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Healing Neurodivergent Trauma with IFS

A Neurodiversity-Affirming Approach

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NEURODIVERSITY
TRAINING CENTER



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Providing:

- Clinical Training
- Continuing Education
- Case Consultation

Homepage



<https://NeurodiversityTraining.com>


IFS Exercise

Practicing Neuro-Friendly
Self-Care




Re-Defining Autism & ADHD





Right from the start, from the time
someone came up with the word
'autism', the condition has been
judged from the outside, by its
appearances, and not from the inside
according to how it is experienced.



-Donna Williams, 1996

Defining Autism

Autistic Community

We socialize differently

- Some of us might not understand or follow social rules that non-autistic people made up.
- Eye contact might make us uncomfortable... or make it hard to pay attention.
- Some of us might not be able to guess how people feel. This doesn't mean we don't care.

(Quotes from ASAN)

Medical Model (DSM)

Deficits in nonverbal communicative behaviors

- Abnormalities in eye contact and body language
- Total lack of facial expressions and nonverbal communication

Deficits in social-emotional reciprocity

- Abnormal social approach; Failure of normal back-and-forth conversation

Defining Autism

Autistic Community

We think differently

- We may have very strong interests in things other people don't understand or seem to care about... (but) they make us happy!
- Routines are important... hard for us to deal with surprises or unexpected changes... we get overwhelmed.

Medical Model (DSM)

Highly restricted, fixated interests that are abnormal in intensity or focus

- Excessively circumscribed or perseverative interest

Insistence on sameness, inflexible adherence to routines, or ritualized patterns of behavior

- extreme distress at small changes, rigid thinking patterns, need to take same route or eat same food

Defining Autism

Autistic Community

We process our senses differently

- We might be extra sensitive to things like bright lights or loud sounds.
- We might do the same movement over & over again. This is called 'stimming,' and it helps us regulate our senses (e.g., rock back & forth, hum)

Medical Model (DSM)

Hyper- or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment

- Excessive smelling; Adverse response to sounds

Stereotyped or repetitive motor movements, use of objects, or speech

- Simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases

Defining ADHD



Notice any
Self qualities?

ADHD Community

- “ADHD is curious. ADHD is playful. ADHD is a roller coaster.”
— Emma, Scotland
- “...gives you the energy to accomplish great things. It may be hard to sit in a class, but you are one of the greatest builders of society.”
— An ADDitude Reader

Medical Model (DSM)

Impulsivity

- Fidgets with hands or feet, or squirms in seat
- Leaves seat when remaining seated is expected

Defining ADHD



Notice any
Self qualities?

ADHD Community

- "... determination, focus, tenacity, and courage."

— Heather, Alabama

- "People with ADHD can help create a future that has justice, empathy, curiosity, and creativity as the guiding principles."

— Sara, Canada

Medical Model (DSM)

Inattention

- Does not seem to listen when spoken to directly
- Avoids or dislikes tasks that require sustained mental effort

Reflection



What came up for you when you looked at the two definitions of side by side?

"I came to understand
that autism was not
something tragic or
shameful....

I was born right the
first time."

— Finn Gardiner —

**Posted on Autistic Women and
Nonbinary Network (AWN)**



Exercise

Notice

- Body Sensations
- Feelings
- Thoughts

How We Think and Talk about Autism Matters!

Neurodiversity Model

- Diversity of brains
- Natural differences
- Inclusion, Community
- Accommodations
- Disabled by societal barriers



Medical Model

- Disorder
- Persistent deficits
- Abnormal
- Failure
- Excessive
- Total lack

Internalized Messages

Neurodiversity Model

- Natural differences
- **I'm Worthy**
- **My Needs Matter**



Medical Model

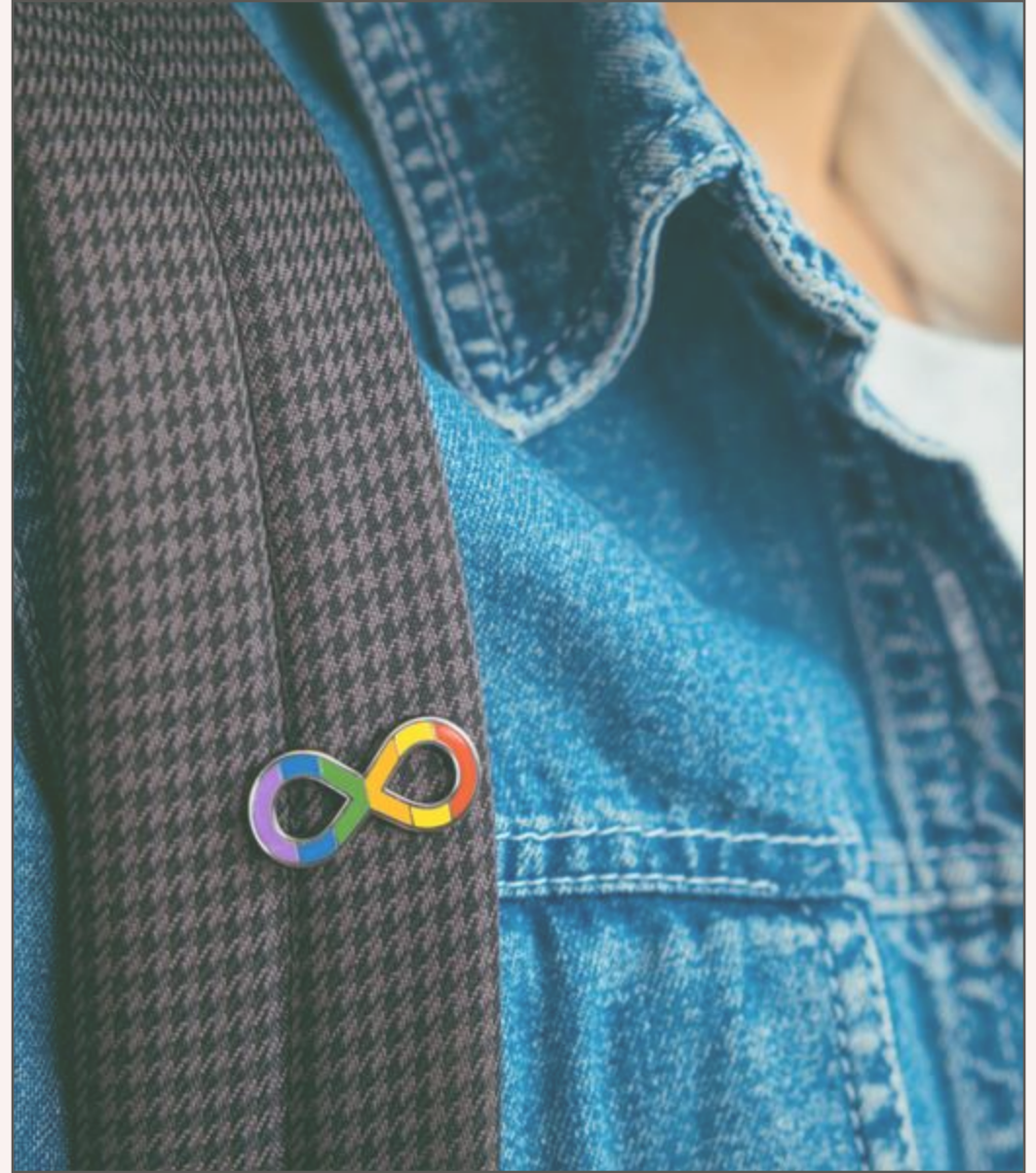
- Disorder
- **I'm Broken**
- Failure
- **I Need To Be Fixed**



“The primary social barrier to be removed is the negative language and discourse of the autism label, such as deficit and disorder”

(Woods, 2017)

