

Winter_2025

Finding the Magic in the Neurotype: Using EMDR with Neurodivergent Clients

By Dr. Tiff Lanza



Take a moment to appreciate the magic that can happen through Eye Movement

I Desensitization Reprocessing (EMDR). This modality brings an entirely different experience to processing trauma, understanding feelings, and recognizing self-awareness. EMDR provides a foundation open to scaffolding various accommodations and creativity, meeting clients' individual needs. This article explores the exciting and impactful adaptations to EMDR when working with neurodivergent (ND) clients. It is important to begin by acknowledging one's connection to one's work. This author is a transgender, nonbinary, queer, neurodivergent (late diagnosed), chronically ill therapist. The article includes aspects of lived and professional experience.

The neurodivergent community experiences higher levels of trauma; however, the research statistics are flawed. The ND umbrella was limited in scope to define and diagnose autism and ADHD rigidly. Now that society recognizes that the definition and understanding of neurodivergence has expanded, one can recognize the limited purview of prior study findings. The research that does exist focuses on specific pockets within the ND community perpetuating biased assumptions within a limited scope (Hogan, 2023). This is especially salient since ND individuals experience trauma in connection to their neurodivergence and as an ancillary component of their life experiences. For example, many ND people report that growing up not knowing about their neurotype or not having that neurotype supported was traumatic. The shame, embarrassment, isolation, bullying, and corrective actions forced upon them for being different acts in tandem as a form of abuse enacted by a society that operates under the assumption of neuro-typicality. In addition, NDs are also susceptible to the impact of other traumas that are not directly related to being neurodivergent. As conversations around the ND community continue, the hope is that future research will explore the ND brain and body experiences of trauma so that we may further adapt treatment options.

NEURODIVERGENT DIAGNOSIS

This section provides a brief context to the diagnosis experience, specific to the ND community. The reality is that receiving a diagnosis is a privilege. Many individuals do not have the means to access a mental health provider and support. Health insurance, finances, and accessibility to a neuro-affirming assessor can all be barriers. Individuals who had a late-in-life diagnosis or are late-diagnosed reported having years of misdiagnosis before meeting an informed professional.

In understanding that access to therapeutic support and assessments is a privilege, we recognize that self-realization or self-diagnosis is valid. Some skeptics claim that TikTok is diagnosing everyone with autism. Social media gives access and a platform to those with lived experience. It is the most accessible way for communities forced into

lived experience. It is the most accessible way for communities forced into marginalization to share their stories with others. These content creators and everyday sharers are bringing relief to many ND people by mirroring their experiences and offering language that helps others describe their experience as an ND person living in an ableist world. Once the connection to a commonality is found, the next step is to do research. Self-realized individuals often log more hours to research ND qualities and symptoms than are required by mental health educational programs. By the time an individual reaches a therapist and says they wonder if they are neurodivergent, they have most likely dedicated years in the pursuit of understanding themselves. Until the barriers and oppression limiting access to mental health are removed, the self-realization movement must be awarded the respect it deserves.

“



As conversations around the ND community continue, the hope is that future research will explore the ND brain and body experiences of trauma so that we may further adapt treatment options.

LANGUAGE

The foundational step in supporting any community is working to understand its language. The next step is to continue engaging with the community to know when the language evolves and changes. This can become a barrier for some people as it can be overwhelming to keep up with changes. Therapists may wonder if a client does not like the word neurodivergent; what word should be used.

NEURODIVERGENT-AFFIRMING WORK WITHIN EMDR

Statements such as “meet the client where they are” or “individualize the care” are aspects of affirming care, but those phrases can miss crucial elements of affirming work. Affirming work, in general, proactively supports and validates a person’s full self-identity, experiences, and beliefs through positive reinforcement. Affirming work creates a space where a person feels seen, heard, and understood. Neurodivergent affirming work should be met through the framework that ND brains are just a different neurotype—not broken and not needing to be healed or fixed. There are three pillars that can be used in working with ND humans that are a culmination of long-term communications in the disability field. The three pillars that can be used in ND-Affirming work are:

- Value the whole person
- Presume competence
- Lead with curiosity and exploration.

