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Clinical – Update on Neurodiversity in Clinical Practice

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Adapting Psychological Therapy for a Neurodiverse Population – focusing on Autism

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With YOU in mind

Aims

- UNDERSTANDING WHAT IS NEURODIVERSITY?
- UNDERSTANDING PROBLEMS WITH ENGAGEMENT IN PSYCHOLOGICAL THERAPY/SERVICES
- UNDERSTANDING WHAT ARE WE TRYING TO ACHIEVE
- THINKING ABOUT ADAPTATION – WHAT CAN WE DO DIFFERENTLY

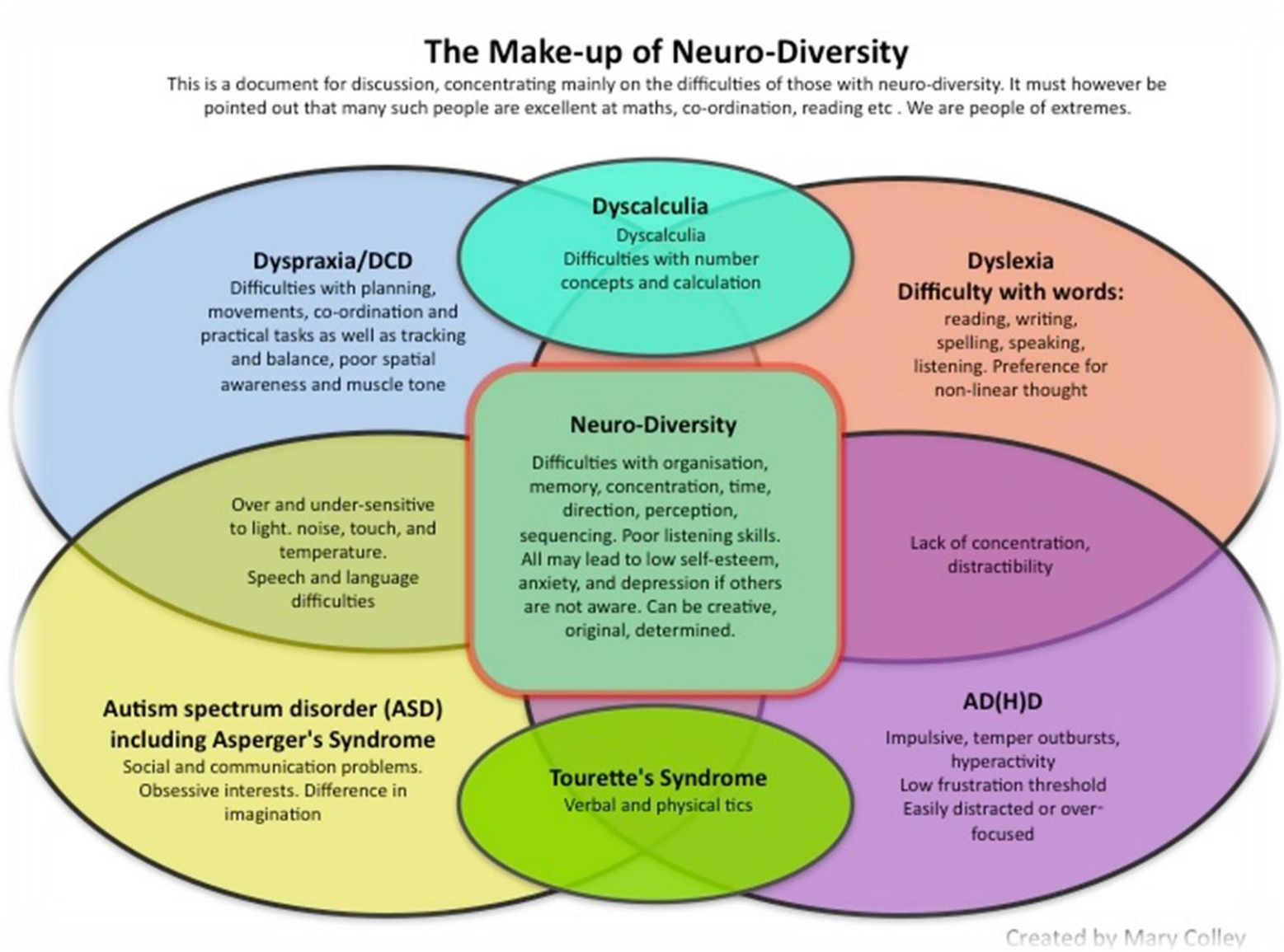
Limitations

- I am not autistic.
- I am not an expert in, on or about autistic people.
- This workshop is not about *all* people with autism.
- My experiences is limited to autistic people experiencing problems with mental health I have met in my clinical practice – they have not all been a fan!
- I have not met every autistic person – the majority of my patients have been male, and my experience and learning is Eurocentric.
- I have been well indoctrinated into the medical/deficit model of autism.
- Nothing you will learn here will substitute real conversation with the autistic community.

