

Neurodiversity Toolkit and Handbook



source: Wikipedia, Eric (last name unknown) / Public domain https://upload.wikimedia.org/wikipedia/commons/7/76/Autism_spectrum_infinity_awareness_symbol.svg

Language Used

All the language used within this handbook and throughout the resources are acceptable language to use directly with clients who are neurodiverse

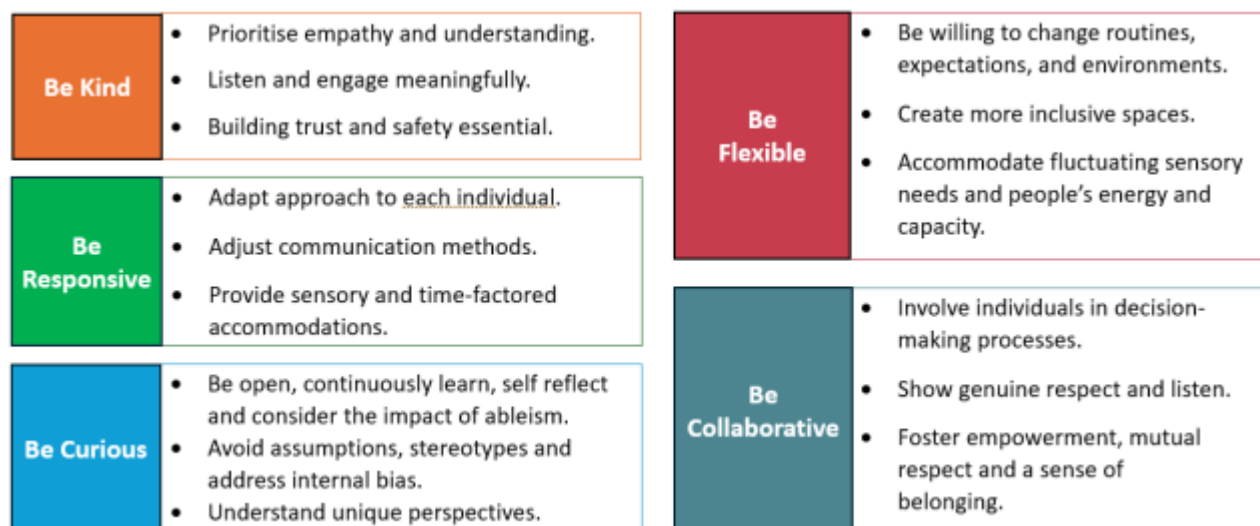
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How to work with a Neurodiversity Affirming Approach – The Core Principles¹



Implementing Neuroaffirmative Strategies²



^{1,2} Reference: National Autistic Society - Guidance on how to talk and write about Autism: <https://www.autism.org.uk/advice-and-guidance/professional-practice/embracing-neurodiversity-affirmative-practice>

Creating a Neurodivergent Affirming Therapeutic Space³

For many neurodiverse people they may have to navigate **more sensitive and less flexible nervous systems** alongside **sensory sensitivities and executive functioning challenges**; therefore, it is crucial that a therapeutic space accommodates these needs. Here are a few practices to consider:

Freedom to be oneself: Openly discuss and affirm the client's freedom to move as needed and acknowledge that neurodivergent traits, such as variations in eye contact, are wholly accepted. Avoid enforcing neurotypical social norms. Encourages unmasked, authentic expression.

Ease of scheduling and accessing appointments
- Offer multiple options.

Visual Cues and Clear Expectations:

- Entering unfamiliar environments often heightens anxiety.
- Consider including photos of the space on the website.

Signals of acceptance: Visible cues that embrace neurodivergent-affirming practices, such as:

- use of the infinity symbol,
- identity-first language,
- inclusive terminology.



Intake forms tailored to neurodivergent needs:

- Option for written triage and assessments.
- Dyslexia-friendly fonts.

Information on what to expect

- From the initial consultation to the structure of subsequent sessions.
- Helps clients feel prepared and less anxious.

Soothers: Consider having a small basket visible; this might include regulation tools, grounding elements like smooth rocks or incense, or even a weighted lap pad or weighted stuffie. Acknowledges appreciation for the importance of sensory regulation and supports unmasking.

Creating a sensory-friendly environment: Adjust the physical or virtual space to address sensory sensitivities.

- Establishing a sensory-safe environment models the significance of sensory regulation.
- Emotional regulation deeply connected to sensory processing.
- By embodying awareness of sensory safety, counsellors and practitioners can guide clients towards recognising and fulfilling their own sensory needs.

