



NEURO *diversity*

@NEURO
NATION
SPEECH PATHOLOGY



Everyone
is valued,
respected,
important,
encouraged,
welcome
here

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This booklet is intended as a guide only and can be used by clients, family / support networks and other professionals.

For individuals with different communication needs, the information should be delivered in their preferred communication method.



What is

NEURO *diversity*?

Neurodiversity recognises that a diverse range of brain functions and behavioural traits, such as those seen in Autism, ADHD and other neurotypes, exists as part of normal variation in the human population.



Neurodivergent (ND) refers to a person whose brain processes information in a way that is not considered “typical”. This can cause differences in the way a person behaves, thinks and learns. A ND person may experience the world very differently to a Neurotypical (NT) person.

Neurodiverse affirming practice rejects the notion that ND behaviours are wrong or “disordered” just because they are different to Neurotypical (NT) behaviours. A neurodiverse affirming therapist acknowledges that neurodivergence can be disabling and seeks to understand each individual's experiences and support needs.

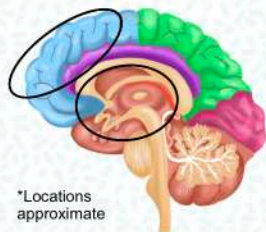
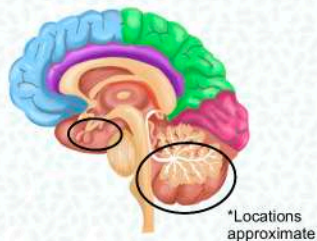


The **NEURO***divergent* Brain

There is **not one type** of Neurodivergent brain - as we've just learned, the concept of Neurodiversity highlights that every brain is different, including every Neurodivergent brain. **We still have a lot to learn** about Neurodivergent brains, particularly in minorities such as women and culturally diverse groups, who have historically been **under represented** in research studies.

We do however, have **some trends** that have emerged when comparing Neurodivergent brains to Neurotypical brains. Let's consider some examples from Autism and ADHD:

In **Autism**, there are thought to be differences in the size and function of the hippocampus, amygdala and cerebellum, as well as the connectivity of these and other brain regions. This can lead to differences in sensory sensitivity and emotional regulation.



ADHD brains have differences in structures such as the prefrontal cortex, basal ganglia and the limbic system. They also have reduced levels of certain neurotransmitters such as dopamine. This can lead to differences in attention regulation, emotional regulation and sensory processing.

Understanding the **neurology of ND brains** should be used to educate and empower, however it should never replace our capacity to learn and understand a ND person's **lived experience**. It is when we combine these two that we are truly delivering Neurodiverse Affirming Practice.

NEUROdiverse Affirming Practice in Speech Pathology

What it isn't

✗ **Compliance based** - restrictive practices reward NT responses over authentic ND behaviour. This is invalidating and can be traumatising.

✗ Viewing **behaviour as problems** that need to be fixed because they are different to neurotypical standards.

✗ **Deficit based, therapist led** therapy can lead to masking (suppressing natural ND behaviour), burnout and low self esteem. Clients are likely to disengage and have poorer long term outcomes.

✗ Aiming to **change the way** a neurodivergent brain functions.

What it is

✓ **Connection based** therapy creates a safe, trusting environment. This encourages authenticity and regulation, which is essential for learning.

✓ Viewing **behaviour as communication**, respecting personal autonomy by acknowledging that all communication is valid.

✓ **Strengths based, client led** therapy builds confidence and agency. Clients have a better therapy experience and are more likely to achieve their goals in the long term.

✓ Seeking to **understand the way** a neurodivergent brain functions across different environments, supporting clients to explore their strengths and support needs.



NEURO *diversity* at NEURO NATION

Our approach to **Neurodiverse Affirming Practice** at **Neuro Nation** is based on our six core values, known as the **Neuro Norms**:



IDENTITY



AUTHENTICITY



CURIOSITY



CONNECTION



GROWTH



SERVICE

In the following pages, we will learn about what Neurodiverse Affirming therapy looks like, using our Norms as a guide.

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IDENTITY

Identity refers to how we define ourselves as individuals and groups. A sense of personal identity has been linked to positive self-esteem and mental well-being. A sense of belonging can foster safety and security within relationships.

What IDENTITY looks like in practice:

- **Identity first language** - e.g. *Autistic person* rather than *has autism/ASD* and *ADHDer* rather than *has ADHD* (note we respect each individual's language preference)
- **Reflection** - self or guided reflective activities in therapy help identify strengths and areas for support
- **Education** - we need to understand our brains and work with them, not against them. Many clients have lightbulb moments as they learn about ND neurology as it relates to them



AUTHENTICITY

Many of us can't imagine functioning in a world where we have had to hide, or 'mask' our brain's natural responses, but unfortunately for many ND people, this is their reality. Masking can have a devastating impact on both mental and physical health, and can lead to burnout, isolation and trauma.

