Neuroqueering Play Therapy: What My Clients Have Helped Me Understand

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Neurodiversity

Neurodiversity: the natural and valuable variation of human neurocognitive functioning; the biological reality that no two human brains/nervous systems/minds are exactly alike (Walker, 2021; Walker & Raymaker, 2021)

<u>Origin & History</u>

- Emerged in the 1990s within the discourse of early online autistic communities (Chapman & Botha, 2022)

- Conceptualized variation of human neurocognitive functioning as a dimension of biological diversity; emphasized the importance of preserving it by applying an ecological lens (Dekker, 2022)

- Developing terminology helps correct *hermeneutical injustice* (Fricker, 2007; Chapman & Botha, 2022; Pearson & Rose, 2023; Walker, 2021), which is a type of *epistemic injustice* (Fricker, 2007)

Epistemic Injustice & Ongoing Oppression

- **Early autism constructs** emerged within **sociocultural contexts** characterized by **pathologization of difference, white supremacy, and eugenic thought** (Pearson & Rose, 2023; Green & Shaughnessy, 2023) and are ultimately **inextricable from these contexts**.

- **Epistemic injustice** occurred through
  - Researchers' pathologization of human diversity and difference: improper application of the medical model (Pearson & Rose, 2023; Green & Shaughnessy, 2023; Botha, 2021)
  - Exclusion of autistic voices/experience (Pearson & Rose, 2023; Green & Shaughnessy, 2023; Botha, 2021)
  - Led to the creation of **inaccurate, dehumanizing, & self-reifying constructs** (Pearson & Rose, 2023; Green & Shaughnessy, 2023; Botha, 2021)

- **Today**: the medicalization of autism & oppression of autistic people continue (Pearson & Rose, 2023; Green & Shaughnessy, 2023; Yergeau, 2018; Walker, 2021; Price, 2022; Nerenberg, 2020)
  - Building evidence indicates that constructs are flawed (Pearson & Rose, 2023; Green & Shaughnessy, 2023; Yergeau, 2018; Walker, 2021; Price, 2022; Nerenberg, 2020)

A Paradigm Shift

In 2012, Nick Walker, autistic Professor of Psychology at CIIS, introduced a new philosophical framework for approaching and understanding neurodiversity.

Pathology Paradigm	Neurodiversity Paradigm
The dominant philosophical framework underlying medicalized approaches to cognitive, learning, & developmental disabilities, which promulgate their pathologization	Rejects pathologization of forms of neurodivergence that are "intrinsic and pervasive factors in an individual's psyche, personality, and fundamental way of relating to the world" (Walker, 2021, p. 39)
Applies a species-norm for human cognitive functioning, assuming this extrapolation is valid	**Posits inadequate uniformity for justifying application of a species-norm**
Asserts that deviation from the species-norm is not normal, justifying its prevention, remediation, & cure	Asserts that cognitive diversity is natural & valuable

(Walker, 2021; Walker & Raymaker, 2021; Chapman & Botha, 2022)

The Neurodiversity Movement

- A social justice and civil rights movement **led by and for** people with neurocognitive, developmental, and psychological disabilities
  - Aims to end the default pathologization of neurodivergence and advocate for acceptance and accommodation of neurodiversity
  - An identity-based movement modeled after similar social justice movements, particularly those of the queer and deaf communities
  - Started within the autism rights movement but does not equate to it
  - Adopted by other neurominority groups and neurodivergent activists, including people diagnosed with ADHD, developmental coordination disorder, and dyslexia

(Chapman & Botha, 2022; Walker, 2021)

Neuroqueer Theory

- Emerged from the intersection of queer theory, crip theory, and neurodiversity

- Critiques how society constructs or defines normalcy, especially regarding gender, sexual orientation, and dis/ability

- *Neuroqueer* extends *queer* into the intersectional realm
  - Coined and developed by Athena Lynn Michaels-Dillon, Nick Walker, & Remi Yergeau who had each arrived at roughly the same idea by 2014

Just as the prevailing culture entrains and pushes people into the embodied performance of heteronormative gender roles, it also entrains and pushes us into the embodied performance of neurotypicality—the performance of what the dominant culture considers a "normal" bodymind. **And just as heteronormativity can be queered, so can neurotypicality: we can subvert, disrupt and deviate from the performance of being neurocognitively "normal***."*
(Walker & Raymaker, 2021, p. 9)

(Walker, 2021; Walker & Raymaker, 2021; "Neuroqueer theory", 2025)

(Not) Defining Neuroqueering

Neuroqueering: to engage in the practice of queering—that is, **subverting, defying, disrupting, liberating oneself from**—neuronormativity and heteronormativity simultaneously

Yergeau, Walker, & Michaels-Dillon conceptualized *neuroqueering*, which encompasses eight types of interwoven practices:

1.   Being both neurodivergent & queer with some degree of awareness/exploration of these identities' entwinement/interactions

2.   Embodying & expressing one's neurodivergence in ways that also queer one's performance of gender, sexuality, ethnicity, etc.