These pillars are what the author identifies as a framework for approaching ND individuals. Our baseline of interacting with other humans in this world should be led by the premise of valuing the whole person. This concept is about appreciating and considering all aspects of a human being versus a one-dimensional focus (i.e., one specific traumatic event). Recognizing the intersectionality (Crenshaw, 1991) of human experience can go a long way in healing and treatment. An example of intersectionality is how their ND experience was affected or part of the traumatic event. In 1984, researcher Anna Donnellan coined the phrase presume competence as a way to approach individuals with disabilities in academia (1984). The mental health field was initiated with the assumption that therapists hold power over the client because they are all-knowing. Part of decolonizing and dismantling oppressive systems— shifting from all-knowing to leading with curiosity and exploration— allows for clients to regain control of their narratives. This concept has been used in leadership and behavioral research since the mid-1990s.

Society was built around assumptions of neurotypical brains, which should inform any strategy employed with clients. Therapeutic modalities were created assuming neurotypical processing experiences. EMDR is a therapeutic tool; it is only with the creativity and consideration of an affirming therapist that it becomes an accommodating tool. EMDR therapy is effective in supporting ND clients as long as the three pillars of affirming care are implemented. It is important to note that there is no foolproof instruction manual or onsize- fits-all program for working with ND individuals. Learning and adapting to each client is neuro-affirming care.

PERFORMATIVE NEUROAFFIRMING WORK

Some pieces of training and resources have the label “neuro-affirming,” which perpetuates ableist stereotypes. When learning about a specific community, the education should come from a professional who has lived experience. This is not to say that neuro-typical individuals cannot speak to this topic, but the underlying research and approved methodologies need to originate from within the community rather than outside. Learning from those with lived experience may illuminate underrecognized practices and assumptions that are harmful, biased, and engaging in antiquated rhetoric. This separates those going through the motions to appear neuro-affirming from those willing to make progressive change. Imagine an agency that puts up a kiosk of rainbow flag-covered paraphernalia in June but makes no other systemic supportive changes for the LGBTQIA2S+ community. Performative work is not affirming.

“



The foundational step in supporting any community is

working to understand its language. The next step is to continue engaging with the community to know when the language evolves and changes.

PRACTICAL TOOLS FOR ND AFFIRMING EMDR

One of the foundational skills to learning something new or leaning into something uncomfortable is to keep it simple. EMDR provides an abundant number of scripts to guide the healing process; however, one script or strategy may not give you all the answers. When adhering to strict approaches that express only one way to do something, it inherently falls into oppressive, ableist, and non-affirming practices. Fuel work through curiosity driven by questions and collaboration. None of us have all the answers. Let's not assume clients' targets or their feelings. Simply ask the client.

ND ACCOMMODATIONS

Accommodations within EMDR include adjusting to the clients' needs in a way that propels the work.

Clients rarely have experiences that allow them to know and understand their accommodation needs. In most cases, the therapist asking if they have any accommodation needs is the first time that someone has considered this a possibility for them. Here are some general ND-affirming skills to start the process.

- Direct communication can be a powerful tool when working with ND clients. Do not use euphemisms or statements with "fluff" when talking with clients. An example of using "fluff" in your language in asking someone about their sensory needs. A fluff example would be: "I know that sometimes people can feel uncomfortable when they touch things and it does not make them feel good. There are times this can be with other senses as well. Are there things that make you feel uncomfortable?" A direct ask without fluff would be: "Tell me about your sensory likes and dislikes." Ask clear and direct questions and provide clear and direct information.
- Having multiple forms of important communications; written, spoken with clients, on your website, and in video could all be helpful for clients to remember information.

Prioritizing clients' strengths by asking when they feel the clearest or most

- Prioritizing clients' strengths by asking when they feel the clearest or most aware can help schedule the client sessions at their prime time of day. For example, ADHD clients who use stimulants to manage their ADHD may struggle with evening or later sessions. This can be when their medication is wearing off, they are feeling less clear, and their exhaustion could be stronger at that time of day. Sleep can be a struggle for many ND clients, so scheduling early in the morning may not be conducive to the client's success within EMDR.
- ND experiences can be synonymous with justice sensitivity and rule-following. Be explicit about your policies. Give notice of any changes. Provide specific steps that a client must take for things like cancellations or reschedules.

