



How to support the **speech,**
language and **communication**
needs of neurodivergent adults
through **reasonable adjustments**

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Aims:

- Increase understanding about the **communication strengths and needs** of autistic adults (without ID).
- Talk about the **impact** of these communication needs on **mental health and wellbeing**
- Consider the **environment, context and multiple disadvantage**
- Discuss some of the **communication barriers**/areas of breakdown
- Introduce **reasonable adjustments, strategies** and **interventions**

Community AMH ASD Support Project & NeSS



An Overview

Who are we?

Community AMH ASD Support Project

- The Community AMH ASD Support Project has been running since Dec 2021, initially as a 3 year pilot project then became a permanent service after the first year.
- We consist of 1.2 WTE: 1 qualified SLT and an Assistant SLT (and vacancy for an SLT).

We offer:

- Consultation, reflective practise and supervision
- Work force development – Trust wide, bespoke service and individual
- Input into the Dynamic Support Register (DSR)
- Transformation and complex case forums
- Resource development
- Direct clinical SLT input (very small caseload)
- Our enquiry form and project poster are included in your resource packs!

Who are we?

Neurodevelopmental Specialist Service (NESS)

- [Neurodevelopmental Specialist Service \(NeSS\) | Nottinghamshire Healthcare NHS Foundation Trust](#)
- The Neurodevelopmental Specialist Service (NeSS) brings together our previous adult autism and adult attention deficit hyperactivity disorder (ADHD) services into one combined service.

We provide:

- Diagnostic assessments for autism and ADHD
- Support to understand the conditions
- Short-term support for issues related to autism or ADHD
- Medication to treat ADHD, which will then be managed by your GP
- Advice and signposting to additional support including mental health services if needed
- We do not offer support for other mental health issues that can often go alongside autism and ADHD; these should be referred to mental health services.
- MDT consists of SLT, OT, Psychology, Medics and nurse prescribers.



Need to Know: Autism



Statistics

28%

of autistic adults have co-occurring ADHD

80%

Of autistic adults experience mental health difficulties in their lifetime

Autistica

Recent research suggests that **12.3%** of people experiencing homelessness are **autistic** (Churchard et al., 2018), compared with **1-2%** of the general population (Brugha et al., 2012).

(Autism & Homelessness Survey Report, Transformation Partners in Health& Care, Scarlett Wright & David Bryceland, September 2024)

Only **2 of 40** people with communication needs had previous experience of Speech & Language Therapy.

Change Communication Hostel Project (2020)

Diagnostic Criteria – ASD



- The DSM-5 Manual defines autism spectrum disorder as:
- “persistent difficulties with social communication and social interaction” and
- “restricted and repetitive patterns of behaviours, activities or interests” (this includes sensory behaviour),
- present **since early childhood**, to the extent that these “limit and **impair everyday functioning**”.

