

# The importance of neurodivergent mentorship for the development of professional identity

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**ABSTRACT:** Neurodivergent students are often under-supported in their pursuit of post-secondary education, which can negatively impact engagement and academic outcomes. There is limited research examining the potential of neurodivergent mentorship models within post-secondary education. This opinion piece presents two case studies based on the real-world experiences of neurodivergent mentors and mentees to explore the proposed benefits of neurodivergent mentorship in occupational therapy education. The experiences of neurodivergent mentors and mentees can be used to promote access, equity, inclusivity and justice within healthcare professions.

**Keywords:** Neurodiversity; neurodivergent; justice; autism/autistic; mentorship; post-secondary education

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## 1.0 INTRODUCTION

Previous research has indicated that disabled students and practitioners report a lack of support resulting in increased stress, burnout, and personal identity difficulties due to lack of representation ([Rushton, 2018](#); [Velde et al., 2005](#)). Neurodivergence can be associated with disability and mental health comorbidities, but not in all instances. However, it is up to the neurodivergent individuals to perceive whether they are 'disabled' or not. Mentorship programs are a well-established method of increasing students' and practitioners' self-efficacy, practical skills, and

therapeutic use of self ([Braveman, 2006](#)). Naidoo *et al.* ([2022](#)) asserted that physical therapy and nursing mentors serve as role models who have overcome barriers through perseverance; this can improve mentee confidence while decreasing feelings of isolation. Additionally, [Ford et al. \(2020\)](#) found that 83% of occupational therapy students from marginalized communities expressed the desire to have a mentor with shared experiences. However, there is currently a lack of research within health care on the benefits of pairing students with mentors who share similar backgrounds. Health care aspires to

promote equity, inclusivity, and justice for all; therefore, addressing *all* current and future practitioners' need for support is essential ([Royal College of Occupational Therapists, n.d.](#); [American Occupational Therapy Association, 2021](#)).

This opinion piece seeks to highlight the reported struggles of neurodivergent students, outline the development of neurodivergent mentorship models, and ultimately propose how neurodivergent mentorship can contribute to justice and inclusivity within the health professions. Neurodiversity describes human brain diversity, specifically the natural variation in how people think, learn, and experience the world. Society assumes a neuro-normative standard which echoes prevailing social and cultural norms. Neurodivergent individuals are those whose minds do not closely align with these standards. Neurodivergence is associated with various disabilities, including autism, ADHD, dyslexia, and epilepsy. The following case studies detail the experiences of neurodivergent occupational therapy mentors and mentees and seek to illustrate examples of successful neurodivergent mentorship relationships. We intend to share best practices that are transferable across other healthcare professions. For privacy, names and personal identifiers in the case studies have been changed.

## **2.0 VALUE OF NEURODIVERGENT MENTORSHIP**

From neurodivergent mentors' perspectives, mentoring neurodivergent mentees represents opportunities to give back to their beloved professions. Moreover, it is important to provide access and to affirm learning contexts to neurodivergent mentees who otherwise might have experienced depression, stigmatization, discrimination, or hopelessness due to insufficient support from their existing environments. Finally, neurodivergent ' own lived experiences, successes and failures serve as powerful lessons for their neurodivergent mentees to learn from as they navigate similar situations in their future careers. For this article, we will refer to "camouflaging behaviors" as "masking". Finally, there is inherent value in neurodivergent or otherwise disabled individuals connecting with positive neurodivergent/disabled role models. In these spaces and relationships, individuals are free to be themselves, thus alleviating the stress associated with masking (also known as 'camouflaging behaviors'). Masking is referred to as a social behavior for autistic individuals to try to act as competently as possible in social contexts ([Turnock et al., 2021](#)). The

following two case studies are examples of the aforementioned applied in health care practice.

## **3.0 NEURODIVERGENT MENTORSHIP EXPERIENCES**

### **3.1 Case Study #1**

Mari, a graduate student, formally learned she was autistic three weeks before beginning her clinical fieldwork rotation at a skilled nursing facility. Promptly after being diagnosed, she met with her neurotypical (non-neurodivergent) academic fieldwork coordinator (AFWC) to express concerns about her upcoming rotation and requested mentorship to navigate. Mari's AFWC acknowledged that she did not have the expertise to guide Mari through the unique experience of becoming an autistic occupational therapist. Mari's AFWC connected Mari to Paul, an autistic occupational therapist, to begin an informal mentorship relationship. Mari and Paul also identify as Black, Indigenous, and people of color (BIPOC), which connected them on an additional level regarding family expectations, cultural backgrounds, and the cultural perceptions of disabilities in an Asian context.

