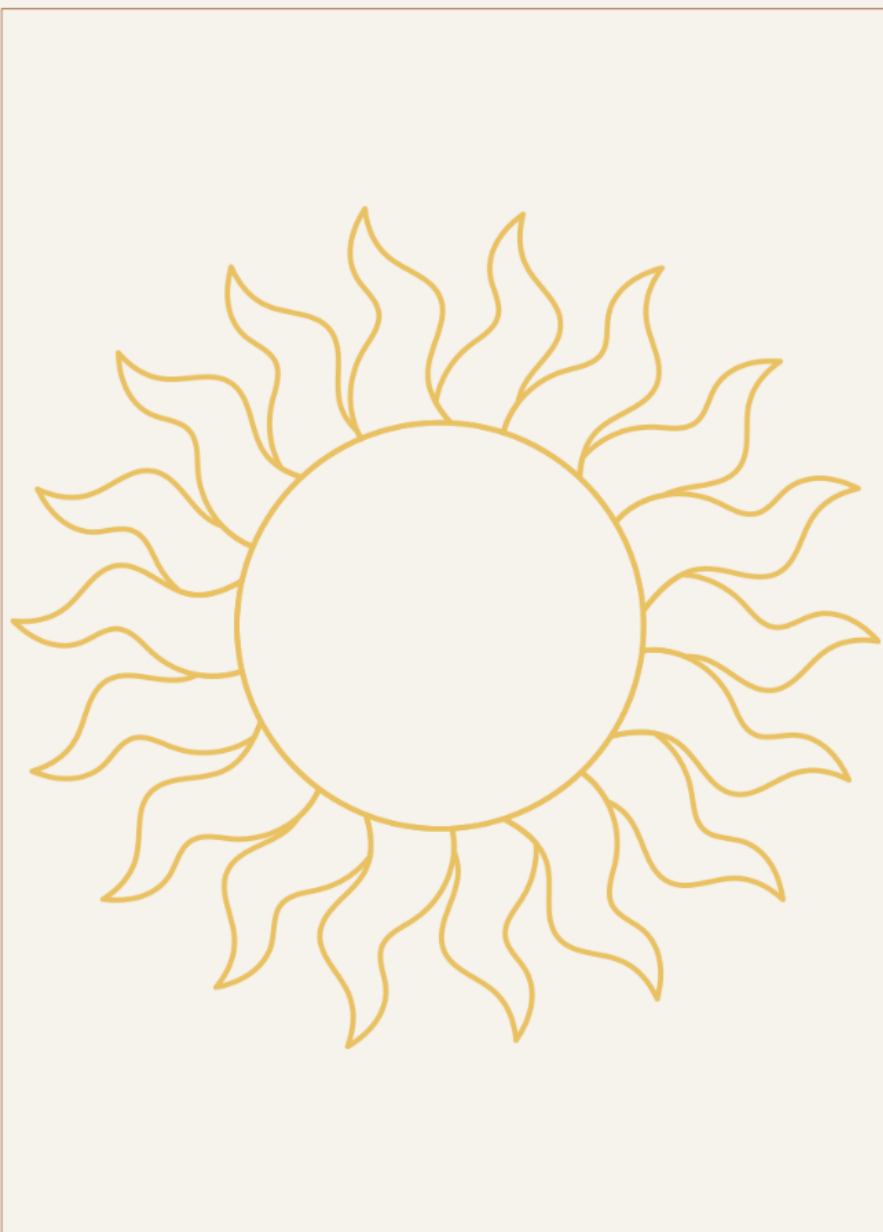


NEURODIVERGENT BURNOUT

EMDR + PARTS WORK MINI GUIDE



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Neurodivergent Burnout: An EMDR and Parts Work Informed Framework

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Neurodivergent burnout is often misunderstood as stress, low resilience, depression, or poor coping. For many clients, however, burnout reflects cumulative nervous system overload shaped by sensory strain, chronic masking, trauma adaptation, cognitions such as perfectionism or self-sacrifice, and prolonged disconnection from bodily limits. From a parts lens, burnout may be a protective response to a range of historic adverse events, unmet needs, or even the burnout or chronic fatigue itself.

