Navigating Neurodiverse Relationships

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Sarah Oswald: I am delighted today to introduce you to my friend and colleague, Caron Starin. Caron and I connected [00:01:00] through our shared passion for relational life therapy, and her work on neurodiversity within intimate relationships has been extremely popular as a topic within our programming at Relational Life Foundation.

Sarah Oswald: Caron is the owner and clinical director of a vibrant group therapy practice. She's certified as a relational life therapist and is a skilled facilitator of the RLT relationship bootcamps. Beyond her clinical practice. Caron serves as a trainer at the Relational Life Institute, guiding new students who are working toward their own certification in RLT.

Sarah Oswald: But to me, what makes Caron's work truly special is the way she models real connection. She teaches what it means to be relational. Simply by being who she is. At least that's been my experience of her. She is authentic, caring, has healthy [00:02:00] boundaries, and seems to have a solid sense of self-esteem, which are all tenets of relational life therapy.

Sarah Oswald: I, Caron comes with a neurodiversity affirming perspective, reminding us that understanding the ways brains and people differ. Benefits every single one of us. It's truly an honor to have her on this podcast today. So Caron, welcome. I would love to dive right in. So I'm wondering if you could share a bit about what's been top of mind for you as we've been leading up to this interview.

Caron Starobin: I've been noticing that a lot of, practitioners ask questions about how to work with couples who are neurodiverse, especially if one person is, let's say autistic or has ADHD, and they have differences in [00:03:00] communication and how can two people who have such different ways of perceiving things in the world actually be able to be in relationship with one another in a, in a way that's healthy and satisfying. The word is satisfying to both people. That's what I've been thinking a lot about lately. And, . I don't really know the answer to that. What I do know is that, what's helpful is to be able to open up a space where two people who are in a neurodiverse relationship, meaning at least one person is neurodivergent and the other one may be neurotypical that they can explore that in a way that is relatively emotionally safe. Nobody's gonna be attacking anyone else or judging. And RLT has helped me be able to do that in a way that. It also addresses the trauma that informs the relationship dynamics at the same time. So it's not just about way the [00:04:00] cognitive functioning or the way the brain is working, but also the history, the family of origin history. That also informs that those both pieces are important.

Caron Starobin: And don't know the answer. I don't know if any two people who come into my office can be satisfied to me. The Neurodiverse piece can add a layer of complexity, but doesn't necessarily because everyone seems complex to me, so that's what I've been thinking a lot about. I don't know if that answered your question.

Sarah: I think a lot about satisfying relationships as well. Satisfaction is one of the words I use in my personal work outside of Relational Life Foundation in my on my own website. You'll find that word. Sprinkled throughout, and it's a great question. Can any relationship be truly satisfying? Do we need to be fully seen and understood to feel satisfaction in intimacy?

Sarah: And I imagine, yeah, neurodiversity [00:05:00] does add a layer of complexity there.

Caron Starobin: Exactly. And I'm just thinking of a few couples I'm working with lately that. That the differences in their communication needs where like one person really needs a lot of quiet and space to be able to think, and the other person is a little more fast-paced. And so they question, you know, can we really do this?

Caron Starobin: Can we be in a relationship where we have such differences in how we communicate or how we understand or perceive the world? I don't know. I think there's a lot that goes into creating a satisfying relationship.

Sarah: I agree with you, and I'm laughing because that particular dynamic shows up in my households, and I don't think either my husband or I would identify as neurodiverse. He has a much deeper need for quiet, and I'm a chatterbox, and he's like, can you please stop talking? I'm thinking over here, you [00:06:00] know?

Sarah: And you know, there's a quote that you had included in a slide deck for that community conversation that you presented called No Ordinary Love, and the quote came from Judy Singer, you know this quote. She said, "humans inhabit earth and just as we are part of the biodiverse planet, we are all neurodiverse.

Sarah: Just as we all live in a biosphere we all live in a neurosphere." And I don't know if that applies here, Caron, but maybe you can speak to it. Why did you include that? To me, it says we're all different, right? All of our brains operate differently

Caron Starobin: I'm saying that if you're neurodivergent, your brain is diverging from what is considered in culture and society as typical, we basically, we have very limited language [00:07:00] and in

Sarah: Got it.

Caron Starobin: that quote, what Judy Singer was saying is that is really differently wired. And if we think of it that way, we don't have to separate us. We don't have to separate ourselves out so much. You know we are all differently wired. We have different ways of thinking, different cognitive functioning. And what she's really saying is, is however you're wired, including, well, however you're wired, it doesn't make you better or worse than someone else. There are people I want, I just don't wanna minimize, you know, folks who are, say autistic, but have profound autism, you know, or they're significantly impacted in terms of their function, level of functioning, what Judy would probably say to that, I'm not Judy, but I, what I would think how she would apply that quote is that that makes, that they suffer, they have things in their life that are very challenging.

