

Neurodivergence and Trauma Processing in ART: Key Considerations for Clinicians

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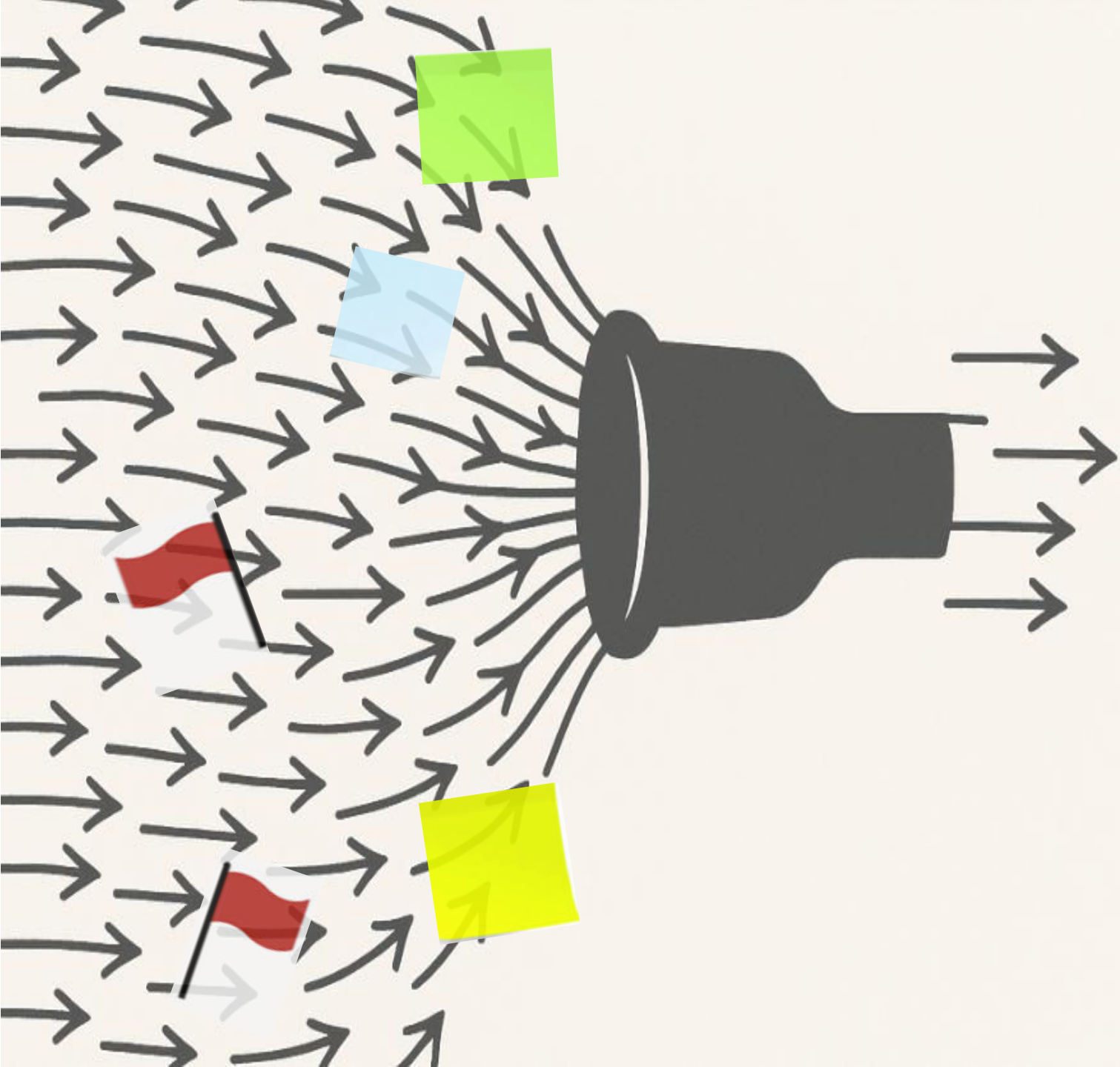
Learning Objectives

- **Identify** key differences in trauma processing between neurodivergent and neurotypical clients.
- **Describe** how neuronormative biases impact ART sessions.
- **Explain** how ART clinicians can adjust their approach to better support neurodivergent clients with ART.

