SUPPORTING NEURODIVERSE COLLEGE STUDENTS: EFFECTIVE STRATEGIES FOR MENTAL HEALTH THERAPISTS

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LAND ACKNOWLEDGEMENT

I would like to acknowledge the land on which the University of Oswego operates, which is the territory of the Onondaga Nation, the "people of the hills", or central firekeepers of the Haudenosaunee Confederacy, the Indigenous peoples on whose ancestral lands SUNY Oswego now stands.



At the end of this training, the learner will be able to:

- Describe the unique mental health challenges faced by neurodiverse students
- Apply therapeutic approaches tailored for neurodiverse individuals
- Demonstrate strategies to foster an inclusive and supportive environment for neurodiverse students



Overview of Neurodiversity

- Nonmedical term that describes people whose brains develop or work different than the larger population
- Contributing Factors:
 - Genetics / innate (runs in families)
 - Trauma at birth
 - Infectious disease
 - Immune disorder
 - Nutritional factors
 - Physical trauma



Neurodivergent Umbrella –

- Learning Disabilities
- ADHD
- Autism
- Sensory Processing Disorder
- Tourette Syndrome & Tic Disorders
- Twice-Exceptional Students (High ability/gifted with coexisting neurodiverse condition)



Mental Health Conditions with Neurodiverse Features:

- Obsessive-Compulsive Disorder (OCD)
- Generalized Anxiety Disorder (GAD)
- Social Anxiety Disorder
- Depression
- Bipolar Disorder
- Schizophrenia / Schizoaffective Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Borderline Personality Disorder (BPD)
- Oppositional Defiant Disorder (ODD)

Understanding Neurodiversity Co-Occurrence





Co-Occurrence

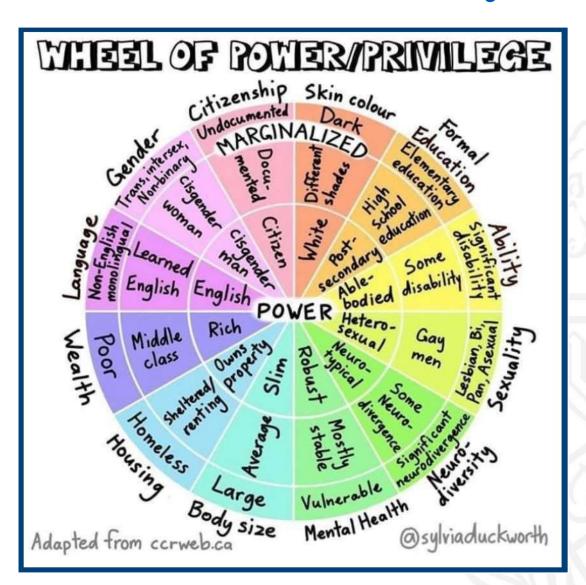
Autism				
ADHD	30 to 50%			
Intellectual Disabilities	30 to 40%			
Anxiety Disorder	40 to 50%			
Depression	20 to 40%			
Sensory Processing Disorder	Nearly 90%			

ADHD				
Learning Disabilities	Up to 45%			
Anxiety Disorder	25 to 50%			
Depression	20 to 30%			
Oppositional Defiant Disorder (ODD)	30 to 40%			
ADHD and Sleep Disorders	50 to 70%			

^{**}Co-occurrence can occur with chronic health conditions – GI Disorders, Epilepsy, Chronic Pain, Ehlers-Danlos Syndrome (a connective tissue disorder), etc.



Intersectionality





Impacts on the Individual

- Stress & frustration
- · Anxiety, depression, low self-esteem, low self-confidence, etc.
- Poor academic performance / dropping out
- Dealing with stigma
- Negative self-talk / beliefs about self
- Isolation
- Feeling like no one understands them / cares about them



Therapeutic Considerations

Different does not equal bad!

- If we were all the same life would be boring
- Diversity in thinking & functioning allows for a variety of outcomes
- Neurodivergent thinking allow for creativity

Help neurodiverse students to:

- Live a meaningful life
- Grow towards one's full potential
- Learn about the resources that exist to help them be successful
- Move toward healthy independence, hope, and personal satisfaction



Learning Disabilities

Dyslexia	Impacts ability to decode or recognize wors, making reading, spelling, and writing difficult.		
Dyscalculia	Math-related disability that involves difficulty understanding numbers, learning math facts, and performing calculations.		
Dysgraphia	Writing disorder that impacts handwriting, spelling, and the organization of thoughts on paper.		
Nonverbal Learning Disorder	Difficulties with visual-spatial tasks, motor coordination, and social interactions, despite having good verbal skills and memory.		
Auditory Processing Disorder	Difficulty in processing sounds, which may affect a person's ability to understand spoken language, especially in noisy environments or when information is presented rapidly.		
Visual Processing Disabilities	Challenges with interpreting visual information, leading to difficulties with reading, understanding maps, or distinguishing shapes and letters.		



