



# Facilitator checklist and Guidance


- ☐ Training attendance sheet
- ☐ Laptop/data projection unit and PowerPoint presentation
- ☐ Flipchart paper and permanent markers / post it notes / pens
- ☐ Facilitator Checklist and Guidance Notes
- ☐ Handouts:
  - 1 - Traits of Autism, ADHD and AuDHD
  - 2 - Three Cases studies
  - Screener Questions
  - Email Templates
- ☐ Toolkit Handbook

Topic	Module Notes	Trainer Notes
Welcome	<p><b><u>SLIDE 2</u></b></p> <p><b><u>Welcome and Introduction</u></b></p> <ol style="list-style-type: none"> <li>1. Trainer's personal introduction</li> <li>2. Introduction to the project and overall aim of the training</li> </ol> <p><b>There's limited evidence available of how gambling harm is experienced by individuals who are neurodivergent or how best to deliver gambling treatment and support to those who seek it.</b></p> <p>GambleAware funded a project delivered by IFF Research, the University of Bristol, and Ara (a charity offering treatment and support for drug, alcohol and gambling harms).</p> <p>The project specifically researched whether there are increased risks or drivers of gambling harm, identified barriers to accessing help, and recommended best practice for appropriate treatment, support, communication and engagement for neurodiverse people.</p> <p>This training forms part of final phase of developing and testing solutions to translate insights into practice.</p>	<p>Trainer to Introduce themselves.</p> <p>Explain the purpose of the project and how this training was developed.</p>
	<p><b><u>SLIDE 3</u></b></p> <p><b><u>Housekeeping</u></b></p> <ul style="list-style-type: none"> <li>• Timings</li> <li>• Breaks</li> <li>• Establish expectations – confidential space, respect other's opinions, don't break GDPR / confidentiality of specific clients, be vague or non-descript when talking about others</li> <li>• We encourage group participation – there is no right or wrong, but there is no pressure to speak if you feel uncomfortable.</li> <li>• We encourage sharing of ideas and there will be lots of opportunities for discussion.</li> </ul>	<p><b>Image:</b> <a href="https://www.vecteezy.com/vector-art/10925820-colorful-welcome-design-template">https://www.vecteezy.com/vector-art/10925820-colorful-welcome-design-template</a></p> <p>Any housekeeping notices.</p> <p>We all have ideas, experiences, and strengths to bring to the training, and will record these to support improving services.</p>

	<p><b><u>SLIDE 4</u></b></p> <p><b><u>Structure of the Day</u></b></p> <p>This training will be split into two parts, with several modules. The <b>morning</b> will focus on introducing neurodiversity, focusing on three common types and linking this to gambling harm. Then considerations for language, neuro-affirming practice and the research findings and implications.</p> <p>The <b>afternoon</b> will focus on the practical applications. Introducing screening questions that can be used at each part of the client journey, an email template to use before the first session and example of best practice to support client engagement.</p> <p>Case studies will also be used throughout the training.</p>	<p>Explain how the course will be delivered – split into morning and afternoon – timings are flexible and can be set by the trainer / organisation.</p> <p>It is structured for an all-day training but is split into two parts so can be delivered on different days if needed.</p> <p>State that there are handouts included and a neurodiversity toolkit, which details all the best practice advice from this training.</p>
	<p><b><u>SLIDE 5</u></b></p> <p><b><u>Learning Objectives</u></b></p> <p>By the end of this training, participants should be able to:</p> <ul style="list-style-type: none"> <li>• Contrast the differences between neurodiverse vs neurotypical people.</li> <li>• Express why we need to consider neurodiverse clients.</li> <li>• Identify the differences and similarities with Autism, ADHD &amp; AuDHD traits.</li> <li>• Examine how neurodivergent traits manifest in clients.</li> <li>• Understand the increased gambling risks and drivers for neurodiverse people.</li> <li>• Distinguish neuro-affirming language and how to use it with potential clients.</li> <li>• Recognise how to adapt interactions for neurodiverse clients.</li> </ul>	<p>Explain what the participants will have learned at the end of the training.</p>
	<p><b><u>SLIDE 6</u></b></p> <p><b><u>Icebreaker</u></b></p> <p>Have trainees introduce themselves and say;</p> <ul style="list-style-type: none"> <li>• Their role</li> <li>• Their experience of neurodiversity</li> <li>• What they hope to achieve from this course today</li> </ul>	<p><b>Image:</b> Microsoft word stock image</p> <p>This can be done going round the group or to the person next to them.</p>

	<p><b><u>SLIDE 7 - PART 1 INTRODUCTION TO NEURODIVERSITY, THE CHARACTERISTICS AND RELATIONSHIP TO GAMBLING HARMS</u></b></p>	
1	<p><b><u>SLIDE 8</u></b></p> <p><b><u>MODULE 1 – WHAT IS NEURODIVERSITY?</u></b></p> <ul style="list-style-type: none"> <li>Introducing neurodiversity.</li> <li>The definitions.</li> <li>Why it matters.</li> <li>How to work with a neurodiversity affirming approach.</li> </ul>	<p><b><u>Overview</u></b></p> <p>This module covers what neurodiversity is, some of the challenges, the neurodiversity movement and why it is important to address neurodiversity in gambling support. Then we will briefly introduce the neurodiversity paradigm, social model and present a strength-based approach for neurodiversity affirmative practice.</p>
1	<p><b><u>SLIDE 9</u></b></p> <p><b><u>Neurodiversity</u></b></p> <ul style="list-style-type: none"> <li><b>All</b> humans vary in terms of their neurocognitive ability.</li> <li>Everyone has both talents and areas that they struggle with.</li> <li>However, for some people the differences between those strengths and challenges are more pronounced. This can bring advantages but can also be disabling.</li> </ul> <p>Highlight individuals are neurodivergent, groups are neurodiverse.</p>	<p><b>Image:</b> <a href="https://www.linkedin.com/posts/neurodiversity-education-academy_neurodiverse-neurodivergent-neurodiversity-activity-7018823302726995968-NHiY">https://www.linkedin.com/posts/neurodiversity-education-academy_neurodiverse-neurodivergent-neurodiversity-activity-7018823302726995968-NHiY</a></p> <p><b>Resources:</b>  <a href="https://geniuswithin.org/what-is-neurodiversity/">https://geniuswithin.org/what-is-neurodiversity/</a>  <a href="https://neuroqueer.com/neurodiversity-terms-and-definitions/">https://neuroqueer.com/neurodiversity-terms-and-definitions/</a></p>
1	<p><b><u>SLIDE 10</u></b></p> <p><b><u>What is Neurodivergent and Neurotypical</u></b></p> <p><b>DISCUSSION – ASK</b></p>  <p>In pairs discuss your thoughts on:</p> <ol style="list-style-type: none"> <li><b>What is Neurodiversity?</b></li> <li><b>What is Neurotypical?</b></li> </ol> <p>Ask for any feedback if participants are comfortable. Feedback can also be written.</p>	<p><b>Image:</b> <a href="https://therapyfocus.org.au/on-the-blog/understanding-neurodiversity/">https://therapyfocus.org.au/on-the-blog/understanding-neurodiversity/</a></p> <p>Post it notes on table if people want to write.</p> <p>How discussions in this training are implemented is flexible and can be decided by the trainer and organisation. Suggestions include using images, templates and creativity to match the participant group. Start to model neurodiversity affirming practice – e.g. promoting agency, autonomy and various communication styles.</p>

<p>1</p>	<p><b><u>SLIDE 11</u></b></p> <p><b>Read the definitions:</b></p> <p><b>Neurodivergent:</b></p> <ul style="list-style-type: none"> <li>• Individuals whose mind or functioning falls outside dominant societal norms.</li> <li>• Conditions you're born with or have acquired or developed.</li> <li>• Difference relates to social understanding, sensory processing, communication and information processing.</li> <li>• It's estimated that around 1 in 7 people in the UK (more than 15%) have neurodevelopmental differences.</li> </ul> <p><b>Neurotypical:</b></p> <ul style="list-style-type: none"> <li>• A term to describe individuals whose functioning falls within the dominant neuro-normative standards and norms that center a particular way of thinking, feeling, communicating, behaving and more.</li> <li>• It is the opposite of neurodivergent. It is not a negative word but a neutral one.</li> </ul>	<p><b>Resource:</b> <a href="https://www.keepingwellnw1.nhs.uk/self-help-resources/equality-diversity-and-inclusion/neurodiversity">https://www.keepingwellnw1.nhs.uk/self-help-resources/equality-diversity-and-inclusion/neurodiversity</a></p> <p><b>Could comment:</b> on whether their definitions were similar?</p>
<p>1</p>	<p><b><u>SLIDE 12</u></b></p> <p><b><u>Many neurotypes fall under the neurodivergent umbrella</u></b></p> <p>The Neurodiversity Movement is a social justice movement, where neurotypes should not be thought of as dysfunctional disorders or disabilities, instead individuals should be accepted and their strengths celebrated.</p> <p>However, the impact of living with a neurodiverse presentation can affect an individual's psychological wellbeing.</p> <p><b><u>DISCUSSION - ASK</u></b></p> <p>Ask the group: <b>Can you think of any examples of this?</b></p> <p>Ask for any feedback if participants are comfortable.</p> 	<p><b>Image:</b>  <a href="https://www.peoplescout.com/insights/neurodiversity-workplace/">https://www.peoplescout.com/insights/neurodiversity-workplace/</a></p> <p><b>Resource:</b> <a href="https://www.keepingwellnw1.nhs.uk/self-help-resources/equality-diversity-and-inclusion/neurodiversity">https://www.keepingwellnw1.nhs.uk/self-help-resources/equality-diversity-and-inclusion/neurodiversity</a>  <a href="https://www.autism.org.uk/advice-and-guidance/topics/identity/the-neurodiversity-movement">https://www.autism.org.uk/advice-and-guidance/topics/identity/the-neurodiversity-movement</a></p>

