Hello and welcome to the first MERGE webinar series, strength and neurodiversity inclusive mental health care for providers, professionals and community members. Our presenter today is Dr. Daniel Wendler. Dr. Wendler is a best-selling author and nationally recognized keynote speaker on topics including neurodiversity, loneliness and leadership. Daniel has built a life of deep connection with his autism diagnosis and went on to found improve your social skills.com and become a clinical psychologist so he could help others find social success too. He is also the founder of marketing for therapists, a leading online marketing agency for private practice therapists featured by Bloomberg BusinessWeek magazine. He will be sharing resource we will be sharing resources in chat, where you can find out more about Daniel and his work. My name is Kristen Dahl. My pronouns are she her hers as a short visual description. I'm a middle aged white female with medium length blond hair, I'm wearing a black shirt and I have a blue background with the MERGE logo. On behalf of MERGE, I would like to thank you for taking the time to be here today. If you are joining us on Zoom, the controls are located on the toolbar at the bottom of your zoom window. Please use the chat feature if you have any comments or technical issues and we will do our best to assist you. Please use the Q&A to submit questions for our presenter. We will hold questions for the end of the presentation, as well as during an optional Q&A time at the end of the webinar. The webinar will officially end at three o'clock PM, but Dr. Wendler will stay on for up to an additional 15 minutes for additional questions. There is a hand raising feature you can use if you need assistance from the MERGE team. Other than those presenting the webinar, everyone is muted, and camera access is turned off. You can turn on captions from the Zoom toolbar by clicking the CC button and selecting Show subtitles. You can also change the size of the caption text by selecting subtitle studies. ASL interpreting services are being provided today. To access the services on the toolbar. Click interpretation. If you don't see interpretation, you might need to click More and then choose interpretation. Under watch, choose the sign language channel, a floating window will appear, and you can set resize and move this window as needed. If you are joining us on YouTube, please add your questions and comments to the live chat on the right hand side of your screen. The content shared in this webinar are the views and opinions of the presenter and do not necessarily reflect those of the Administration for Community Living, or the University of Kentucky. You will receive the slides resources and link to today's recording via email. The slides will be shared as chat and chat as well during the webinar. This webinar is being recorded and will be available on YouTube via the MERGE website. Your feedback is important to us. When you exit the webinar today an evaluation will appear in your browser. We will also send the evaluation out via email. We ask you to complete the evaluation so we can improve a future webinars. We would also like to invite you to join our community of practice on mental health and intellectual and developmental disabilities. This community of practice will be bringing together mental health professionals’ agencies, community mental health centers, families and individuals with mental health and intellectual and developmental disabilities to strengthen mental health services and supports. There will be a focus on services in the state of Kentucky. We will share ideas, strategies and resources and the first meeting will be Tuesday, October 10 at 2pm. If you would like to receive an invitation to our community of practice, you can reach out to Elizabeth Kries, and we will share this contact in chat. Please mark your calendars for our next webinar on health literacy on February 7, 2024. At one o'clock PM, if you registered today, you will receive information about that in the future. Once again, thank you so much for being here. And I will turn it over to Dr. Wendler.

Okay, I'm excited to be here just as a brief introduction for myself. My pronouns are he him, and I'm a man in his 30s with short brown hair, glasses and a blue polo shirt. So that's sort of the basic introduction, but I also wanted to introduce sort of why I am talking about this, this topic and so let's get mice Screen Share so we can see my slides. Okay? So, I want to take you guys back in time to Minnesota in the 90s, when I was a little Daniel, and I was growing up, and you know, as a little Daniel, I had some good things going on my life, I had a nice Stranger Things vibe to my, you know, to my wardrobe and had a lot of fun being in Minnesota. But I also had a challenge. And my challenge is that I was awkward. And I don't just mean a little bit awkward. I mean, very awkward. I don't just mean very awkward, I mean, industrial strength, awkward. I, you know, had a very hard time fitting in and connecting with other people. And what I would later learn is that I am on the autism spectrum, I got a diagnosis of Asperger's back when that was a thing that you could get. And my social struggles were because my brain was not wired to learn how to interact in the way that other people's brains were. And, you know, I just sort of had to do my best to try to adapt and figure out how to interact in a way that other people could accept. And, you know, over a lot of years, a lot of effort, I was able to be successful that I was able to build, you know, a great community of people who accept me, even though I'm still pretty awkward sometimes. And I was able to start a career as a psychologist, author and a speaker to help sort of, you know, share what I've learned and to help other people kind of on that same journey of finding inclusivity and connection. And so, this is not just something that is an area of professional interest to me as a psychologist, but it's an area of, you know, personal experience. That's really important to me. And so, I'm really honored and excited that I get the opportunity to talk about all this with you guys today. So, let's jump in our basic format for today, we're going to sort of group things into three big buckets. First is that I want to introduce this idea of neurodiversity. Help us understand that. And, you know, because that's what the talk is all about. I'm also going to talk about like the medical model, and sort of how the mental health field has traditionally understood issues of neurodiversity, and how we could maybe respond to them in a different way. And then I'm going to conclude with some practical strategies for creating a neuro inclusive world, meaning a world where, you know, neurodiversity is celebrated, accepted, and neurodivergent people have the supports that they need to thrive, will also, as was mentioned, we'll end with the Q&A portion. So, if you got questions, feel free to fire them off in the chat, and I will not read them at this time. But then at the end of the talk, then we will go through all the questions, and I'm happy to answer as many as I can. So, let's jump in. So, before we start defining neurodiversity, I want to like, I want to offer a couple of definitions so that when I use words like neuro divergent, you know what I'm talking about. So, neuro divergent, it just means somebody whose brain performs differently than what society considers the norm. So, for myself, as an autistic person, I'm neurodivergent. Somebody who has ADHD is neurodivergent. This is, you know, a little bit of a gray area in terms of, well, if somebody has depression or something, are they neurodivergent oftentimes, this is used more to refer to things that are more a have more of a neurological basis and something that are a permanent parts of somebody's experience. Obviously, it's messy, because we know that something like depression, there is a biological basis for somebody being more vulnerable to depression, somebody might struggle with depression all their lives, but just in terms of how it is typically used, it's typically used more for conditions that reflect more a different way of thinking and experiencing the world. More so than something like depression. Although it's still a little bit in flux, what exactly is lumped under the neurodivergent pocket? Also, neurotypical that just means somebody whose brain functions in the way expected by society. neurodiverse is the group that has neurodiverse and neurotypical people. So, we wouldn't say that I am neurodiverse because I'm just one person. But if you put me in a room with somebody who's neurotypical than the two of us would be a neurodiverse group. Finally, there's the idea of the neurodiversity movement, which is a grassroots movement advocating for improvements in how neurodivergent people are viewed and treated in society. And so, a lot of the concepts that I'm teaching today sort of came from thinkers and leaders in the neurodiversity movement. So, neurodiversity, you know, it can mean different things, but you know, if you hear about the neurodiverse To move it, that's what it refers to. I also want to talk about how to use these terms in a way that is inclusive. And so first of all, it's very important to use neurodivergent rather than abnormal, because you know, abnormal, obviously, you know, connotates, some sort of like judgment or negativity to it, whereas neurodivergence, it just means that it's different, it just means that it's not typical. But it doesn't, it doesn't have a value associated with it. In the same way, we want to use neurotypical rather than normal for the same reason. Like if I say, oh, you know, my friend, John likes collecting stamps, but I have normal hobbies, that sort of suggests that I think that there's something wrong with collecting stamps. And so normal is a word that we want to avoid if we want to avoid, you know, casting judgment. It's also valuable to use neurotype rather than disorder. So again, instead of saying, like, oh, I have a, you know, the disorder of autism, to say you have the neurotype of autism, because again, it's a neutral word, rather than a word that implies that there's something wrong with that. And then finally, with autism, specifically, typically, autistic people prefer to be referred to as autistic people, rather than people with autism. And that's different than sort of the person-first language that's sometimes used with other groups. And you know, not every autistic person prefers this kind of framing, but typically, within the Autistic community, people do prefer to have autistic first. That's known as identity first language. And it sort of communicates that there's nothing wrong with being autistic, there's nothing to be ashamed of about being autistic. And so, there's no reason why I should put that at the end of my identity, I can put that right there at the beginning as I identify myself. And so, these, you know, these are little changes to your language that can help you communicate, that you understand these things, and you're a safe and inclusive person. Although when in doubt, this acts because people do prefer to be referred to in different ways. I know some people that still prefer to refer to themselves, as you know, ask these for Asperger Syndrome, even though that's no longer in the DSM. But if when in doubt, these things will kind of guide you pretty well. Okay, so let's get into this idea of neurodiversity. And in order to talk about neurodiversity, we have to talk about polar bears. There's the saying about bears, that if it's black fight back, because a black bear, if you fight, if you fight back, you might be able to scare it away, if it's brown, lie down, because a grizzly bear might leave you alone if you display that. But if it's white, good night, because if you are out on the tundra, and you see a polar bear, and it's heading your way, too bad, it's going to have you for lunch, there's nothing you can do, like the polar bear is an apex predator, it's extremely powerful, extremely dangerous, unless you took that polar bear. And you flew it to where I am in Austin, Texas, where it's been, like 100 degrees for a month, and then you had to just wander around on the streets, that polar bear would start to have a really hard time. You know, it's white fur that really helped it in the tundra would make it stand out, you know, when it's walking down the street, you know, it's fat, and it's padding that keeps it warm, you know, in the cold would make it have a heat stroke, within three minutes of getting here, that bear would have an extremely hard time. And so, what would our response that he would we say, Oh, well, there's something wrong with the bear. It's a bad bear, we should diagnose it with polar bear disorder, and you know, like, you know, pathological is it. And pathologic, sorry, that was not coming out of me, I'm just going to keep moving on, you know, should we judge the bear for that? No, like, we would say, This bear is a good bear, it's just that the environment is not set up in a way to meet the polar bear’s needs. And so, we want to, you know, change the environment or help the polar bear adapt to its new environment. So, it can be successful. neurodiversity essentially communicates that same idea that our society is naturally set up to accommodate the needs of neurotypical people in society. But it's not set up to accommodate the needs of neurodivergent people. And so, you know, in the same way that a black bear is perfectly suited to the environment, in Texas, a polar bear is not and so we need we need to adapt the environment, you know, like to meet the needs of neurodivergent people.