3.   Engaging in practices intended to undo/subvert one's cultural conditioning & ingrained habits of neuronormative and heteronormative performance, with the aim of reclaiming capacity to express one's uniquely weird potential/inclinations

4.   Engaging in the queering of one's neurological processes (& related embodiment/expression) by intentionally altering them in ways that increase divergence from cultural standards of heteronormativity/neuronormativity.

5.   Approaching/embodying/experiencing one's neurodivergence as a form of queerness (e.g., in ways inspired by, or similar to, how queerness is understood and approached in Queer Theory, Gender Studies, and/or queer activism).

6.   Producing literature, art, scholarship &/or cultural artifacts that foreground neuroqueer experiences, perspectives, and voices.

7.   Producing critical responses to literature and/or other cultural artifacts, focusing on intentional/unintentional characterizations of neuroqueerness and how those characterizations illuminate and/or are illuminated by actual neuroqueer lives and experiences.

8.   Working to transform social & cultural environments to create spaces & communities—& ultimately a society—in which engagement in any or all of the above practices is permitted, accepted, supported, & encouraged

(Walker, 2021, pp. 160-163)

Neuroqueering Continued

- The authentic embodiment or expression of neurological queerness (i.e., neuroqueer identity; embraced neurodivergence) is, in and of itself, neuroqueering (Yergeau, 2018)

In her book, Neuroqueer Heresies, *Walker argues that autistic people,* **by virtue of their difference**, *queer expectations of neuronormativity…She proposes that* **'neuroqueering' can provide an emancipatory platform for anyone** *(autistic and non-autistic alike)* **to reject normative social standard***s (including the idea of as heterosexual, cisgender, white, etc as the default and anything else as 'variations' on the norm)* **in order to flourish***.*

(Pearson & Rose, 2023, p. 22)

Neurodivergence-Informed Therapy (NIT)

(Chapman & Botha, 2022)

- NIT arose from discourse within the autistic community with the aims of improving service for—*and preventing harm toward*—autistic populations

  - Proposed by **Robert Chapman** & **Monique Botha**, two neurodivergent scholar-activists

- A concept aimed at promoting the **integration of neurodiversity theory into clinical practice with neurodivergent people**

- Proposed three themes to guide therapists' implementation:

  1. *Reconceptualization of **dysfunction as relational** rather than individual*
  2. *The importance of **neurodivergence acceptance and pride**, and disability community and culture to **emancipate neurodivergent people from neuro-normativity***
  3. *The need for therapists to **cultivate a relational epistemic humility** regarding difference experiences of neurodiversity and disablement*

  (Chapman & Botha, 2022, p. 310) (bolded font added for emphasis).

Synergetic Play Therapy (SPT)

(Dion, 2018)

- Created by Lisa Dion
  - Naropa alum, founder/President of the Synergetic Play Therapy Institute, teacher, author, coach, and mother
- Draws upon interpersonal neurobiology, physics, attachment, & mindfulness; emphasizes authenticity of the therapist
- Neuroception of safety (that is, a sense of being safe *enough*) is foundational to therapeutic process
- Therapeutic Process
  - "The test"
  - Building awareness of "the challenge"
  - Gradually moving toward "the challenge" while supporting regulation→ opportunities for new experiences → shifting perceptions, empowerment, & client's rewiring of threat response patterns
- 4 Types of Threats
  - 3 out of 4 of these are non-physical in nature—that is, "challenges of the brain" (e.g., "should"s)
- Regulation Strategies: mindful awareness, breath, movement, naming experience (i.e., aspects of *our own embodied* experience)
- Key Processes: co-regulation, limbic resonance, modeling, bringing awareness to the client's "offering" (aka "the set-up")

Neuroqueering Play Therapy: A Case Study

WHAT MY CLIENTS HAVE HELPED ME UNDERSTAND

Case Study: Background Information

- <u>Internship Site</u>: Louisville Family Center

- <u>Primary Clinical Population</u>: ND kids

- <u>Case Study</u>: I drew upon my clinical experiences with 7 neurodivergent kids/young adolescents (ages 2–13).
  - Based upon a plethora of examples of what I'd perceived as **clients' brilliant subversion of neuronormative expectations** in the therapy room, and which have **meaningfully contributed to my understanding** of neuroaffirming care

- <u>Today</u>: We'll focus on 2 case examples instead for the sake of providing adequate depth.