Caron Starobin: Maybe they don't have [00:08:00] relationships in the same way that someone who doesn't suffer or struggle as much does, but they're not any worse than or better than anybody else. They're just differently wired, that's what she was trying to get at, is that, that this idea that there's sort of one brain that is the right brain, that is the correct brain, that's what she was fighting against.

Caron Starobin: That's what she was pushing against

Caron Starobin: when she was saying that.

Sarah: I, I'm with her on that and I really get that. If we say, well, everybody is neurodiverse, then it minimizes the people who really suffer and have struggled to communicate what it is that their brain is doing that's different than their partners, for instance, or how to navigate the world if you're really up against it.

Sarah: It is very tricky.

Caron Starobin: I like to say upfront that be, because I feel that language is limited. If I have to identify, I identify as neurotypical because when I look back at my [00:09:00] childhood or growing up into my young adulthood, I don't have any experiences that I can recall where I felt that I was different.

I meant it when I said the more I learn, the more I feel. I don't know. And I don't mean that in a disparaging way.

I mean that it's. I find that the whole concept of neurodiversity is evolving, so it feels like it, it's changing all the time. And so then I, I'm like, I don't know. Do I know anything? I mean, it just feels that way. You know, since we do have this amazing community conversation that you presented, back in 2022, I think it was.

Yeah. Was that has been the most popular community conversation to date. There has been so much interest in this, and what it illuminated for me is how many of us identify in some way or another as neurodiverse. And I imagine that has many definitions. Mm-hmm. And [00:10:00] so I would encourage our listeners to go check that out if you wanna access that.

Right. And I hope that this conversation can sort of build upon that. And so I was wondering if there's anything that you've learned in the last two and a half years Yeah. That you feel, ~~um,~~ is like an upgraded way of thinking about all of this in your process? Yes. That's a great question. When I, when I and Sarah Wayland and Libby Simbe did.

No ordinary love community conversations. We were really focused on helping people understand. How ableism can play out in a Neurodiverse couple where again, one person may be neurodivergent, the other may be identifying as neurotypical, or both people are neurodivergent. That's what would describe a Neurodiverse couple, and now where I am, where I've grown or taken things is

I'm just, I am a super relational life therapy geek for sure, and I have gotten, I've just been so excited to be able [00:11:00] to.

Apply relational life therapy to the work I do with Neurodiverse couples, that what I've really been focusing on is why is RLT a model that seems to really work well? Why is that? And that's what I've been focusing on trying to answer that question. And I do have a few answers to that. I mean, I do feel like I've learned some things about that, if you wanna know that.

So that RLT is a particularly useful model when working with neurodiverse couples. Yes. I think say more. What do you, what have you Yeah. Found out. What have you discovered? Yeah. Well, fundamentally, because RLT is based in this idea of, sort of naming patriarchy, working in the, in the couple system, it's fundamentally looking at this idea of, no one person in the system of the relationship is better than, or worse than the other.

And so that just lends itself to working with Neurodiverse couples, because you can talk about that in terms of patriarchy, but also in terms of other things like ableism or anym, really racism. So it [00:12:00] helps to have that as the foundation of, we're really looking at here, how are you as a couple, who's one up, who's one down?

How is that playing out and how is that. Adding to contributing to the, the ruptures in your relationship. And now we add, oh, maybe somebody's neurodivergent. How does that add to the better than or worse than complex that might be going on? That's one of the fundamental reasons why, in my view, I think RLT really lends itself to working with neurodiverse couples.

'cause you can, you can actually name that it's part of the model. Yes. Does that make, yeah. It's part of the model for sure. But I would imagine you could name it no matter what model you're using., Well, actually you, you say that, Sarah, but I don't know about that.

, I'm not an expert in all of the couples therapy models, so I don't wanna pretend to be, but I know enough to know that. Every model has some kind of sort of [00:13:00] fundamental foundation that it pushes off of Uhhuh and not all of the models push off of this idea of breaking down better than or worse than.

In looking at that as a really important piece, not all the models do that. That's it truly is fundamental to every single aspect of RLT, isn't it? Yes. And so I don't think no human being could possibly be better or worse than another. It's, it's

really a big part of the model. It's a foundational piece, and I'm not, I really am not saying that other models don't, don't look at that.

But that's not fundamental to other models. There are other things that are fundamental to other models. , So the neurodivergence that I'm most, experienced with is autism and more of what I refer to as either the subtle presentation of autism or less obvious presentation of autism, is more of where I've done my work.

And, I think that RLT. [00:14:00] By using the lenses. It you like the eight lenses? Right. And I wanna add that I, it hasn't been any discussion about this yet, but I'd like there to be a ninth lens that's called the neurobiology lens and love it. But those, well, our audience doesn't necessarily know anything about the eight lenses.

