

# NEURODIVERGENCE



## INFORMATION FOR LOVED ONES

A free self-help workbook

[ndhelp.co.uk](https://ndhelp.co.uk) 

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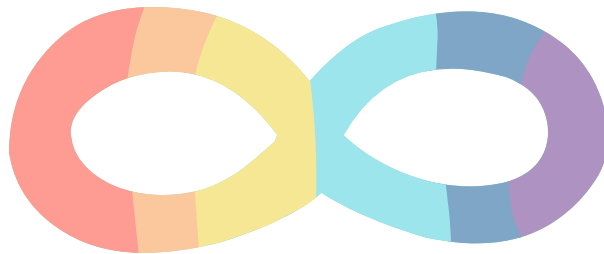
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# About

This workbook was created by two neurodivergent therapists. We hope you find it helpful as an introduction to neurodivergence and mental health. Please note this booklet is for informational purposes only and is not a substitute for medical advice.



# What is Neurodivergence?

Neurodiversity refers to the different ways individuals interact with the world around them.

It is estimated around 15% (or 1 in 7) of people in the UK are **neurodivergent**, meaning their brain functions, learns and processes information differently to everyone else.



**Neurodivergence is not an illness or disease, but a condition.**

Being neurodivergent is a difference in the way the brain works, rather than a deficit to be 'fixed.'

