



# FINDING YOUR FIT

## A GUIDE TO THERAPY THAT ACTUALLY WORKS WITH AUTISTIC BRAINS

One of the most frustrating experiences in mental healthcare is trying something that **should** help... and doesn't.

You might have been told:

- to “challenge your thoughts”
- to “push through discomfort”
- to “just try harder”

And instead of helping, it left you more exhausted, more confused, or like you were somehow doing therapy **wrong**.

If that's been your experience, this matters:

**It may not be you. It may be the fit.**

Different therapies are built on different assumptions about how people think, feel, and process the world. And not all of them were designed with autistic brains in mind.

This guide breaks down four common therapy types — what they are, what the research says, and what to watch out for — so you can more easily find something that actually works for you.

### WHERE TO START (A QUICK SELF-CHECK)

If you're overwhelmed, start here:

- If your environment feels **physically overwhelming** (noise, light, textures, daily tasks) → OT
- If your emotions feel **intense, fast, or hard to come down from** → DBT
- If you feel **stuck in self-criticism, shame, or internal conflict** → IFS
- If therapy hasn't worked before → it may not have been designed for your brain

You don't have to choose perfectly. Many people build support over time.



Here's a closer look at how each approach actually works:

### OCCUPATIONAL THERAPY (OT)

#### What it is:

OT focuses on helping you function in daily life by working with your sensory system, environment, and routines.

#### What it often feels like:

If your environment feels overwhelming or draining, OT helps change that — not just your reaction to it.

#### What it can help with

- Sensory overwhelm (noise, light, textures, touch)
- Sensory seeking (needing movement, pressure, stimulation)
- Balance and coordination
- Body awareness
- Daily routines and self-care

#### What therapy might look like

- Sensory gyms or movement-based activities
- Building a “sensory diet” (personalized regulation strategies)
- Adjusting your home or work environment
- Practical, body-based tools you can use every day

#### What the research shows

Evidence is strongest for OT approaches that support sensory processing and daily functioning, especially in children. Adult-focused evidence is growing but more limited.

#### Things to keep in mind

- Research is stronger in children (but growing in adults)
- Progress may plateau, which usually means it's time to adjust the approach

#### Bottom line:

If your challenges feel physical, sensory, or environment-based, OT is one of the most practical and supported options.

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Once the sensory and physical layer is supported, the next question is often what happens emotionally.

## DIALECTICAL BEHAVIOR THERAPY (DBT)

### What it is:

DBT combines acceptance with practical skills for managing emotions, distress, and relationships.

### What it often feels like:

If your emotions feel overwhelming or hard to manage, DBT gives you something concrete to do in those moments.

### What it can help with

- Emotion dysregulation
- Meltdowns and distress
- Self-harm and suicidal thoughts
- Relationship challenges
- Depression and co-occurring conditions

### What the research shows

DBT is one of the better-supported therapies for autistic adults, with improvements in:

- emotional regulation
- quality of life
- social functioning

### Things to keep in mind

- It needs adaptation for autistic clients
- Alexithymia may require adjustments
- Therapist understanding makes a big difference

### Bottom line:

If your main struggle is emotional intensity or distress, DBT is one of the most useful skill-based approaches.



Beyond regulation, many people are also navigating how they relate to themselves internally.

## INTERNAL FAMILY SYSTEMS (IFS)

### What it is:

IFS views the mind as made up of different “parts,” alongside a core Self.

Instead of trying to fix or suppress parts, it helps you understand and work with them.

### What it often feels like:

If part of you feels like “too much” and another part is trying to shut that down, IFS helps those parts stop fighting each other.

### What it can help with

- Self-compassion
- Internal conflict
- Shame and identity
- Anxiety and mood
- Processing past invalidation

### Why it often resonates

IFS is built on the idea that different parts of you developed for a reason and can be understood with curiosity rather than shame.

That can be especially meaningful if you’ve spent years feeling pathologized.

### Things to keep in mind

- Less formal research in autistic populations (but promising)
- Requires a neurodiversity-affirming therapist

### Bottom line:

IFS can be deeply validating, especially around identity and self-worth, with the right therapist.



You'll likely encounter this next approach at some point, even if it's not what you're looking for:

## A NOTE ON CBT (WHY IT SOMETIMES DOESN'T FIT)

**Cognitive Behavioral Therapy (CBT)** is widely recommended and focuses on changing thought patterns. But for many autistic people, it doesn't fully land.

### Why it can feel off

- Difficulty identifying or describing emotions (alexithymia)
- Differences in sensing internal body states (interoception)
- Sensory overwhelm being treated as "irrational"
- Abstract language or metaphor not translating well
- Meltdowns/shutdowns misunderstood as thought-based
- Pressure to mask in therapy settings

### When it can still help

Adapted CBT can be useful for anxiety and depression when:

- Communication is adjusted
- Sensory needs are respected
- Structure is clear

### Bottom line:

If CBT hasn't worked for you, that doesn't mean you failed — it may not have been designed with your brain in mind.



## CAN THESE WORK TOGETHER?

**You don't have to choose a single approach and stick with it.**

Yes, and often they work better together.

A common and effective combination:

### OT + DBT

- OT supports your nervous system and environment
- DBT supports how you respond when overwhelmed

Together, they address both the physical and emotional layers of distress.



## BEFORE YOU GO: A NOTE ON ABA

If you are autistic, there is a good chance someone has recommended — or will recommend — **Applied Behavior Analysis (ABA)**.

It is one of the most commonly recommended or offered autism interventions, so it's worth knowing about before you encounter it.

### What it is

ABA uses reward and consequence systems to shape behavior.

It was originally developed to reduce visibly autistic behaviors and increase behaviors that appear neurotypical.

### What to know

- Many autistic adults report that it focused on making them appear “normal,” rather than supporting their wellbeing
- Stimming and other self-regulatory behaviors are often targeted for reduction, even when they serve an important purpose
- Newer, more naturalistic versions of ABA are less rigid, but perspectives within the autistic community are still mixed

### Bottom line:

If ABA is recommended, it's reasonable to ask:

***Is this meant to help me (or my child) feel better, or to appear more neurotypical?***

Those are not the same goal.



These same questions about intent and fit apply to any therapy you're considering.

## QUESTIONS TO ASK A THERAPIST

- Have you worked with autistic adults before?
- How do you adapt your approach for autistic clients?
- Do you understand autistic burnout?
- Are you familiar with alexithymia?
- How do you view meltdowns and shutdowns?
- Do you see autism as something to fix, or something to understand?

If their answers feel vague, dismissive, or overly rigid, that's important information. Fit matters as much as the therapy itself.

The right support exists. It may just take time to find what fits your brain best.

### Note for readers in the Philippines:

Availability of these therapies varies widely and may be limited outside Metro Manila. Ask your mental health provider which approaches are accessible in your area and whether adapted or local equivalents are available