Right, right, right, right. Just so you know. So, so those, the ways that we gather data is through these lenses and the ways that we gather data. Really allows for us to be looking at, if we're looking at, what are the losing strategies, for instance, what is going on in the couple where those strategies are leading to disconnection instead of connection.

That's the, that's a basic top, high level question. And then we start looking at, these ways that might not help us be connected like unbridled self-expression or a need to be right. If you add in the layer of looking at cognitive functioning and communication and perception and sensory, issues, [00:15:00] then you can look at, well wait, are those losing strategies?

Are they just born out of trauma or are they also born out of, differently wired? Brains and different levels of different kinds of cognitive functioning. And then how does that change the way you're gonna talk about these differences and how is it gonna change the way you're gonna attend to them?

. When I talk to other, RLT, couples therapists and, and other family therapists or people who do relational work, they don't necessarily aren't looking at that.

It's a, it's a layer that can be missed because. Because , I will speak it to my own profession as a social worker. You know, the training focuses on, like especially in family systems work, you're focusing on family of origin trauma. So everything that you see is rooted in trauma. That's why I think it's not so obvious that people are looking at that layer of how are you [00:16:00] perceiving and like.

If you have a DHD for instance, how does that impulsivity, if that's your issue, impact the way that you, that you approach your partner, not just the trauma, but also the impulsivity and how do those intersect? That makes a lot of sense. And if you're only looking at it through a lens of trauma, some of the same symptoms might show up and you could imagine or make up that they are trauma responses.

Yes, Uhhuh. But it might actually just be like, oh no, I was just born this way. Well, and what I've found is that it's, never one or the other. There's always an intersection. And that's what I think is interesting is, oh, what, how does it make us look at this differently if we recognize it as an intersection, not as one or the other.

Oh, I'm just imagining a little kid who's neurodiverse, whose parents may have treated them differently. Because they might not have understood what their kiddo was dealing [00:17:00] with. Mm-hmm. And maybe trauma came out of that alone,

That's who, that's who I see in my office as adults. Hmm. That's the story. Say more. What do you mean? I always thought that I was just, the problem I, I, I created a lot of problems for my parents because I was so difficult. I had trouble, you know, with making friends or I wasn't able to, integrate with in the neighborhood is, and I always thought it was just me and then I found out that I'm autistic and then I realized, oh.

Oh my goodness, my, my family kind of just missed me and I had no idea. And now I understand that it wasn't just me. And maybe if there would've been more, 'cause I don't like to blame parents. In many cases parents are doing the best they could, but maybe if they understood that it wasn't just like I was rigid and defiant, but, but I had a certain way of thinking and perceiving, including.

That some very narrow ways [00:18:00] of seeing things that were part of my brain wiring. Yeah. Maybe they would've connected with me differently. Maybe we would've had a different outcome and a different relationship. Mm-hmm. That's what I hear in my, that's what comes up in my office. Yeah. It brings me a lot of heartache to hear that from that story, from that lens makes me think this work actually needs to be taught to young, new parents.

Yeah, there's a lot of really, uh, parents. I see a lot of. Parents too, and Uhhuh, they appreciate being able to understand their child through these different, it actually takes some of the pressure off of them as well. It's like, oh, this is a, this

is, it's not like I'm doing something wrong with, as a parent, but that there's a way that my child is yes, perceiving the world.

Or maybe there's, a lot of times the issue is sensory issues. You'll see a lot of kids I'll, I'll, I should speak for, I'll see a lot of kids who. Or I don't see kids anymore, but I used to see a lot of children who had [00:19:00] sensory issues and, but what it looks like is a meltdown. So if you're the parent on the other side of that, without knowing that there's any neurodivergence or any sensory issue, you start to, the parents start to think one of two things.

Either I'm doing something wrong as the parent, and I don't, I'm not tuning and I'm not tuning into my child, what's wrong with me? I'm not attuned, or, what's wrong? My child, why aren't they listening to me? They're bad, they're defiant, blah, blah, blah. Mm-hmm. So when you start to understand, actually when the sounds that your child are hearing are so loud in their ears and they can't even think straight, they might melt down.

And when you figure that out and you adjust for that sensory sensitivity, the child sometimes really doesn't melt down anymore. I mean, it really shifts, it really shifts things, but, and I wanna. I'm always so aware of, I'm speaking in very simplistic terms. It's not that [00:20:00] simple. I understand there's a lot of nuance to this, but in order for us to have a conversation about it that can go out into the world, it.

Seems like simplifying it in some ways is actually helpful. Yeah, I, I agree with that, but that's good to just kind of put out there. Mm-hmm. You know, Caron, as you're talking, I'm so curious to know how you came to this work. What? Oh, that's a great question, drew you in question. Yeah. Okay. I like that question because I, I asked myself that question for a while, like, how did I, mm-hmm.