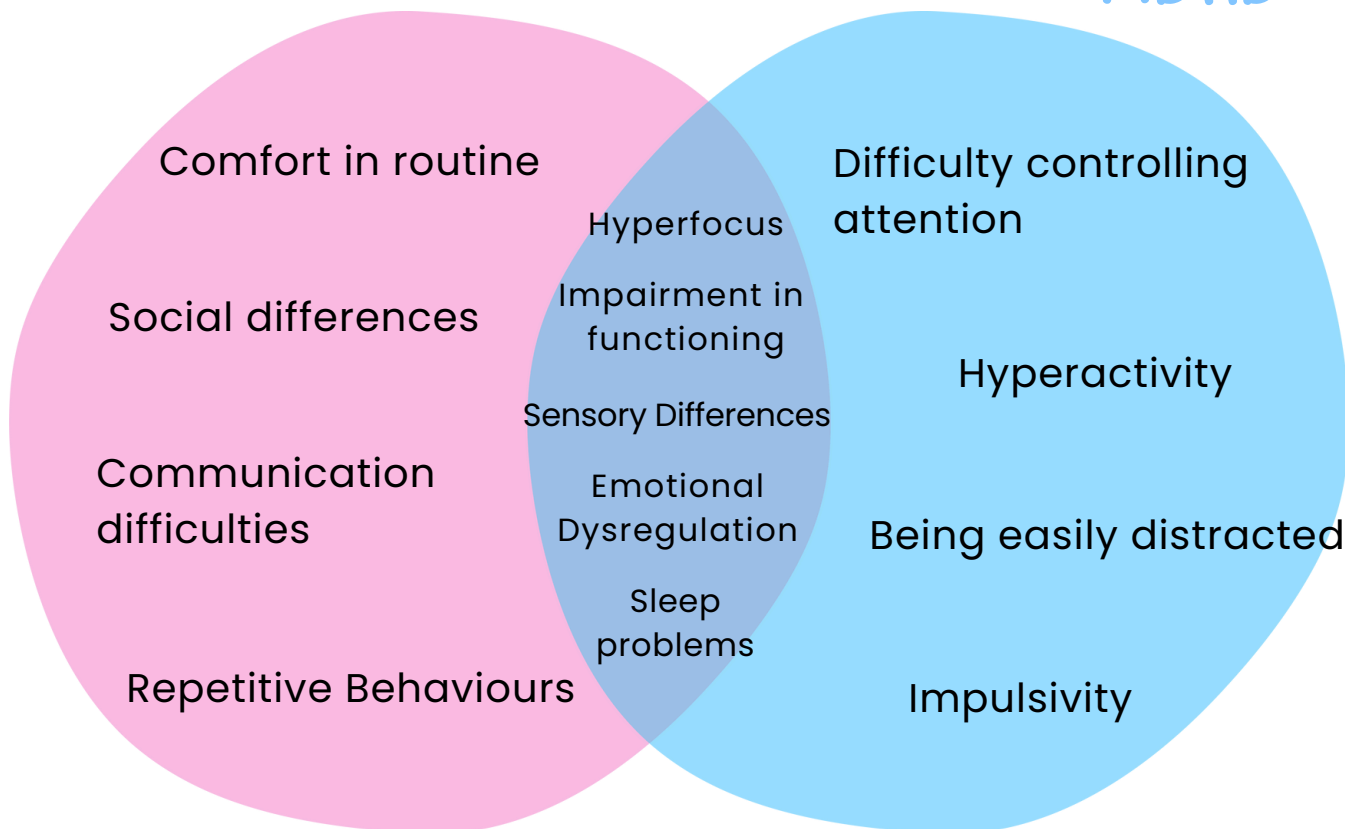
# ADHD and Autism

This workbook focuses on autism and ADHD, but there are other types of neurodivergence too, like dyslexia.

Although every neurodivergent person is different, there tend to be some traits that we share, and that have an impact on our everyday life.

Autism

ADHD



\*Diagnosis can only be carried out by a qualified professional. These symptoms are interpreted from the DSM V. For more information on how to obtain a diagnosis, please visit [ndhelp.co.uk](http://ndhelp.co.uk).

# Neurodiversity

It is outside the scope of this workbook to cover everything we know about neurodiversity, but we've pulled together a few key facts it might be helpful to start with. We'll include some resources for further reading at the end, too.

## What causes neurodivergence?

We are still learning about the various causes of neurodiversity. At the moment, it appears to be the result of **genetic, biological, and environmental factors** influencing brain development.



## What neurodiversity can impact

These differences affect how we experience the world, including how we look after ourselves, interact with others and direct our attention. We m

## Strengths

With these differences come many strengths. We often have strengths like creativity, deep focus, and see unique solutions to problem. We experience the world differently.



## Challenges

.We might experience challenges with sensory processing, social interactions, directing our attention. This isn't a result of something wrong with **us**. It's a result of being in **environments** not designed for our needs.

# Misconceptions

We're still learning about the different neurotypes, like ADHD and autism. This means that there is a lot of misinformation still circulating, including some harmful myths.

ADHD Is just being hyperactive

Autistic people aren't sociable

People with ADHD can't concentrate

Autistic people don't like to be touched

ADHD is an excuse for laziness

Autistic people aren't sociable

Do any of these feel familiar? Even if they aren't your personal beliefs, unfortunately they're widespread in society and media. Without realizing it, we can sometimes internalise these messages when we lack the right information. This goes for neurodivergent people, too.



# Individual Differences

Misconceptions can shape our ideas of what a neurodivergent person “should” look like. When someone doesn’t match that mental image, it can make it harder for us to recognize and validate their struggles. It can also be harder to work out what might help them.

I am really interested in lots of different hobbies

I really enjoy bright lights and busy places

I struggle to concentrate a lot of the time

I need to follow the same routine everyday



I struggle in social situations

I am very impulsive

I can't sit still and fidget constantly

I am really interested in one specific hobby



**We are both neurodivergent.**

No two neurodivergent people are the same, although there are traits we can share. As a result, the support we need is personal to us, and can change over time.

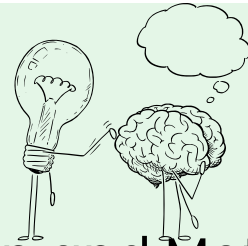
# Providing Support

Pulling from the DSM Criteria, we've put together a summary of some of the common overlapping challenges- remember that everyone is different. Speak



## Sensory Differences

Neurodivergent people often experience the world differently. We've included a little bit of information on how to support this.



## Attention and Motivation

Motivation and attention control can be different in neurodivergent people, and this can have an impact day to day.