About Me

- Licensed Mental Health Counselor in private practice
- Certified ART Trainer
- Neuroscience enthusiast
- Late-diagnosed neurodivergent adult
- Mom to two neurodivergent adults
- Advocate for neurodiversity





How I Experience Thoughts

- Too many at once
- Compete for attention or to be expressed
- Hard to filter or keep track of

Solution: Post-it notes!

Also How I Experience Thoughts

- Like water flowing over this landscape.
- My brain wants to explore every crack.

Solution: mindfulness of
attention



Neurodiversity

- Judy Singer, introduced “neurodiversity” in 1998, she explored the emergence of a new social movement which arose from a group of autistic people who were:
 - Tired of being looked at as deficient
 - Had been traumatized by therapies attempting to “fix” their differences (such as ABA)



Neurodiversity Paradigm

- Challenges application of medical pathology paradigm of well/sick, normal/abnormal
- Differences like ADHD and Autism are natural human variations, not problems to be “fixed”

Neurodivergent: a person whose brain functions are outside of the societal norm or majority

Neurotypical: a person whose brain functions in expected or dominant ways

Neurodiverse: a group of neurodivergent people is a neurodiverse group

Neuronormative: assumes neurotypical is the ideal; rooted in ableism

Ableism: Discrimination based on perceived cognitive or physical norms

Many Types of Neurodivergences

Examples of Neurodevelopmental Differences

- Autism
- ADHD
- Dyslexia
- Dyscalculia
- Dysgraphia
- Tourette Syndrome

Cognitive & Learning Profiles

- Giftedness
- Twice-Exceptional (2E)
- Nonverbal Learning Disability (NVLD)

Sensory & Perceptual Experiences

- Sensory Processing Disorder (SPD)
- Auditory Processing Disorder (APD)
- Misophonia

Each of these categories contain endless variation.

Common Co-Occurring & Regulation Differences

Frequently Co-Occurring Conditions

- Anxiety
- CPTSD / PTSD
- Depression
- OCD
- Bipolar Disorder
- Eating Disorders