Q&A



Neurodivergent Survival Cycle

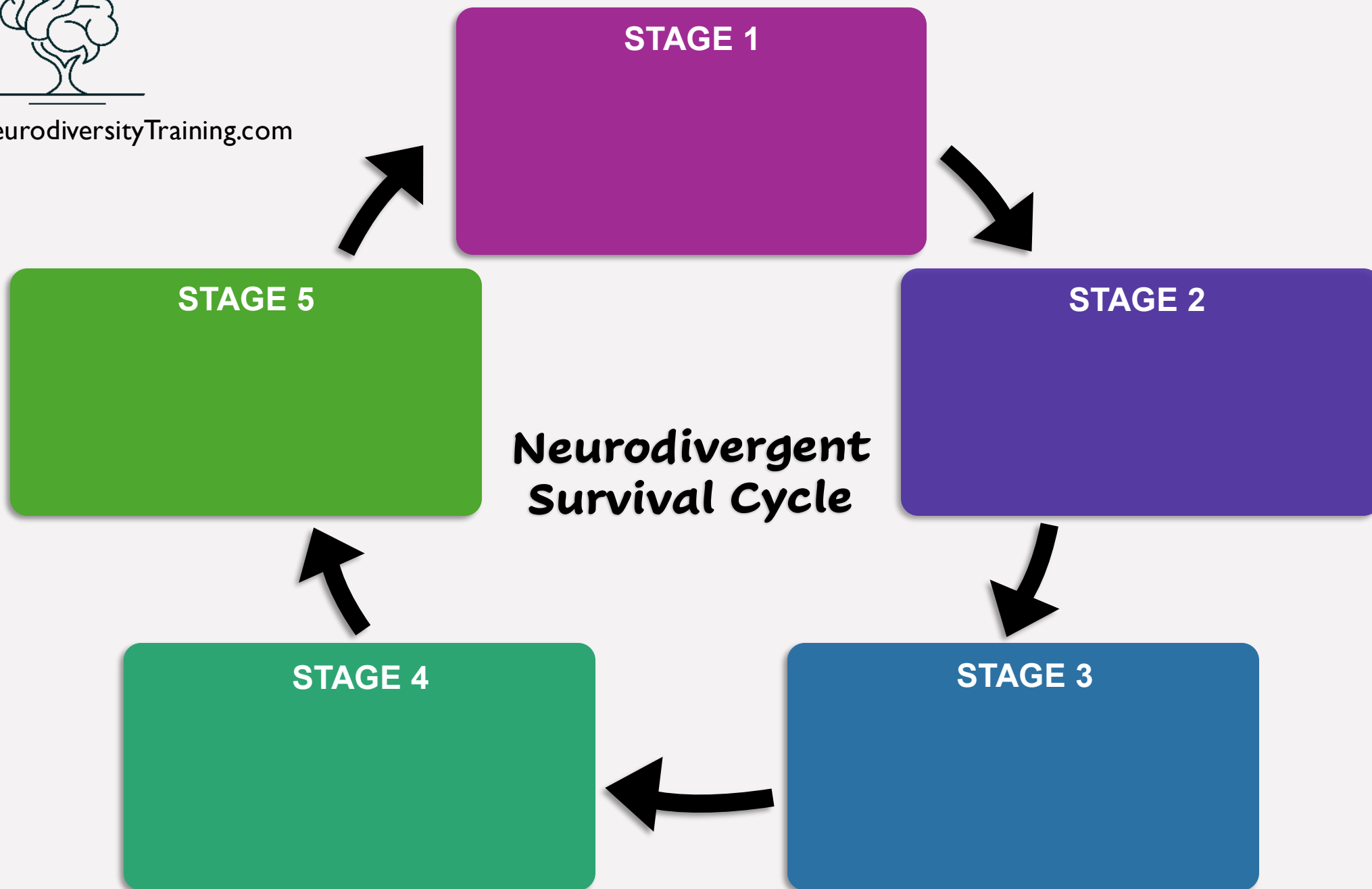
**Tasha Oswald,
PhD**

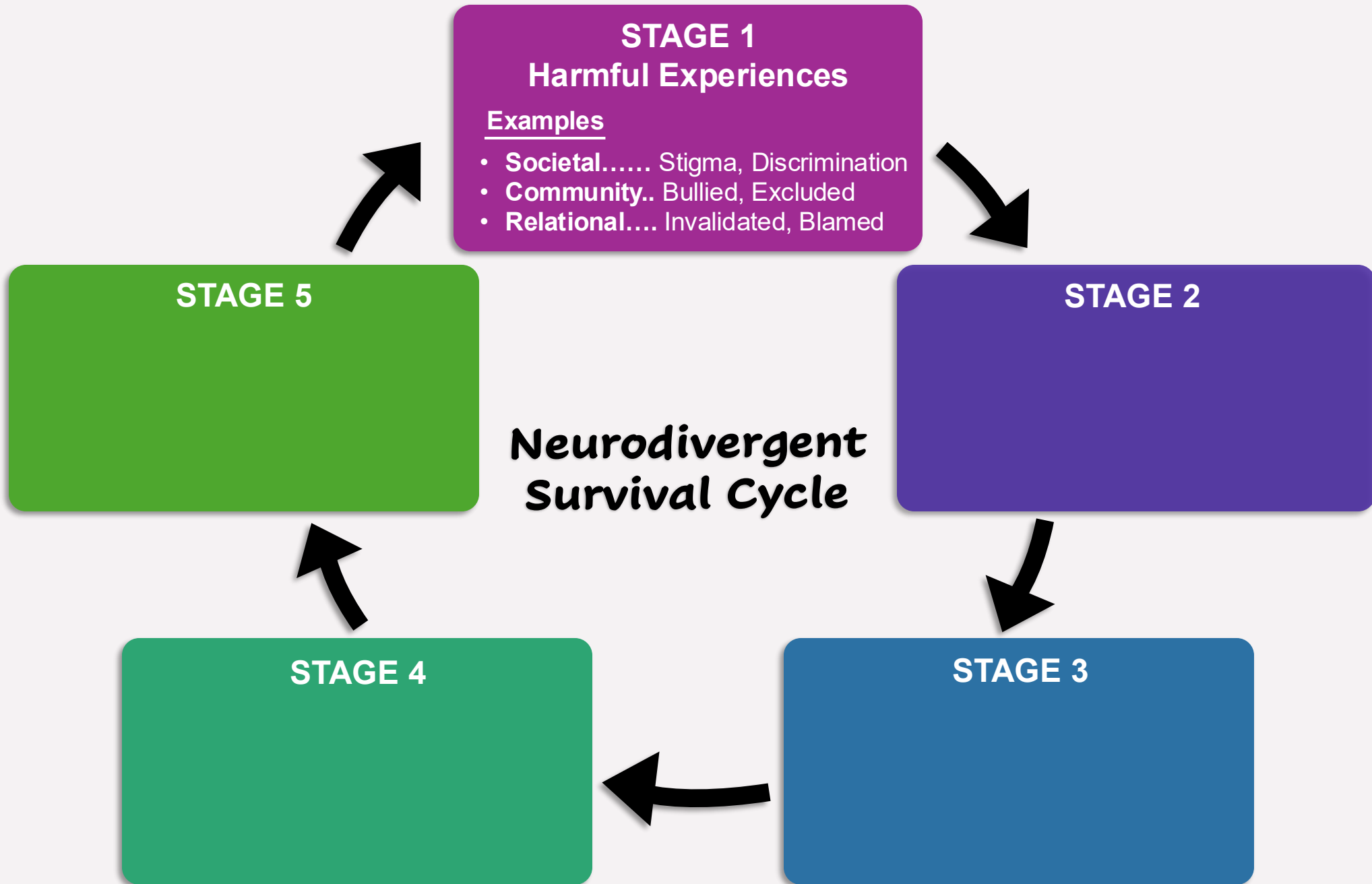
**Cindy Brown,
LPCC**





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Trauma

In Neurodivergent
Individuals

Autistic & ADHD

~8 times more likely to score in the probable PTSD range than non-Autistic people.