## Mental Health Difficulties

Mental health problems are more common in those with autism or ADHD, including problems with emotional regulation.



## Support Options

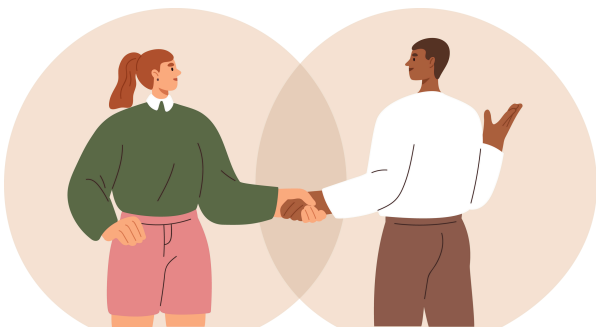
It can be helpful to know some of the types of support out there, including for those people supporting a neurodivergent individual.

# Supporting

If everyone is individual, how can we say what will work to support everyone?

**We can't.**

As neurodivergents, we may have different priorities, values and challenges to those who are neurotypical. Our lives, coping strategies, and challenges may look different as a result- and that is **okay**.



It is so important to speak to the neurodivergent person in your life and find out what they find difficult. Don't assume what they struggle with, and don't make assumptions about what they might find helpful.

The workbooks on our website may be a helpful place to start, especially the *getting started* workbook, to help the neurodivergent person identify **their** priorities.

# Sensory Sensitivity

Sometimes, those of who are neurodivergent have differences with our nerve endings and how our brain percieves sensory information. They may be hyper-sensitive, we receive too much sensory input, or hypo- sensitive, and we might not recieve enough.

**When we cannot trust our senses to help us navigate the world around us, we can feel unsafe and anxious. We may always feel insecure in our bodies.**

## Hyposensitive

Under sensitive,  
low  
responsiveness,  
under stimulating

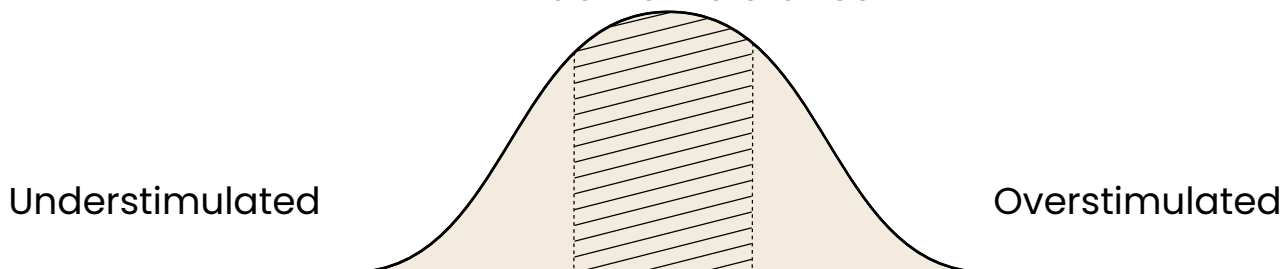


## Hypersensitive

Over sensitive,  
high  
responsiveness,  
over stimulating

Regulating our senses and keeping in an optimal level of stimulation can be complex. For example: We might love loud music—but only when it is expected noise, like at a concert. The same level of noise in a place that is **unexpected** (like a shopping centre) may overwhelm us.

### Optimal arousal or 'Window of Tolerance'



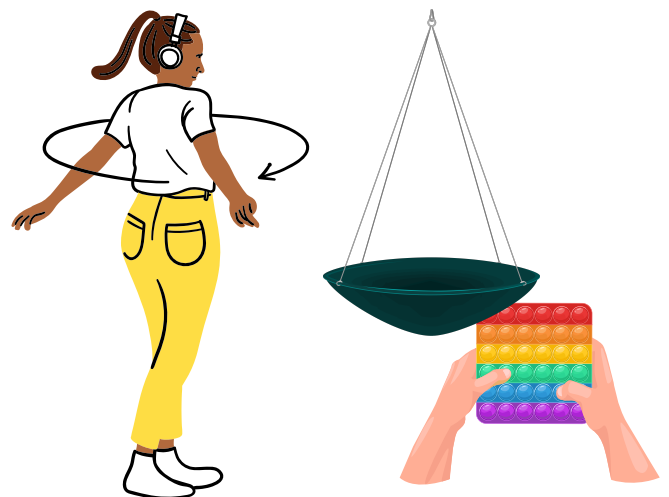
It can be common for our sensitivities to change, depending on the environment, demands, and energy levels. We might be fine with a task one day, and find it overstimulating the next. This can be confusing but it is a valid part of our experience.