1	<p><b><u>SLIDE 13</u></b></p> <p><b>According to the NHS:</b>  <b><u>Challenges may include:</u></b></p> <ul style="list-style-type: none"> <li>• Negative attitudes, stigma and discrimination from other people.</li> <li>• Differences interacting with the world may prove more challenging in some cases due to differences in reading social cues, or having to adapt to a “neurotypical” world.</li> <li>• Misdiagnosis: e.g. some experiences of autism can represent similarities with mental health problems and sometimes be misdiagnosed.</li> <li>• Barriers to support including long assessment and treatment waiting times and an absence of local support services may worsen mental wellbeing.</li> </ul>	<p><b>Image:</b> <a href="https://animalia-life.club/qa/pictures/winding-path-clipart-black-and-white-christmas">https://animalia-life.club/qa/pictures/winding-path-clipart-black-and-white-christmas</a></p> <p><b>Resource:</b> <a href="https://www.keepingwellnw1.nhs.uk/self-help-resources/equality-diversity-and-inclusion/neurodiversity">https://www.keepingwellnw1.nhs.uk/self-help-resources/equality-diversity-and-inclusion/neurodiversity</a></p> <p><b>Could comment:</b> on whether their definitions were similar?</p>
1	<p><b><u>SLIDE 14</u></b></p> <p><b>Now we have explored the notion of neurodiversity, how can we start to relate this to supporting people with gambling harm?</b></p> <p><b><u>DISCUSSION – ASK</u></b></p> <p><b>Why does neurodivergence matter in effective gambling harm support?</b></p>  <p><b><u>SLIDE 15</u></b></p> <p><b><u>Equality Act</u></b>          Equality act 2010, reasonable adjustments are a legal requirement to ensure health services are accessible to all disabled people. This includes neurodiverse people.</p> <p><b><u>Understanding specific drivers and barriers to enable more effective support</u></b>          Research has shown that neurodiverse people affected by gambling harms may struggle with drivers relating to their neurodivergence which could increase the risks of harm, such as impulsivity, difficulty processing complex information or probabilistic rewards and challenges in risk assessment</p>	<p><b>Image:</b>  <a href="https://www.ticketleap.events/tickets/ifsc/advanced-weekend-welcoming-neurodiversity-into-your-practice">https://www.ticketleap.events/tickets/ifsc/advanced-weekend-welcoming-neurodiversity-into-your-practice</a></p> <p>Ask the room to split into groups and choose a member to feedback to the rest of the group.</p> <p><b>Resource:</b> <a href="#">Equality Act 2010</a></p> <p><b>Resource:</b> <a href="https://www.gambleaware.org/media/odvfeq4j/gambling-harms-and-neurodivergence_mapping-the-evidence-landscape.pdf">https://www.gambleaware.org/media/odvfeq4j/gambling-harms-and-neurodivergence_mapping-the-evidence-landscape.pdf</a></p>

### **To help us understand the individual needs of neurodiverse clients**

- Historically therapy was directed towards making neurodivergent individuals conform to neurotypical standards - emotionally detrimental to the client and impacted on their identity.
- Still issues: a recent review of qualitative studies found that autistic adults' experience of accessing and receiving mental health support was predominantly negative, as therapists commonly misunderstood them or were dismissive or challenging.
- Research now shows better outcomes when individuals are supported in affirming, non-pathologising environments that prioritises strengths and functional accommodations.
- Embracing neurodiversity means we can tailor and offer individualised support from the first point of contact.

### **Embraces the Social Model and Neurodiversity Paradigm and adapts a Strength-based Approach**

#### **1. Core idea of the Neurodiversity paradigm is that:**

- Human brains are naturally varied, no brain (or mind) is more 'normal' than any other.
- Neurotypes are not "disorders" to be fixed, but part of normal diversity in the human population.

This links to the **Social Model** - someone experiences disability when a societal barrier or environment fails to accommodate their needs, as opposed to the **Medical Model** which emphasises that it is the person who is different and the problem, and needs to adapt to fit in, be fixed or cured.

#### **Adapts a Strengths-Based Approach**

- Traditional therapeutic models often emphasise challenges and deficits. This can be disempowering for neurodiverse clients, leading to a sense of inadequacy.
- The Strength-Based Approach addresses this by recognising and utilising the individuals' unique talents, perspectives, strengths and abilities.
- It focuses on what neurodivergent individuals can do rather than what they cannot, encouraging self-advocacy and personal growth, which creates a supportive and affirming therapeutic environment.

**If we can focus on what a person needs to access and fully participate in our service, this can lead to better engagement and outcomes.**

### **Resources:**

- <https://neurodivergentinsights.com/neurodivergent-affirming-practices/>
- [24/87 CBT adapted for autistic adults with a mental health problem commissioning brief | NIHR](#)
- <https://www.psychologytoday.com/gb/blog/beyond-mental-health/202403/10-ways-to-create-a-neurodiversity-affirming-therapy-space?msockid=37f46c49512b64d81d397fe8505c6564>
- <https://www.littleseedcounseling.com/post/what-is-the-neurodiversity-paradigm-and-why-does-it-matter>

**Resource:** <https://www.autism.org.uk/advice-and-guidance/topics/identity/autism-and-neurodiversity>

**Resource:** <https://www.leonecentre.com/glossary/strength-based-approach-in-neurodiversity-affirmative-therapy/>

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## SLIDE 16

### How to Work with a Neurodiversity Affirming Approach – The Core Principles

#### From the National Autistic Society website:

**Rooted in the neurodiversity paradigm, shifting the focus away from ‘fixing’ individuals to understanding and supporting their unique needs, neuroaffirmative practice fosters inclusive, adaptable environments where everyone can thrive.**

**Neuro-affirmative practice means recognising strengths as well as the challenges associated with different neurotypes and creating inclusive environments that respect fluctuating individual needs and preferences.**

#### Core Principles:

1. **Reframe neurodivergence** - View neurodivergence as a difference, not a disorder to reduce stigma and promote inclusion.
2. **Challenge pathologisation** - Challenge deficit-based views and recognise that differences are often misunderstood within societal norms.
3. **Promote agency and autonomy** - All individuals should have control over their lives. Value their experiences, respect their culture, identity, all communication styles, and support choices.
4. **Create inclusive environments** - Adapt environments rather than expecting neurodivergent people to fit into existing structures.

**Resource:** <https://www.autism.org.uk/advice-and-guidance/professional-practice/embracing-neurodiversity-affirmative-practice>

Start to introduce how to work in a Neuro-affirmative way – core beliefs and strategies to use.



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## **SLIDE 17**

### **Implementing Neuroaffirmative Strategies**

Strategies to support neurodivergent individuals effectively:

**Be kind:** Prioritise empathy and understanding. Take time to listen and engage meaningfully. Recognise that building trust and safety is essential.

**Be responsive:** Adapt your approach and frameworks based on individuals' needs and preferences. May involve adjusting communication methods or providing sensory and time-factored accommodations to support people's wellbeing.

**Be curious:** Be open and continuously learn from others, self-reflect and consider the impact of ableism. Avoid assumptions, stereotypes and address internal bias. Seek to understand each individual's unique perspective.

**Be flexible:** Be willing to change routines, expectations, and environments to create more inclusive spaces and accommodate fluctuating sensory needs and people's energy and capacity.

**Be collaborative:** Work with neurodivergent individuals, listen to what they have to say, and involve them in decision-making processes. Not in a tokenistic, neurodiversity-lite way, but genuinely respect and listen. This collaborative approach fosters empowerment, mutual respect and a sense of belonging.


#### **Resources:**


- <https://www.autism.org.uk/advice-and-guidance/professional-practice/embracing-neurodiversity-affirmative-practice>
- <https://www.psychologytoday.com/gb/blog/beyond-mental-health/202403/10-ways-to-create-a-neurodiversity-affirming-therapy-space?msockid=37f46c49512b64d81d397fe8505c6564>

This approach also supports:

- Reducing psychological distress, often caused by systemic and societal pressures for neurodivergent individuals to conform to neuro-normative expectations.
- Inclusive practices can lead to better educational and work outcomes and improved well-being.