The importance of the language we use

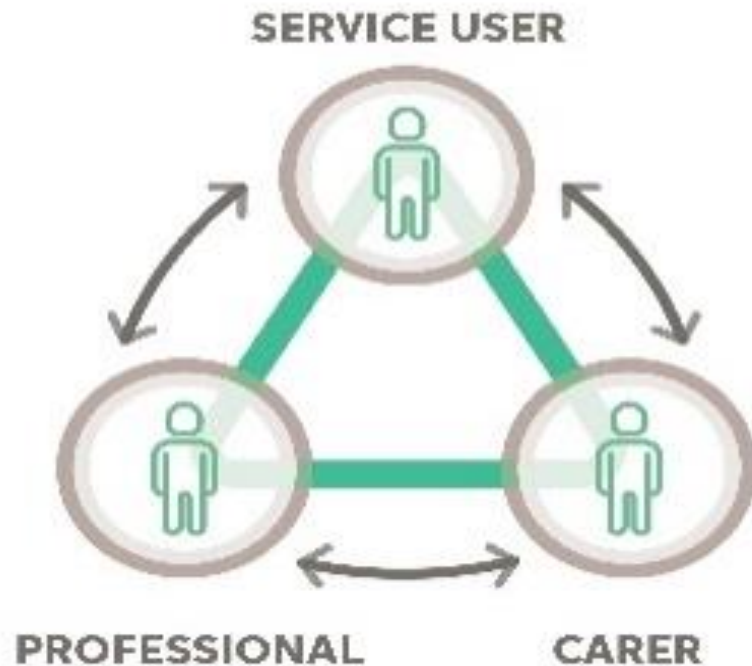


- ‘Identity first’ language - Autistic adults
- ASC – using the term ‘condition’ is preferable
- ASD – the term disorder is the diagnostic language (DSM V)
- Aspergers Syndrome – although people can no longer receive this particular diagnosis, **many people still identify with this diagnostic category/term.**
- Personal preference – the best way forward is to ask directly.

Importance of the Triangle of Care

Remember that the triangle of care is a key principle when working with Autistic adults, specifically those accessing MH services. So please spend some time accessing family/carer/partner views as part of the risk and/ or assessment

Things to remember:



- Carers can be a person's spouse/partner (not just parents or paid carers etc)
- Are the carers available at interview?
- What are the carers view of risk and role in managing risk?
- Has the carers pack been provided?
- Has the carer been advised of their right to carers assessment and how to access this?

THE DOUBLE EMPATHY PROBLEM



May struggle to:

- Read **"between the lines"**
- Overcome other peoples' **misconceptions about autism**
- Manage **sensory distractions**

Both parties may struggle to understand each other's thoughts, feelings, behaviour and differences



May struggle to:

- Form **positive first impressions**
- **Recognise and understand autism**
- Imagine **autistic sensory difficulties**

NON-AUTISTIC PERSON

AUTISTIC PERSON



What not to say to autistic people:

(language warning – some people may find some of the language offensive)

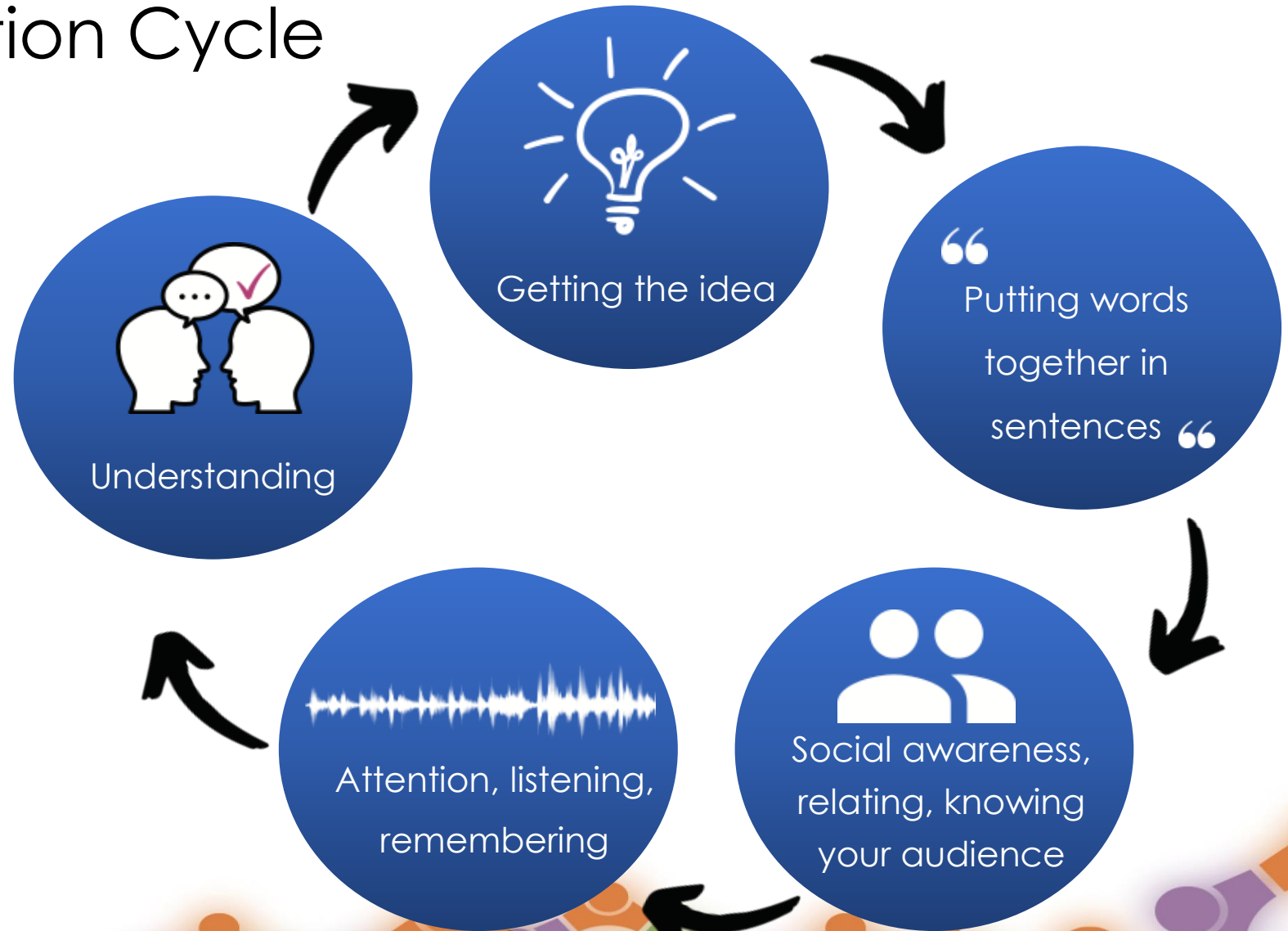
<https://www.youtube.com/watch?v=d69tTXOvRq4>



