

Neurodiversity and safeguarding

Considerations for
practice.

Deb Solomon - DCC



We are all Neurodiverse...but a few are Neurodivergent



- ▶ Neurodiversity is often misunderstood as ‘you are different from me’- where one is neurotypical and the other is NOT... but what it really stands for is the acknowledgement of simply **‘being different from each other’** (Fletcher-Watson, 2021).
- ▶ 1 in 7 are neurodivergent in the UK

Quick exercise

Adult 1 –

rigid thinking, lack of empathy, driven by processes, unable to listen, difficulty in moving away from pre-set ideas, pressure to conform to social norms.

Adult 2:

Able to approach situations differently and think outside the box, passion for social justice and fairness, challenging old habits, lateral and creative thinking, drawing connections.

Introduction to Neurodiversity

Our brains (neuro-) naturally vary from person to person (are diverse) and are a part of human variation.

The way we think, process, move, communicate will vary for us all.

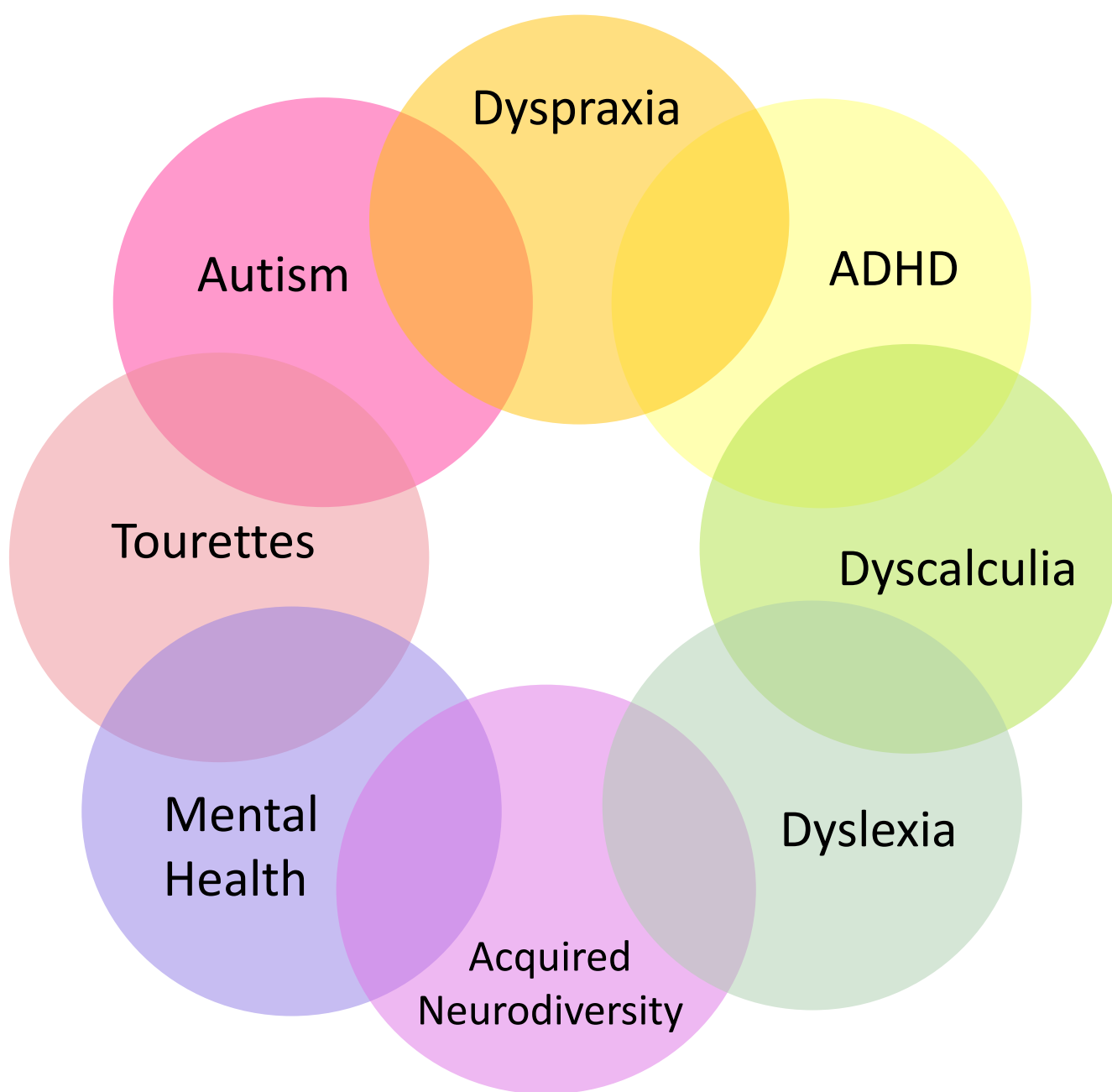
Judy Singer and Harvey Blume discussed this in late 90s

One definition: “The diversity or variation of cognitive functioning in humans.”

The ND paradigm equates neurotype as a valid diversity identity alongside others such as ethnicity, and gender.

The neurodiversity movement argues neuro “normal” is a social construct and there is no “right” neurodevelopment, rather what society determines it to be. It is this stigmatisation that causes disability and trauma



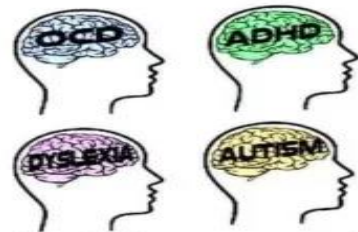


**We are all neurodiverse...
but a few are
neurodivergent**

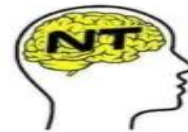
It is estimated that 1 in 7 people
in the UK are neurodivergent.

The remaining majority are
“neurotypical”.