# Supporting Sensory Sensitivity

Supporting someone with sensory differences often starts with awareness, and willingness to make changes. Remember, the goal is to change the environment to make it more suitable- not the person.

**Help the neurodivergent person identify their sensitivities.** Sensory sensitivities aren't always obvious, as people might have learned to suppress discomfort, or may not be aware.

**Help them meet their sensory needs.** Work together to brainstorm ways of managing these differences in situations. This may look like using sensory aids, encouraging stimming or changing the environment to be more comfortable for us.



## Tip: Common Sensory Accommodations

Meeting our sensory needs might not always be intuitive to neurotypical individuals. For example, some of us might **stim**- repetitive behaviours or movements that soothe our nervous system. We might **bounce, rock or fidget** repetitively. This is **normal**.

We might find it helpful to use aids to either reduce or increase sensory input. These can include the use of noise cancelling headphones, 'fidget toys' for tactile input, weighted blankets, sunglasses or dimmed lighting.

A good place to start with identifying and managing sensory sensitivity is our **Exploring Sensory Experience** workbook, which covers the seven senses we can have differences with, and how to support these.

# Attention and Motivation

As ADHDers, when motivated, we can tap into incredible energy, hyperfocus, and creativity. But the problem is usually getting motivated. Struggling to engage can cause us to face challenges in many areas of our life:



Work and Education



Relationships

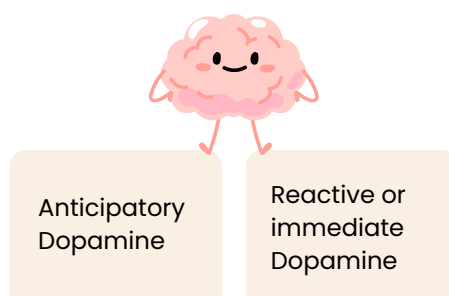


Looking after ourselves

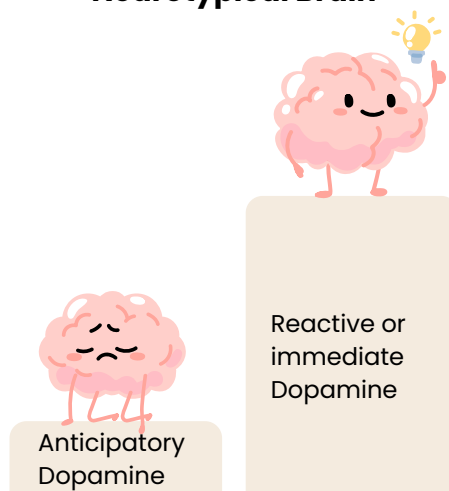
## Dopamine differences in ADHD

You may have heard of **dopamine**, a feel-good chemical that keeps us motivated. In ADHDers, dopamine release is reduced which is why we can feel like we're constantly chasing a goal that moves just out of reach!

This is why our ADHD brains struggle to receive dopamine in anticipation of completing tasks and can be drawn to 'quick' dopamine hits: e.g. impulsive spending, substances, and instant gratification.



Neurotypical Brain



ADHD Brain

## Tip: Self Talk

After struggling to meet societal expectations, we may have come to internalise our struggles as **core beliefs**, for example, that "I am lazy" or "I am unmotivated." But it's important to recognise our difficulties do not come from procrastination or a 'lack' of motivation, but a misalignment of neurotypical systems and our nervous systems.