How did this happen that I got into this work? And the answer is, well, there's two answers. When I first thought about this several years back, I thought, well, I think there was a client that I had, when I was, 30, maybe 29. Who at that time, the diagnosis was called Asperger's Syndrome. Now we just refer to [00:21:00] autism as a spectrum and being autistic on some part of the spectrum.

But so Asperger's is completely no longer used that that phrase. Not really. I mean, some term I would say some people who are diagnosed with Asperger's are still, they still identify with that diagnosis. Some of them call themselves Aspies, for instance. But these days a person would not diagnose somebody with Asperger's.

There's a narrative and a, Hans Asperger who the diagnosis is named after colluded with the Nazis to save some of the. I'm not sure why, but colluded with the Nazis, in terms of some of the people who had Asperger's were saved from, the Holocaust because, they were very intelligent and they had something they could contribute.

That's how Hans Asperger's kind of, tried to. Frame that population. And so because of that story that goes along with how people, how that term [00:22:00] Asperger's syndrome came about, it's not a term, it's not a diagnosis that people really lean into much anymore, but for people who were originally diagnosed with that, for them, that's an identity.

And so that's a different story. Tell me, tell me about you, tell me about how your particular path, you had a client when you were about 29, 30.

Yep. He had this diagnosis. At the time was Asperger's and, he was my first client, with autism. I had not had a client with autism before. He was also in his early twenties, and he was a co, he was a university student at a university in DC and, he kind of welcomed me into his world. And his world was definitely had a different rhythm than mine.

The way he perceived the world, the, the, the details he noticed, he, he was highly intelligent and he also had a certain cadence that went along with his speech. He had a lot of [00:23:00] differences in how he would perceive social cues, and he did have difficulty connecting in meaningful ways to other people.

And he really welcomed me into his world and I, and I was curious, and that's how I started down this path and what I started to learn as I worked with him. We'll just, we'll just call him Scott, when I worked with Scott. I would go to his dorm room, we would, I would help him kind of with his executive functioning and staying, on track and also help him with making connections with others.

Mm-hmm. But what began to happen was I got really interested in this group of people with this diagnosis. It was kind of a newish diagnosis that came out in the DSM four in 1996, I believe. And I started doing groups with. First men and then boys who were diagnosed with this, you know, form of autism at that time called Asperger's.

And, what happened is I started [00:24:00] to realize that the family system around this, this children's, particularly the men were a different story, but around the children were. Struggling. They were, there was a lot of reactivity,

there were a lot of power struggles. There was a lot of misunderstanding of what is going on with my child.

They, they can't, you know, from the parent's perspective, my child cannot just sort of go along to get along. Everything is a struggle. Meltdowns. Things like this that were not making sense. And I found that when I worked, I had family systems therapy training. That was where I was coming from. And when I worked with the system to help them understand their child and to maybe just get to know each other better, everything, the reactivity, sank and there was more connection and they were better able to function as a family and the child was better able to get.

His or her needs met. That's what happened. And then, so that's, that's how I got into it clinically. I imagine that felt [00:25:00] like you had some kind of magic power to, to make a real difference in the lives of these young men. Well, at the time, and these were boys and then also men. Okay. But at the time, so like the men was a whole different story.

I was just really curious to, there were all these men that were being diagnosed with this. Form of autism and, they were struggling to hold down jobs. And I thought at the time, maybe if we have a group, they can connect with each other and they can be less isolated. That was my intention. You know, that's the number one mission behind the Relational Life Foundation.

Mm-hmm. Is to address the epidemic of loneliness and isolation. Right. And this population seems like would probably experience that more so if they're not getting seen or they're getting missed by their families even, or their partners. Yes. That's exactly what was happening back then in, in, you know, 2000 or whatever.[00:26:00]

And so those, that group was a special group because I don't know this for a fact, but I'm pretty sure I was the only person anywhere. Doing a group like that. And they did connect, actually they did. They identified with each other and it was really, it was really powerful. Then I started working with the boys, after I had been working with the men.

That's where I realized that the system around these boys were really dysregulated. And as soon as there could be some regulation in the family system, the child actually started doing better. They started functioning better. They still had needs and things that they needed help with, but they could navigate that better with less, you know, conflict.

I believe that's, so that's how, but then I started thinking about. Wait a minute. Maybe there's some other thing that pulled me into this. Yeah. And what I realized is that, I think on my [00:27:00] father's side of the family, his dad, my father's dad, he was very, very rigid in his thinking about things. Hmm.

And. I believe as I thought about it, reflected on it more that I grew up in a system that had a level of rigidity in it all the time, and I learned how to navigate that really well. So when I worked with like the men or the boys, I was able to navigate that and I wasn't thrown by it. And I think that is what got me sort of pulled me in at first.