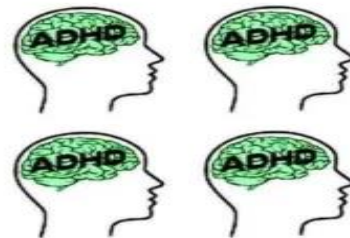
NEURODIVERGENT v NEURODIVERSE



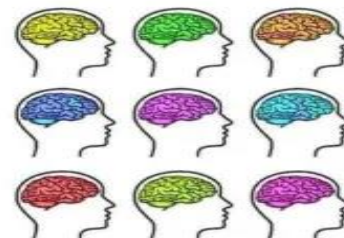
Each of these people is
NEURODIVERGENT
(There are lots of ways to be neurodivergent)



This person is
NEUROTYPICAL



These people are
NEURODIVERGENT
but the group itself is
NOT NEURODIVERSE



This is a
NEURODIVERSE
GROUP

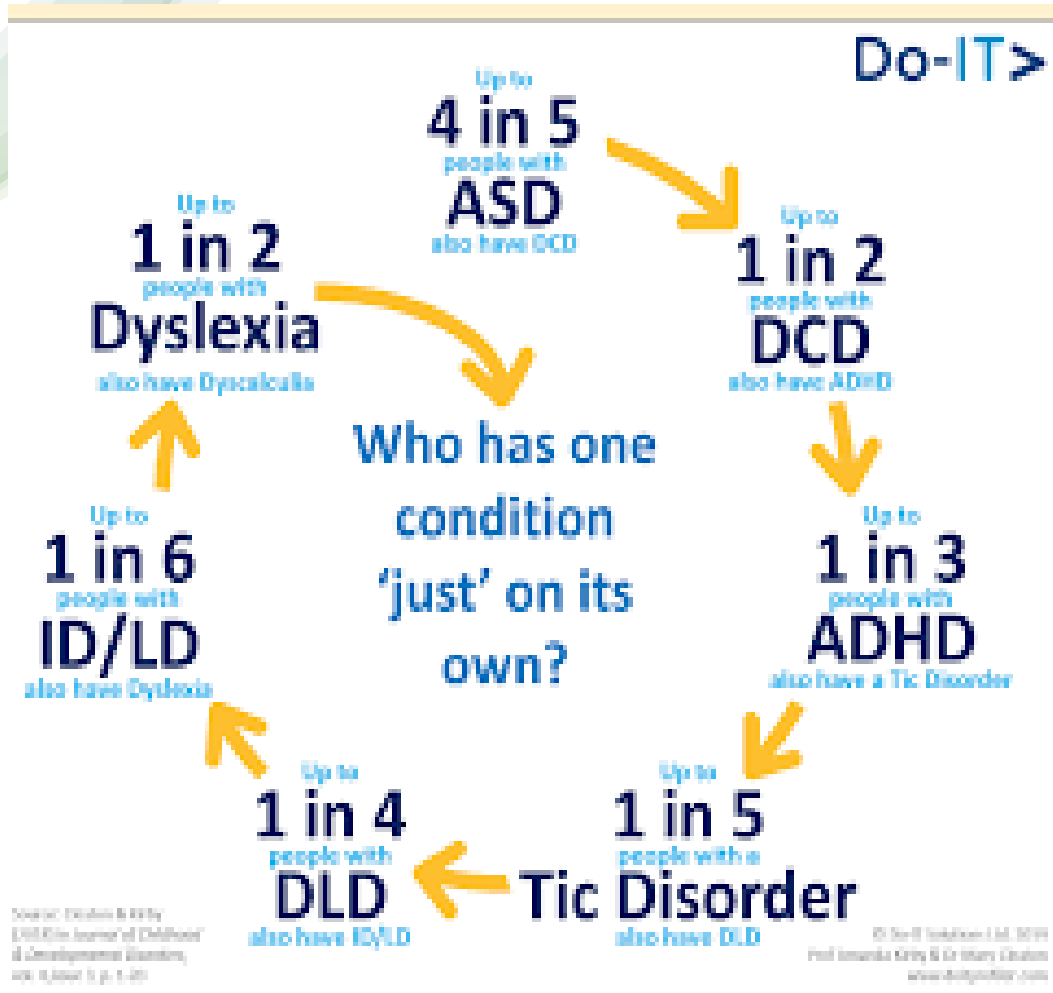


This person is
MULTIPLY
NEURODIVERGENT
They are
NOT NEURODIVERSE

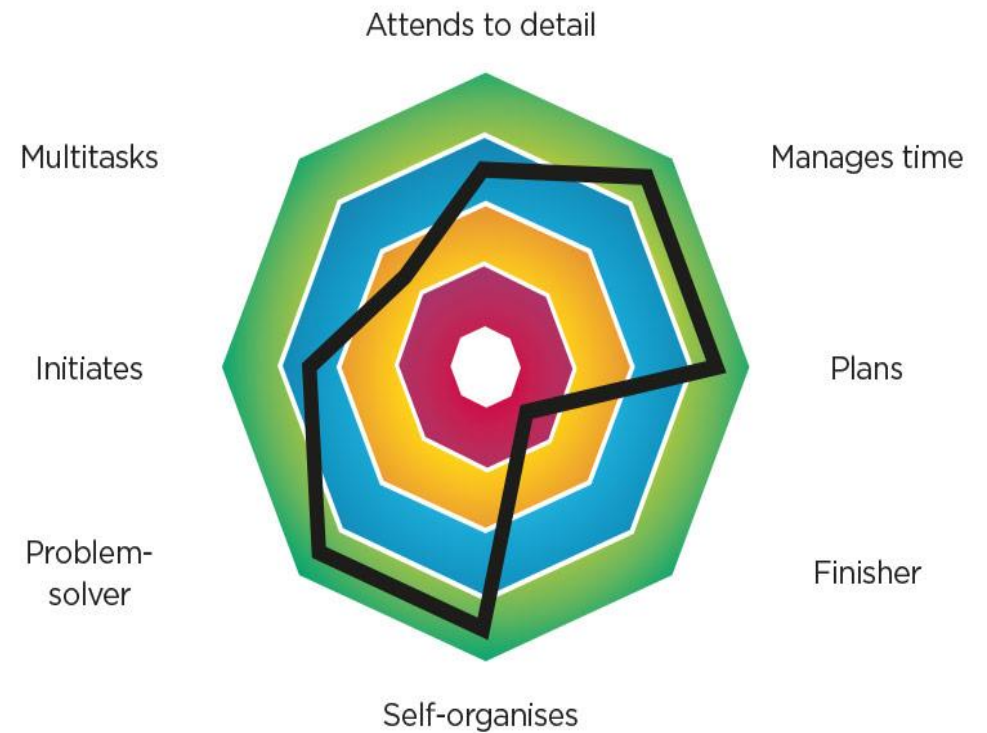
Only a group
can be
NEURODIVERSE

An individual
can not.