³ Reference: M. A. Neff - Neurodivergent Affirming Practice: Helping Your Clients Accept Their Authentic Selves <https://neurodivergentinsights.com/neurodivergent-affirming-practices/>

Neurodiversity Language Guide

| Terms to uses | Words and language to avoid | Description |
|--|---|---|
| Ableism | <ul style="list-style-type: none"> Avoid language that implies deficiency or suffering | Discriminatory or prejudicial attitudes and language that devalue individuals with disabilities. |
| Accommodations (Reasonable Adjustments) | <ul style="list-style-type: none"> Special treatment Extras | Adjustments that enable equal access and participation. |
| Adjustments or Support | <ul style="list-style-type: none"> Treat Do not talk about “managing” behaviour – focus on support | Using autism as an example, words like ‘treat’ mean that people might think that it is a disease that can be removed or cured. This upsets many autistic people and families. With support and/or reasonable adjustments, many autistic people live independent lives. ⁴ |
| Affirming Language | <ul style="list-style-type: none"> Use in all communications | Language that validates and empowers an individual’s identity, emphasising strengths rather than deficits. |
| Attention Deficit Hyperactivity Disorder or ADHD and having ADHD⁵ | <ul style="list-style-type: none"> Suffers from ADHD Is suffering from ADHD | A person ‘with ADHD’ is used and accepted widely, the identity-first debate is mostly related to autism currently. Some people are using the term ‘ADHDer’ to reflect identity (‘I’m an ADHDer’) ⁶ |
| Autism or on the Autism Spectrum | <ul style="list-style-type: none"> Autism spectrum disorder ASD The term “condition” is often now used by professionals rather than “disorder” | Autism spectrum disorder is the official way of describing autism but many autistic people and families feel that the term ‘disorder’ is too negative for everyday discussions. Autism is a difference rather than a disorder. ⁷ |
| Autism is understood as a spectrum because each autistic person has a unique combination of characteristics | <ul style="list-style-type: none"> Everyone is on the spectrum somewhere Everyone is a little autistic | You either are or are not Autistic. The autism spectrum refers to autistic people specifically. The statements are considered offensive because they are dismissive of autistic people’s specific experience. ⁸ |
| Burnout | <ul style="list-style-type: none"> Tiredness Exhaustion | A state of physical, emotional, and mental exhaustion, often experienced by neurodivergent individuals due to the continuous effort to adapt to a world designed for neurotypical individuals. |
| Characteristics / Neurodivergent Traits | <ul style="list-style-type: none"> Symptoms Impairments | Features of a person. |
| Communication Style Communication Differences | <ul style="list-style-type: none"> Communication deficits Language disorder Social impairments Lacks social skills | Individual ways of expressing thoughts and feelings. |

⁴ Reference: NHS Dorset Neurodiversity Hub language guide: <https://nhsdorset.nhs.uk/neurodiversity/about/language/>

⁵ Reference: ADHD UK – ADHD language style guide: <https://adhduk.co.uk/about-us/press/adhd-uk-adhd-language-style-guide-reccomendations-on-writing-about-adhd/>

⁶ Reference Dr Madge Jackson, University of Aberdeen - Neurodivergence Terminology Guide: https://www.abdn.ac.uk/media/site/rowett/documents/Neurodivergence-TerminologyGuide_Feb2024.pdf

⁷ Reference: NHS Dorset Neurodiversity Hub language guide: <https://nhsdorset.nhs.uk/neurodiversity/about/language/>

⁸ Reference: National Autistic Society - Guidance on how to talk and write about Autism: [How to talk and write about autism guide - June 2025.pdf](#)

| Terms to uses | Words and language to avoid | Description |
|--|--|---|
| Co-occurring Co-existing | <ul style="list-style-type: none"> • Comorbid co-morbidities / Co-morbid conditions / disorders • Suffering from | Conditions that appear together. |
| Differences | <ul style="list-style-type: none"> • Deficits • Problems • Disorder • Disease / Illness | Differences vary from person to person. |
| Disability or Disabled Person or --- is disabled | <ul style="list-style-type: none"> • Person with a disability • --- has a disability | <p>The Equality Act 2010 defines a disability as any “physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities.”</p> <p>Although autism and ADHD are described as neurodevelopmental conditions, they are sometimes referred to as developmental disabilities.⁹</p> |
| Double Empathy Problem | | <p>Coined by Damian Milton explaining the misunderstanding that happens between neurodivergent and neurotypical people, as both can struggle to understand each other's feelings and perspectives. The emphasis should be on both people developing an understanding of each other's ways of being and working together on the best ways to interact with each other. There needs to be mutual respect for the diversity of communication between humans.¹⁰</p> |
| Executive Functioning | <ul style="list-style-type: none"> • Lazy • Unmotivated | Brain processes that help with organisation, planning, and task completion. |
| Identity-First Language E.g. Autistic person, Autistic people | <p>Person-first language - a linguistic form that puts the person before their disability, for example:</p> <ul style="list-style-type: none"> • A person with a disability • A person with autism • Person on the spectrum • Has autism | <p>A linguistic approach that integrates the diagnosis with the identity.</p> <p>Person first language is not preferred by most autistic people, though it is preferred by some disabled people who see their disability as something they ‘have’, not something they ‘are.’¹¹</p> <p>It is best to ask the person for their preferences and use the language they use.</p> |
| Masking | <ul style="list-style-type: none"> • Trying to be normal • Good behaviour | <p>Often applied to autism. Hiding or disguising certain traits in order to conform to the expectations of a neurotypical society. More common in girls than boys, but many people mask at some point.</p> <p>Masking is not unique to autism; people with other neurotypes including ADHD may also mask their needs and differences. However, autistic masking can often be excessive, take tremendous effort, and has a considerable impact on identity, self-esteem, and mental health.¹²</p> |