(Haruvi-Lamdan et al., 2020; Magdi et al., 2025)



8X

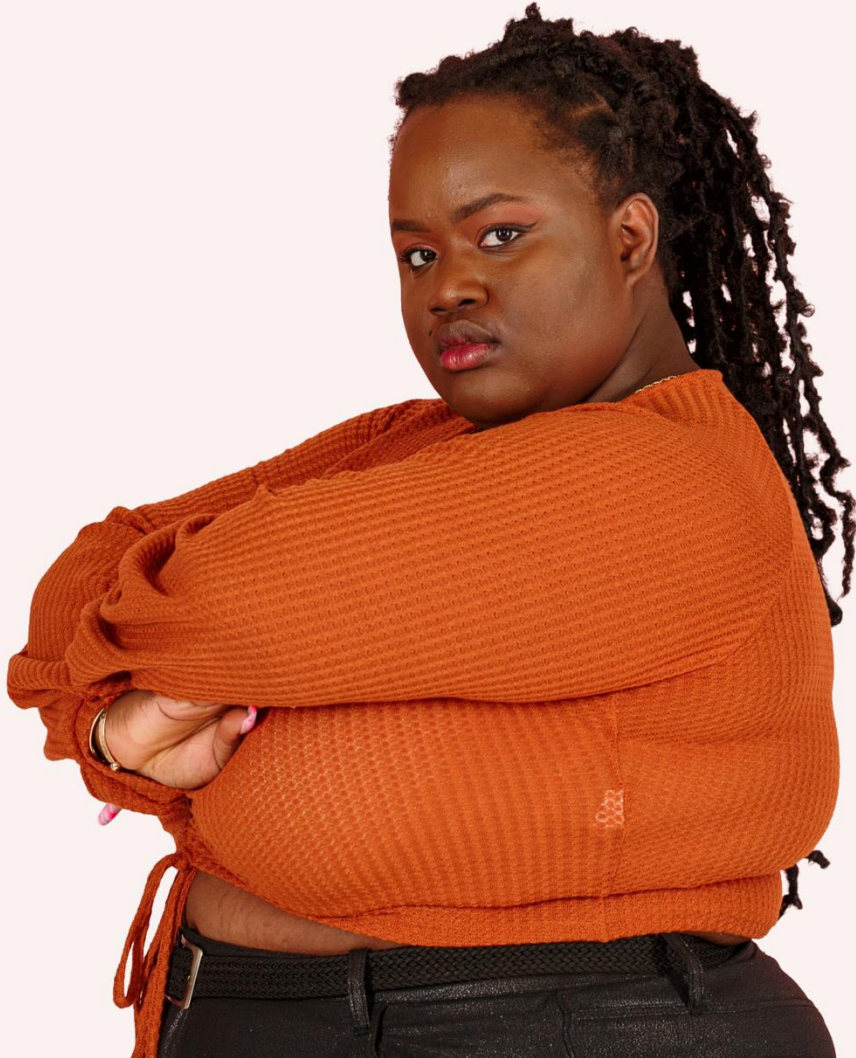
Trauma, Autism, and Intersectionality

(Reuben et al., 2021; Reuben et al., 2024)



Compared to autistic cisgender men, the following groups experienced a higher number of traumas and were more likely to meet criteria for PTSD:

- Autistic Cisgender Women
- Autistic Gender Minorities
- Autistic Individuals with a Marginalized Racial/Ethnic Identity



Stigma is a form of trauma...

The stigma of being different and not fitting in... The stigma of autism often involves oppressive coercion to conform...

Having our humanity threatened, undermined, and devalued is fundamentally traumatic.

— Gates, 2019—

ADHD Stigma Research

Themes	Stigmatizing Messages
Rejecting ADHD	ADHD is made up Your experience is not real
Blaming	You are different, not good enough, incompetent You are not trying hard enough
Defined Negatively By Your ADHD	You have ADHD so you're disruptive She did not succeed because she has ADHD
Stereotyping ADHD	You don't look like you have ADHD You can't have ADHD, you could sit still for hours
Trivializing ADHD	Everyone is a little ADHD You are overreacting

(Visser, Peters, & Luman, 2024)

Ableism

Discrimination or prejudice against disabled or neurodivergent people stemming from the belief that they are “less than”.

Expressed through attitudes, microaggressions, victimization, systemic barriers, and marginalization.

Leads to disadvantages and trauma.

Ableism

Neurotypical
Way is Right!

Neurodivergent
Way is Wrong!



Ableism Sneaks Up in Therapy



Examples

- Making neurotypical assumptions about client (e.g., assuming crying is a sign of sadness not overwhelm)
- Not getting the intensity of client's emotions because they are not "showing" them in neurotypical ways
- Assuming an experience is not traumatic because it wouldn't be for most people (e.g., assuming sensory overload or a change in routine is not traumatic)
- Not presenting an open and accepting attitude toward exploring neurodivergence in clients or yourself
- Assuming a client not sharing feelings is a sign of resistance rather than, for instance, alexithymia or overwhelm

Neurodivergent Trauma

Neurodivergent trauma occurs when a neurodivergent person's needs, identity, or lived experiences (e.g., sensory sensitivities, outside-the-box thinking, feelings of overwhelm) are dismissed, minimized, invalidated, silenced, shamed, or attacked due to ableism or lack of understanding of neurodivergence. This trauma is often repeated and cumulative, leading neurodivergent individuals to chronically feel unsafe, unworthy, ashamed, broken, or alone.

**Neurodivergent
Trauma**

STAGE 1
Harmful Experiences

Examples

- Societal..... Stigma, Discrimination
- Community.. Bullied, Excluded
- Relational.... Invalidated, Blamed