2	<p><b>SLIDE 18</b></p> <p><b><u>MODULE 2 – EXPLORING SPECIFIC NEUROTYPES</u></b></p> <p><b>In the last ten years more research has been conducted on neurodiversity and gambling. Although the research is limited, some links have been found between autism, ADHD and gambling harm, which this research study also evidenced. Links with other neurodiversity such as dyslexia, dyscalculia and dyspraxia have proved inconclusive.</b></p> <p><b>Due this we will:</b></p> <ul style="list-style-type: none"> <li>• now focus on Autism, ADHD and AuDHD (the combination of both).</li> <li>• look at each one's traits, strengths and challenges.</li> <li>• ask you to link these to gambling harm.</li> <li>• consider the language to use.</li> </ul>	<p><b><u>Overview</u></b></p> <p>This module focusses on Autism, ADHD and AuDHD, what they are, traits, strengths and challenges and invites participants to consider how this may affect clients and the links to gambling harm.</p> <p>Highlights what existing research has found and asks participants to consider the language they use.</p> <p>Introduces case study 1.</p>
2	<p><b>SLIDE 19</b></p> <p><b><u>Autistic Spectrum</u></b></p> <p>Autism is something a person is born with and can affect how they communicate and interact with the world. Signs of autism might be noticed early, or not until the person is older.</p> <p>If a person is autistic, they are autistic their whole life. It is not a medical condition with treatments or a "cure". It means their brain works in a different way from other people. Many autistic adults do not see a difference between the autistic characteristics they experienced as a child and as an adult.</p> <p>Autism is not a learning disability or a mental health condition. But around a third of autistic people also have a learning disability. And autistic people are more likely to experience mental health problems.</p> <p>Autism is understood as a spectrum. In the past, people thought the spectrum was a straight line between 'more' and 'less' autistic. We now understand the spectrum to mean each autistic person has a unique combination of characteristics. Despite some autistic people sharing certain characteristics, every autistic person is different and individual in their strengths, needs and preferences.</p>	<p>Image: <a href="https://getgoally.com/blog/autism-spectrum-wheel/">https://getgoally.com/blog/autism-spectrum-wheel/</a></p> <p><b>Resource:</b> <a href="https://www.autism.org.uk/advice-and-guidance/what-is-autism">https://www.autism.org.uk/advice-and-guidance/what-is-autism</a></p> <p><b>Sources:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://www.autism.org.uk/advice-and-guidance/topics/diagnosis/before-diagnosis/signs-that-a-child-or-adult-may-be-autistic">https://www.autism.org.uk/advice-and-guidance/topics/diagnosis/before-diagnosis/signs-that-a-child-or-adult-may-be-autistic</a></li> <li>• <a href="https://www.autism.org.uk/advice-and-guidance/what-is-autismhttps://www.beyondautism.org.uk/about-autism/understanding-autism/statistics/">https://www.autism.org.uk/advice-and-guidance/what-is-autismhttps://www.beyondautism.org.uk/about-autism/understanding-autism/statistics/</a></li> <li>• <a href="https://www.autism.org.uk/advice-and-guidance/professional-practice/under-diagnosis-of-autism-in-england">https://www.autism.org.uk/advice-and-guidance/professional-practice/under-diagnosis-of-autism-in-england</a></li> </ul>

	<p>Just over 700,000 diagnosed autistic children and adults in UK, 1 in 100 – source: (<b>Statistics:</b> BeyondAutism). Recent (2023) estimates show this may be underestimated. Including undiagnosed in England alone, could exceed 1.2 million people (<b>Statistics:</b> National Autistic Society).</p> <p><b>Video – <u>What is Autism</u></b> </p> <p><b>It's important to <u>note</u> here, that with all neurodiversity:</b></p> <ul style="list-style-type: none"> <li>• Not everyone has a diagnosis due to long waiting lists and high costs of private assessments.</li> <li>• You do not have to have a formal diagnosis to consider yourself neurodivergent.</li> <li>• Individuals may not want a diagnosis or are unaware they have any traits.</li> <li>• Avoid assumptions. Whilst we will show the common themes in neurodivergent experiences, the individual needs, strengths, and preferences of each client will vary.</li> <li>• It's key to utilise what you learn to gain awareness but always check the relevance with each client.</li> </ul>	<p>If you include their families, autism is a part of daily life for 2.8 million people (Beyond Autism)</p> <p><b>Video:</b> What is autism from the Autistic Society (2.41 minutes)</p> <p>Introduce <b>the important to note points</b> to get participants to consider these themes when exploring types of neurodiversity.</p> <p>This is then reenforced in <b>slide 31</b>.</p>
2	<p><b>SLIDE 20</b></p> <p><b><u>Autism - Traits and Characteristics</u></b></p> <p>You have a handout with more details about how autism can present.</p> <p>Here are some examples of the common traits.</p> <p>It's also important to highlight that <b>women</b> may present differently, and this is shown in your handout.</p>	<p><b>Resource:</b> <a href="https://www.simplypsychology.org/what-is-autism.html">https://www.simplypsychology.org/what-is-autism.html</a></p> <p>Direct participants to <a href="#">Handout 1 –Traits of Autism, ADHD and AuDHD</a></p> <p><b><u>NOTE – the last 3 pages show examples of Autistic, ADHD and AuDHD traits relating to gambling harm - ask participants to use PAGES 1- 2.</u></b></p>

2	<p><b>SLIDE 21</b></p> <p><b><u>Autism Strengths and Challenges</u></b></p> <p>In adopting a strength-based approach, this slide shows some of the many strengths associated with autism. This fits with the <b>Neurodiversity View</b> that autism is seen as a different but equally valid way of processing the world. Many neurodiversity advocates focus on how autistic individuals can contribute uniquely to society, rather than seeing their differences as deficits.</p> <p>The challenges mainly centre on social, communication, motor, repetitive behaviours, and sensitivity to change and stimulation, however it is important not to assume that something related to one's neurodivergence is a problem.</p>	<p><b>Image based on:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">ASD strengths-1 - Therapists in Galway : Therapists in Galway.</a></li> <li>• <a href="https://ruanggurutip.blogspot.com/2021/06/autism-spectrum-disorder-know-what-is.html">https://ruanggurutip.blogspot.com/2021/06/autism-spectrum-disorder-know-what-is.html</a></li> </ul> <p><b>Resource:</b>  <a href="https://www.therapyroute.com/article/neurodiversity-a-guide-to-supporting-neurodivergent-individuals-by-therapyroute">https://www.therapyroute.com/article/neurodiversity-a-guide-to-supporting-neurodivergent-individuals-by-therapyroute</a></p>
2	<p><b>SLIDE 22</b></p> <p><b>DISCUSSION – ASK:</b> </p> <p>Using what has been presented and in your handout, consider:</p> <ul style="list-style-type: none"> <li>• <b>How could autism affect our client's day to day life?</b></li> <li>• <b>Are there any traits that could influence their gambling behaviour?</b></li> </ul> <p><b>Ask for feedback – can state the following to the group, if these traits were not mentioned</b></p> <p><u>Research has shown people with autism were twice as likely as people without autism to experience gambling harm.</u></p> <p>Previous research has highlighted these traits:</p> <ul style="list-style-type: none"> <li>• <b>Restricted or obsessive interests and routines</b> can align with the repetitive nature of gambling, making it harder to stop.</li> <li>• <b>Impulsivity or a need for predictable rewards</b>, means gambling can become a tempting escape or even a hyper-focus for some.</li> <li>• <b>Emotional dysregulation</b> - gambling used to manage emotions.</li> <li>• <b>Rigid thinking, heightened fixation and difficulty recognising risky patterns</b> also present risk.</li> </ul> <p>More examples can be found in <a href="#">Handout 1 on PAGE 6.</a></p>	<p><b>Source:</b>  <a href="https://www.gambleaware.org/media/odvfeq4j/gambling-harms-and-neurodivergence_mapping-the-evidence-landscape.pdf">https://www.gambleaware.org/media/odvfeq4j/gambling-harms-and-neurodivergence_mapping-the-evidence-landscape.pdf</a></p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://autismspectrumnews.org/autism-and-gambling-understanding-risks-and-interventions/">https://autismspectrumnews.org/autism-and-gambling-understanding-risks-and-interventions/</a></li> <li>• <a href="https://bircheshealth.com/resources/autism-gambling-addiction">https://bircheshealth.com/resources/autism-gambling-addiction</a></li> </ul>

**SLIDE 23****ADHD**

ADHD is defined by patterns of inattention, hyperactivity, and impulsivity

Presents in 3 ways:

- **Inattention:**
- **Hyperactive / Impulsive**
- **Combined**

Most people with ADHD will have signs of both the inattentive and hyperactive-impulsive type. Some only show signs of one type. The traits experienced determine which type of ADHD individuals have.

Until recently, it was believed that children outgrew ADHD in adolescence, because sometimes hyperactivity seems to lessen in teen years. It is now known, however, that many symptoms continue into adulthood and hyperactivity may instead be experienced as internal restlessness.

While most people diagnosed with ADHD can recall having problems during childhood, there have been some accounts recently of people experiencing “late-onset ADHD” in that as adults they meet the diagnostic criteria but did not during their childhood. This raises the possibility that symptoms of ADHD might emerge at different developmental stages.

As with all neurodiversity, everyone is different, so it’s common for two people to experience the same symptoms in different ways.

ADHD is thought to be recognised less often in women than men. This may be because women with ADHD more commonly have inattentive symptoms, and these can be harder to recognise than hyperactive symptoms.

It is estimated that there are 3 million people in the UK with ADHD (includes both diagnosed and undiagnosed, as of March 2025). (**Statistics:** ADHD UK).

**Video - Inside the ADHD Brain**




**Image:** <https://www.healthcentral.com/condition/adhd/types-of-adhd>

**Resources:**


- <https://www.healthline.com/health/adhd/three-types-adhd#types>
- <https://www.simplypsychology.org/adhd.html>
- <https://aadduk.org/symptoms-diagnosis-treatment/>