⁹ Reference: NHS Dorset Neurodiversity Hub - Language guide: <https://nhsdorset.nhs.uk/neurodiversity/about/language/>

¹⁰ Reference: Neurodiversity Ireland - Embracing the language of neurodiversity: <https://www.into.ie/app/uploads/2024/11/A-Guide-to-Inclusive-Language-and-Values.pdf>

¹¹ Reference National Autistic Society - Guidance on how to talk and write about Autism: [How to talk and write about autism guide - June 2025.pdf](#)

¹² Reference Every Mind Child Psychology - What is Masking: <https://every-mind.co.uk/resources/whatismasking/>

| Terms to use | Words and language to avoid | Description |
|---|---|---|
| Meltdown | <ul style="list-style-type: none"> • Tantrum | A meltdown is an intense response to an overwhelming situation. It can result in a person experiencing very high anxiety and distress, and they may temporarily lose control of their behaviour. |
| A non-speaking autistic person a non-speaking autistic person or An autistic person who speaks few or no words or An autistic person who has intermittent or unreliable speech | <ul style="list-style-type: none"> • Non-verbal • Limited speech | Some autistic people who speak few or no words have explained that it is incorrect to say they are ‘non-verbal’ because they often can and do verbalise and use words. It is more accurate to refer to whether or how reliably they use speech. ¹³ |
| Neuroaffirmative | | Approach that actively supports and celebrates neurodivergent ways of being. Use in policy development and practice. |
| Neurodivergent | | Describes individuals whose neurological makeup deviates from what is considered typical, including autism, ADHD, dyslexia, etc. Use as an identity-first term if that is the individual’s preference. |
| Neurodiverse | | Neurodiverse is a term to describe a group of individuals who represent the spectrum of neurodiversity. |
| Neurodiversity | | The concept that neurological differences are natural variations of the human brain rather than deficits or disorders. Use as an umbrella term to celebrate cognitive diversity. |
| Neurotypical | | Refers to individuals whose neurological development aligns with societal expectations; it should be used neutrally without implying superiority. Use to describe the majority without suggesting it is the ideal. |
| Passions Areas of Expertise | <ul style="list-style-type: none"> • Special interests • Restrictive interests • Obsessions | Strong passions and dedicated interests for specific subjects/hobbies, that people can engage with intensely |
| Processing Time | <ul style="list-style-type: none"> • Slow • Unresponsive | The time needed to understand and respond to information. |
| Regulation Tools or Sensory Soothers | <ul style="list-style-type: none"> • Fidget Toys | Items or strategies that help with emotional and sensory regulation. |
| Sensory Differences | <ul style="list-style-type: none"> • Sensory issues • Sensory problems | Variations in how individuals process sensory information. |
| Stimming or Self-expression Body Language | <ul style="list-style-type: none"> • Repetitive behaviours • Unusual movements • Self-stimulatory behaviour / Repetitive movements | Self-regulatory behaviour that helps with emotional regulation and sensory processing. Extremely common with autistic people. |

¹³ Reference National Autistic Society - Guidance on how to talk and write about Autism: [How to talk and write about autism guide - June 2025.pdf](#)

| Terms to use | Words and language to avoid | Description |
|--|--|---|
| Strengths-Based Approach | | An approach that focuses on the positive attributes and unique abilities of neurodivergent individuals rather than their challenges. Use in planning, assessments, and feedback sessions. |
| Support Needs (e.g. an autistic person with high/low support needs) or Requires More Support or Requires Less Support or Has X Support Requirements | <ul style="list-style-type: none"> • High/low functioning autistic person • Mild/severe autism | <p>Functioning and severity labels are inaccurate and considered offensive; they fail to capture how a person's needs may vary (they may excel at certain things while finding others very challenging) and fluctuate (according to the situation).¹⁴</p> <p>Talk about the individual's strengths and needs that account for different internal and external factors such as time, context, energy, mood, environment etc.¹⁵</p> |

A word on Asperger Syndrome

There is considerable debate over the name and its origins, and some now **prefer not to use it**. The name derives from a 1944 study by Austrian paediatrician Hans Asperger. New evidence about his history and links to the Nazi regime have recently been revealed.

Many people who fit in the profile for Asperger syndrome are now being diagnosed with autism instead. Each person is different, and it is **up to each individual how they choose to identify**. Some people still prefer to use the term Asperger syndrome in relation to their own condition.

¹⁴ Reference National Autistic Society - Guidance on how to talk and write about Autism: [How to talk and write about autism guide - June 2025.pdf](#)

¹⁵ The Adult Autism Practice - The neurodiversity affirmative language guide: <https://www.sheffielddirectory.org.uk/media/cqkliim4/the-neuroaffirmative-language-guide-002.pdf>

Time Management in Neurodiversity¹⁶

For many neurodiverse people time doesn't feel like a steady, measurable thing. Instead, it's either NOW or NOT NOW—and this can create serious challenges in work, relationships, and daily life.