Case Example 1: self-Disclosure via Process

- <u>The Client:</u> 11-year-old, White-passing* autistic cisgender female
  - *race & ethnicity not disclosed
  - <u>Neurocognitive Identity/Profile</u>: autistic, sensory sensitivities, PDA characteristics
- <u>Relevant Context:</u> autistic burnout, applying to art school, my difficulty gathering info for reference letter
- <u>The Experience</u>: inspired show-and-tell self-disclosure process about her passion; monotropic style
- <u>Neuronormative Expectations:</u> self-disclosure involves talking about oneself; the therapeutic process is primarily interpersonal…*AND* this should look a certain way (e.g., monotropic style is not interpersonal/okay)
- <u>Pathology Lens:</u> She's talking about her "special interest" and not letting anyone else talk. She needs help developing "social skills"/interrupting hyperfocus. She's distracting from the important issues at hand.
- <u>What Client Helped Me Understand (Neurodiversity Lens):</u> self-disclosure *process* (showing>telling);words are an abstraction; passions are immensely valuable & full of potential; interpersonal connection needn't be *the* primary focus—*and* interpersonal connection can transcend neuronormative rules
- <u>Transpersonal Components:</u> shared present-moment state & shared understanding of the state of engaging with passions; witnessing aspects of client's essence; focus on showing (i.e., *experiencing*) rather than talking about/conceptualizing/abstracting; connecting with/from "i" rather than "I"; self as verb; locating self within self-environment interface (i.e., her artistic process/engagement with her passion)

Case Example 2: Liberation via Sand

- The Client: 6-year-old, White cisgender female
  - Neurocognitive Identity/Profile: monotropic style, autistic and ADHD characteristics, alexithymic

- Relevant Context: treatment goal of naming her "pent-up frustration"; client's ongoing demonstration of a process characterized by containment, building pressure, underlying tension, intense effort, perfectionism, heavy silence, & unavailability for (neuronormative) interpersonal connection

- SPT Developmental Themes: *Do I exist?* & *Am I okay?*

- The Experience: letting go, relief, messiness, laughter, silliness, mirroring, attunement, rebellion, empowerment, liberation

- Neuronormative Expectations: It's important to learn how to name feelings (i..e, spoken verbal communication should be the primary mode of communication). "Good behavior" is very important.

- Pathology Lens: She's containing her "frustration" and refusing to talk about it. She's being "resistant"/"defiant". She doesn't know how to connect with her feelings/others. *…What unacceptable behavior with the sand!!!!!!*

- What Client Helped Me Understand (Neurodiversity Lens): "Frustrated" didn't cut it. We didn't need to name feelings; we needed an experience instead. Patience, acceptance, & trust (in the client & in the *client's* process) are super duper important. I needed to *support* organic state shift (*not* guide/direct it).

- Transpersonal (TP) Components: This was essentially a TP experience—so impactful! Also: **cycles** rather than linearity; **states** rather than "feelings"; **some states/aspects of experience are beyond words**

1. Reframe "resistance".

- Traditional/Neuronormative/Pathology Lens
  - Resistance is bad. It arises from within individuals, & we need to "help" clients get past it.

- SPT Lens
  - There's no such thing as resistance—what we've offered hasn't landed.

- Neurodiversity/NIT Lens
  - Relational models of disability: mismatch between neurotype and environment→ hindered ability to satisfy essential needs → threatened wellbeing →threat responses (i.e., "resistance")
  - NIT: "Resistance to normalization is a core feature of neurodiversity advocacy" (Chapman & Botha, 2022, p. 314).

- Key Takeaways: What My Clients Helped Me Understand
  - We need to accept & honor clients' resistance and meet it with curiosity.

- Reframe
  - Resistance is inherently a form of social justice. (Yes, even resistance in the therapy room.)

2. Autonomy is of the human essence.

- Traditional/Neuronormative/Pathology Lens
  - **Learning how to get along, share, and be liked by others is *very* important.** ND people need to adapt to these standards—that is, learn how to be more "likable"/"cooperative".

