Neurodivergence & Solution Focused Hypnotherapy

By Trevor Eddolls

A beginner's guide to what is meant by neurodiversity and adapting Solution Focused Hypnotherapy for neurodivergent clients.

If you were to measure the height of every child in a class, you would end up with a graph that looked like a bell-shaped curve with most children in the middle (the average) and a few who were much taller or much shorter. The idea of a bell-shaped curve applies to most 'differences' in a group, and the average can sometimes be offset to the left or the right of the graph paper. So, if there were a way to easily measure the brains of people, we would expect to find some of those people were close to the average – and could be thought of as neurotypical – and some would be closer to the edges – and could be thought of as neurodiverse.

What is neurodiversity?

Neurodiversity is the idea that there are natural variations in human brains, and those variations create different ways of thinking, feeling, and behaving. However, some of those differences can make it challenging to live in a world organized by and for more average people. But, as with any differences in nature, neurodiversity may come with certain strengths, such as creativity, deep focus, pattern recognition, originality, or unique problem-solving styles. It may also be the case that people who are neurodiverse may need support or accommodations in order to function successfully.

Let's look at some terms that are used:

Neurotypical (NT) – this would apply to a person whose brain functions and processes information in ways that society considers 'standard' or typical.

Neurodivergent (ND) – this would apply to a person whose brain functions in ways that diverge from the dominant societal standards.

Neurodiversity – this refers to the entire spectrum of human neurological variation. It includes both neurotypical and neurodivergent people.

Common conditions that are recognized as neurodivergent include:

Autism spectrum disorder (ASD) – this is a lifelong developmental condition affecting how the brain works, causing differences in social communication, interaction, behaviour, and sensory processing, with individuals experiencing a wide range of strengths and challenges. It is not a single 'type'. Key characteristics include difficulties with social cues, repetitive behaviours, intense interests, preference for routines, and sensory sensitivities.

Attention deficit hyperactivity disorder (ADHD) – this is a neurodevelopmental condition marked by persistent patterns of inattention, hyperactivity, and impulsivity, affecting daily functioning, starting in childhood, and continuing into adulthood for many. Core symptoms include difficulty focusing, restlessness, and acting without thinking, leading to challenges in school, work, and relationships, though it presents differently in everyone, with some primarily inattentive and others hyperactive/impulsive, or a mix.

Dyslexia – this is a common, lifelong neurological condition affecting reading, writing, and spelling, stemming from difficulties with phonological processing (speech sounds), but not linked to overall intelligence, though it can co-occur with other learning differences like dyspraxia and dyscalculia. Key signs include slow reading, poor spelling (confusing letters like 'b' and 'd'), difficulty with sequences, and trouble with written instructions. However, many people with dyslexia also have strengths in visual, creative, and problem-solving areas.

Dyscalculia – this is a specific learning difficulty making it hard to understand numbers, learn maths, and grasp concepts like quantity, place value, and basic arithmetic, often appearing unexpectedly despite normal intelligence and instruction. Symptoms include trouble with counting, memorizing facts, telling time, managing money, and recognizing patterns. This can affect daily life and lead to maths anxiety.

Dyspraxia – this is sometimes called developmental coordination disorder (DCD), and is a neurological condition affecting motor skills, causing clumsiness and difficulties with balance, coordination, and fine motor tasks like writing or tying shoes, but it doesn't impact intelligence. It stems from disrupted messages between the brain and the body, impacting daily living, organisation, and sometimes speech or social skills. Symptoms vary but include trouble with sports, typing, planning, emotional regulation, and sensory processing. It often co-occurs with ADHD or autism.

Tourette Syndrome – this is a neurodevelopmental condition starting in childhood, marked by sudden, involuntary movements (motor tics, like blinking or shrugging) and sounds (vocal tics, like throat clearing or sniffing) that come and go, often improving by adulthood, though there's no cure.

Synaesthesia – this is a neurological phenomenon where stimulating one sense automatically triggers an experience in another, like seeing colours when hearing music or tasting words. It is often described as 'crossed wires' in the brain, and while usually inherited and consistent, it's not a disorder but a unique way of perceiving the world. It is often linked to enhanced memory or creativity, with common types including letter-colour (grapheme-colour) or sound-colour (chromesthesia) association.