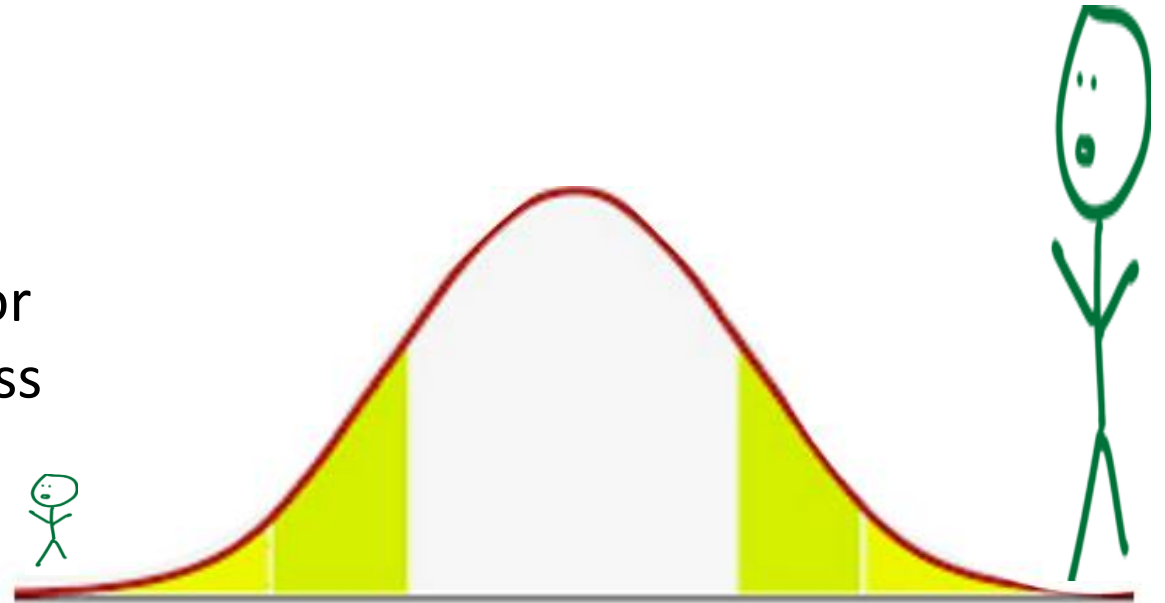
Emotional Regulation & Attention

- Rejection Sensitive Dysphoria (RSD)
- Emotional Dysregulation
- Autistic Inertia
- Pervasive Demand Avoidance (PDA)
(aka Persistent Drive for Autonomy)

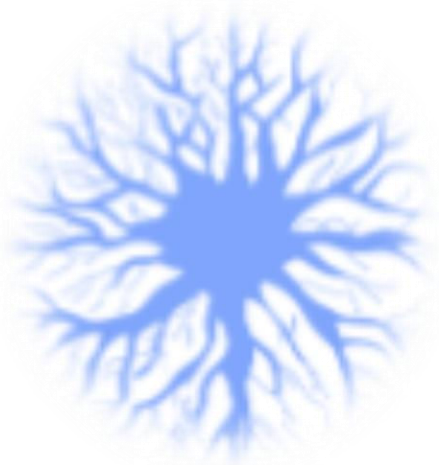
There is no end to variations on combinations of conditions and how they intersect with and influence each other.

Understanding Outliers

This bell curve represents how any human trait—such as attention, sensory sensitivity, or emotional intensity—can be distributed across a population.



- We each land in different places across countless spectrums.
- Some outlier traits are visible; many are not
- Most people fall somewhere near the average
- Neurodivergent people have some traits that fall on the extreme ends.