THERAPIST

It takes much more than putting neuro-affirming as a skill on a professional website to be neuro-affirming. Speak your truth in a way that feels right to you. If this is new to you, it may take practice and trial and error. Lean into it.

- If you are an ND therapist and feel comfortable sharing that information, put it on your website or share it with clients when you meet as a part of your introduction.
- If you are a neurotypical therapist, do the same as the ND therapist; put on your website or marketing information that you are neurotypical and/or share that information with your clients when you meet as part of your introduction.
- Although it is not required per our licenses, it would be invaluable if you prioritized a specific ND training when considering your continuing education units (CEUs) for the license renewal process.
- Consultation with those with lived experience—ongoing or as needed—is a resource that should be used by all therapists. Many times, therapists will ask questions in large groups, like an organizational question board or in an online group. This is not inherently wrong; however, it does not truly serve you or your client as you will get conflicting and numerous responses without the responders knowing much about your client and typically puts those in a community in a position of having to offer their expertise numerous times without proper consideration and compensation.

without proper consideration and compensation.

Sharing identities with clients is not new for therapists who have lived experience with marginalization. To ascribe to the model that therapists are mysterious to their clients upholds oppressive models in which mental health supports were built. This does not mean you share all personal details with your clients. This is where purposeful disclosure comes into the work.

It is important to include the therapist, especially if you are an ND therapist, in the accommodations. As we dismantle the oppressive systems, here is another area where our needs and survival may not align. For example, an ideal schedule for ND therapists may be three to four clients a day. However, their financial situation may require them to negate their needs. Finding balance and figuring out what compromises to make for self-care can be incredibly difficult. Some things to consider, similar to how we support clients:

- What time of day do you find you work best?
- What sensory needs do you have that could help you stay grounded and present in sessions?
- How do you structure EMDR client sessions? All in one day? Mixed in with other clients who do not use EMDR?
- Where do you find EMDR exhausts you? How can you adjust?

INITIAL CONNECTION AND PAPERWORK

The paperwork clients fill out before starting their therapeutic work can easily set a precedent for the work, organization, and/or therapist.

- Do you have a question about your intake forms regarding neurotype? If not, think about adding a question or a section about neurotype with the option for someone to pass or write "N/A" if it is not something they have had any experience with.
- How do you initially inquire about a person's neurotype? Asking questions such as "Is there a way you process information best?" or "Are there any considerations for our communication together?" These can be asked on a consultation call, intake documents, or an intake session.
- Whether in person or virtual, how do you set up the space to be as conducive to the process as possible? Again, get curious. "Tell me what makes you feel

to the process as possible. Again, get curious. Tell me what makes you feel the most comfortable when talking with another person?" "What are things that make you feel comfortable?" "How do you find comfort?"

- Traumatic experiences live within the senses. It is one of the reasons that EMDR can be incredibly effective in lessening traumatic symptoms because there is attunement to one's sensory system. Asking client's when meeting, "What can you tell me about your sensory system?" or "What can you tell me about your experiences with sensory needs?" This is a start to creating a sensory profile for your client. If you notice your clients in a room with low light, ask them about it. "I noticed the calm lighting in your space; tell me about that."

“



A way to create an ND-affirming environment in the therapy session is by having a menu of BLS options for the client to practice and choose from that stimulate the right to left motion. Having the client practice these then allows for an ND-affirming approach versus an abstract ask to the

an ND-affirming approach versus an abstract ask to the client of which BLS modality they would prefer. Many ND individuals need to see or try something rather than an abstract ask when it comes to decision-making.

The beginning of your work with clients is about getting to know them. The more you understand a client's interests, work, family, friends, connections, and sensory needs, the more you will have numerous tools to provide to your client throughout your time together. There may be thoughts like, "What if the client cannot answer or does not get the question?" That will happen. One way to approach this concern is to let clients know that you are gathering as much information as possible to individualize their journey, and we can revisit these topics more than once. This can be a space for psychoeducation. When using the sensory questions, if a client does not understand, take a moment to explain the sensory system and its impact on how one experiences the world. Of course, if any of these topics are unfamiliar, move toward consultation and resources first before jumping into it with clients.

