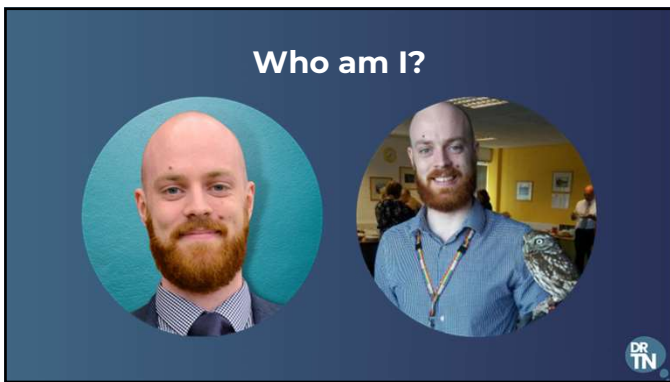
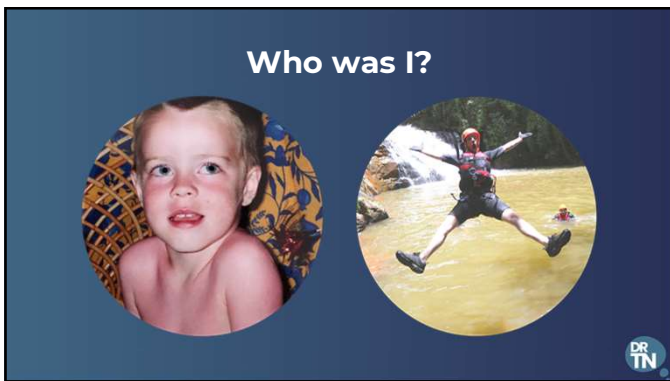




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3

THEORETICAL CONSIDERATIONS

Do you have the same paradigm of neurodivergence as your clients?



4

NEURODEVELOPMENTAL DISORDERS

The Medical Model of Neurodivergence



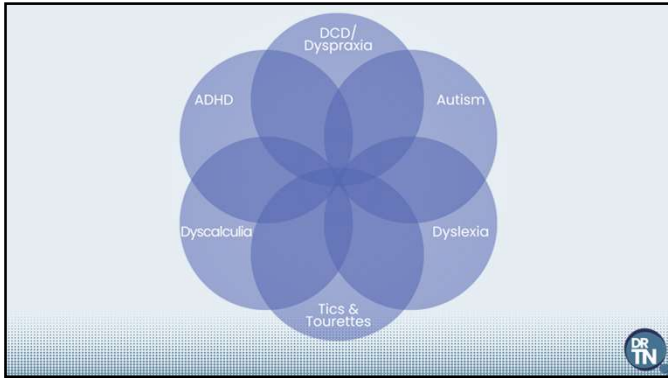
5

Biomedical understanding

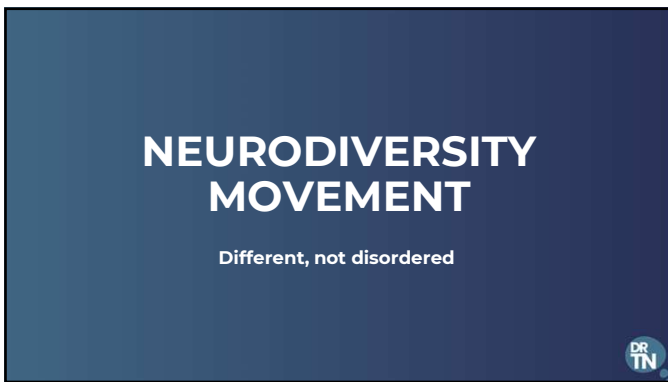
- Diagnosis focussed
- Impairment exists in the brain
- Emphasis of individual deficit and/or disorder
- Prioritisation on symptom reduction to reduce impairment
- Prioritises research into more effective 'treatments'
- Gives societal 'allowances' for having a medical issue
- Disability focussed



6



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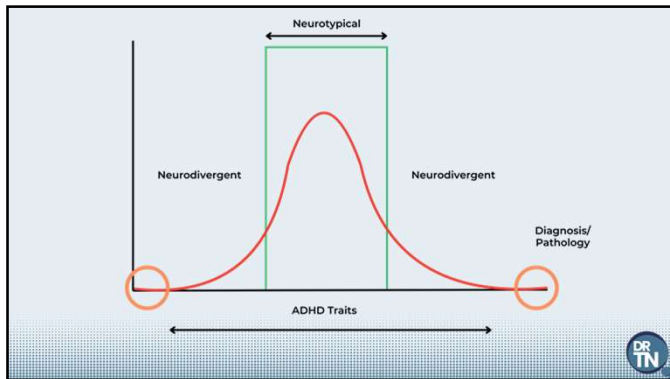


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The ADHD Diagnosis

- 3 Core Symptoms
 - Inattention
 - Hyperactivity
 - Impulsivity
- Impact on functioning
- Increased severity to norm
- Enduring – present in childhood

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Autism Diagnosis

A: Criteria-Persistent Deficits in Social Communication and Social Interaction

- Deficits in social-emotional reciprocity
- Deficits in nonverbal communicative behaviours used for social interaction
- Deficits in developing, maintaining, and understanding relationships



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Autism Diagnosis

B. Restricted, repetitive patterns of behaviour, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive)



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Autism Diagnosis

1. Insistence on sameness, inflexible adherence to routines, or ritualized behaviour
2. Stereotyped or repetitive motor movements, use of objects, or speech
3. Hyper- or hypo-reactivity to sensory input
4. Highly restricted, fixated interests that are abnormal in intensity or focus



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Prevalence

- How common is ADHD?
 - 5% of school aged children fulfil diagnostic criteria globally
- What is the UK diagnostic Rate?
 - UK diagnostic rate is 1.6%
- Who are we missing?



