



The Unique Learner: Case Studies of Clients With Complex Learning Profiles

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On Collaboration with Mental Health Professionals With Expertise Treating NVLD

When we are treating individuals with complex issues such as cognitive atypicalities or multiple educational traumas, we sometimes seek out a collaboration with an allied professional in order to work together to address our common goal for the client: better and independent functioning in work, school, home life, and society. This article considers the perspective of a psychotherapist who has a treatment protocol adapted from Dialectical Behavior Therapy for NVLD clients.

When I work with learning disabled adults, including those who have characteristics of nonverbal learning disabilities and may have been traumatized by their educational experiences, especially those around misunderstanding NVLD or being misunderstood by teachers or colleagues, I find that clients who are actively engaged in psychotherapy with a capable practitioner are in the best position to do and feel better about their issues and themselves than those clients who are not so engaged.

My practice often receives referrals from psychiatrists and psychotherapists who are expert at the diagnosis and treatment of NVLD. Today, I would like to introduce the work of Christina Cummins, whose counseling practice uses Dialectical Behavior Therapy to approach helping NVLD people function better in the neurotypical world. While Dialectical Behavior Therapy was originally developed by Dr. Marsha Linehan of Columbia University for the treatment of Borderline Personality Disorder, it has since been used to help individuals with post-traumatic stress disorder, persistent depression, and/or self-destructive disorders that have left them with few tools to cope with relationships. Dialectical Behavior Therapy, according to *Psychology Today's* online magazine,

...provides clients with new skills to manage painful emotions and decrease conflict in relationships. DBT specifically focuses on providing therapeutic skills in four key areas. First, mindfulness focuses on improving an individual's ability to accept and be present in the current moment. Second, distress tolerance is geared toward increasing a person's tolerance of negative emotion, rather

than trying to escape from it. Third, emotion regulation covers strategies to manage and change intense emotions that are causing problems in a person's life. Fourth, interpersonal effectiveness consists of techniques that allow a person to communicate with others in a way that is assertive, maintains self-respect, and strengthens relationships. <https://www.psychologytoday.com/us/therapy-types/dialectical-behavior-therapy>

People with NVLD often have trouble with social relationships because they may perceive and respond to opportunities to connect with others in atypical ways. They may be scarred by experiences of feeling different and at a loss socially in environments in which others seem to cope easily. Feeling left out and sometimes feeling toxic, NVLD people can become despondent and withdrawn, unable to take the risks that we all incur in reaching out to others, and especially vulnerable to these risks because they have failed so often to find understanding from others whose minds work differently than theirs do. Shame and low self-esteem can be the result. DBT is a treatment I know from working with several suicidal teenaged girls who cut themselves in their wild grief about being unable to please withholding mothers. Of course, my work with NVLD students is practical and focused on better cognitive development of executive functions and reading comprehension, for instance. Yet, all I do is informed by creating a therapeutic alliance with clients, as Dr. Ann Gordon, BCET, introduced me to the framework of transference and countertransference at an AET conference long ago when I was struggling to define how to interpret the feelings I had in the presence of some clients and what that might say about their needs. DBT is an intriguing therapy that has good results in the literature about treatment of adolescent girls and young women, but for NVLD?

I was curious about Christina Cummins's use of DBT skills to help those NVLD people who come to her for help, and together we were curious about how educational therapy and DBT can each enhance the speed and efficacy of an NVLD person's progress in mindfulness, distress tolerance, interpersonal skills, and emotional regulation—so critical to building a healthy community at school, work, or at home. How can these skills allow an NVLD person to become better organized, better able to understand the relationships between complex ideas they may be studying or using at work, more skillful at self-advocacy, and better able to cope with visual-spatial information like math, graphs, maps and the like in their courses or work environment?

Clearly mindfulness is a help. The ability to name and know your own feeling states makes it possible to respond to stresses like due dates in a healthy and responsible way. Most NVLD people need help learning to maintain a schedule and break assignments down into parts that must be done before a project is due. Many need help knowing when their grasp of material has become a list of details that doesn't add up to a main point or interesting view of the whole topic they are researching or working with. Many NVLD people need practice understanding the context or emotional content of work and practice predicting the outcome of their work on others.

Better distress tolerance would mean that NVLD people have fewer reasons to fall into procrastination. The feelings that arise when they have due dates can derail NVLD people who have little ability to use executive functions and scheduling skillfully. Because many people don't know how to begin the first steps of a project, they can put it off until the last minute when the stress becomes intolerable. Then it is likely that a piece of research or writing will fail. It will be impossible to produce mature work at the last minute, and the NVLD person may see this as proof that they are defective. Of course, this isn't true, but what I have seen over and over is a kind of dissociation from a realistic sense of time and the effort that may be reasonably scheduled in a day to accomplish a goal.

