



PDU LEARNING SERIES

NEURODIVERGENCE

AND MULTIPLE DISADVANTAGE



UNDERSTANDING NEURODIVERGENCE IN THE CONTEXT OF
SEVERE AND MULTIPLE DISADVANTAGE



Thursday 14th November



13:00 - 14:30




Facilitated by Caitlin Brooks, Senior Social worker, Framework



Framework
For your future

WELCOME TO TODAY'S WEBINAR



Today's webinar was developed as part of a working group that originated from the SMD Partnership where it had been recognised that there was an interest for learning around neurodivergence and multiple disadvantage.

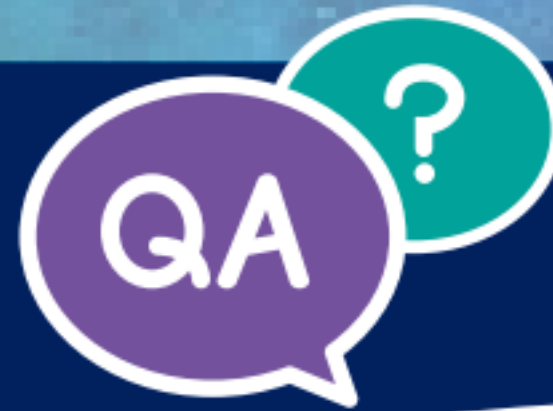
Several themes were identified, the first being: Understanding Neurodivergence in the context of Severe and Multiple Disadvantage (SMD).



HOUSEKEEPING



Today's session will be recorded so if you do not want your camera on for this reason please turn it off.



The first part of the session will be a presentation, there will then be the opportunity to ask questions via the Q&A box at the end.

**COMMENT
BELOW**

During the session please feel free to type in the chat box any reflections or comments you have.



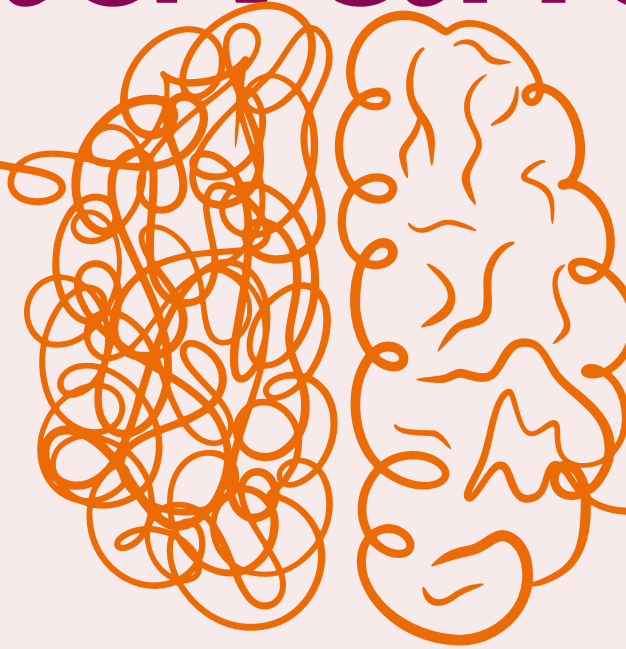
The slides will be available after the session.

At the end of the session there will be a QR code to offer feedback, which we would be grateful if you would complete as it helps us shape future sessions.



PDU Neurodivergence and SMD Learning Series

Understanding Neurodivergence in the Context of Multiple Disadvantage



Caitlin Brooks

caitlin.brooks@frameworkha.org

Aims


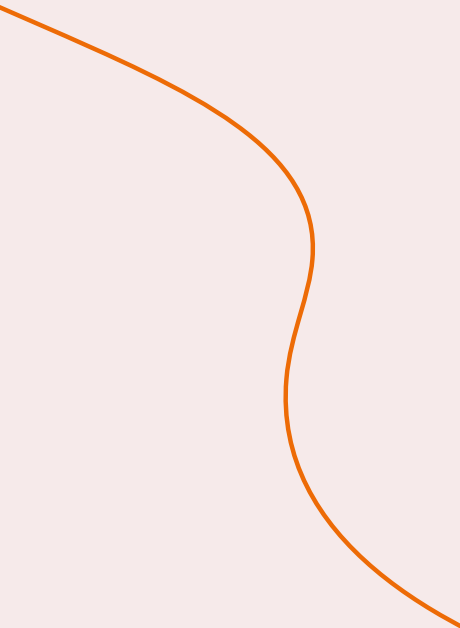
- Provide clarity on the terminology around “**neurodivergence**”
- Insights into the **overlap of neurodivergence and multiple disadvantage**
- Explore why **neurodivergent affirmative approaches** are essential when working with people experiencing SMD.