ADHD-Inattentive

ADHD-Hyperactive

Impulsivity

Distractability

Sleep issues

Fidgety and restlessness

Forgetfulness

Overlooks details

Loses objects

Difficulty regulating attention & focus

Diagnosed later in life

More likely to have internalizing disorders (anxiety & depression)

Listening difficulties

Most common subtype

among adults & females

Sensory processing problems

Self-esteem impacted

Executive functioning Impacted

High rate of co-occurring mood disorders

> Working memory impacted

Often completes people's sentences

Difficulty waiting turn

Often "on the go" and has difficulty resting

More likely to have cooccurring externalizing disorders (ODD and CD)

More common among males

Often diagnosed in early childhood

Processing speed impacted Often talks excessively



ADHD-Combined



Key Characteristics:

- Challenges with attention, focus, and executive function
- Impulsivity, hyperactivity, or both
- Difficulty managing time, prioritizing tasks, and meeting deadlines

Impact on College Life:

- Struggles with academic organization and maintaining routines
- Increased risk of mental paralysis and burnout
- Emotional dysregulation, especially under academic pressure



Procrastination vs. Mental Paralysis





Interventions

- Psychoeducation: Helping them to understand their ADHD type and strategies to overcome challenges
- Cognitive restructuring (CBT): Challenging negative thoughts, beliefs, and language
- **Skills Training**: Teaching concrete strategies to support areas for executive function challenges: time managements, organization, impulse control, developing routine/structure, etc.
- Mindfulness: Providing relaxation, grounding, and centering strategies
- Interpersonal Skills: Social skills training, assertiveness, emotional regulation, problem-solving, etc.
- Resourcing: Identifying technology (apps, software, etc.), groups, workshops, and connecting to Accessibility Resources



Therapeutic Considerations

- Use creative and experiential approaches
 - Incorporate visual aids, diagrams, or flowcharts
 - Use metaphors or stories to make therapeutic concepts relatable
 - Engage them in experiential activities, such as journaling, bodybase techniques, or gamified goal-setting
- Incorporate skills-based strategies in sessions
 - Chunking tasks into smaller, manageable steps
 - Using tools like planners, apps, or visual schedules
 - Behavioral activation techniques to motivate action despite emotional resistance
- Support them to reframe mistakes as opportunities (CBT Principles)
- Recognize and support them with addressing sensory sensitivities



Rethink Therapeutic Strategies



Time Priorities Urgencies Distraction
Life Importance Small Tasks Leisure

Time Management Intervention Model



Tips for Sessions

- Open communication / Get buy-in for social practice in sessions
- Provide constructive feedback / learning opportunities
- Find a balance between interrupting (pausing) & giving space for them to process
- Use teachable moments
- Use visuals when possible (i.e. using a whiteboard, handouts, etc.)
- Teach / practice executive function skills in session (i.e. planning, decision making, etc.)
- Redirecting conversations from tangents, when appropriate
- Reward positive changes
- Celebrate success

Information Processing

Verbal &
Nonverbal
Communication

Social Awareness Function

Sensory Processing

Autism Spectrum Disorder

Repetitive Behaviors

Motor Skills



Key Characteristics:

- Differences in social communication and interaction
- Repetitive behaviors and intense focus on specific interests
- Sensory sensitivities (i.e. light, sound, smell, etc.)

Impact on College Life:

- Difficulty navigating social interactions, group projects, or networking
- Challenges in adapting to unstructured environments or sudden changes
- May experience sensory overwhelm in crowded or noisy campus settings