And then later I thought that there's, there's a connection there from my own family of origin that I had not really thought about before. I don't have any idea if my grandfather was autistic. I don't know. But there was a lot of rigidity in, in the way he thought about things. Very black and white thinker and, had to have things in a very particular order.

That kind of stuff. Well, whether or not your grandfather was [00:28:00] neurodiverse Yeah. You benefited in a particular way that allows you to be a magic key for this population. Mm-hmm. And one of the questions that I often ask guests on this show is, what's the unique light that you bring to the world? Would you have, what's the unique gift that you've identified in yourself that sets you apart?

That you say, I, I need to bring this to the world. This is why I do the work I do. Mm-hmm. And it sounds like the family of origin set you up with certain patterns and skills. Mm-hmm. But then I imagine that matches with something that you already had innately within you. I've never been asked that question, so I need to think about that.

But

I do think everything is connected to everything. I, I, I'm a believer in that and I think that, the idea that these, that the people I was inter I was, that were coming [00:29:00] into my caseload as a young social worker, that they were lonely and they were dismissed. They were marginalized and I, again, everything is connected to everything.

I think that because I grew up in a family where of, of immigrants who were marginalized, who were isolated, who were othered, I just think I was drawn to how can I make a difference in another group of people who are experiencing

something like that? Because it was so embedded in the narrative of my years as a little girl growing up in a family of immigrants.

So, and I don't mean my fam, I mean my extended family were, were immigrants, but it felt, they felt like my immediate family. 'cause we, that's how we operated. So I actually think that's more, of what drew me in was just kind of a part of my own story that was trying to kind of pass along the kindness and [00:30:00] the help and the support.

And the ability for people to get, you know, recognized and outside of the margins. Hmm. As you speak that, I imagine that the work you do brings healing to the larger system of your family in some way. Well, you'll have to ask them.

So I mean, and are you talking about like my family that I have or my family that I grew up with? Or both? Oh, I don't know. Or all people who have a similar story. Yeah. Yeah. I definitely, I do often credit my parents and my. Family of origin, my extended family

they taught me a lot about. Including people and being inclusive. And I think that some of those lessons were experienced [00:31:00] or learned sort of the hard way, but they allowed me as, a complete total Amer. I mean, I, I was born here and raised in America, but they made sure that I knew those stories.

They made sure that I wasn't distant from those stories. And I do appreciate that a lot. I think that really did influence, even though, autism is not immigration, but there's a lot of, there's a lot of similarities there.

Especially in your particular family, perhaps. Yeah. Yeah. You know, what I know about you is that your work is set out to empower people with information about how their brains are working. Mm-hmm. To educate professionals in the field to be better prepared to work with a variety of brains. Mm-hmm.

Yeah. And to increase the awareness of neurodiversity in general. Mm-hmm. And to decrease ableism. Yeah. [00:32:00] Yeah. Absolutely. Absolutely. I mean, it sounds like what we're talking about directly fits into all four of those bullet points. Mm-hmm. Yeah. I also think that, I'm very interested in couples being able to just.

Have that relational joy that they deserve. Right. So I'm very interested in getting past just survival, but also into relational joy, real intimacy, real ex real relationships that can really repair, that can handle the ruptures and navigate. I'm

really interested in all of that, because I think all relationships are really fairly complex.

Mm-hmm. And, and they all have so much potential. Yeah. Mm-hmm. And, and I think that there's some kind of thought out there that relationships should be a certain way, should be romantic, or should be, you know, your partner should be able to see and hear all of you and all [00:33:00] of this you think kind of thing.

And, I'm really interested in helping people. Recognize what a real relationship actually looks like, and it's not pretty all the time. So I think that is a disservice that our culture has set up for us. Yes. And so the so neurodiversity piece, it just adds, it does help. It's important right now because there in the culture in this, at least in this country, and I think throughout the world, but you know, it helps us understand that.

We are, we're not just our trauma stories. We have so many layers. We need to understand all of them and we need to be, relational and meaning. We need to be curious about those aspects. And we need to, you know, get step back from judgment and from what's better and worse than, that's what I'm interested in helping couples.

The words that are coming up for me as you're speaking are wired for connection. Mm-hmm. Or wired for relationship. [00:34:00] Mm-hmm. And I feel like the last 10, 20 years, there's been a lot more. Science and research that has shown us that the human brain actually really is wired for connection, that we need one another.

Mm-hmm. And I'm curious about how neurodiversity ties into that. Mm-hmm. What that means in the context of neurodiverse brains. Yeah, no, there has actually been research that shows that, well, many people know that there's research that shows we're wired for connection, but also that includes neurodivergent folks.

