

# The extensive benefits of a neurodiverse workplace

Dr. Veronica Allen (she/her)  
University of Groningen  
Queer Autigender  
AuDHD



**EUROPEAN ASTRONOMICAL  
SOCIETY ANNUAL MEETING**





For the worker  
and workplace

# The extensive **benefits** of a neurodiverse workplace



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# The extensive **benefits** of a **neurodiverse** workplace

Having a diversity of neurotypes:  
Neurotypical and neurodivergent  
(including autistic, ADHD, dyslexic, etc.)



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**For the bosses and managers:**

**Your neurodivergent team members have strengths and struggles!**

**These groups suit the work of discovery very well with out-of-the-box thinking, creative solutions, enhanced pattern recognition skills, excellent memory (for topics of interest), and/or amazing attention to detail.**

**But each person is unique and has unique support needs.**

**Most accommodations are simple and free/cheap, they just need to be available.**



For the worker  
and workplace

# The extensive **benefits** of a **neurodiverse** workplace

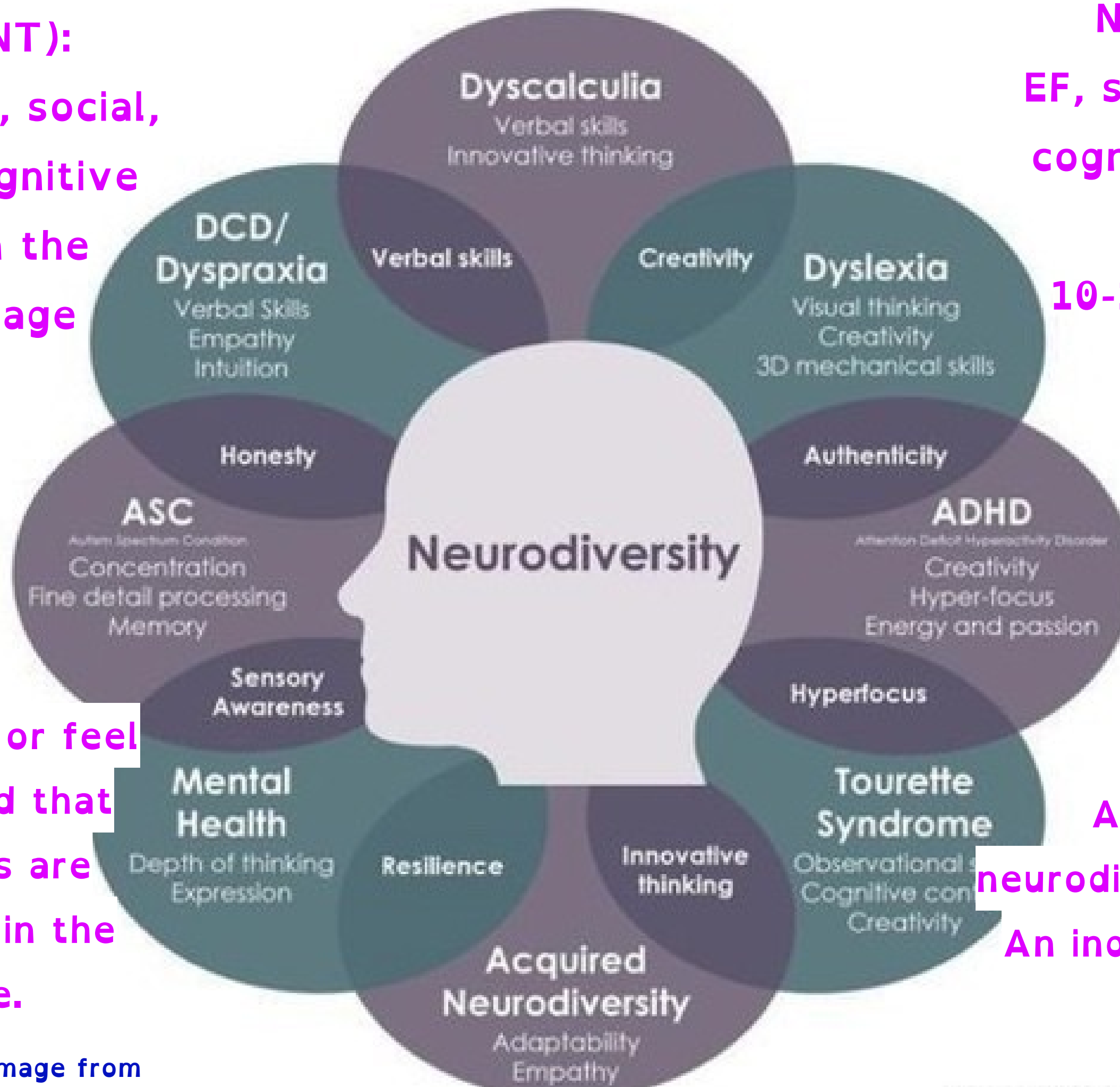
Having a diversity of neurotypes:  
Neurotypical and neurodivergent  
(including autistic, ADHD, dyslexic, etc.)