• Spiky profiles



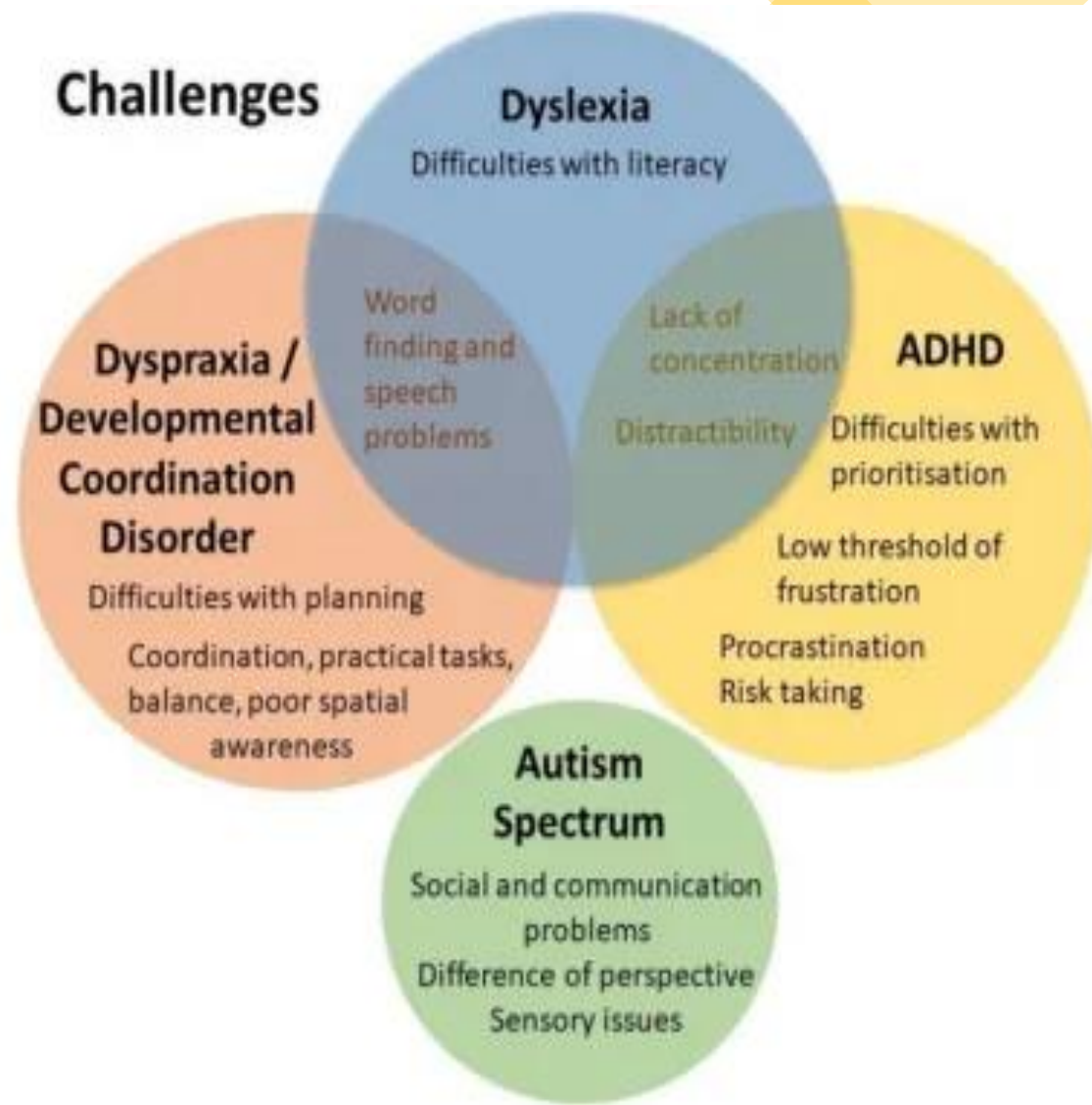
NEURODIVERGENT INDIVIDUAL: SAMPLE COMPETENCY PROFILE



Strengths



Challenges



@NeuroClastic

Imagine how it feels to live with executive dysfunction

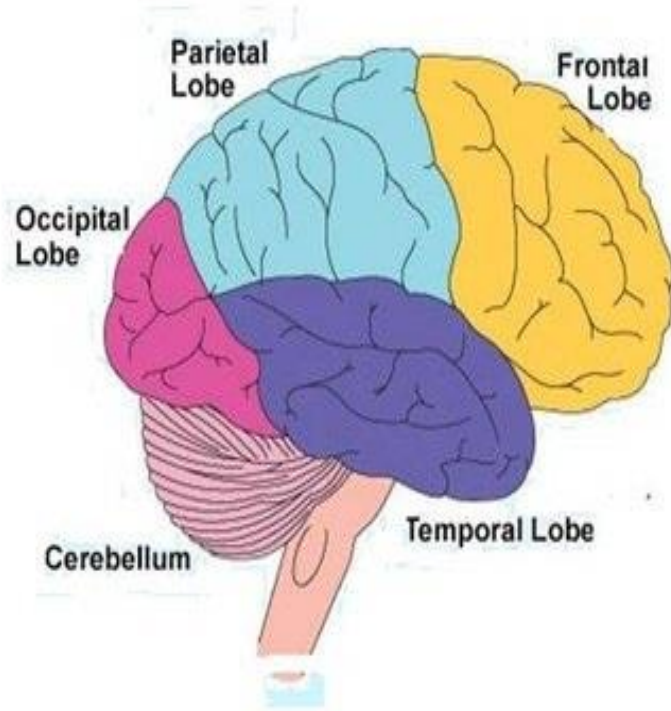
When you cannot imagine how long something will take, what steps are involved, what the outcomes might be, or how to get there, the chance of everything feels like 50/50. It makes everything feel like a coin toss between survival or disaster.

Executive Functioning

Frontal lobe is responsible for much of the executive functioning of the brain.

These functions include:

- Attention
- Working memory
- Planning, organizing
- Forethought
- Impulse control



- <https://youtu.be/sZmEISGKBG8>

Which skills are affected by executive functioning challenges?

Impulse control

Your ability to stop and think before acting.

Organisation

Your ability to keep track of information and tasks.

Emotional control

Your ability to manage your emotions to direct your behaviour.

Task initiation

Your ability to start tasks.



Planning & prioritisation

Your ability to plan steps to reach your goals.



www.connectionsinmind.co.uk

