

Neurodivergent inclusivity within the supervisory relationship: Co-creating shared meaning using CMM

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Abstract

We describe the beginnings of an ongoing collaboration between two curious clinicians seeking to deconstruct in order to co-construct meaning brought to the supervisory relationship in the context of difference, specifically neurodivergence. With different spoken relationships to neurodivergence between us, among many other intersections of our identities, we were asked to create and deliver a supervisor training workshop for clinicians supervising clinical psychologist trainees. We write this paper to share some of our journey together, expressed through reflections on our workshop and the co-constructed meaning that arose from bringing our conversations to a wider audience. Our hope is to tell a story of how Coordinated Management of Meaning (CMM) theory and practices can support speaking about, around, of, or with difference in supervisory relationships. We conclude with a co-constructed model for use by supervisors in curiously considering the multiple intersecting influences upon a neurodivergent supervisee within an ongoing supervisory relationship. We hope to inspire greater curiosity and reflection on the application of CMM theory and skills to supporting difference, including neurodivergence, within supervisory relationships across clinical disciplines.

Introduction

*If you don't know the kind of person I am
and I don't know the kind of person you are
a pattern that others made may prevail in the world
and following the wrong god home we may miss our star.*

In the opening of the poem *A Ritual to Read to Each Other* by William E. Stafford above, the challenge of actively creating shared meaning is made explicit. In concert with the opportunity to connect with another to make shared meaning, is the risk that we may 'miss' our star through not knowing and sharing meaning together.

In the opening of the poem *A Ritual to Read to Each Other* by William E. Stafford above, the challenge of actively creating shared meaning is made explicit. In concert with the opportunity to connect with another to make shared meaning, is the risk that we may 'miss' our star through not knowing and sharing meaning together.

This process of making meaning between two different contexts has parallels with what Damien Milton called the "Double Empathy Theory" (Milton, 2012). In this proposition, when a neurotypical person and an autistic person interact, they may struggle to make sense of each other's communicative efforts and to co-construct meaning, leading to a double empathy *problem*. The theory proposes that any two individuals with very different internal worlds, ways of perceiving and interacting with the world, may find it harder to understand each other. A double empathy problem, in Milton's words: "[...] refers to a 'disjuncture in reciprocity between two differently disposed social actors' who hold different norms and expectations of each other, such as it is common in autistic to non-autistic social interactions" (Milton 2012, pp. 884).

Rather than ascribing to the 'theory of mind' deficit hypothesis, this therefore proposes that neurotypical people also lack insight and empathy towards autistic people. Of note, the Double Empathy Problem does not suggest that these initial differences in meaning are insurmountable. In fact, Milton proposes that responsibility to work to explore each other's meanings lies with all communicative partners in an interaction. While previous sociocultural narratives around autism had suggested a 'deficit' in empathy for autistic people and thus a static and unidirectional difficulty in communication, Milton threw down a gauntlet of responsibility and reciprocity to anyone interacting with an autistic person, or someone with different experiences to their own, to work to create shared meaning.

In surmounting thin narratives around autistic empathy deficits, systemic theory and practice provides a valuable basis for both understanding and addressing the double empathy problem. For one, empathy as a construct is phenomenologically abstract, often meaning different things to different people (Ekdahl, 2024). By focusing on relationships and context rather than deficits or narrow definitions of how empathy is typically expressed, systemic approaches encourage curiosity about each person's perspective and the meanings they attribute to interactions (Burnham, 2005). Techniques such as circular questioning put actions into relational contexts, permitting exploration of recurrent patterns and processes, supporting perspective taking, adding a dynamic or 'fluid' element to understanding of process rather than a stagnant or static approach, and fostering mutual understanding (Penn, 1982; Selvini-Palazzoli et al., 1980). Systemic theory and practice further highlights the reciprocal nature of empathy, moving from pathologising differences towards creating a collaborative space to explore highly efficient information transfer and shared understanding (Crompton et al., 2020).