- SPT Lens
  - Aggressive play isn't bad; it can actually be a key part of integrating emotional intensity.
  - Tuning into our own embodied experience is an essential avenue for gaining understanding of our clients' experiences/worlds.

- Neurodiversity Lens
  - Pathology paradigm → medical model of disability → devaluing & pathologizing ND's people's differences & "justified" prevention, remediation, & cure of such differences (Walker, 2021; Chapman & Botha, 2022; Pearson & Rose, 2023)
  - Behaviorist approaches like ABA **violate clients' agency** (Pearson & Rose, 2023; Chapman & Botha, 2022; Price, 2020)
  - <u>NIT</u>: Respecting our clients' agency is paramount!; We need to bring awareness to matters of agency & trauma (Chapman & Botha, 2022)

- Key Takeaways: What My Clients Helped Me Understand
  - Autonomy is an essential human need.
  - Threats to autonomy (including therapy itself) can evoke life threat responses in our clients.
  - "Figuring out why" is not our priority—supporting return to a neuroception of safety is

- <u>Reframe:</u> Respecting clients' agency is paramount, and this needs to be reflected throughout our approach.

3. Honoring sensory sensitivities and meeting sensory needs are not optional.

- Traditional/Neuronormative/Pathology Lens
  - "Self-stimulatory behavior" isn't okay, and therapy can/should be used to redirect it.
  - The increased dysregulation that many ND people experience primarily indicates a lack of regulation skills, which they need to learn.
  - It's our job (as therapists) to *teach* regulation skills, and a one-size-fits-all approach can work for this.

- SPT Lens
  - Therapists apply regulation skills to support neuroception of safety and for *modeling* (not *teaching*) regulation skills

- Neurodiversity Lens
  - Our experiences are as unique as our neurotypes.
  - Differences in sensory processing, sensitivity, and/or integration are fundamental to many kinds of ND experience.
  - NIT: Reframe dysfunction as relational.

- Key Takeaways: What My Clients Helped Me Understand
  - Clients *already have* a vast array of skills & strategies, which reflect their unique neurotype & experiences.

- Reframe: Rather than pathologizing stimming, framing dysregulation as a skill deficit, and/or assuming the role of "teacher"/"expert", let's:
  - (1) acknowledge sensory differences and integrate this awareness into practice (essential to accessibility!)
  - (2) recognize, reflect, & *support* the skills that our clients already have
  - (3) consider regulation/dysregulation & adaptiveness through a relational lens

4. Recognize your communication biases & expand your repertoire.

- Traditional/Neuronormative/Pathology Lens
  - Spoken verbal communication + following certain (i.e., neuronormative) rules = the best/most acceptable/necessary/socially mandated mode of communication in most contexts
  - Not adhering (i.e., conforming) to the implied expectations listed above = a communication "deficit"

- SPT Lens
  - Play is an important, natural, & primary mode of communication for kids.
  - Also emphasizes other kinds of nonverbal communication

- Neurodiversity Lens
  - *Differences* not deficits (Milton, 2012; Walker, 2021)
  - <u>NIT</u>: Emphasizes the importance of cultivating a relational epistemic humility

- Key Takeaways: What My Clients Helped Me Understand
  - I've internalized neuronormative communication biases, *and* I can expand beyond them.
  - <u>Examples</u>: using Chat feature and/or Whiteboard feature during online sessions; sessions with <15 verbal exchanges; creative/abstract interactive exchanges within (& between) parallel play processes; co-creating games without verbally defining the aims or "rules" (& indications of mutual understanding of those aims/"rules"); tuning in to some incredible metaphors

- <u>Reframe</u>: facilitating communication between all parties, which can look more like a translator role

5. We don't have to "talk about our feelings".

- Traditional/Neuronormative/Pathology Lens
  - **Therapy approaches are rife with neuronormative assumptions & related mandates**, such as: We need to "deepen somatically" (and the therapist needs to guide this process).
  - Examples: We need to "slow down the process" & focus on sensations. We need to verbally express feelings and/or sensations.
- SPT Lens
  - Emphasizes focusing on nervous system states & supporting neuroception of safety
  - Creating a neuroception of safety is a prerequisite for "feelings" words to be of any use.
- Neurodiversity Lens
  - Different neurotypes implicate different ways of experiencing, processing, relating to, and expressing emotions (Milton, 2012)
  - NIT: Emphasizes the importance of cultivating a relational epistemic humility
- Key Takeaways: What My Clients Helped Me Understand
  - Examples: recall 6-year-old flinging sand
  - Neuroception of safety is foundational for integrating emotional intensity (Dion, 2018)
  - …AND "feelings" words *might not actually be necessary**
    *for building trust within self to be with all states/aspects of experience
- Reframe: Tune in to state, accept whatever state is there, & support *the client's* process.
  - An Ecopsych Aside: Don't try to mechanize or control these natural processes—respect them!