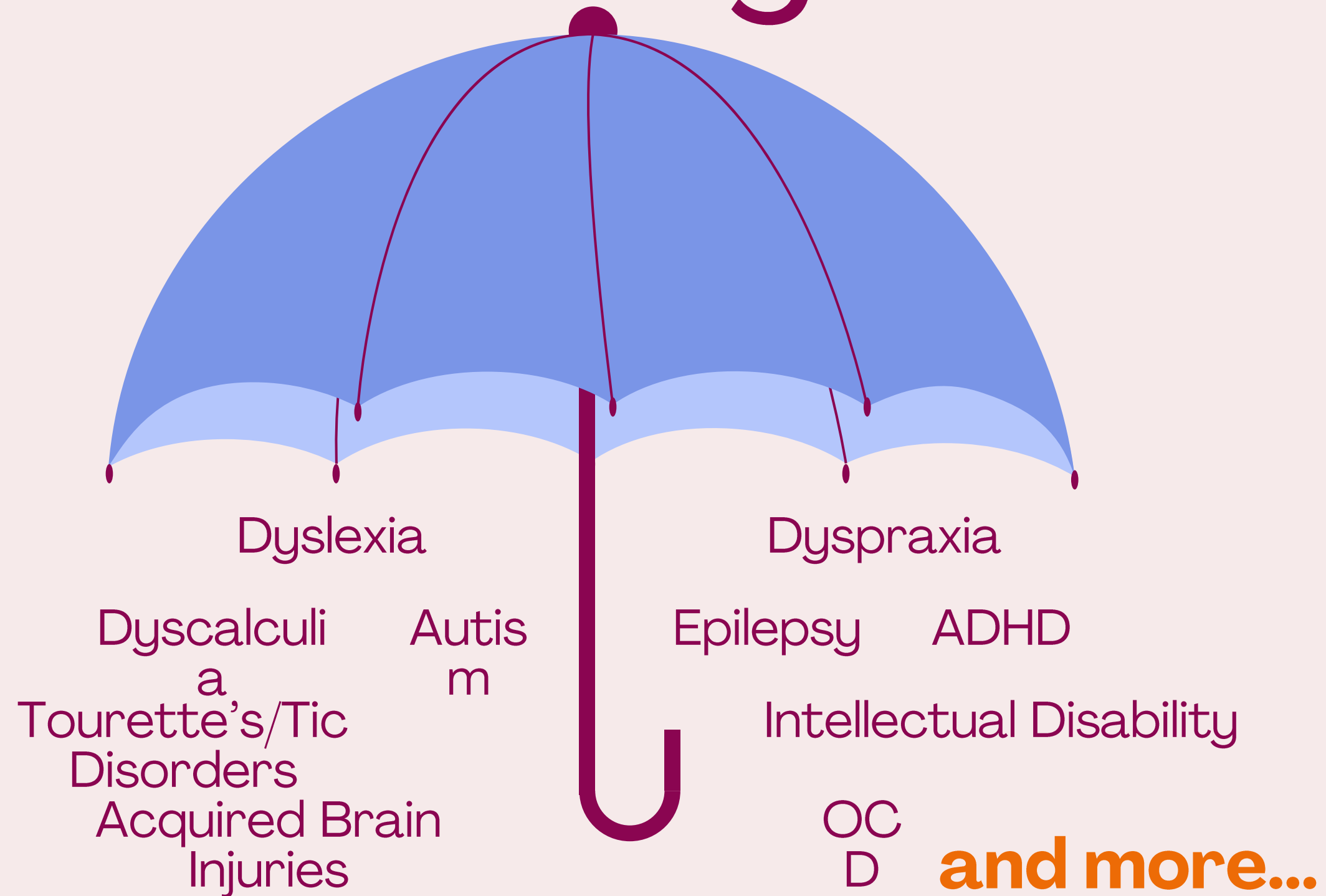
Quick Disclaimer

“Neurodivergence” as a topic is extremely broad and subjective, many of the topics discussed today will be somewhat generalised.