Time blindness is the inability to accurately sense the passage of time, plan effectively, or estimate how long tasks will take. It's common in ADHD, autism, and other types of neurodivergence because these brains process time differently than neurotypical ones.

The "Now vs. Not Now" Brain Problem

Neurodivergent brains may often categorise time into two extremes:

- NOW → Things happening immediately.
- NOT NOW → Everything else.

If a deadline, event, or task isn't right in front of the person, it might as well be in another dimension. This all-or-nothing perception is why neurodivergent individuals may struggle with procrastination, lateness, and planning.

Executive Dysfunction and Time Perception

Executive function is the brain's ability to plan, prioritise, and manage time effectively. But for those with ADHD or autism, executive dysfunction could make this incredibly difficult.

Struggles with time management include:

- Underestimating how long things take (*"This will only take 5 minutes!"—It takes an hour*).
- Forgetting deadlines and appointments (*because they don't feel urgent yet*).
- Constantly running late (*not realising how much time has passed*).
- Overcommitting because everything feels possible - until it's not.

Even when a person wants to be on time and stay on top of tasks, their brains may not naturally track time in the way neurotypical brains do.

Hyperfocus vs. Time Warping

For many neurodiverse people time distortion is experienced in two ways:

- Hyperfocus: Losing track of time completely when deeply engaged in an activity.
- Time Warping: Feeling like time has passed either way too fast or way too slow.

This inconsistency can make it difficult for a person to pace themselves throughout the day.

Poor Working Memory = Losing Track of Time

Neurodivergent brains can often struggle with working memory, which is responsible for holding short-term information (such as the time taken for doing something).

Without a strong internal sense of time, a person needs to rely on external cues like alarms, reminders, or natural changes like seeing the sun go down.

In the absence of these cues, time can feel "slippery," leading to lateness, falling behind, or feeling overwhelmed.

Understanding these **challenges** within the context of neurodiversity supports **developing tailored strategies** that can make a meaningful impact.

¹⁶ Reference: Ideal Psychology Group, Time Blindness is Real: <https://www.idealpsychologygroup.com/tips-advice/time-blindness-is-real-why-neurodivergent-people-struggle-to-feel-time>

List of Ideas for Supporting Attention and Time Management with Clients

These are **suggestions and techniques** to use with clients.

Jump to the appropriate heading to find the suggestions.

1. Improve Focus & Reduce Distractions



In sessions:

- Break sessions into **shorter segments** with clear agendas.
- **Session structure:** Provide a clear agenda at the start; revisit if client goes off on tangents.
- **Reflection practice:** end sessions with “next steps” written down, reviewing what worked or didn’t.
- Use **visual aids** (timers, whiteboards, sticky notes) to keep track of topics.
- **Check-ins:** Pause regularly to summarise and refocus.
- **Engage multiple senses:** combine talking with writing, drawing, or interactive activities to sustain engagement.
- Encourage **environmental adjustments** at home/work: quiet space, noise-cancelling headphones, apps that block distractions to support staying engaged in recovery work rather than drifting into gambling thoughts.

For clients:

- **Interest-based timing:** schedule tasks to align with natural interest peaks rather than fighting against them. This helps to sustain attention on healthier activities instead of gambling.
- **Time blocking:** allocate specific time frames for tasks to maintain focus, minimise distractions and unstructured or idle time, which can increase opportunities for gambling.
- **Incorporating breaks:** establish a routine with short breaks to recharge and refocus, improving overall productivity.

2. Time Awareness & Planning



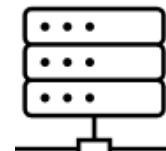
In sessions:

- Break sessions into **shorter segments** with clear agendas.
- Encourage the use of planning apps with reminders.
- Teach **time-estimation strategies** (e.g., “estimate how long a task will take?” then compare).

For clients

- **Use visual schedules:** Visual aids like calendars and lists can be particularly advantageous. They allow for easier comprehension and help in tracking tasks without feeling overwhelmed, procrastinating, avoiding and turning to gambling to distract.
 - Timers & Alarms → Use countdown timers for tasks to stay on track.
 - Big Clocks Everywhere → Have visible clocks in multiple places.
- Do **daily tasks around the same time**, in about the same order, every day.
- **Cluster related tasks together** - Run all similar tasks at the same time.
- **Pomodoro technique:** Work in short bursts (e.g., 25 mins) followed by breaks.
- Overestimate **the time needed to do things**. Thinking something will take 2 hours, budget for 3.
- **Build in down time** to ensure there is enough space for self-care.
- Build in **“Transition Time”** Between Tasks. Instead of: "I have a meeting at 2 PM, so I'll stop working at 1:55." Try: "I need 15 minutes to wrap up my work and shift gears before the meeting."
- Have **buffer time** between activities to avoid last-minute stress, to decrease the chance of turning to gambling as an escape.

3. Task Breakdown & Prioritisation



In sessions:

- Support breaking big goals and tasks into **small, concrete steps**, to maintain focus and prevent feeling overwhelmed which may lead to gambling behaviour.
- Encourage prioritising no more than **1–3 main tasks per day** and using of to-do lists, colour coding, or “top 3 priorities” methods.
- Ensure client goals are **clear, realistic, and time bound** and celebrate successes.
- Provide opportunities to **review and adapt goals** as therapy progresses.