It's not just neurotypicals who are wired for connection. I believe it. But from the way that you've spoken, I get the sense that actually , the neurodiverse population may have a tougher time. Turning toward connection or having the ability to explain their inner world so much that someone else can understand and have empathy and connect with them.

Yes. I think that second piece, that's it. It's not always easy or [00:35:00] it's more complicated. Look, if you are, um, autistic that functioning at a high level and autistic and you are. The way that your body, especially your face,

expresses or doesn't express itself. If there's a flat or sort of a, a flat affect, for instance, and you're part, you're trying to connect with someone else or they're trying to connect with you, and that other person is expecting an expressive conveyance.

Feeling and sensuality and you know, intimacy and all this stuff, and they don't get that. Well, that person, that we'll call that person the neurotypical one, for instance, they can feel a sense of deep loneliness and disconnection because they're not seeing, getting through the sensory inputs of their own that they are.

That their partner is attuning with them or tuning in Makes sense. [00:36:00] And so, but that person on the other side who may be neurodivergent, actually may be experiencing, love and care and concern, but is not conveying it in a way that the neurotypical partner can perceive it. That's, that's where that, that's where that disconnect can come in at times.

And. Leave and, and actually leave both of them feeling deeply lonely. But definitely the stories that are made up about that are things like, I'm not, you know, for the neurotypical one, what's you don't see me. And for the neurodivergent one, I am, I'm broken. What's wrong with me? And that those narratives can go on and on and on for years and years without any explanation.

That might be contributing to that beyond the family of origin trauma Uhhuh. Yeah. If they don't know to look, if they don't know to look at the ninth lens. Yeah, at the ninth lens. Through the ninth lens. [00:37:00] Yeah. Well, so if you can imagine a couple in front of you that's. Dealing with that narrative and that pattern, that dynamic over and over the course of years.

Mm-hmm. How does RLT specifically help break that pattern and give them new ways to communicate? I mean, again, yeah. You know, and I know that the audience may not know the ins and outs of RLT, so I won't get too specifics. Okay. We're talking about relational life therapy. Yeah.

Relational life therapy. That, that,

once we get through, so how RLT can help is a couple, is it several different ways? Through the process that we call phase one of the data gathering. It can, this is very important. The model itself will support the idea of naming, Hey, I just did this recently with the couple, you know, I think you may be showing some traits that are similar to autism.

And I wonder if we can explore that a bit. Would you be open to that? [00:38:00] Hmm. And the client said, okay. And, we were able to come up with that. He's not so sure if he wants to pursue getting tested or whatever for autism, but he did understand that there were certain traits, including some, some ways of thinking that were a bit more rigid and less flexible.

Than his partners and he was willing to look at that, through that data gathering process. Then in the phase two, where we look at more of understanding the relational trauma, that may be informing each person right on how they're reacting in the relationship, how they're showing up in a reactive state.

He was able, I'm just gonna use this case. He was able to understand that in his family of origin, the trauma was that he had to raise himself. He, his [00:39:00] parents were really not around. They, they really were not present with him. And he had to figure out how to, raise himself and, and be self-reliant.

He also though then understood, not only did he learn how to be self-reliant, but he has this really analytical brain, that. Made it easy for him to be self-reliant. Kind of helped him along. So phase, so that phase two work of understanding the trauma and maybe how the neurodivergence is intersecting happens and when doing that, the development of that wiser adult part.

Is also looking at not only those adaptations from trauma, but maybe how the, way the rigid ways of thinking or, those sensory issues might also be contributing to, some of the ways that the reactivity is coming across to their partner. Right? So when they develop their wise adult, they're developing strategies to [00:40:00] manage.

Some of those traits and they're also developing awareness about their adaptive child. But then it's phase three that I think really brings it home because of the tools. So, you know, using the feedback wheel breaks everything down in terms of communication. And I have found that all of my couples who are neurodiverse love the feedback wheel.

It's a very tangible model. Mm-hmm. And I wanna just make sure it's clear. Breaking thing, breaking down communication is not a breakdown of communication, but it's actually a yes. Breaking down step by step. This is what happened. This is what I noticed and this is how I felt about it. This is like what I made up.

This is how I felt. Yeah, that has, that really helps because yes. It helps the partners, and this helps all couples, but it really, really res, I've just heard

nothing but positive things from my neurodiverse couples who say, oh, [00:41:00] this is a relief. Because now let's say the neurotypical partner has had trouble, they, they often feel like, I can't figure out what he's thinking.

I can't figure out what she's thinking. And the neurodivergent one uses the model to break it down. This is what I saw and heard. This is the story made up about it. This is how I felt, and this is what I would request. They're able to tell their partner what they're thinking or feeling because it's broken down when it's not broken down.

Often, often, not always, but often a neurodivergent person, especially autistic, simply gets overwhelmed with all of that at once and doesn't know where to begin. So they can't communicate it. So it's helpful on both sides being the receiver and the communicator. Yes. Yeah. It really makes a difference.