In the words of one autistic person asking to be understood: "all I ask is that you try to have an open mind to ideas that defy existing ones" (Holt et al., 2022). With this in mind, a further symbiotic element of systemic theory and practice in the navigation of the double empathy problem is the 'not-knowing' approach (Anderson & Goolishian, 1992). This posture encourages us to set aside assumptions about neuronormative communication styles and instead engage with curiosity, humility, and open-mindedness to explore any individual's communicative efforts and experiences from the bottom-up. In the context of autistic and non-autistic interactions, the not-knowing approach thus creates a space where differences in communication styles can be held curiously, understood, and respected. This is

complemented by the concept of *splintersectionality* coined by (Urbistondo Cano & Simon, 2022) to describe the process of seeing a single characteristic of a person or community and assuming fixed and static representations of what this means that can guide their subsequent responses. Instead, they invite us to see all brains, neurodivergent and neurotypical alike, as having a degree of fluid responsivity to their contexts. Finally, this fits with our preferred use of the term *identifications* as opposed to the more fixed notion of identity. Identifications are dynamic context-influenced and influencing assemblages of our ways of being in the world that become articulated differently at different times and in different spaces, (Vila & Avery-Natale, 2025).

The Context of Clinical Supervision

Clinical supervision is a practice that spans all therapeutic professions. As diversity among trainees taking up therapeutic roles increases, and is increasingly recognised, there is collective curiosity among supervisors and supervisees about how to build good supervisory relationships and good social supervisory worlds. Indeed, the Division of Clinical Psychology Policy of Supervision (Division of Clinical Psychology, 2014) identifies supervision as one element of clinical governance that ensures safe and accountable practice, and high quality clinical and professional services. Together, the eighth and ninth tenet of its good practice guidelines states that supervisors should “attend carefully to their supervisory relationships” and should be “respectful of diversity in all its forms.” It further suggests that “it is crucial that a good [supervisory] relationship is engendered and supported.”

A UK Clinical Psychology training course was asked to put together some training for supervisors on the topic of supervising neurodivergent trainees. This paper recounts some of the process and thinking within the creation of the training, using Coordinated Management of Meaning (CMM) as a practical systemic framework to encourage curiosity and relational reflexivity about neurodivergence in the supervisory relationship. Levy (2024) has previously suggested that cross-neurotype communication can be interpreted using the framework of CMM, with double-empathy breakdowns specifically linked to what Pearce calls “uncoordinated communication”. We begin by considering why the presence of neurodivergence between supervisor and supervisee could warrant particular perspicacity of thought concerning communication, and reflect upon the ‘double empathy problem’ in particular in relation to the co-construction of meaning. We demonstrate how the LUUUUUTT model and serpentine model both offer helpful tools for use in supervisory relationships, and end with sharing a co-created Daisy model of what us and our participants within the workshop think could influence us in supervisory relationships with neurodivergent supervisees.

For supervisors in a therapeutic context, we are aware of stories told and common positioning of supervisors as all-knowing with respect to greater knowledge and expertise. Introducing the concept of owning a not-knowing approach thus engendered our curiosity about whether there could be a safe uncertainty in our storytelling related to a bottom-up exploratory, curious approach to providing supervision.

Neurodivergence

Difference is a relational construct, not a property of a person. We therefore would like to situate the reader in our understanding of neurodivergence as a difference in thinking, relating, feeling, perceiving, and acting that is unique to any neurodivergent individual in profile and meaning, but

typically deviates from the ‘typical’ presentation of humans in mainstream cultural and social lives. These neurodivergent variations dynamically impact on an individual’s interactions within systems, just like the system impacts on the individual.

Our understanding of neurodivergence is therefore inherently systemic, shaped by the social construction of both disability and of difference. Neurodivergence in the context of the neurodiversity movement, typically encompassing constellations of experiences such as autism, ADHD, and dyslexia, that are framed as “differences” rather than “deficits” (Pellicano & den Houting, 2022). This aligns with the social model of disability, which suggests that sociocultural structures, beliefs, and attitudes, rather than intrinsic deficits or impairments in individuals, create barriers to participation and inclusion (Oliver, 1990). Systemic theory aligns with and extends this perspective by examining how meanings around neurodivergence are co-constructed within relationships, families, organisations, and cultures. It recognises that what is considered “typical” or “atypical” is not static, but shaped by similarly shifting cultural norms, the use of language, and by power (Foucault, 1979; Shotter, 1993). By viewing neurodivergence through a systemic lens, we can thus shift from individual blame and thin descriptions of neurodivergence to a focus on context, collaboration, and a shift towards thinking that is free from assumptions and/or stereotypes. This systemic-social constructionist perspective invites us to question assumptions about difference and reimagine structures to embrace diversity.

