



Neuro-wellness

Neurodivergence awareness training

Online session

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What is neurodivergence?

Neurodiversity vs neurodivergence

Neurotypical? A **narrow** window

We all grow out of it through illness, trauma, old age, but also can be achieved meditation, psychedelic use

Has its own challenges

Support is baked in society

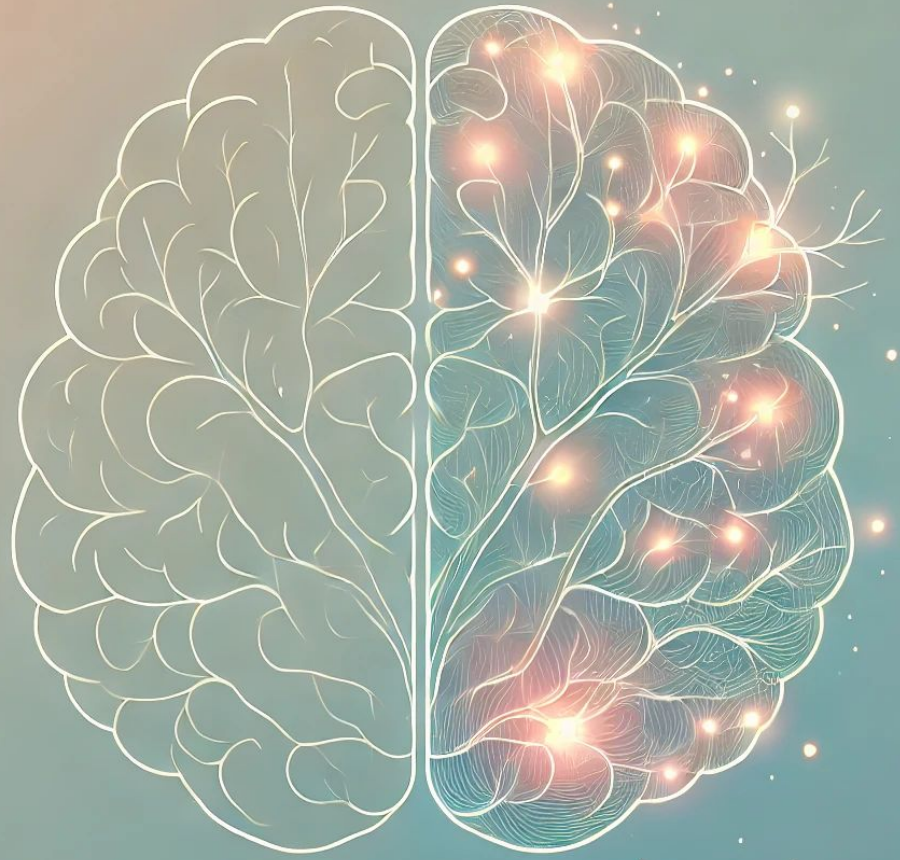


Wired differently

We are all born with over 100 billion neuronal connections

As we grow, pathways less used wither - neuronal pruning

But this happens LESS in neurodivergence



A wider net

Neurodivergent brains:

Process high volume

Notice small things

Connect ideas and thoughts

Able to rabbit-hole

Think laterally



Processing to the limit

Overwhelm cap more easily reached

Sensory overload

Moderate thoughts

Ruminating thoughts

PDA - Persistent Drive For
Autonomy



Distress vs innate

DSM not based on scientific data (see [Dr James Davies](#) lecture)

Diagnosis based on distress symptoms (to be treated) rather than innate traits (to be supported)