**Source:** <https://adhduk.co.uk/adhd-incidence/>


**Video** – Inside the ADHD brain from Taylor and Francis Books (1 minute)



2	<p><b><u>SLIDE 24</u></b></p> <p><b><u>ADHD - Traits and Characteristics</u></b></p> <p>You have a handout with more details about how ADHD can present.</p> <p>Here are some examples of the common traits.</p>	<p><b>Resource:</b> <a href="https://menusal.com/attention-deficit-hyperactivity-disorder-add-adhd/">https://menusal.com/attention-deficit-hyperactivity-disorder-add-adhd/</a></p> <p>Direct participants to <a href="#">Handout 1 –Traits of Autism, ADHD and AuDHD</a></p> <p><b>NOTE – the last 3 pages show examples of Autistic, ADHD and AuDHD traits relating to gambling harm - ask participants to only use PAGES 3 – 4.</b></p>
2	<p><b><u>SLIDE 25</u></b></p> <p><b><u>Strengths and Challenges</u></b></p> <p>There are many strengths individuals have as illustrated on this slide. In addition, with the <b>Neurodiversity View</b> ADHD is seen through the lens of creativity, high energy, and unique problem-solving abilities. Challenges, like difficulty focusing in structured environments, are seen more as a mismatch between neurodiverse minds and inflexible social expectations rather than as innate flaws.</p> <p>The challenges mainly concern inattention, hyperactivity and impulsivity.</p>	<p><b>Image based on:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://www.artofit.org/image-gallery/985231164735894/">https://www.artofit.org/image-gallery/985231164735894/</a></li> <li>• <a href="https://www.slideshare.net/slideshow/adhd-facts-and-figures/4051960#4">https://www.slideshare.net/slideshow/adhd-facts-and-figures/4051960#4</a></li> </ul> <p><b>Resource:</b> <a href="https://www.therapyroute.com/article/neurodiversity-a-guide-to-supporting-neurodivergent-individuals-by-therapyroute">https://www.therapyroute.com/article/neurodiversity-a-guide-to-supporting-neurodivergent-individuals-by-therapyroute</a></p>
2	<p><b><u>SLIDE 26</u></b></p> <p><b>DISCUSSION – ASK:</b> </p> <p>Using what has been presented and your handout, consider:</p> <ul style="list-style-type: none"> <li>• <b>How could ADHD affect our client’s day to day life?</b></li> <li>• <b>Are there any traits that could influence their gambling behaviour?</b></li> </ul> <p><b>Ask for feedback – can state the following to the group, if these traits were not mentioned.</b></p> <p>Research showed people with ADHD were <b>more likely</b> to experience high levels of gambling harm than their peers without ADHD, with their probability of experiencing negative consequences from gambling <b>twice as high</b> as peers without ADHD.</p>	<p><b>Source:</b> <a href="https://www.gambleaware.org/media/odvfeq4j/gambling-harms-and-neurodivergence_mapping-the-evidence-landscape.pdf">https://www.gambleaware.org/media/odvfeq4j/gambling-harms-and-neurodivergence_mapping-the-evidence-landscape.pdf</a></p>

	<p>More research has been done on ADHD and has highlighted these traits:</p> <ul style="list-style-type: none"> <li>• <b>Impulsivity</b> - heightens sensitivity to rewards and boredom prone individuals may pursue the thrill of gambling.</li> <li>• <b>Impaired decision making and assessing risk</b> – leading to poor choices, risk-taking behaviour or challenges in making decisions.</li> <li>• <b>Wanting instant gratification and rewards</b> leaves people susceptible to gambling harms.</li> <li>• <b>Obsessive thinking and fixation</b> can be directed at gambling activities.</li> <li>• <b>Hyperfocus and time blindness</b> - when applied to gambling, can lead to extended gambling sessions and struggles to disengage.</li> <li>• <b>Emotional dysregulation</b> may mean instead of pausing to reflect, individuals make rash decisions or use it to feel better.</li> </ul> <p>More examples can be found in <a href="#">Handout 1 on PAGE 6.</a></p>	<p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://neurolaunch.com/adhd-and-gambling/">https://neurolaunch.com/adhd-and-gambling/</a></li> <li>• <a href="https://bircheshealth.com/resources/adhd-neurodiversity-gambling-addiction">https://bircheshealth.com/resources/adhd-neurodiversity-gambling-addiction</a></li> <li>• <a href="https://neurolaunch.com/adhd-and-gambling/">https://neurolaunch.com/adhd-and-gambling/</a></li> <li>• <a href="https://www.headward.co.uk/blogcontent/2020/12/14/adhd-and-gambling-addiction-why-understanding-the-links-may-help-your-recovery">https://www.headward.co.uk/blogcontent/2020/12/14/adhd-and-gambling-addiction-why-understanding-the-links-may-help-your-recovery</a></li> </ul>
2	<p><b><a href="#">SLIDE 27</a></b></p> <p><b><a href="#">AuDHD</a></b></p> <p>AuDHD is an unofficial but popular term used to describe individuals who are <i>both</i> autistic and ADHD. It does not exist as an official diagnosis at the moment.</p> <p>This means that the individual has been self or formally diagnosed with autism and ADHD because they have characteristic of both conditions.</p> <p>It's important to be aware of this crossover as research shows that up to <b>50% - 70%</b> of autistic individuals are also ADHD (Hours, Recasens &amp; Baleyte, 2022)</p> <p>This means supports that work for someone with ADHD or is autistic alone, may not be as effective for AuDHD individuals. If we only look at these conditions separately, we may be missing out on understanding the person's experience and may compromise support strategies.</p>	<p><b>Image:</b> <a href="https://www.priorygroup.com/blog/autism-vs-adhd">https://www.priorygroup.com/blog/autism-vs-adhd</a></p> <p><b>Resource:</b> <a href="https://embrace-autism.com/an-introduction-to-audhd/">https://embrace-autism.com/an-introduction-to-audhd/</a></p> <p><b>Source:</b> <a href="https://pubmed.ncbi.nlm.nih.gov/35295773/">https://pubmed.ncbi.nlm.nih.gov/35295773/</a></p>

2	<p><b><u>SLIDE 28</u></b></p> <p><b><u>AuDHD - Traits and Characteristics</u></b></p> <p>People used to think autism and ADHD couldn't occur together, because a lot of the traits appear to contradict each other.</p> <p>It can feel like a tug of war in a person's mind - trying to balance two completely opposing needs.</p> <p>Your handout contains with more details about how AuDHD can present.</p> <p>Here are some examples of common traits as well.</p>	<p><b>Image:</b> <a href="https://www.simplypsychology.org/autism-and-adhd.html">https://www.simplypsychology.org/autism-and-adhd.html</a></p> <p><b>Resource:</b> <a href="https://autisticgirlsnetwork.org/audhd/">https://autisticgirlsnetwork.org/audhd/</a></p> <p>Direct participants to <a href="#">Handout 1 –Traits of Autism, ADHD and AuDHD</a></p> <p><b><u>NOTE – the last 3 pages show examples of Autistic, ADHD and AuDHD traits relating to gambling harm - ask participants to only use PAGE 5.</u></b></p>
2	<p><b><u>SLIDE 29</u></b></p> <p><b><u>Strengths and Challenges</u></b></p> <p><b>Because AuDHD may not present as typically autistic or typically ADHD, individuals may be less likely to be recognised or diagnosed.</b></p> <p>There are many strengths individuals have as shown on this slide, the challenges include executive dysfunction, emotional regulation issues, sensory sensitivities.</p>	<p><b>Image based on:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://theneurodivergentbrain.org/audhd/">https://theneurodivergentbrain.org/audhd/</a></li> <li>• <a href="https://zenkind.co.uk/14-things-people-with-adhd-are-often-better-at-than-neurotypical-people/">https://zenkind.co.uk/14-things-people-with-adhd-are-often-better-at-than-neurotypical-people/</a></li> </ul> <p><b>Resource:</b> <a href="https://autisticgirlsnetwork.org/audhd/">https://autisticgirlsnetwork.org/audhd/</a></p>
2	<p><b><u>SLIDE 30</u></b></p> <p><b>DISCUSSION – ASK:</b> </p> <p>Using what has been presented and your handout, consider:</p> <ul style="list-style-type: none"> <li>• <b>How could AuDHD affect our client's day to day life?</b></li> <li>• <b>Are there any traits that could influence their gambling behaviour?</b></li> </ul> <p><b>Ask for feedback – can state the following to the group:</b></p> <p><u>One study has shown participants exhibiting both autism and ADHD traits experienced more severe gambling problems than those with only one of these conditions (So et al., 2023).</u></p>	<p><b>Source:</b> <a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC11114339/">https://pmc.ncbi.nlm.nih.gov/articles/PMC11114339/</a></p>






	<p>Very limited information on the link to gambling, but similar to Autistic and ADHD traits:</p> <ul style="list-style-type: none"> <li>• Focused interests.</li> <li>• Routine.</li> <li>• Emotional overwhelm.</li> <li>• Need for sensory stimulation.</li> </ul> <p>More examples can be found in <a href="#">Handout 1 on PAGE 7.</a></p>	
2	<p><b><u>SLIDE 31</u></b></p> <p><b><u>Key Points to Remember:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Individuals</b> may share neurodivergent traits, BUT each everyone is different and will have different needs.</li> <li>• <b>Not all</b> neurodiverse people will have a formal diagnosis – You <b>do not</b> need a formal diagnosis to consider yourself neurodivergent.</li> <li>• <b>Someone</b> may not consider themselves to be neurodivergent but may still have some traits and needs.</li> <li>• <b>Individuals</b> may present as neurotypical if they effectively mask their neurodivergence (consciously or not).</li> <li>• <b>Women</b> may present differently.</li> <li>• <b>Do not</b> stereotype, use your awareness and do not assume that something related to a person's neurodivergence is a problem.</li> </ul>	<p><b>Image:</b> <a href="https://ailogomaker.io/prompt/41606-LOGO-Design-For-Neurodiversity-Rainbow-Brain-with-Geometric-Synapses-on-Clear-Background">https://ailogomaker.io/prompt/41606-LOGO-Design-For-Neurodiversity-Rainbow-Brain-with-Geometric-Synapses-on-Clear-Background</a></p> <p><b>Reaffirm</b> earlier points made.</p>
2	<p><b><u>SLIDE 32</u></b></p> <p><b><u>Consider the Language</u></b></p> <p>This has changed over time; more details are included in the <b>Toolkit Handbook</b>.</p> <ul style="list-style-type: none"> <li>• Use identity-first language - e.g. Autistic person, neurodivergent person.</li> <li>• Differences, traits or characteristics, not deficits or conditions.</li> <li>• Be as accurate as possible when describing a person.</li> <li>• Ask how each person would like to be referred to about their neurodivergence.</li> </ul> <p><b>Video:</b> <a href="#">How to use Inclusive Language for Neurodiversity</a> </p>	<p><b>Image:</b> <a href="https://thrivingmindseducation.com/products/neurodiversity-affirming-language-digital-download-poster">https://thrivingmindseducation.com/products/neurodiversity-affirming-language-digital-download-poster</a></p> <p><b>Resource:</b> <a href="https://inclusiveteach.com/2025/02/14/neurodiversity-affirming-language/">https://inclusiveteach.com/2025/02/14/neurodiversity-affirming-language/</a></p> <p>A guide is included in the <b>Toolkit Handbook</b>.</p> <p><b>Video:</b> How to use Inclusive Language for Neurodiversity NHS Shropshire, Telford and Wrekin (2.54 minutes)</p>