Self monitoring

Your ability to self evaluate your own behaviour.

Attentional control

Your ability to regulate and direct your attention.

Working memory

Your ability to hold information in your mind to complete tasks.

WHY PROFESSIONALS SHOULD UNDERSTAND

NEURODIVERSITY

CHALLENGES NEURODIVERGENT PEOPLE FACE

Accessing health, social, and educational services



Barriers accessing support



Focuses on disorder & cures



Systems rely on verbal communication



Diagnostic overshadowing

MEDICAL MODEL:

- See the disorder
- Treat symptoms
- Gatekeep services
- 'One-size fits all'
- Sees high/low functioning



PRO-NEURODIVERSITY MODEL

- Empowerment
- See the person
- Co-production
- Person-led
- Support their needs



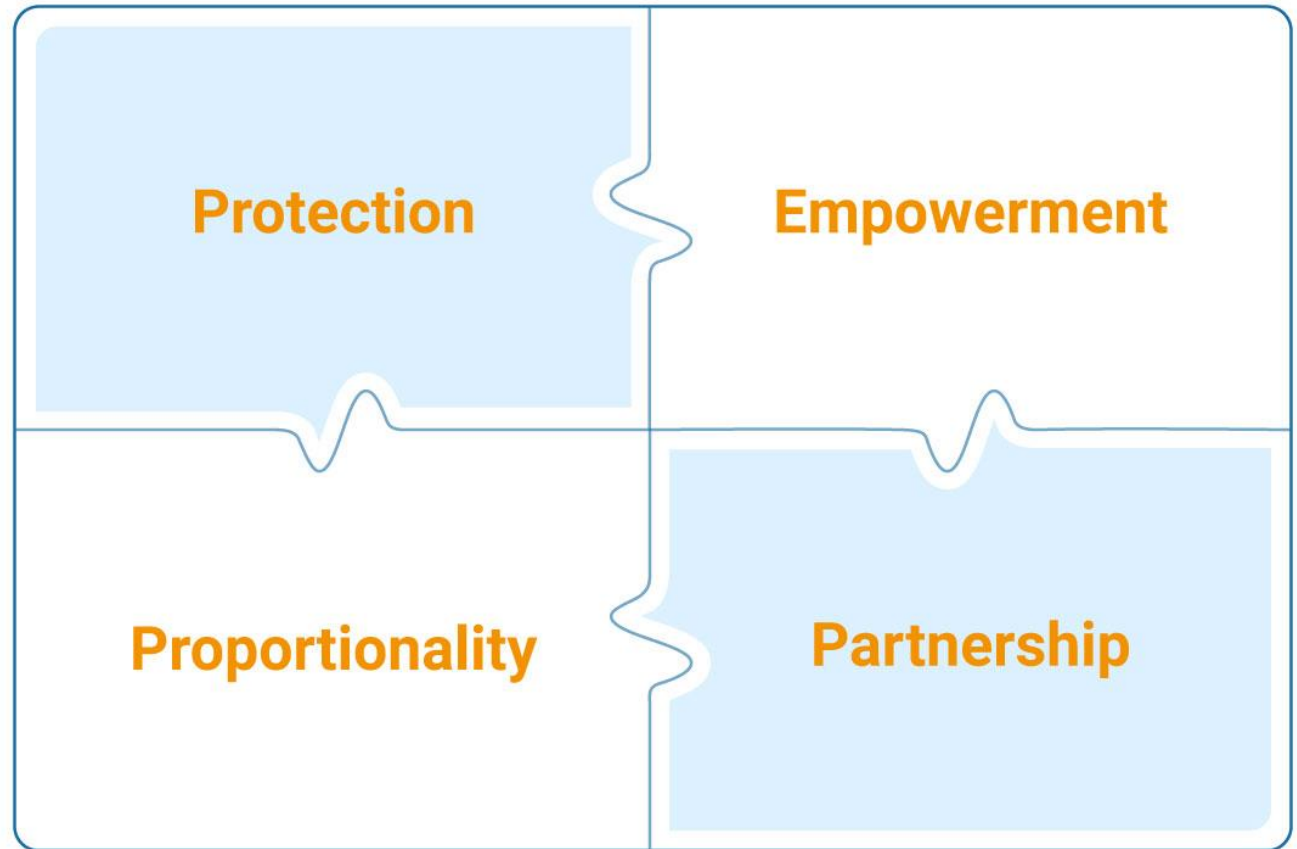
The stigma of being 'othered' and the normalisation agenda

- The risks do not stem from the neurodivergent brain, they stem from the communication divide between neurotypicals and neurodivergent people. This divide is not solely a failure of autistics to understand neurotypicals, it is also a failure of neurotypicals to understand autistics, as beautifully illustrated by Damien Milton's Double Empathy work.