Burnout is tricky to work with, and I am evolving my practice all the time. Every client is so different. I do not find it to have 'quick' wins very often. These days I work via an Intensive EMDR model, so for almost every other presentation I tend to see a lot of momentum build and things to shift very quickly. Burnout work takes patience, as well as an approach that is careful to maintain hope for the client AND not get stuck in it yourself.

Paired with Parts Work I find I can shift more with my clients AND harness preferred parts for increasingly long periods of time to offer relief; however, it is still often slow-ish, multifaceted work. We need to look at:

- Physiological stabilisation
- Reduction of ongoing nervous system strain
- Environmental accommodations
- Trauma processing
- Renegotiation of protective survival strategies
- Rebuilding trust in one's body, needs, and capacity (and acceptance of fluctuations)

This is a brief outline of ways EMDR and Parts Therapy-informed approaches support my work. It is extracted from a longer clinician resource and companion EMDR protocol on burnout that I am still developing.

It is largely based on my work with female-identifying clients in my practice, often mothers, usually neurodivergent (late diagnosed!); but can apply to general burn out, other genders, and to an extent, professional burn out (with other considerations like vicarious trauma)

This process is particularly non-linear; whilst in my extended resource I frame it within the 8 Phases of EMDR, I often work concurrently with the fundamentals, and processing, and resourcing/ future templating, depending on the needs and capacity of my client.

A Phased EMDR and Parts Work Approach

Pillar 1: Physiological Stabilisation

Before (and alongside) resourcing and processing, you should assess whether the nervous system and body have sufficient stability and support. I explore physiological foundations alongside our therapeutic work. For example:

- Sleep quantity/ quality
- Nutrition and energy availability
- Chronic pain and inflammation
- Vitamin and mineral deficiencies (including vitamin d, iron, b12, thyroid considerations where appropriate)
- Chronic illness or medical contributors
- Common co-current presentations- POTS, MCAS, EDS, ME/CFS, Fibro
- Trauma history / dissociation
- Ongoing nervous system load

Burnout recovery is often difficult while physiological depletion and overwhelm remain unaddressed. The kicker is that addressing many of these require a degree of cognitive / executive function and energy to explore, which your client may not have.

Take care to only work with one thing at a time, one aspect at a time, to avoid overloading your client. Hyper focused parts that want to 'be well' may wish to research all the above, which is okay, but be careful of urgency contributing to burnout. Some of it may just be useful framing to the problem, rather than a solution to be fixed. A layered approach is key, rather than finding one thing to magically fix it all.

When available, intentional harnessing of parts to support your current area of focus is very useful.

Parts Work Integration

- What are parts?
- Memory networks, AIP model
- Memory reconsolidation
- Parts as protective responses in burnout
- Mapping the adaptive/ preferred parts via embodied parts mapping
- Reactivating positive memory networks/ imagery/ parts they wish to see again

Pillar 2: Reducing Ongoing Nervous System Injury

For many neurodivergent clients, burnout is maintained by continued sensory, environmental, relational, and performance demands.

This pillar may include:

- Identifying sensory profiles and overload patterns
- Reducing masking demands where possible
- Exploring accommodations and accessibility needs
- Pacing and workload adjustments
- Boundary development
- Reducing task-switching
- Assessing chronic hypervigilance
- Referrals- neuro-affirming dietitians, OTs, complementary therapies, medical support
- Not rushing to 'fix' dissociative patterns
- Sitting with impossible situations e.g. rest versus economic realities

Assessing Trauma-related strain

- Chronic invalidation
- Bullying or exclusion
- Attachment trauma
- Medical trauma
- Repeated overwhelm
- Perfectionistic survival strategies

Assessing cultural and social strain

- Mental load and division of labour
- Parenting culture- doing it all (usually parenting ND children)
- Boss / grind/ breadwinner as achievement
- Desire to prove Neurodivergent folks can 'contribute' and be 'productive' in capitalist world.
- Supports, practical help, lack thereof

Clients may hold core beliefs such as:

- "I must keep going."
- "Rest is unsafe."
- "Needing support means failure."
- "My worth depends on productivity."
- OR "I am going to lose all function" "I cannot recover"
- "I've tried everything, nothing works"
- "I am alone"
- "I am unworthy"