And the core sort of summary of this idea is Dr. Temple Grandin, probably one of the most famous autistic women in the world, or autistic people, period, you know, she said, I am different, not less. And that's sort of the core of this idea that that somebody who is you know, autistic, somebody who has ADHD that doesn't, that's not a deficit. That's not a problem. That's simply a different way of being and if we are able to change how their environment and how society is set up, then that person might be fully able to thrive on So there's a couple of core ideas that sort of underlie this viewpoint. The first one is that neurodiversity is a natural part of human diversity, just as people have different kinds of hair color and different kinds of height, people have different kinds of brains. And that's okay. Also typical is not better. You know, just because somebody's brain works in the way that society expects doesn't mean that that's a better brain than somebody whose brain works in a different way. Again, diversity is just a natural part of humanity. And diversity is a strength, it's not that we shouldn't want everybody to be the same. Also, our environment affects our abilities. And I'll explain this a little bit more in the next slide. But a disability might simply be a person in an environment that isn't set up to accommodate them, rather than being an innate problem of that person. And then finally, and this is sort of the core application of neurodiversity, we can design environments that allow everybody to flourish. So instead of just making environments that need typical needs, we can be thoughtful to design environments that meet all needs. And this really is built on this concept called the social model of disability that was originally developed by the disability rights movement, and was most prominently coined by the disabled, you know, advocate Mike Oliver. So, the core idea of disability is not caused by a condition, it is caused when society fails to accommodate the needs of that condition. And then society automatically needs typical needs, but people with less typical needs get left out. So, an example of this, you know, is that if you are a deaf person, and you go to the movie theater, you're fully able to enjoy the movie and understand what's going on, if the movie theater provides subtitles. But if it doesn't, then you can't enjoy the movie. And so, your ability or disability to enjoy the movie, it's not based on your hearing, it's based on the environment. And you know, the movie theater, it provides, you know, speakers so that people that you know, that with hearing can perceive the movie, and so it could just as easily provide ways that other people could perceive the movie and enjoying the same way. If we, if we transfer that over to the idea of neurodiversity, an autistic person is fully able to understand a conversation. If the speaker uses explicit verbal communication. If you try to talk with me, and you rely on, you know, implication and body language and some text, maybe I'm gonna miss that. But if you just sort of straight out, tell me something I can, I can understand that just as much as any neurotypical person could. And then, you know, we can, we can also expand this kind of to everybody, like if you're like, oh, I can never dance, I have two left feet. Well, the DJ plays the mic, right? You can dance just fine; you just needed an environment that was set up to allow you to be successful. So, this, this idea of neurodiversity is very different than the medical model, because the medical model is pretty laser focused on the idea of, you know, things like autism and ADHD and problems that need to be solved. And this starts even just sort of with how we understand, like, neurotype, like autism. So, you know, if you crack open the DSM, you know, and you read about, well, what does it mean to be autistic, you know, you just feel you just see a list of problems, right, you know, persistent difficulty in social interaction, restricted and repetitive patterns of behavior, interests, or activities, you know, present since early life. It's this pattern that sounds pretty bad. That's just all of these different challenges that come with autism. That's all the DSM talks about. But autism can mean so much more than that. Autism might mean unique perspectives, it might mean innovative thinking, you know, like a unique sense of humor, it might mean deep joy, from special interests, that there's things in my life that I really take pleasure in that I probably wouldn't care at all about if I wasn't autistic. And that is a part of the autistic experience that is not captured in the DSM. And I do want to be clear that, you know, like, people with autism are very different. If you've met one person with autism, you've met one person with autism, as Dr. Stephen Shore has said, and so I don't mean to say that, like, you know, every autistic person is the same of these things. But in general, I think it's fair to say that autism brings both challenges, but also gifts and joy, just as any other form of diversity does. But the medical model kind of ignores all that. It says, Okay, well, if you're artistic, that's a problem. And the way that we solve that problem is we try to make you as normal as possible. And so oftentimes, if you go to therapy as an autistic person, especially the kinds of therapy that are available for kids, you know, you are taught to suppress, you know, harmless autistic behaviors. Like when I was a kid, I would run And around in public, and I would flap my arms as a form of stimming. And that was something that was like really fun, really joyful for me. And then over time I learned Oh, like, I shouldn't do that, like, that's not okay. And so, I suppress that. And I kind of lost that, that part of myself the ability to do that in public, but like, doesn't hurt me, buddy, for me to do that. It doesn't cause any kind of problems. It's just different. And but the medical model says different is not okay, we need to shut that down. The medical model also says, Well, if an autistic person comes in for treatment, we should teach them to communicate like neurotypical people, we should teach them social skills, we should help them understand, you know, how other people expect them to act and behave in that way. And, you know, granted, like, I think we could all use a little bit of help in, in learning how to socialize with other people. And I think that learning new skills is never a bad idea. But it's notable that the, you know, the only answer is Oh, other people aren't accepting you. Well, that's your problem. You need to figure out how to communicate in a way that they can accept. And then we also teach autistic people to just endure uncomfortable environments like, oh, you know that that restaurant is very loud, it's a sensory overwhelming thing for you? Well, it's not normal to have a meltdown in the middle of the restaurants, you just have to deal with it. Every part of autism that is unique, the medical model says, well, let's just sort of bulldoze that over. Let's try to make you as normal as possible. But what if we found a different way? What if we said, well, what if instead of trying to teach, you know autistic people to suppress their behaviors? What if we could teach society to accept harmless you know, behaviors? Like if somebody is stimming, and they're not harming you, they're not bothering you just let them stand? Or what if we, you know, teach people to communicate in a way that autistic people understand, because autistic people's communication, it's not worse, it's just different. There's actually a recent study, where they got neurotypical people put them in groups, they got autistic people put them in groups, and then they got mixed groups. And then they saw sort of how they communicated with each other. And what they found is that autistic groups were just as effective at communicating within themselves as neurotypical groups, where it's just the mixed groups where the where the communication broke down. So autistic communication might look different than what you're used to. But it's perfectly valid, perfectly effective. And what if other people were willing to try to communicate in a more artistic way, when they met an optimistic person, instead of the onus always been on the autistic person to adapt to the neurotypical person. And then finally, instead of just teaching autistic people, you know, it's weird that that bothers you, you just need to endure it. What if we were very proactive to change environments in a way that worked better for autistic people or provide accommodations that helps autistic people navigate challenging environments. And obviously, this can be applied to all sorts of different neurotypes, I'm just sort of using autism as the example because it's the one that I can speak the most directly to. But this would be a radical paradigm shift. And obviously, I'm not saying that if somebody comes into a therapist’s office or a doctor's office, and they have autism, that it should be like, Well, I'm not going to help you in any way. You know, we just have to change society. But I think instead of shifting from this idea of like, well, we need to take this person try and make a normal. Instead, we can have a more customized approach, we can say, well, we'll you know, this autistic person, they need understanding they need, you know, acceptance, they need to be sort of seen for who they are understood for who they are accepted for who they are. And then they need customized supports based on whatever their unique needs are. And the fact is, that really wouldn't be that different than then how I think anybody ought to be treated when they walk into a doctor's office or therapist’s office because everybody needs understanding. Everybody needs acceptance, everybody needs customized supports and customized help. It's just that typically, you know, our society automatically provides this to neurotypical people, whereas autistic people or people with ADHD, or whatever they really have to fight for, for these steps.