Before fieldwork began, Mari met with Paul to discuss strategies to mitigate issues that may arise prior to her starting date; they continued meeting every two weeks following her start. Mari struggled to build rapport with the facility's rehab team throughout her fieldwork but did not have the courage to disclose these challenges to her mentor when her initial attempts to problem-solve them were unsuccessful. Additionally, Mari experienced challenges with time management, initiation, organizational skills, problem-solving skills, and sensory modulation, affecting her overall performance. However, because Mari was recently diagnosed, she experienced fear of disclosing and being stigmatized while still trying to navigate an unfamiliar context. Her clinical instructor (CI) conveyed the aforementioned information on her midterm evaluation; feeling defeated, Mari contemplated withdrawing from her fieldwork. She reached out to Paul, sharing what had transpired and ultimately decided to withdraw from this rotation.

As an autistic occupational therapist, Paul could recognize and resonate with Mari's experiences. Paul expressed the importance of Mari being transparent and prompted about challenges. He then encouraged Mari to reflect upon the intersection of her lived experience and pathway towards becoming an occupational therapist. Mari realized she was motivated by the profession of occupational therapy since she found the holistic approach to healthcare

was something that was in line with her personal beliefs and values as a neurodivergent occupational therapy student. Mari was mindful of the negative stigma of autism in the work environment, which was one primary reason why she chose not to disclose her disability to the rehabilitation team. Autistic traits, such as social difficulties, adherence to routine, and behaviors related to sensory needs ([Turnock et al., 2021](#)), are heavily stigmatized behaviors that Mari exhibits, leading to her unwillingness to seek any assistance during her time in fieldwork. Additionally, Mari did not feel comfortable disclosing her challenges to her mentor due to her fear of failure and judgment. In response to these negative experiences, Mari utilized masking as a coping strategy. The well-documented side effects of masking, combined with workplace stigma, led to Mari experiencing a decline in mental health, well-being, quality of life, and self-esteem ([Mandy, 2019](#)).

Paul further demonstrated the benefits of having a neurodivergent mentor by connecting Mari with his network of autistic occupational therapy students and practitioners. When Paul connected Penny with Mari, Penny and Mari had an authentic autistic connection from the beginning. Before the fieldwork, Penny and Mari addressed their strengths and weaknesses, needs, preferences, learning styles, and methods for self-advocacy for each of their specific needs. Penny and Mari were also able to express themselves in an inclusive, safe space, which opened avenues for different points of discussion regarding treatment plans, interventions, and client interactions. Both parties had the neurodiversity framework in mind, which helped them form closer therapeutic relationships with their neurodivergent clients and between them.

Compared with the aforementioned fieldwork experience, Mari was able to be a more authentic version of herself around Penny. Mari could comfortably express herself, including different ways of approaching her needs, and felt that her accommodations were validated. Both were able to foster a professional mentor-mentee relationship informed by their shared experiences of navigating a world not designed for their unique neurotype. Penny inspired Mari to speak on autistic issues that were embedded within the field of occupational therapy through the use of her platform.

With Penny, Mari felt empowered. Penny wholly validated Mari's autistic autonomy. Mari could form

authentic relationships with her clients, was provided with an environment to freely self-regulate herself as needed and was allowed Mari to engage with her sensory environment as she saw fit. Penny provided Mari with close connections with other neurodivergent clinicians within the field. This opened new opportunities for Mari to educate others on what it meant to be authentically autistic.

### **3.2 Case Study #2**

Bennie is an autistic self-advocate who just completed his final year of OT school. After an underwhelming initial fieldwork experience, Bennie met with his faculty mentor to discuss his final fieldwork. He encouraged Bennie to seek a fieldwork experience with a fieldwork educator who is also neurodivergent. "I encourage you to seek out an experience with a mentor who is closer to the non-traditional OT you envision becoming. Try to find someone who thinks like you."

Bennie identified potential educators and promptly set up an interview with Sierra. In this preliminary meeting with Sierra, they engaged in a purely autistic connection, sharing aspirations, favorite stims, and special interests. It was clear after this initial meeting that they shared a divergent way of communicating which could serve as a foundational element to a successful fieldwork experience.