Psychoeducation to consider

Sleep and recovery

- Sleep quantity and quality
- Truly, sleep is underestimated and recommendations for achieving quality sleep can be very surface/misunderstood “I’ve tried everything”
- Role of circadian rhythm and sleep pressure
- Daylight, sleep routines, wake up times
- Hypervigilance and racing thoughts
- Sensory contributors to disrupted sleep
- Role of biphasic sleep in neurodivergent folk
- Adapting sleep hygiene to neurodivergent folk
- Deep wave relaxation / yoga nidra etc

Nutrition and energy availability

- Inconsistent eating
- Hydration
- Appetite/interoception differences
- Stimulant use and appetite
- Blood sugar stability
- Restrictive patterns
- Chronic inflammation and impact on micronutrients in the body
- Boredom with eating and drinking water (yes, boredom can be intolerable)

Nervous system and/or trauma

- Dissociation as protective, not something rushed to ‘fix’ immediately
- Functions of nervous system
- Under-accessing and over-accessing nervous system as a protective responses in the body
- Chronic overwhelm
- Prolonged stress exposure
- Relational trauma
- Dissociation/shutdown responses
- Fear of pain / PTSD around injury or pain events
- Fear of collapse/ loss of function

Parts Work Integration

- Parts Mapping (via an embodied process, not intellectual processes)
- Wise or protective parts strengthening and trust building
- Teach client to activate and harness adaptive parts, first with you, then alone

Pillar 3: The Resourcing Continuum

It is common for burnt out clients not to have sufficient capacity in any given session for formal trauma processing. It is okay not to add another expectation or layer of demand onto an already overwhelmed nervous system. Frequently, the above two pillars remain dynamic and clinically useful session-by-session and in the short to medium term, even without direct reprocessing.

There may be many sessions where you are primarily working along a *resourcing continuum*.

I have had clients attend online sessions unable to sit upright, barely able to sustain verbal interaction. In these moments, therapy may shift away from processing and toward gentle activation of restorative adaptive neural networks.

This can include passive or micro-resourcing approaches such as:

- Guided imagery
- Non-imagery-based meditations
- Pleasant sensory input
- Bilateral stimulation with minimal verbal demand
- Accessing embodied experiences of relief, steadiness, spaciousness, or rest
- “borrowing” capacity from more adaptive states or parts

From my Parts therapy lens, we aim to identify and strengthen parts that already hold adaptive experiences, memories, or capacities, even if these feel temporarily inaccessible to the client overall.

Examples in the middle range of the continuum may include:

- Travel or holiday parts
- Competent or capable parts
- Playful parts
- Spiritually connected parts
- Creative parts or artistic/ crafty parts
- Nurturing or self-protective parts
- Calm or neutral parts
- Embodied adult parts

At times, the work is simply helping these parts come online again long enough for the nervous system to experience moments of relief, safety, hope, or reconnection.

My most utilised approach is intentionally ‘waking up’ adaptive parts through sensory-rich activation. Rather than discussing a Part cognitively, the clinician supports the client to more fully experience the emotional, somatic, imaginal, and relational qualities associated with that state. This can strengthen access pathways to adaptive networks that burnout has made less accessible.

Clients are often surprised to discover that burnt out parts are not the *only* parts present within the system.

For example, one client I work with can intentionally access and harness parts previously activated during travel and holidays. Sessions focused solely on reconnecting with these states often leave them feeling more spirited, hopeful, and internally expanded afterward. These moments can become important evidence that adaptive capacity has not disappeared entirely, even if access to it has become inconsistent.

Do not feel pressured to move immediately into trauma processing with a client who is profoundly depleted. In many cases, strengthening adaptive and restorative parts first creates the internal conditions necessary for later processing work.

At times, however, clients may be able to access non-burnt-out parts that have sufficient regulation and dual awareness for reprocessing. When this is possible, carefully titrated processing can be deeply effective.

Sometimes the work is not pushing harder into trauma. Sometimes the work is helping the nervous system remember that other states are still possible.