Practical Support & Advice

(Reasonable Adjustments)

The Communication Cycle



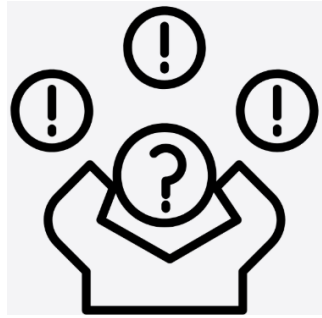
Simplified view of the skills you need to communicate effectively

Communication breakdown in autism

Can stem from difficulties with:

- Understanding others
- Processing skills
- Expression of thoughts and feelings
- Body language, tone of voice (interpreting, using)
- Emotional Vocabulary (abstract)
- Eye contact- feels intense and uncomfortable
- Judging the context & applying skills accordingly
- Attention & filtering information
- Being literal and direct
- Reciprocity





Key points of difference

Some areas that autistic and neurodiverse people can report difficulties with include:

- **Idioms** – may be familiar by what is meant by some and not others, or may interpret all literally which can cause confusion,
- Knowing **how to repair communication breakdown**
- **Reading between the lines** – identifying implied meaning in what people says can be complex and missed, again leading to potential confusion and frustration
- **Abstract language** – including time concepts, emotional literacy, identifying others' points of view
- **Identifying communication breakdown**

Communication breakdown in autism

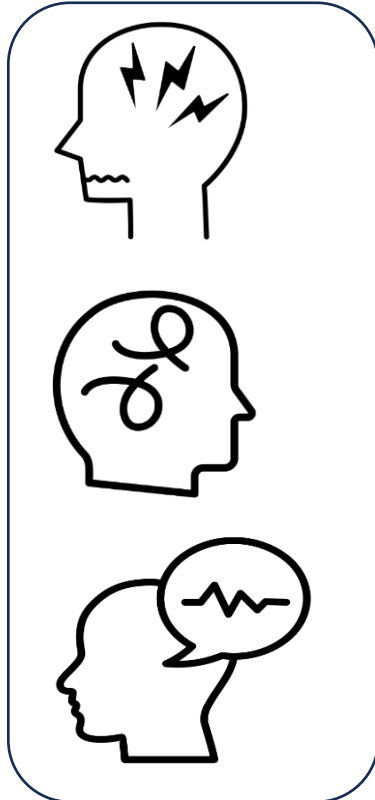
Autistic people have been described as:

| | | |
|-----------------------------------|--|---------------------------|
| 'Too direct' | 'Too quiet' 'Anxious' | Having a 'disorder' |
| 'Rude', 'Arrogant', 'Aloof' | 'Only want to talk about their own agenda' | 'Not a team player' |
| 'Inflexible', 'Rigid' | 'Non responsive' | 'Overthink everything' |

