Neurodiversity Awareness Workshop

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Neurodiversity Awareness Training

Understand	• Why learning about neurodiversity is important
Learn about	• The Equality Act
Consider	• Common differences & difficulties for neurodivergent individuals
Understand	• Sensory processing differences and neurodivergence
Explore	• Ways to support neurodivergent individuals

Neurodevelopmental conditions

- Autism Spectrum Conditions
- Attention Deficit (Hyperactivity) Disorder
- Tourette's syndrome / Tic disorders
- Dyspraxia aka Developmental Coordination Disorder
- Dyslexia
- Dyscalculia

Labels

- Diagnostic labels are used to describe some groups of traits that some neurodivergent people have in common.
- This does not mean that these people have an illness.
- It simply means that they have different strengths and challenges when compared to most people.

It's estimated that around 1 in 7 people in the UK are neurodivergent.

Why does neurodiversity matter?

The Equality Act 2010

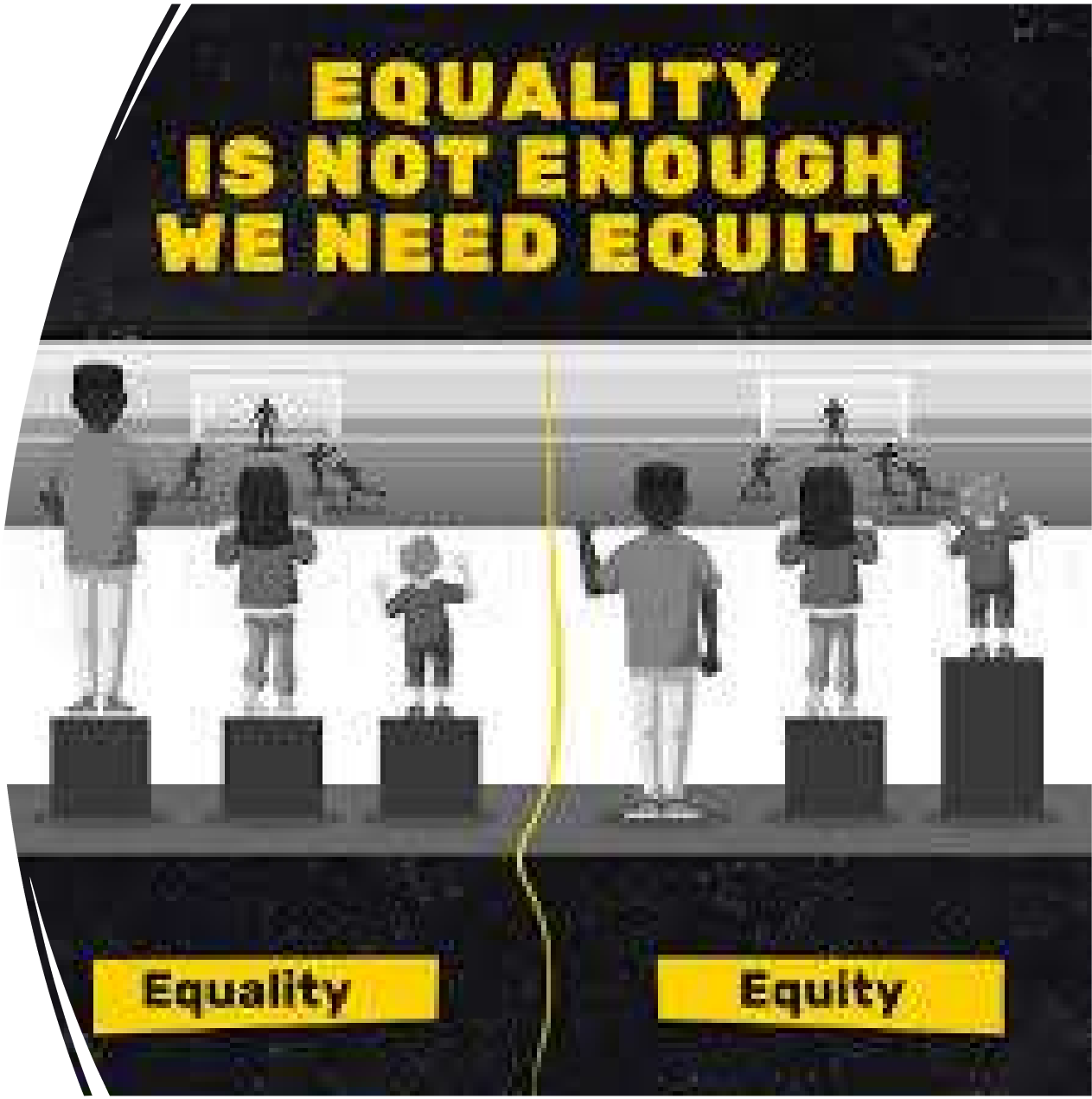
- **Neurodevelopmental conditions are classed as disabilities**
- Disabilities are **protected characteristics** alongside**:**

