Treating neurodivergent clients in addiction

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Author Green and DeJonge declare that they have no conflict of interest

No informed consent was given as there were no human participants

No disclosure of interest is needed as there was no financial support for this information

Dear Editor

Treating neurodivergent clients in addiction

Substance use does not discriminate against culture, religion, biology or social backgrounds (Erickson, 2011). In working with clients struggling with substance use issues, clinicians need to be aware that clients often have extremely unique and vastly different backgrounds. The term 'neurodivergent' is relatively new in the field of addiction science and was initially created to describe clients with different mental and neurological functions. Examples include ADHD, intellectual disabilities, obsessive compulsive disabilities and autism spectrum disorders (Kornblau & Robertson, 2021). Neurodivergency as a term has gained traction, and currently there is a movement in the field of Human Services to better serve clients with these diagnoses.

In examining the demographics of SUD professionals, there is clearly a shortage of neurodivergent trained clinicians (Mitran, 2022). Mitran (2022) conducted qualitative interviews to investigate the unique challenges licensed counselors encountered when working with neurodivergent clients. One of the overarching themes found was the lack of existing research that counselors could use to adapt or mold existing therapy practices to best suite their neurodivergent clients. Mitran also shared ideas such as using social emotional learning, universal design learning, and social learning theories to support this population of clients

Social emotional learning is a theory which supports the use of including the social and emotional surroundings a client interacts with on a day-to-day basis in their treatment (Xu, MacDonnell, Wang & Elias, 2023). Social learning theory is common in substance use counseling and it encourages a clinician to guide a client in recognizing how their substance use

behaviors are impacting their immediate social surroundings and vice versa (Lamberson, 2018). A strength of social learning theory is that it is transferable with clients from diverse backgrounds (Lamberson, 2018). This is also true of its transferability with clients with neurodivergent backgrounds. Mitran (2022) explains that neurodivergent clients often have differences in the way they process and express their emotions. The emotional component of social emotional learning is important in working with substance use clients because substances have the power to alter a client's emotional processing (Laviolette & Grace, 2006). The idea of utilizing a social emotional learning approach when working with clients who present with substance use issues and neurodivergent diagnoses, might just be the intervention the field of addiction is looking for. Some examples of social emotional learning tools to utilize with a neurodivergent client struggling with substance use issues could include education on emotional intelligence, self-awareness training, journaling and social awareness techniques.

There is a gap in the literature in the neurodivergent movement for addiction studies. Clinicians in the field should consider conducting research on new evidence based best practices to better serve this special and unique population. Incorporating education on emotional intelligence, self-awareness training, journaling and social awareness techniques could help the addiction field learn about their potential benefits. By utilizing these current clinical methods with neurodivergent clients, studying the results of these techniques, and sharing these findings, we can create an atmosphere for learning and applying evidence-based practices which lead to better outcomes for our neurodivergent clients.

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