Speaking of customer support, I'm gonna support my need for water. So, how can we do this? How can we like create environments that are neuroinclusive, and this is a little bit like, can be applied in different ways, right? Because, you know, not everybody is, you know, the leader of an organization and they can, you know, make huge changes in the policies, but all of us have at least some ability to affect things within our sphere of influence, whether it's, it's just as simple as how we treat another individual To, you know, maybe having, you know, the ability to advocate on behalf of people to folks in authority. You know, we all have the ability to create more neuroinclusive environments. And what is an environment though, like, when I when I talk about that, like what like, what do I mean? Well, environment, like, it incorporates different concepts, an environment is the physical and sensory surroundings that that a person experiences life in. And so, everything from the noises around them to, you know, the, you know, the other things that they sends to there, you know, the tools that allow them to move around or interact with the world, like, those things are part of the physical and sensory surroundings. But the environment is also the social and cultural expectations. Like if I go to a cocktail party, and I'm just supposed to know how to join a group, and mingle and make conversation, that's part of the environment. And that will be a different environment than like, a speed dating event, where it's, it's structured, and where there's clear expectations for what I'm supposed to do. And then finally, workflows and processes are part of the environment. And what I mean by that is just sort of any process that somebody has to go through in order to complete a task. That is part of the environment. And it could be, you know, like, somebody's actual job, right, like, how is their actual job accomplished. But it could also be something like a task that they need to go through to access just any other need of theirs, right? Like if I go to the grocery store, and I need to, you know, pick a thing off the shelf, and I need to take it to the to the cash register like that, that's a workflow, that's a process. And that's something that may not be accessible to everybody, right? Like somebody with a physical disability might have a hard time reaching something, you know, that's heavier on the top shelf, somebody you know, who is neurodivergent might have a hard time navigating through a really crowded, you know, shopping center or handling, you know, loud music that's playing over the speakers, things like that. So, this, these workflows, and processes, these show up in all sorts of different aspects of life, not just our actual workplace. And so, these are the things that we can try to change to create a more neuroinclusive world. And again, we can, we can try to change these for other people. But we can also change these for ourselves, if you know, you happen to be neurodivergent. Or even if you think you might be, you know, there's ways that you can advocate and try to address that. And I'll talk more explicitly about that a little bit later on. But I just sort of want to acknowledge that, like, all of these things, how this is applied might be different based on your role in the, you know, like in the organization or the group, but the these will hopefully spark some things about what the goals are or what you might be able to accomplish. So, first of all, we want to talk about sensory needs, because sensory needs are often one of the both biggest and least noticed challenges for neurodivergent people. Because if you're a neurotypical person, you might have no idea that a particular smell is extremely uncomfortable for an autistic person, or you might have no idea that, you know, like a TV being on, like, you know, is extremely distracting for a person with ADHD and makes it you know, hard for them to focus, you know, on the task at hand, something like that, because it doesn't affect you in that way. And so, you just don't think about and so being attentive to sensory things can be one of the biggest, low hanging fruits in terms of making an environment work better for neurodivergent people. And so how can you do that? Well, first, make reasonable changes to the environment. Oftentimes, it doesn't take that much to make an environment, like the sensory environment work for neurodivergent people, right, like if a clock has a ticking noise, it's very uncomfortable, see if you can turn the ticking off. If a there's a fluorescent light that is you know, buzzing and is you know, uncomfortable, see if you can replace the bulb, you know, small things like that can sometimes go a big way. Also, if you can try to allow people to control their own sensory experience. You know, if you have the ability to try to, you know, give like especially if you're if you're setting up an environment that such as you know, therapy or something like that, where people are going to be like, it's not a huge group of people, but it's a smaller group. Maybe give people the chance to have autonomy over being able to change, like, like dim the lights a little bit or ask for music to be done. and offer things like that. Also, if possible, especially in a workplace, see if you can provide things like noise cancelling headphones, that people can use, or if a work uniform is uncomfortable that has a negative fabric in some way, see if people can be provided with an alternative to that. And then, you know, if you are the neurodiverse person yourself, try to bring things with you that allow you to control your sensory experience. So, you know, when I go to allow party, I'll typically bring some earplugs with me that I can use if I need them. Also, sometimes it's have very strong or negative sensory experiences that are that are particularly hard. And if you can try to help people avoid or like or plan and prepare for those things. So, if for instance, you know that, at your workplace, there's going to be cleaners coming out in particular day, and they're going to spray a bunch of bleach everywhere, that's going to smell really bad. Maybe try to give people a heads up and allow them to work from home on that day. Or if you have, for instance, if you're if you're a business, and oftentimes, you know, you have crowded periods that are loud, noisy, etc. Maybe you might want to have one hour of the day where it's specifically set up as quiet hours so that people know when the busy times is. And they also know, you know when to avoid those times. I also want to talk about communication needs, because this is another place where neurodivergent people can oftentimes get into trouble. Like oftentimes, you know, have had problems because the environment isn't set up well for them. And going back to this idea of like, if you've met one autistic person, you've met one autistic person, not saying that every neurodiverse person has the same communication needs. But these are some concepts that are often true. First of all, oftentimes neurodivergent people really benefit from direct and explicit communication. Because if you rely on nuanced subtext, suggestion, things like that, it might get missed and might get misinterpreted. And so being willing to just directly communicate something is really useful. Also inviting clarification. If you if you share something, if you explain something, have the ability to be like. Did that make sense? Do you understand that? Can you respond with what your understanding was of what I just said? And obviously you don't want to do it in a way that's like judgmental or infantilizing. Or like, I don't think that you understood that, but more as a way of like, hey, help me communicate better with you? I don't know, I communicated that. Well, can you tell me what that you know how that was and what I need to clarify. Also, a lot of times, using a written communication can really help neurodivergent people. And so documenting expectations and instructions, like writing down, this is what I need from you, or this is what the rules are of, you know, like this thing, or this is when this thing needs to be handed in, and making that very visible and explicit, that can really be helpful. And finally, especially in social settings, oftentimes, there are unwritten rules of unwritten expectations. And so, like writing those things down, can really make it clear. Like, if you invite somebody to a potluck, you probably know that, like, you'd probably expect, oh, like, they're going to bring a dish because it says potluck, they should just know that. But like, if I've never been to a potluck before, maybe I don't know that. And so being able to, you know, or maybe I don't know what to bring, and so I show up with an entire, you know, like, I spent $100, and I get the entire family dinner from somewhere and I bring it because I just don't know what the rules are of a potluck. And so, in an invitation of something and being able to write down like, Hey, here's what you bring, here's how this works. Or, you know, if there's some sort of social hour or something like that, being able to say, here's how, you know, this process should occur.