What AUTHENTICITY looks like in practice:

- **A safe space** - the therapy room is a place where people can be their authentic selves without judgement or rejection
- **Special interests** should be used in therapy wherever possible
- **Stimming** - all clients are welcome to stim in sessions (stimming refers to any stimulators behaviours that help with regulation, e.g. repetitive movement, voicing or use of fidgets)



CURIOSITY

We can never truly understand another person's experience if we don't ask. Assumptions and generalisations can be undermining and cause disconnection. When we feel understood, we can engage in an open and trusting way.

What CURIOSITY looks like in practice:

- **Assessments** that are thorough, affirming and holistic
- Unpacking **communication challenges** without assigning blame to ND differences
- **Environment** evaluation and modification to set a person up for positive communication experiences
- **Communication partner** collaboration - we offer sessions with family / caregivers as part of the therapy process. Different perspectives can help us develop a more holistic approach



CONNECTION

A safe, trusting client-therapist relationship is possibly the most important part of therapy. Our brains are wired for connection and ND brains are no different. Feeling connected to each other also boosts neurotransmitters such as Oxytocin, Serotonin and Dopamine, which are all important for regulation and learning.

What CONNECTION looks like in practice:

- Using a person's **preferred communication method** during sessions
- **Considering emotions** and readiness to engage
- **Client-led therapy** - working at their pace
- **Supporting family members** and caregivers
- **Practising empathy** and acknowledging shared experiences - our therapists are humans, not white coats!



GROWTH

Once we have a safe environment, a trusting relationship and the foundations for authenticity - that's when people can start to build the skills to live their best life. Growth comes in many shapes, sizes and timeframes and there is no one size fits all approach to therapy. Below are a few examples of where therapy may focus.

What GROWTH looks like in practice:

- **ND Affirming goal setting**
 - ✓ *For Jane to communicate when she needs a sensory break*
 - ✗ *For Jane to talk in a quiet voice in the workplace*
- Exploring **social communication** and **building confidence**
- Exploring **perspective taking** and **pragmatics**
- **Problem solving** communication challenges without blame
- Building **self advocacy** skills around communication
- Understanding **emotions** & how they relate to communication
- Considering Augmentative & Alternative Communication (**AAC**)
- **Speech / language exercises** as indicated
- Working closely within the **multidisciplinary team**



SERVICE

Helping a fellow human being is part of our DNA and we believe that every person has the ability to do this in their own way. Service is not only important for us as clinicians and as a practice, but clients also benefit from knowing that they can have an impact on the world, in whatever way suits them.

What SERVICE looks like in practice:

- **Supporting clients** as they navigate volunteer, education and workplace settings
- **Seeking feedback** from clients and their support networks
- Maintaining the **highest standards** of clinical practice
- Being an **active voice** in the Neurodiversity Movement

A note on REGULATION and *consent*

When we talk about **regulation**, we are referring to how a person's **emotional** and **sensory** experiences impact their behaviour. We pay close attention to this during therapy because a **dysregulated** person simply cannot engage and learn. Forcing a ND person to participate when they are in a dysregulated state is harmful and unethical.

Regulation is sometimes referred to within three zones - **GREEN**, **YELLOW** and **RED**. Let's learn about these zones by considering their impact on therapy and quality of life:



Willow (they/ them) is **calm, alert and inquisitive**. They chat happily to their therapist and access their iPad for **communication** support as needed. They laugh and squeal, which their therapist knows means they're regulated and **ready to engage**.



Tom (he/him) is becoming **aggitated**. He is talking loudly and quickly, which is **not his usual** communication style. His therapist knows that he's becoming dysregulated. The focus of the session now shifts to **validating and connecting** with Tom, helping him to regulate and re-engage if he wishes.



Wendy (she/her) seems **overwhelmed**. She is crying, shaking her head and hitting her hands on the table. Her therapist knows that she is **very dysregulated**. Wendy leaves the room, indicating that she no longer feels safe. Her therapist respects her right to **withdraw her consent** and the session finishes.

The above are **examples only**. Dysregulation can look very different and what indicates regulation for one person can be a sign of dysregulation for someone else. This is why an **individualised** approach is so important. **Every person has the right to change or withdraw consent at any time, in whichever way they can**. It's our job to validate all forms of communication and adjust our approach as needed.



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