I've heard a lot of things, so I think, I mean, I think that's part of it. But definitely that more, that phase two work where the partners are also, getting in touch with, how they need to show up in order to take [00:42:00] care of those parts of themselves or that part of themselves that, you know, contributes to disconnection, that's useful, but you also have to take into consideration any accommodations to some communication needs that need to come into play too.

I'm actually caught on phase one as you're, you're in phase three now. It's teaching skills. Right coaching, but in phase one, RLT does something called joining through the truth. Yeah. And what you're talking about doing is saying, listen, what I'm noticing in you is that you might have some tendencies that show up.

As someone who might be neurodivergent, do you wanna take a look at that? Mm-hmm. Mm-hmm. And in a way, to me that's joining through the truth. 'cause you're holding. Yes. It's holding them with love. You're holding them with respect. Mm-hmm. And helping them see something that they may not currently be seeing in themselves.

Absolutely. That is part of joining through the truth, [00:43:00] and this is the part that I, I haven't given enough, light to yet. It's joining through the truth on that side of things, but also joining through the truth with, let's just call that other partner neurotypical or, or leaning in towards neuro typicality.

That they might be making some assumptions about their neurodivergent partner, about whether they really care or not, whether they're really present or not. That comes from what we call neurotypical privilege. The privilege of

being able to say it's always the other partner who has the empathy deficits, but not me, not the neurotypical one.

Ah. So I do a lot of joining through the truth around that piece as well. So that be because otherwise. The partner who's neurodivergent is always the problematic partner, and that is not always the case right at all. Yeah. Well, you're leveling the playing field by calling out what they may not be seeing.

Yeah. So it's one layer of joining through the truth, but there's, I mean I, there's also other layers, but [00:44:00] that would be an additional layer. Of course, there's other layers and we don't have to get into that here. Yeah. Yeah. I just wanted to name that. That seems like a really clear correlation to me. Yeah.

I love it.

Well, I'll tell you that, when I went to do the presentation I did in Orlando about neurodiversity, it's another form of no, no ordinary love, but it's really about RLT and neurodiversity.

Mm-hmm. I, the. There are autistic people, neurodivergent people can absolutely be grandiose. There's no question about it. Like that's not, they can be shame-based one down or one up. I mean, there's no rhyme or reason there.

They can be an either place. They can be boundaryless, they can be walled off. There's not a specific, just because you have this kind of neuro type means that you have this kind of relationship [00:46:00] grid placement.

There is no such thing. And sometimes that's what can be, it can be very difficult when you have an autistic person who goes to a grandiose and boundaryless place in the relationship because that's where you might find somebody who is, expecting their partner to make a lot of accommodations. And it's not that they shouldn't, that they don't deserve those accommodations.

It's how they expect it, that gets them in trouble. Right. I, I mean that I would love to talk about, it's, it, you know, we'll have to have another conversation. That can be true with grandiosity in, a neurotypical couple as well. Yes, yes, yes, you're right. But how it shows up is like, the, the lights are too strong in here, so I can't,

You're not sensitive to my sensory issues. Mm-hmm. So you are the problem, as opposed to, I have sensory issues, I need to take care of those sensory issues. Hopefully you can understand that, but it's my job to take care of that. [00:47:00] It's not that it's your fault that you don't understand that's not really the issue.

It's what am I doing and how am I communicating that to my partner so they can help take care of me? You see what I'm saying? Yeah. Absolutely.

How many other RLT practitioners are doing what you're doing? Do you know if any. I know a few practitioners who do neurodiverse couples work Uhhuh, but they don't do RLT as far as I know. I think that could be changing as I speak because so many more people are getting certified. And also I do teach at the institute as well, and I'm, yes you do, you know, I'm starting to connect with other neurodivergent RLT students and those folks are definitely doing this work for sure.

Yeah. Excellent. You know, it occurs to me that I should tell you about our scholarship students, because sometimes, you know, what we're really trying to do through the scholarship is award practitioners who are [00:48:00] diverse in some way or another, and doing di doing work with diverse populations. Mm-hmm.

Populations that have dealt with systemic oppression of one way, of one sort or another. Mm-hmm. At times we have applicants who are neurodiverse and say so in their application. Mm-hmm. And get awarded a scholarship and I feel like

they should get to know you. They should make a connection with you in, within the institute.

Mm-hmm. You're teaching, what are you teaching at the institute? Well, I'm teaching, I'm doing mentoring groups. And I'm about to do a practicum called Practicum Three. Great. So yeah. Yeah. And then the other thing I do, which, and I really enjoy too, in addition to the work at the institute, I really love teaching, so I just enjoy it so much.

