

Understanding Neurodiversity

SUMMIT PROVIDERS

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APRIL IS AUTISM AWARENESS Month. During this month we wanted to take some time to discuss a concept that originated in the autism community called neurodiversity. Though initially introduced as a different way to understand autism, neurodiversity has since been applied to a wide variety of mental illnesses, including ADHD, learning disabilities and developmental disorders. Some clinicians and patients have even encouraged us to use the idea of neurodiversity to understand depression, PTSD and anxiety. The exact definition of neurodiversity has shifted somewhat over time and is often interpreted differently by different groups. However, the most widely accepted definition of neurodiversity is the idea that all of us have unique and complex ways in which we think about and interact with ourselves, others and our environment.

This concept of neurodiversity was initially introduced in the late 1990's by Judy Singer, an Australian sociologist and self-identified person with autism. Ms. Singer asked us to re-examine our understanding of autism as an illness. More specifically, she felt that the differences in brain functioning between people with autism and those without should not be assigned a value judgement. Instead of considering differences in brain functioning as sick or healthy and beneficial or detrimental, we should see the differences in functioning not as illnesses, but only as variations from the normal or typical. In fact, people as advocates of the neurodiversity movement assert that the thoughts or behaviors that



society has assigned as "unhealthy" can actually be strengths. For example, difficulty understanding and predicting the emotional responses of another person is often cited as a symptom of autism. At the same time, and in large part due to this "deficit," people with autism tend to be more straightforward in their communication style and less concerned about the opinions of others. Similarly, restricted and intense interests are seen as a problem that makes it more difficult for people with autism to see "the big picture" and develop knowledge about a wide variety of topics. At the same time, making continual and dedicated efforts to understanding a very specific topic is also exactly what is needed to develop expertise on a particular subject.

The idea of redefining what we have identified as symptoms or disabilities in order to view them as strengths instead of illness, is now being applied to our understanding of other psychiatric diagnoses as well. The neurodiversity perspective has been introduced as a way to understand developmental

delays, learning disabilities and ADHD. It has even been presented as a method to understand depression and anxiety.

Within the neurodiversity movement, people with differences in neurological functioning are

often referred to as neurodivergent or neuroatypical, and people with "normal" neurological functioning are referred to as neurotypical. There is debate about if using the concept of neurodiversity to conceptualize mental illness is helpful or even appropriate. Critics argue that each of us has a unique way of thinking and acting and, as a result, none of us should be considered normal, healthy or neurotypical. Additionally, some clinicians have proposed that viewing a psychiatric illness as neither good nor bad minimizes the suffering that often accompanies psychiatric diagnoses. Furthermore, some are concerned that it will delay diagnoses and treatments that could alleviate some of this suffering.

Despite the controversy around it, the concept of neurodiversity introduces us all to a different way of viewing illness and health and encourages us to understand ourselves and each other in a richer and more nuanced way. ■

Dr. Rebecca Durkin is a psychiatrist who specializes in the use of medications to treat mood disorders.



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Welcoming a New Therapist to Summit!



Summit is happy to welcome Holly Cañas to our team.

Holly Cañas is a Licensed Clinical Social Worker, earning a Master's in Social Work from the University of Illinois, Urbana-Champaign. She has worked as a Clinical Counselor at the University of Illinois Counseling Center, and she has provided mental health and substance use treatment services in a variety of community based and inpatient treatment settings. She has experience working with older adolescents and adults to address issues including substance use and behavioral addictions, criminal justice involvement, depression, anxiety, trauma, eating disorders, relationship concerns, transitional stress, and identity development. She uses an integrative approach to therapy that is highly Person-Centered and utilizes elements of Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Psychodynamic Therapy, and Feminist and Multicultural Theory. Ultimately, Holly believes that all individuals are deserving of care, compassion, and a safe space in which to tell their story.