  Age
  Gender reassignment
  Marriage and civil partnership
  Pregnancy and maternity
  Race
  Religion or belief
  Sex
  Sexual orientation

From: https://www.legislation.gov.uk/ukpga/2010/15/section/6 accessed 02/03/2024

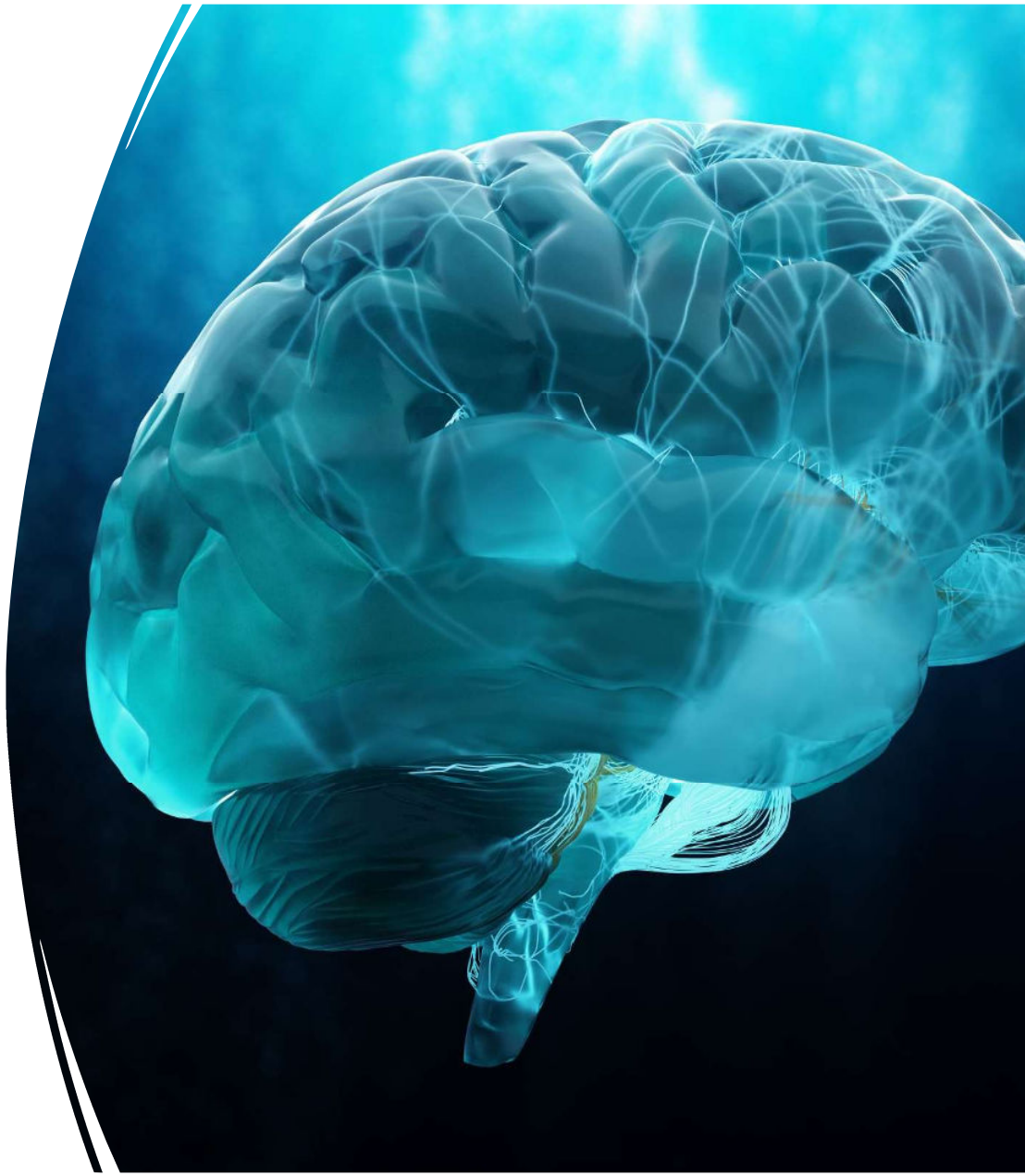
Who does the Equality Act apply to?