I also run an RLT consultation group. That's just my group outta my practice. It's not part of the institute. Mm-hmm. But some of the students who [00:49:00] got certified or some of the folks who've been in the work come to that group. Now, that group has, there's a, there is a layer of discussion around neurodiversity in that group, because everybody, so that's specifically for practitioners?

Yes. That's for practitioners. Yeah. Yeah. Beautiful. Caron, and I also know you're hosting a bootcamp coming up a relationship essential bootcamp. Yes. I really am excited about that. It's, I will say it's October 10th and 11th in Ashton, Maryland. It's in person. I'm super excited and my, co-facilitator,

andrea Masters is also doing it with me. I didn't know that. Well, we just added her because, great. So that's new information, Sarah. I actually meant to tell you. So there we, there you go. I just told you. I love Andrea. I think she's a great teacher. She's a great teacher. I'm really excited. Mm-hmm.

So we're doing it together. The bootcamp itself, I'm very, being very clear. It's not, the bootcamp is not made specifically for neurodivergent or neurodiverse people. [00:50:00] What will happen in my bootcamp with an Andrea is that I'll bring that lens and that sensitivity, but it's not specifically for neurodivergent folks.

It's just that, and that's because. The, the curriculum, the bootcamp itself was not designed in that way at this point. Sure. So yeah, not yet. Yeah, not yet. Yeah. And through Relational Life Foundation, Caron has made a few seats available for a sliding scale donation. So if finances are, a pinch point for you and you're a listener and this sounds interesting to you, check out relational life foundation.org and you can find her bootcamp there.

I'm excited. I'm excited to be doing it. I'm too. Thank you for your generosity in offering the foundation some seats to sell. Thank you, Sarah, for this conversation. It's actually been great and really just fabulous to kind of explore

sort of how, how this all comes to be, how [00:51:00] this has evolved for me, and hopefully how, you know how, I mean I am interested in helping practitioners become more comfortable with neurodiversity and have it not be so scary.

So hopefully this has been helpful in that way. Well, it seems essential. Especially as we know that more and more and more people are learning and identifying themselves as neurodiverse, we can no longer afford to ignore this set of the population. No, no. At all, every therapist should be trained in this.

I agree. I agree. Yeah. Yeah. Thank you for taking the time to, to speak with me about it. Is there anything else that feels really important to, to name I. I don't think so. I think this has been a great conversation. And I'm just, I'm thrilled to just be able to have it with you, Sarah. Thank you. I am too.

So I wanna say this. If this conversation has been [00:52:00] interesting to you and you want to go deeper with the knowledge that Caron brings to the table, I encourage you to go check out the no ordinary love.

Community conversation again on Relational Life Foundation's website, and we'll put all of these links in the show notes, but I wanted to put a plugin for that because it's a fantastic dynamite conversation with two other practitioners that Caron brought into a panel. Thank you, Sarah. Thank you. You bet.

And I will say, I, I didn't say this until now. My practice is. Known for two things we're known for. All of the things that we do here are relational in some way, but they're not all relational life therapy. But what we do is with, we do help people with different types of relationships, parent-child relationships, couples relationships.

We have groups, and we work with individuals of all sorts. But we're always giving that lens of, of what is the, what is the system that they're, what is the context that they're coming with. And then we're known for the neurodiversity piece, so. I have an [00:53:00] amazing team of clinicians and actually just brought in a RLT certified coach to the practice as well.

Beautiful. So, yeah. Yeah. So it's a rich practice in terms of we don't just do one thing. We do a lot of things and, we attend to helping people in their relationships because that's where a lot of the problems show up. Yeah. I always joke I'm a very peaceful person on my own.

Yeah. Leave me alone. I will be blissful and peaceful. Yeah. And actually the moment I became a parent and I had this little being, I'm like, oh, I'm not as peaceful as I thought when I have another person poke at. Exactly. Yep. Relationships bring it all to the surface. Exactly. Well, that's what we say here is that mm-hmm.

If you go on my website, you'll see it. It says that the relationships are the, that's where the, that's where things show up. That's, so that's why we bring [00:54:00] some, some attention to that, even if we're just working with individuals. So, yeah. My lens on it is actually that relationships are where we do our healing as well.

Yes. Uh, it's much harder to heal in isolation that we need other humans to, to poke at us and explore with us. To do the people. Absolutely. Yeah. Absolutely. I mean, we actually, at my practice, we do, we have a lot of groups for that reason. We have a parent group. We have a siblings group that is fantastic.

Great. And we, we have a group love group for people with OCD that who, who work and get, they heal in group. So I think that's all. Yeah, that's what we do. So starobin counseling.com is where you can learn more. Great. Yeah. Thank you so much, Caron. It's really nice to see you today. You too. Thank you for having me, Sarah.

Absolutely. Thanks for your offering. .[00:55:00] [00:56:00]