This is particularly important for supportive structures, such as clinical supervision, around neurodivergent colleagues. Minority stress theory explains how social disadvantage and stigma towards minoritised groups can translate into physical and mental health disparities (Botha & Frost, 2020; Meyer, 1995). While neurodivergent people can be successful and feel fulfilled in work, the ‘autism employment gap’ is the worst for all individuals with disabilities – only three in every ten autistic people are in work, compared to half of disabled people overall and eight in ten non-disabled people (*The Buckland Review of Autism Employment: Report and recommendations*, 2024). The Buckland Review further highlights that the biggest barrier within employment for autistic people is a lack of understanding and negative stereotypes. Within supervisory structures, creating supportive and open-minded cultures for neurodivergent supervisees is therefore a priority.

Our Relationships to Neurodivergence

In keeping with reflexivity, a relational stance, and the co-construction of knowledge, we would like to position ourselves as co-authors and co-trainers in relation to neurodivergence, supervision, and power.

As authors, the two of us came together from different personal relationships to neurodivergence, with one of us living as an autistic woman, and the other identifying as a middle-aged neurotypical woman. During the exploration and co-design phase of workshop development, we explicitly spoke to our shared goal of remaining attentive to the ways in which neurodivergence is shaped by intersecting identities and contexts. This felt important given that although we shared some intersections of our selves, including being female, white British, and working within the field of healthcare and therapy, we also lived different intersections, such as our professional roles and relative seniority. One of us was a soon-to-be ex-student of the DCLinPsy course and one was a long-standing colleague of the course team. This is relevant in terms of the alliances we might have held with the course commissioners and the attendee positions that we might have felt pulled towards during the course

of the day. Modelling the dance of moving forwards and backwards, in and out of leading the session hopefully demonstrated our ideas about use of power, knowledge and authority.

These differing intersections particularly informed how each of us had encountered supervision, either as a neurotypical or neurodivergent supervisor/supervisee. While we recognised the many intersections of identification and relationships to neurodivergence that neither of us could speak to, we found the experience we shared and did not share gave us ample opportunity for reflection and for questioning themes including: how difference can be named or overlooked within supervisory relationships, how there is both power and vulnerability in sharing living experience related to invisible differences, and how clinical training and services can both implicitly and explicitly privilege particular cognitive and relational styles. This last point became a key experiential anchor between us – relating to the systems of clinical training that that may silence or quieten, or sometimes uncomfortably amplify, difference within professional contexts. While we generally felt well aligned and enjoyed the space of relational and intellectual collaboration between us, we also aimed to lean towards our own discomfort, misattunement, and uncertainty as opportunities for learning in our cross-neurotype dyad, rather than seeing these as ‘difficulties’ to be managed or resolved within supervision.

Our Workshop

The workshop we designed and ran in September 2024 took significant time to co-develop. We – and the people who thoughtfully commissioned us - worked hard to slow ourselves down to be able to build our workshop from the bottom-up in a collaborative, relational way. As we explored each other’s perspectives and ideas, we gravitated collectively to the practical systemic theory of Coordinated Management of Meaning (CMM) as a lens through which to explore working with neurodivergence between supervisors and supervisees. We focused upon three key CMM models: the LUUUUTT model, the Serpentine model, and the Daisy model and expand upon our use of these below.

We aimed to think with our contributors using CMM models to reflect on neurodivergence in supervision, considering the “double-empathy problem” and how to foster “safe uncertainty” (Mason, 1993) in a supervisory context where we thought it could feel difficult to know how to discuss and support the intersection of an individual’s social GRRRAACCEESSS (Burnham, 2018) where there is neurodivergence.

