- The first step in this process is for clinicians to develop their own cultural awareness and acknowledge their own personal biases (Fong et al., 2016).
- The use of assessments such as the Multicultural Sensitivity Scale (Jibaja et al., 1994) or the Diversity Self-Assessment (Montgomery, 2001) can facilitate the identification of any potential cultural barriers (such as modalities of communication or expression of emotions).
- Part of this cultural sensitivity is also recognizing that some individuals may see themselves as, in addition to many other things, part of an Autistic culture (Straus, 2013).

Counseling and family partnerships

Strong parent partnerships also ensure that the family has agency in the clinical experience.

This collaborative relationship should be a core tenet and is accomplished by actively including family members in the decision-making process, facilitating caregivers as intervention providers, and accounting for child preferences.

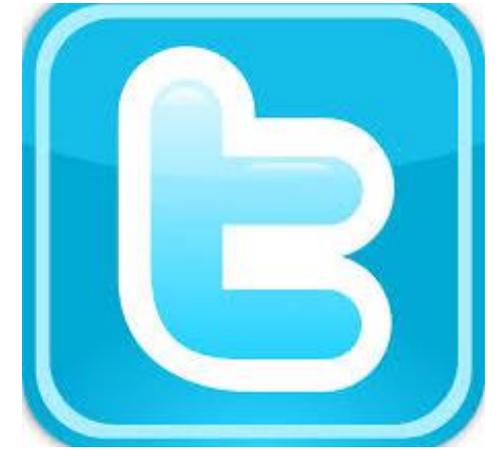
Therapy goals must be culturally acceptable to families and focus on functional skills that can be improved upon within a family's established routine.

Concluding thoughts

- These days are stressful for all of us.
- We continue to learn about counseling techniques when it comes to neurodiverse learners.
- We can manage this storm we are all part of with the right supports, mindset, and permissions.
- Let's all continue to be those agents of changes when it comes to conceptualizing all neurodiverse clients.



Thank you so much for listening!!



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