BILATERAL STIMULATION (BLS) TOOLS

Bilateral stimulation (BLS) is a tool used within EMDR that can be incredibly limiting. Many EMDR therapists rely on eye movements as the primary or only form of BLS. A way to create an ND-affirming environment in the therapy session is by having a menu of BLS options for the client to practice and choose from that stimulate the right to left motion. Having the client practice these then allows for an ND-affirming approach versus an abstract ask to the client of which BLS modality they would prefer. Many ND individuals need to see or try something rather than respond to an abstract ask when it comes to decision-making. Then, clients should be provided the opportunity to practice these options before going into a target to find what may work best.

Here are some ways to practice BLS:

- When creating the peaceful place
- When creating the container
- With a positive feeling
- With a positive experience
- As a way to think of answers to questions:

- As a way to think of answers to questions.
 - Example: When asking about sensory experiences, ask a direct question and then have clients go into BLS for a short time to contemplate their response.

Here are some examples of BLS:

- Eye movements: following a hand, light, ball on a screen, wand.
- Touch or tactile: Tapping (tappers), body tapping (with hands or fingers), buzzing (vibrations).
- Auditory: Music—either with or without headphones. Spotify or YouTube are places that have bilateral stimulation music that is accessible and free.
 - Note: Many would say that headphones are required here. Please remember that processing is different for everyone. Listening to music in headphones can be a sensory overload, whereas it can be more accessible if it is played from a speaker.
- Physical movement: Walking, pacing, running/jogging, swaying, rocking, jumping, swinging, tapping feet.
- Other: Scribbling, drawing, coloring, folding paper.

A great way to help ND clients with BLS is by exploring multiple options at a time.

Here are some examples of dual-BLS:

- Listening to music while swaying
- Tossing a ball from hand to hand while listening to music
- Eye movements while tapping
- Using tappers while listening to music.

The main goal of the BLS exploration is to eliminate as many distractions, struggles, or frustrations as possible before a client goes into a target. We want clients to feel empowered and in control of their process before embarking on this tough work.

EMDR CONSULTATION

Start by setting a boundary with consultation; there is no expectation of “free labor.”

Whether you know a therapist or not, if you ask for intellectual energy and support, it is

important to expect to pay the individual as a consultant. Our colleagues, just like our clients, are part of a community forced into marginalization and deserve to be compensated for their time and energy.

Consultation is an incredible resource to support growth in understanding and comfort with EMDR and ND clients. Remember, there is no one way to do this work. To get the most out of a consultation, consider that framework when working through strategies during consultation. Ask yourself:

- Is this strategy adaptable?
- Can I use this with (fill in client)?
- Can I get creative with this strategy?

Consultation should not be directive. It should provide a framework for example that is then adapted further. The goal is not to get the answer to what the client needs; it is to formulate plans when feeling stuck, unsure, or not confident. Many therapists struggle to conceptualize the 8-phases of EMDR with ND clients because they are faced with challenges that are not easily remedied through a protocol or script.

There can be some panic that can lead EMDR therapists to assume EMDR does not work for that client. If you find yourself experiencing a sense of panic or anxiety using any part of the 8-phases of EMDR with a client, get curious.

- What am I feeling?
- What am I curious about?
- What can I ask my client about?

In some cases, the therapist's struggle may be a sign that EMDR needs to pause or is not working in the way it is currently being approached. However, it is important to note that the struggle does not automatically mean that EMDR as a tool has failed to support this ND individual.

CUSTOMIZING THE EMDR EXPERIENCE FOR ND CLIENTS

If there are still questions about how to use EMDR with ND clients, it is important to ask, "What answers am I looking for?" Our hesitation, confusion, or anxiety around working with specific populations can result from looking for a guide, step-by-step instructions, or one answer that makes our lives easier. Unfortunately, one size rarely fits all. By moving

away from that mindset, therapists can open themselves up to a new level of creativity and comfort they may not have previously accessed. Removing the therapist from telling a client what we will be doing to more of a collaborative approach not only offers relief and space within the therapeutic relationship but also empowers and affirms the client's autonomy. The more confident therapist are in their modality, the more trust clients can have in what they are about to embark upon through their healing journey.