You know, even for something like, you know, if you're, if you're running a therapy clinic or something, somebody shows up like, like, what do they do after they check in, like being able to write down here's what the expectations are, oftentimes creates a sense of comfort, because they don't have to try to figure it out on the fly, they don't have to risk that they're going to do it wrong. They don't have to try to interpret something that is more ambiguous. And so, this sort of direct communication can be extremely helpful. And then again, going back to this idea of workflow and process needs, some of these things are more applicable specifically for the workplace. So, one is the idea of adapting schedules to attention. And what I mean by that is, you know, sometimes for, especially for people with ADHD, sometimes it might be easier to focus on one thing or another. settling. And if you have very rigid expectations for when certain kinds of work need to get done, that can make it difficult. But if you have some flexibility around that, and you say, Okay, well, you know, this needs to get done by this time, but it doesn't really matter what order it gets done in all that, like, it's sort of a situation where all of these things are valuable. And you can kind of pick which one you work on based on where you know, the energy, the attention is for a given day, that can sometimes be really useful. Also, be allow for stimulation, or simplicity as needed. And what I mean by that is that oftentimes, for people with ADHD, for instance, it can be very difficult to focus on something if there's no other stimulation going on in the environment. So sometimes having music playing, you know, having a podcast going, you know, that can help them actually focus in on the task at hand. Whereas, you know, for somebody with autism, maybe those things are going to be uncomfortable or distracting. And so, then they need simplicity, they need no noise whatsoever. And again, these are broad brushstrokes, I'm sure that there's people with ADHD that prefer simplicity and people with autism that prefer stimulation. But the point is to allow people to have control over their environment to a degree, so that they can, they can move up or down in terms of the stimulation to simplicity, to complete a task. So in like the mental health space, for instance, if you need somebody to complete all of their paperwork, in a busy loud waiting room, maybe it might be better, if they have like a quiet place, they could go to do that instead, or if you're waiting room is very, very quiet and still, maybe, you know, allow people to, you know, use headphones or something like that, to give themselves some music as they complete that. Also, I really recommend this idea that if you notice anybody struggling to complete a workflow, whether it's against somebody at your workplace that isn't performing, you know, up to standards, or whether it's somebody who's trying to access, you know, a service at your organization, and they're dropping out before completing the form or something like that, instead of assuming, oh, like, they must just be lazy, they don't want to do it, like, say, Oh, well, this is a sign that they need some kind of tool or some kind of structure that will help them accomplish this in a better way. And obviously, what the tubular structure might be, could be, you know, like, it's going to be, it's going to depend on what the specific situation is. But I think that you want to sort of be like, you know, creative and, and sort of say, well, could we try this? Could we try that, or ideally try to work with the person who's having the struggle and sort of be like, A, walk me through what you're doing? And then let me know when it starts to get hard for you. And then when that happens, then say, oh, like, Okay, well, could we, you know, could we maybe rewrite these instructions, could we maybe give some kind of tool like a time management software, or, you know, a template or something of that nature that will assist this person in accomplishing this thing. And then finally, sometimes there's no substitute for, for just having a live person able to help you with whatever it is that that you're trying to do. And oftentimes, asking for help, can feel very shameful for somebody who is neurodivergent. Because it's a very common experience to look around and see that you are the only one struggling with something. And it's really hard to ask for help. If you feel like you're the only one that needs that help. And so, trying to really proactively make help available trying to communicate very clearly want you to ask for help, and have somebody who was on hand to help somebody fill out a form or help somebody navigate the checkout process or help somebody completed task at work, whatever the workflow of the process is, make that help available and make it a very shame free kind of thing to access. I also want to talk about like, you know, these are, these are all things that are examples of like, how anybody can sort of create an environment that is more, you know, accessible and inclusive for neurodivergent people. And obviously, if you're an ER diverse person, you can apply some of these same ideas by, you know, asking for some of these things or trying to, you know, like, create your environment in a way that addresses them. But I also want to give some specific tools for neurodivergent people that can kind of help them navigate world, you know, the world in a way that that will be more inclusive for them. I think the first thing that I really recommend is to find spaces to remove your mask. And we'll talk a little bit more about masking in the next few slides. But essentially, masking is where you put the pressure on yourself to be normal to behave in a way that other people expect of you. And so, you suppress a lot of your natural innate traits. You hide when something is hard or challenging for you. And that's really, really exhausting. It's really lonely. There's a lot of reasons are on the mental health damages of needing to mask. Unfortunately, we live in a world where it's not really safe to unmask all the time. You know, if I were to go to a job interview, and I were to stand during the job interview, I might not get that job. And that's just sort of the reality of the world. But there's a difference between needing to mask sometimes and having to mask all the time. And so, if you can find places to remove your mask, if you can, you know, find friends, social groups, support networks, where you can really fall and be yourself back and go really long way towards helping you take care of yourself. Also, I really encourage this idea of letting yourself take a different path up the mountain. And what I mean by that is that you might have the same goal as a neurotypical person. But the way that you accomplish that goal might be different for you, then it would be for most people, and instead of being ashamed of that, instead of being embarrassed of that, just say, woohoo, I found a way that works for me. And my path up the mountain might look weird to other people. But so, what if it works, then that's good. And so, give yourself the freedom to be creative, and to trust yourself to do things the way that works for you. And similarly, like, be proactive to create an environment that works for you, if you find that you know, something in your environment is uncomfortable for you in a sensory way, try to change it. If you find that, you know, the, you're always confused about the unwritten social rules of the group that you're in, try to ask and see if people will clarify that for you try to advocate to shape an environment in a way that works for you. And then finally, don't compare your area of challenge to somebody else's area of strength. Because, again, for Neuro, I mean, I could give an area rather talk about like shame as it applies to neurodiverse people that oftentimes, there can be this, this deep shame that comes up of like, Oh, I see all these other people, and they seem to be doing so well. And I'm struggling in this area. And I would say like, that's a trap, instead of looking at your areas of challenge and compare them to other people's areas of strength, just look at your areas of strength, because I guarantee, there's going to be some things that you, you know, that you bring to the world that are really wonderful, you know, maybe it's something that you do very well, maybe it's the fact that you're you know, you're really kind and you're really loving, maybe it's the fact that you can just get a lot of joy out of something in life, all of those things are really good and really meaningful. And if you focus on that, and build your identity out of that, that's going to be much more fulfilling for you than saying, Oh, I can't focus as well as somebody else, or I can't make small talk as well as somebody else. So, I wanted to explain, expand a little bit more on the cost of masking both for neurodivergent people to understand, you know why they should be good if they can do this less and for neurotypical people to understand why it's important to try to invite neurodivergent people to be safe enough to take off their mask. So they can masking is changing behavior to hide or suppress natural neurodivergent traits. The key thing about masking is that it changes behavior that doesn't hurt anybody, it's just different. So, you know, if I, you know, really don't like, you know, wearing deodorant, well, if I don't wear deodorant, that's going to be very uncomfortable for other people. And so, it wouldn't be masking to put on deodorant, it would just be you know, being considerate. But if I, if I stim, that doesn't hurt anybody, that doesn't affect anybody. And so, if I suppress that, then that is masking. And again, there's a lot of research on this, it's draining, it's stressful, it creates loneliness, because sometimes even increased risks of suicide. So masking is a very big problem.

