



A Neurodivergent Perspective on Supervision

How do we increase access to supervision, and how do we support supervisors to make their services more accessible to neurodivergent clients?

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Who am I

- Therapist and Supervisor, specialising in Neurodivergent and/or LGBTQIA+ clients
- Working online in private practice
- 9 years experience as a disability practitioner
- Academic interests in identity and otherness
- Late diagnosed autistic
- Probably dyslexic and dyspraxic



What we will cover

- Privilege and systemic oppression
- Models of Disability
- Neurodivergence
- Creating safe spaces with affirming practices



Where is your privilege?

Protected Characteristics

Gender Reassignment
Race
Disability
Age
Sexual orientation
Sex
Religion or belief
Marriage and Civil Partnership

Access to Resources

Education
Finances
Family Support
Geography
Healthcare
Good Health
Housing
Class
Food

Societal Norms and Prejudices

Cisnormativity
Heteronormativity
Neuronormativity
White Supremacy
Capitalist values
Patriarchy
Western Beauty Standards
Ableism

Privilege

Hierarchy
Intersectionality
Power
Awareness



The Danger of Internalised Beliefs

- What models live in your head?
- Internalised beliefs don't always align with our values, but they can influence us
- If we know about them then we can do something about them
- Listen to/read work from people with lived experience to hear different narratives
- Actively work to challenge your pre-conceptions and make your supervision accessible



Models of Disability

Medical Model

- The problem is within the person
- Deficit based
- How can we fix you?

Social Model

- The problem is within the society, systems and structures that aren't accessible
- Strengths based
- How can we fix the system?



Increasing Accessibility

- You don't need a diagnosis
- Normalise talking about needs in supervision
- Individual as expert on their experience
- Recognise that needs are not static
- What is a 'reasonable adjustment' may depend on circumstances
- It's ok to take time to think
- Before you say no, check out why



Importance of Language

- We are a **neurodiverse** species – we include people with a range of neurocognitive functioning
- The dominant neurology is **neurotypical**, it is the standard on which many of our systems and structures are based and against which many of us are judged, or judge ourselves against.
- If your neurocognitive functioning is not neurotypical you are **neurodivergent**
- A group of **neurodivergent** people can be **neurodiverse** if they include different types of neurocognitive functioning
- A group of people who share a **neurodivergent** neurology are not **neurodiverse**
- **Neurodivergent** is not a synonym for **Autistic and/or ADHD**
- Neurodivergence is not meant to be a finite list of conditions that is gatekept, it is a place for anyone whose experience is not neurotypical.



Communication

- The idea that autistic people lack a 'theory of mind' is based on a deficit model which says allistic communication and empathy is the only valid type
- Double Empathy Problem recognises that autistic communication and empathy is different, but equally valid
- Recognises that both people in a relationship may have difficulty understanding each other and therefore it is a shared problem to be overcome
- If we are creating an affirming and safe space, we must address this when working across neurotypes



Accessibility

- Some supervisees and clients may not know what helps them – having a menu of options can help start a conversation about what their individual needs are
- This may include:
 - Using other forms of communication
 - Permission to doodle, stim, not make eye contact, turn down lights/noise/fans
 - Bringing written points of what they wish to discuss or to send it before hand
 - Having more, or less, structured sessions
 - Recording sessions
 - Splitting supervision across a number of sessions



Working with Supervisees

- It can take longer for supervisees to see supervision as a safe space, they may well have had many negative experiences in the past
- Unmasking can happen in stages and they can take time to move through
- Supervisees will still be experiencing societal ableism, as will their clients, and it is important that we make space to acknowledge this continued experience
- Being aware of what is happening in the community
- Importance of making space for the things that will always be hard, both internally and in society
- There is no one size fits all solution



Permission

- To yourself:
 - To have a practice that meets your needs
 - To be flexible in how you approach supervision
 - To make accommodations that support your supervisees
- To your Supervisees:
 - To have supervision in a way that works for them
 - To talk about how their identity impacts on their work
 - To meet clients where they are



Resources

- Damian Milton: *On the ontological status of autism: the 'double empathy problem'*. Disability & Society, 27 (6). pp. 883-887. ISSN 0968-7599
- Nick Walker: *Neuroqueer Heresies: Notes on the Neurodivergent Paradigm, Autistic Empowerment, and Postnormal Possibilities*
- Devon Price: *Unmasking Autism*
- Jenara Nerenberg: *Divergent Minds*
- Julie Tilsen: *Queering Your Therapy Practice: Queer Theory, Narrative Therapy and Imagining New Identities*
- Meg-John Barker and Alex Iantaffi: *Life Isn't Binary: On Being Both, Beyond and In-Between*