Neurodivergent-friendly guide to using a Signal Awareness Plan

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Introduction

- The Signal Awareness Plan can be downloaded in colour or in greyscale, in Dutch or in English.
- Level: Green = usually how you feel when you are relaxed and happy. How you feel at your best.
  Level: Red = how you feel when there is stress/tension, when you are anxious or angry, when you are not feeling well (but not yet at your worst)
  Level: Black = the worst it can get (panic attacks, shutdown or meltdown, active suicidal thoughts)
  It is possible to add colours, change names, anything the client themselves prefers.
  Triggers = what makes you feel (even) worse
  Coping = how you try to feel better again/suffer less
- This is a Signal Awareness Plan that can be applicable to anyone; the neurodivergent-friendly part is mainly found in this guide
  There may be a lack of space. In that case, I advise not cramming everything into the plan but using extra paper. Note the nuances there, with subdivisions per colour, coping or trigger, and use the plan itself to keep an overview of the most important things.

Basic attitude when working out the Signal Awareness Plan

- It is not easy to fill it in completely from the very first conversation; see it rather as a working document, with answers to be discovered and adjusted along the way.
- Integrate the language of the Signal Awareness Plan into the sessions. For example, when you ask in conversation how things are going at that moment, you can then ask which colour the client is in and how they recognise that.
- If the client thinks they are at the black level, explore together whether this is accurate. Many clients have reduced recognition and/or understanding of their emotional state (e.g. features of alexithymia), so it may turn out during the consultation or later that the client was, for example, actually at the red level rather than the black level.
- Sometimes coping is proposed that overestimates what the patient can do. If the client fails to apply something over a longer period, the plan needs to be adjusted. We assume that the

client is doing their best and then runs into something that gets in the way of carrying out the plan.
For example: the client is at the black level and walking the dog is proposed as coping. If, over time, client and therapist notice that it does not work out to actually do this, two things can be adjusted:

- How can we make it easier to go for a walk with the dog?
  E.g. a fixed spot with everything that might be needed for the walk (shoes, lead, coat, umbrella), a fixed walking route, etc.
- How do we change the suggestion into something more feasible when the client is at the black level?
  E.g. it takes too much energy to still get outside at that moment. Perhaps playing with the dog for a bit, or simply cuddling the dog, could be an alternative.

Expectation management: how to explain it to the client

- It is normal that this is difficult. Learning to recognise how you feel, what your limits are, what you use as coping and what you need is a skill we can practise. It is like a muscle: the more often we practise, the better it will go.
- I also help with this practice by sharing my observations with you. These can be about the moment itself (e.g. you are speaking more calmly than last time, you are making less eye contact, etc.). They can also be observations about what you tell me (e.g. I hear that you have had fewer panic attacks, I hear that you are finding it harder to get up, etc.)
- I may make a lot of suggestions and check things with you, and look critically with you at the language we choose for your feelings, so that we keep growing and learning in it together. This does not change the fact that you are the expert on your own experience, and how you feel cannot be contradicted. We are simply looking together for the right interpretation and the right language for it, through trial and error.
- The terms in the Signal Awareness Plan are a suggestion. If other colours appeal to you, replace them. If you need more gradations, add colours (e.g. orange and yellow). Here too, look for what feels best to you and is most recognisable.
- The plan must be adjusted until it fits the client, and not the other way round. If you tell me something that does not fit in the plan, it is important to look at what changes would make it compatible with the plan.
- Very typical of the neurodivergent experience is that people have learned to push past their limits. When limits are chronically suppressed, we also make it harder to sense them, even when we actively try to feel them. Work backwards in time from recent events, and go over all the signals that occurred before the actual black moment. Over time you can start comparing several events and, through pattern recognition, learn to deduce your limits from them.
  For example, black = panic attack. “Before that I was restless, walking around more than usual and eating more even though I wasn’t hungry” – this can then be considered red, and as limit signals indicating that coping is needed to try to avoid black. The earlier we learn to recognise our limits, the earlier we can respond to them.