For clients:

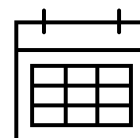
- Identify the **critical tasks** and tackle them first to ensure important work is completed.
- Use “**must do, should do, could do**” lists.
- Use **planners or notebooks** to capture tasks and worries to provide an outlet, to help lower the urge to escape through gambling.

4. External Supports & Accountability



- Try **body-doubling** (working alongside someone, even virtually, can dramatically improve focus).
- Try working on a project on video call with someone **silently working alongside**.
- Since gambling often thrives in secrecy, accountability is key.
- Create external structures that reinforce recovery goals and reduce the temptation to gamble by using:
 - **external accountability** - having accountability check ins with a trusted person.
 - **coaching-style supports** (weekly review of goals and progress).

5. Routines & Consistency



- Establish **consistent daily routines** (bedtime, meals, exercise). To reduce decision fatigue and the likelihood of filling idle time with gambling.
- Anchor new habits to existing ones (e.g., “after breakfast, set today’s to-do list”).
- Use **visual schedules or planners** to reinforce structure.
- Every item included on the to-do list, daily goals, list of things a person wants to do should be **actionable** to support replace gambling with healthier, structured activities.
- Get as **specific** as possible with goals, then break them down into smaller steps that to steadily get closer to making dreams a reality and to support recovery management and changes in gambling behaviour.

6. Self-Compassion & Flexibility



In sessions:

- To help clients feel supported rather than criticised, to reduce shame and help them stay engaged in recovery rather than returning to gambling:
 - be **flexible**: allow for fluctuating focus and adapt session pacing.
 - be **collaborative**: co-create strategies rather than impose them.
 - be **affirmative**: frame attention differences as needing different supports, not as deficits.
- Reframe any gambling slips as learning opportunities rather than failures.
- Encourage adaptive strategies: if one tool doesn’t work (e.g. a planner), try another (apps, visual charts, alarms).
- Normalise fluctuating focus as a trait, not a flaw.

Impulse Control in Neurodiversity¹⁷

Specific challenges that occur with neurodiversity and impulse control:

Sensory Overload and Overstimulation

Can trigger impulsive reactions. Overwhelming sensory experiences, such as bright lights, loud noises, or crowded spaces may lead to impulsive behaviour as a coping mechanism. This can often appear as an outburst or a meltdown because they can't process all of the sensory input.

Difficulty with Emotional Regulation

Can manifest as sudden outbursts of anger, frustration. However, it can also be a burst of extreme excitement. When feelings and emotions are strong, some neurodivergent individuals may have trouble processing and managing them, so they have to express them outwardly.

Hyperfocus and Attention Difficulties

Conditions like ADHD often involve difficulty in sustaining attention. While people may struggle to focus on certain tasks, they may impulsively hyperfocus on others, neglecting important responsibilities. When hyperfocus kicks in, it can be incredibly productive and that feels good. However, allowing this hyperfocus can cause a person to neglect other things in life, which can have many negative consequences.

Social Challenges

In social situations, impulsivity can occur in a number of ways, as often a neurodivergent person may be not adept at reading social cues. This might include saying things without considering social norms, personal boundaries, or the consequences of their words. Their verbal filter doesn't work the way it does for most neurotypical people, and they don't understand that what they're saying is socially unacceptable.

Executive Functioning Differences

Executive functioning skills, such as planning, organisation, and decision-making, can be impaired in some types of neurodivergence. This can lead to impulsive decision-making, often without considering long-term consequences.

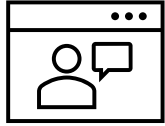
Understanding these **specific impulse control challenges** within the context of neurodiversity is an important step in **developing tailored strategies** that can make a meaningful difference.

¹⁷ Reference: S. Schroeder - Neurodiversity and Impulse Control: <https://medium.com/@efbombcoach/neurodiversity-and-impulse-control-9935f1bfcc12>

List of Ideas for Supporting Impulsivity and Impulse Control with Clients

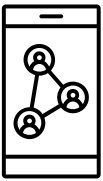
These are **suggestions and techniques** to use with clients.

Jump to the appropriate heading to find the suggestions.



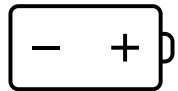
1. Psychoeducation

- Help clients **understand** how the brain processes urges and impulses (e.g., fight-or-flight, dopamine reward systems) and the relationship to gambling behaviour.
- **Normalise** the struggle while explaining that impulse control can be strengthened like a “muscle.”



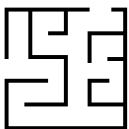
2. Increase Awareness of Triggers

- Identify **emotional, sensory, or situational triggers** for impulsive and gambling behaviour. They could use a keep a trigger diary to record this.
- Use functional analysis (what happens before, during, and after the impulse?).
- Use **self-monitoring tools** (journals, apps, or quick check-ins) to notice patterns.
- Identify patterns such as boredom, stress, or sensory overload.
- Challenge automatic thoughts that drive impulsive and gambling behaviour.