These could
be reframed
as:

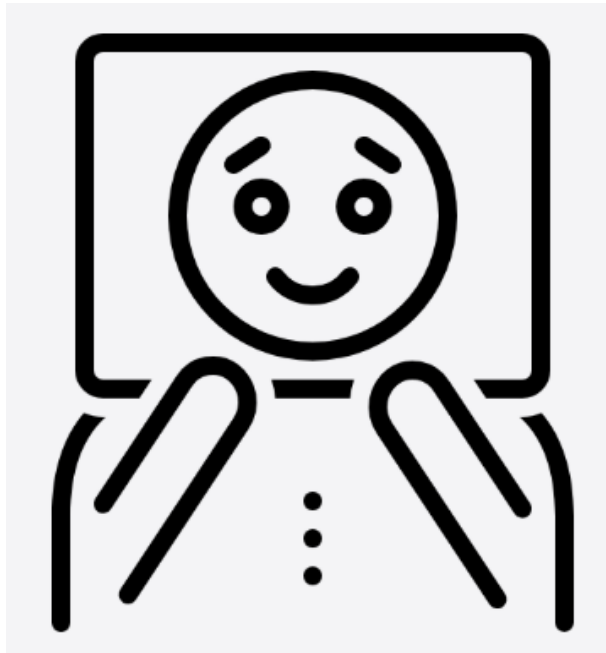


Impact of these differences on Mental Health and Wellbeing



- Communication breakdown/ misunderstandings
- Issues with education and employment
- Social fatigue / hyper alertness (sensory and communication)
- Self esteem and confidence in social skills (vicious cycle)
- Camouflaging/Masking
- Avoidance (managing us!)
- Selective mutism
- Anxiety and Depression- Overwhelmed, overthinking, and rumination
- Self harm and Suicidal ideation
- Behaviour that challenges

Masking



- Complex and subtle set of skills that people utilise to 'fit in' in various social situations, present as 'neurotypical' and hide some of the processing strains and difficulties they may be experiencing.
- Short and long term consequences for the person –significant energy consumption & tiring, may lead to autistic burnout, autistic meltdown, long recovery can be needed, increase risk of engagement in deliberate self-harm, difficulties to self-regulate safely

Barriers



- Environment
 - Over stimulating
 - Inaccessible
- Society
 - Geared around those who are not autistic
 - Access to services
 - Reasonable adjustments not offered/meaningfully
- Communication
 - Method
 - Inaccessible
 - Groups

Suicidality risk and Autism



- Autistic people are up to **seven times** more likely to attempt suicide than non-autistic people. Females are at higher risk.
- Mental health difficulties, masking and unmet support needs are contributing factors.
- We must be aware that the **signs** that an autistic person is feeling suicidal as this may **present differently** to that typically expected in non-autistic people. This is because:
 - Autistic people have **differences in communicating**, expressing emotions and interacting with other people.
 - Some autistic people find it difficult to communicate their thoughts or struggle to find words to express their emotions, known as **alexithymia**.
 - **Structure and routine** may mean that someone **appears fine** from the outside, when they may be struggling.
 - Some people might **not want to talk** about it.

Deliberate Self Harm & Suicide

Documents & tools that we have developed locally to support identification and managing this risk...



- Information of DSH & Suicide in Autistic adults
- Supporting Conversations – DSH & Suicide Tool
- Asking Difficult Questions – a script for talking about suicide
- Talking mat- visual resource

The accessible information standard (2016)

The Accessible Information Standard says that people who have a disability or sensory loss should get information in a way they can access and understand.