<p>2</p>	<p><b><u>SLIDE 33</u></b></p> <p>Now we will look at our first case study and consider how we can use what we have learned with a client</p> <p><b><u>Case Study 1 - Catherine</u></b></p> <p>Meet Catherine, 56: Female, lives in rural Devon with her husband, works full time from home in advertising, has two adult children. Her husband and children are aware of her gambling and are supportive.</p> <p>Using the further details are on <b>Handout 2</b></p> <p><b>DISCUSSION – ASK:</b> </p> <p>In groups discuss: <b>What neurodiversity affirming approaches could you use?</b> <b>How could you tailor support to her individual needs?</b></p> <p>Ask for some feedback of ideas.</p>	<p><b>Direct participants to Handout 2 - Case Study 1: Catherine.</b></p> <p>In groups discuss ideas for supporting her.</p> <p>This is primarily aimed at counselling; as shown by this icon:</p>  <p>However it could apply to support work, or the case study could be modified to the job role of the target audience.</p>
<p>2</p>	<p><b><u>SLIDE 34</u></b></p> <p><b><u>How a Neurodivergent Affirming Approach Supported Catherine</u></b></p> <ul style="list-style-type: none"> <li>• <b>Validated</b> her struggles throughout her adult life with neurodivergent characteristics, to understand her <b>unique perspective</b> – supported <b>building trust and respect</b>.</li> <li>• Focused on <b>identifying her strengths</b> and challenging her negative self-talk to support reframing her experience of neurodiversity.</li> <li>• As can be chatty, asked what she wanted to focus on each session – involving her in <b>decision making</b>.</li> <li>• <b>Avoided</b> making the assumptions. Specifically asked about her experience of her neurodiversity – <b>prioritising empathy and understanding</b>.</li> <li>• <b>Explored</b> the link to alcohol, as this increased her impulsivity and lowered her inhibition to gamble. Offered to find further support for her in her area.</li> </ul>	<p>Everyone will be different in their approach to Catherine; these are just some examples.</p> <p><b>Note:</b> there is no one correct way, and open to discussing, but should incorporate some suggestions we have presented</p>



3	<p><b><u>SLIDE 35</u></b></p> <p><b><u>MODULE 3 - GAMBLING DRIVERS AND BARRIERS TO SUPPORT</u></b></p> <p>What the research revealed:</p> <ul style="list-style-type: none"> <li>• Traits which impacted gambling harm.</li> <li>• Drivers of gambling harm.</li> <li>• The impact of gambling harm.</li> <li>• Barriers to accessing support.</li> <li>• Considering possible solutions.</li> </ul>	<p><b><u>Overview</u></b></p> <p>Presenting the results of the research, which traits they found linked to gambling harm and why neurodiverse people gamble. Looking at the barriers to accessing support that the researcher found, asking participants for suggestions to address them, and presenting what the research proposed.</p> <p>Introduces case study 2.</p>
3	<p><b><u>SLIDE 36</u></b></p> <p><b>Supported previous research findings:</b></p> <p><b><u>The Research Found Three Main Links Between Neurodivergent Traits and Gambling Harm</u></b></p> <p><b>Impulsivity:</b></p> <ul style="list-style-type: none"> <li>• Causes snap decisions, difficulty assessing risk, more risk-taking behaviour, acting without considering long-term consequences.</li> <li>• Due to lower levels of Dopamine (the feel-good chemical) in ADHD brains and reduced release in autism. Is responsible for pleasure, satisfaction, and motivation. It's also produced when you've been rewarded in some way.</li> <li>• Gambling activates dopamine production in the brain, bringing feelings of joy and even euphoria. The brain will then start craving this.</li> <li>• Could also overlap with reward seeking behaviour. Individuals with ADHD often exhibit heightened sensitivity to immediate rewards while struggling to appreciate delayed gratification. Gambling, with its promise of instant wins and the thrill of risk, provides a powerful draw for those seeking intense and immediate stimulation.</li> <li>• In addition, poor impulse control made it harder to set limits / stop gambling. Led to chasing losses, riskier bets with greater financial losses.</li> </ul>	<p><b>Report link:</b>  <a href="https://www.gambleaware.org/media/ukrkd0x2/gambling-harms-and-neurodivergence-understanding-the-context-and-support-for-neurodivergent-people-in-gambling.pdf">https://www.gambleaware.org/media/ukrkd0x2/gambling-harms-and-neurodivergence-understanding-the-context-and-support-for-neurodivergent-people-in-gambling.pdf</a></p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://www.millennialtherapy.com/anxiety-therapy-blog/adhd-and-gambling">https://www.millennialtherapy.com/anxiety-therapy-blog/adhd-and-gambling</a></li> <li>• <a href="https://neurolaunch.com/adhd-and-gambling/">https://neurolaunch.com/adhd-and-gambling/</a></li> <li>• <a href="https://www.sciencenewstoday.org/dopamine-dysfunction-linked-to-autism-inflexibility">https://www.sciencenewstoday.org/dopamine-dysfunction-linked-to-autism-inflexibility</a></li> <li>• <a href="https://www.additudemag.com/understanding-adhd-hyperfocus/">https://www.additudemag.com/understanding-adhd-hyperfocus/</a></li> </ul>

	<p><b>Hyperfocus:</b></p> <ul style="list-style-type: none"> <li>• Causes an intense state of deep concentration - difficult to break out of.</li> <li>• Due to levels of dopamine in ADHD or altered dopamine signalling in autism making it hard to shift attention especially if doing something they enjoy or find psychologically rewarding.</li> <li>• Also linked to the excitement of a potential win and a desire to understand the mechanics of the game.</li> <li>• Can be a coping mechanism - distraction and relief from overwhelming emotions and social isolation.</li> </ul> <p><b>Routine and Repetition</b></p> <ul style="list-style-type: none"> <li>• Causes individuals to lose track of time and spending</li> <li>• Repetitive, linked to creating comforting routines, a way to relax and pass time.</li> <li>• Due to heightened sensitivity to sensory input and unexpected changes, the world can be unpredictable. Establishing routines and repetitive behaviours helps create stability and comfort by: <ul style="list-style-type: none"> <li>○ reducing anxiety</li> <li>○ supporting emotional regulation</li> <li>○ building a sense of safety and reassurance.</li> </ul> </li> <li>• Was also driven by boredom, poor sleep and mental health, social isolation and a desire for excitement.</li> </ul>	<p><b>Resource:</b> <a href="https://neurolaunch.com/hyperfocus-autism/">https://neurolaunch.com/hyperfocus-autism/</a></p> <p><b>Resource:</b> <a href="https://www.asdhelpinghands.org.uk/the-importance-of-routine-and-structure-for-autistic-individuals/">https://www.asdhelpinghands.org.uk/the-importance-of-routine-and-structure-for-autistic-individuals/</a></p>
3	<p><b><u>SLIDE 37</u></b></p> <p><b><u>Other Links Between Neurodiversity and Gambling</u></b></p> <ul style="list-style-type: none"> <li>• <b>Difficulty processing probabilistic rewards</b> led to challenges in fully understanding the risks and benefits of betting.</li> <li>• <b>Experiences and challenges associated with neurodivergence</b> led some to use gambling as a coping mechanism, increasing their risk of harm.</li> <li>• <b>All neurotypes</b> preferred <b>online gambling</b> for its accessibility, comfort, and convenience, while physical venues often felt overwhelming due to sensory and social challenges.</li> </ul>	<p><b>Image:</b> <a href="https://www.angelantonilifescience.com/en/case-histories-news-and-events/als-and-frontiers-behavioural-neuroscience/">https://www.angelantonilifescience.com/en/case-histories-news-and-events/als-and-frontiers-behavioural-neuroscience/</a></p> <p><b>Resource:</b> <a href="https://neurolaunch.com/adhd-and-gambling/">https://neurolaunch.com/adhd-and-gambling/</a></p> <p>May link to difficulties in decision making, risk assessing.</p> <p>Struggles with inhibitory control, making it challenging to resist the urge to engage in potentially harmful activities.</p>


3	<p><b><u>SLIDE 38</u></b></p> <p><b><u>Why do Neurodiverse People Gamble?</u></b></p> <p><b>Motivations for gambling:</b></p> <ul style="list-style-type: none"> <li>• Excitement and social inclusion relating to positive early gambling experiences.</li> <li>• Offered positive, inclusive social experiences.</li> <li>• Opportunity to socialise.</li> <li>• Seeking thrill, excitement and stimulation.</li> <li>• The convenience of online platforms.</li> <li>• Coping mechanism.</li> <li>• An escape from bullying, temporary relief from stress and anxiety.</li> <li>• To manage emotional or sensory overstimulation.</li> <li>• A distraction and relief from overwhelming emotions.</li> <li>• To manage feelings of loneliness and boredom.</li> <li>• Fill the gap left by limited social connections.</li> <li>• Poor mental health and sleep issues.</li> </ul>	<p><b>Could ask:</b> if participants can see any patterns or themes?</p>
3	<p><b><u>SLIDE 39</u></b></p> <p><b>DISCUSSION – ASK:</b> </p> <ul style="list-style-type: none"> <li>• <b>How do these findings support us in our work with gambling harms?</b></li> <li>• <b>How could you use what you have learned?</b></li> </ul> <p>Some ideas:</p> <ul style="list-style-type: none"> <li>• By having awareness of these links, we can help clients understand their behaviour.</li> <li>• Explore more fully any links they have to their gambling behaviour.</li> <li>• Bring in psychoeducation to support clients.</li> <li>• With awareness of these motivations and triggers we can help clients identify their own - a key aspect in managing their gambling behaviour.</li> <li>• Part of relapse prevention.</li> </ul>	<p>.</p>