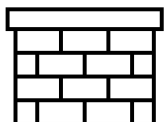
3. Pause & Delay Strategies

- Teach **“Stop–Think–Choose”** methods (e.g., pausing for 10–30 seconds before acting).
- Introduce **“If–then”** plans (e.g., If I feel the urge to gamble, then I will message a friend).
- **Delay techniques** encourage short delays before acting (e.g., count to 10, use a timer before gambling).
- **Role-play** high-risk scenarios to practise new responses.
- Use **physical cues**: counting to 10, squeezing a stress ball, grounding with sensory input.
- Practice **“Stop–Breathe–Think–Act”** methods.
- Use **grounding strategies** (e.g., hold an object, deep breathing) to break automatic responses.



4. Alternative Outlets for Urges

- Encourage **safe, stimulating activities** (exercise, puzzles, creative hobbies) to redirect impulsive gambling energy.
- Use **sensory and regulation tools** (doodling, chewing gum) as substitutes for acting on impulses.
- Introduce **mindfulness-based grounding** (breathing, focusing on one sense at a time).
- Replace impulsive gambling behaviour with healthier quick-access strategies (e.g. calling a friend, short walk, puzzle game, sensory activity).
- Build a personalised **“distraction toolkit.”**



5. Build Structure and Reduce Temptation

- Encourage **environmental adjustments** (blocking apps, setting spending limits, reducing cues).
- Break big goals into **small, concrete tasks** to reduce frustration that fuels impulsivity.
- Break down long-term goals into **short-term, achievable steps**.
- Create **pre-commitment strategies** (e.g. leaving debit cards at home, using accountability partners).
- Remove or reduce access to high-risk situations (e.g. gambling apps, credit cards).
- Set up accountability systems (shared bank accounts, spending limits, trusted person to check in).



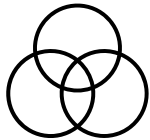
6. Visual Schedules and Reminders

- Have a **structured visual representation of daily routines or tasks**. These can be especially beneficial for people who thrive on predictability and struggle with transitions.
- Knowing what they need to do and in what order can help people stay on track and to reduce opportunities for impulsive gambling.
- Could use **planning tools** (calendars, alarms, budgeting apps) .
- **Some client may prefer** detailed, step-by-step schedules, while others may benefit from more simplified visual cues. Encourage the client to find the options that best fits.



7. Sensory Management Techniques

- Help people with sensory sensitivities or sensory processing differences regulate their responses to sensory stimuli, reducing the stress and discomfort that might otherwise push them towards gambling the need to cope with gambling (e.g. creating calmer, more predictable environments).
- Explore strategies that make sensory input easier to manage (e.g. reducing background noise or harsh lighting, using of sensory aids like headphones, regulation tools, sunglasses).
- Encourage **sensory breaks** if becoming overwhelmed.
- **Create sensory-friendly environments** (as explained on page 4).
- Some may find deep pressure techniques like weighted blankets helpful, while others may prefer noise-cancelling headphones.



8. Strengthen Emotional Regulation

- **Teach** clients to label emotions (“I feel restless” instead of just acting on it).
- Support **recognition** of emotional states that fuel gambling (stress, boredom, loneliness).
- Use CBT techniques to challenge “urgent” thoughts (“*I must do this now*” → “*I can wait and decide later*”).
- Use mindfulness.
- incorporate DBT or ACT skills:
 - **Identify and tolerate distress** without reacting immediately (distress tolerance) and potentially gambling.
 - **Practice acceptance and diffusion** techniques to reduce urgency and cravings.
 - **Strengthen** coping skills for emotional triggers.



9. Reinforce Positive Choices

- Celebrate small wins when gambling impulses are resisted. This reinforces control and self-efficacy.
- Encourage **self-reward systems** for following through on coping strategies.
- Focus on **self-compassion**: setbacks are part of learning, not failure.
- **Reinforcement**: tracking and rewarding moments of self-control.



10. Have a Long-Term Focus

- Develop **values-based goals** to strengthen motivation for self-control.
- **Reflect** on progress and setbacks non-judgmentally, reinforcing learning rather than shame.

To Address Barriers

Strategies to Improve Communication



Keep communication clear, direct, and simple.



Make access to the service straight forward.



Explain how the service works and what clients can expect.



Use varied formats to illustrate the client journey (images, videos, simple diagrams).



Streamline communication (e.g. one email chain) to reduce information overload.



Send reminders in the agreed format and at the agreed time.

Strategies to Adapt Communication in Sessions



Use written and visual supports (worksheets, images, diagrams, "toolboxes").



Ask non-directive, simple questions (e.g., "what kind of feeling is that?" instead of "how do you feel?").



Use psychoeducation about emotions with visuals, drawings, or templates to utilise other ways of communication if client is struggling to verbalise their thoughts and feelings.



Support clients in developing self-advocacy skills to make their own choices and express their needs.



Recognise and highlight client strengths and use affirmations or positive self-talk to build self-belief.



Provide clear examples in plain language.



Make guidelines explicit and explain why they matter.



Incorporate client's passions and interests into therapy.