Our learning objectives were as follows: 1) By the end of the day, to support contributors to feel more comfortable with using the CMM model; 2) We hoped that contributors would feel more confident and more skilled in working with neurodivergence among supervisees; 3) We hoped that contributors would go home with some tools and skills to support this, some of which we aimed to co-create together on the day; and 4) We hoped that the day would provide an experience of being able to think carefully and curiously, while connecting with others.

Coordinated Management of Meaning (CMM)

CMM is well positioned for the context of supervision, offering a practical theoretical framework that blends theory and tools to advocate for the making of better social worlds via reflection on our patterns of communication (Pearce & Cronen, 2014). CMM sees the world as full of multiple meanings, always evolving, never complete, and open to being reshaped through reflection. As a practical theoretical tool, CMM sees itself as part of this – evolving and reshaping, becoming richer through

involvement and in being used. In honour of the practical nature of CMM, we now focus in on the use of tools during our workshop.

LUUUUUTT Model

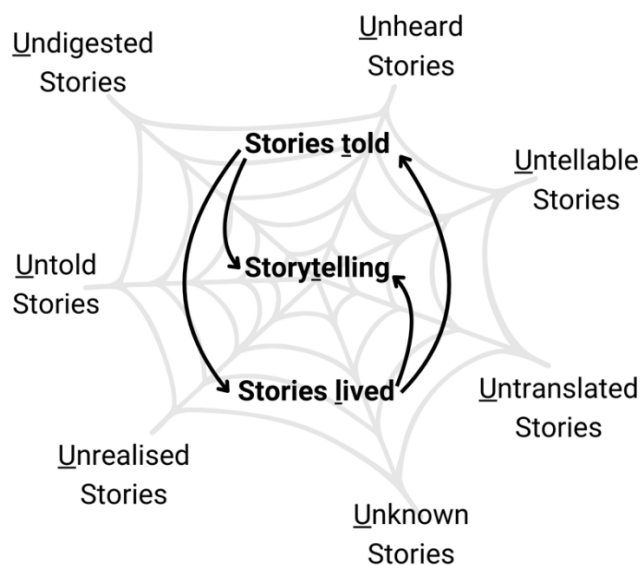
The autobiographical stories we tell about who we are and how we became our current selves deeply shape how we connect with others and navigate shared meanings. Storytelling has remained a constant across cultures and across time, functioning as a universal means of sharing experiences, preserving traditions, and making sense of the world (Bruner, 1990). Cultural stories influence our interactions in similar ways to our own stories. For example, the stereotypical autistic ‘savants’ in popular culture such as Raymond Babbitt in the film *Rain Man* suggest a specific story around neurodivergence that paint autistic people as male, intelligent, and socially aloof. Systemic practitioners have drawn attention to how the dominant stereotypes and “stories told” about autism are epistemologically marginalising for many people with specific intersections with neurodivergence, such as girls and women (Evans, 2022; Morgan-Trimmer, 2022). Relatedly, Urbistondo Cano (2022) highlights how “stories told” in relation to intersecting autism and learning disabilities have evolved over time from being viewed as disorders to be ‘cured’ to being seen within a social justice framework of depathologisation and liberation.

An important distinction made within the LUUUUUTT model is the difference between our internal working models related to our “stories told” and the reality of what we do, our “stories lived”. Awareness of the inconsistencies between what we actually do and how we do it, and the stories we tell ourselves about this, can open up new possibilities for action. The LUUUUUTT model further draws our attention to stories that matter, of which they can be untold, unheard, unknown, or even untellable.

We chose the LUUUUUTT model to support reflection about the complexity of our stories. Given its structural encouragement for us to not just see stories at face value, but to pose questions and think more deeply about the meaning behind and beyond the stories we tell, we felt that the LUUUUUTT model offered a key opportunity to reflect on neurodivergence within supervision.

There are many facets of neurodivergence that may make the U’s of the LUUUUUTT model important. For example, to understand camouflaging in autistic individuals, the model can speak to the complex dynamics between our internal experiences and external narratives. Camouflaging – where autistic individuals mask their authentic, neurodivergent, selves to appear consistent with neuronormative social expectations and ‘fit in’ – can often result in untold or untellable stories of distress, fatigue, or isolation (Hull et al., 2017). These untold stories of camouflaging often remain unheard or unknown for others around the individual. By illuminating the layers of stories that are lived versus told, the LUUUUUTT model can facilitate a compassionate understanding of the impact of such experiences, creating space for untold or untellable stories to emerge and for the co-construction of relational authenticity.

