

Barriers to Seeking and Receiving Supports

Characteristics, Knowledge, Style, and Approach of Therapists/Services:

Dismissal of Diagnosis or Referrals: Health care providers might dismiss a diagnosis or not support necessary referrals.

Lack of Understanding of Neurodivergence: Some health providers may not understand neurodivergence, especially in cases of late diagnoses, varied presentations, functional impacts, fluctuating abilities, masking, and burnout.

Unawareness of Co-Occurring Mental Health Conditions: There can be a lack of understanding about the high rates of co-occurring mental health conditions and complex trauma among Neurodivergent individuals.

Overlooking Common Physical Co-Occurring Conditions: Providers might not be aware of common physical co-occurring conditions and symptoms (e.g., digestive issues, fibromyalgia, dysautonomia, hEDS) and their impact on mental health, leading to inadequate treatment.

Sensitivity to Medications: There may be a lack of recognition or planning for medication sensitivities common in neurodivergent individuals.

Outdated Stereotypes and Misdiagnosis: Outdated ideas about neurodivergence can lead to misdiagnosis or underdiagnosis due to stereotypical presentations.

Lack of Effort to Understand Neurodivergent Experiences: Support providers may not understand the unique challenges faced by neurodivergent individuals and may not be willing to put in the effort to learn.

Invalidation and Infantilization: Neurodivergent experiences may be dismissed, invalidated, or infantilized, with responses like "everyone experiences that."

Inflexibility in Approach: A lack of flexibility in therapeutic approaches, failure to adapt practices to support neurodivergent brains, and unrealistic expectations (with homework, for example) can be barriers.

Different Communication Needs: There may be a lack of understanding of the diverse communication needs of Neurodivergent individuals.

Overreliance on CBT and/or Indirect Communication: The overuse of Cognitive Behavioural Therapy (CBT), metaphors, and indirect questions can be unhelpful for many Neurodivergent people.

False Claims of Expertise: Therapists may claim expertise in Neurodivergence but fail to deliver appropriate support.

Misinterpreting Executive Functioning Difficulties: Difficulties with executive functioning might be misinterpreted as a lack of motivation, effort, or compliance.

The Double Empathy Problem: Miscommunications and misinterpretations can occur due to the double empathy problem, leading to assumptions or dismissals if nonverbal cues don't match spoken words.

Blaming the Individual for Environmental Barriers: There may be a lack of understanding of environmental barriers, placing undue blame and responsibility on the individual.

Not Valuing Lived Experience: There can be a failure to listen to and value the voices of those with lived experience of Neurodivergence.

Personal Barriers:

Previous Negative Experiences: Medical trauma, shame, and a lack of trust can hinder the willingness to seek support.

Unawareness of When to Seek Help: Not knowing when or where to seek help and not recognizing unhealthy levels of stress.

Stigma for Calling Out Abuse: Reporting abusive behaviour within services can result in being labelled as 'a problem,' 'disruptive,' or 'disrespectful,' impacting future care.

Misdiagnosis: Conditions like borderline personality disorder may be misdiagnosed, leading to labels such as 'manipulative,' which negatively affect subsequent treatment.

Environmental and Systemic Barriers:

Lack of Between-Session Contact: No available contact between sessions and a lack of immediate crisis care.

Inadequate Crisis Responses: Inappropriate and dangerous responses during crises.

Discrimination: Experiencing racism, sexism, transphobia, misogyny, ableism, and stigma.

Financial Constraints: Costs, funding systems, and insurance can be barriers.

Accessibility Issues: Location, transport, parking, and inflexibility regarding online options.

Sensory Overload: Too much sensory input in waiting areas, such as bright lights and background noise.

Inefficient Systems: Clunky patient portals and inconsistent systems across different services.

Resource Shortages: Lack of resources in mental health services, insufficient practitioners, long waitlist times, and inadequate training.

Stigma: Stigma around mental health within families and services.

Harmful Practices: Some evidence-based practices may be harmful.

Communication Barriers:

Complex Processes: The number of steps required to get help, including filling out forms, sending them back, and talking to multiple people.

Difficulty Finding Affirming Support: Going through multiple people to find someone affirming, if it happens at all.

Phone Call Requirement: Having to make phone calls without online scheduling options.

Lack of Online Information: Insufficient useful information available online.

Appointment Reminders: Not enough reminders for appointments.

Inflexible Communication Methods: Lack of flexibility for different communication methods and styles.

What May Help Individuals Feel Comfortable and Able to Share or Connect with Someone?

Therapist/Service Characteristics, Knowledge, Style, Approach:

Genuine Connection: Honesty, compassion, authenticity, genuineness, caring, respect, kindness, curiosity, and a non-judgmental attitude.

Positive Presence: Positive body language, tone, and expressions, and being mindful of your energy.

Validation and Support: Listening and validating, reminding the person of their capabilities and worth, and not dismissing their experiences. Recognize that someone's distress is their distress, even if it seems disproportionate to you. Everyone is different.

Respectful Boundaries: Maintaining boundaries with a friendly, conversational style, avoiding infantilization, and using a cooperative model of care with direct communication and a transparent approach.