- Schools, colleges, universities.
- All employers regardless of the number of employees.
- Providers of goods, services and facilities.
- Landlords and others.



Neurodivergence is about **difference**
It is not better or worse than being neurotypical

- Most people in the world are right-handed (85 to 90%)
- Left-handers are in a minority
- Left-handers' brains have developed slightly differently to most people.
- This can be described as a type of neurodivergence.



What is the impact of neurodivergence?

The impact of ADHD

- Working memory
- Organisation & Time-keeping
- Concentration , multi-tasking , hyperfocus
- Relationship problems
- Low self-esteem
- Emotional dysregulation

The impact of Autism

Social Interaction

- Building and sustaining relationships
- Understanding thoughts and feelings of others
- Understanding social rules
- Sometimes easier to be solitary
- Knowing how to comfort others
- Often prefer 1:1 over groups

The impact of Autism

Social Communication

- Reciprocity of conversation
- Communicating in groups
- Literal interpretation
- Unusual use of language
- Gesturing
- Eye contact

The impact of Autism

Social Imagination

(Restricted, repetitive, and stereotyped patterns of behaviour, interests and activities)

- Preference for routine
- Intense interests
- Inflexibility of thought
- Repetitive behaviour
- Difficulty coping with change
- Order, predictability and consistency

The impact of dyslexia

- Working memory
- Organisation & Time-keeping
- Concentration & Multi-tasking
- Tiredness
- Visual stress
- Sense of direction

The impact of Developmental Coordination Disorder (Dyspraxia)

- Poor motor coordination
- Disorganised
- Getting lost
- Clumsiness
- Slower getting changed
- Trouble with fine motor tasks

Some general points about neurodiversity

Common co-morbid mental health conditions:

- Anxiety
- Depression
- Obsessive Compulsive Disorder
- Psychosis

Common co-morbid developmental conditions:

- Developmental coordination disorder (Dyspraxia)
- Dyslexia
- Dyscalculia
- ADHD
- Tourette’s syndrome
- Autism

MASKING

- Many autistic people learn how social communication works through observation over time.
- They develop skills in interpreting nonverbal language or things like sarcasm.
- Some autistic people appear to be quite socially confident or adept, but it takes a huge amount of effort.
- This concept is called masking because it is like somebody wearing a mask. Behind that mask, their brain is working hard to work out what people's gestures and intonations mean.
- That effort can lead to exhaustion or social burnout.