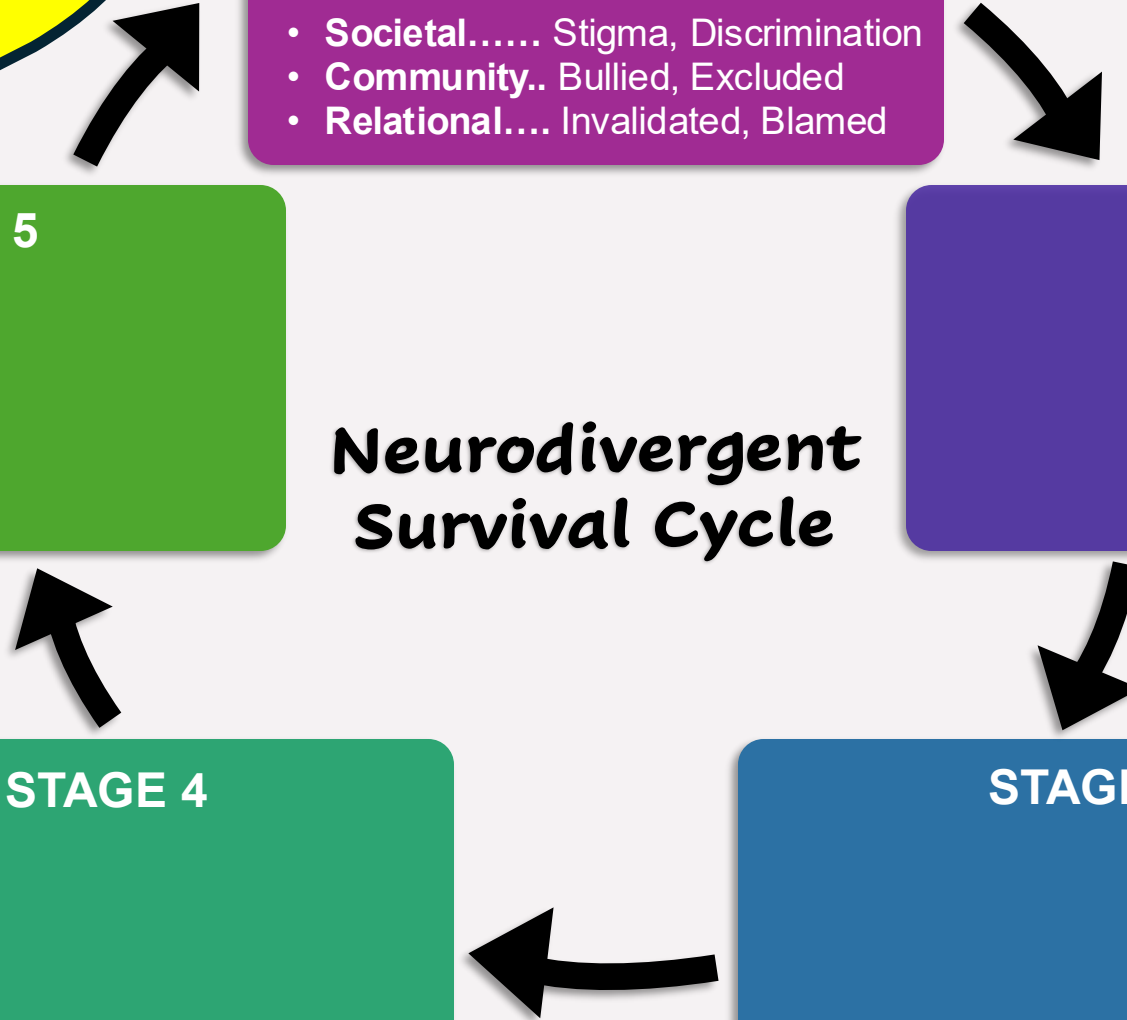
STAGE 5

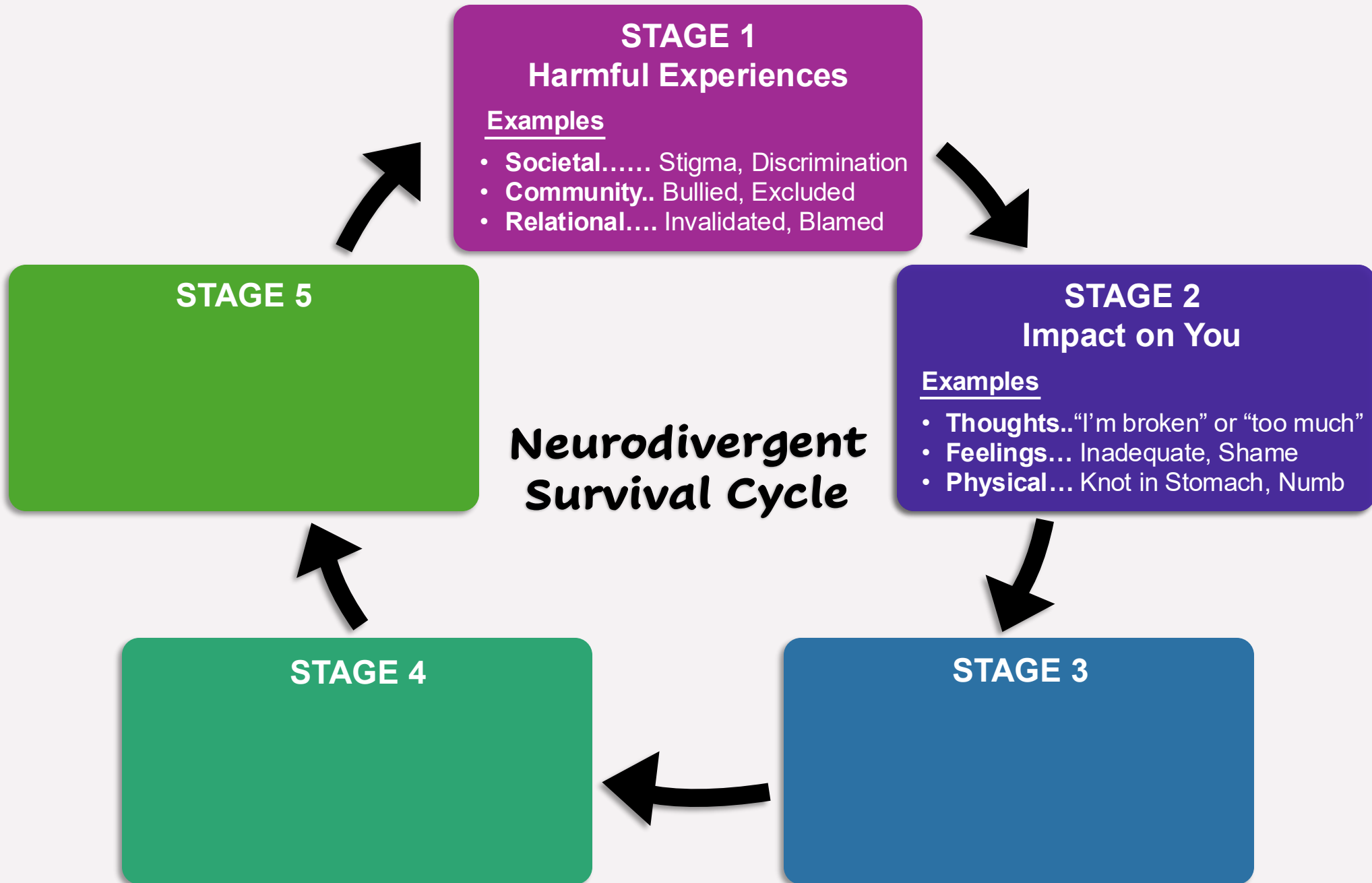
**Neurodivergent
Survival Cycle**

STAGE 2

STAGE 4

STAGE 3



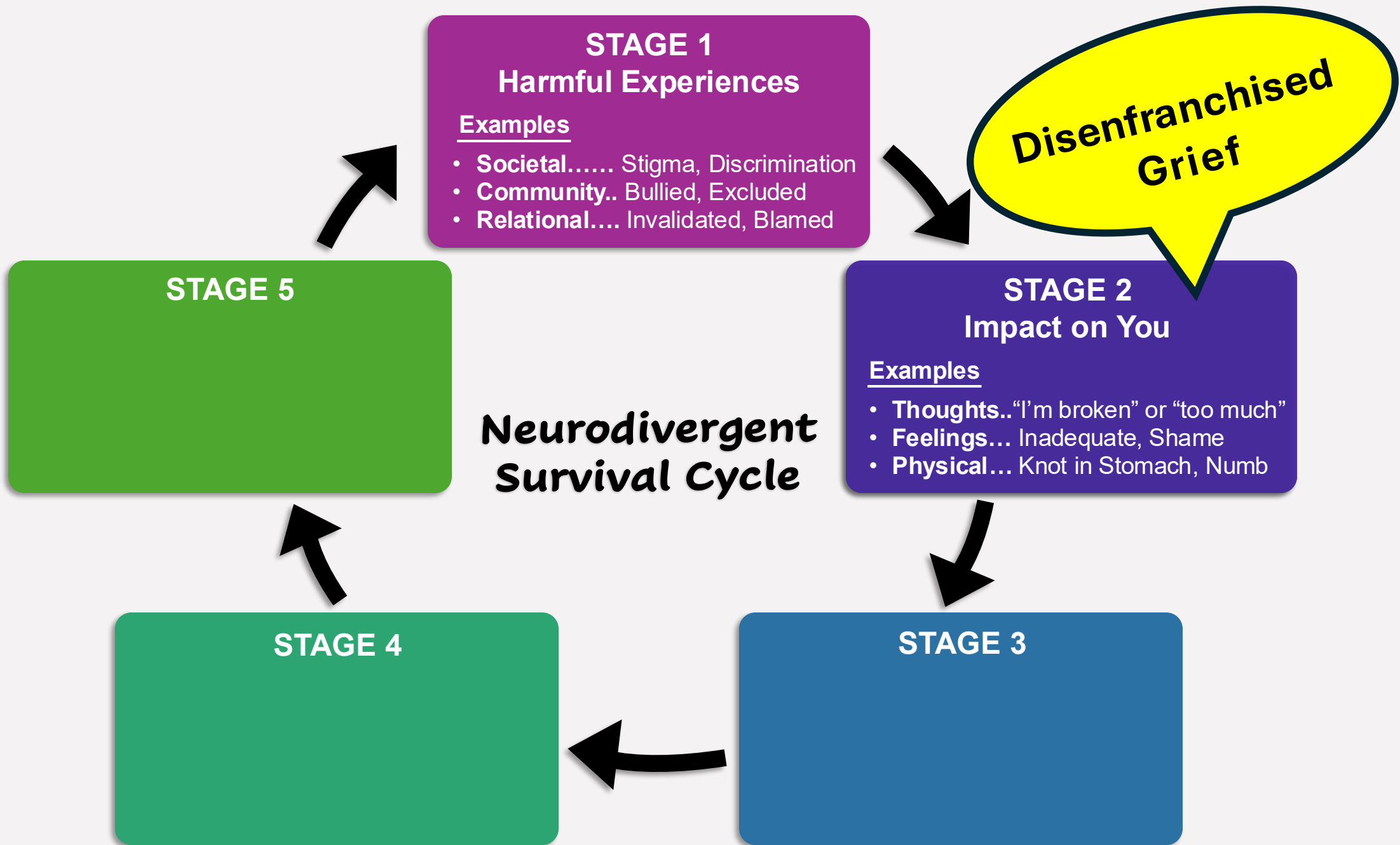


Internalized Ableism



When disabled or neurodivergent individuals adopt negative attitudes, beliefs, or stereotypes about themselves and their abilities, derived from broader ableist attitudes in society.