Why many don't 'match' or recognise themselves



Innate traits

interest-based nervous
system

hyperconnectivity

processing style

need for variety

Monotropism

Holotropic sensory gating

VS

Distress symptoms

overwhelm

Inattention

mood instability

Impulsivity

Hyperactivity

chaos

The whole person

A completely different wiring

Labels are blunt tools

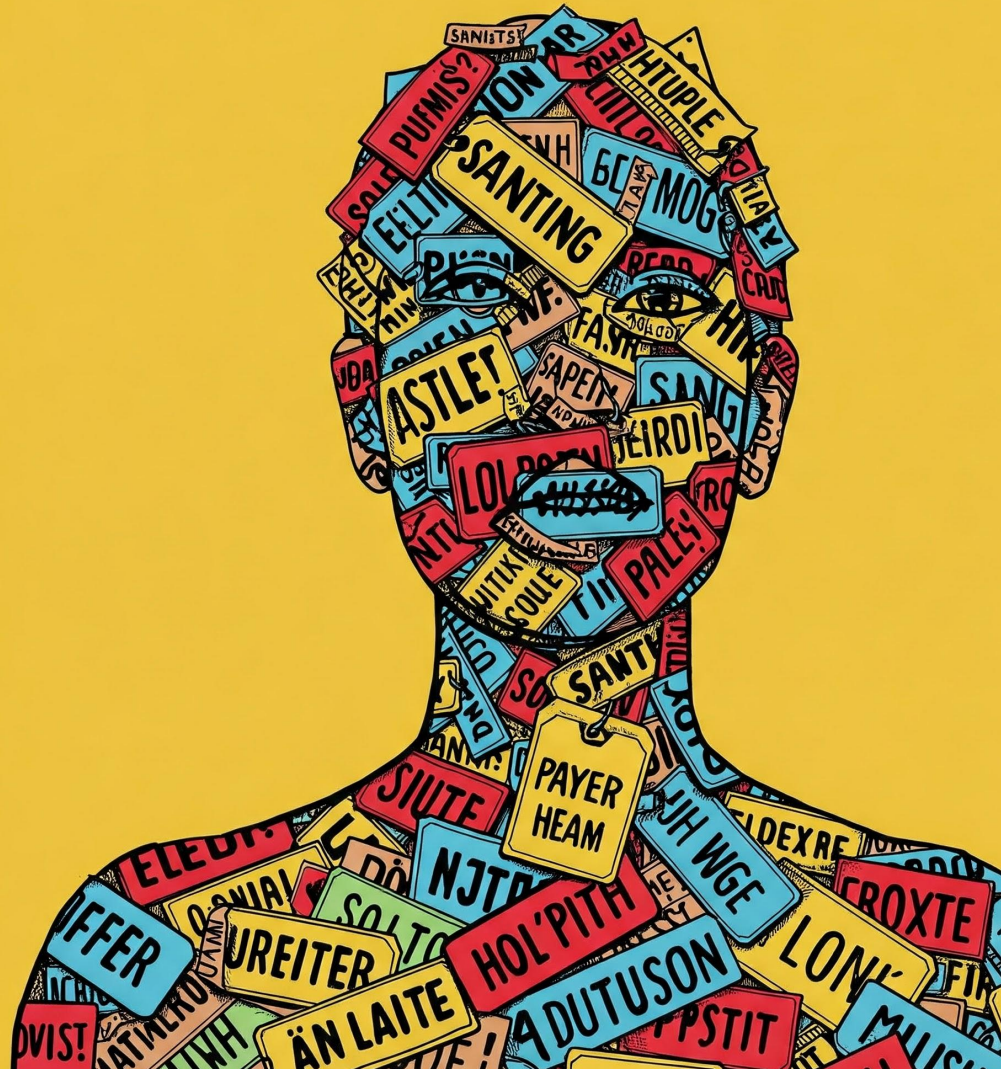
Often more than one aspect

Autism and ADHD = auDHD

Hypermobility

Auto-immune conditions

Stress sensitivity





The place of trauma

What is trauma?