Masking also is amplified when you have additional, you know, non-dominant or marginalized identities. So, if, for instance, you're a black office in person, and you have to mask and you also have to code switch to mat, you know, to meet white culture, or you know, you're a member of the LGBTQ community, and you have to hide both your sexuality, you know, and you know, your ADHD, you know, that there's a cumulative exponential toll that happens. And so, this can really do a lot of damage to somebody's mental health. And so, finding spaces where you can take off that mask, where you can be around people who will accept you is really critical. You know, the actress Julie garden said, always be a first rate version of yourself, not a second rate version of somebody else. And that's kind of the core idea of masking, like, let yourself be yourself. Don't feel this pressure to, you know, to be normal. But instead, find the communities that will accept you, even if you're weird. And again, I realized that the world that we live in, it's not safe to do this everywhere, but it's safe to do this. Sometimes with some people, and if you can find those people and take the mask off there, it's really going to bring a lot of benefit to you. But I also want to acknowledge that, you know, saying, Oh, well don't mask, that doesn't mean that like, Oh, if you have, you know, ADHD, it's okay to just show up three hours late to somebody's birthday party because you got distracted. And so, I think that there's a pathway to being kind without masking. And I would define kindness, you know, that is, you know, it is changing behavior, due to an awareness of how your actions will affect others. And, you know, it changes behavior that will affect people, even if they love you, even if they accept you, even if they understand why you did that thing. It still hurts them; It still upsets them. That's the sort of behavior that you want to change with kindness. And the thing with kindness is that that's not unique to, you know, a neurodivergent person, like, everybody has responsibility to be kind to other people. And so, I think that, you know, neurodivergent, people might have specific ways where they need to try to address their challenges in order to be kind to other people. But the goal is, you know, kindness rather than masking. So, some examples of this, you if you have a behavior that you use to self soothe, soothe, like stimming. You know, if you just resist the desire to use that, that would be masking. But if you're at, if you're somewhere where you're stemming would be disruptive, like, maybe it's, you know, what like, like, it's a meeting where everybody's discussing something or it's your, you know, you're in the front row of the theater or something like that, then maybe the common thing to do would be to excuse yourself temporarily, so you can do that. Another example of masking might be to pretend to prefer a normal hobby, instead of a genuine one. So, if I really like dinosaurs, but I tell everybody, oh, yeah, I like football, that's masking. But kindness is asking questions about somebody else's hobby, even if it's not, you know, your particular interest, because everybody likes to be asked about the things that they like, right? Or, you know, arranging your desk or your space in a way that you think other people would do that's masking, but collaborating to arrange of shared space, you know, in a way that incorporates the needs of another person, that's just kindness. So, let's also talk a little bit about mental health stuff. Because, you know, I know we have an audience of practitioners here, and I want to talk about how we can make mental health spaces more neuro inclusive. So, I first want to talk about the physical, like environment of a mental health clinic and how that can be made neuro inclusive. I think some of the easy opportunities are to provide sensory objects and ask about sensory needs. So, like a sensory object could be like a fidget toy, it could be like a blanket, or a pillow that has like a nice fabric, somebody could run their hand over, that allows somebody to, you know, be told that it's okay to sensory self soothe, or STEM or things like that. And then also asking about sensory needs asking, like, Would you like me to, you know, dim the lights? Would you like me to turn off the white noise machine? Would you like me to, you know, if maybe I have a scent that I use here, would you like me to not have that scent, making sure that a person can set up their therapy environment in a way that works for them, is really useful. And then also affirming neurodiversity in your marketing materials. Like if you're able to, as you're writing about the different conditions that you treat, or the different issues that you work with, if you're able to affirm that, like, you know, if somebody comes to you with autism or ADHD, you don't see that as this terrible, awful disease that must be cured. But you see it as a way of being that needs support and accommodation that can help people feel like they're going to be safe in working with your clinic. Also, within the therapy session itself, it's really useful to set affirming goals. And by affirming goals, I mean, instead of trying to, like make somebody be normal, or suppress natural parts of themselves, could you set therapy goals that are that are like, well, I want to make more friends. But like, it's not that I want to act more normally. It’s because I want to make more friends. And maybe that that takes the form of finding people who will accept you, even though your social skills are still you know, very neurodivergent. Also, considering reasonable policy flexibility, like I think it is important to have you no policies that you enforce and to treat people fairly. But sometimes certain forms of neuro divergence can make it very hard to like to show up to every session on time or to keep track of your own calendar, things like that. And so, even if, for instance, it's not your policy, to send people a reminder text, maybe if you have a client with ADHD, it will really go a long way. If like 20 minutes before the session. You just send them a text me like hey, you know, I'll see you in 20 At or, or an hour before or something like that, it's also really important to make it safe to offer feedback. And obviously, this is true of any kind of therapy that you do with somebody, but doubly so for somebody who is neurodivergent. Because again, a lot of times, there is this pressure to be normal, there's this pressure to not be the problem. And so, if a neurodivergent person isn't getting their needs met in therapy, they might be afraid to bring that up to you, because they don't want to be needy or, or, or a problem or something like that. And so, if you instead make it, you model, asking for feedback, you model I really wanted, if there's something not working, I really want you to tell me, that can go a long way in making it safe for them to say, well, actually, this isn't working for me, and then be sensitive to intersectionality. And so, this, again, goes back to the idea that when you are part of multiple marginalized groups, the effects of those intersect with one another. And so be aware of that. You know, somebody who is neurodivergent, and who was also a member of a different marginalized identity, those things are going to intersect in complicated ways. And you want to be addressing that in how you do your therapy. I also want to talk about how we can support neurodiverse clinicians, because,