Common difficulties for neurodivergent individuals

Difficulties regulating emotions

- The world is set-up to suit most people.
- Sensory processing difficulties can make environments stressful and overwhelming.
- Social interaction difficulties can make it harder for a person to seek support.
- Often there are difficulties in understanding and expressing emotions.
- The impact of negative past experiences & low self-esteem.

Common difficulties for neurodivergent individuals

Executive function difficulties:

- Time management
- Organisation & planning
- Decision-making
- Working memory
- Prioritising

Allow more time!

Information processing difficulties:

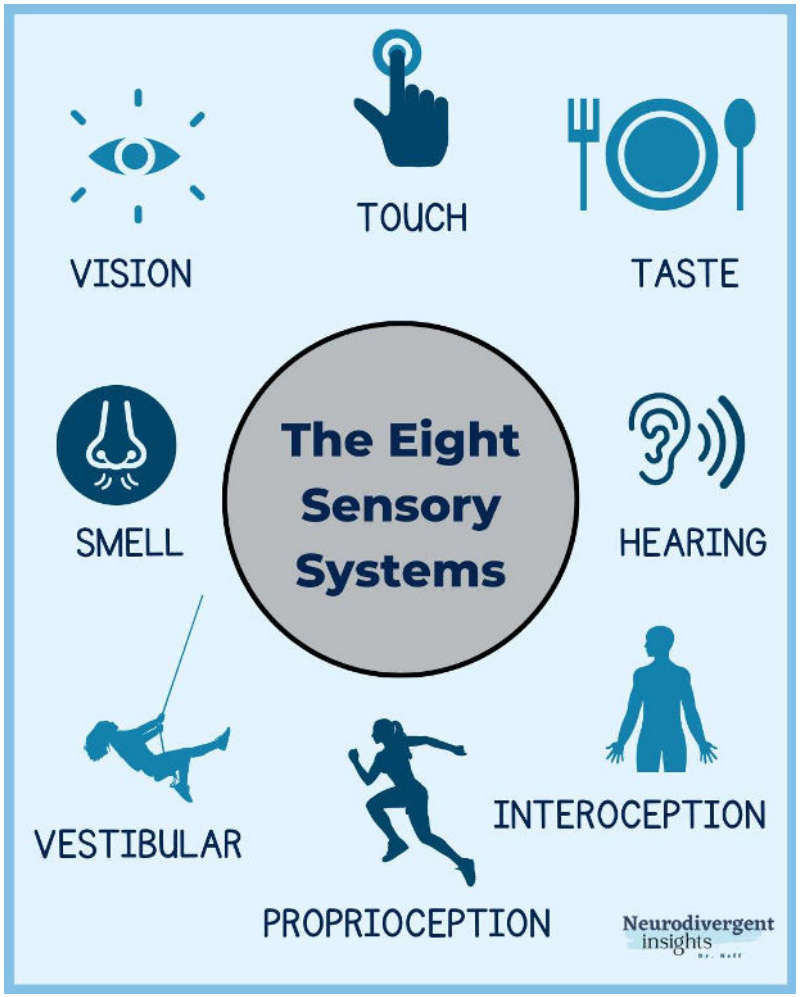
Dyslexia – slow at processing written information. Cannot write / read AND listen. Problems copying text.

Autism – can be slow at processing auditory information. Often need things in writing.

ADHD – attention difficulties make it hard to retain information. Give reminders & email summaries (may lose bits of paper or notes).

Dyspraxia – often hard to write whilst listening.