**EUROPEAN ASTRONOMICAL  
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Neurotypical (NT):  
executive function, social,  
emotional, and cognitive  
functions within the  
statistical average



Neurodivergent (ND):  
EF, social, emotional and/or  
cognitive functions outside  
statistical average  
10-20% of the population

not all brains think or feel  
the same way, and that  
these differences are  
natural variations in the  
human genome.

A group of people are  
neurodiverse, an individual is not  
An individual is neurotypical or  
neurodivergent.

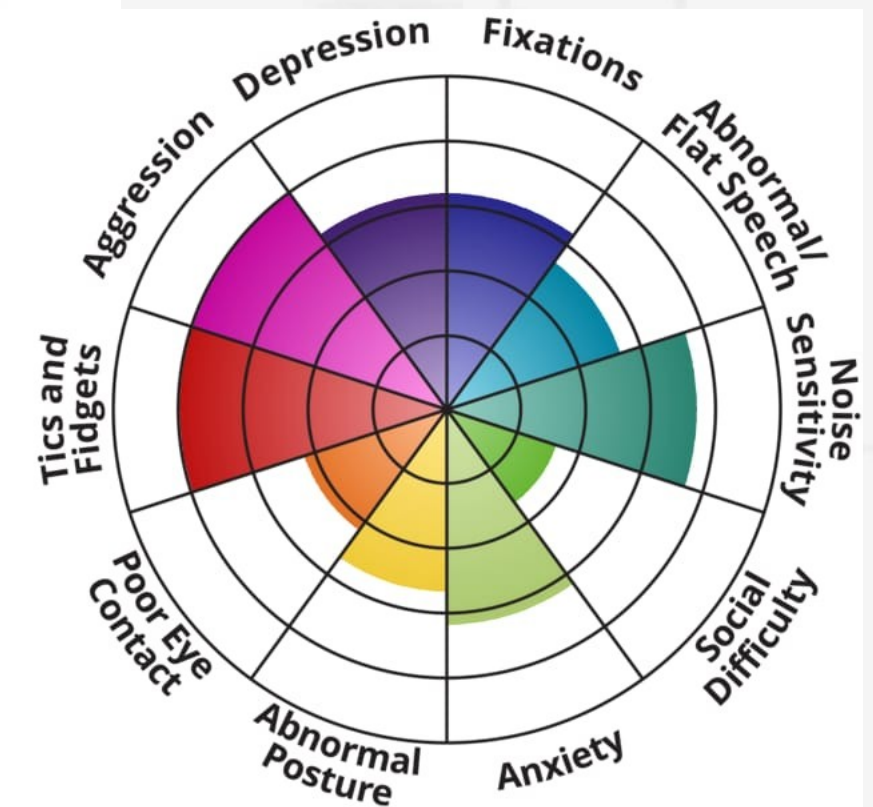
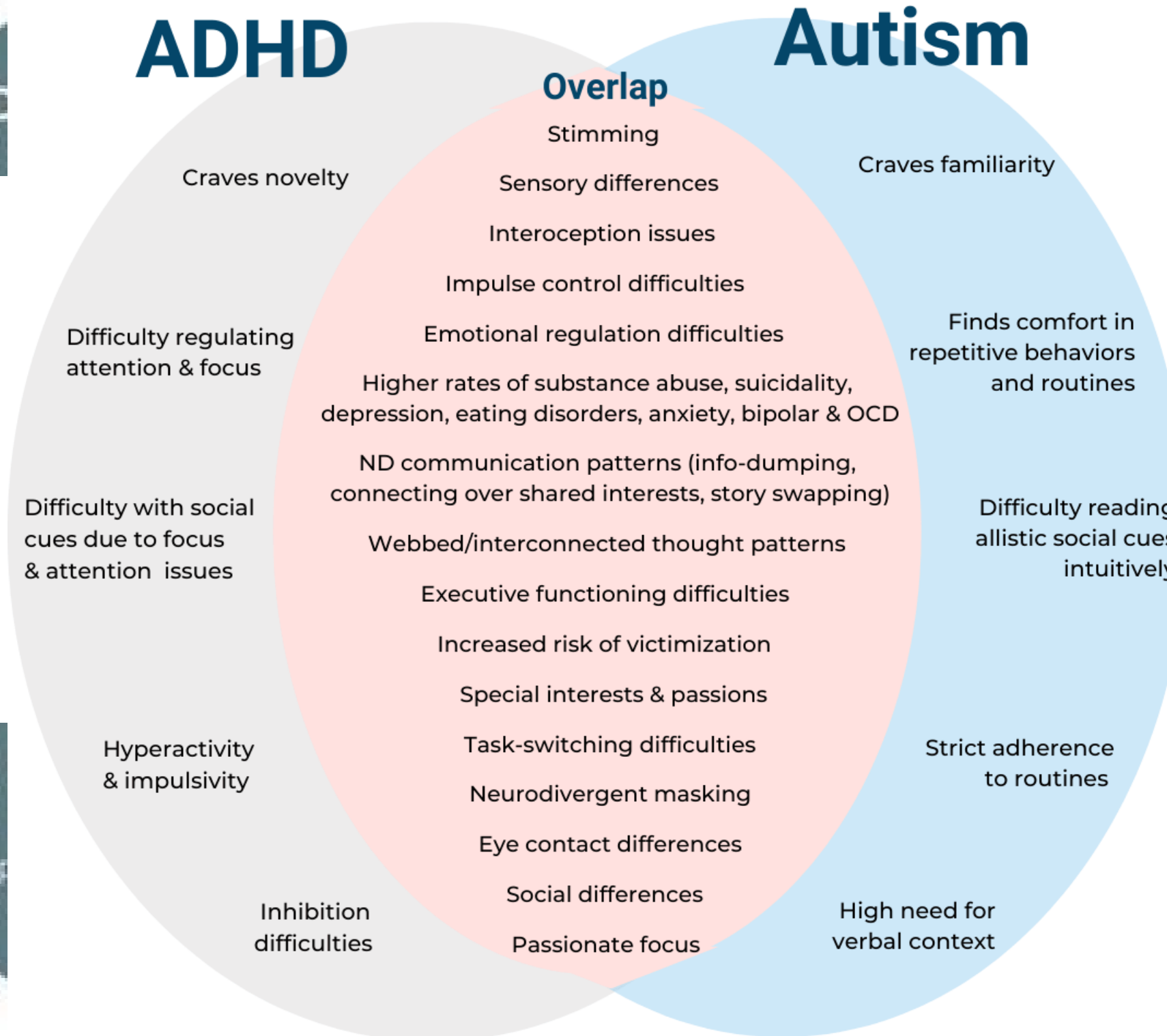
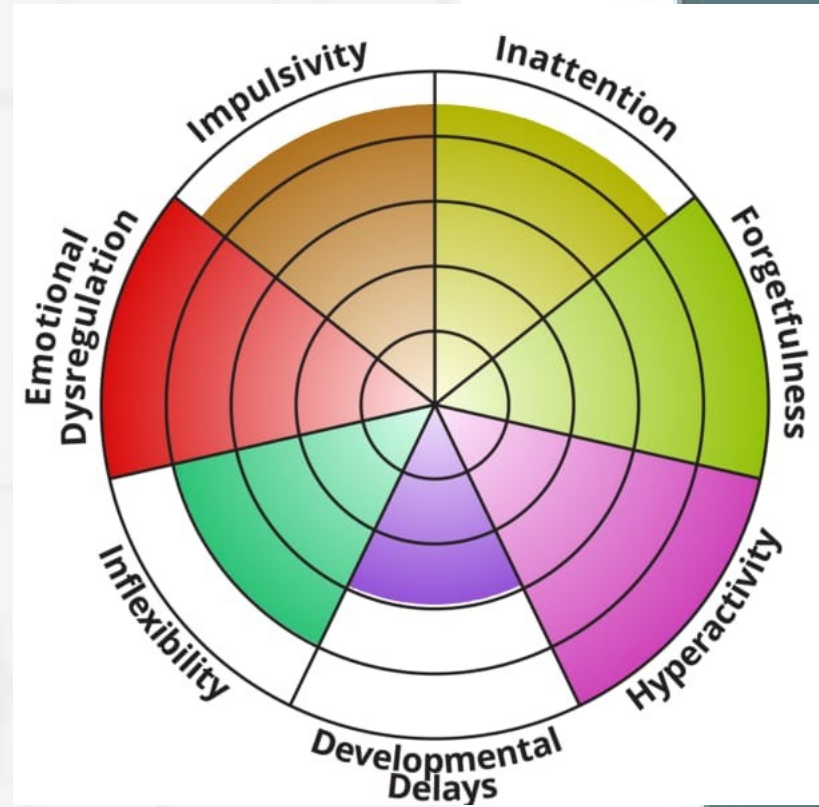
Image from