6. Bring a keen eye to the client's values, styles, and strengths.

- SPT Lens
  - No such thing as resistance; consider mismatches in values (Dion, 2018)
- Neurodiversity Lens
  - *Monotropism*
    - Conceptualized by Dinah Murray, Wenn Lawson, & Mike Lesser, 3 autistic scholars, as a fundamental component of autistic experience
  - "Spiky Profiles"
    - Autistic experience generally involves more "spiky profiles" of strengths & vulnerabilities (Pearson & Rose, 2023)
      - Enactivist approach to neurodiversity (Jurgens, 2020
    - These profiles change over time & are inherently influenced by environment
- Key Takeaways: What My Clients Helped Me Understand
- 1) Recognize our clients' values
  - A necessary first step for supporting clients' alignment with them
  - Involves bringing awareness to our own values and biases
- 2) Approach different styles with a value-neutral stance
  - De-pathologize ND styles including (but not limited to) monotropism
- 3) Recognize & reflect our clients' strengths
  - Can help promote self-acceptance, self-efficacy/empowerment, ND identity pride, and more

7. Embrace neurodivergent interpersonal styles.

Traditional/Neuronormative/Pathology Lens

- NT people have normal social communication skills while ND people have social communication deficits

- Thus, NT social communication styles/modes are better or more valuable than ND social communication styles/modes.

  - NT Styles: primarily focusing on the other person; expressing empathy in certain (NT) ways; prioritizing adherence to social rules over depth/authenticity; using the "right" amount of eye contact; focusing on spoken verbal language

  - ND Styles: everything that diverges from the NT styles. Some examples:
    - Connecting through mutual interest/joint attention (e.g., "ping-ponging processes"—see below)
    - Connecting through mutual activity (e.g., parallel play, competitive play, engaging with passions)
    - Connecting through a shared state (e.g., parallel play, engaging with passions, monotropic states, competitive play)

Neurodiversity Lens

- A 'double empathy problem' (DEP) (Milton, 2012)

  - **Reframed** what autism constructs and other neurological 'disorders' have framed as *deficits* (i.e., in empathy, social communication, and social insight) **as** *differences*

  - Argued that topics like social communication, empathy, and social insight are **inherently relational/intersubjective** in nature and therefore must be approached with **an intersubjective lens**
    - Applying a cognitive-behavioral lens to such topics is incoherent

  - Autistic people sense and experience emotions, relate to the world, communicate, and form relationships differently from non-autistic people. Empathy gap (i.e., between groups) arises from different life experiences & different styles.

- Research suggests similarities between autist-to-autist social communication & non-autist-to-non-autist social communication.

Key Takeaways: What My Clients Helped Me Understand
1. Don't devalue parallel play.
   - Can be a channel of interpersonal connection, such as through shared states
2. Lean into "ping-ponging processes".
   - Clinical Example: (co-)regulation & empathic connection through mutual delegation of alternating attention between storm clouds & the other person
     - This also provides an example of the natural environment serving as co-regulator and co-facilitator.
3. Reconsider competitive play.
   - My clients have helped me understand competitive play's potential for serving as the following: a neurodivergently interpersonal autotelic state; a powerful avenue of mutual nowness; a mode of experiencing mutual values and aims; an avenue conveying mutual respect; and even an avenue of repair (in the attachment-based sense).

8. We're not here to "fix the client".

WELL, WHAT *ARE* WE THERE FOR???