Each neurodivergent individual will have their own unique experiences, strengths, and difficulties. Today’s training will provide staff with an overview of neurodivergence as an umbrella term, breaking down condition-specific topics.



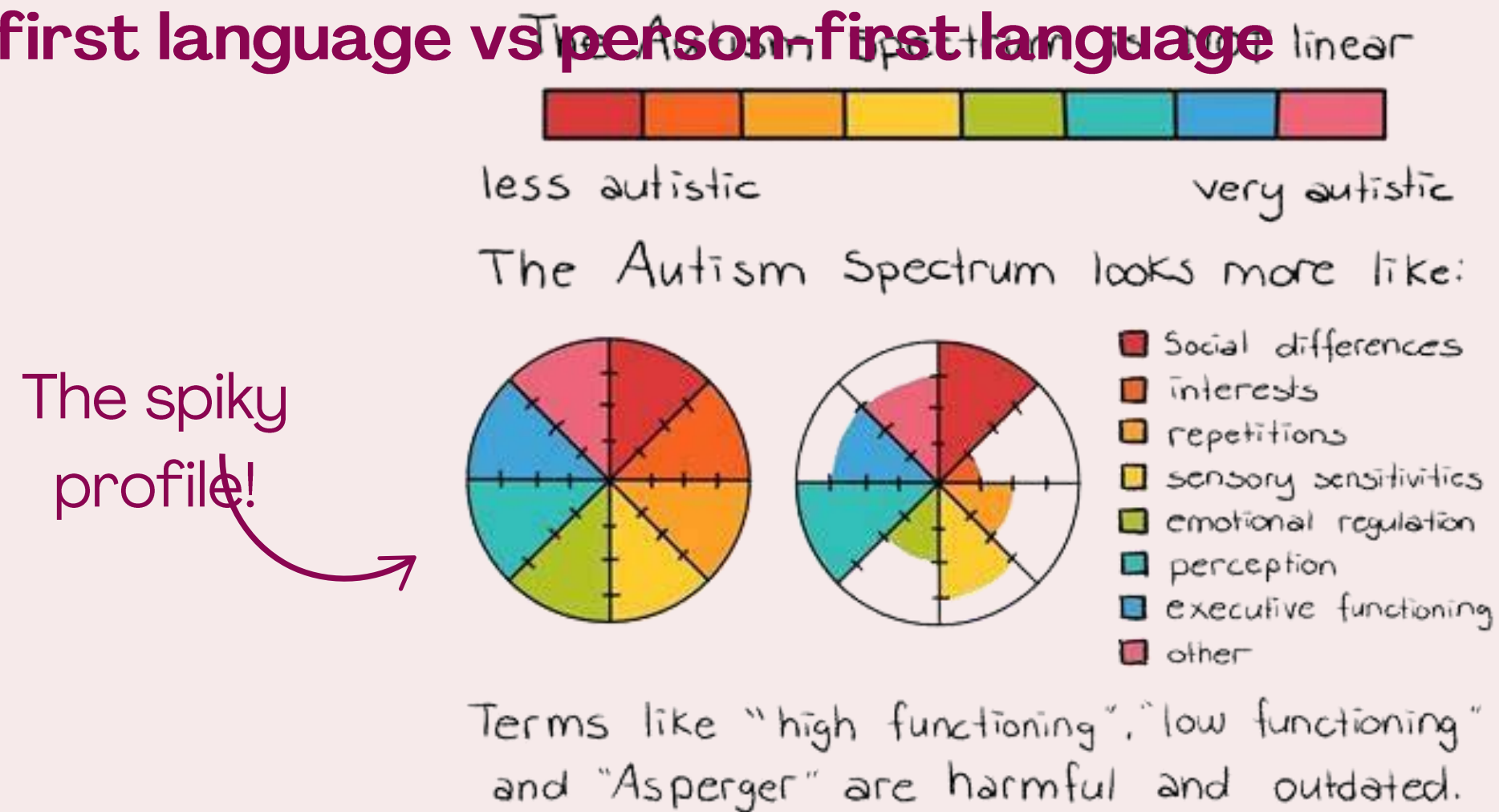
What IS Neurodivergence?



Words Matter!

- Advocating for inclusive and non-judgemental language

- Identity-first language vs person-first language



Best practice for staff is to avoid assumptions and ask directly about a person's preferred language or way to be addressed!