# Supporting Attention Differences

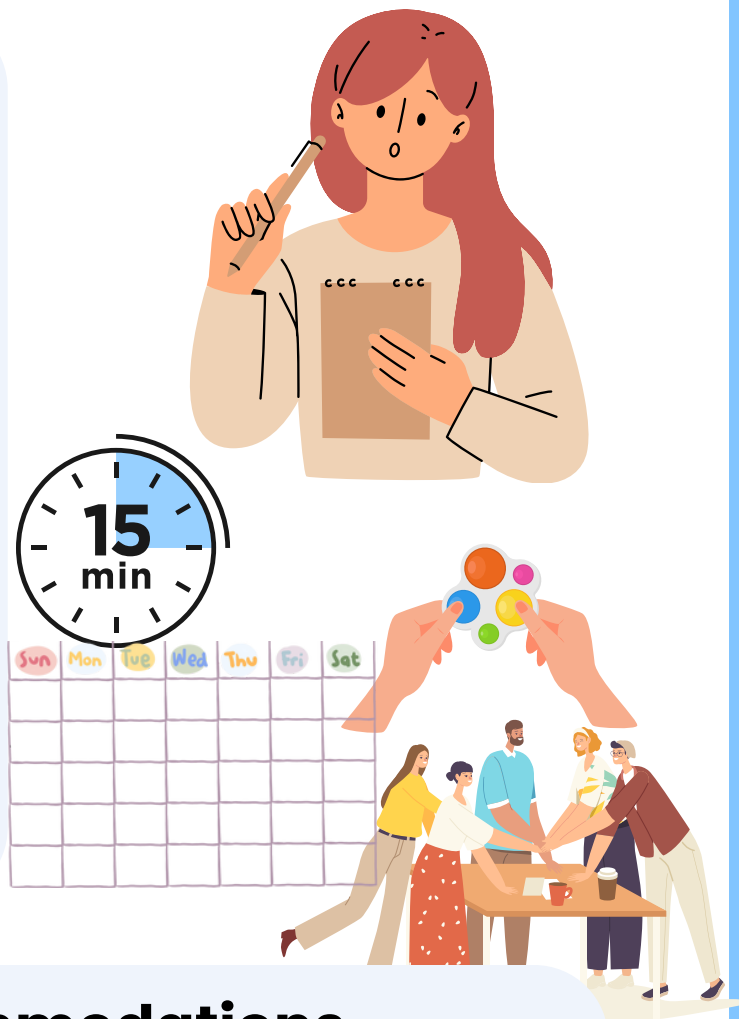
Supporting someone with sensory differences often starts with awareness, and willingness to make changes. Remember, the goal is to change the environment to make it more suitable- not the person.

## Help the neurodivergent person identify where they struggle.

Problems with directing attention can be disruptive to our work, home and relationships, as well as our self care.

## Implement strategies to assist.

There are various models proposed to help those with attention differences, including using **external motivators** whether this is urgency, praise, time management cooperation, or interest.



## Tip: Common Accommodations

External motivators can come in many forms, and can be implemented either alone or with others.

It can come in the form of aids, such as external reminders, alarms, and "reporting" to someone to increase accountability.

One model that summarises some of these motivators is **PINCH**: Passion, Interest, Novelty, Challenge and Hurry.

**Passion:** Reflect on how the task connects to your core values.

**Interest:** Listen to a podcast of a special interest while completing the task

**Novelty:** Change your working environment

**Challenge/Cooperation:** Work with a friend to maximise accountability

**Hurry:** Create "deadlines" for portions of the task to increase the urgency of the task.

A good place to start with identifying and managing attention differences is our **ADHD and Motivation** workbook, which covers the PINCH model to motivation in detail, as well as how to apply this to valued activities.

# Mental Health Problems

Symptoms of neurodivergence can make everyday activities more challenging, especially in our fast-paced, hectic world.