Not the event in itself

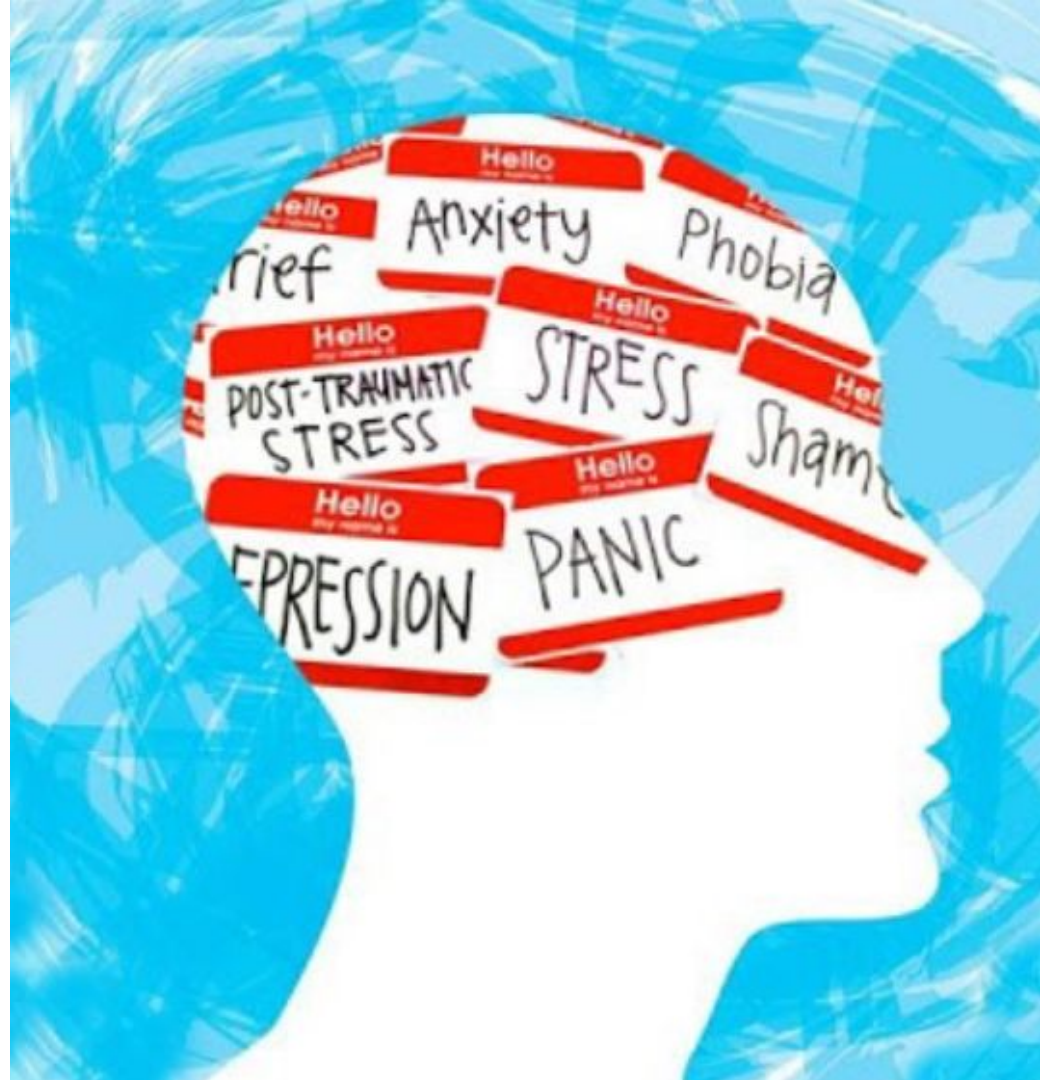
But our reaction to it

Different for everyone

Processing interrupted

Stuck on 'what happened'

Big T trauma and small t trauma



Craving safety

Brain's job is to keep us safe, not happy

Craves logic and quickest explanation

Comfort zone and familiar feel safe

But also keep people stuck



PhD in Self-Beating

Easier to think there is something wrong with themselves

Feels safe, familiar, maybe even comfortable

Ironically a way of being in control

Even if the narrative is negative

The self-conspiracy theory!



The six F responses

Flight, Flight, Freeze, Fawn,
Flood, Fatigue

Nervous system either in
activation or shutdown mode

Survival mode = **not forming
memories**



Joined at the hip

Neurodivergence invariably
comes with some form of
trauma

Societal

Emotional

Cultural

Mental

etc



The challenges

Too much

Too much information

Too much sensory input

Not seeing the end

Some strategies:

Break down things/ roles in smaller steps

Clear notes, Actions

Not relying on memory

Offer extra time



Not clear enough

NDs crave logic, efficiency, clarity

Not comfortable in the grey zone

If something doesn't make sense

= could be a sign of danger
(hypervigilance)

Strategies:

Inviting open, even basic questions



Not safe enough

World is NOT a safe place

can't control external world

can't undo what happened to them

Feeling safe is paramount

Strategies:

Create a sense of safety

Offer space, reassurance, time to reflect

Step into their shoes/ importance of
modelling compassion



Meerkat Syndrome

Hypervigilance

Dissociation

Rejection Sensitivity Dysphoria

Anxiety, depression

Survival mode activated

Executive function shut down



RSD

A defence mechanism

State of hypervigilance

Lack of personal safety

Feeling triggered

Spiralling thoughts, negative self talk

Shallow breathing, headaches,
sweating

Anxious feeling



Procrastination

A judging term! Not always a negative. Can be several things:

- The brain attempt to escape pressure
- Lack of spark (relying on urgency as a motivator)
- Necessary fallow/processing time

The curse of productivitis



Executive functioning

Working memory

Sense of time

Prospective memory

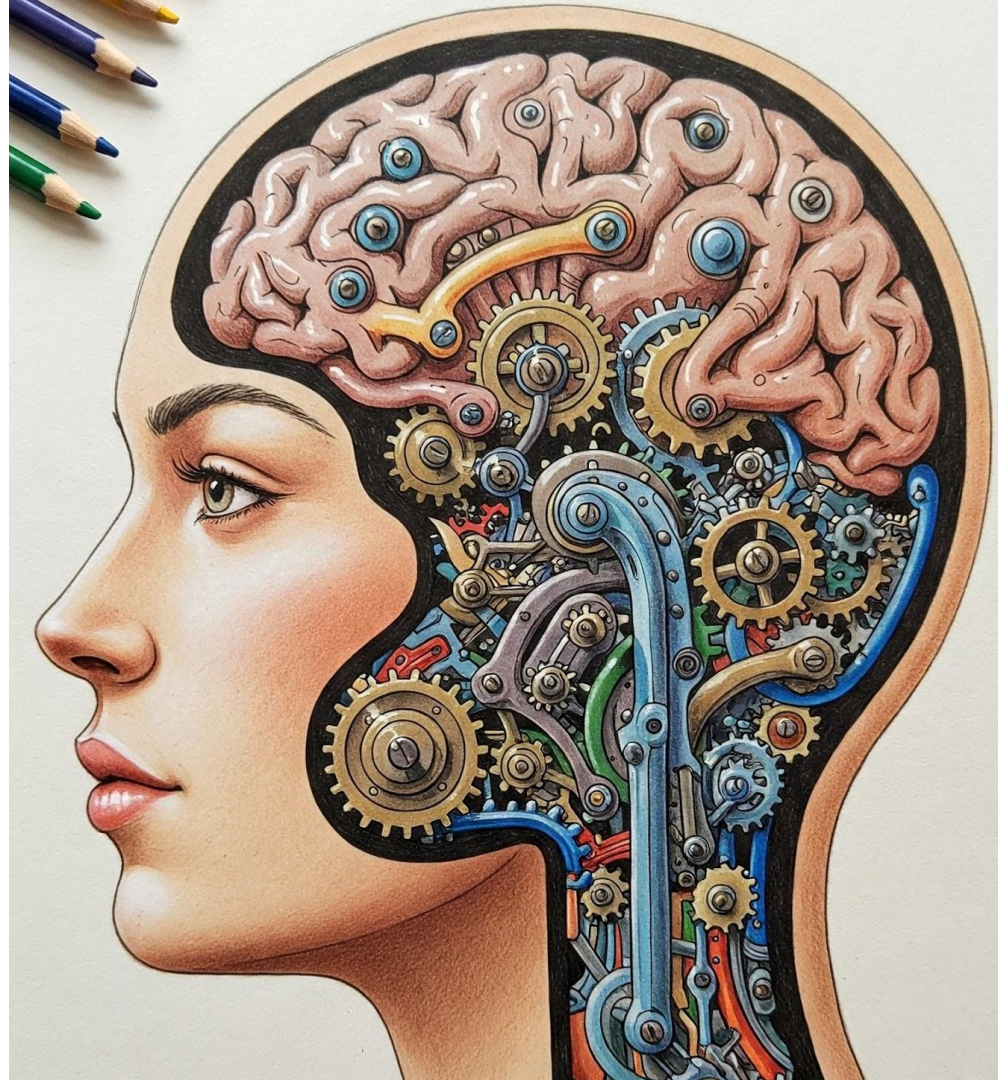
Emotional self-control

Self-activation

Hindsight and forethought

Affected by dysregulation

(See [guide to executive functioning](#))