Neurodiverse:

Every human being in the world is neurodiverse. We all have different brains! Neurodivergents and neurotypicals are all neurodiverse.

Neurotypical:

A person with society's typical brain functioning.

Neurodivergent:

A person whose brain functions differently to society's typical state.

Specific Conditions:

Autism Spectrum Disorder, ADHD, Dyslexia, Dyspraxia, Dyscalculia, Dysgraphia, Auditory/Sensory Processing Conditions, Tourette's, Epilepsy, OCD, speech impediments, ABI, and more

Possible ND Traits

Communication Differences

- Communication preferences
- Discomfort with eye contact
- Misinterpreting/missing cues
- May be more direct

non-verbal

Sensory Needs

- Differences in sensory processing – both hyper/hypo sensitivities
- Specified likes/dislikes (i.e. lighting, temperature, tactile, taste, sounds)
- Can have impacts on ability to focus or regulate emotions

Social Interaction Differences

- Difference in body language
- Attention regulation and impulse control
- Differences in facial expressions

A Note on Complexity...

- There can be significant overlap between neurodivergent presentations and other difficulties.. e.g.
 - Attachment difficulties
 - Mental health diagnoses
 - Cognitive impairment / brain injury
- It can be tricky to differentiate between different potential diagnoses
- Neurodivergence and other difficulties may co-exist (may compound symptoms/difficulties)
- Specialist assessment and consultation required to unpick this complexity



Communication Tips

- Ask **clear and specific** questions
- **Simplify** – don't assume knowledge
- Avoid or explain **abstract/non-literal** concepts
- Allow **time to process**
- Use **visual** support
- **Reduce** environmental **stimuli** and **stressors**
- **Offer options** – support informed choice and consent
- Ask them how they prefer to be communicated with



Barriers to Accessing Services

- Specific support often requires diagnoses
- Differences in socialisation (i.e. conversational skills, non-verbal communication)
- Neurodivergence in females may go unnoticed
- Society is set up for neurotypicals, often leading to a lack of consideration
- Belief that neurodivergence 'goes away' in adult hood, leading to infantilism





Masking and Stimming



- 'Masking' is a term used when neurodivergent people have to change their behaviours to be more 'socially acceptable' or mimic certain neurotypical social behaviours
- Neurodivergent people may mask in order to protect themselves from discrimination, harassment, or having their condition being 'outed'
- Over time, masking can become unintentional, the person may be unaware that they are doing it