you know, there are clinical clinicians like myself who are autistic or have ADHD or you know, any number of different things. And we want those people to be able to be successful in their therapy careers, both because, you know, neurodivergent people who don't deserve to have successful careers. And also, because representation is important. And I've sometimes had clients who have really, it's really meant a lot to them that they can see a therapist who also has autism, like themselves. And so how can we support neurodivergent connections? Well, one thing is that you can provide Time Management support because certain forms of neuro divergence, keeping track of time can be really difficult. And so, in the session, you know, these are just some examples just to kind of get you thinking creative creatively. But in session, there's something called a time queue, which is sort of like a visual clock, that kind of changes color as you get closer to the end of the hour. So, somebody doesn't have to, like look at a clock and process it, they can just sort of be like, Oh, it's blue. Like, I need to wrap this up. There's also Pomodoro timers that can like, you know, set a certain amount of times that you can kind of complete notes within that time, potentially being able to send people reminders for deadlines and meetings, so that somebody isn't dependent on just looking at their, their calendar to know, “Oh, I got to get to supervision”, but instead be like, “oh, like, I'm getting a text that, you know, my supervision meeting isn't an hour or it's later today, I'll be sure to remember that”. I also think it's useful in session to allow for non-obtrusive use of digits and sensory supports. So, you know, if you have a therapist that wants to fiddle with a fidget cube or something of that nature, I think that that should be allowed, even though that's not, you know, normal, but again, who cares about No, my, obviously, you don't want to be disruptive to the client’s experience. But my rule of thumb is that, you know, in therapy, we're used to having a clipboard and taking notes, right. And if something is equally unobtrusive as a clipboard, then I don't see any reason why that shouldn't be allowed. Of course, you want to get informed consent from your clients, you want to say something like, Hey, you know, I use this little fidget toy, it helps me stay focused on talking to you, but if you prefer, I cannot use it during our sessions, what would you like to do? And if a client says, I don't want that, then okay, fine. But it shouldn't be a rule from the supervisors or from the Clinical Directors that this is not allowed, it should only be a case by case thing with clients. Finally, I think it's important to provide neurodiversity training to supervisors, because just like any other form of diversity, you don't know what you don't know. And if supervisors want to give ethical quality supervision to their supervisees, then they need to understand these concepts. Also, it's important to support clinicians outside of their therapy work and with their wider career development. And so, providing structured social and networking opportunities where again, some of those unwritten rules are written down, where somebody who might not naturally be as good at networking, and socializing can still make connections that can be really valuable. Using competency based hiring rather than interview based hiring. I mean, this is just true in general, because interview based hiring isn't that good. But you know, somebody that might behave in a neurodivergent way in an interview, that doesn't mean that they can't be a great clinician. And so, if your interview is just based on oh, what kind of vibes did they get me? That can often cause you to hire people that are like yourself, rather than people who are the best possible candidate, also offering non clinical coaching in addition to supervision and what I mean by this is that oftentimes, you know, if somebody is neurodivergent, and maybe they're having trouble, social lysing with the other, you know, practicum students or they're having trouble with their time management, supervision, time gets taken out to handle those professional development issues, which means that they have less supervision time for their clinical training. And so, in order to have that be balanced, offering nonclinical professional development, coaching outside of supervision can sometimes be really useful. And then finally inviting and facilitating the seeking of accommodations, again, there's a lot of shame, it's very risky to say, Hey, I actually need help with this. And so, making modeling that inviting that making that safe, goes a long way. And so finally, I want to close with this idea. As you're handling neurodivergent, you know, as you are navigating through questions of neurodiversity, or intersex, you know, interacting with neurodivergent people, the best thing to keep in mind is this idea of compassionate curiosity. And what I mean by that is, you know, let's say you bring home a new dog, and your dog chews up your socks, is that a bad dog? Is Did you get a defective dog? And you should return it and get a new one? No, every dog is a good dog. But like, then you ask, Well, why would a good dog do a bad thing? And the answer is that they have a need, the environment doesn't allow them to meet any other way, or they don't understand that it's bad. So, like, if you if your dog doesn't have any other toys, of course, he's going to show up your socks, or if your socks are right next to his toys, then of course, he's going to show up the socks because he doesn't know the difference. So, you need to either address the need or address the source of the confusion. And so, you know, we can, you know, apply this to people to say, assume that they're a decent person with good intentions. That's the compassion part, and then ask, why would a decent person do this bad thing? That's the curiosity part. And then you find the need or misunderstanding, and then you meet the need or resolve the misunderstanding. And so, you know, just a quick example, you know, your neurodivergent teammate wears headphones in the break room, instead of talking to the team. Are they rude? Well, no, we would say they're not rude, they're going to be compassionate, we're going to assume they have a good reason for it. And so why might that be? Well, maybe they have a sensory overload, maybe they're stressed from work, maybe they're anxious, or maybe they just misunderstand, maybe they think that if you walk up to them, like if you want to talk to them, you'll walk up to them, and then they'll take off the headphones that they don't realize that the headphones are sending the signal that they don't want to be talked to. So, when in doubt, applying this this technique of getting compassionate, getting curious, that can often help you find a way forward. And I have one other example of that. But we're going to skip through it for the sake of time. So, assume good intentions, unless proven otherwise, identify and accommodate unmet needs, and then accept differences whenever possible. I think if I can leave you guys with one final image to close with, it's this idea that humanity is an orchestra, not an assembly line, right? Like the whole point of an orchestra is that you got all these different instruments like nobody would go see an orchestra that was made up of 82. But it's like that would be a terrible concert. And so, what we want is for everybody to be able to play their own unique note in the best way that they can. And that's what neurodiversity is all about. Instead of making everybody sound like a tuba. We want everybody to be able to play the note that works best for them. I'm obviously not the first person to think of this stuff. There's a lot of other great resources out there. The Autism Self Advocacy Network is a great place to start. neurodiversity in the workplace has some specific, you know, resources around the workplace. We're not broken, changing the autism conversation by Eric Garcia, is a solid book, lengthy introduction to this topic, it was where I learned a lot of these things for the first time. And then just to do a little bit of shameless self-promotion. I have a book coming out next year on Audible, called neurodiversity, and the myth of normal, it's co-authored no released dataset for that yet, but check back in a year, and it should be available. If you want to stay in touch with me, Daniel longer.com, and prove your social skills.com. I'm also on LinkedIn, any of those places. If you reach out to me, the contact form goes straight to me, and I'm happy to answer any questions that you have. And speaking up. Let's take our 15 minutes for questions.