**Half** of people with ADHD or Autism have an anxiety disorder



Autistic people are **four** times more likely to experience depression

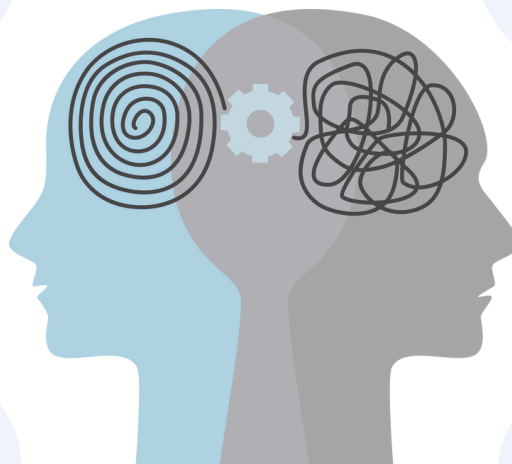
While a diagnosis can be empowering in terms of positive attributes and skills, others find autism and ADHD increase their risk of experiencing common mental health problems such as **depression** and **anxiety**.

It is normal to experience changes in your mood sometimes – but if these changes are longstanding or affect your functioning, it could be the sign of depression or anxiety.

Withdrawing from loved ones

Loss of interest in things you enjoy

Feeling down, depressed or hopeless



Feeling nervous, anxious or on edge

Excessive Worry

Avoidance or behaviours to keep you safe

# Seeking Support

Each person's needs and circumstances are unique, meaning support needs are individual. But it can be helpful to know some of the types of support out there.

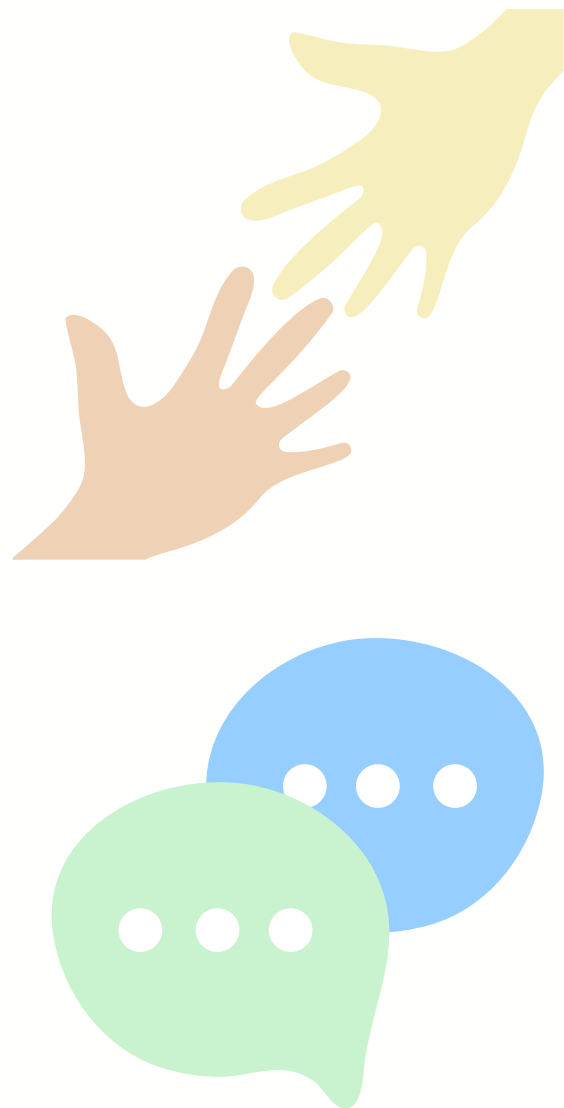
## Support available can include:

**Talking therapies** are evidence-based and can help with common mental health problems, like anxiety, depression or OCD.

**Medication** Some people find medication helpful to manage mental health issues. There are also medication options for ADHD - always discuss with your doctor first

**Local Charities** In your local area there may be charities who offer information and support for divergence.

**Peer Support** Speaking with other neurodivergent people can be helpful and validating.



## Tip: More Information Available

To explore support options and when these are suitable, we have a **Seeking Support and Neurodivergence** booklet on our website.

