Adapting delivery of Psychological Therapy and Interventions to meet the needs of autistic and otherwise neurodivergent people

NHS Education for Scotland

	Adaptations to consider collaboratively with clients:	
Sensory hypo- or hyper-reactivity	Unmet sensory needs and preferences can cause distress & overwhelm and impede engagement. Ask clients about their sensory experiences and make adaptations as required:	
	Vision	Dim or replace bright (e.g., fluorescent) or flickering lights. Highly patterned / brightly coloured surfaces & clutter can distract and contribute to sensory overwhelm. Think about your setting, e.g., posters / pictures on walls - can some seats face empty walls?
	Auditory	Small noises can feel intense, e.g., emails or phone 'pinging' / humming lights / electrical equipment & clocks ticking. Work to minimise these in waiting rooms and clinics. Noise reducing / cancelling earplugs might help.
	Olfactory	Smells can feel intense. For example, food, paint or cleaning products, perfume, or aftershave. Minimise strong smells in clinic.
	Touch	Use comfortable chairs. Encourage the person to make themselves comfortable and provide blankets, cushions, etc., to create a comfortable space. Tell clients it's ok to move (swing, rock, walk) while speaking. A selection of fidget toys can help. This can support attention and regulation.
	Proprioception	Or knowing where your body is in space. Ensure the clinic is free of unnecessary obstructions. Consider motor skills e.g. balance difficulties, consider support with stairs / uneven surfaces if required.
	Temperature	Ask if the temperature is comfortable for your clients. If possible, adjust the temperature to suit. Some individuals may be sensitive to temperature and wear out of season clothing to manage this.

	Interoception	Being able to accurately interpret internal body sensations might be tricky, e.g., hunger, tiredness etc. and reduced or heightened pain sensitivity might need to be considered.
Predictability	Unpredictable settings can cause anxiety and distress. Increase predictability in the environment and the intervention. • In advance, make it clear what will happen during appointments, e.g., provide photos of room / clinician or include these in a website about the service. Explain any unexpected changes clearly and apologise for them. Use same room for each appointment, if possible. • Agree a written agenda for the session. This could be sent out before a session or completed together with the person at the end of a session, for the next session. Provide questions before the session to allow time to process the information and think of answers. • Manage the end of sessions, e.g., "I'm aware we have five minutes left" or visually cue time during sessions, e.g., with a therapy light, timer, or clock.	
Method of service delivery	• Be flexible about this, e.g., online might be preferred to face to face. Telephone calls can be tricky, consider online booking systems that are clear and easy to use, with an email address to contact for support if needed. Discuss what time suits best for appointments, e.g., beginning of the day to limit wait times, or if early rising / travel is difficult, a later appointment may suit better and maximise attendance and engagement. • Support **Executive Functions** (cognitive skills that enable an individual to pay attention, remember information, plan, organise, integrate, and manage information, problem solve and inhibit responses) e.g., with text or email reminders about appointments. A brief reminder about what to expect at the appointment might help, including how long it will take and who will be there. • Discuss and adjust the room layout to accommodate personal preferences, e.g., some people prefer to sit next to, rather than opposite, their therapist. • If busy waiting areas are challenging, can a quieter or less cluttered waiting area be made available.	
Acceptance	• Unconditional acceptance of another person's lived experience, without stigma or prejudice, is essential for any therapeutic relationship. Encourage neurodivergent people to recognise their strengths, celebrate who they are, and minimise harmful masking. Just because a behaviour is atypical does not mean it needs to stop, particularly if it soothes the person and is enjoyable, e.g., stimming (repetitive motor movement to help with attention, to express excitement / joy, or to cope with negative feelings). Talk about this with clients to consider whether they do mask / suppress their stims, and to think about whether that is really what they want to do.	
Communication	• Receptive (understanding of language), and expressive (ability to use words and gesture to express oneself) language skills can be highly variable. A person's expressive language can be more advanced than their receptive language; check understanding periodically. Verbal information can be difficult to process, especially at times of stress or sensory overload. Consider using written words, pictures, symbols that are meaningful to the person to support communication. • Working memory and processing speed can present challenges: Provide written and visual information, as well as verbal, and break information into chunks. For example, provide 4-6 key written points for the individual to take away or encourage the person to take notes or record the session.	