Sensory processing & Neurodiversity:



Sensory Processing differences

Neurodivergent people often have differences in sensory processing

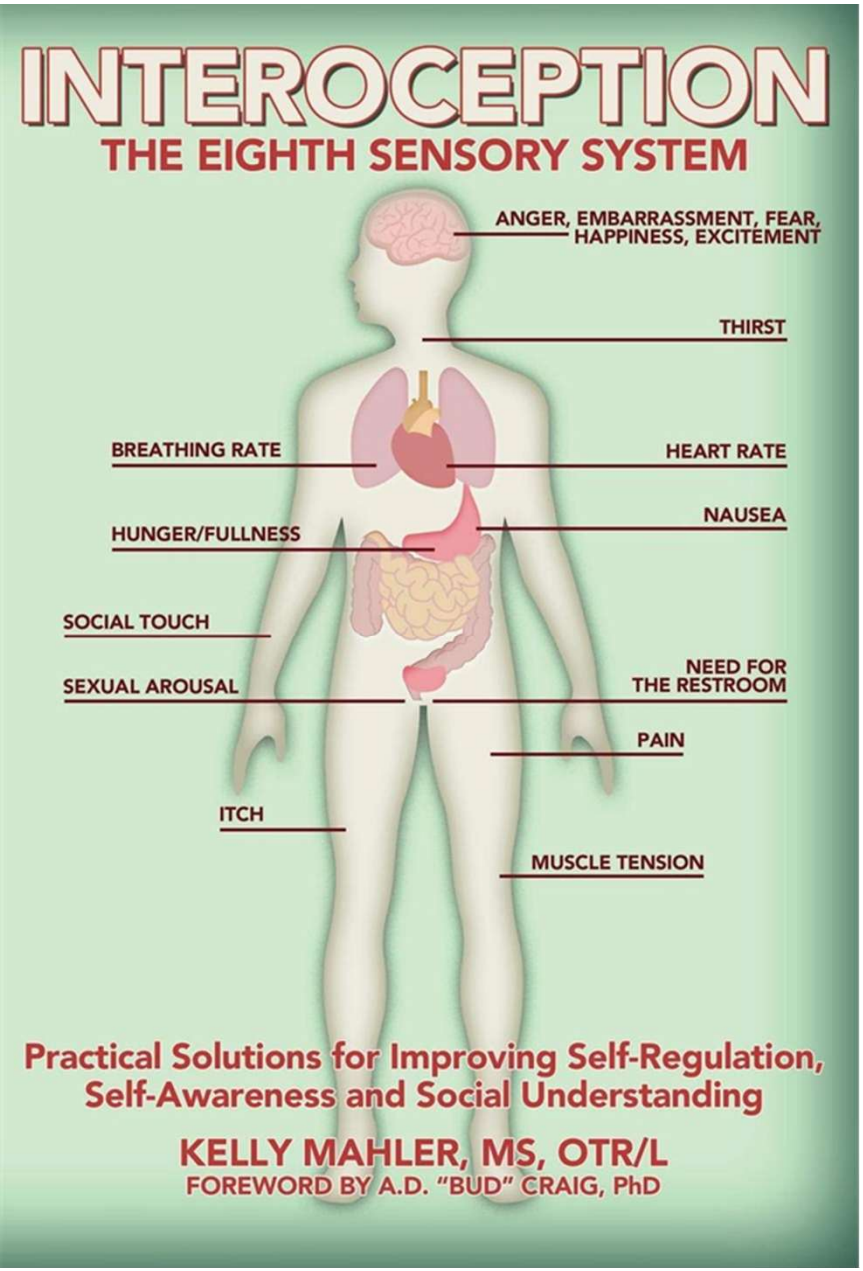
Everyone can experience differences in sensory processing when they are tired, unwell, stressed, or experiencing hormonal changes

We all have a unique sensory profile

We can be hyper-sensitive

We can be better / worse at tuning into relevant stimuli

We can be hypo-sensitive



Interoception

a lesser-known sense that helps you understand and feel what's going on inside your body.