All organisations that offer NHS or Adult Social Care must follow the Accessible Information Standard by law. This includes doctors, dentists, hospitals, pharmacies and social workers.

They are designed to support necessary adjustments for communication.



| 1. Identify | 2. Record | 3. Flag | 4. Share | 5. Meet |
|---|---|---|---|--|
| ↓ | ↓ | ↓ | ↓ | ↓ |
| <p>Ask people if they have any information or communication needs and find out how to meet their needs</p> | <p>Record those needs clearly and in a set way</p> | <p>Highlight or flag the person's file/notes so that it is clear that they have information or communication needs and how to meet those needs</p> | <p>Share information about people's information and communication needs to ensure others are aware. This should be in line with information governance</p> | <p>Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it</p> |

What is meant by 'Reasonable Adjustments'?



- A 'reasonable adjustment' is a change that must be made to remove or reduce a disadvantage related to a person's disability or difference.
- It requires individuals (professionals, staff, services etc) to take positive steps to ensure that people with differences/disabilities can fully participate in services provided.
- Equality Act (2010), Autism Act (2009), Care Act (2014)



Strategies

What can we do to support?



Adapting communication



- Ask **clear and specific** questions
- **Simplify**- don't assume knowledge
- Avoid/explain **abstract/non-literal** concepts
- Allow **time to process**
- Use **visual** support
- **Label emotions** in the moment
- **Reduce** environmental **stimuli** and **stressors**
- Clear & **consistent** expectations
- Offer **options**- support informed choice and consent
- **Ask them how they prefer to be communicated with!**
- Be open to adapting and understanding



Accessible information example



Confidentiality

Confidentiality

Everything you say is treated in confidence. If it is necessary to refer you to another team, we will have to share all the relevant information required with that team. Information is often shared with other members of the team as appropriate. We have a duty of care to maintain everyone's safety, if you disclose information which puts yourself or others at risk, we may need to act on this and pass it onto other services, the team will respect your confidentiality and will not share details about your care with family and friends without your consent



- Everything you say is private within the team.
- If you are referred to another team, we will share any important information with that team- with your consent.
- If you share information putting yourself or others at risk, we may need to share it with other services. To keep everybody safe.
- The team will not share details about your care with family and friends without your consent

Co-authored Communication Guidelines

Good ways to communicate with me

Successful Conversations

- Use my name at the start of the sentence**, this will get my attention before you begin talking. This is very important if the room is busy.
- Try to face me when speaking** but remember that I can find eye contact very difficult to maintain. Avoiding eye contact is not necessarily avoidance but a coping mechanism to maintain engaged in discussions whilst managing anxiety.
- If you find that I am not taking part in the discussion you can **give me prompts** e.g. "listen first" & "now it's your turn" this will help me to follow the structure of discussions
- If you need to know more about my communication you could ask/talk to my (e.g. partner, mum, brother etc)
- I use/do** (e.g. twiddles, hand tapping etc) in order to keep my hands busy and/or manage my sensory needs. It helps to have access to these during sessions.
- I need you give me clear permission that I can request what I need** e.g. movement breaks, access to twiddles, the option to change the physical environment etc
- Please be really mindful that it will take me long time to feel comfortable with new people** – if you can be patient, I will get there.
- Asking for help can be really difficult for me – **look for signs that I have not understood** as ask explicitly ask "can I help", "do you need me to repeat anything", "does that make sense"...then pause and wait for an answer.
- It can be useful to **write down appointment details for me**. Or prompt me to write on my calendar or into my phone diary etc
- I can swear a lot during conversations – please don't focus on this, its just part of my vocabulary.
- Think about the environment** – asking about the following can help me to join in:
 - I need a quiet distraction free room (where possible)
 - I find it hard when there are bright lights
 - I find it hard when the room is very hot/cold
 - Other
 - Other

Supporting Understanding – sharing information

- Be factual & explicit**- do not expect me to "read between the lines" or infer a message.
- Keep sentences short, simple and to the point** - use language that is clear (no jargon).
- Avoid jargon** – if you need to use jargon provide a simple definition e.g. "stabilisation means..."
- Ask one question at a time** allowing me an opportunity to respond before repeating the question or introducing a new one.
 - Leaving a **gap of around 10 seconds** should give me time to process information.
- Talk about events in the order that they occurred** – this will avoid confusion.
- Drawing and/or writing information down will help me to remember & process** this information. Having something written down to take away can be really helpful.
- I find it hard to work out how you are feeling or what you are thinking – **please be clear with me about your own thoughts**

Communication Approaches




Making choices with pictures (Talking mats)

Visual tool for supporting choice making, expressing opinions, exploring thoughts and feelings.