- Supporting—and prioritizing— **neuroception of safety**

- **Respecting** clients' autonomy and **reflecting** their **agency**

- **Modeling trust**—both in our clients/their inherent wisdom and in ourselves/our own

- **Being in relationship**, which includes navigating rupture and repair

- Embodying **curiosity, openness, compassion**, and **acceptance**

- **Witnessing** our clients and reflecting aspects of their experiences
  - Bringing awareness to our clients' inherent strengths, identities, styles, parts, & states

- **Bringing awareness** to **systems, dynamics**, & **patterns**
  - Examples of systems: family systems, internal family systems, social systems, ecological systems
  - Examples of dynamics: intrapersonal dynamics, interpersonal dynamics, social dynamics, environmental dynamics
  - Examples of patterns: threat response patterns; coping/self-protective/regulation strategies; the influence such strategies tend to have on systems/dynamics

- **Bringing awareness to possibilities** for shifting the mentioned systems, dynamics, & patterns
  - Note: systems, dynamics, and patterns are inextricably related; none can be fully understood without consideration of the others
  - Example: bringing awareness to client's intrapersonal dynamics related to ND identity and possibilities for shifting these dynamics
  - Example: bringing awareness to current response patterns and other possible response options

- **Taking the client's lead** regarding further exploration/implementation of the mentioned possibilities (or not!) and **supporting *the client's* process**

- **Advocating for our clients**, including **within their family systems** and **broader social contexts**

8. We're not here to "fix the client".

- ACA Lens
  - Client advocacy is an important part of our role & our *ethical responsibility.*
- NIT Lens
  - Embracing ND identity *is* the path of healing.
  - Aim: supporting clients' emancipation from neuronormativity
- Our Role
  - Helping shift a "fix the client" stance to an "accept the client" stance
- Clinical Example: Case Study 1
  - Working with parents to build understanding, increase awareness of person-environment mismatches, shift expectations, and offer ideas of what kind of support the client may need

9. Consider that therapy might not be "the answer".

autistic burnout

- Conceptualized by Raymaker et al. (2020) using qualitative research methods (i.e., a community-based participatory research approach)

  - <u>Primary characteristics</u>: chronic exhaustion, loss of skills, reduced tolerance to stimulus

  - <u>Causative mechanism/dynamics:</u> life stressors→↑cumulative load + barriers to support → expectations > abilities

  - <u>Negative impacts:</u> ↓ physical health, ↓ capacity for independent living, ↓ quality of life (sometimes includes suicidal Bx), lack of empathy from NT people

  - <u>What supports recovery:</u> acceptance & social support, time off/reduced expectations, doing things in an autistic way/unmasking

Psychotherapy as a field emerged with the aim (i.e., as a mode) of homogenizing toward a socially constructed norm (Watters, 2010; Chapman, 2023).

- When we (as therapists &/or parents) fall into the "fix the client" stance, the client is more likely to perceive therapy as a threat *(which isn't really all that surprising).*

<u>Autistic Burnout & the Threat of Therapy: Dynamics that Can Emerge</u>

- **↑perception of therapy as a threat ↔ ↑threat responses + ↑cumulative load ↔ ↑autistic burnout]**

- chronic exhaustion + reduced tolerance to stimulus → ↑sensitivity to aspects of therapy (e.g, showing up, being seen, activating sensory stimuli, self-protective masking, etc.)→ ↑perception & experience of therapy as a threat→ ↑threat responses + ↑cumulative load → ↑autistic burnout

- forced continued participation in therapy→ ↑ discrepancy between expectations & abilities (expectations>>abilities) and/or ↑ threat to autonomy → ↑ perception & experience of therapy as a threat→ ↑threat responses & ↑cumulative load →↑autistic burnout

9. Consider that therapy might not be "the answer".

- Maybe *this* therapy *right now* isn't "the answer".
  - Therapy may, in and of itself, contribute to burnout.
  - Ethical concerns related to scope: therapist may lack expertise/experience necessary for supporting client
  - Perhaps there's a greater need for acceptance than change (and there are factors that hinder the therapist's/therapeutic context's ability to convey emphasis on acceptance over change to the child client)

- Options to Consider
  - Switching from child therapy to parent support sessions
  - Referral to another clinician
  - Termination—has therapeutic potential if handled with congruence, compassion, & consent
    - Can convey/model/support: prioritizing rest & regulation, honoring capacity, respecting boundaries, accepting limitations, conveys trust in client's inherent wisdom & resources

10. We are mirrors of each other…

- SPT
  - We can't do this work without being changed through it.
  - *Synergetics*: the study of systems in transformation
    - Coined by physicist Buckminster Fuller
- NIT
  - Chapman & Botha (2022) underscore the need more neurodivergent therapists.
- Experiences
  - Countless moments of "getting it", understanding through shared process & similar styles, being "on the same wavelength" in a way I can't really put into words

…and mirrors reflect light.

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