Offering support

Validate first

Support sense of autonomy and agency

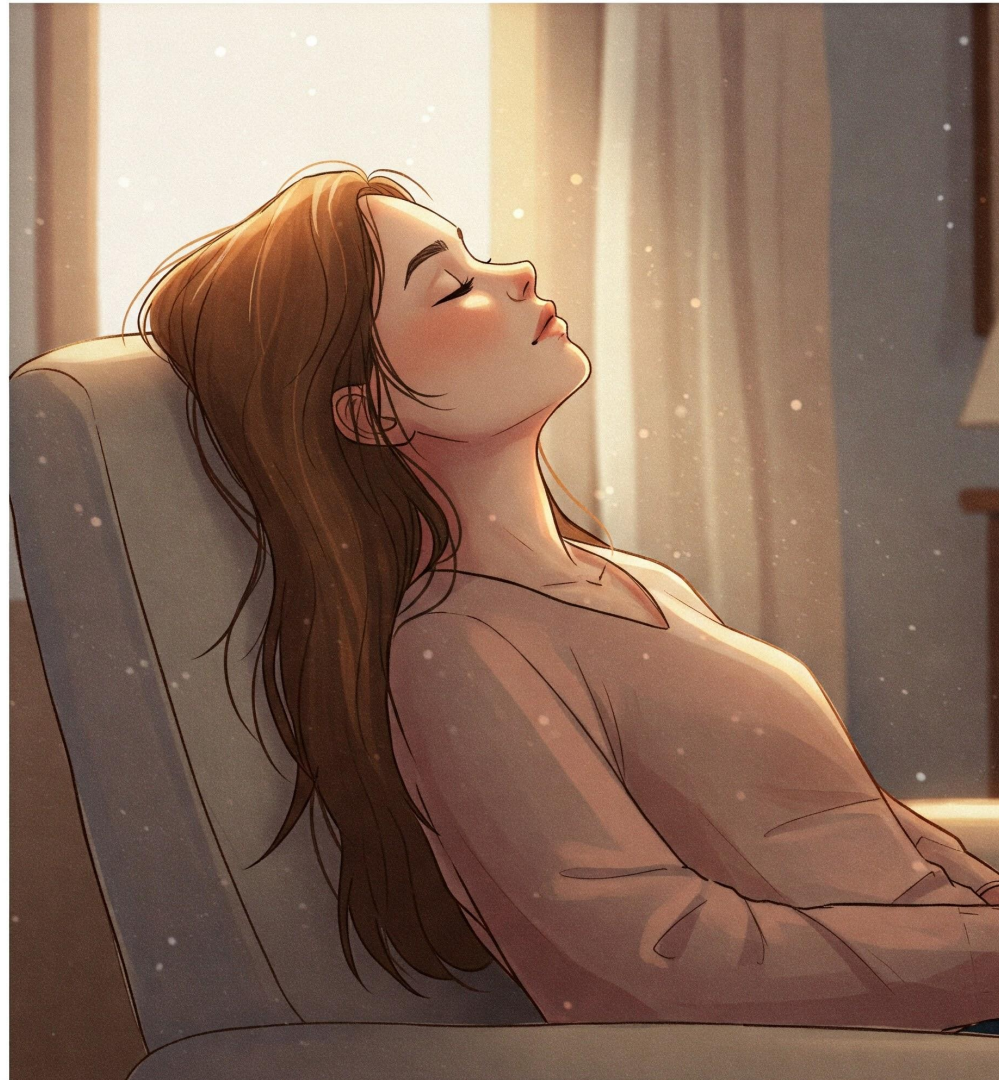
Model patience and compassion
(often lacking for themselves)