Great. Thank you so much. Dr. Winder. And thank you for everybody for attending it is three o'clock. So, if you have to jump off, we understand if you are able to stay and would like to stay for the Q&A. We do have a few questions. And if you will put your question in the queue in a feature. There's a lot going on and chat now may not catch them. But if you'll put them in Q&A, we will catch them. So, the first question Dr. Wendler is, how do we know if we're neurodivergent? So, are there some indicators we could look for?

Yeah, so I think that it's a tricky thing. It's an - it's a tricky thing to answer, especially in the context of like, well, do I have this horrible diagnosis of like, mi autistic, do I have a need to do things like that, I think that those questions can really only be answered in in conversation with a professional. So, talking to a therapist, a doctor, etc. Um, I wouldn't recommend, you know, definitively self-diagnosing. However, this this, I think that the cool thing about the idea of neurodiversity is that it recognizes that everything is kind of a spectrum, that it's not like, you've got the weird people and the normal people, but that, you know, everybody, you know, is just is just diverse in different ways. And I think that if there is some, some aspects of neuro of these ideas that feel like they, they, you know, they bring home, they, they ring true for you, like only, like, I really do, struggle with explicit, you know, with implicit communication, and the explicit stuff was really helpful for me or sensory stuff really is difficult for me, I think, you know, you don't have to adopt a label for yourself, to be able to take care of yourself by addressing those needs, and like asking for sensory accommodations or asking for people to communicate more exclusively with you. And so, I would, I would suggest, starting with the place where I've identified a need for myself, let me try to meet those needs. And if as you go through that process, you find that a lot of those needs seem to fall into this bucket that is like a neuro divergent kind of bucket, then at that point, maybe talk with a professional and see if it might make sense to do an assessment. Great, thank you. This question

has several parts. So, if any of you repeat them, just let me know holidaying and creating their own environment and evening, quiet corners. But it's exhausted to do and I guess. Yeah,

I, your audio is cutting out a little bit, but I'm able to read the question that you're seeing. Okay. Okay. So, yeah, the question is, etc., like, essentially, you know, how do you respond to an artistic person that can create their own environment, but then has exhaustion related to like doing, you know, anything without planning, prevention, prep, etc. And I think that, since I think if I'm understanding this, right, it's kind of this idea that like, a person can take care of themselves, but then if they want to, like, go and do something, you know, then it's very hard for them to kind of leave this environment that's, that's set up for themselves. That's, that's like accommodating. Does that would that sort of be a good summary that based on your reading? Yes,

thank you. I'm gonna let Haley ask the next question, so that everyone hears it aloud. And since I'm having difficulty with my mic here,

yeah, that's fine. But let me let me answer this one really quick, which is, I think what I what I really recommend in that kind of situation where it's going outside the comfort zone that is extremely challenging, oftentimes, what works, the best for it is two things. Number one, it's taking the tiniest step possible. And so, it's not like okay, well go, you know, go out and spend all day outside your comfort zone, it's like, can you go get, like, leave your house and go get the mail and then come back, like, like, 3030 seconds worth of something? Or, you know, can you maybe you don't go to a meetup group, but can you look at it online, like find the tiniest sort of step of movement, and then practice trying to do with that without as much preparation and planning, etc., because that can sort of build up a sense of like, oh, I can do those things. And then you can build from there. The other thing that I would add is that oftentimes, when you try to get somebody to do something that makes them leave the comfort zone, it's something that they don't necessarily want to do. Like, they like the comfort zone is working just fine for them. They've got an environment that works well, why would they want to go buy new clothes, or whatever. And so, trying to find a way where they can, they can be encouraged to do things that are more intrinsically enjoying or enjoyable or meaningful for them that can also get you to take those steps.