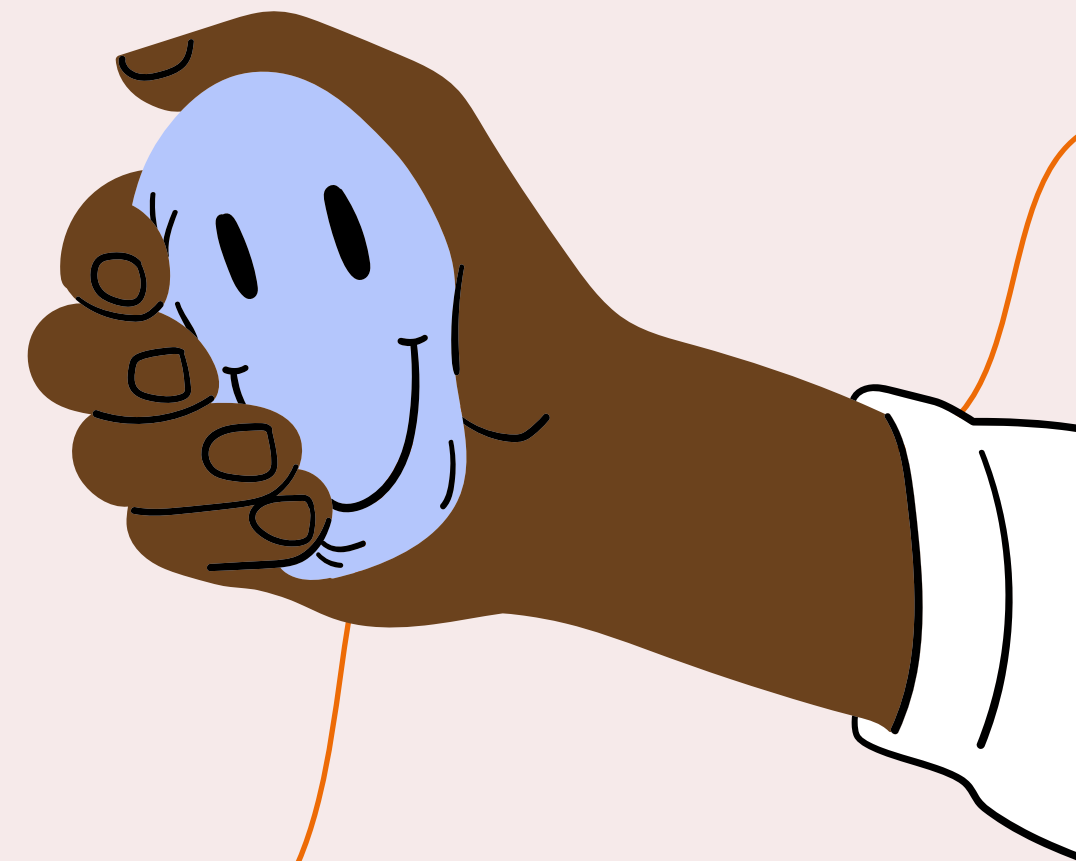
Masking and Stimming

- Important way for neurodivergent people to regulate emotions - stimming is classed as any type of repetition using the 5 main senses

- Often times, stimming can be suppressed for years in order to 'fit in' – can lead to mental health problems and emotional dysregulation

- Can be useful to:

- *Communicate*
- *Understand emotions*
- *Express emotions*
- *Distraction*
- *Solve boredom*



Neurodivergence and Homelessness



An estimated
1.1% of people are autistic in the UK.

People from all nationalities and cultural, religious and social backgrounds can be autistic (Brugha et al., 2012)ⁱ



Autism can co-occur with a **learning disability**, but at least half of people on the autism spectrum do not have a learning disability (MacKay et al., 2017)^{iv}



70% of autistic adults say they do not get the help they need from **social services** (National Autistic Society, 2012)^v



79% of autistic adults have had a **mental health problem** during their life (Lever & Geurts, 2016)^{vi}



79% of autistic people say they feel **socially isolated** (National Autistic Society, 2016)^{vii}

- Figures unclear but estimates suggest 12% of people facing homelessness show signs of being autistic compared to 1.1% of general population
- Social / communication difficulties may lead to relationship breakdown and social isolation increasing risk of homelessness
- Hostels can be difficult environments for autistic people so may increase risk of rough sleeping
- May be more susceptible to abuse/exploitation from others (misunderstanding others' intentions)



Only **one third** of autistic adults are in some form of paid **employment**, full or part-time (National Autistic Society, 2016)ⁱⁱ



8% of men in social **housing** are identified with an autism spectrum condition (APMS, 2007)ⁱⁱⁱ

Neurodivergence and Homelessness

- Higher prevalence of ADHD in people with substance use problems and incarcerated populations

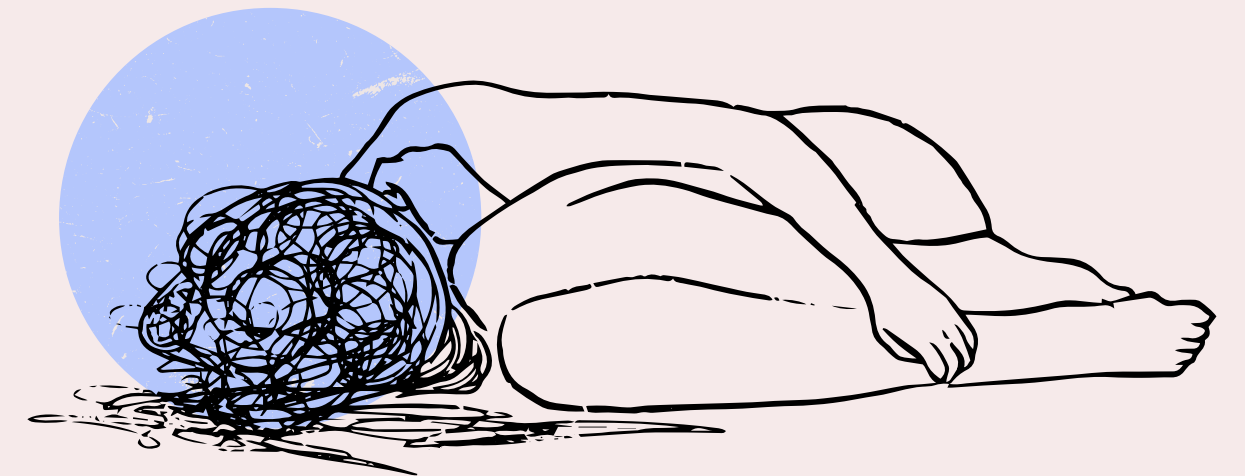
- Many outcomes of ADHD are risk factors for homelessness:

- *substance use*
- *involvement with criminal justice system*
- *higher rates of separation/divorce*
- *diagnosis of personality disorder*
- *not completing compulsory education*
- *difficulties maintaining stable employment*

- ADHD likely to be significantly underdiagnosed in people experiencing homelessness

- Those with ADHD have a 3.6x greater risk of being homeless than those without – as well as more likely to be homeless for longer

- Children with ADHD, if not followed and offered appropriate treatment are at high risk of becoming homeless





Neurodivergence and Addiction

- Study completed in Sweden recently, findings show that neurodivergent people are twice as likely to form substance dependencies than their neurotypical counterparts
- Individuals with dual diagnoses of ADHD/ASD have a much more elevated risk of addiction
- ADHD impacts on impulsivity, mixed with the inability to regulate dopamine levels
 - Individuals with ADHD often crave a quick release of dopamine, this can be found in a range of addictions
 - Similar links found between ADHD and eating disorders
- Autistic individuals report that substance use may make socialisation less stressful





Possible Functions of Substance Use

Sensory Difficulties

Substances can provide sensory input and stimulation or help to dampen down the impact of sensory input.

Executive Functioning

Difficulties resisting impulses, more likely to engage in activities that provide immediate short-term pleasure, but have long-term consequences

Social Isolation

Feeling lonely and isolated may lead to using substances to cope. It may also reduce stressors/pressures related to socialisation.

Exploring this with the person may be helpful in developing self-understanding and self-compassion



What does the research say?

- Clinicians are not often experienced in both neurodiversity and substance use
- ASD = higher levels of substance use to neurotypicals
- Substance use may worsen difficulties with daily functioning, and may be a predisposing factor for offending
- Difficulties with executive functioning is seen as a risk factor for addiction, which is prevalent in a number of neurodivergent individuals
- Addiction as a broader context



First-Person Experiences

Autistic individuals experiencing
SMD

Using to increase social confidence:

“Well, I just said, it makes me feel sociable. I can talk to people much easier if I’ve had a drink; otherwise I find it very difficult to... I always have trouble expressing what I think, because it’s quite hard for me, I think, to stop the brain long enough to talk in a fluid way.”

Using for self-medication:

(discussing heroin use) “It’s like you don’t get depressed very much, you don’t feel bad when you’ve done things wrong. You also don’t get very emotional.”

“Yeah it made me feel better. It just, it felt like erm, sort of if the world was a dull, dull, grey place and like... the way EastEnders is (laughs) yeah, and then when I started drinking the world got colourful.”

Key points to hold in mind...

- Curiosity is key – keep an eye out but avoid making sweeping assumptions
- Utilise the resources available to you e.g., consultation with team, doctors/GP or psychologist
- Many of the adjustments we have discussed can be used without needing a diagnosis (they won't hurt if someone isn't neurodiverse, you can try them)
- Put the individuals wishes and choice first (about treatment, adjustments, seeking diagnosis)
- Be flexible and person-centred

Thank You!
Questions?



THANK YOU FOR ATTENDING



How did we do?

Thank you for attending today's webinar. Please provide feedback for us by scanning the QR code below:



Info to share?

If you are interested in presenting at one of the webinars in the future and sharing your expertise in Neurodivergence and Multiple Disadvantage please contact pdu@nottinghamcvs.co.uk

Next Session

The next webinar for this series will be on 19th December 13:00 - 14:30 delivered by Jess Renton and Kavita Bhika, Speech and Language Therapists.

The theme for this will be 'Making communication reasonable adjustments when working with Neurodivergence population'.

Workstream?

If you are interested in finding out more about the Neurodivergence workstream please contact:

Amelia.draper@frameworkha.org or
Caitlin.brooks@frameworkha.org