<p>3</p>	<p><b><u>SLIDE 40</u></b></p> <p><b><u>Case Study 2 - Virat</u></b></p> <p><u>Meet Virat, 33:</u> Male, lives with his wife and 3 young children, aged 1, 3 and 6 in Cardiff. Self-employed delivery driver. Too ashamed to tell anyone about his gambling.</p> <p>Using the further details are on <b>Handout 2</b></p> <p><b>DISCUSSION – ASK:</b> </p> <p>In groups discuss: <b>What neurodiversity affirming approaches could you use?</b> <b>How could you tailor support to his individual needs?</b></p> <p>Ask for some feedback of ideas.</p>	<p><b>Direct participants to Handout 2 - Case Study 2: Virat.</b></p> <p>In groups discuss ideas for supporting him.</p> <p>This is primarily aimed at counselling; as shown by this icon:</p>  <p>However it could apply to support work, or the case study could be modified to the job role of the target audience.</p>
<p>3</p>	<p><b><u>SLIDE 41</u></b></p> <p><b><u>How a Neurodivergent Affirming Approach Supported Virat</u></b></p> <ul style="list-style-type: none"> <li>• Had <b>shorter sessions</b> to fit in with work, often had food/drinks as would forget at work - <b>supported his engagement.</b></li> <li>• <b>Information</b> given regarding debt, helped him start the process in sessions.</li> <li>• <b>Explored traits</b> that linked to gambling behaviour and allowed time to discuss his relationship worries.</li> <li>• Focused on <b>practical steps</b> as was reluctant to discuss his feelings.</li> <li>• <b>Time management skills</b> - looked at his routine, work / life balance, implementing regular breaks.</li> <li>• To support his <b>social isolation</b>, discussed peer and group support.</li> </ul>	<p>Everyone will be different in their approach to Catherine; these are just some examples.</p> <p><b>Note:</b> there is no one correct way, and open to discussing, but should incorporate some suggestions we have presented</p>



<p>3</p>	<p><b><u>SLIDE 42</u></b></p> <p>To be able to implement inclusive and neuro affirming support it is vital that we explore, understand and address barriers neurodiverse clients face when accessing support.</p> <p>The research uncovered the following:</p> <p><b><u>Barriers to Support</u></b></p> <ul style="list-style-type: none"> <li>• Challenges with <b>written information</b> and <b>cognitive overload</b>.</li> <li>• <b>Negative past experiences</b> with support services: feeling misunderstood, inaccessible, or not tailored to needs.</li> <li>• <b>Stigma, shame, and fear of judgment</b></li> <li>• Difficulties relating to <b>group dynamics</b>.</li> <li>• Feeling existing services designed for neurotypical people and would <b>not meet their needs</b>.</li> <li>• <b>Sensory sensitivities</b>.</li> </ul> <p><b>DISCUSSION – ASK:</b> In groups <b>Can you consider possible ways to address these barriers?</b></p>  <p>Feedback to the group</p>	<p><b>Resource:</b> <a href="https://www.gambleaware.org/media/ukrkd0x2/gambling-harms-and-neurodivergence_understanding-the-context-and-support-for-neurodivergent-people-in-gambling.pdf">https://www.gambleaware.org/media/ukrkd0x2/gambling-harms-and-neurodivergence_understanding-the-context-and-support-for-neurodivergent-people-in-gambling.pdf</a></p> <p><b>Suggestion:</b> Trainer to record ideas on flipchart, as these could be incorporated into service.</p>
<p>3</p>	<p><b><u>SLIDE 43</u></b></p> <p><b><u>Possible Solutions</u></b></p> <ul style="list-style-type: none"> <li>• Use <b>structured communication</b> that is clear, simple and direct. Use <b>visual aids</b> such as infographics, simple diagrams or step-by-step guides.</li> <li>• Incorporate <b>feedback</b> and explore <b>peer-led initiatives</b> to ensure inclusivity and relatability.</li> <li>• Create <b>supportive environments</b> where neurodivergent traits are recognised and respected. Raise <b>awareness</b> in the community. <b>Promote</b> early engagement and interventions.</li> <li>• <b>Offer both</b> group-based and one-on-one support. Potentially create <b>peer support networks</b>.</li> <li>• Offer a <b>range of options</b> such as online or hybrid format. encourage clients to choose the approach that works best for them.</li> <li>• Offer <b>calm, sensory-friendly spaces</b> and allow people to tailor their environment to their personal preferences.</li> </ul>	<p><b>Resource:</b> <a href="https://www.gambleaware.org/media/ukrkd0x2/gambling-harms-and-neurodivergence_understanding-the-context-and-support-for-neurodivergent-people-in-gambling.pdf">https://www.gambleaware.org/media/ukrkd0x2/gambling-harms-and-neurodivergence_understanding-the-context-and-support-for-neurodivergent-people-in-gambling.pdf</a></p> <p><b>Could ask:</b> Were any feedback suggestions similar?</p>



	<p><b><u>SLIDE 44 - PART 2</u></b></p> <p><b><u>PRACTICAL APPLICATIONS, THE SCREENER QUESTIONS, EMAIL TEMPLATE AND EXAMPLES OF BEST PRACTICE</u></b></p>	
4	<p><b><u>SLIDE 45</u></b></p> <p><b><u>MODULE 4 – SCREENER QUESTIONS AND EMAIL TEMPLATE</u></b></p> <ul style="list-style-type: none"> <li>Introducing <b>The Screener Questions</b> and <b>Email Template</b> to use with clients. <ul style="list-style-type: none"> <li>Broken down into the different parts of the client journey.</li> <li>Mainly aimed at <b>assessors and counsellors</b>.</li> </ul> </li> <li>Considering how to create a neurodivergent affirming therapy space.</li> <li>Example of a real-life case study.</li> </ul>	<p><b><u>Overview</u></b></p>  <p>This part is mainly aimed at <b>assessors or counsellors</b>, as shown by the icon:</p> <p>The questions, email templates and case study can be bypassed. If you feel it is important all staff know this part of the client journey, then you briefly go over the slides.</p> <p>Note: The questions / email can also be used and adapted for other professionals meeting clients face to face.</p> <p>Introduces case study 3.</p>
4	<p><b><u>SLIDE 46</u></b></p>  <p>The <b>Screener Questions</b> are designed to explore behaviours, preferences, and challenges affecting the client’s gambling experiences, treatment and support needs. This approach aims to provide tailored and effective support by understanding people’s unique needs without relying on diagnostic labels.</p> <p>This supports:</p> <ul style="list-style-type: none"> <li><b>Client Needs</b> - captures details on preferred communication styles, potential challenges, environmental / sensory needs.</li> <li><b>Adjustments</b> - such as session frequency, duration, or delivery methods, making support more accessible and effective.</li> </ul> <p><b><u>Questions to be asked at Assessment Stage (for all Clients)</u></b></p> <p><b>ASK:</b> Everyone has preferred pronouns, what are yours?</p>	<p>The language embraces diversity, accessibility and removes an emphasis on the client being different. It prioritises building trust, reducing stigma, ensuring clients feel respected and valued.</p> <p>The questions are prefaced with inclusive statements and to be asked to <b>all</b> clients.</p> <p><b>Direct participants to Handout – Screener Questions</b></p>






	<p><b>ASK:</b> Everyone has a preferred preference for sessions and the time of day for them.</p> <ul style="list-style-type: none"> <li>• We offer Face to face (<i>say where</i>), video (<i>include what options you can offer so clients can choose</i>) or phone calls – what would you like to try?</li> <li>• What is your preferred time of day?</li> </ul> <p><b>ASK:</b> Do you have any preferences that might make it easier for you to access support, this could include any sensory needs?</p> <p><i>Examples could include:</i></p> <ul style="list-style-type: none"> <li>• <i>any sensory needs,</i></li> <li>• <i>flexible length of the sessions, breaks,</i></li> <li>• <i>visual aids, session summaries, goals set,</i></li> <li>• <i>what to expect in sessions, structured agendas and expectations.</i></li> </ul> <p><b>ASK:</b> Everyone has a preferred form of communication, what is yours? Phone, text, email are the options.</p>	<p>Amend to fit in with what you provide.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• It is not a diagnostic tool.</li> <li>• Some of these questions may have already been asked at triage or may already be asked at the assessment stage so incorporate into the format you already use.</li> <li>• Ensure the information is recorded somewhere in the assessment if you are unable to amend the assessment form.</li> <li>• Clients may need suggestions; clients may need time to think about this. Make a note so the counsellor can check.</li> </ul>
4	<p><b>SLIDE 47</b></p> <p><b><u>Setting up the First Session</u></b></p> <p><b>Call</b> or <b>message</b> the client depending on consent details.  <b>Arrange</b> the time and date for the first session.</p> <p><b>ASK:</b></p> <p><b>Would you like a text reminder in the morning or a different time or type of communication?</b></p> <p><b>SAY:</b></p> <ul style="list-style-type: none"> <li>• You will <u>send an email</u> with further details; this will also include ideas for making the sessions more comfortable for you.</li> <li>• It would be helpful if you could read or listen to this, so that we can tailor the right support for you.</li> <li>• You can then let us know what you may need and ask any questions you may have.</li> </ul>	 <p><b>Reminders</b> helpful for all clients to support attendance.</p> <p>Be conscious of the demand aspect of the language, rather than “please let me know” say “you can let us know.”</p>