How does this relate to safeguarding

- Safeguarding meetings
- Hoarding
- “Non-engagement”
- Domestic Abuse
- Addiction
- Self neglect



The safeguarding meeting



“Non-Engagement”

CASE STUDY:

“Peter” is a 54 year old male who lives alone. There are concerns around self neglect and hoarding. It states on case notes that Peter “does not engage with services”. Peter will not answer the door, not follow up on phone calls or attend health appointments, not allow people into his house, or follow instructions given.

What should we be thinking about?



Not engaging?

- Services often close referrals after missed appointments or failed contacts
- Communication differences can be perceived as “abrupt, rude”
- Disguised compliance or people pleasing?
- Mental capacity...



INSTEAD OF LABELLING PEOPLE AS NON-COMPLIANT:

UNDERSTAND:

listen to the individual and their perspective on existing barriers and what is or isn't not working.

COLLABORATE:

collaborate to begin with when it comes to exploring interventions, modalities, supports and strategies.

ALWAYS ASK:

ask for consent before providing recommendations, ask for regular feedback.

Misconceptions about hoarding often come from the media, portraying sufferers as dirty and lazy.

IT'S NOT A LIFESTYLE CHOICE

HOARDING DISORDER is often linked to other mental health issues such as childhood trauma, OCD, ADHD, depression and anxiety.

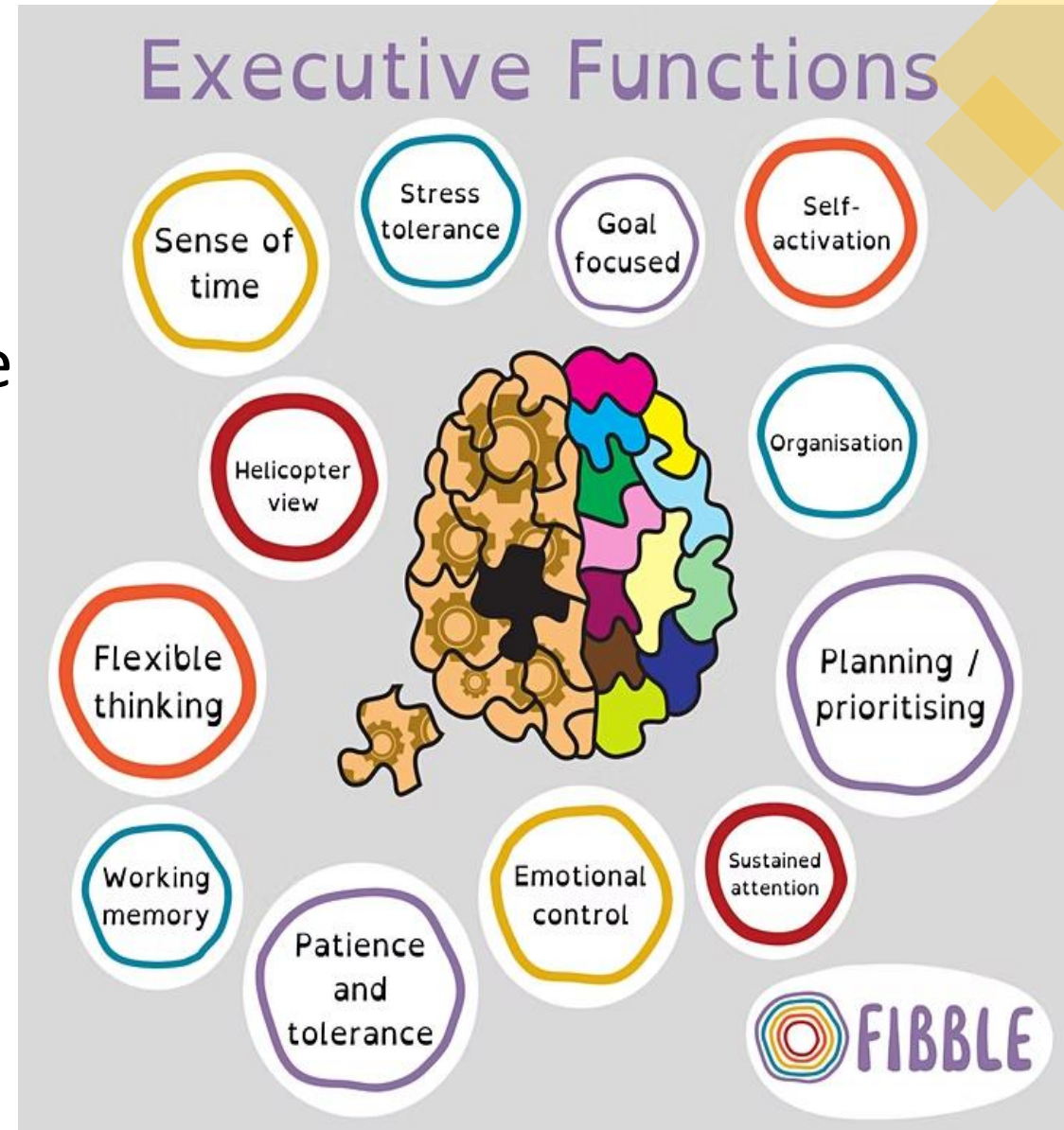


Hoarding and Neurodiversity

- ADHD is associated with elevated levels of hoarding, according to a recent U.K. study published in the *Journal of Psychiatric Research*. The study found that as many as one in five adults with ADHD exhibit clinically significant hoarding symptoms.
- Think executive functioning
- It is NOT always trauma based!!!