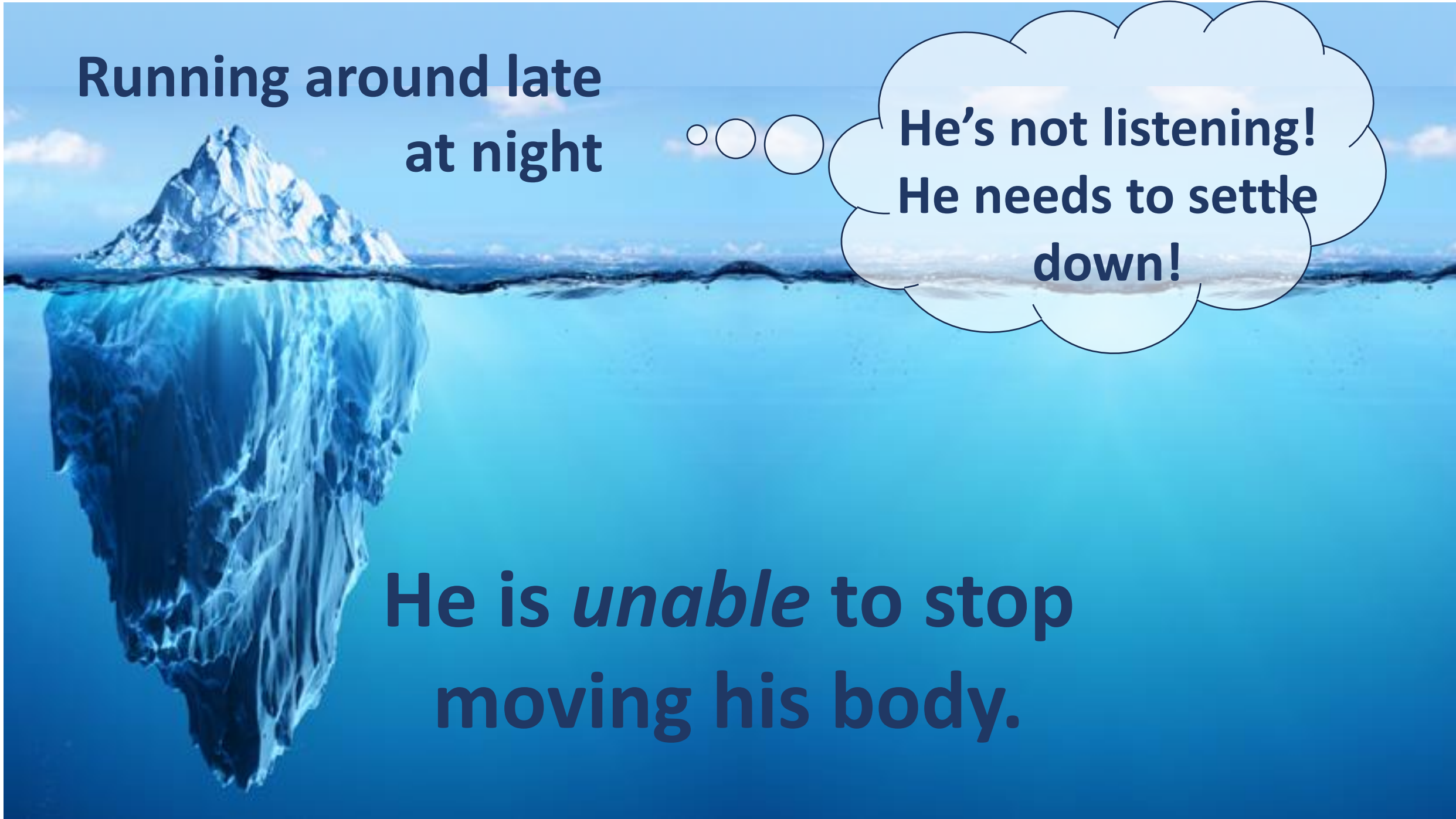


What you see.

**What you
think.**

What is really going on...



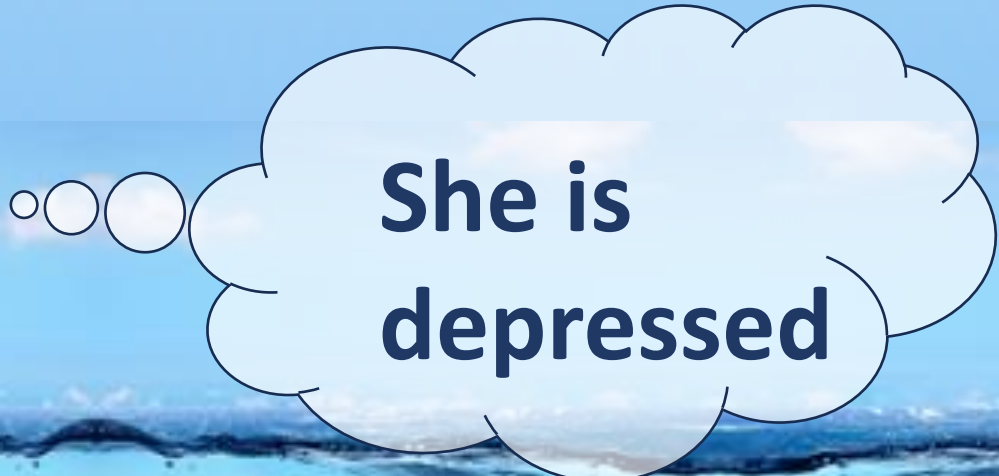


**Running around late
at night**

**He's not listening!
He needs to settle
down!**

**He is *unable* to stop
moving his body.**

**Client says they feel
hopeless**



**She is
depressed**



**She is hearing voices telling
her that there is no hope.
Don't bother trying.**

Reflexive Interpretation vs. Clinical Curiosity

A client presents with a **flat affect**. How do you interpret this?