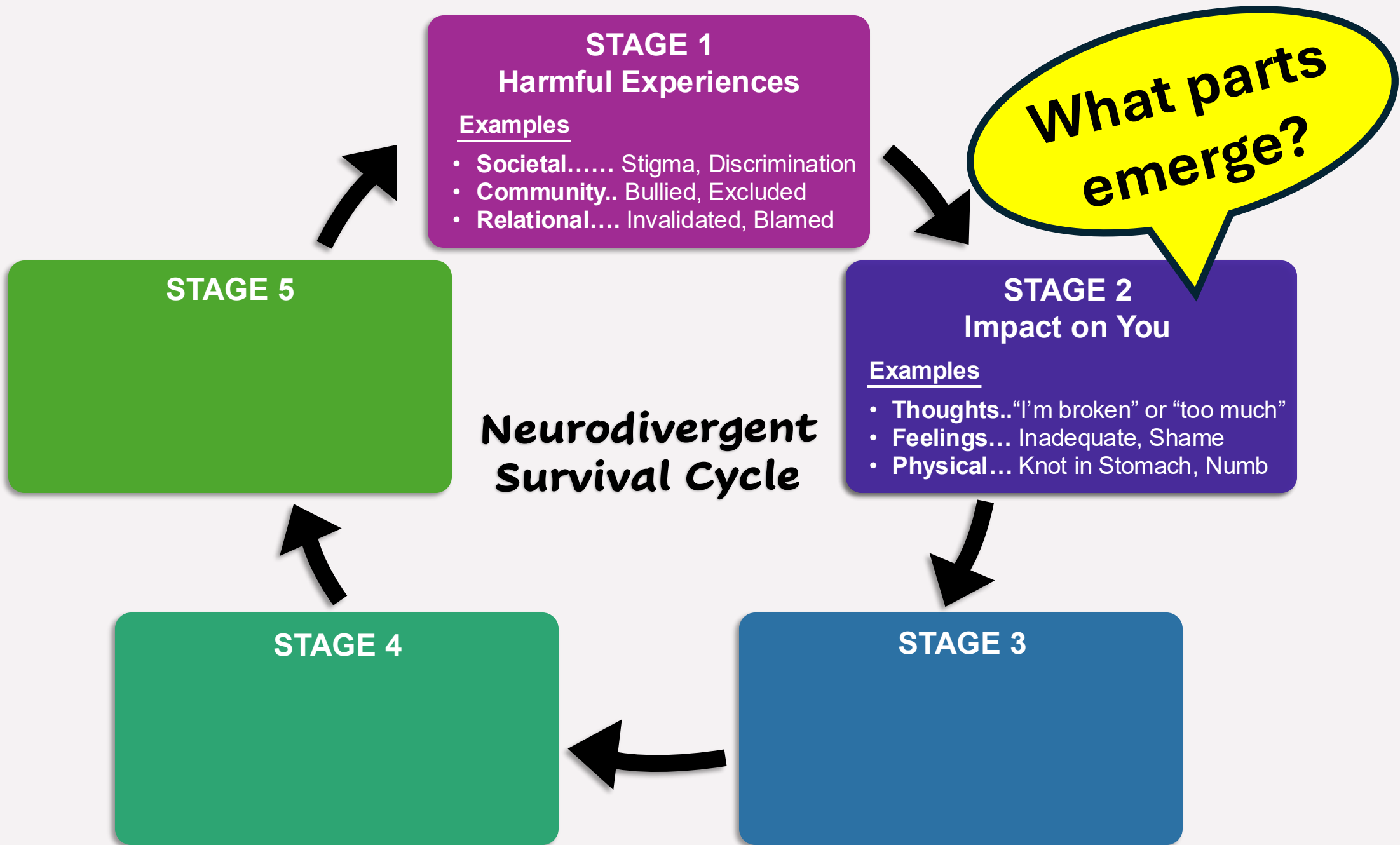
"I'm not good enough."



Disenfranchised Grief

Disenfranchised grief results when a person experiences a significant loss where the resultant grief is not openly acknowledged, socially validated, or publicly mourned. In short, though the individual is experiencing a grief reaction, there is no social recognition that the person has a right to grieve or to a claim for social sympathy or support.