Neurodivergent people often perceive pain, temperature, hunger and thirst differently:

- Not noticing cuts or bruises,
- Always wearing shorts, t-shirt and not noticing the cold
- Always wearing lots of layers even in summer
- Not noticing that they need to eat or eating all the time but never feeling full.
- Lack of awareness of how emotions feel in the body

Sensory behaviours

Sensory seeking:

Fidgeting

Scratching / Hitting / Biting / Banging head

Hair pulling

Flapping hands

Running

Jumping

Spinning

Leaning on people / walls

Touching everything

Sensory avoidance:

Fussy eater / food issues

Avoiding brushing teeth / hair / washing / bathing

Avoiding being touched / may lash-out

Covering ears

Wearing a hood / hat / dark glasses

Poor motivation

Generally passive and avoidant of physical activity

Sensory overload video

https://youtu.be/aPknwW8mPAM

Time for a break!

How can you help?

Case studies

Case studies

1. You have a client who talks incessantly and goes off onto a myriad of topics. She gets very anxious about lots of different things, but you find it hard to get her to focus on one thing. You are feeling frustrated and struggling to know how to help with her feelings of overwhelm. She also struggles with you interrupting her flow of thought and gets quite upset.

2. You are treating a couple for fertility issues. The husband is autistic and wants very concrete answers about what is going to work, and the statistics around the chances of success etc. He also wants very exact details about what to do and when and is taking a very scientific view of the whole process. His partner is feeling very frustrated as she's finding the whole process very emotionally difficult, but he seems oblivious to that and very confused when she gets tearful or upset. His way of dealing with it is to repeat instructions and information that you have given them. The woman is also worried that if they have a baby, their child may also be autistic.

3. You have a client who seems disengaged: when asked how she is she says "fine", when asked about what she wants from the session she says "help", when asked for what - she says, "everything hurts." She's had medical investigations, MRI scans etc, but nothing has identified what is wrong. She struggles to articulate what she's feeling and seems irritated by the questions. Humour, warmth, and other strategies don't seem to work to engage her. You aren't sure whether you are helping at all.

Case studies

1) A supervisee has asked for help with a client who is not engaging. The client is not making eye-contact and doesn't respond to what the supervisee says. Your supervisee feels that the client seems to dislike the questions being asked and does not know what to say instead. The client is quite unconventional, living an alternative 'off-grid' life-style and does not engage with statutory health services.

2) You're a supervisor with a supervisee who talks incessantly and goes off onto a myriad of topics. He gets very anxious about lots of different things, but you find it hard to get him to focus on one thing. You are feeling frustrated and struggling to know how to help with his feelings of overwhelm. He also struggles with you interrupting his flow of thought and you gets quite upset.

3) A supervisee comes to talk about a client who seems disengaged: when asked how she is she says "fine", when asked about what she wants from the session she says "acupuncture", when asked for what - she says "everything hurts." She's had medical investigations, MRI scans etc, but nothing has identified what is wrong. She struggles to articulate what she's feeling and seems irritated by the questions. Humour, warmth, and other strategies don't seem to work to engage her. The supervisee isn't sure whether they are helping at all.

Case studies

1. You have a client who is not engaging. The client is not making eye-contact and doesn't respond to what you say. You feel that the client seems to dislike the questions being asked and does not know what to say instead. The client is quite unconventional, living an alternative 'off-grid' life-style and does not engage with statutory health services.

2. You have a client who talks incessantly and goes off onto a myriad of topics. He gets very anxious about lots of different things, but you find it hard to get him to focus on one thing. You are feeling frustrated and struggling to know how to help with his feelings of overwhelm. He also struggles with you interrupting his flow of thought and gets quite upset.

3. You have a client who seems disengaged: when asked how she is she says "fine", when asked about what she wants from the session she says "help", when asked for what - she says, "everything hurts." She's had medical investigations, MRI scans etc, but nothing has identified what is wrong. She struggles to articulate what she's feeling and seems irritated by the questions. Humour, warmth, and other strategies don't seem to work to engage her. You aren't sure whether you are helping at all.

Being in a calm, supportive environment can help to manage sensory issues, tics, anxiety, etc.

Communication 1

Ensure that communication methods are accessible to everyone.