Neurodiversity and the Double Empathy Problem (DEP)

- Neurodiversity first coined by Judy Singer (1998); arguing that autism and other neurological conditions are a normal variation in the human genome. This rejects;
  1. **The mainstream perspective** – the perspective that autism is caused by a genetic defect and should be cured by targeting the autism gene(s).
  2. **The fringe theory** – the theory that autism is caused by environmental factors like vaccines and pollution and should be cured through addressing these factors.
- DEP credited to Damian Milton (2012);
  - Asserts that breakdown in social communication is not solely in the mind of autistic people
  - Maintains that non-autistic people 'think they are empathising'
  - DEP rejects the notion that autistic individuals have a deviance from normal development and cognitive functioning

https://www.autism.org.uk/advice-and-guidance/professional-practice/double-empathy



https://adhdaware.org.uk/what-is-adhd/neurodiversity-and-other-conditions/

Basic NT Assumptions

- Neurotypical people (NT's) have spent their entire lives mapping onto other NT's
- This means we all have a shared understanding of NT psychology – we read each other well
- When we cannot map onto/read another organism, the experience is often thought of as weird!
- We tend to apply a must do/know, should do/know and ought to do/know paradigm based on NT assumption of the world – which is not unlike a culture
- Consider what we assume when people reach our services;
  - The person understands the context – as they are able to generalise, therefor salient information is known about this context
  - The person can link this context to problems with their mental health and the critical events that have led them to the therapy room
  - Our smiling faces, friendly/professional manner and therapeutic environments are going to put people at ease

Autistic thinking vrs Neuro-typical thinking

- ASD
  - Logical/rational
  - Social justice/equality for all
  - If, then
  - Repetitive and analytical
  - Out of the box thinking – less influenced by interjects from the contextual/social environment
  - Literal language
- NT
  - Emotional/social
  - Social hierarchy
  - If, then, but
  - What's done is done
  - This is the ways its always done
  - Non-literal language

Valenza Stearns – SEN TALK: (136) Understanding Autistic Thinking and Interoception for Greater Inclusion and Well-Being - YouTube

Difference in the brain

- Neuro-typical children learn through modelling and observation - brains are polytropic, wired to pay attention to a wide array of stimuli. This means there is less effort needed to take in voices and look at faces, particularly the eyes, all at once.

- Children with autism miss out on this information as there is so much to take in. The autistic or monotropic brain may not distinguish between a voice and other sounds or between faces and inanimate objects. The mind has a limited bandwidth.

(Attwood, 2007, Murry, 2005)

What does this mean for neurodiverse people?

- Social understanding of NT's – being unable to read the social environment
- Social Communication with NT's – being unable to communicate effectivity, getting it wrong/social faux pas, sometimes experienced as rude through omission or commission
- Flexibility of Thought – problems with generalizing information from one setting to another, change difficult to manage
- Executive Functioning – problems with planning, oraganising and sequencing

Monotropism
(Murray, 2018)

Baron-Cohen, 1995; Carrington et al. 2003; Stokes, Newton & Kaur 2007)

What are we trying to achieve?

Socialising to assessment/treatment

Adherence to treatment

Cooperation

Collaboration/Actively participating in treatment

Symptom reduction/recovery

Promote sense of self agency

Motivate goal direction

What gets in the way?

- Not knowing what to expect
- Being seen as too complex
- Previous therapy unhelpful or even damaging
- Masking – a lifetime of trying to fit in and hiding neurodiverse traits
- Lack of understanding – little confidence that problems will be sufficiently understood
- Problems understanding and responding to questioning learned how to respond, acquiescence bias
- History of not being helped or even made worse
- Problems with organising/managing daily life stressors – missing appointments
- Avoid attending altogether

https://autisticmentalhealth.uk/creportfull/

What can we do differently?