Adapt communications

Listening, not solving

Mirroring

It's about creating a sense of **safety and trust**



Allow processing

Pressure OFF

Taking a time out

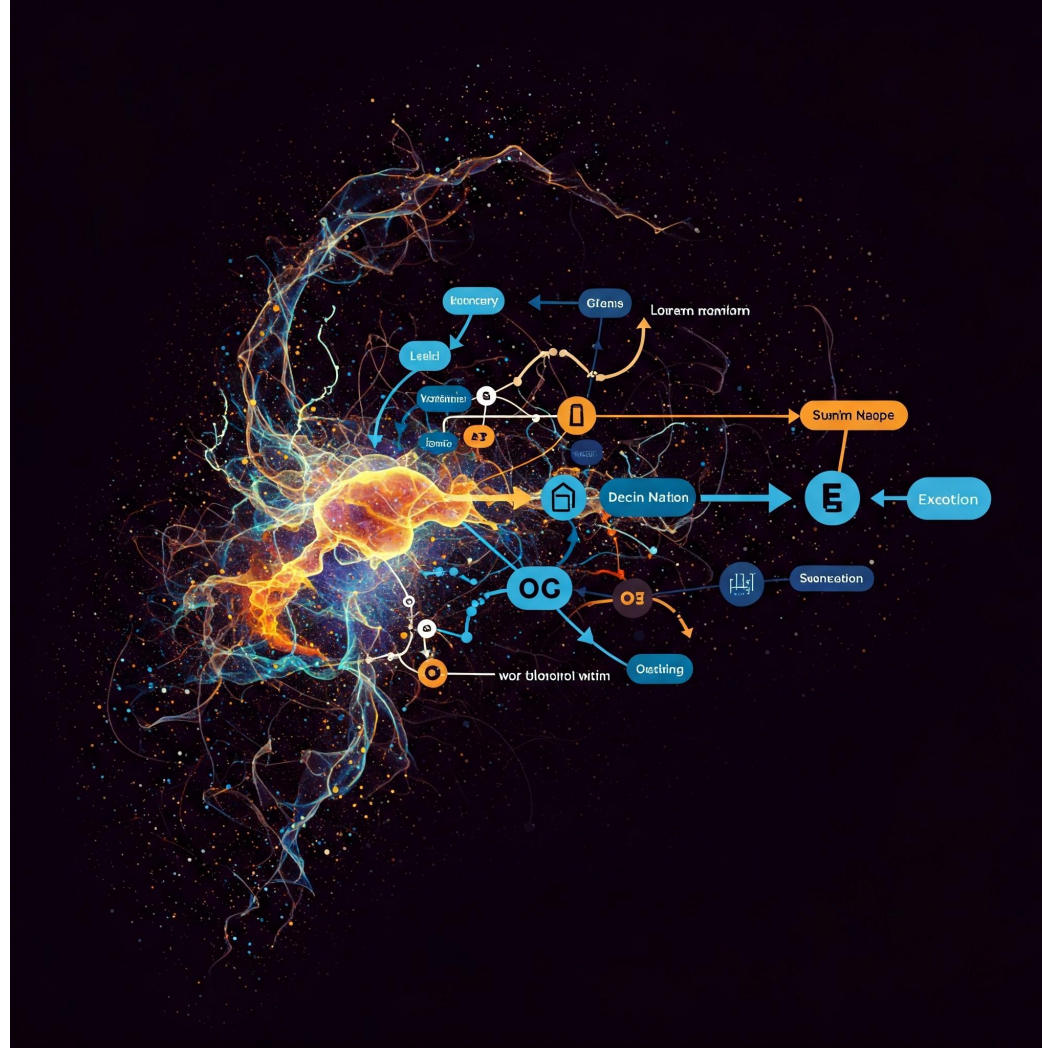
Task switching/ break

Verbal processing

Acknowledge difficulty