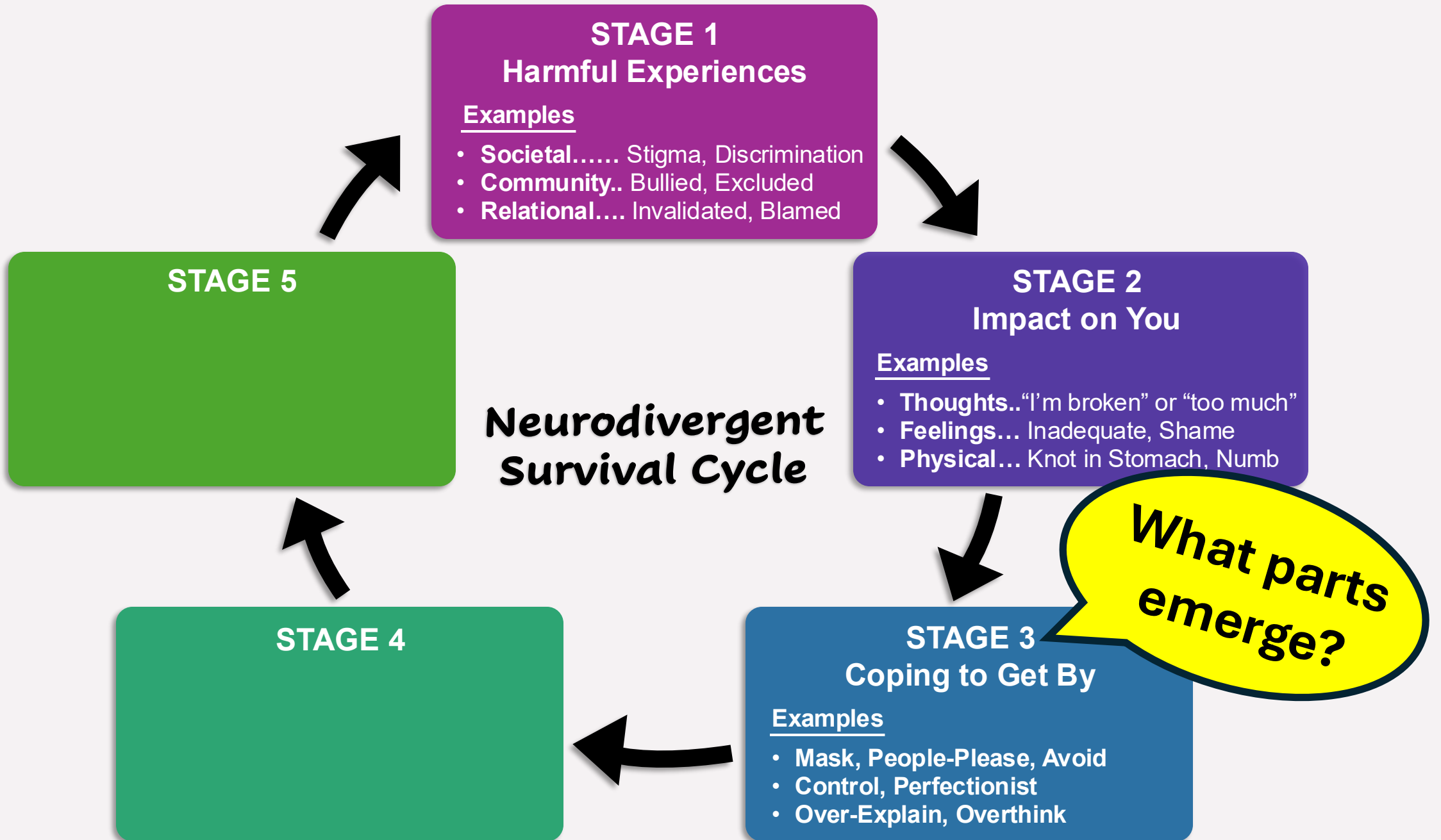
— Doka, 2023



Polarizations Arise From...



- Internalized Ableism
- Disenfranchised Trauma
- Disenfranchised Grief



Discovering the New Faces
of Neurodiversity

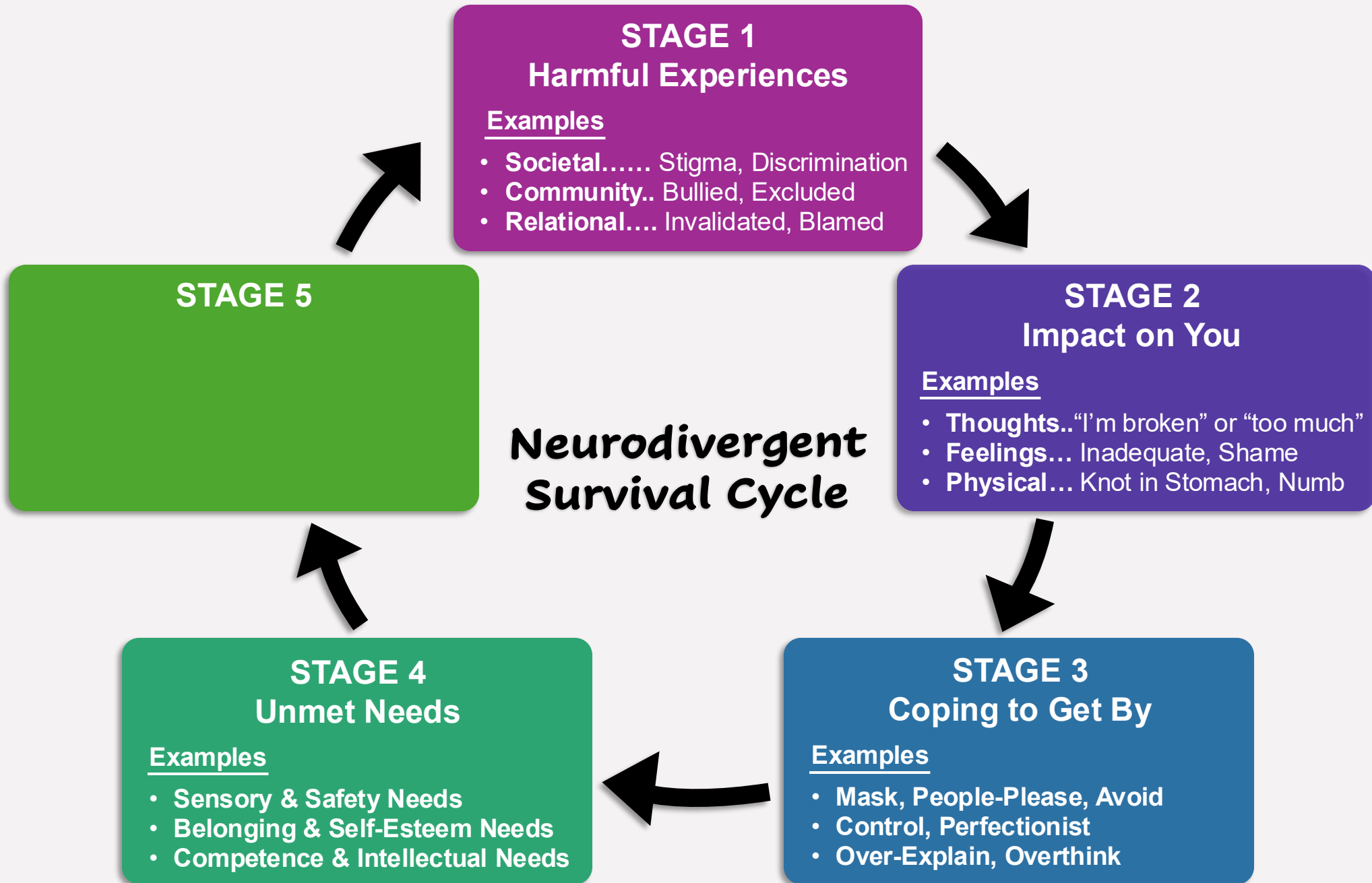
UNMASKING AUTISM

Devon Price, PhD

author of LAZINESS DOES NOT EXIST

Protector Parts

“For most masked autistic people, it’s downright terrifying to stand up for yourself. We tend to default to people pleasing, smiling, and laughing uncomfortably through social difficulty, and to do so in such a reflexive way that it’s as if our true feelings and preferences disappear when other people are around. These reflexes exist to protect us”