Both Sierra and Bennie are autistic, with a pathological demand avoidance (PDA) profile, and both have also been diagnosed with Attention Deficit Hyperactive Disorder (ADHD), which predictably led to some shared ways of thinking and navigating a complex world not specifically designed to accommodate their neurodivergence. Vulnerability is a key commonality among many neurodivergent individuals. Marginalized populations, like people with those with disabilities, must constantly navigate inequitable power dynamics and experience various forms of oppression in daily life. One commonly experienced outcome of vulnerability among autistics is trauma. Bennie and Sierra each brought their unique history of trauma into the working relationship. By embracing vulnerability in their collaborative efforts, their mutual understanding of trauma allowed them to learn from each other's experiences. This process of sharing, connection, and application informed their social justice and advocacy projects. However, due to the vast heterogeneity within autism, each commonality was juxtaposed by an equally unique individual trait or experience along their journey as neurodivergent individuals. During

Sierra's journey as an autistic individual, she learned many of the accessibility concepts that would inform her practice and the fieldwork experience she would co-create with Bennie.

The key driving factor during Bennie and Sierra's fieldwork experience was adopting a reciprocal mentorship model and co-creating a validating, authentic space. The core values of self-determination, empowerment and authentic vulnerability were intricately woven throughout the mentorship process as Bennie and Sierra learned from and with one another. These values defined a space which facilitated communication, inspired various community-based OT projects, and contributed to both individuals' ongoing identity development.

First, a self-determination theory-informed approach was adopted for practical reasons. As autistic's with a PDA profile, both Sierra/Bennie have an "instinctively rebellious" response to perceived demands. Therefore, within their mentorship space, language which asked (for consent) rather than instructed was utilized to coordinate shared or independent work. Bennie found this strategy to be incredibly liberating because the appreciation for autonomy fueled his self-directed spirit, allowing him to pursue valuable OT experiences and express his creativity in various ways.

Another related core value of this mentorship space was empowerment. Within their shared space, empowerment played a key role in supporting both professional and neurodivergent identity development. Sierra's understanding of the importance of linked lives encouraged her to explore the social underpinnings of empowerment. One key way this was applied was Sierra's efforts to connect Bennie with her network of autistic professionals and advocates. These networking opportunities were ideally timed for Bennie as he was beginning to carve out/define what being a neurodivergent occupational therapist meant for him.

But, to have a space that values autonomy and bi-directional empowerment, they needed to feel free to embody their genuine neurodivergent identities. Authenticity is a core concept which is celebrated within the autistic culture. In a world designed for the neurotypical majority, autistic people are often compelled to mask their true selves to fit in. Therefore, the creation of an authentically vulnerable space was perhaps the most pronounced feature of their successful collaboration. This approach enhanced creativity and productivity because it allowed both

Sierra and Bennie to communicate freely without fear of judgment or time constraints. Social communication was direct and unfiltered, remaining unfettered/untethered by pretense or social norms, leading to more effective collaboration. The effectiveness of Sierra and Bennie's collaboration further dispels the myth that autistic people are socially deficient. Instead, the 'quality' of social interaction depends on the fit between the person and the context. And within the context that they created, the fit was just right.

#### **4.0 IMPLICATIONS**

We sought to illustrate the importance of neurodivergent mentorship by highlighting themes of advocacy, nonjudgmental communication and shared lived experiences in order to foster the growth of future innovators. In case study one, Mari's neurotypical AFWC identified her as not the expert in supporting her and suggested a mentor with shared neurodiversity. This experience highlights the importance of recognizing that neurodivergent people are the experts of their own experiences. In case study two, Bennie expressed the ability to communicate freely without fear of judgment; this propelled his experience to be centered on improving clinical skills, which was the intended goal of fieldwork. These two case studies further illustrate that individuals with disabilities are often stigmatized, which can contribute to similar thought processes and methods when tackling difficult subjects, including their own traumas. Despite these tangible examples, a lack of research illustrates the implementation of neurodivergent mentorship models being used within healthcare.

#### **5.0 CALL TO ACTION**

Although the aforementioned case studies are based on mentorship within occupational therapy, the authors believe the highlighted approaches can be implemented in other allied health professions. Neurodivergent professionals work across all sectors and must feel able - if they choose - to bring their authentic selves to work and be treated fairly. As health care moves forward, practitioners and educators can assist in cultivating an environment that promotes such conditions for inclusivity and, ultimately, optimal outcomes for all. Neurotypical healthcare professionals can foster an inclusive community by learning about neurodiversity, recognizing and celebrating differences without judgment, and supporting reasonable accommodations. Bennie and Mari's case studies can assist practitioners in understanding the importance of

neurodivergent mentorship and provide examples for neurodivergent practitioners who want to pursue mentorship. This opinion piece is an introduction to the benefits of neurodivergent mentorship; however, further research illustrating the need and benefits is necessary.

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