Psychoeducation: what are emotions

- Emotions are experiences that (Boone, Gregg, and Coyne 2020):
    - help keep yourself safe
    - help you connect with others

To the question “what are the basic emotions?” several answers are possible:

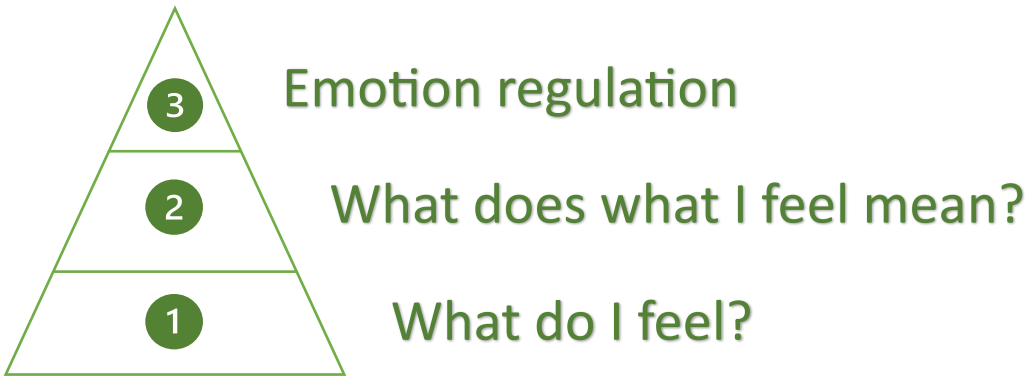
- You could say there are 4 basic emotions: happy, angry, scared, sad. This is often used in the world of child and adolescent psychiatry and in children’s books
- You could say there are 7 emotions that are expressed in the same way universally across the world: happy, angry, scared, sad, surprise, disgust and contempt (cf. the evidence-based studies by Paul Ekman).

In itself it does not matter how you categorise them; this can differ for everyone. Above all, it needs to be recognisable and consistently applicable for the client themselves. For recognising emotions, you can also use an emotion wheel, to look for more nuance together, or visual emotion cards. I myself use, for example, the *Mmmmbuddies emotion cards*, which work well with my own neurodivergent clients.

Of a neurodivergent person, it can be said that they sometimes experience the world differently. This means there are also fewer “typical” examples of emotional reactions to the world. As a therapist you need to get to know these too, when you work out together with the client what their emotional experiences, limits and needs are. They are always person-specific, but you can also look at it theoretically: recent research divides the differences in information processing into 6 categories (Henderson, Wayland and White 2023). These were identified because they directly affect the life experiences of a neurodivergent person:

1. Orienting your life around your interests (hyperfocus/special interest)
2. Executive functions that are often overloaded
3. Experiencing the world and yourself differently through your senses
4. Having difficulty understanding and regulating your emotions
5. Approaching social situations with expectations of equality, fairness and consistency
6. Communicating directly, precisely and/or in detail

Psychoeducation: emotion regulation



Before you can do emotion regulation (3), you need to know what your feelings mean (2).
Before you can look at the meaning of your feelings, you need to recognise what you feel (1).

1. Interoception = recognising physical sensations, stimuli and experiences that come from within your own body.
   As a therapist you can support this by asking targeted questions, giving mindfulness exercises on bodily experiences, offering your own observations, and offering examples of what people might feel in similar situations. Use the client's own language as much as possible; suggest words yourself and let them choose what they find most fitting.
   A good helping question (this can be worked out visually in a mind map):
   How am I doing:
   - *I feel …*
   - *My thinking and attitude …*
   - *My behaviour and functioning/what others see …*

   See also the inspiration lists further on.
2. Meaning of what you feel (physically and emotionally)
   As a therapist you can support this by asking targeted questions, offering your own observations or examples, and giving psychoeducation about different kinds of emotions and how they are understood within a scientific framework
3. Emotion regulation = being able to apply what you need at moments when you recognise that you are struggling. We practise recognising this early enough and, where possible, we learn to know ourselves well enough to plan preventively around future triggers.
   This means that you have practised:
   a. Recognising and understanding emotions
   b. Accepting, recognising and understanding limits
      This often also involves a process of accepting that you need to take your limits into account earlier if you want to end up at the black level less often.
   c. Finding out and learning to apply which healthy coping can help with this

Possible therapeutic frameworks for emotion regulation

- Many theories, frameworks and forms of treatment exist for learning emotion regulation. Feel free to apply whatever you have been trained in or are experienced in working with. This therapeutic support will go hand in hand with further filling in and growth of the original Signal Awareness Plan.
- Referring the client for DBT (dialectical behaviour therapy) is worth considering if it can be offered in an autism/ADHD-friendly way, if the group aspect can be tolerated and the client has interoception skills. If so, it is a strong offer, with depth, a lot of repetition and practice, and extra learning opportunities thanks to the group therapy format.
- An accessible theory is that of the three emotion regulation systems, by Paul Gilbert (founder of Compassion Focused Therapy; see also more extensive explanations online).
  In my opinion it is a neurodivergent-friendly framework because on the one hand it is simple and accessible, and on the other hand very recognisable and immediately applicable.
  It is about the following three systems:
  - Threat system: something triggers me and causes stress (this can include anger, fear, shame, guilt, disgust, physical tension, etc.)
    This takes our body into a fight or flight state, in which the sympathetic nervous system is activated. Biologically, we see for example cortisol and adrenaline rise. It is a healthy system when it is activated for a short time; when it becomes chronic, it can exhaust body and mind.