A true social worker at heart, Dr. Lanza earned a dual Master's in Social Work & Human Sexuality. Dr. Lanza continued to earn a Ph.D. in Human Sexuality. Like many professionals, Dr. Lanza has worked in several settings throughout their career. Experiences include inpatient, CAC's, rape crisis centers, community mental health, and in-home support. Dr. Lanza has worked with people ages four to older adults throughout these settings. Dr. Lanza has also taught at the university level as an adjunct professor. Currently, Dr. Lanza is the Executive Director at Maverique Therapeutic Services, providing services such as therapy, supervision, consultation, and trainings. Communities prioritized in this practice are the LGBTQIA+, Neurodivergent, Disabled, and People of the Global Majority. Dr. Lanza is an EMDRIA-approved EMDR Consultant, prioritizing trauma healing and recovery with clients. Dr. Lanza has lived experience as a transgender, non-binary, queer, neurodivergent, and chronically ill human. Dr. Lanza is a proud activist, spouse, and Broadway lover.

References

Crenshaw, K. (1991). *Mapping the margins: Intersectionality, identity politics, and violence against women of color*. Stanford Law Review, 43(6), 1241-1299. doi: 10.2307/1229039

Donnellan, A. M. (1984). The Criterion of the Least Dangerous Assumption. *Behavioral Disorders* 9(2), 141-150. doi: 10.1177/019874298400900201

Edgar, H. (2024). Neurodiversity - Language matters. *Autistic Realms: Neurodiversity Affirming* www.autisticrealms.com/post/neurodiversity-language-matters

EMDRIA (2021). The eight phases of EMDR therapy. EMDR International Association. www.emdria.org/library-copy/publications-resources/practice-resources/8-phases-of-emdr-therapy-resources

Fisher, N., van Diest, C., Leoni, M., & Spain, D. (2022). Using EMDR with Autistic individuals: A Delphi survey with EMDR therapists. *Autism*, 00(0). 1 - 11.

Hogan, S. R. (2023). Affirm your practice. *EMDRIA Go With That Magazine®*. Winter edition. www.emdria.org/magazine/affirm-your-practice


Stimpunks Foundation. (2024, February 17). Neurotype. Stimpunks. <https://stimpunks.org/glossary/neurotype/>

Storey, W. & Holmes, K. D. (2023). Neurodivergent Therapy: A Practitioner's Guide. First Edition. KDH Collective

Walker, N. (2021). *Neuroqueer Heresies: Notes on the Neurodiversity Paradigm, Autistic empowerment, and postnormal possibilities*. Autonomous Press, LLC

Wise, S. J. (2019). Resources. *Lived Experience Educator*. www.livedexperience-educator.com/resources

ADVERTISEMENT

<p>Gain confidence and skills in EMDR therapy https://emdrconsultation.net</p> <p>Training schedules, FAQs and EMDR articles at: www.SonomaPTI.com/basictraining.html</p> <p>Learn more about all programs and study courses at: www.andrewleeds.net</p> <p> Sonoma Psychotherapy Training Institute</p> <p>Andrew M. Leeds, Ph.D. Director EMDRIA Approved Consultant and Trainer (707) 579-9457 1049 4th St., Ste G, Santa Rosa, CA 95404 info@AndrewLeeds.net SonomaPTI@gmail.com</p>	<p>Basic, Advanced, and CIT EMDR Consultation with Andrew M. Leeds, Ph.D. Meet via Zoom. Earn hours to be EMDRIA Certified or become an Approved Consultant.</p> <p>Basic EMDR Therapy Training Complete synchronous online training through four two-day weekends. Sessions include all required hours of consultation and practice.</p> <p>Home Study Courses – EMDRIA Credit Program Video & audio courses, accessible on all devices 1.5-12 credits Read a book. Pass the exam. Earn credits.</p> <p>Download Free Online Resources Get the latest EMDR articles in our free newsletter here. Download selected EMDRIA conference handouts, EMDR treatment templates, and case consultation forms.</p>
---	--

ADVERTISEMENT