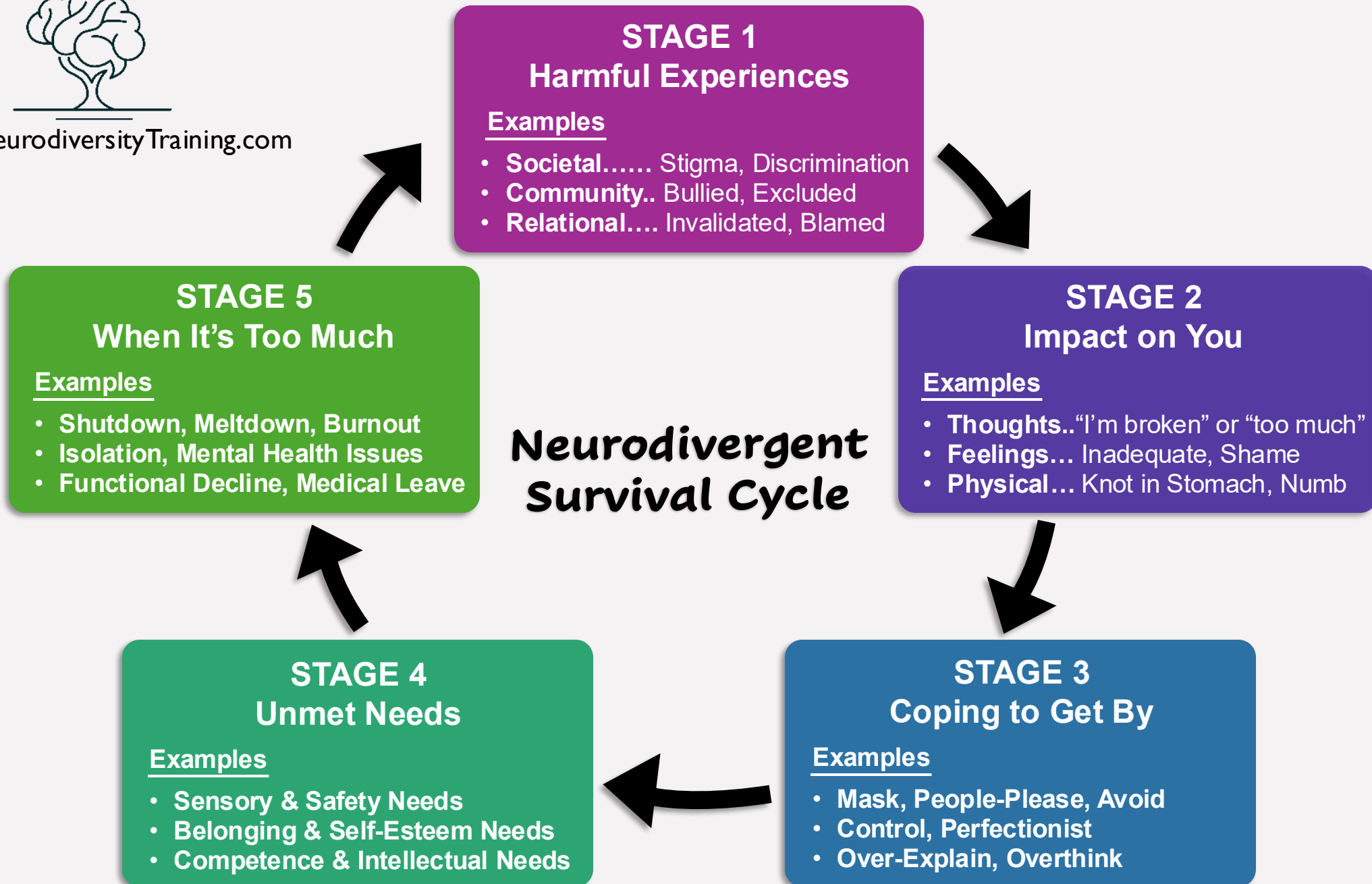


Not having needs met, being ridiculed, isolated, and meant to feel stupid or inadequate repeatedly over the course of their childhood or lifespan becomes a recipe for CPTSD.

—Jones, 2024 (Quoting Kramer)—



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Considerations

For Working With
Neurodivergent Clients

Neurodivergent Needs and Challenges During Therapy Sessions

Needs

- Sensory needs
- Need time to deeply process
- Need for predictability (autism) or novelty (ADHD)
- Need literal or direct communication
- Need self-acceptance
- Need to feel safe and free from judgment to unmask in session

Challenges

- Difficulties with interoception or alexithymia
- Frequently overwhelmed; Neurodivergent burnout
- Rejection sensitivity
- Masking is default setting
- Extensive trauma or grief to process
- Ableism, Internalized ableism

How 8C's of Self Might Show Up in Neurodivergent Individuals

- **Curiosity**
 - Must know “Why”, Research, Existential
 - Intense Interests, Hyperfocus
 - **Creativity**
 - Rich inner world, Big thinkers
 - Artistic, Musical, Abstract thinking
 - **Courage**
 - Take risks, Entrepreneurs
 - Stand up for what's fair, Question authority
 - **Calm**
 - Stimming, Sensory seeking
 - Routines, Order, Pattern detection
- **Confidence**
 - When speak about interests
 - Trailblazers
 - **Connected**
 - To animals, nature, own interests
 - To people with shared interests
 - **Compassion**
 - For suffering of humanity, animals, planet
 - HSP or Empath
 - **Clarity**
 - Around fairness and justice
 - Direct communication

How could you integrate these strengths into your IFS work?

- **Curiosity**
 - Must know “Why”, Research, Existential
 - Intense Interests, Hyperfocus
 - **Creativity**
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Neuroaffirming Care

COMPASS



This acronym can be used by practitioners like a compass to guide them toward neurodiversity-affirming principles and strategies

Client Centered/Collaborative

Ongoing Education

Mindset

Presence

Attunement/Accommodations

Self-Identity Development

Self-Advocacy



Clinician's Guiding Compass for Neuroaffirming Care

Strategies

C O M P A S S	Collaborative	Honor client as expert on their life; Reassure “no” is respected; Seek consent often
	Ongoing Education	Listen to Neurodivergent community; Seek neuroaffirming training & consultation
	Mindset	Reassure client that neurodivergence is a valuable form of diversity not a deficit
	Presence	Accept different communication styles; Reassure you’ll not judge them; Self disclose
	Attunement	Slow down pacing to reduce overwhelm; Allow time and silence for processing
	Self-Identity	Encourage client to unmask in session; Connect with neurodivergent community
	Self-Advocacy	Help client identify neuro-friendly self-care strategies; Practice boundary setting



What are some ways that IFS is neuroaffirming?

Strategies

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Modifications to IFS

To Support
Neurodivergent Clients

Therapist Mindshift

Modification

- Deficit → Difference
- Ableism → Acceptance of Neurodiversity
- Asking “Why” → Not resistance or avoidance
- “I should be/do...” → Check neuronormative biases

Considerations

- Sensory needs
- Need time to process
- Masking
- Overwhelm
- Alexithymia
- Rejection Sensitivity
- Internalized Ableism
- Trauma

Create Neuro-Friendly Space

Modification

- Fidgets available and encouraged
- Outdoor sessions
- Teletherapy session to have comforts of home
- Eye contact not required
- Stimming encouraged and modeled
- Communicate there is no right or wrong way

Considerations

- Sensory needs
- Need time to process
- Masking
- Overwhelm
- Alexithymia
- Rejection Sensitivity
- Internalized Ableism
- Trauma

Slow Down Pacing

Modification

- Silence, Stillness
- Answer all of client's (parts') questions
- Do not ask more than one question at a time
- Mini-unblend with client (Check in often)
- Unblend from your parts (e.g., "fix it" part)

Considerations

- Sensory needs
- Need time to process
- Masking
- Overwhelm
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Externalizing Activities

Modification

- Draw:
 - Draw a part, Comic strips, Intuitive drawing
- Sandtray (online version, too) / Objects represent parts
- Music
- Writing
 - Metaphors/Fanfiction: Use favorite books/show characters
 - Journaling
- Invite client's creative ideas on how to connect with parts

Considerations

- Sensory needs
- Need time to process
- Masking
- Overwhelm
- Alexithymia
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Concrete Tools