Figure 1. LUUUUUUTT model including additional U's to the original model that arose to make sense of different experiences during the workshop.



We aimed to set the scene by explaining our choice in using the LUUUUUUTT model for the opening task. We described how the process of reflexivity using the LUUUUUUTT model is not about trying to ask others to disclose more or to force stories to the surface, but to remind ourselves that what we bring to our joint encounters is complex and multi-layered. We hoped that the model would remind us all of the power of listening to others, to support hearing of previously unheard stories, translation of untranslated stories, co-digestion of undigested stories, as well as listening to our own internal voice (for unknown, untold, or untellable stories of our own).

Starting from the perspective of ourselves in a supervisory relationship, and measuring our stories told against the stories we live, we hoped that the process may support us all to awaken to some of our own blind spots. Adding relational reflexivity to this, we intentionally gave time to exploring the idea of 'mystery' – how there is always another story that *could* be told, more to say, or another way of contextualising events and people. In line with the active process of navigating the double empathy problem, we hoped that the concept of mystery would serve as a reminder that our interpretations are always limited, always partial, and always inviting further exploration of shared meaning.

For our first task, we asked participants to think of an instance of supervision where they thought there might be neurodivergence between themselves and the supervisee. We provided a worksheet with the separate LUUUUUUTT components provided with space to add thoughts for each, and first asked participants to fill in the model based on their example of a clinical scenario: what they said, what they might not have said. We invited our supervisors to think about different types of stories told, and how the stories they/supervisees tell may differ from the stories they/supervisees live. We invited them to be curious about what might have felt untold, unheard, unknown, or untellable.

More U's evolved during the discussions between participants – untranslated, unrealised, undigested... (see Figure 1). We hoped that by fostering sensitivity to possible untold stories and the U's, we may have enabled deeper listening in relationships or in our relationship to ourselves. An

example of this came from one workshop participant who told their previously untold, unheard story. They spoke about how they did not feel safe to discuss being a neurodivergent clinician with each new supervisor during their progression through clinical training unless the supervisor explicitly indicated a willingness to discuss difference, coupled with openness to perspectives on neurodivergence that did not solely reflect societal stereotypes. Without this, the supervisee felt that they could not safely discuss their living experience, and that they missed the opportunity to digest their living relationship to neurodivergence within the clinical work, leaving the story ‘undigested’.

Serpentine Model

We chose to introduce the serpentine model (Pearce & Cronen, 2014) at this point to encourage curiosity about the “how we got here” in any relationship at a point in time, and to encourage relational reflexivity in relation to conversational turns and patterns. We felt that this followed on well from reflexivity about the complexity of our stories and what is told or not told. The serpentine model works backwards from what we create, asking how we got there and specifically what patterns exist that got us to any moment in time. We liked that the tool could capture what takes place between supervisor and supervisee in active conversation, directing our attention to the ‘back and forth-ness’ of social interaction in the weaving of turns. For example, using such a model to reflect on supervision may help a supervisor/supervisee develop curiosity about a pattern of responses in relation to questions around difference.