Case study

- Morein-Zamir, S., Kasese, M. et al (2022). Elevated levels of hoarding in ADHD: A special link with inattention. *Journal of Psychiatric Research*, 145, 167-174. <https://doi.org/10.1016/j.jpsychires.2021.12.024>



Tips

- Reduce the overwhelm - Cover everything with a sheet except the area you are working on.
- Have a buddy to prevent distractibility
- Look at different methods of decluttering – Photobook of items?
- Pick a more realistic target – dinner with a neighbour?
- Think executive function – time of day, sleep issues, sensory overwhelm
- [Hoarding Ice-Breaker Form – Because life's too short for your health to be ruled by hoarding, clutter or disorganisation \(hoardingicebreakerform.org\)](http://hoardingicebreakerform.org)

What do we think about this graphic?

Self-Neglect

Where someone demonstrates lack of care for themselves and/or their environment and refuses assistance or services.



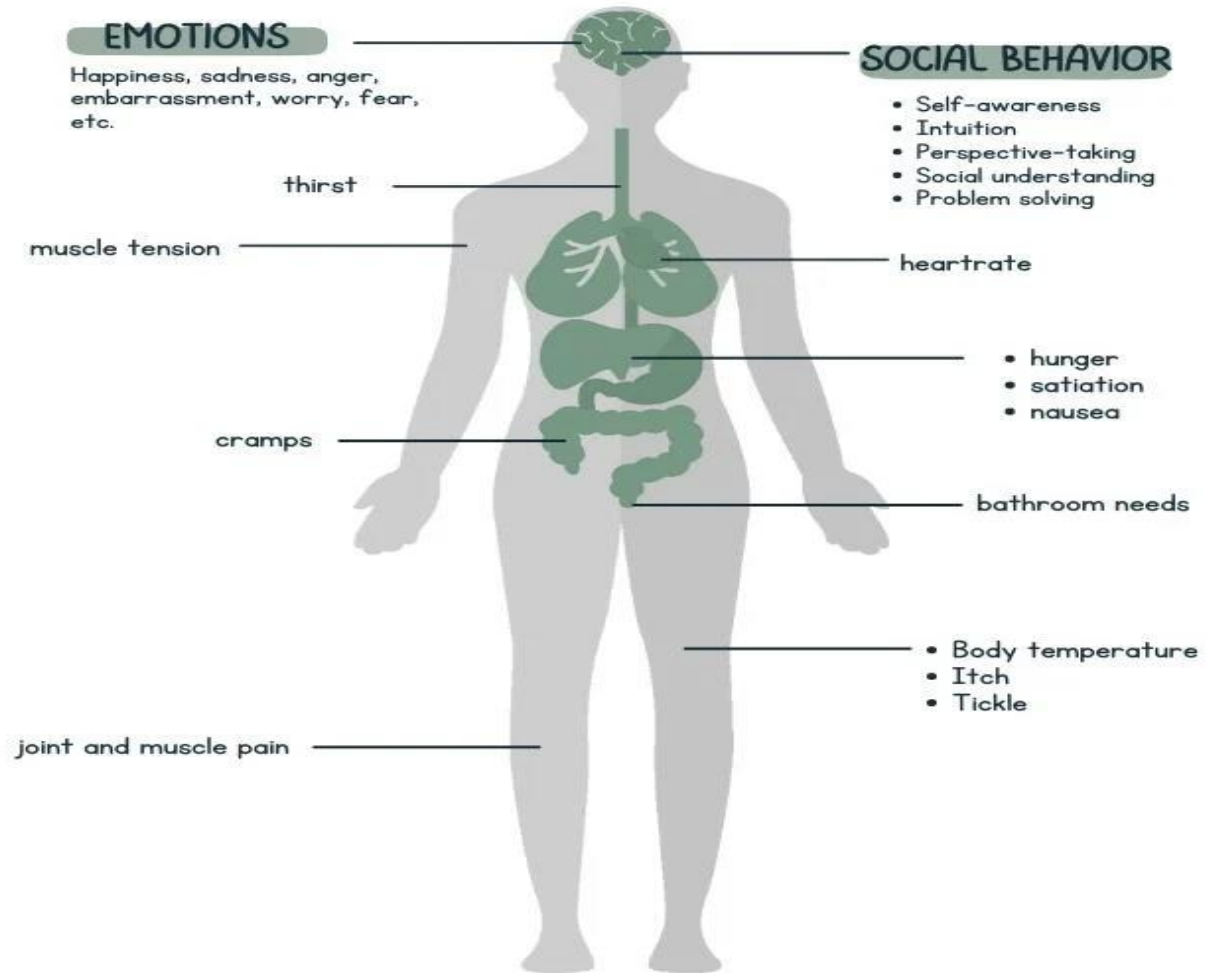
Self neglect

[Interoception: The New Topic in Autism - YouTube](#)

- Sleep disturbances
- Interoception
- Executive functions....