Modification

- Psychoeducation on IFS & neurodiversity
- Emotion word list
- Body sensations list
- Show excerpt from book/blog written by neurodivergent person
- HW
 - Read a book, highlight, and discuss next week
 - Set timer and do mini-unblend

Considerations

- Sensory needs
- Need time to process
- Masking
- Overwhelm
- Alexithymia
- Rejection Sensitivity
- Internalized Ableism
- Trauma

Use of Language/Communication

Modification

- Use direct and/or literal language
- Use client's metaphors
- Allow client to rename terms like exiles
- Accept "I don't know"
- No frame of reference for a "safe space"
- Be specific, avoid questions "How are you?"
- Instead of "How do you feel", ask "What are you thinking"

Considerations

- Sensory needs
- Need time to process
- Masking
- Overwhelm
- Alexithymia
- Rejection Sensitivity
- Internalized Ableism
- Trauma

Lean into Interests

Modification

Ask about interests/passion projects

- What have you done a deep dive on this week?
- What has caught your interest this week?
- You model self energy of curiosity and connectedness by asking about their interests
 - You can draw parallels for them using their interests

Considerations

- Sensory needs
- Need time to process
- Masking
- Overwhelm
- Alexithymia
- Rejection Sensitivity
- Internalized Ableism
- Trauma



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STAGE 5
When It's Too Much

Examples

- Shutdown, Meltdown, Burnout
- Isolation, Mental Health Issues
- Functional Decline, Medical Leave

STAGE 1
Harmful Experiences

Examples

- Societal..... Stigma, Discrimination
- Community.. Bullied, Excluded
- Relational.... Invalidated, Blamed

**How does IFS
help break this
cycle?**

STAGE 2
Impact on You

Examples

- Thoughts.. "I'm broken" or "too much"
- Feelings... Inadequate, Shame
- Physical... Knot in Stomach, Numb

Neurodivergent Survival Cycle

STAGE 4
Unmet Needs

Examples

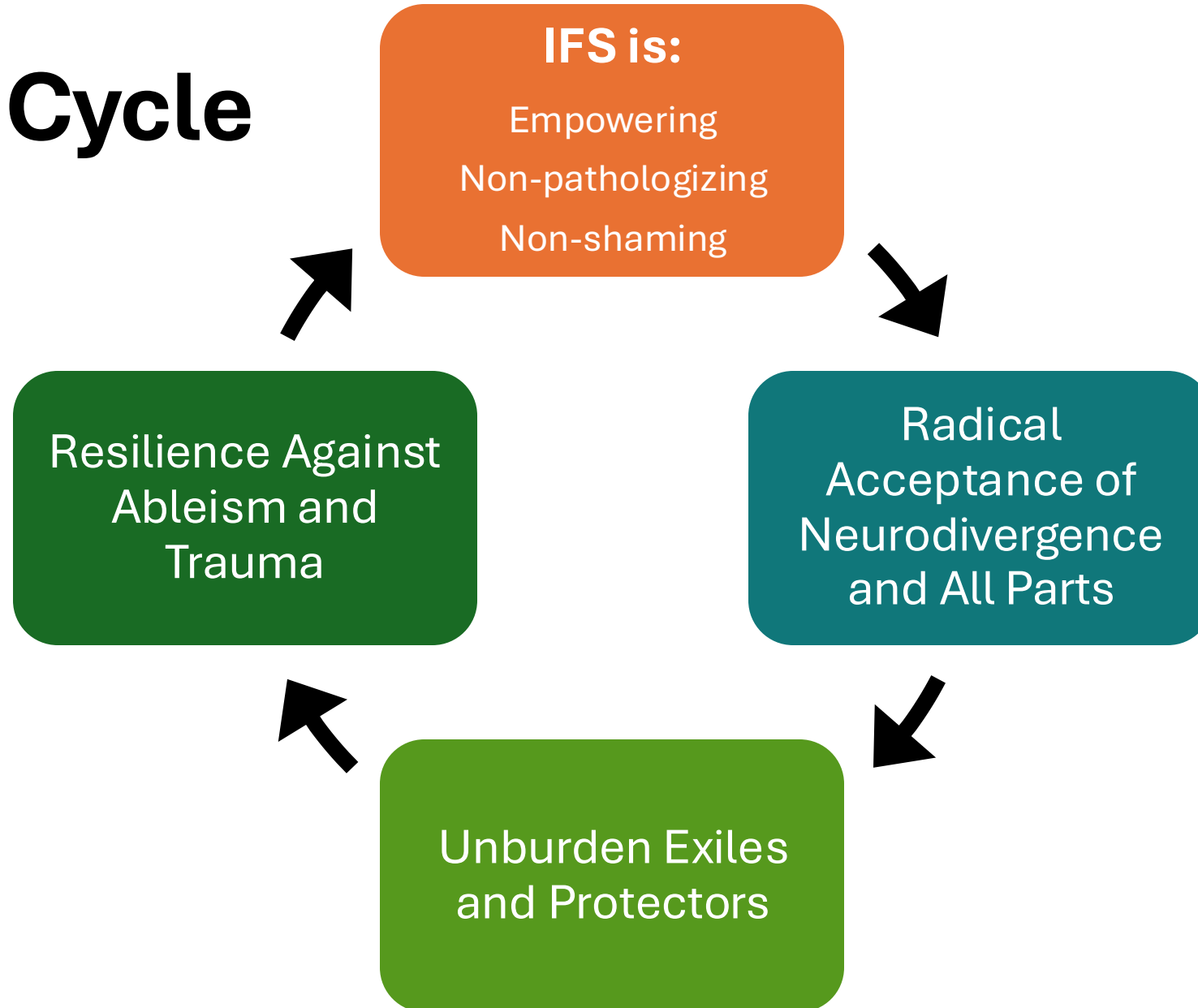
- Sensory & Safety Needs
- Belonging & Self-Esteem Needs
- Competence & Intellectual Needs

STAGE 3
Coping to Get By

Examples

- Mask, People-Please, Avoid
- Control, Perfectionist
- Over-Explain, Overthink

Virtuous Cycle



Case Example

Antonia: 28-Year-Old, Asexual, White, Female
Presenting Problem: “Out of Control Anxiety”



BACKGROUND: Raised in a “big, loud Italian family.” Preferred “the quiet solitude of the school library”. Typically maintained 1–2 close friendships. Family often pressured her to be more social, fearing she spent “too much time alone”. History of anxiety; no Dx.

CURRENT FUNCTIONING: Employed at a consulting firm, working hard toward promotion. Now that her career is established, reports increasing pressure from family to get married. She has “no interest in dating” but does not feel safe disclosing this to family.

INTERESTS/HOBBIES: Highly engaged in Japanese Samurai history; currently learning Japanese in order to “read historical texts.”

IDENTITY: A fellow history buff online, who identifies as Autistic, suggested Antonia might be as well. After extensive research, she now feels confident she is Autistic.

RECENT EVENT: Presented tearful in fourth session. Earlier that day, her manager commented she “needed to work on getting along better with coworkers.” When Antonia asked for clarification, the manager replied, “Well, what do you think?”

Case Example

Antonia: 28-Year-Old, Asexual, White, Female
Presenting Problem: “Out of Control Anxiety”

Reflection Questions

BACKGROUND: Raised in a “big, loud Italian family.” Preferred “the quiet solitude of the school library”. Typically maintained 1–2 close friendships. Family often pressured her to be more social, fearing she spent “too much time alone”. History of anxiety; no Dx.

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Case Example

Antonia: 28-Year-Old, Asexual, White, Female
Presenting Problem: “Out of Control Anxiety”

1. What parts and polarizations might be coming up for Antonia?
2. What might she need in the moment?
3. What IFS strategies might you use?

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Resources

- **Books**
- **Podcasts**
- **Research**

Books, Podcasts,
Research