Taking the time to regroup as time will be eaten up anyway by panic

Avoid on the spot situations



The body knows the score

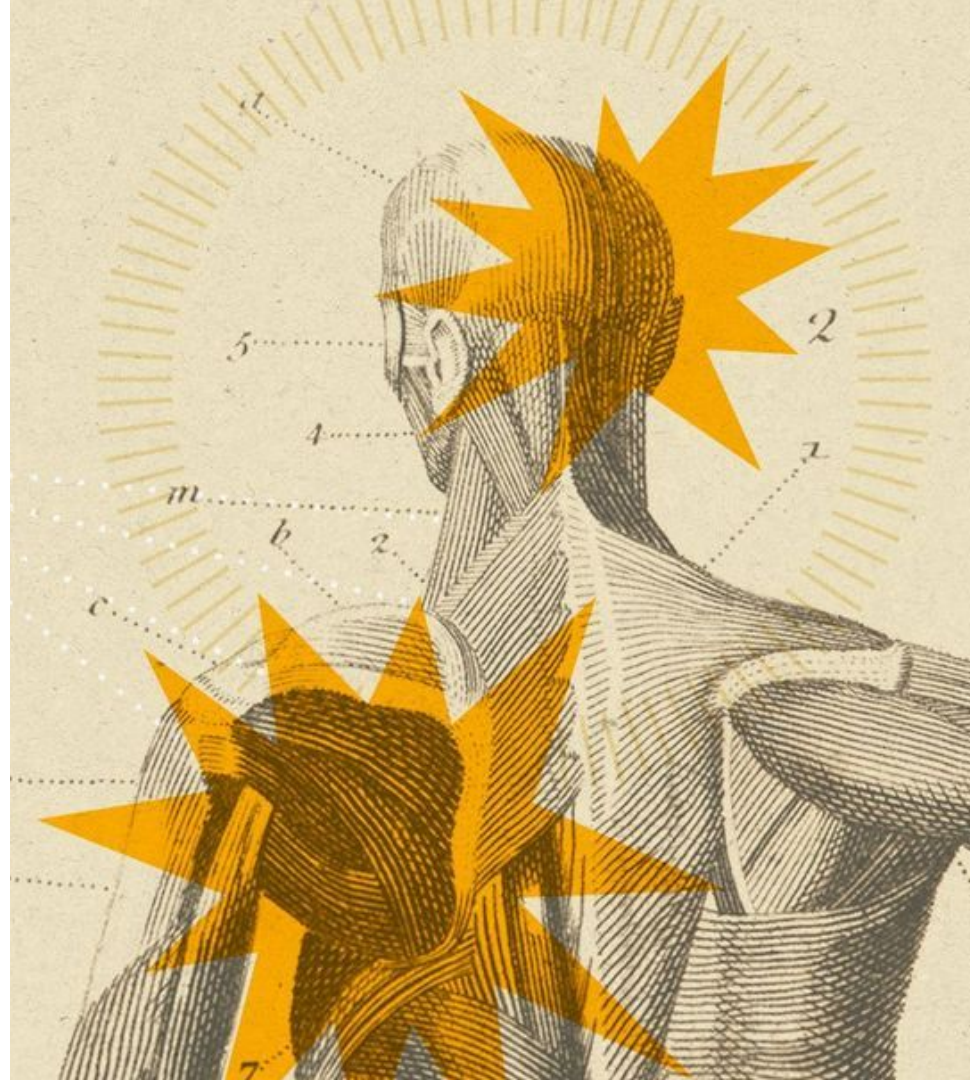
Calming the nervous system

Optic nerve flossing

(Dr Arielle Schwartz [demonstrating](#))