Please reach out to the office at (630) 260-0606 if you are interested in therapy services with Holly. ■



Understanding the Highly Sensitive Person

THE HIGHLY SENSITIVE PERSON IS a term created by Elaine Aron, Ph.D. in 1991. The term is used to describe a subset of people who experience higher levels of sensory processing sensitivity, or SPS, than the rest of the population; "the highly sensitive person (HSP) has a sensitive nervous system, is aware of subtleties in his/her surroundings, and is more easily overwhelmed when in a highly stimulating environment" (Aron, Elaine; hsperson.com). According to Dr. Aron's research, high sensitivity exists in 15-20% of the population, making it too big a group to designate as a clinical diagnosis.

Her website includes a self-test for those who are curious about their own level of sensitivity at hsperson.com/test/.

According to Dr. Aron, HSPs are generally more sensitive to themes of violence, chaotic situations, witnessing emotional and physical

pain, and extreme sensory input. HSPs can easily feel overwhelmed and fatigued by such stimuli and tend to avoid it if possible. Sensory processing sensitivity exists on a continuum, moving from low to high sensitivity. HSPs can exist anywhere on this scale.

High SPS is regarded as a personality trait rather than a clinical symptom, thus there is no specific treatment for it (psychologytoday.com/us/basics/highly-sensitive-person). An HSP will learn to identify disruptive sensory information and avoid it or build coping strategies to support their success.

From a therapeutic perspective, it may be helpful to identify maladaptive coping strategies and shift to strategies that work better to achieve personal goals. For example, if an individual expresses significant loneliness and tends to avoid gatherings that have previously

been overwhelming, that person may need to learn methods of socialization to address loneliness while managing any overwhelming stimuli from social situations.

HSPs are often wonderful friends and companions who are capable of deep connection and empathy. However, many people who exist on this end of the SPS spectrum may regard their high sensitivity as disruptive. High sensitivity may have been regarded by family or community in early childhood as "weak" or "high maintenance," and thus the person learned to judge traits rather than work with them. Through self-reflection and therapy, one can learn to identify these traits and regard them as manageable, and even embrace them as strengths. ■

Erin Klein is a professional counselor treating adolescents and adults at Summit Clinical Services.

Surviving the Social World

AS WE MOVE TOWARDS THE normalcy of pre-COVID days, many of us are excited to return to our busy, chaotic lives. However, for some of us it can be difficult to reintegrate into this lifestyle again.

Months of time inside, communicating via texts, video games, and occasional Zoom calls has had an impact on how comfortable and capable we feel back in real life social situations. It is understandable that there is a struggle to connect after so much time apart.

Some signs of social discomfort may include nervousness, avoidance of social situations, feeling self-conscious, and/or physical symptoms of anxiety, including increased heart rate, restlessness, fidgeting, or feeling flushed.

These indicators can cause further anxiety for us as we try to reconnect with others.

Despite the desire to isolate and escape these feelings, one of the most effective solutions is to slowly engage in social situations to help build up confidence and increase your comfort level. Here are some strategies aimed to support positive social experiences:

- *Start by spending time with familiar family and friends; hopefully this creates an easier environment for you to talk and relax with others.*
- *Set healthy limits for yourself when interacting with others, including smaller increments of time together at first and then building to longer periods of social time.*
- *Understand that others may also be experiencing their own social discomfort.*
- *Schedule down time to allow yourself time to relax; know your personal needs and balance your*

schedule with activities that will both challenge you and recharge you in positive ways.

- *If maskless, remember non-verbal cues are important when communicating with people; do not underestimate the power of a smile!*
- *Be patient and kind to yourself. You have been through a lot over the last couple of years, and it is okay to experience anxiety as you spend more time out. Keep realistic and supportive goals as you continue to take steps forward.*

By spending time to develop your own personal social goals, you will find yourself feeling more in control and more confident in social environments. If you find you are still struggling, please reach out to a healthcare provider who may be able to help you find more effective ways to work through these stressors. Happy Gathering! ■

Dr. Danielle Romano is a Licensed Clinical Psychologist, who is focused on supporting children, adolescents and young adults in reaching healthy, positive goals.