	<p>By saying you will send an email with further details, including making the sessions more comfortable, this takes the pressure off the client, gives them a chance to think and doesn't put them on the spot to answer in that moment.</p> <p>Clients who have never accessed support before may also feel intimidated if asked in the initial call / message, may not know what support options there are and may find it difficult to articulate what would help them.</p> <p>Having the opportunity to ask any questions before sessions by email or their preferred communication is designed to reduce their anxiety and stress and put them at ease.</p>	
4	<p><b><u>SLIDE 48</u></b></p> <p><b><u>The Email Template</u></b></p>  <ul style="list-style-type: none"> <li>• Predominantly for counsellors to send to clients before the first session – but can be used by other professionals when arranging meetings.</li> <li>• Designed to give more details about the sessions to address anxiety and put clients at ease.</li> <li>• Separated into templates for: <ul style="list-style-type: none"> <li>• Face to face meetings</li> <li>• Video calls</li> <li>• Telephone</li> </ul> </li> <li>• Can be adapted to suit individual organisations.</li> </ul>	<p><b>Consider</b> different formats for send the information – email, video, voice note.</p> <p><b>Direct participants to Handout – Email Templates.</b></p>
4	<p><b><u>SLIDE 49</u></b></p> <p><b><u>Email Template Example</u></b></p> 	<p>Example templates can be edited to provide the appropriate information (as highlighted by the red font).</p>
4	<p><b><u>SLIDE 50</u></b></p> <p><b><u>In the First Session: Introductions and getting to know the client</u></b></p>  <p>When you explain how you work and different support styles you could:</p> <p><b>SAY:</b> <b>Our approach is flexible and can be adapted every session to align with how you are feeling on the day.</b> <i>E.g. we may be structured and talk about goals, or more flexible if something has happened in the week you'd like to discuss.</i></p>	<p>To help clients feel comfortable to try different methods of support.</p>

	<p><b>ASK:</b> Do you know how you learn best? <i>E.g. Do you like reading text or more visual diagrams, watching videos or drawing? Would you like to try different styles?</i></p>	
4	<p><b>SLIDE 51</b></p>  <p><b><u>In the First Session: Getting to know the client and in Ongoing Sessions</u></b></p> <p>As part of the Careplan and setting goals:</p> <p><b>ASK:</b> What are your goals or what would you like to achieve? <i>E.g. stopping gambling or reducing, or other aims like exercising more, joining a club.</i></p> <p>To start to build the relationship you could:</p> <p><b>ASK:</b> What are your interests and hobbies?</p> <p>As part of exploring self-care and building on the client's strengths you could:</p> <p><b>ASK:</b> What activities or distractions help if you ever become overwhelmed or feel out of control? <i>E.g. you could say what helps you and explore further techniques.</i></p>	
4	<p><b>SLIDE 52</b></p>  <p><b><u>In the First Session and in Ongoing Sessions</u></b></p> <p>If the client has been open about their neurodivergence, you could:</p> <p><b>ASK:</b> How do your..... traits show and how can I help you with things that are more challenging?</p> <p>For face-to-face sessions: <b>Check</b> and <b>review</b> the environment – does anything need to be adjusted?</p> <p><b>Remember</b> to check for understanding and allow time for processing, maybe more silences or explicit breaks.</p>	<p>Reinforce that it doesn't matter whether the client is diagnosed or not, it's the traits that are important.</p> <p>Potentially can explore the impact the neurodiversity has on them.</p> <p>Check - how do they identify with their neurodiversity?</p>

4	<p><b><u>SLIDE 53</u></b></p> <p><b><u>Ongoing Reviews about the Client's Needs</u></b></p>  <p><b>To regularly check with all clients:</b></p> <ul style="list-style-type: none"> <li>• Is the <b>communication</b> working for the client?</li> <li>• The <b>pace</b> of the sessions – if appropriate ask the client, they may prefer a slower (e.g. are resistant, confused or contemplative) or faster (e.g. are receptive, motivated) pace.</li> <li>• The <b>environment (especially sensory needs)</b> - do you need to make any adjustments?</li> <li>• How they are at the start of the session - <b>ASK: is 50 minutes still ok or would you like a shorter session, do you need any breaks?</b></li> <li>• <b>Their understanding</b> and allow time for processing and to respond to questions.</li> <li>• Do you need to make any <b>other adaptations?</b></li> </ul> <p>Use the client's preferred communication when sending <b>any goals agreed, important points, resources or handouts after</b> the session.</p> <p>Give clients the option to feedback in different formats. <i>E.g. writing, voice notes, videos to cater to different communication styles.</i> <b>ASK: What has and hasn't been helpful?</b></p>	
4	<p><b><u>SLIDE 54</u></b></p> <p><b><u>FEEDBACK – ASK:</u></b></p>  <p><b>Any initial thoughts or comments?</b></p>	
4	<p><b><u>SLIDE 55</u></b></p> <p><b><u>Case Study 3 - Grace</u></b></p> <p><u>Meet Grace, 21:</u> Genderqueer student at Bath University studying biochemistry. Lives at home, single. No one knows the extent of her gambling.</p> <p>Using the further details are on <b>Handout 2</b></p>	<p><b>Direct participants to Handout 2 - Case Study 3: Grace.</b></p> <p>In groups discuss ideas for supporting her</p> <p>This is primarily aimed at counselling; as shown by this icon:</p>

	<p><b>DISCUSSION – ASK:</b></p> <p>In groups discuss:</p> <ul style="list-style-type: none"> <li>• <b>What neurodiversity affirming approaches could you use?</b></li> <li>• <b>How could you tailor support to her individual needs?</b></li> </ul> <p>Ask for some feedback of ideas</p> 	 <p>However it could apply to support work, or the case study could be modified to the job role of the target audience</p>
4	<p><b>SLIDE 56</b></p> <p><u><b>How a Neurodivergent Affirming Approach Supported Grace</b></u></p> <ul style="list-style-type: none"> <li>• <b>Online sessions</b> in the afternoon to fit around university.</li> <li>• Struggled with verbalising her emotions – <b>adapted communication</b> to use visual aids.</li> <li>• To <b>foster empowerment</b>, exploration around identifying sensory needs to support emotional regulation.</li> <li>• <b>Practical suggestions</b> to stop gambling, finding alternative coping strategies and putting blocks in place.</li> <li>• <b>Encouraged</b> her to prioritise essential self-care tasks / routine, reduce time masking and recognising when she needed to be alone to rebuild energy.</li> </ul>	<p>Everyone will be different in their approach to Catherine; these are just some examples.</p> <p><b>Note:</b> there is no one correct way, and open to discussing, but should incorporate some suggestions we have presented</p>
4	<p><b>SLIDE 57</b></p> <p><b>DISCUSSION – ASK:</b></p> <p><b>How can we create a neurodivergent affirming service?</b></p> <p>Consider: the environment, how you work, anything you already do.</p> 	<p><b>Suggestion:</b> Trainer to record ideas on flipchart, as these could be incorporated into service.</p>

**SLIDE 58****How can we Create a Neurodivergent Affirming Service?**

This is by **Dr. Megan Anna Neff**, who runs courses on neurodiversity, and has created resources and guidance on many aspects of neurodiversity.

- **Ease of scheduling and accessing appointments** - offer multiple options. Online scheduling, a variety of time slots, and reminders for appointments.
- **Intake forms tailored to neurodivergent needs** - many neurodiverse people communicate better in writing, dyslexia-friendly fonts.
- **Visual cues and clear expectations** - entering unfamiliar environments heightens anxiety. Consider including photos of the therapy space on your website.
- Complement these visuals with **information on what to expect** - from the initial consultation to the structure of subsequent sessions - reduces the initial barriers, helps clients feel prepared and less anxious.
- **Signals of acceptance** - visible cues that embrace neurodivergent-affirming practices, use the infinity symbol, identity-first language, and inclusive terminology. Conveys a message of safety and acceptance - a space that truly respects and values neurodiverse identities.
- **Freedom to be oneself** - openly discuss and affirm the client's freedom to move as needed and acknowledge that traits, such as variations in eye contact, are accepted. Avoid enforcing neurotypical social norms. Encourages unmasking and authentic expression.
- **Sensory soothers** - Consider having a small basket of sensory soothers visible; acknowledges appreciation for the importance of sensory regulation and supports unmasking.
- **Creating a sensory-friendly environment** - environments that are adaptable. Models the significance of sensory regulation. Critical since emotional regulation is deeply connected to sensory processing. By embodying awareness of sensory safety, therapists can guide clients towards **recognising** and fulfilling their own sensory needs.