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Who is missing?

- | | |
|--------------------------------------|-----------------------------------|
| • Sub Types?- The inattentive | • BAME individuals |
| • Women- 1 in 5 | • LGBTQ+ Communities |
| • Older People | • Homeless |
| • Those with challenging early lives | • Those in Care System |
| • High Achievers / Gifted Children | • Those who "don't believe" in it |



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Neuroinclusive Versus Neuroaffirming Therapy

Neuroinclusive Therapy is accessible and inclusive
Neuroaffirming Therapy challenges traditional perspectives of
neuronormativity and equality



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Neuroaffirmative Therapy

Common difficulties for Neurodivergent clients:

- Self Acceptance / Self Compassion
- Self esteem and confidence
- Belonging
- Difficulties recognising and understanding emotions
- Implementing strategies into daily life
- Complex grief around increasing societal understanding



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Neuroaffirmative Therapy

- May focus on the impact of being Neurodivergent in a Neurotypical world
- May explore unmasking and personal authenticity
- Often reframes the narrative/responsibility of Neurodivergent traits such as: ***"Is it fair that your teachers treated you that way, given your needs?"***
- Exploring emotional regulation in relation to sensory experiences



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Neuroaffirmative Therapy

- Working on assertiveness skills so that the client can have effective conversations with others about their needs
- Acceptance of being Neurodivergent to allow for more value-based decision making
- Exploring the complex grief process of late diagnosis
 - *A life that's been lost*



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Non-Neuroaffirmative Therapy

- 'Teaching' the Neurodivergent person to reduce Neurodivergent traits
 - 'Learning' eye contact, reducing stimming, encouraging Neurotypical communication styles
- Assumptions and stereotypes of neurodivergent experience
- Can increase distress by perpetuating negative/disabling belief systems



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Working with Inattention

- Is your therapeutic space conducive to focus?
- Allow for its existence
- Respond with non-shaming approaches
- Additional appointment reminders
- Give information in multiple formats
- Working on the emotional, relational, and self-esteem impact of inattention



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Working with Hyperactivity

- Explore “*who is hyperactivity a problem for?*”
- Allowing movement in the therapy space
 - Make this explicit
- Sensory tools available in the room
- Excessive talking impacting on intervention
 - Having frank but non-shaming conversations



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Working with Impulsivity

- You likely use a lot of strategies already
- Cognitive impulsivity is not always relational
- May focus on post-impulsive action responses
- Emotional management skills have a positive impact on overall impulsivity



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Working with Autistic Clients

- May present challenges in therapeutic rapport
- Double empathy problem
- May not be clear whether work is effective – **Ask!**
- Reduced visible emotional reactivity may be misattributed to mental health condition



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Working with Autistic Clients

- Therapeutic small talk may be ineffective
- Therapist may need to lead sessions more
- Therapeutic impact of stereotypies is often minimal so long as therapist is inclusive and accepting of them
- Exploration of masking strategies – Inc. in therapy room.



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Working with Autistic Clients

- Need for routine versus inconsistencies in service
- Increased risk of complaints when services fail to communicate expectations
 - E.g. Discharge planning, potential outcomes.
- Be very mindful when using terms like “thinking error”
 - Autistic people regularly told they think “wrong”.



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Working with Autistic Clients

- Consider how to avoid special interest conversation from derailing therapeutic work whilst also exploring how it could be included
- Is your therapy space sensory friendly?
- What opportunities do those who are hyposensitive have for sensory integration?



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AuDHD

- "I am a Paradox / Oxymoron"
- I thrive on routine (Autism) but hate it and struggle to follow it (ADHD)
- May be friendly and socially proactive, but interactions may be 'odd'
- Concentration difficulties may be less evident when engaged in special interest



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AuDHD

- Distraction interacting with resistance to change may show an inconsistent pattern
- Regularly switching activity or hobby and then suddenly 'locking in'
- Does the person prefer sameness because of a fear of forgetting or an autistic preference for sameness?



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AuDHD

• Struggling with friendships

Autistic people struggle due to lack of positive behaviours
(Social approach, reciprocal relationship)

ADHD'er struggles due to negative behaviours (interrupting,
getting distracted, missing social cues)

AuDHD'er experiences both



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**50-70% of all ADHD children will
be “utterly rejected” by their peers
by 2nd grade (Year 2)**

- Dr Russell Barkley



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Ten tips for working with neurodivergent clients

1. Believe them
2. Consider sensory needs from waiting room onwards
3. Allow movement & breaks throughout. Be explicit
4. Consider whether your metaphors and examples may be too abstract
5. Be creative with emotional language for alexithymic clients



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Ten tips for working with neurodivergent clients

6. Consider the role of shame and trauma due to being neurodivergent in a neurotypical world
7. Be mindful with your paradigm: Nuance beyond superpowers and disability
8. Challenge perspectives, including your own
9. ND conditions rarely come alone...what else is going on?
10. Be kind....because many aren't.



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