	• Practitioners should adapt their communications to suit their client. Clear, unambiguous language, along with direct questions, can help; avoid sarcasm, metaphors, or similes. Eye contact may be uncomfortable for some people, be curious about what feels right, and accommodate this during sessions. As always, discuss adaptations collaboratively and compassionately with the person and be mindful this conversation could form a template to encourage them to advocate for similar accommodations from other people in their lives. Spend time finding therapy tools that fit with the person's preferences, e.g., structured, colourful worksheets, make cognitive tasks as concrete as possible. This should be done respectfully, and in an age-appropriate manner.
Empathy	As with any psychological intervention, a compassionate and empathic stance and unconditional positive regard are key to build a strong therapeutic relationship. This is of great importance for people who experience exclusion, bullying and confusion in many settings. It is a myth that autistic people lack empathy. "The double-empathy problem" states that individuals with different experiences of the world (e.g., a neurotypical and neurodivergent person) may struggle to empathise with one another and that this is a two-way problem. Acknowledge this challenge and adopt a position of curiosity to find out more about each other's lived experiences.
Masking	Many individuals report a need to hide or 'mask' their neurodivergent traits, e.g., supress behaviour, or act in a way that would be considered neurotypical. There is evidence that masking leads to exhaustion, poor mental health, loss of identity and delayed diagnosis (Bradley et al., 2021). Recognising and creating trusting situations which minimise the need to mask could be a key goal of an intervention; along with increased awareness and acceptance of neurodiversity in society, to reduce the perceived pressure to mask.
Involve others	If a person chooses, parents, spouses, friends, could be invited into sessions to support and help to translate any strategies into day-to-day life. This must be managed sensitively; neurodivergent people may be used to decisions being made on their behalf, and may not expect their own space, but must have this if they need it. On the other hand, CYP who are anxious can be helped by having parents and carers in, and between, sessions to help them implement changes and indeed neurodivergent adults may also benefit from having a supportive other in sessions.
Emotional Literacy	Around half of autistic people report 'alexithymia' - they struggle to recognise and describe their emotions (NAS, 2020). This does not mean they do not experience emotions but may not notice or know how to make sense of changes and internal sensations (also called interoception), knowing how things feel in the body. If developmentally appropriate support to notice and name sensations, energy levels, and emotions can allow people to begin to develop self and mutual regulation strategies, i.e., 'how do I feel and what do I need?'.
Incorporate interests	Passions and special interests can be integrated into sessions in a meaningful and respectful way to help build a genuine and collaborative engagement, if it is helpful for the individual.
Goal setting	Manage expectations about what can realistically be achieved through an intervention. It can be hard to visualise abstract concepts such as "feeling better". Set realistic, concrete goals with real life examples of what goal achievement could look like. Any intervention must focus on issues that cause the person distress and not on modifying neurodivergent traits. A key aim can be to encourage people to embrace and celebrate their authentic selves, to recognise their needs and advocate for supports and adaptations for themselves.
Processing time	Attention regulation and difficulty processing verbal information can mean that additional time is required for people to make sense of information or respond to questions. Only repeat / clarify or rephrase questions if a person wants this. Waiting and allowing extra time can

	be really appreciated. A verbal prompt such as, “are you still thinking?” can help. The person may continue to process information after the session, and it can help to set aside time at the start of the next session to check in about this.
Attention	When sustained attention is tricky, chunk activities, have a clear start and end, stick to time, employ short periods of focus and a clutter free, organised environment. Offer movement breaks or agree signs for, ‘I need a break’. Drawing, crafting or simple games that match personal preferences can aid engagement. Attention is likely to be optimal when the activity is meaningful, and the individual sees the point of what they are doing. Keep fidget toys in the room and offer these to individuals. Be curious with people about what helps them in clinic and might transfer to other environments, e.g., school or work.