<https://www.talkingmats.com/>

Communication Approaches

 **What is Autistic Burnout?**


Autistic Burnout is a term to describe **long-term tiredness and loss of function.**

Why does Autistic Burnout happen?




- You have been **pretending to not be autistic**
- There are high expectations** that you cannot reach – from work, family or society
- You **struggle to manage stress**
- Living in **noisy environments**
- There have been big changes** that you find stressful
- Struggling with mental health**

Barriers to Accessing Support for Your Autistic Burnout




- You choose **not to talk about it**
- You find it hard to **say no**
- You find it hard to **ask for help**
- You find it hard to **ask for a break**
- You don't have **support to help you**

Effects of Autistic Burnout



- Difficulties with **physical and mental health**
- Struggles with being independent**
- Loss of **self-belief**
- Being scared that the loss of skills **might be permanent**
- Lack of understanding from neurotypical people**
- Increase in **suicidal thoughts or behaviour**

Reducing the Risk of Autistic Burnout Happening



- Acceptance and support** – people accepting who you are without having to pretend
- Attending to your **autistic needs** and using your **autistic strengths**
- Example: making time to be alone in the quiet
- Receiving **reasonable adjustments**
- Taking time off** and giving yourself more **breaks to reduce stress**
- Learning **how to ask for help** so others can respond
- Recognise and act on the early signs** of autistic burnout

Social Stories

A process that improves social understanding using specific characteristics that translate social information into text, illustrations, and titles that are meaningful for autistic people

Communication Approaches

The Weather Conversation:

| | | | |
|--------------|-------|-------------------|-------|
| <u>hot</u> | _____ | <u>cools off</u> | _____ |
| <u>cold</u> | _____ | <u>warms up</u> | _____ |
| <u>windy</u> | _____ | <u>calms down</u> | _____ |
| <u>foggy</u> | _____ | <u>goes away</u> | _____ |
| <u>rainy</u> | _____ | <u>stops soon</u> | _____ |

Comic Strip Conversations

Central to developing an understanding of social misunderstandings, perspective taking and other people's thoughts and feelings.

<https://carolgraysocialstories.com/about-2/carol-gray/>



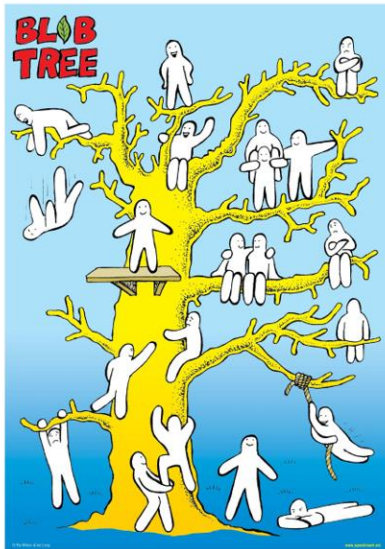
Emotional Literacy

Documents & tools available:

- Blank Blob Trees & Blob Tree Guide













- “how are you” check in tool

www.blobtree.com –



Emotional Literacy

Documents & tools available:

| | | | |
|---|---|---|--|
|  | Sad, uncomfortable, helpless, disappointed, unhappy, miserable (blue) |  | Guilty, embarrassed (pink and blue) |
|  | Happy, friendly, good, gleeful, positive, cheerful (green) |  | Frightened, worried, anxious, nervous, scared (yellow) |
|  | Teasing, angry, unfriendly, bad, frustrated, cross (red) |  | Jealous, envious, resentful, begrudging (pink) |
|  | Surprised, shocked, startled, stunned (grey) |  | Facts. Things we know (black) |
|  | Comfortable, OK, calm (brown) |  | Tense, stressed, pressured (red and yellow) |
|  | Proud, pleased with yourself, thrilled (purple) |  | Confused, unclear, bewildered, disorientated (lots of colours) |



Emotional Literacy

Documents & tools available:

- Scales

Think about points of reference as a rating scale.