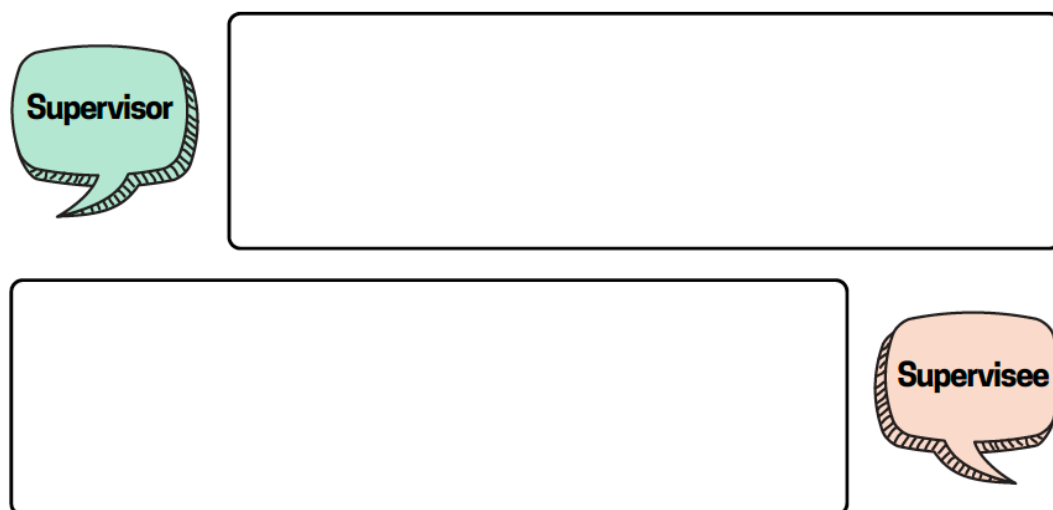
The serpentine model further invites its users to think about the concept of ‘logical force’ – the moral pressure or sense of obligation that someone may feel to respond in a given way to what someone else has just said or done (e.g., without feeling that they had choice). For example, in Western cultures, if someone greets you with the phrase “Hi, how are you?” there is a logical force to respond in a way that passes a similar greeting back “Fine thank you, how are you?” We felt that this element of the serpentine model may be particularly useful for our supervisors and supervisees in being able to think about the UUUUU’s of the LUUUUTTT model and whether their prepotent responses were the stories they wished to tell or not.

Our activity to put the serpentine model into action in the room focused on supervisors’ choices around making the next turn. We provided a vignette as follows:

You have a new Trainee who you are supervising on placement, and you are meeting for your first supervision where you are mid-way through discussing and writing your supervision contract. When you first met them before they started, they mentioned to you that they are neurodivergent, but you do not know anything more. You think it is important to bring this up, and you are wondering about how best to do this.

In eight small groups, we asked our supervisors to complete the first two utterances between them and their hypothetical supervisee in the conversation detailed in the vignette. We provided some question prompts for use if helpful, such as ‘how are your previous interactions impacting upon the present one?’ ‘What did your conversation partner do to make you act in the way you did?’ ‘What did you do that made your conversation partner act in the way they did?’ and ‘Can you make new choices that break unwanted patterns and lead to different results?’

Figure 2. *Serpentine model exercise to encourage relational reflexivity and curiosity about the “how we got here” in the supervisory conversation, requiring participants to take turns to fill out one conversational utterance (supervisor comment and supervisee comment) each time.*



We added a playful twist to the activity. We asked our participants to fill in one conversational turn for supervisor and supervisee at a time (see *Figure 2*), and then paused for reflections or questions. At the first pause point, following reflections, we then asked each table to pass their sheet with their first conversational turn to the table clockwise to them. We provided our rationale for this – with less context for the rationale behind the first question or comment from the supervisor, the groups would have to think with curiosity about how to proceed – making the question “how did we get here” even more pertinent and overt to the process. We passed the sheets clockwise for each of 7 turns, and used speed as a further challenge – once asking our groups to write their utterances quickly (within 2 minutes) and once with 10 minutes to provoke reflection on how thought can be both helpful in choosing how to respond, and also problematic for some participants in encouraging overthinking and leading to unsafe uncertainty, among other reactions and responses.

Participants reflected on how earlier conversations during the day had empowered them to speak more openly and directly about neurodivergence and difference, where previously they may have felt hesitant to do so within supervision for fear of ‘saying the wrong thing’. The transcripts broadly reflected this, with supervisors posing questions about neurodivergence and speaking of wanting to create safe (enough) opportunities within supervision to reflect on difference. Despite the increased openness and directness, however, participants also reflected that when given longer to think about how to respond, they sometimes found themselves overthinking their responses and slipping back into concern about causing offence. This perhaps reflects the challenges of active and fluid co-creation of meaning within interactions, where interpretations such as what is safe (enough), are continuously negotiated across time.