Parts Work Integration- Resourcing Examples

- Helping Hands Exercise (Claudia Wolf- available <https://www.wolftherapeutic.com.au/resources>)
- Light Stream but with a cleansing focus- allow the parts to rest and unload their heavy load during the session.
- Calm-place style extended relaxations with a deep focus on activating a soothing or pleasurable affect state, for the session
- The Sieve (Resource Therapy)
- Resource Teams- with a focus on Wise or Healing Figures who can teach how to build trust in the body, guide, hold space.
- Internal Resources (Parts)- activate and harness existing parts (example- Vivify Specific) that have previous experience of lightness, joy, fun, adventure, crafting, etc
- Compassionate Parts-style relaxation (example- this one at my YouTube Channel <https://youtu.be/H1GZPjrTlVl?si=hdJRWmZSrKH5z5d>)

EMDR Processing Themes

However, there is absolutely a role for EMDR processing phases, including in the distress of the burnout being present.

Common EMDR target clusters in burnout work may include:

- Chronic overextension and self-sacrifice
- Perfectionism and productivity-linked worth
- Masking and social invalidation
- Bullying or attachment trauma
- Medical trauma or illness onset and fluctuations
- Experiences of being pushed beyond capacity
- Shame around support needs or difference

Negative cognitions often involve themes such as:

- “I am only valuable if I perform.”
- “My needs do not matter.”
- “I have to keep going.”
- “Stopping is dangerous.”
- OR “attempting to function is dangerous”
- “I will collapse again”
- “I will never get better”

EMDR Focussed Parts Work Integration

Protective **adaptations/ Parts to consider:**

- Perfectionism
- Over functioning
- Caretaking
- Hyper-independence
- People pleasing
- Productivity-linked worth
- Fear of ‘crashing’ or reaching a state of non-functioning (often clients are here, and the burnout represents protective parts avoiding getting worse by expending energy)
- ‘Protective behaviour’ parts- forced under accessing of nervous system to prevent further damage/ burnout/ pain

Rather than viewing these responses as resistance or self-sabotage, parts work approaches aim to understand how these strategies developed to maintain safety, attachment, belonging, or survival.

Many burnt-out parts are linked to adult experiences, more so than in other EMDR or parts work presentations (I find).

Therapeutic goals may include:

- increasing internal cooperation of parts
- managing frustration
- reducing fear around rest and putting in limits OR
- fear of establishing some moments of nervous system activation (e.g. experiencing a bit of energy)
- strengthening self-protective capacities
- building flexibility around productivity and worth
- supporting compassionate awareness of capacity

Pillar 4: EMDR Positive Installation and Parts Work Resourcing Themes

Positive cognitions in burnout work may focus on:

- “I can trust myself to read my body signals”
- Pacing before collapse
- Permission for accommodations
- Sensory safety
- Embodied self-worth
- Sustainable capacity
- Compassionate self-protection
- Trust in self to monitor and trial return to some activities
- Connecting with and harnessing parts associated with joy, happiness, hobbies, motivation etc

Learning how to activate and harness preferred parts as early as possible in the therapeutic process is an essential part of building momentum and establishing hope

As we move further toward the recovery end of the resourcing continuum and can focus on some more processing techniques (whether EMDR-based or parts work based), other parts informed resourcing interventions may include:

- identifying executive or functional parts capable of supporting daily living tasks

- negotiating with over-functioning or perfectionistic protector parts to take on a new function, whilst achieving the same purpose
- strengthening internal cooperation between depleted and non-depleted parts
- inviting protective parts to step back slightly while restorative parts come forward to share the work
- developing nurturing internal attachment experiences associated with adult organising child's feelings, holding of the child- their nervous system and/or physically
- using bridge techniques to locate earlier experiences of vitality, freedom, or safety where processing is not possible
- creating "resource teams" or supportive internal systems / resources
- future templating from adaptive parts rather than depleted states

Future Template and Flash Forward Work

Future-oriented EMDR work may involve rehearsing:

- Noticing overload earlier
- Responding before collapse
- Asking for support
- Using accommodations without shame
- Maintaining boundaries
- Working sustainably
- Building recovery time in and trusting body to recover

For many clients, recovery is not about returning to a pre-burnout self, but developing a more sustainable relationship with capacity, needs, nervous system safety, and self-worth.

I hope you enjoyed this extract, and can take it for what it is (rich in practice experience, full of love, and offered with gratitude to all clinicians engaging in this important work).

Further training, resources and consultation exploring EMDR, Advanced Parts Work (Resource Therapy), and neurodivergent-affirming practice are available at my website: <https://www.wolftherapeutic.com.au>

A burnout-focused protocol are currently in development. You can join the mailing list at www.wolftherapeutic.com.au to be kept in the loop.