This might include written instructions, visual aids, or simply using clear and direct language.

Be explicit. e.g. *'I feel confused'* rather than expect them to read a confused *expression.*
Don't assume people will pick up on non-verbal cues.

May struggle with open questions/implied meaning like *'how have you been recently?'* or statements like *'I'm wondering if…..'*
.

Give plenty of time for people to process and answer. Get used to awkward silences!

The person may appear to understand more than they do – people with autism often have a **discrepancy between receptive and expressive language** (how they speak and what they understand)

Communication 2

Allow for alternative communication methods, such as email or messaging, for those who may struggle with verbal communication.

Give a choice of how to communicate (text, email, phone, letter).

Give an outline of the teaching session at the start

In meetings set an agenda - they might need help with this or want you to structure the meeting

Write a summary of what you have talked about

Make homework tasks explicit with clear goals and deadlines

Provide instructions verbally and in writing

Develop a system together for how to politely interrupt & redirect.

‘Sometimes it is difficult to know when to stop talking or when you have provided enough information, how would you like me to interrupt you if we need to move on?’

Communication 3

Be patient when a person does not appear to understand you

Don’t be afraid to repeat yourself using different words:
‘Sorry I didn’t say that very clearly, let me try again’

Try closed questions if the person is finding open questions hard:
Do you prefer contact by phone, text, email, or letter?

Check understanding. People may not always tell you that they have not understood:

Have you ever had any mental health problems?’
‘No’
‘Do you know what mental health problems are?’ ‘No’

How to make language more explicit:

“Do you want to go for a coffee?”

- Why do you want to go for coffee?
- I don’t drink coffee
- Why do you want to meet me for a coffee?
- What will we talk about?
- Where will we go?
- How long will it last?
- Will it be noisy and busy with lots of people around?

“I’d love to talk to you about your project.
Can we do in a cafe next week?”

Practice with a partner:

“What is your favourite holiday?”

- What do you mean - favourite in terms of place, people, time of year, climate, activities?
- And why do you want to know?
- A holiday I’ve already had or one I’d really love to go on?
- Are you going on holiday and want recommendations or is this chitchat?

Practice using direct questions:

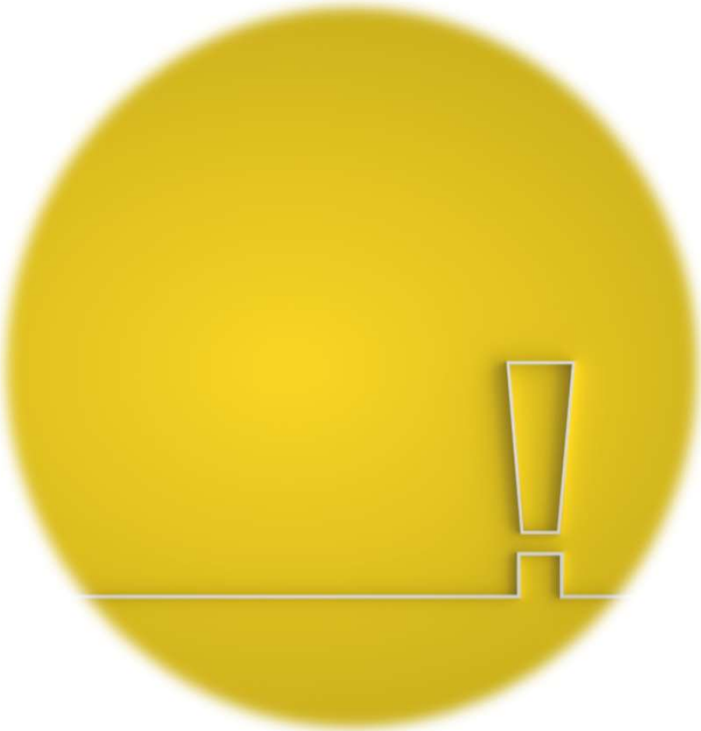
- Find out from your partner what their favourite holiday is, and why. Find out some facts about food, culture, landscape, activities, why they like it, how they feel about it, etc. Try not to use any open questions.