Daisy Model

Our last active participation used the daisy model to bring our learning and reflections together from the day of connecting with each other and with the ideas of applying CMM for contexts of supervision with neurodivergence. The daisy model offers opportunity to increase our awareness of contexts by

collecting pieces of context that make up moments, such as a single interaction or a conversation. While the centre of the daisy represents the moment (e.g., a supervision session or even a single sentence), the petals of the daisy represent the factors and contexts that influence that centre and moment. These can include previous conversations and experiences, our beliefs, sociocultural pressures or influences, and much more. A daisy model can also be used to look at the differing influences and contexts upon multiple conversation partners in the same moment – with the centre representing the coming together of two (or more) people, and each individual's petals representing their specific communication ecosystem drawn from personal, relational, and cultural realms.

In the words of Kim Pearce, the purpose of the Daisy Model is “to better understand the larger system of which the event and participants are a part, and to experience mystery, compassion, and humility about the complexity of our social worlds” (Pearce, 2012). This complexity is perhaps represented by what we do not see in the daisy model – while we see the centre and can recognise some of the petals, the daisy does not exist on its own without a stem, leaves, roots, and the ecosystem around it that keeps it alive with sunlight, water, insects, and nutrients. While some conditions within the ecosystem support the daisy, others, such as drought or frost, or pernicious insects, disrupt its growth. The daisy thus offers an apposite metaphor for the supervisory relationship – good gardeners must learn to understand their plants to learn to keep them thriving and adapt their knowledge and cultivation as the seasons change and ecosystems evolve.

The Daisy Model has previously been proposed as a helpful reflective tool for use within clinical supervision (Morris, 2012). Morris further highlighted how the daisy is, however, a static visual image, contradicting the dynamic nature of interactional contexts and making it difficult to ‘reflect-in-action’. Indeed, the static nature of the Daisy Model presents a stark contrast to the fluidity within the Serpentine Model. While the Daisy Model is perhaps privileged by the density of salient influences and contributions, in parallel with the Serpentine Model which privileges the temporal acuity within interactions, the two models combined offer different lenses through which to explore the supervisory context.

Our task using the daisy model thus asked our supervisors to build two interconnected daisies representing a supervisor and a neurodivergent supervisee, adding petals that encompassed influences and contexts upon each conversation partner in the context of clinical supervision. The resultant daisy (see *Figure 3*) represents the multiple conversations had on the day of the workshop and the complexity of thought and experience in the room. We suggested to our participants that this daisy can act as a prompt when supervising neurodivergent trainees to awaken supervisors to the possible petals at work in any conversation about neuro-differences, while also providing the caveat that a ‘not-knowing’ approach must also be taken when attempting to confront a double empathy problem and the beautiful complexity and heterogeneity within neurodivergence.

Discussion

In summary, we came together to use the tools of CMM to reflect on the meaning made within supervisory contexts where there is neurodivergence. Via experiential tasks set together using the LUUUUUTT, Serpentine, and Daisy models, we were able to reflect on the co-constructed ideas to take forward as a collective of clinicians for us in cross-neurotype conversations in supervision (*Figure 3*). The LUUUUUTT model provided impetus for us to not just see stories at face value, but to pose questions and think more deeply about the meaning behind and beyond the stories we tell. The Serpentine model invited us to playfully decentre from our instincts and recentre ourselves to multiple conversational possibilities. The Daisy model gave us a tool for developing awareness of the richness of meanings and influences upon our meanings to provide opportunity for perspective-taking and agency in how we reflect on what we bring to the supervisory relationship.

With the ideas to hold in mind in our co-constructed Daisy model, we also developed our metacognitive processes through the framework of CMM. These include developing and enhancing our awareness of perspectives and assumptions, recognising our own meaning-making frameworks, noticing how cultural, personal, and systemic stories influence interpretations, and questioning “what assumptions am I making here?” We also honed our ability to monitor our communicative choices, tracking how words and actions contribute to patterns of interaction, considering multiple possible responses before choosing one, and monitoring how a message is said as well as what is said. We honed metacognitive capacities of perspective-taking and reflexivity, actively mentalising how others might be interpreting an interaction across time, and reflecting on one’s own role in co-constructing communications.