Respect and use the client's chosen identity and language.



Place greater emphasis on behaviour changes as a starting point, rather than focusing only on cognitions.



Offer creative outlets for exploring emotions (songs, art, poems, writing).



Summarise sessions in writing (email or notes) and provide written goals or tasks.

Offer Flexible Support



Flexible Sessions

- Offer **longer or shorter** sessions as needed.
- Allow for **rescheduling** as clients may have different energy levels.
- **Breaks and movement** may be appropriate during sessions.



Clear and Structured

- Encourage clients to **choose and plan** how the session time is spent.
- **Ask** the client if there is anything they would like to focus on during the session.
- Clients **could keep notes** during the week and bring them to guide discussion.
- Potentially **create a plan together** that outlines what may be helpful in sessions.
- Keep the **structure predictable** for stability.



Practical and Supportive

- Focus more on **practical strategies** if emotions are hard to express.
- Use **simple, pressure-free ways** to support.



Holistic Approach

- **Consider** all aspects of a person's well-being to **explore** routines, wellness and healthy habits.
- **Address** any stress and aim for balance to reduce overwhelm and burnout.



Open and Inclusive

- Provide an **open atmosphere** for questions about the therapeutic process and expectations for the therapy at all stages.
- **If appropriate and agreed** involve a family member, partner, carer or professional to support the implementation of any interventions.

To Support Sensory Differences

Awareness of Sensory Needs

- ✓ **Be** mindful that clients may experience sensory differences, such as being over- or under-sensitive to light, sound, smell, texture, or touch/pressure.
- ✓ **Explore** each client's sensory experiences, how these affect their wellbeing and the links to their gambling.
- ✓ **Encourage** clients to understand and normalise their own sensory needs, whether that means avoiding certain triggers or seeking positive sensory input.

Adapting the Therapy Environment

- ✓ **Adjust** the therapy space to reduce identified sensory triggers.
- ✓ **Options** could include:
 - dimmed or muted lighting (e.g. fairy lights),
 - reduced background noise,
 - use of noise-cancelling headphones,
 - choice of regulation tools,
 - multiple seating options at varying distances, could include comfortable floor seating such as bean bags.

Supporting Sensory Exploration

- ✓ Clients could create a sensory profile to identify needs and preferences.
- ✓ Encourage safe and healthy ways to meet sensory needs, finding alternatives to harmful gambling behaviour.
- ✓ **Support** clients to consider reasonable adjustments in other areas of life to manage sensory challenges effectively.

Checklist for Working with Neurodiversity

Environment & Accessibility



- ☐ Ensure the therapy space is calm, predictable, and sensory-friendly.
- ☐ Offer adaptable options (lighting, seating, regulation tools, breaks).
- ☐ Could provide written or visual session plans to support structure.

Communication & Engagement



- ☐ Use clear, concrete language and non-directive simple questions.
- ☐ Check for understanding instead of making assumptions.
- ☐ Allow extra processing time for responses if needed.
- ☐ Offer alternatives to verbal communication (e.g., writing, drawing, worksheets).
- ☐ Help clients explore their strengths and integrate these into the therapy process.

Structure & Support



- ☐ Set session agendas collaboratively.
- ☐ Break down complex tasks into smaller, manageable steps.
- ☐ Use visual aids, checklists, or planners to reinforce strategies.
- ☐ Support executive functioning with reminders, time management tools, and goal tracking.

Flexibility & Individualisation



- ☐ Understand the clients experience, don't make assumptions or stereotype.
- ☐ Adapt therapeutic models to the client's needs and processing style.
- ☐ Recognise any co-occurring conditions (e.g., ADHD, anxiety, depression).
- ☐ Encourage autonomy and collaborate on all decisions.

Support Sensory and Emotional



- ☐ Teach emotional identification and expression in accessible ways.
- ☐ Explore current sensory regulation strategies.
- ☐ Use psychoeducation and visual tools to explore emotions.
- ☐ Focus on practical strategies.

Inclusion & Advocacy



- ☐ Validate neurodivergent identity without pathologising.
- ☐ Encourage self-advocacy and celebrate an individual's strengths.
- ☐ Provide an open atmosphere for questions about expectations and the therapeutic process.

Resources:

Articles / Guides:

- Andriy Nurzhynskyy - Strategies for Managing Impulse Control Disorders:
<https://psychology.tips/strategies-for-managing-impulse-control-disorders/>
- Dr. Megan Anna Neff - Neurodivergent Affirming Practice: Helping Your Clients Accept Their Authentic Selves
<https://neurodivergentinsights.com/neurodivergent-affirming-practices/>
- Every Mind Child Psychology - What is Masking:
<https://every-mind.co.uk/resources/whatismasking/>
- Life adjustment team - Neurodivergent Communication Strategies in Therapy and Counseling Team:
<https://www.lifeadjustmentteam.com/neurodivergent-communication-strategies-in-therapy-and-counseling/>
- Neurodiversity Aware Counselling - Therapy for Neurodivergent People: A Comprehensive Guide:
<https://neurodiversityawarecounselling.com/blog/therapy-for-neurodivergent-people-a-comprehensive-guide>
- Shannyn Schroeder - Neurodiversity and Impulse Control:
<https://medium.com/@efbombcoach/neurodiversity-and-impulse-control-9935f1bfcc12>
- The Adult Autism Practice - The neurodiversity affirmative language guide:
<https://www.sheffielddirectory.org.uk/media/cqkliim4/the-neuroaffirmative-language-guide-002.pdf>