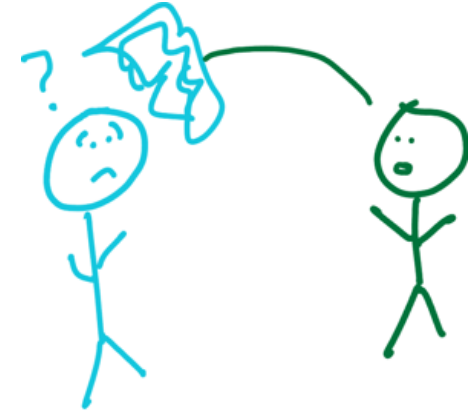
- Client is not feeling emotions
- They are not engaged in the process.
- They are dissociating.
- The therapy is not working.
- They are blocking emotions .
- They being resistant or are unmotivated.

These interpretations reflect neuronormative biases.

Double Empathy Problem (Milton, 2012)



Challenges assumptions about
empathy deficits in neurodivergent
people.



- Communication challenges between autistic and non-autistic people stem from differences in cognitive frameworks—not empathy deficits.
- Misunderstandings are mutual and arise from differing communication styles.
- Neurodivergent clients may feel emotions intensely but express them in ways that differ from neurotypical norms.

(Murray, Lesser, & Lawson, 2005)

Be curious about your own role in potential miscommunication.

If they tell you “I’m feeling [sound/gesture] .”

“Notice that [sound/gesture] and follow my hand.” EMs

- We want to guide clients to be internally focused while moving their eyes.
- “Trust the Eye Movements.” Their brain will do what it needs to do.

If they say “I don’t know what I’m feeling.”

• **“Notice you don’t know what you are feeling and follow my hand.” EMs**

• **“Notice your body.” EMs**

• **“Notice your breath.” EMs**

• **“Notice your feet on the ground.” EMs**

- Do not interrupt their process by trying to get them to identify or verbalize sensations
- “Less Gab, More Grab.”

Attunement & Flexibility

- Clinicians should attune to differences in communication, cognition, and sensory processing
- The clinician facilitates a collaborative process that supports the client's internal understanding.

(Pantazakos, 2023)

Research on EMDR & Neurodivergent Clients

Findings emphasize:

- Integrate neurodiversity-affirming paradigm with EMDR protocols
- Importance of clinician flexibility and attunement to communication differences.

(Fisher et al., 2022)

Advantages of ART for Neurodivergent Clients

- Processing is uninhibited by the need to verbalize or share thoughts, bypassing common neurodivergent differences in communication
- ART protocol provides structure to support differences in attention regulation
- For autistic clients whose processing is highly visual, ART provides both the structure and the opportunity for using creative imagery to solve problems
- Advanced training teaches clinicians additional protocols for using imagery and metaphor, and for increased flexibility to help guide clients through their process.

Neurodivergent Modifications for ART

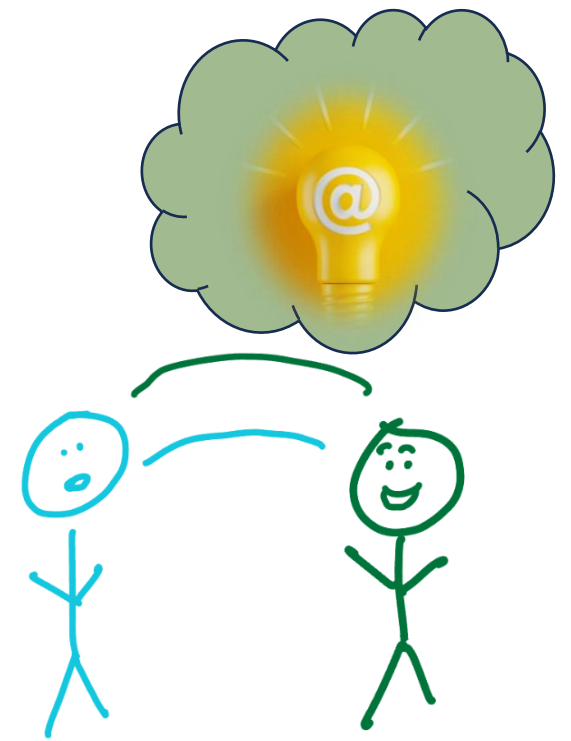
- Some neurodivergent clients will require modifications and accommodations to move through an ART session in a neurodiversity-affirming way.
- Modifications are about *how* you guide the client through the protocol to account for communication, attention, and processing differences.
- Maintain core ART components and structure
- Preserve the intent of key protocol elements