Myth:	Fact:	
Predominantly affects boys/men	Occurs across all genders, but presents differently in girls, women, and nonbinary individuals	
Autistic people are either geniuses or severely disabled	Autism is a spectrum, most individuals fall somewhere in between, with a mix of challenges & strengths	
Lack empathy or emotion	Often experience deep emotions & empathy but may express or process them differently. Many report being highly sensitive to others' feelings, sometimes to the point of overwhelm	
Always have noticeable social differences	Often learn to "mask" their traits, especially in social situations, but they still struggle internally, even if it's not visible	
It is a childhood condition	Autism is lifelong. Many adults remain undiagnosed, especially if they were able to mask traits or if diagnostic criteria were less inclusive during their childhood	
People with Autism have a distinct physical appearance	There are no physical traits associated with autism. It is a neurodevelopmental condition that affects how people process and interact with the world	
Autistic people cannot form relationships	Many Autistic people have fulfilling friendships, partnerships, and families. They may navigate relationships differently, but are fully capable of forming meaningful connections	
Don't understand humor or creativity	Many Autistic individuals have unique senses of humor and excel in creative fields, offering fresh and innovative perspectives	
Autism is always visible	Autism is not always outwardly apparent, particularly in those who mask their traits or have milder presentations	



"If you have met one person with autism....

You have met one person with autism"



Autism

(Non-Stereotypical)

Hyper-empathy

Stress mode: fawn and flee response

Deeply existential (may have existential OCD)

Camouflages Autistic traits & mimics allistic social norms. Socially blends in but has a diffuse sense of self & high anxiety

> Special interests culturally blend in

Internalized repetition

Empath

Common misdiagnoses & cooccurring diagnoses: depression, social anxiety, ADHD, OCD, BPD, AVPD, OCPD Autism

(Stereotypical)

Hypo-empathy

Special interest ecosystems

Overlap

Executive functioning difficulties

Bottom-up processing style

Finds safety and security in predictability, routine, and repetition

> Dislikes small talk and prefers substantive conversation

Sensory processing differences

Struggles in group settings

Gets absorbed in interests

Common misdiagnoses & cooccurring diagnoses: narcissistic PD, schizoid, schizotypal, anxiety, OCD, and depression

Stress mode: flee and fight response

> Concrete and pragmatic thinking style

> > Autistic social differences more obvious and often experiences more bullying and isolation

Special interests more obscure

Externalized repetition

High Alexithymia

DR. NEFF

MISDIAGNOSIS MONDAY SERIES

WHAT IS MASKING?



THIS CAN LEAD TO AUTISTIC BURNOUT + SENSORY HANGOVER.

Camouflaging Social Behaviors	Suppressing Autistic Traits	Adopting Neurotypical Norms	Compensating for Challenges
Imitating facial expressions, gestures, or tone of voice	Avoiding stimming behaviors (i.e. hand-flapping, rocking, etc.)	Mimicking "appropriate" responses, (i.e. smiling when expected or laughing at jokes they don't understand)	Over-preparing for tasks or interactions to appear more organized or socially adept
Memorizing social scripts or practicing conversations in advance	Hiding sensory sensitivities, such as enduring loud noises or bright lights without showing discomfort	Pretending to understand social cues or masking confusion in group interactions	Relying on routines, scripts, or mental rehearsals to minimize errors
Forcing or maintaining eye contract despite discomfort			



Interventions

- Psychoeducation: Helping them to understand ways they may be camouflaging social behaviors, suppressing autistic traits, adopting neurotypical norms, compensating for challenges, etc.
- Cognitive restructuring (CBT): Challenging negative thoughts, beliefs, and language
- **Skills Training**: Teaching concrete strategies to support executive function skills, emotional regulation, sensory processing (awareness, self-regulation, and adapting to environments)
- Mindfulness: Providing relaxation, grounding, and centering strategies
- Interpersonal Skills: Social skills training, assertiveness, emotional regulation, problem-solving, etc.
- Resourcing: Identifying technology (apps, software, etc.), groups, workshops,
 and connecting to Accessibility Resources



Therapeutic Considerations

- Autism as an Identity not a disorder
- Emphasize the student's unique abilities
- Frame challenges as differences rather than deficits
- Fostering self-acceptance
- Be clear and direct
- Allow processing time
- Validate their experiences of misunderstanding / marginalization



Therapeutic Considerations Con't

- Empower students to advocate for their needs
- Prioritize sensory needs
- Create / Welcome Comfortable Space
- Embrace Special Interests
- Build Predictability & Routine
- Monitor for Burnout and Masking



Tips for Sessions

- Create a safe environment (sensory, stimming, etc.)
- Consistency and predictability
- Use clear and direct language
- Practice role-playing
- Teach/practice executive function skills in session
- Help identify triggers & coping strategies
- Avoid bombarding with questions / information (especially if emotional topic)
- Practice slowing down your pace
- Shift from discussing feelings to special interest, when needed



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