Practicalities

- **Be clear about how long the meeting or session will last**
- **Sensory experiences** - ask the individual & adapt the environment where possible. e.g., offer choice to have a light on or off, remove ticking clocks, be aware of the environment so you can check (e.g. building works)
- Give people a choice of **where to sit**, where possible
- Be explicit that people can request a break, a drink, end the session. **People may find it hard to initiate this**
- **Meetings or sessions** may need to be shorter and more or less frequent

How to help cont.

- **Limit distractions** in the room – windows, busy wall displays, lighting, noise and who they sit with.
- **Feedback positively** & help the person to understand their impact on others (speech, body language, gestures, etc.)
- **Reflect** what you have heard before making your own comments, help them to feel supported, not judged.
- If a person has anger management problems suggest a **word or phrase,** they can say that signals to you that they need to leave the room to cool down.
- Encourage the use of **reminders** (phone, diary, computer, texts, clock)



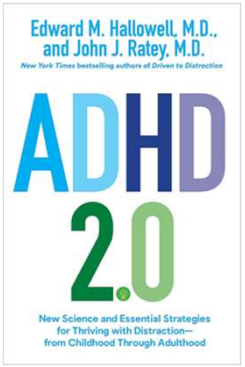
Getting assessed?

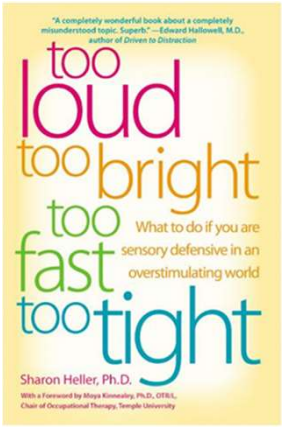
1. Should you mention that you think a client might have ADHD or be Autistic?
2. How does someone get assessed?
3. What's the difference between private & NHS assessments?
4. It is important to be clear that for a diagnosis a person **must be experiencing clinically significant impairments across 2 or more areas of life.**

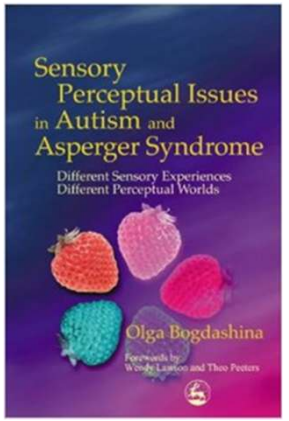
1. Be very careful & sensitive: could an assessment benefit your client?
2. Specialist assessment. Go to GP first for ADHD. Self-referral possible for some NHS Autism services. Contact a private service.
3. NHS – around 2 years wait. Private – expensive. Look for services that follow NICE Guidelines.
4. A diagnostic assessment is a long, complex process. There needs to be benefit.

Resources & further information

- ADHD Foundation UK
  https://www.adhdfoundation.org.uk/
- National Autistic Society UK
  https://www.autism.org.uk/
- Movement Matters
  https://movementmattersuk.org/
- Tourette's Action
  https://www.tourettes-action.org.uk/
- British Dyslexia Association
  https://www.bdadyslexia.org.uk/
- Sensory Integration Education
  https://www.sensoryintegrationeducation.com/
- More about interoception
  https://www.kelly-mahler.com/








E FOR QUESTIONS

For more advice, support & training:

Supervision groups

Having attended today, you are eligible to attend our supervision groups. These will be for any practitioner or teacher to bring cases or further questions as they arise in your practice. Spaces will be limited to allow maximum time for participants.

Further training

We also run more topic specific workshops and provide pre-recorded online courses.

For more information and to join our mailing list go to:

www.lunahtraining.com