Neurodivergent Modification Example

AuDHD client – Atypical response to sensation processing

Me: **“Check your body from head to toe. What sensations do you have now?”**

Client: **“I just realized that...!!”** sharing her new insight.



- Attempts to redirect her to body sensations caused distress.
- Her response reflected how her mind naturally responded to this question.
- Adapted by acknowledging her insight: **“Notice that you just realized...”** EMs
- This modification was effective in that session and in subsequent ART sessions

Neurodivergent Modification Example

ADHD, autistic, client with CPTSD

- highly creative *and* very literal.
- able to follow directions when told to notice sensations
- negative reactions to tool suggestions and wordplay
- Distressed, confused: “Do you want me to notice it or wash it away??!!”
- counterproductive to continue suggesting tools or wordplay
- Tools help keep the client’s mind off of the scene. Visualizing a calm space served the same purpose: **“I want you to think of something that is comforting – something that brings you a sense of calm.”** EMs



Cumulative Microtraumas & Neurotypical Norms

- Neuronormative judgments—e.g., tone policing, expectations for eye contact, or “appropriate” behavior—create chronic stress
- Subtle daily experiences of exclusion, correction, or sensory overwhelm compound over time
- These experiences often go unnamed, but can result in internalized ableism
- Cumulative microtraumas and repeated “othering” can present similarly to generalized anxiety
- ART can target these patterns using the Typical Day protocol
- It may be difficult for these clients to make changes in the TD director scene. Try:
 - “**See yourself feeling the way you want to feel.**”
 - “**Give yourself an energy shield or bubble to protect you from negativity...**”

Compassionate Integration with ART & Gestalt

Internalized neuronormative messages can carry deep layers of shame, and anger towards a younger self. When you are working on a past scene, encouraging Gestalt in the Director scene is essential.

“All of this work you have been doing means that you have *more self-awareness now than you've ever had*. If your younger self knew then what you know now, they would have acted differently. You've been critical of your younger self for a long time. I suggest you go into the scene as your current self, press pause and give your younger self the compassion and safety they need,” EMs

Compassion expressed towards a younger self transforms into self-compassion.

Self-compassion is aligned with acceptance of the authentic self.

Neurodivergence and CPTSD

- Most my clients with complex, lifelong trauma histories have been neurodivergent.
- These clients can have difficulty using imagery for calming, because they have never had a safe person or space.
- Before or during an ART session you can have them create an imaginal, calming safe space.