Neurodivergent individuals may experience higher levels of stress, sensory sensitivity, and anxiety.

Other cognitive differences.

How should the solution-focused model change when working with neurodivergent clients?

Having a neurodiverse client necessitates adapting Solution Focused Hypnotherapy (SFH) to be more flexible, sensory-aware, and strength-based. Because neurodivergent individuals may experience higher levels of stress, sensory sensitivity, and anxiety, the delivery becomes more collaborative, accommodating, and focused on building on unique cognitive strengths.

SFH is never going to 'change' a neurodivergent brain to be neurotypical. What it can be used to do is help the client manage their distress that arises from the mismatch between their neurology and the world, and to amplify their unique strengths and their existing coping strategies.

There are sensory considerations to bear in mind. Is the consulting room too stimulating causing sensory overload? Is a standard session too long? Should the sessions be shorter or include breaks for the client to move around?

Like most people, neurodiverse people usually enjoy the description of how the brain works and also the autonomic system.

In terms of session structure, explain it at the start and try to keep sessions similar in structure each time you see the client. Because some neurodiverse people have a high need for autonomy, make it clear that they can stop, speak, or move at any time they want.

It's important to identify the strengths that the client already has and use those to help the client to achieve their goals. While using SMART targets when setting goals is important, small, and manageable goals can bring the client quick wins, which will help them to experience success and be keen on continuing the process.

As well as strengths, identify and highlight exceptions – times when something hasn't been a problem for the client. Again, this is standard procedure to help reinforce the client's own abilities.

Neurodiverse people may have problems with scaling questions, feeling them to be stressful, arbitrary, and over-intellectualised. The solution is to anchor the numbers to real experiences or give them some other way of comparing things (e.g. percentages). If they feel uncomfortable with that, then don't use scaling.

It's important to use clear and concrete words because neurodiverse clients may be uncertain about the meaning of more abstract language and tend to interpret language literally. They may struggle with vague metaphors. Instead of asking: "What would life look like if things were calmer?", try: "If your anxiety were lower, what specific things would be different in your day – for example, sleep, work, or social time?".

Some neurodiverse people may not like trance because they feel they are losing control. In that case, reframe it as focused attention, and ask them to simply focus on your voice.

The method of trance may need to change. If the client feels uncomfortable lying down and closing their eyes, they can relax in a chair, and they can keep their eyes open. They may also prefer to have something in their hand like a piece of Blu Tack or a fidget toy. As long as they are feeling comfortable, the work can proceed.

Conclusion

SFH for neurodivergent clients becomes more structured, explicit, sensory-aware, and flexible. By adapting the delivery, the therapist can create a safe and effective therapeutic space that honours neurodiversity. The result is often a client who feels deeply understood and empowered, often for the first time.

References:

https://businessdisabilityforum.org.uk/resource/neurodiversity-toolkit/what-is-neurodiversity/

https://childmind.org/article/what-is-neurodiversity/

https://geniuswithin.org/what-is-neurodiversity/

https://hypnotherapy-supervision-cpd.uk/blog/working-with-adhd-clients-as-a-solution-focused-hypnotherapist

https://inspiredtochange.biz/neurodiversity/

https://my.clevelandclinic.org/health/symptoms/23154-neurodivergent

https://nhsdorset.nhs.uk/neurodiversity/explore/

https://www.health.harvard.edu/blog/what-is-neurodiversity-202111232645

https://www.hypnotherapy-directory.org.uk/articles/can-solution-focused-hypnotherapy-benefit-children-with-autism

https://www.nm.org/healthbeat/healthy-tips/Understanding-Neurodiversity

https://www.plymouthonlinedirectory.com/article/4389/What-is-neurodiversity

https://www.rcn.org.uk/Get-Help/Member-support-services/Peer-support-services/Neurodiversity-Guidance/What-is-Neurodiversity

https://www.tlhclinic.co.uk/unlocking-potential-how-hypnotherapy-can-empower-neurodiverse-children

https://www.youtube.com/watch?v=ALJ3CFRRZpo

About the writer:
Trevor was made a Fellow of the AfSFH in 2022 for his work to spread the word about SFH as a therapist, Supervisor, CPD provider, blogger, writer and podcaster, and for his long-standing contribution to the AfSFH Committee.