Personalised Time: Allowing time to get to know each other, encouraging authenticity without the need to mask, fostering a shame-free environment, understanding rejection sensitivity dysphoria, avoiding mind games or stern criticism, not making assumptions based on tone or body language, and being familiar with internet culture and dark humour.

Holistic Understanding: Recognizing that understanding what's going on isn't all someone needs. See beyond intellectualizing and rationalizing.

Lived Experience: Clinicians with similar Neurodivergence or identity.

Flexibility in Sessions: Being okay with tangents, allowing time for info-dumping and venting, asking how the person wants you to respond if they go off task or topic, and keeping pace with them.

Openness to Feedback: Being open to feedback on your approach without defensiveness, regulating yourself, and not insisting on eye contact.

Balanced Approach: Balancing not over-pathologizing with understanding real difficulties, and grasping the dynamics and complexity of Neurodivergence.

Respectful Pushing: Balancing pushing while respecting where the person is at.

Trauma-Informed Care: Being trauma-informed and neurodiversity-affirming, understanding co-occurring complex trauma, personality disorders, and misdiagnosis.

Multidisciplinary Support: Ensuring communication between different supports within a multidisciplinary team.

Intersectionality Awareness: Considering and supporting intersectionality within services, such as LGBTQIA+ mental health services familiar with Autism and the Neurodiversity Paradigm.

Chronic Illness Consideration: Recognising the overlap of Neurodivergence and chronic illness and how this might impact someone's mental health.

Accommodations:

Freedom and Comfort: Allowing freedom to fidget and stim, sit in preferred positions, and providing an uncluttered space.

Alternative Communication Tools: Using alternatives to words for describing sensations and emotions, such as visuals, pictures, drawings, objects, or cards.

Non-Visual Practices: Offering alternatives to visualisation practices.

Flexible Scheduling: Being flexible with rescheduling and cancellations (within reasonable limits).

Written Communication: Providing alternative methods of communication, such as writing notes.

Executive Functioning Support: Offering multiple reminders and assisting with tasks during sessions.

Session Adaptations:

Goal Setting and Reflection: Working on small, manageable goals while keeping the big picture in mind, and supporting reflection on what hasn't worked while looking to the future.

Structured Flexibility: Establishing goals/topics at the start of a session, going with the flow but keeping these goals in mind.

Multimodal Approaches: Adapting modalities (e.g., EMDR) and using multimodal approaches.

Active Sessions: Holding sessions in nature or during activities.

Variety of Formats: Offering in-person 1:1 sessions, with options for online or phone sessions.

Group Sessions: Providing group sessions (for some people) to support social connection, grouped by different ages or stages, with a regular schedule but no pressure to attend.

Environment:

Sensory Accommodations: Providing a range of fidgets, space to move, and different seating options.

Adjustable Settings: Adjustable lights, temperature, and sound, with a scent-free environment.

Quiet Waiting Areas: Offering a quiet waiting room or the option to wait in a car.

Communication:

User-Friendly Systems: Easy check-in and booking systems, online scheduling, and the option to make appointments during sessions. Alternatives to making phone calls.

Clear Documentation: Clear forms, with therapists reading intake forms to reduce the need for repeating information.

Helpful Reminders: Sending reminders with clear directions and instructions.

Accountability: Providing accountability check-ins between appointments.

Personal Connection: Sharing a current photo, explaining your why in a bio, and a bit about your approach and style, as personality match is important.

Things For Therapists/Providers to Know

Use Neurodiversity-Affirming Language: Always check for personal language preferences.

Provide Advance Notice of Changes: It's crucial for planning and reducing anxiety.

Respect the Impact of Past Experiences: Difficult experiences with therapists can make individuals less likely to seek help again, such as being infantilized.

Acknowledge the Challenge: Neurodivergent individuals are navigating life on "hard mode." They may need more time to recharge and can be more exhausted by everyday life.

Understand Contributing Factors: Be aware of factors that can impact mental health, such as income, race, housing, masking, inability to work full time, different brain functions, self-care difficulties, relationship challenges, and trauma.

Social Model of Disability: Recognize that much of the disability stems from societal barriers, and talk therapy alone won't fix this.

Practical Strategies Over Modalities: Some modalities (e.g., CBT) might not be effective for ongoing difficulties related to neurodivergence. Practical strategies for regulation, executive functioning, relationships, managing ableism, and advocating for accommodations may be needed.

Recognise Burnout and Fluctuating Capacity: Understand the signs of burnout, dynamic disability, fluctuating capacity, and how to support during meltdowns and overwhelm.

Different Ways of Processing: People experience, process, and understand emotions and sensations differently. Things may be processed cognitively but not felt—be attuned to alexithymia and interoception.

Focus on Individual Needs: Understand the person's experience, find what works for them, and work collaboratively as a team.

Be Aware of Misdiagnosis: Misdiagnosis is common. Look beyond the surface for undiagnosed neurodivergence that could underlie someone's depression and anxiety.

Learn from Neurodivergent Communities: Research is often behind and doesn't capture the full range of lived experiences. Learn from neurodivergent voices, seek feedback from clients, be responsive and flexible, respect their autonomy, and be a bridge between worlds.

Respect Eye Contact Preferences: There are many ways to pay attention—respect preferences for eye contact.

Support for Late Diagnosis: People with a late diagnosis need different supports than children, often focusing on unlearning certain patterns.