There's also a full directory of support available at the **National Autistic Society** ([Autism.org.uk](https://autism.org.uk)) and **ADHDuk** ([adhd.uk](https://adhd.uk))

Specific information for caregivers can also be found on these websites.

# Reasonable Adjustments

## Neurodiversity-affirming Care

The Equality Act defines a disability as an impairment that has a long-term effect and makes it harder to do everyday activities.

Autism and ADHD fall under this category as **protected characteristics**. This means organisations must make reasonable changes to enable equitable access to services.

## examples of reasonable adjustments

(What counts as a “reasonable” adjustment will differ depending on the organisation but here are some examples)

Working together to identify your needs

Respecting your communication preferences

Accounting for sensory sensitivities

Sharing information to reduce uncertainty

If a characteristic is a barrier to you accessing support and you do not receive adjustments, this can count as discrimination under UK law.

## Tip: A Shoe that Fits

Equality means treating everyone the same, despite unique circumstances, background, or challenges.

Equity means providing support based on individual needs to address systemic barriers faced by certain individuals or groups.

Equality is giving everyone a shoe. Equity is giving everyone a shoe that fits.



# Signposting

## More Information

**NHS.co.uk:** A good place to start for information on neurodiversity, mental and physical health

**National Autistic Society (Autism.org.uk):** UK leading charity for information and research for autistic people

**ADHDuk (adhd.uk.co.uk):** UK's largest charity for information and research on ADHD



## Additional Support

A good place to start could be your **GP** or **health centre** as they're likely to know local charities and support options

Local **colleges, libraries or universities** will also usually be familiar with this information

**Internet searches for local support services for autism or ADHD** can also point you in the right direction



**Remember, contact 111 (option 2) if you are experiencing a mental health crisis or having thoughts of harming yourself, or 999 in an emergency.**

# References

<https://www.adhdawarenessmonth.org/myths-and-facts-about-adhd/>

Au-Yeung, SK. et al (2019). Experience of mental health diagnosis and perceived misdiagnosis in autistic, possibly autistic and non-autistic adults. *Autism*. 25

Bromberg-Martin, E. S., Matsumoto, M., & Hikosaka, O. (2010). Dopamine in motivational control: rewarding, aversive, and alerting. *Neuron*, 68(5), 815–834. <https://doi.org/10.1016/j.neuron.2010.11.022>

John, R. P., Knott, F. J., & Harvey, K. N. (2017). Myths about autism: An exploratory study using focus groups. *Autism*, 22(7), 845–854. <https://doi.org/10.1177/1362361317714990> (Original work published 2018)

Minshew, N. J., & Hobson, J. A. (2008). Sensory sensitivities and performance on sensory perceptual tasks in high-functioning individuals with autism. *Journal of autism and developmental disorders*, 38, 1485–1498.

National Collaborating Centre For Mental Health (2019). The improving access to psychological therapies manual.

<https://www.nice.org.uk/guidance/cg170/chapter/Key-priorities-for-implementation>

Simonoff, E. et al (2008). Psychiatric disorders in children with ASD: prevalence, comorbidity and associated factors in a population-derived sample. *Journal of the American Academy of CaAP* 47(8), pp921.

Tripp, G., & Wickens, J. R. (2008). Research review: dopamine transfer deficit: a neurobiological theory of altered reinforcement mechanisms in ADHD. *Journal of child psychology and psychiatry, and allied disciplines*, 49(7), 691–704. <https://doi.org/10.1111/j.1469-7610.2007.01851.x>

Volkow ND, Wang GJ, Newcorn JH, Kollins SH, Wigal TL, Telang F, Fowler JS, Goldstein RZ, Klein N, Logan J, Wong C, Swanson JM. Motivation deficit in ADHD is associated with dysfunction of the dopamine reward pathway. *Mol Psychiatry*. 2011 Nov;16(11):1147–54. doi: 10.1038/mp.2010.97. Epub 2010 Sep 21. PMID: 20856250; PMCID: PMC3010326.