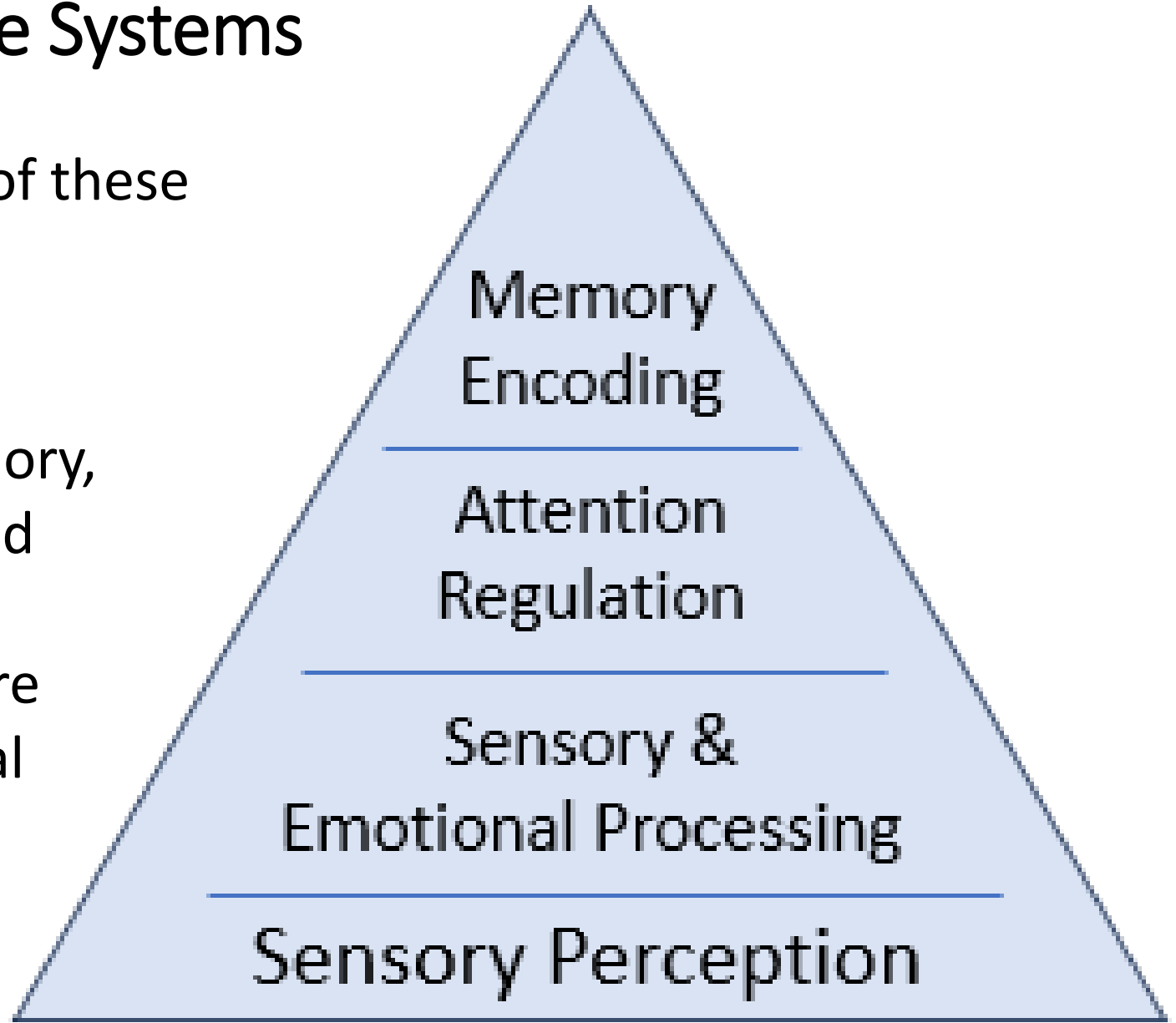
“I'd like you to imagine a place in your mind that feels safe, calming, and comforting. It could be a quiet cottage by the ocean , a room filled with cushions, fresh air, puppies – whatever feels good to you .” EMs. Do you need more time ?”



Overlapping Neurocognitive Systems

It's hard to focus on just one of these without involving the others:

Cognitive processes such as memory, attention, sensory perception, and emotional processing share overlapping neural regions and are interconnected through reciprocal pathways.



Sensory Perception – The Foundation of Experience

- Brain constantly receives input from internal and external sources.
- Sensory perception isn't passive – it's actively filtered, and the filtering can be unreliable.
- Sensory experiences can be intensified, dulled, or skewed in neurodivergent individuals.