A traditional Likert scale may not be relatable but if someone is really motivated by a particular film, programme of music genre. Using a scale may help them tell you how they feel more successfully

| Mood and Mental State | | | | | | | | | | | |
|---|---------|---|---|---|---|---|---|---|---|---|----|
| When asking the questions associated with the below scales ensure you explain that 10 indicates the level of difficulty or problem associated with this domain of the individual's life | | | | | | | | | | | |
| Low Mood | ←—————→ | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Anxiety | ←—————→ | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Stress | ←—————→ | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Thoughts about self-harm <i>Bear in mind you may need to ask about both intensity and frequency</i> | ←—————→ | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Thoughts about suicide <i>Bear in mind you may need to ask about both intensity and frequency</i> | ←—————→ | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Emotional Vocab Dictionary

| | | | |
|---|--|-----------------------------|----------|
| Name: | | Date: | |
| Emotion: | | | |
| Is an emotions or sensation? | | What kind of emotion is it? | |
| | | Positive | Negative |
| | | Other | Both |
| How does it look? | | | |
| How does it feel? | | | |
| Definition | | | |
| Alternative words to describe it | | | |
| Opposite emotions | | | |
| What experience triggers it? | You: | | |
| | Others: | | |
| Common thoughts (linked to the emotion) | | | |
| Use it in a sentence... (x1 sentence in the first person x1 other) | An "I" statement: | | |
| | A statement starting we he/she/they/the boy etc | | |
| Personal frequency | How often does this feeling "show up" for you | | |
| | hourly | daily | Weekly |
| Personal intensity | How intense (strong) is the feeling when it "shows up" | | |
| | 1 | 2 | 3 |
| Personal markers | How would others know you are feeling..... – how does it <u>look</u> , how do you behave etc | | |
| | | | |

Language and time



- Time is an abstract concept
- Difficulty planning own free time.
- Difficulty imagining how the day will go.

“Give me a minute.”

“I’ll be with you in 2 secs”

“Hang on”

“I’ll talk to you about it later”



Telephone Support

- Tell people what the **aim of the conversation** is and why
- Tell them **how long they will need to concentrate for**/how long you plan to talk for
- Be **explicit about requesting breaks** (*make it clear that this is allowed*)
- Give them **details on how to call back** if they are cut off or need a break
- Try to **encourage a person to summarise what support they are looking for** when calling crisis today
- Make it clear that you are **“ok” for them to put someone else on the phone** to answer difficult questions with/for the individual (*see triangle of care slide*)
- Be mindful of the fact that people have given their history plenty of times before and be ready to **justify why you revisit the past**
- Be clear that **you will not leave voicemails** if a person's voicemail does not have their name as a recorded message



Appointments- Top Tips

Prior to the appt:

- Tell people what the aim of the session is and why
- Be explicit about accessing support during the session – twiddles, supportive person etc
- Tell them how long you will meet for
- Give them details on how to cancel/rearrange a session

During the appt:

- Set an expectation about requesting breaks
- Tell them how long they will need to concentrate for
- Be mindful of the fact that people have given their history plenty of times before and be ready to justify why you revisit the past



Summary of strategies

- Send photos/directions
- Points of contact if any issues
- Running record about session discussion and action
- Closed/specific questions rather than vague open questions
- Giving explicit permission to use fidget tools, take a break, movement ...
- Be curious! Avoid leaning to the negative interpretation
- Introduction letter, setting expectations/reassurance
- Ask for feedback- e.g. what worked/could be done next time.
- Be mindful of visual processing as a strength



Thank you and
any questions?