- Drive system: this is about the feeling of wanting to achieve something and then getting satisfaction from it. Biologically, this is mainly the dopamine system. It can be healthy (getting satisfaction from a successful working day/hobby activity, etc.) as well as unhealthy (emotional eating, social media binging, etc., some forms of drugs) Sometimes the drive system is used to soothe the threat system, but this does not always work. We can then get stuck in both the threat system and the drive system, and have an even greater need to invest in the soothe system.
- Soothe system: when this system is active, we feel at ease, safe and calm inside. We feel cared for (whether by someone else or by ourselves) and can relax, let go and enjoy more easily. This also includes taking care of yourself with the necessary gentleness and compassion. Biologically, we see the parasympathetic system being activated (the "rest and digest" pathway), and among brain substances we see, for example, oxytocin and opiates increase. The feeling of connection with others and/or yourself is central here and helps to find calm between the threat and drive systems.

Inspiration list: mapping out your signals

Disclaimer: what follows is an arbitrary division and a non-exhaustive long list, intended for inspiration only. For the client, a signal listed under "good" may be more recognisable as bad, and vice versa. Here too, the client's experience is decisive, and it is the list that should be adapted to fit the client rather than the other way round.

Sometimes it has been a long time since the client was last at the green level. It is then difficult to remember what that was like. Work towards it, first focusing on filling in the more recognisable colours, and see along the way how far back towards green you can get.

Some people only experience dark thoughts at the black level, others already at, for example, yellow/orange. Some people like to seek out social contact at the green level, others do not, and still others actually seek more social contact when they feel worse. People have also sometimes acquired personality traits that are always present (e.g. constantly needing reassurance, even when you are at the green level), or acquired traits through their history of suffering (e.g. still having psychosomatic complaints at the green level). This is all personal to the client. We do not have control over everything. Let us mainly try to work with what is possible and accessible.

Each time, the inspiration list goes through suggestions in this order:

a. How the client may feel
b. The client's possibly recognisable thinking/cognitive functioning
c. The client's possibly recognisable functioning

In addition, specifically for ADHD and autism, we see that when functioning gets worse, the symptoms of these disorders are also more present/more severe. Clients will notice that they are "found out" more, are more bothered by it, and "visibly have ADHD/autism more", both to themselves and to the outside world.

Please note, this list is not exhaustive!

1. Possible experiences matching **“things are going well”**
    a. Calm, at ease
    Self-confidence
    Optimistic
    Normal, healthy mood swings
    Assertive, able to make decisions easily
    Content, satisfied, happy
    b. Sense of humour
    Room/resilience for unpredictability and stimuli
    Able to concentrate (to the extent this generally goes well)
    c. Healthy exercise/movement
    Healthy social interactions/contacts
    Reasonably good and stable productivity
    Present and engaged in the moment
    Eating well, stable weight
    Sleeping well
    Feeling energetic
    Use is limited/under control (this is about medication, substances, alcohol, behaviours such as shopping, gaming, social media, work, TV, etc.)
    Able to reply to messages

2. Possible experiences matching **“things are going less well”**:
    a. I feel angry (irritable, irritated, frustrated, impatient)
    I feel scared (anxious, nervous, restless, rushed)
    I feel sad
    I feel physically unwell (pain, tense muscles, tired, sleepy)
    I feel flat, empty
    I find it hard to enjoy/recharge from something I normally like
    b. More negative thoughts, more pessimistic
    More self-doubt, less self-confidence
    More sarcastic, more cynical
    More distracted than usual, more procrastination
    Dark thoughts
    Less empathy
    Overwhelmed, in sensory overload
    c. Reacting emotionally out of proportion
    Withdrawing socially, going out less
    Less exercise/movement
    Not showing up when you are expected, people around you feel you are withdrawing/absent
    Sleeping badly
    Eating badly
    Excessive/less controlled substance use/behavioural addictions (or experiencing more difficulties with it/negative impact from it)
    (Even) more difficulty carrying out, starting and switching tasks
    Household chores/tidying no longer manageable
    Missing deadlines/payments