Some examples:

- Sensitivity to pitch or sound filtering can disrupt focus or overwhelm.
- Tactile defensiveness or heightened interoception may be severe and painful.
- Hypervisual acuity may allow for unique strengths in perception and creativity.

Sensory Processing Differences and Use of Imagery

In the Outprocessing directions, follow the script:

“Look for any images or sensations.”

Mixed Emotions:



Experiencing joy and devastation simultaneously: sun shower with clouds, sun, and a rainbow.

Intrusive/persistent thoughts:

Transform stuck or heavy thoughts into something transient and fleeting such as birds flying across the sky.



Sensory Perception, Processing, Attention and Trauma

- Sensory perception is an active process that is unique for each of us
- Filtering and focusing are both active and passive processes
- During a traumatic event, our attention is automatically drawn to specific sensory stimuli, which can consume our attentional capacity
- If it is overwhelming, these processes shut down, but the reptilian brain keeps us alive
- Even when we're shut down our sensory systems can process, but at the time it's beneath our level of conscious awareness
- In an ART session, as the more prominent/distressing parts of a memory are processed, the vividness is released by the amygdala, and the information is stored in long term memory –the prefrontal cortex and hippocampus are back online **-Keep the Knowledge, Lose the Pain.**

Attention and Monotropism

- The tendency to focus intensely on specific interests or experiences, with limited attention available for peripheral stimuli can affect how trauma is processed
- Neurotypical people are polytropic and can switch attention quickly between processing internal or external stimuli.
- Monotropism is an essential feature of autism and affects perception, communication, and flexibility. (Murray et al., 2005)
- Time agnosia, procrastination, sticky attention - ADHD or autism or both?

Key Features of Monotropism (Murray, 2020)

Deep Focus	One interest dominates attention; shifting is difficult – attention sticks, not stalls
Autistic Inertia	Hard to start, stop, or switch focus once engaged
Sensory Load	One input manageable; multiple channels overwhelm or intrude
Social Differences	Social Overload comes from rapid, multi-layered input
Intense Interests	Not “restricted” – but intense, motivating, and central to regulation
Practice Implications	Meet clients in their focus; minimize disruption, support autonomy. Clear, single prompts. Reduce simultaneous demands

ART Accommodations for Literal Thinkers

Clarify Artometer instructions to emphasize feelings then vs feelings now.

- Add: **“How you felt then won’t change, but how you feel now when you think about it will.”**
-

To avoid potential stuckness on identifying SUDs levels – either focusing on one feeling at a time, or trying to find the exact amount e.g. “I’m at a 6.2,” you can phrase it more directly:

- **“What is the overall intensity of your distress right now as you think about it?”**
-

Second time through after checking for differences:

- If you ask, “Is there anything more you care to share?” They may get distracted by focusing on content, not changes.
- Instead ask more specifically, **“Is there anything more you care to share about the changes?”**

More ART Accommodations for Literal Thinkers

Before the Director Scene

Emphasize the difference between facts and images to facilitate purposeful changes.

- **“You will always know what happened, that won’t change. The images are tightly connected to emotions and body sensations - how you feel about the facts. Changing the images will help you feel better about what happened.”**

After the Director Scene

If you ask, “Is there anything you care to share about the good Director scene?” They may not tell you about specific changes they made.

- Instead ask, **“Is there anything you care to share about the changes you made in your good Director Scene?”**

Summary & Closing

- Neurocognitive differences are greater than any of us can imagine.
- Remain open, attuned, curious, and flexible – listen to your ND clients!
- The client can do no wrong in an ART session – it's up to us to be informed and make needed accommodations or modifications.
- Do this in the context of adhering to the structure and conceptual frameworks of ART scripts and understanding the components
- If you haven't already, take the Advanced training!

** If you are a neurodivergent therapist, join the Ndtherapist.com directory so that people looking for ART clinicians can find you.

Resources

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