Taking the burden off executive Function and desensitisation to treatment– making the unknown, known

Communication

- Higher specificity in language and communication
- Adapting standard letters
- Expectations made explicit
- Clear explicit contracting – what therapy is and what it is not
- Making the abstract concrete

Understanding/knowledge of Neurodiversity

- Understating masking
- Assessing for sensory profile – ensuring stimming is permitted
- Considering cross cultural practice
- Learning about the other persons experience of neurodiversity
- Dispelling myths
- Dealing proactively with potential change
- Addressing any concerns especially if previous therapy has been unhelpful

Access

- Virtual access
- Telephone/email
- Remote working
- Making first contact count
- Having information about what therapy will be like before it starts
- Involve others – Co-therapists

Severity of presenting mental health and profundity of neurodiversity

Step 1 i.e. Admin

Autism Awareness: Fundamental understanding of Neurodiversity to help adapt communication styles.

Adapted standard letters and service info and what the person can expect.

Specialist ongoing training, involving experts by experience.

Step 2 i.e. GSH

Ability to apply knowledge of neurodiversity in assessment/tirage.

Ability to adapt materials/models and make abstract/ambiguous concepts concrete, creativity in access (email, text, CCBT).

Specialist signposting information. Special interest groups/champions

Step 3 i.e. HI CBT

Ability to adapt standard models of treatment, higher level of understanding of neurodiversity and the impact on mental health including cognitive and bio-social-psychological theories.

Access to specialist supervision.

Step 4 + Beyond

Access to special services for review and consultation.

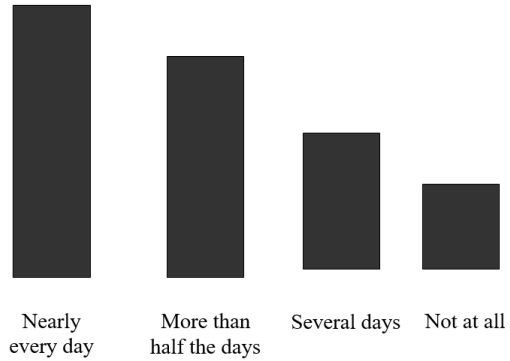
Understand the key legislation, policy and guidelines relating to the neurodiverse population.

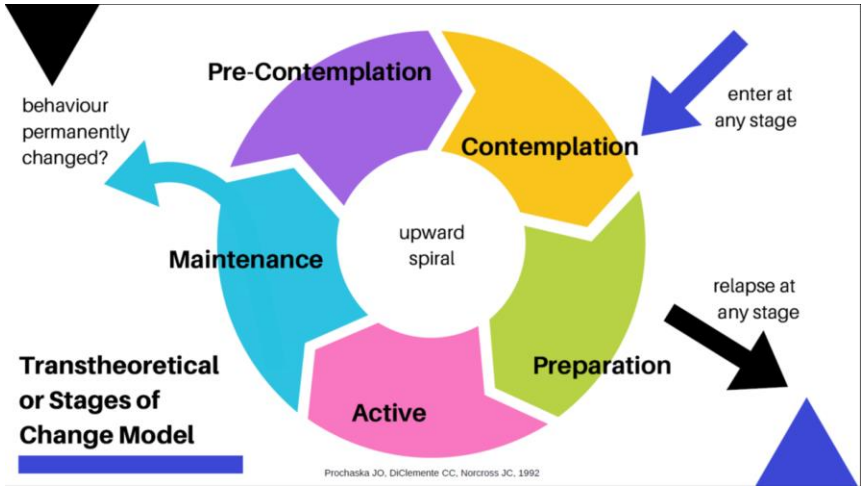
MDT working.

Practical Adaptation?

- Assessment measures;
  - Creating visual aids
  - Awareness of diagnostic overshadowing – assessing for trauma
- Who is the therapy for?
  - Individual vrs Society
  - How did they come to you?

1. Feeling nervous, anxious or on edge?





Long term view

Specialist and more generalised services working together

Practitioners spending time in different organisation to gain field experience/shadowing

Create opportunities for clinical discussion across services

Clinical supervision across services

Ongoing training/CPD embedded

Expert by experience utilised in service development and planning

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Useful Reading

[Autism-Capabilities-Framework-Oct-2019.pdf (skillsforhealth.org.uk)]

[NAS-Good-Practice-Guide-A4.pdf (thirdlight.com)]

[Meeting the needs of autistic adults in mental health services - guidance for integrated care boards, health organisations and wider system partners (england.nhs.uk)]

AMASE
Autistic Mutual Aid Society Edinburgh
Helping autistic people to help each other.

[Autistic Adults' Experiences of Counselling – full report – Autistic Mental Health]