INTEROCEPTIVE AWARENESS

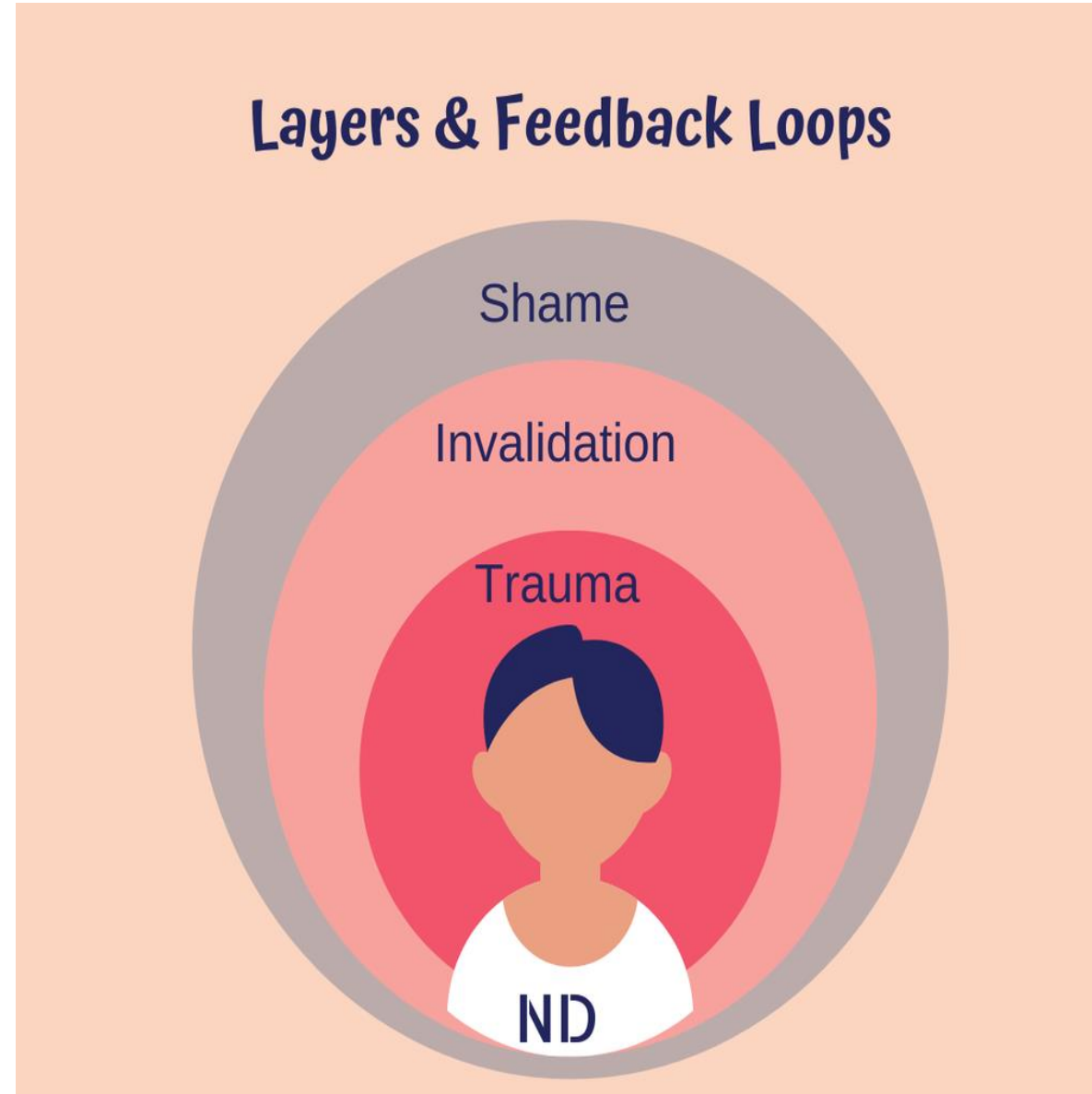
How we know what's happening and how we feel inside our bodies



Consider.....

- I express pain differently – do you ever use expressions of pain to diagnose or assess someone? Do you know what my expression of pain would look like?
- I sense pain differently – do you rely on people self-reporting pain? What if I cannot accurately report the pain in my body?
- I process spoken language differently – are you giving information verbally that I need to have in order to keep myself safe, for example, telling me I can call a particular number if I need help, or telling me that if X happens I should treat it with Y?
- My capability to articulate my own experience diminishes when I am stressed – the person you meet may be able to have a ‘normal’ conversation with you, but will that person be able to call for help when they need it?
- My capacity to process language on the telephone is limited – is my access to support contingent on me being able to manage a telephone conversation?

Domestic abuse and neurodiversity



Domestic abuse

<https://medium.com/the-establishment/we-need-to-talk-about-the-domestic-abuse-of-autistic-adults-5df294504a13>

A quote from the above article:

“due to years of conditioning I automatically think a problem is my fault and try to fix it, to be less of a burden or inconvenience to those around me. [This is] something that maybe other autistics can relate to since we’ve been conditioned to believe we’re burdens.” In other words: Society already systematically gaslights autistic people, and so we can internalize this oppression and thus become more susceptible to the same tactic from manipulative individuals”

Domestic abuse case study

- Referral received from GP. 81 year old female diagnosed with dementia – early stages. Reports that Husband locks her in the house, wont let her go anywhere, will call her repeatedly if she is out with her daughter.
- GP concerned about the controlling behaviour.

Trauma and Neurodiversity

- Many neurodivergents report trauma responses from living in a 'typical-focused' world and it is imperative that we begin to think beyond the traditionally defined causes of trauma and consider causes that are not typically considered within traditional trauma frameworks.
- When you compare symptoms of trauma to some of the better-known traits of neurodivergent conditions like autism or ADHD, you start to notice a pretty unsettling pattern: there's a ton of overlap. You start to ask yourself: "Is it the case that many neurodivergent traits look like trauma, or might it be the case that many people with neurodivergent conditions are actually traumatized?"
- If we are to make trauma treatment and recovery as comprehensive as possible, we need to not only consider an individual's circumstances, but the unique way in which *they* perceive said circumstances.



Addiction and neurodiversity

- What barriers might there be to accessing support/treatment for addiction?