Blogs

- Auticon - 7 Strategies for Effective Communication in Neurodiverse Teams:
<https://blog.auticon.com/effective-communication-in-neurodiverse-teams/>
- Directly Wired - Time Management for the Neurodiverse:
<https://differentlywired.co.uk/time-management-neurodiverse>
- Ideal Psychology Group - Time Blindness is Real:
<https://www.idealpsychologygroup.com/tips-advice/time-blindness-is-real-why-neurodivergent-people-struggle-to-feel-time>
- MoodLifter - Sensory Needs Are Real: How to Recognise and Support Your Neurodivergent Nervous System: A sensory processing Guide for adults:
<https://www.moodlifter.co.uk/post/sensory-needs-are-real-how-to-recognise-and-support-your-neurodivergent-nervous-system-a-sensory-p>
- Nuria Higuero Flores - Time Management Counseling (Techniques, Tips and Tools):
<https://www.mentalyc.com/blog/time-management>
- Ryan Leahy - Neurodivergent Friendly Time Management:
<https://onetask.me/blog/neurodivergent-friendly-time-management>
- Zawn Villines - The ultimate guide to neurodivergent planning and time management:
<https://zawn.substack.com/p/the-ultimate-guide-to-neurodivergent>

Government Educational Resources

- National Autistic Society - Guidance on how to talk and write about Autism:
[How to talk and write about autism guide - June 2025.pdf](#)
- NHS Dorset Neurodiversity Hub language guide:
<https://nhsdorset.nhs.uk/neurodiversity/about/language/>
- NHS Oxford Health Communicating effectively with people who are neurodivergent:
<https://www.oxfordhealth.nhs.uk/wp-content/uploads/sites/44/2025/05/OH-015.25-Specialist-Adult-Eating-Disorder-Services-Wiltshire-Communicating-effectively-with-people-who-are-neurodivergent.pdf>
- NICE - Autism spectrum disorder in adults: diagnosis and management:
<https://www.nice.org.uk/guidance/CG142/chapter/Recommendations#interventions-for-autism-2>

Journal Articles

- Chamberlain S. R., et al (2023) *Autism and gambling: A systematic review, focusing on neurocognition:*
<https://www.sciencedirect.com/science/article/pii/S0149763423000404>
- *Gambling Harms and Neurodivergence: Understanding the Context and Support for Neurodivergent People in Gambling* Phase 2 Report IFF Research On behalf of GambleAware:
https://www.gambleaware.org/media/ukrkd0x2/gambling-harms-and-neurodivergence_understanding-the-context-and-support-for-neurodivergent-people-in-gambling.pdf
- Grant, J. E., & Chamberlain, S. R. (2020) Autistic traits in young adults who gamble:
<https://pmc.ncbi.nlm.nih.gov/articles/PMC7612193/>
- Jacob, L., Haro, J.M., & Koyanagi, A. (2018) *Relationship between attention-deficit hyperactivity disorder symptoms and problem gambling: A mediation analysis of influential factors among 7,403 individuals from the UK:*
<https://pmc.ncbi.nlm.nih.gov/articles/PMC6426384/>
- Tokumitsu, K. (2025). *Factors for the development of problem gambling in individuals with ADHD symptoms: The mediating roles of gambling engagement and ADHD characteristics*
<https://www.sciencedirect.com/science/article/abs/pii/S0306460325000863>

Organisations/Charities (Corporate Authors)

- A Manual of Me:
<https://www.manualof.me/>
- ADHD UK – ADHD language style guide:
<https://adhd.uk.co.uk/about-us/press/adhd-uk-adhd-language-style-guide-recommendations-on-writing-about-adhd/>
- Exceptional Individuals:
<https://exceptionalindividuals.com/>
- National Autistic Society - Guidance on how to talk and write about Autism:
<https://www.autism.org.uk/advice-and-guidance/professional-practice/embracing-neurodiversity-affirmative-practice>
- Neurodiversity Ireland - Embracing the language of neurodiversity:
<https://www.into.ie/app/uploads/2024/11/A-Guide-to-Inclusive-Language-and-Values.pdf>

Peer reviewed evidence

- Dr Madge Jackson, University of Aberdeen - Neurodivergence Terminology Guide:
https://www.abdn.ac.uk/media/site/rowett/documents/Neurodivergence-TerminologyGuide_Feb2024.pdf
- NeuroLaunch Gray Matter Matters - Neurodivergent Issues: Navigating Daily Challenges and Finding Support:
<https://neurolaunch.com/neurodivergent-issues/>
- Travis P Mountain, University of Georgia Time Management - 10 Strategies for Better Time Management:
<https://fieldreport.caes.uga.edu/publications/C1042/time-management-10-strategies-for-better-time-management/>