WHY NEURODIVERGENT PEOPLE MIGHT USE KETAMINE: A CLOSER LOOK

While motivations are always individual, neurodivergent people may use ketamine for a combination of sensory, cognitive, emotional, and social regulation reasons, including self-medication, experimentation, and escape. Here's a breakdown by presentation:

1. Emotional Regulation & Anxiety Relief

Across neurodivergent profiles:

- *Heightened emotional intensity (e.g. rejection sensitivity in ADHD or emotional flooding in ASD)*
- *Generalised anxiety or panic symptoms*
- *Masking fatigue – constant efforts to appear "neurotypical" can lead to burnout*

Ketamine's dissociative and calming effects may temporarily mute this overwhelm.

2. Cognitive Loop-Breaking or Executive Function Support

Profile	Why ketamine might appeal
ADHD	To "slow the brain down," manage racing thoughts, or relieve insomnia
Autism	To interrupt repetitive thought cycles or escape rigidity/perfectionism
Dyslexia/Dyspraxia	May offer a sense of control over internal chaos, or temporary relief from task-related anxiety
Tourette's	Anecdotally used to lessen tics or social anxiety linked to tic suppression

Ketamine's brief "out of self" state can feel like relief from chronic internal pressure or sensory overload.

3. Sensory Modulation

Some users report using ketamine to mute sensory inputs (sound, light, touch) that feel overwhelming—especially common in autism, dyspraxia, and Tourette's. Others may seek heightened sensory experiences, which ketamine can induce at low doses.

4. Social and Identity-Related Pain

Many neurodivergent people experience:

- *Bullying, isolation, or misdiagnosis in childhood*
- *Disconnection from peer groups*
- *Internalised shame around learning differences or tics*

Ketamine may be used to detach from distressing self-perceptions, explore identity, or ease social discomfort.

How to Engage Neurodivergent Ketamine Users in Brief Interventions

Neurodivergent individuals often face stigma, trauma, and misunderstanding in services. Approaches must be *flexible, validating, and strengths-based*.

Foundations for Practice

- *Use neurodiversity-affirming language (e.g., "communication style" not "deficit"; "processing differences" not "impairment")*
- *Expect and embrace different communication modes (info-dumping, scripting, visual thinking, AAC[1] use)*
- *Create a sensory-aware environment (e.g., no harsh lighting, quiet spaces, minimal interruptions)*
- *Don't pathologise ketamine use — explore it with curiosity*

Brief Interventions: Using the FRAMES Model

The **FRAMES** model *(Feedback, Responsibility, Advice, Menu of options, Empathy, Self-efficacy)* is ideal for brief, respectful interventions.

Component	Neurodiversity-informed application
Feedback	Share observations in a non-blaming, clear way. Use *visuals or concrete examples* (e.g. "You mentioned bladder pain and using ketamine 4 times last week—these could be linked").
Responsibility	Emphasise *autonomy*. Acknowledge they are the expert in their experience. Say: "Only you can decide what's right for your body and brain."
Advice	Offer *non-judgmental, tailored* suggestions: "Would you be open to some ideas on how to use more safely, based on what others have tried?"
Menu of options	Offer choices with *clarity and consent*. E.g., "You could try nasal sprays instead of IM use, take breaks, or have a hydration plan. Shall I show you a chart or write it down?"
Empathy	Reflect their language and worldview. Listen for *what ketamine gives them* emotionally and validate that need.
Self-efficacy	Reinforce strengths: "You've clearly thought this through and tried to stay safe—let's build on that."

[1] *AAC, or Augmentative and Alternative Communication, encompasses any method or tool used to support or replace spoken language for individuals who have difficulty communicating verbally. It includes a wide range of strategies, from simple, "low-tech" options like gestures, pictures, and writing, to sophisticated "high-tech" electronic devices with voice output.*

Elicit–Provide–Elicit (EPE): A Gentle Harm Reduction Conversation

This MI-informed approach works well with people who may distrust professionals or process information differently.

Step 1: Elicit

- Ask about what they know, feel, or have experienced.
  "What's your sense of how ketamine affects you lately?"
  "What's your understanding of bladder risks?"

Step 2: Provide

- With consent, offer information in *bite-sized, visual or written formats*.
  "Would it be okay if I shared what we know about how ketamine works in the body?"
  Use non-directive, plain language, not medical jargon.

Step 3: Elicit (again)

- Invite their thoughts, ask for reactions:
  "How does that fit with what you've noticed?"
  "What do you think might work for you if you wanted to reduce any harms?"

MI Core Skills (OARS) Adapted for Neurodivergent Clients

Skill	Neurodiversity-sensitive version
Open Questions	Use clear, concrete prompts *(e.g., "When do you usually use?" "What's it like for you after?")*
Affirmations	Name specific strengths *("You've really reflected on this." "You know your body well.")*
Reflections	Use double-sided reflections to validate ambivalence *("Part of you gets relief from it, and part of you is noticing some worries.")*
Summaries	Check understanding often: *"Shall I sum up what I've heard so far to make sure I've got it right?"*

Tips for Neurodiversity-Affirming Engagement

- *Allow processing time (silence does not equal disinterest)*
- *Break info into steps; use visual tools, diagrams, or infographics*
- *Avoid sarcasm, abstract language, or emotional ambiguity*
- *Offer communication options: writing, typing, drawing, voice notes*
- *Be consistent, punctual, and clear about boundaries*