[Recommendations | Coexisting severe mental illness and substance misuse: community health and social care services | Guidance | NICE](#)

Addiction and neurodiversity

- According to a study by [Butwicka et al. \(2016\)](#), substance-use related problems have been observed in 19-30% of diagnosed autistic individuals in clinical settings. They note in their findings that there is an increase in the risk of substance-use disorder in autistic individuals (when compared to the non-autistic population); that risk was **significantly** increased risk when co-occurring ADHD was a factor.
- Repetitive behaviours, such as substance use and behavioural addictions may be used as coping strategies for dealing with symptoms of ND conditions
- Symptoms of ND conditions such as impulsivity, compulsions, and repetitive and obsessive thoughts and behaviours, may contribute to substance misuse and behavioural addictions
- Deficits in executive functioning such as ability for self-control may increase the risk of substance misuse and behavioural addictions
- The habitual and repetitive symptoms of ASDs may lend themselves to addictive behaviours
- Use of alcohol and substances to cope with symptoms of ND conditions and to aid socialisation (typically alcohol in adults and cannabis in young people)
- Use of alcohol and substances to reduce or enhance sensations from symptoms of ND conditions
- Drug culture may be more accepting of 'difference'
- [Report-Neurodiversity-and-Addictions-Final-Sept-2020-003-ANE-website-vi.pdf](#)

- Substance misuse and addiction is not just about 'self-medication' for those with neurodivergent conditions
- Isolation compounds and exacerbates conditions and compulsions/addictions
- Tension between social and medical models of diagnosis and treatment
- Individuals are passed between mental health (MH) and substance misuse (SM) services
 - Early intervention and support are key
- Recognition that those with neurodivergent conditions may be susceptible to addiction/substance misuse

Self Harm

- to regulate depression or numbness
- to express or cope with emotional distress
- to feel a sense of control
- to punish themselves
- to relieve unbearable tension
- to cry for help (this is not the same as attention seeking)
- to distract from intrusive thoughts
- Many autistic people find it difficult to recognise, manage and express their emotions. This is known as [alexithymia](#). It can mean that autistic people who experience alexithymia are more likely to feel frustrated, anxious and depressed, and less able to effectively cope with these emotions. Higher levels of alexithymia are linked to higher levels of self-harm in autistic people.

Neurodiversity and Homelessness

- Few studies have been done assessing rates of neurodiversity among homeless people and most of these have sampling problems. However, it appears that rough sleepers and those using homeless services, have **much higher rates of neurodiversity** than the general population.

- [\(8\) Neurodiversity and homelessness | LinkedIn](#)

Type of neurodiversity	Estimated prevalence in the general UK population (%)	Reported prevalence in UK homeless populations (%)
Attention-Deficit/Hyperactivity Disorder	0.5-2.2 ³⁻⁷	3.3-7.1 ⁸⁻¹⁰
Autism Spectrum Disorder	0.6-3.5 ^{3,11-15}	2.0-50.0 ^{8-9,16-17}
Developmental Coordination Disorder	1.8-4.9 ¹⁸	Unknown
Developmental Language Disorder	0.5-7.6 ¹⁹⁻²¹	Unknown
Dyscalculia	3.6 ²²	Unknown
Dyslexia	2.3-6.2 ²²⁻²⁴	15.3 ²⁵⁻²⁶
Intellectual Disability	2.7-10.6 (moderate) 0.03 (severe) ^{23,27-30}	5.0-21.7 ^{8-9,31-34}
Tic Disorders	0.8-1.8 ³⁵	Unknown

Risk

- Rejection sensitivity disorder
- Impulsive spending or overspending
- Starting fights or arguing
- Trouble maintaining friendships and romantic relationships
- Speeding and dangerous driving
- Risky sexual behaviours
- Case study: 35 year old woman engaging in risky sexual encounters, repeatedly “told” not to do it, explains she knows it is wrong but cant explain why she does it.

How to be inclusive

- Present information summarised in point form, and send out reminders if possible
- Back up verbal information with written
- Consider environment – avoid background noise if possible such as ticking clocks, or strong smells.
- Provide clear invitation to meetings detailing who will be present, what is to be expected with time and location.
- Be tolerant of stimming (fidgeting with something or repetitive actions or movements to allow focus).
- Understand that everyone is different, and needs fluctuate. Just because something is working one week, doesn't mean it will do the next.
- Consider the persons individual communication needs, and adapt! For example no cold calling, time of day.
- Think about language – ask the person what language they prefer eg autistic, person with autism
- Recognise that a reluctance to engage socially does not imply dislike or rudeness
- Normalise – talk about it and reduce the stigma. Remember, the phrase is different, not less and most importantly – the person is best placed to tell you about their strengths and needs and how you can adapt to support them.

Communication tips

In order for neurodivergent individuals to be able to work with and understand safeguarding

- Avoiding sarcasm or ambiguity
- Being clear and using short, concise sentences
- Incorporating a visual element, such as diagrams or org charts, when appropriate
- Using closed rather than open questions to provide clarity
- Providing regular updates, especially when announcements concern changes to ways of working that may affect staff on a daily basis

Remember the strengths

DCD: Empathy, resilience, humour and creativity

ADHD: Some aspects of creative thinking, particularly real-world creative thinking, goal-directed creative thinking and original thinking.

Dyslexia: Creative, innovative thinking. Global visual-spatial skills (the ability to tell where objects are in space by looking at the whole part (i.e. holistically) rather than at details) – useful in maths, sciences, engineering, architecture and 3D art.

Autism: Attention to detail; reasoning rather than jumping to conclusions; ability to focus/concentrate; ability to arrange/order things (systemising); some aspects of memory including rote learning; tolerance of repetitive tasks; number skills; visual skills; auditory skills; musical skills; and risk aversion



**If we want to understand the
oak, it's back to the acorn we
must go.**

– OPRAH WINFREY

@THEMILLENNIALGRIND





Questions?





Resources

- <https://www.geniuswithin.org/>
- <https://www.adhdfoundation.org.uk/>
- <https://www.autism.org.uk/>
- <https://www.bdadyslexia.org.uk/>
- <https://dyspraxiafoundation.org.uk/>
- <https://www.tourettes-action.org.uk/>
- <https://www.linkedin.com/newsletters/neurodiversity-101-6749245972842446848/>