These difficulties can cause interpersonal difficulties as loved ones, colleagues, or supervisors lose faith in the NVLD person's willingness and ability to be part of a team. Emotional regulation skills may weaken under pressure, and the NVLD person may become seen as a poor team player, an emotionally unstable person, or a person that just doesn't fit the job, or if in school, the level of excellence that the class demands.

We educational therapists can help with the practical aspects of dealing with time, materials, comprehension, whole to part thinking, and executive function. But those individuals who are also engaged in cognitive work with a psychologist, counselor, or social worker are doubly able to make progress in their practical goals and to develop resilience and self-esteem, so critical to bearing the ups and downs of school and work.

It is valuable and enriching to collaborate with the therapists who treat NVLD clients, including my colleague Benjamin Meyers, LCSW, who has a practice that specializes in NVLD issues, and with whom I have written several articles for NVLD.org. I have seen wonderful results in my collaboration with psychiatrists who specialize in psychodynamic psychotherapy, like Dr. Larry Sandburg, MD, in New York City and Dr. M. Daniel Nienaltow, who make wonderful psychodynamic therapeutic alliances with NVLD clients. I respect all the doctors and therapists I have worked with as excellent collaborators in my own practical educational therapy work. They range from psychoanalysts to psychiatrists and psychologists whose compassion and skills in psycho-dynamic psychotherapy pair well with my practical work as an educational therapist.

I had the pleasure of a long conversation with Christina Cummins, a licensed professional counselor in New Jersey, who told me about her adaption of DBT skills therapy to the treatment of NVLD clients. Christina Cummins contacted me through a group I am part of that is devoted to building effective therapy practices. She wrote this about her use of Dialectic Behavior Therapy skills with NVLD clients:

Individuals with NVLD require a therapist who will believe in them and validate the difficulties they experience in their day to day lives. I help clients to understand that "yes, it may take you longer to complete any given work task; yes, it will take a lot of hard work,

AND you will be proud of yourself when you're done." I help NVLD people move away from black and white thinking throughout the treatment and reinforce it through as many different real-life examples as possible.

Learning DBT skills seems to happen a little differently in the NVLD population than in populations that the therapy was designed for and is commonly used to treat. An ongoing client-therapist relationship is critical to success. Intellectually learning a skill and remembering to use it when emotionally overwhelmed takes practice within a therapeutic relationship in which trust has been established.

Though each NVLD person has a different threshold for their current capacity for change, DBT allows the therapist to examine this threshold and push to the point of positive (if difficult) change and replaces helplessness with greater self-confidence.

In my partnerships with psychiatrists and psychologists who specialize in working with NVLD patients, I relish the curiosity, compassion, and collaboration that makes their work so effective. I have the privilege of weekly or monthly conversations with these doctors when I relate how my client is responding to educational therapy in the realms of learning to organize, to comprehend inferences deeply, to create work on schedule and with confidence, to interpret visual and spatial material, and to put themselves in the shoes of their professors. I often seek feedback from collaborating doctors and ask for their help if I am having trouble understanding a client's behavior. When all goes well, I check in with the doctor to ask him or her to reinforce my client's practical academic and cognitive skill formation, so that the client can bring his or her attention to positive change, and make more wholesome habits part of his or her daily experience.

NVLD or no, we all seem better able to remember what we do that is counterproductive more easily than we remember a newly successful skill, and so my NVLD clients need plenty of practice to see and appreciate change as they develop. They also need help recognizing successful sequences of new behaviors and realizing that these successes can be repeated. That's where my cheerleading role as an educational therapist is important. I am my client's biggest fan, and as a coach, I am trusted to call attention to challenges in a way that helps my client remain hopeful during the occasional setbacks that real change always includes.

Collaborative treatment allows an educational therapist to take up the role of case manager, and we communicate with parents, clients, doctors, schools, and employers to help everyone understand NVLD and to feel hopeful so that change, so fragile and gradual at first, can be supported. It is wonderful to see a client become more confident through gradual success. That is the goal, and that is the reward of being an educational therapist.

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Benjamin Meyer, LCSW-R, provides psychotherapy and coaching in English and Spanish to individuals and couples with learning differences. He has published multiple articles, been interviewed on TV and podcasts, co-presented at conferences, and writes regularly on his blog. He is licensed to see clients in New York, New Jersey, and Pennsylvania. He has earned a certificate in psychodynamic psychotherapy from the Institute for Contemporary Psychotherapy, as well as completed training in couples and family therapy at the Ackerman Institute. Benjamin also offers workshops on dating and professional skills for neurodiverse young adults. More information can be found about his services at benjaminmeyerlcsw.com.