Thank you. The next one is, in my experience, I've encountered a lot of self-loathing and autistic communities, autistic people who've internalized the idea they're broken and that they're, that every bad thing that happens to them is their own fault. How do you think we should go about interrogating and deconstructing that self-loathing?

Yeah. So, I think that it's, I mean, it's tough because in some ways that that really is a thing that, you know, therapy is going to be the best suited to address. And I think like not just any therapy, but again, this sort of affirming kind of there Because if somebody goes to therapy and all they get is like problem solving tips for how to be more normal, that might just enhance the self-loathing. But I think a good therapist can really address this, I think outside of a professional context, I think that the best thing that can address the self-loathing is a loving relationship. I don't I don't necessarily mean like a romantic relationship, but just a relationship with somebody who accepts you and approves of you and cares about you that can you know, that is a counterbalance to the self-loathing, because here you have this other person that's like, no, like, you're not loathsome. Like, you're awesome. And so, I think, if you might, my big encouragement for anybody who feels like they're in that place, is to try to develop one intimate, vulnerable friendship where like, it's a close person, you can take off the mask with them, and you can receive acceptance from them. Oftentimes, that goes a really long way, in starting to thaw out that self-loathing.

Thank you. The next one is what is the best way for autistic people to work within environments that actively resist accommodating their needs?

So, another two part answer, I think one is trying to really lean into meeting your needs as much as possible, like, once you get outside of that environment, so like, if you've got to go to work at a place that sucks, like, then saying, Okay, well, as soon as I get off work, like I have a plan in place for how I'm going to take care of myself, I'm going to be supported, etc. But that can only sort of go so far. And so sometimes what oh, okay, I guess I'll have one other thing. The other thing that can really help navigating those sorts of hostile environments, is, again, the idea of one friend, if you can find one person who is sort of your ally in that environment, that can really make it easier to navigate it. But those things only go so far. And so, I do think that on a certain level, if you're like, This environment is really just really hostile to me, I would say, to the extent possible, think about transitioning to a different environment. And I realized that that's not always possible, especially in the short term, but over the longer term, if you can look at maybe I can, I can work in a different place, maybe I can, you know, transfer to a different school, etc. I think that being able to find environments that work better for you, sometimes that is what you need to do.

Great, I think I think this next one might be a little on topic. And this is from Chad, it says, How can high functioning and a successful Asperger's individuals safely build love relationships? Is there anything other than dating sites? And anything that you suggest?

Yeah. Oh, so I think that the, the place that I typically recommend is like, I mean, data insight these days are, it's awful. Like, I don't recommend that I think what often works with best is, is going to some sort of social group, where it's built around common interests or common values. And so, if you have a hobby or something like that, like just Google for like, the name of your hobby, and then club, plus, you're sitting and see if, you know, like, like an Austin, if you know, are into pottery you search for, you know, Austin pottery club, there's stuff that comes up, often kite flying, but there's stuff that comes up. And so going there, I think it's good, because number one, you're probably going to have some stuff in common with people because you like the same interest. And number two, there's not the same pressure that there is of like, meeting somebody off a dating app of like, I need to connect with you immediately. Like you can go, and you can just have fun and kind of naturally over time, you can get to know that person. In addition to hobbies, you can also do values. So, if you if you care about a cause, see if there's a nonprofit, if there's a volunteer organization, that can be another place to go and meet those people. And then just over time, as you connect with folks, you're naturally going to find somebody who you might be able to have a love connection with.

Awesome. What would you recommend a neurodivergent student asked for with regards to accommodations at the collegiate level? What are some things that can help students be successful in the classroom and socially?

Yeah, I mean, I think it's, it's gonna depend based on the person, right, like, you know, for myself, when I was in school, one of the big accommodations I needed was the ability to type up all of my assignments because my handwriting is illegible to everybody except for me. And so, I had to be able to, like bring a laptop into class. But somebody else might not need that. And so, I think that really, it's, it's going to be a hard thing to like, do ahead of time. And so, I think instead you want to you want to instead have the modeling the invitation so that people can come to you with their specific needs. I would say that probably one of the things that is most likely to be necessary for a lot of people is kind of like structured social, like social For opportunities, because again, that having even just one friend makes a huge difference in the whole experience. And so… but trying to make that friend can feel overwhelming. And so having groups where it's a little bit facilitated, its people are put together a little bit in a better way. That I think if you got to pick one thing, I think I would invest in that.

Right. Okay. Um, I still, I think it's still relatively rare to find self-disclosed autistic mental health professionals? Do you have suggestions for how we can encourage or recruit autistic professionals?

Yeah, I think I would honestly go like early in the pipeline to sort of look at how are our grant programs except and recruiting people? And to kind of ask the question of like, is that being done in an accessible way? Is that being done in a way where an autistic person could look at that and think I can be successful here? And I can be myself here? Or am I going to have to mask for five years? Or else I'm gonna get pulled into meeting with a clinical director and say, Hey, we don't, you know, like, there's still a lot of stigma around this stuff. And I think that that, yeah, for program directors to be able to sort of look at the different components of their program and say, Are there things here that we are making unnecessarily hard or uninviting? For autistic people? I think that that is that's probably the thing that's going to have the biggest impact on the profession.

Right, I think that's maybe all we have time for this last question I'm about to read. So, it says, What if you are a professional who suspects they are neurodivergent, but you already know, all of the different assessment methods? Is it hard to know how one would authentically perform? Is there something you would recommend in terms of seeking a diagnosis for that particular person?

Yeah, I mean, I think that there are, you know, like assessment psychologists that are the most specialized in testing and assessment, and they, you know, I think it'd be worth doing a consult with them, because they potentially would know of some instrument that's less common that that, you know, you wouldn't be familiar with that they could use on you. I also think that especially in like adulthood, getting a 100%, definitive diagnosis is not necessary, because it's not like you got to have like a piece of paper to go to school and say, give me this accommodation or whatever. You just sort of want to be able to have a reasonable gas for yourself. And so, I think that being able to have a conversation with, again, like an assessment professional, who could talk through your experiences, and then give you like, a best guess, would probably be sufficient for your purposes of either knowing? Is this a way that would be helpful for me to understand myself? Or is this? Is there a better way that would be better for me to think about and understand my experience?

Thank you so much. And thank you for staying to do some of this question and answer session with us. We didn't get to everything. But we have shared your contact information. I have shared mine as well. We will send out an email with the resources with the slides. And we'll have a link to the presentation. Please fill out our evaluation so that we can better serve you in the future. And thank you so much for being here today. All of our participants and Dr. Wendler - Have a great afternoon.