More conflict with others

3. Possible experiences matching **“things are going badly”**
   Bad: you feel at your worst. You engage in behaviour to make it bearable.
   a. Angry
      Panicky
      Sad
      Empty
      No more interest in hobbies/passions/relaxation
      No more interest in the world/the future
      OR only interest in activities that let you escape the bad feeling
   b. “I want the pain to stop”
      Hopeless, despondent, pointless
      “I don’t want to be here any more”
      Looking at yourself/the world very negatively
      Constantly feeling insecure/needing reassurance
      Social-emotional regression
   c. Functioning very poorly
      Not managing/barely managing to take care of yourself
      Avoidance, withdrawal, regression in what you could do before
      Panic attacks
      Meltdowns, shutdowns
      Severely tired
      Substances/behavioural addictions with severe loss of control
      No buffer/room for change
      Psychosomatic complaints
      Self-harming behaviour
      Disrupted sleep
      Disrupted eating
      Not getting to work/school
      No attention/concentration left
      Frequent clashes with people around you (where this was not the case before)
      Aggressive behaviour

Inspiration list: mapping out your triggers

Please note, this list is not exhaustive!

- Sensory
  - Seeing (clutter, busy places, bright lights, etc.)
  - Hearing (noise, loud sounds, repetitive sounds, unpredictable sounds, types of music, etc.)
  - Touch (hugs or being touched, textures, clothing labels/seams, clothes that are too tight or too loose, sand/dirt, etc.)
  - Smell (perfume, food, strong reaction to unpleasant smells)
  - Taste (types of flavours, types of food or drink)
  - Heat or cold
  - Bodily sensations (sweating, itching, heart pounding, faster breathing)
- Basic needs (sleep, food, movement, relaxation, hygiene, physical illness/pain)

- Being understimulated
- Being overstimulated (social, sensory, internal thoughts, expectations, being flooded by emotions)
- Executive functions being taxed: starting an activity, switching within an activity, time pressure, stopping an activity
- (Having to suppress) your own restlessness and impulsivity
- Masking
- Sustaining attention on something for a long time when it does not interest you
- Unpredictability and adapting to change
- Organising and planning
- Injustice
- Your own wishes being refused
- Not enough recharge time (time alone/time with special interest/time without expectations)
- Being asked too much/too many expectations from others
- Fear of failure, worrying that something will go wrong, putting pressure on yourself, perfectionism
- Ruminating/dwelling/worrying
- Negative reactions from others
- Breaking of routines/rules/the right way to do something

Inspiration list: Mapping out your coping

I also recommend always checking with the client whether the coping is more healthy (adaptive) or unhealthy (maladaptive).
Please note, this list is not exhaustive!

- Special interests/passions/hyperfixations/pursuing a hobby
- Sensory
    - Seeing (passion preferences (art, animals), soft light, outdoor light or darkness)
    - Hearing (types of music, brown/grey noise, silence)
    - Touch (hugs or touch, textures, preferred tactile experiences, e.g. squishies, pop-its and other fidget toys, chewing gum, weighted blanket)
    - Smell (perfume, food, preferred scents, aromatherapy, scent-free)
    - Taste (types of flavours, types of food or drink, unspiced/strongly spiced)
- Withdrawing from the world, reducing sensory input, seeking out a low-stimulus environment
- Asking people around you for help and/or care
- Talking about how you feel
- Expressing emotions (crying, using humour)
- Seeking distraction, e.g. watching a film, gaming
- Regular exercise/movement
- Eating (more) healthily, drinking more water, less caffeine and sugar intake
- Bringing regularity into your sleep rhythm, getting enough sleep, getting up at the same time
- Mindfulness/meditation, yoga/stretching
- Breathing exercises
- Taking medication
- Seeking out/imagining a safe place

- Writing, journaling, making lists
- Going out into nature, seeking sunlight
- Tidying up your surroundings, rearranging the room
- Taking a warm bath/shower, drinking a cup of tea
- Taking a cold shower/cold water on your face or wrists
- Spending time with a pet, with cuddly toys, or receiving cuddles
- Seeking spiritual or religious connection
- Learning/looking up something new
- Making something/being creative

Of course, less healthy coping strategies also exist; it is a deliberate choice not to include them in the inspiration list. It is, however, important that therapist and client check together whether unhealthy coping strategies are also present. Depending on the reason for the Signal Awareness Plan (aimed at change versus the patient learning to recognise how they feel), these can also be written in it. This does not mean that this unhealthy coping is being suggested, but it can be used as a point of recognition, and in therapy you can then look at whether healthy alternatives exist.

For additional inspiration, you can also have a look at the website rustbox.be