Breathing OUT

Self-hug



Building up

Praise works better than telling offs

Don't be afraid of stating the obvious

Focus on what they do well

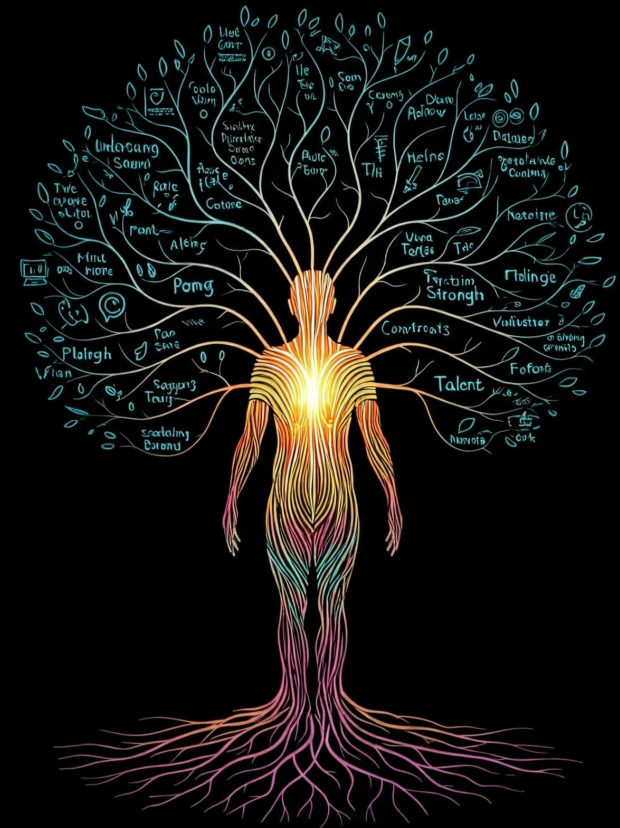
Guaranteed they haven't 'heard' it

Understand strengths

Problem-solving abilities

Lateral thinking

Compassionate, friendly



Switch on

Need four things

Personal interest

Novelty/ Variety

Problem-solving

Urgency

Gamifying works



Refocus

Restate the task

Is it too big a task

Does it need breaking down

Is there another task that needs to happen first

What's the logic behind this task?



Reasonable adjustments

Comms - clear steps paramount

Sensory - environment plays a massive part in wellbeing

Understanding the person, not the condition

Offering processing time/ style

Good practice for everyone, not just neurodivergent



Prioritise autonomy

Empower

Comms

Collaborate on goal setting

Led by individual

Develop a sense of safety



Self-care is a MUST

Not a nice to have...

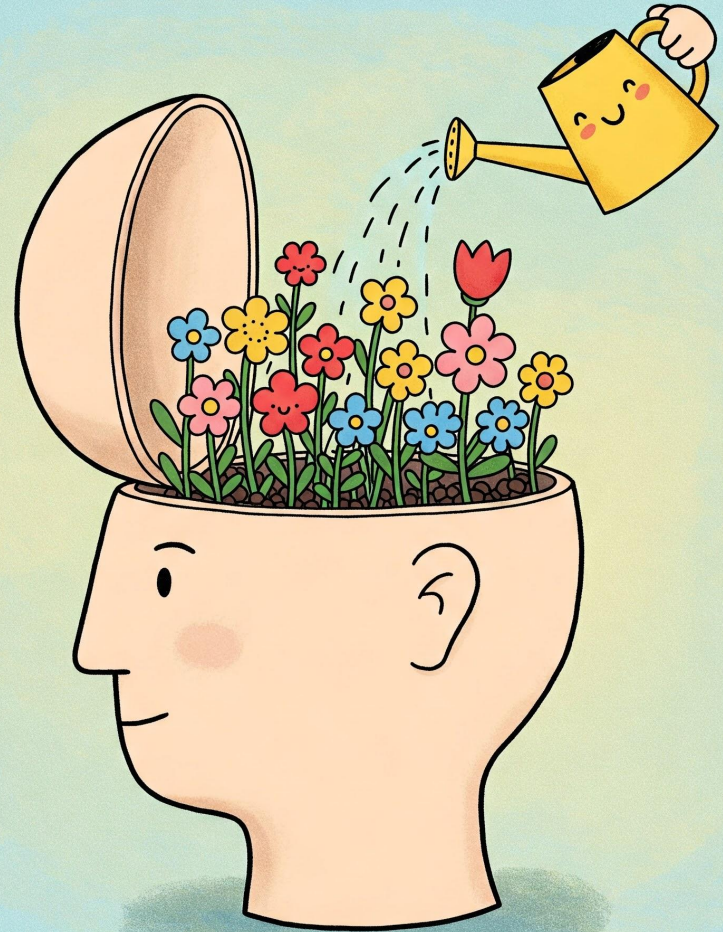
We can't function without it

Can come at huge personal cost
and burn out

Self-care is different for everyone

Cue: can't be bothered but will
make me feel better

Easy dopamine vs hard dopamine



Rabbit holing

The neurodiversity paradigm

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8992885/>

ADHD innate traits vs distress symptoms

<https://www.traumageek.com/blog/innate-adhd-vs-distress-symptoms>

Brene Brown on shame

https://www.ted.com/talks/brene_brown_listening_to_shame

The Gazelle shaking off trauma (graphic in an Attenborough way, but happy ending!)

<https://www.youtube.com/watch?v=-QggITik6G4>

Books

Dr Bessel Van Der Kolk - The Body Keeps The Score

Dr Peter Levine - Waking The Tiger

Dr Arielle Schwartz - The Polyvagal Theory Workbook for Trauma:

Dr Sari Solden - A Radical Guide for Women with ADHD