Further metacognitive processes included our ability to evaluate coherence across explanatory levels, using the Hierarchy of Meaning model in CMM theory to explore how stories and meanings at different levels (episode, relationship, cultural pattern, and so on) may align or clash. We were able to draw on our ability as practitioners to decentre and recentre – shifting from a single view to multiple viewpoints, decentring from our personal narratives to consider alternatives, and recentring to a more generative, co-created story. Across all tasks and conversations, we hoped to also develop our critical awareness of power and context, individually and collectively as a profession, monitoring how power relations shape which stories are told or silenced, and reflecting on themes including privilege, marginalisation, and dominant or subjugated sociocultural discourses.

Given the increased awareness of neurodivergence within society and the increased rates of diagnosis and disclosure, NHS Trusts and other providers of healthcare and/or other sectors such as education, social care, and businesses, are facing a greater ethical and legislative requirement to consider the support on offer for neurodivergent employees and how to support safe working relationships among staff where there is neurodivergence between individuals. We believe, and propose, that the models of CMM, and the ideas contained within the co-constructed Daisy model that came to life in our workshop, could provide clinicians, supervisors, and supervisees, with helpful tools for managing cross-neurotype conversations and for working with neurodivergence in supervision in future.

Following the threads of CMM, discussions are not just about the content (what we talked about) but also about the patterns of communication that we engaged in (how we talked about it). Our workshop aimed to support a culture of reflexivity, curiosity, and wonder. We were pleased to hear curious conversations throughout the day and an atmosphere of humility, safe uncertainty, and not-knowing.

One of the final reflections of the day was whether the skills and theory of CMM could be useful for any constellation of difference and intersections, and we left this question deliberately unanswered for our workshop attendees to ponder in future co-constructions of meaning with others.

With this broader question about difference and diversity in mind throughout the workshop, it became increasingly apparent that neurodivergence is never encountered in isolation, but is experienced through intersecting social positions such as class, race, gender, and professional role (Crenshaw, 1991). Indeed, additional intersecting minority identities can create a larger burden of minority stress (Botha & Frost, 2020).

In reflecting on what we paid more and less attention to during the workshop, issues of gender, racialisation, class and sexuality remained relatively unspoken and unexplored. It was not that these identifications were not present or relevant in the room but that they were not afforded the same attention as neurodivergence.

We have reflected on how dominant societal narratives frequently position neurodivergence as an isolated individual difference, often medicalised, which can act to detach it from its broader social, cultural and relational contexts. This siloed conceptualisation may be unhelpful, potentially narrowing understanding of neurodivergent experiences and deflecting attention away from the systemic and intersectional factors that shape how difference is recognised, responded to, and valued. When one identification is purposely privileged and amplified to enable exploration, other identifications temporarily sit further back. We are now moving towards a consideration of *salient daisies* to examine how different thoughts, feelings and identifications are temporarily privileged by different conversational partners and contexts¹. So, as the daisy blows in the social winds, the salience, impact, presence and intersectional meaning of any petal might feel or be momentarily changed in size, and its salience will be different for everyone in the encounter.

Clinical Psychology training programmes arguably remain lacking in both representation of minority groups and in provision for minoritised individuals who gain access (Farooq et al., 2022; Francis & Scott, 2023). While clinical training remains largely grounded in narrow epistemologies, neurodivergent individuals who also occupy other marginalised positions may experience compounded forms of marginalisation. We therefore believe that the tools of CMM offer a timely opportunity to explore difference, including but not limited to neurodivergence, through intersectional relational contexts. Since this initial workshop, we have run an evolved version of the workshop with different groups in Leeds and Newcastle, with systemic practitioners and trainees including groups of people with high levels of familiarity and expertise with the theory and practice of CMM models. These have been well received, and we are excited to continue co-constructing meaning together and with wider groups of people.

Acknowledgements

We would like to thank and acknowledge the clinicians who joined us for the workshop and joined us in mystery and curiosity to make meaning together.

¹ See NiCole T Buchanan, 2020 for an account of the salient circles exercise in which individuals are invited to visually map their personal experience of structural, cultural and individual identifications using differently-sized circles.

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