**Image and Resource:**

<https://neurodivergentinsights.com/neurodivergent-affirming-practices/>

<p>4</p>	<p><b><u>SLIDE 59</u></b></p> <p><b><u>Example of a Real-Life Case Study:</u></b></p> <p>BP is an autistic person in his 40's and lives in supportive housing in England. He has a Social Worker and Support Worker.</p> <ul style="list-style-type: none"> <li>• Gambling since 18, has got worse over time.</li> <li>• Social care control his finances due to excessive gambling in the past.</li> <li>• Weekly budget of £40, which he mostly spends on gambling.</li> <li>• Sees his mum twice a week.</li> <li>• Enjoys going to the local pub and playing on the roulette machine. Takes pleasure in the numbers, patterns and working out how to win. He struggles with social isolation so likes the routine of visiting the pub.</li> <li>• Hobbies: collecting old records, specifically 70s rock music and bottles.</li> </ul> <p><b><u>Progress in Service</u></b></p> <ul style="list-style-type: none"> <li>• Asked to cut the Assessment short. On the first counselling session via the phone, sounded stressed and anxious and didn't want to answer any questions. Would prefer to see someone face to face but it is not available in his area.</li> </ul>	<p>Can use this example or another one from your service.</p> <p>Initials, age and location have been changed to protect identity.</p>
<p>4</p>	<p><b><u>SLIDE 60</u></b></p> <p><b><u>How we Supported BP</u></b></p> <ul style="list-style-type: none"> <li>• Respecting client's <b>communication needs</b>. Wanted face to face. Counsellor explored options.</li> <li>• In our service we have Community Champion's - arranged for one to meet BP.</li> <li>• To help the client feel at <b>ease and establish trust</b>, met at BP's Mum's house then later, took him to places in his local area, such as the park or museum. This enabled the client to talk in a more relaxed way.</li> <li>• Community Champion asked about the BP's <b>interests</b> and got to know him through his hobbies.</li> <li>• More appropriate to offer <b>practical strategies</b> to support the BP's goal of reducing his gambling.</li> <li>• Was interested in <b>GA</b>, so the Community Champion went with him. BP was able to talk about his experiences of being autistic and his struggles with gambling.</li> <li>• <b>Outreach worker format</b> benefitted BP, which could be further developed as part of any Gambling Service.</li> </ul>	

<p>5</p>	<p><b><u>SLIDE 61</u></b></p> <p><b><u>MODULE 5 – BEST PRACTICE OPTIONS</u></b></p> <p>Supported by previous research and existing guidance, treatment approaches for neurodiverse people should be customised to account for traits such as attention difficulties and impulsivity and should include strategies for impulse control, time management, and autonomy supportive approaches to empower clients to take ownership of their own recovery.</p> <p>We will now briefly cover these areas.</p> <p>To address barriers, we will also look at communication, making support more accessible and addressing sensory sensitivities.</p> <p>A <b>Toolkit Handout</b> has been provided that covers all the best practice advice from this training. It also has more details on practical ideas and strategies that could be used with clients.</p> <p>We will finish with looking at next steps.</p>	<p><b><u>Overview</u></b></p> <p>This module looks at practical ideas and strategies to support clients based on impulsivity, time management, and encouraging autonomy.</p> <p>Addresses barriers by considering communication, making services more accessible and sensory sensitives.</p> <p>It finishes with next steps an organisation can take.</p>
<p>5</p>	<p><b><u>SLIDE 62</u></b></p> <p><b><u>Key Things to be Aware of that may Impact our Clients</u></b></p> <p><b>Often neurodivergent individuals have different challenges to their neurotypical peers. It's important to be aware of those challenges when considering the support given:</b></p> <ul style="list-style-type: none"> <li>• <b>Executive Functioning</b> (skills to solve problems, make plans and manage emotions). Clients may need support identifying areas of executive functioning difficulty relating to their gambling and strategies to support.</li> <li>• <b>Co-Occurring Mental Health Conditions:</b> Anxiety, depression, OCD, and PTDS often co-occur. Further referral maybe needed.</li> <li>• <b>Substance Abuse:</b> Increased vulnerability to alcohol and substance abuse. Similarly further referral maybe needed.</li> <li>• <b>Proactive Suicide Prevention:</b> Higher risk of suicide attempts or completion in the neurodiverse population. As with all clients, monitor closely.</li> </ul>	<p><b>Image:</b>  <a href="https://www.vodafone.co.uk/newscentre/features/champion-neurodivergence/">https://www.vodafone.co.uk/newscentre/features/champion-neurodivergence/</a></p> <p><b>Resource:</b>  <a href="https://neurodivergentinsights.com/neurodivergent-affirming-practices/">https://neurodivergentinsights.com/neurodivergent-affirming-practices/</a></p>



**SLIDE 63****Strategies for: Impulse Control**

Explore the cause of the impulsivity

Strategies to support clients manage this include:

1. Psychoeducation
2. Increase Awareness of Triggers
3. Pause & Delay Strategies
4. Alternative Outlets for Urges
5. Build Structure and Reduce Temptation
6. Visual Schedules and Reminders
7. Sensory Management Techniques
8. Strengthen Emotional Regulation
9. Reinforce Positive Choices
10. Have a Long-Term Focus

**Strategies for: Time Management**

Encourage clients to write down future appointments

Develop timelines with the client for completing tasks

Support clients with strategies that focus on:

1. Improve Focus and Reduce Distractions
2. Time Awareness & Planning
3. Task Breakdown & Prioritisation
4. External Supports & Accountability
5. Routines & Consistency
6. Self-Compassion & Flexibility

Note – references are in the **Toolkit Handout**.

5	<p><b><u>SLIDE 64</u></b></p> <p><b><u>Support Client Ownership of their Recovery</u></b></p> <ul style="list-style-type: none"> <li>• <b>Ask</b> the client if there is anything they want to focus on in the session. They could keep notes during the week and bring them.</li> <li>• <b>Offer</b> different strategies, techniques and practical solutions to try - encourage clients to choose the best fit ones.</li> <li>• Place <b>greater emphasis</b> on changing behaviour, rather than cognitions. Use the behaviour as the starting point.</li> <li>• Ensure <b>client goals</b> are clear and have timescales for completing. Potentially <b>create</b> a summary or have a discussion on what might be covered, e.g. identifying triggers, barriers to use etc.</li> <li>• Support <b>empowerment</b> by helping clients develop their own self-advocacy skills to make their own choices and express their own needs.</li> <li>• Recognise and focus on the client's <b>strengths, practice affirmations and positive self-talk</b>, to help clients build confidence and belief in themselves.</li> <li>• Provide <b>psychoeducation</b> to encourage advocacy for needs, develop effective coping strategies, and navigate environments with greater confidence.</li> </ul>	
5	<p><b><u>SLIDE 65</u></b></p> <p><b><u>Strategies to Improve Communication</u></b></p> <ul style="list-style-type: none"> <li>• All communication should be <b>clear, direct and simple</b>.</li> <li>• Ensure <b>access</b> to the service is straightforward.</li> <li>• <b>Explain</b> how the service works and what to expect.</li> <li>• Use a variety of ways to <b>illustrate the client journey</b> – images, videos, simple written diagrams.</li> <li>• Send <b>reminders</b> to client in agreed format/time.</li> <li>• All communication could be <b>streamlined into one format</b> e.g. One email chain, so there are smaller amounts of information.</li> </ul>	

5	<p><b><u>SLIDE 66</u></b></p> <p><b><u>Strategies to Adapt Communication in Sessions</u></b></p> <ul style="list-style-type: none"> <li>• Use <b>written and visual information</b> (e.g. worksheets, images, diagrams).</li> <li>• <b>Provide clear</b> examples and <b>straightforward</b> language, break down complex information into manageable steps.</li> <li>• Use <b>non-directive, simple questions</b>. Instead of “how do you feel?” ask “what kind of feeling is that?”</li> <li>• Make guidelines explicit and explain why they matter.</li> <li>• Incorporate <b>passions and interests</b> into therapy.</li> <li>• Psychoeducation, visual tools to <b>explore emotions</b>. Clients could share a song, art, poem or essay that resonates with their feelings.</li> <li>• <b>Respect</b> and use the client’s chosen identity and language.</li> </ul>	
5	<p><b><u>SLIDE 67</u></b></p> <p><b><u>Offer Flexible Support Options</u></b></p> <ul style="list-style-type: none"> <li>• Be <b>flexible</b> about session timings (longer or shorter).</li> <li>• <b>Allow</b> for rescheduling, to account for energy levels.</li> <li>• Use a more <b>concrete and structured approach</b>. Agree a focus and areas to cover for each session.</li> <li>• <b>Give</b> options of breaks and movement.</li> <li>• Some clients may have difficulty in identifying and expressing emotions. Focus more on <b>practical strategies</b> to better engage clients and remove pressure.</li> <li>• <b>Incorporate</b> a holistic approach.</li> <li>• <b>Provide</b> an open atmosphere for questions about the therapeutic process and expectations.</li> <li>• <b>If appropriate and agreed</b> - involve a family member, partner, carer or professional to support the implementation of an intervention.</li> </ul>	

5	<p><b><u>SLIDE 68</u></b></p> <p><b><u>To Support Sensory Sensitives</u></b></p> <ul style="list-style-type: none"> <li>• Clients may struggle with <b>sensory input</b> and be over- or under-sensitive to light, sound, smell, texture and touch / pressure.</li> <li>• <b>Adjust</b> the therapy environment to minimise sensory triggers identified by clients.</li> <li>• <b>Create</b> a Sensory-Friendly Space: <ul style="list-style-type: none"> <li>• dimming lights or and muted lights (such as fairy lighting),</li> <li>• reducing background noise,</li> <li>• allowing the use of noise-cancelling headphones,</li> <li>• a variety of regulation tools,</li> <li>• multiple seating choices at different distances to the counsellor (possibly including some on the ground such as a bean bag).</li> </ul> </li> <li>• <b>Encourage</b> clients to consider reasonable adjustments in all areas of their life.</li> </ul>	
5	<p><b><u>SLIDE 69</u></b></p> <p><b><u>Next steps:</u></b></p> <ul style="list-style-type: none"> <li>• Potentially create <b>peer support networks</b>.</li> <li>• <b>Create</b> a central resource for information, such as podcasts, videos, fact sheets, work sheets, journal articles.</li> <li>• <b>Share</b> and <b>connect</b> with other organisations.</li> <li>• <b>Any other ideas?</b></li> </ul>	<p><b>Resource:</b>  <a href="https://www.gambleaware.org/media/ukrkd0x2/gambling-harms-and-neurodivergence_understanding-the-context-and-support-for-neurodivergent-people-in-gambling.pdf">https://www.gambleaware.org/media/ukrkd0x2/gambling-harms-and-neurodivergence_understanding-the-context-and-support-for-neurodivergent-people-in-gambling.pdf</a></p> <p>The research recommended: <b>creating peer support networks</b> - where neurodiverse people serve as advocates or mentors offering a relatable, non-judgmental space for people reluctant to engage with formal sessions.</p> <p><b>Suggestion:</b> Trainer to record ideas on flipchart, as these could be incorporated into service.</p>