<https://www.weforum.org/agenda/2022/10/explainer-neurodivergence-mental-health/>

ANNUAL MEETING



# Misdiagnosis Monday: ADHD vs. Autism



DR. NEFF  
MISDIAGNOSIS MONDAY SERIES

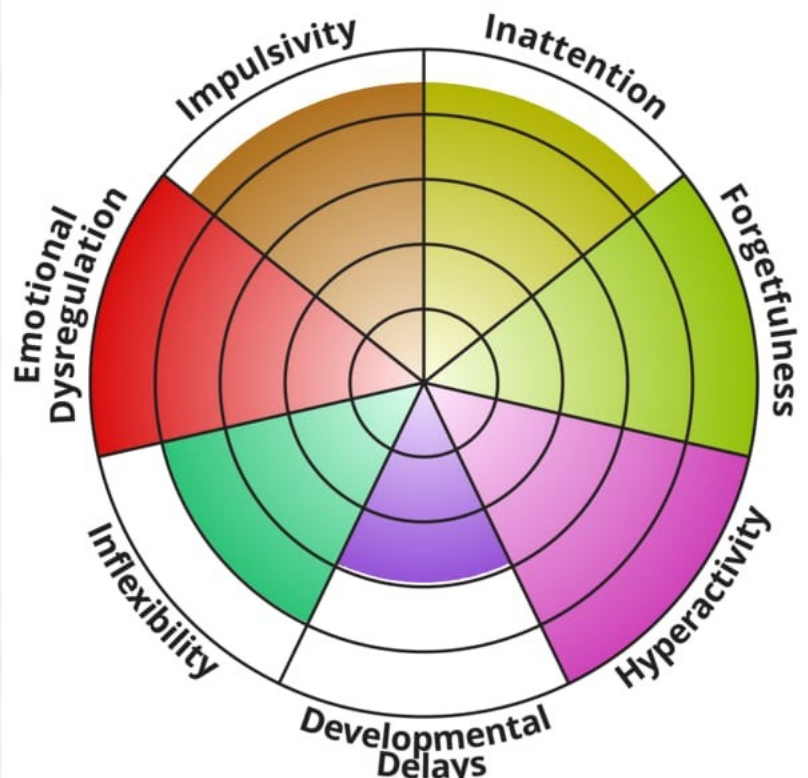
Image from  
<https://www.earth/>

Disclaimer: This diagram represents common patterns or trends associated with autism and ADHD. However, these are generalizations & will not resonate with everyone's individual experiences. There is a lot of diversity among Autistic and ADHD people & each person's journey is different. For more information and full write up please see [www.neurodivergentinsights.com](http://www.neurodivergentinsights.com)



earthly

ANNUAL MEETING



Co-occur in high rates within families and individuals



Until 2013 a provider couldn't diagnose both conditions.

22-83%

22-83% of Autistic children also meet criteria for ADHD

**ADHD & Autism**



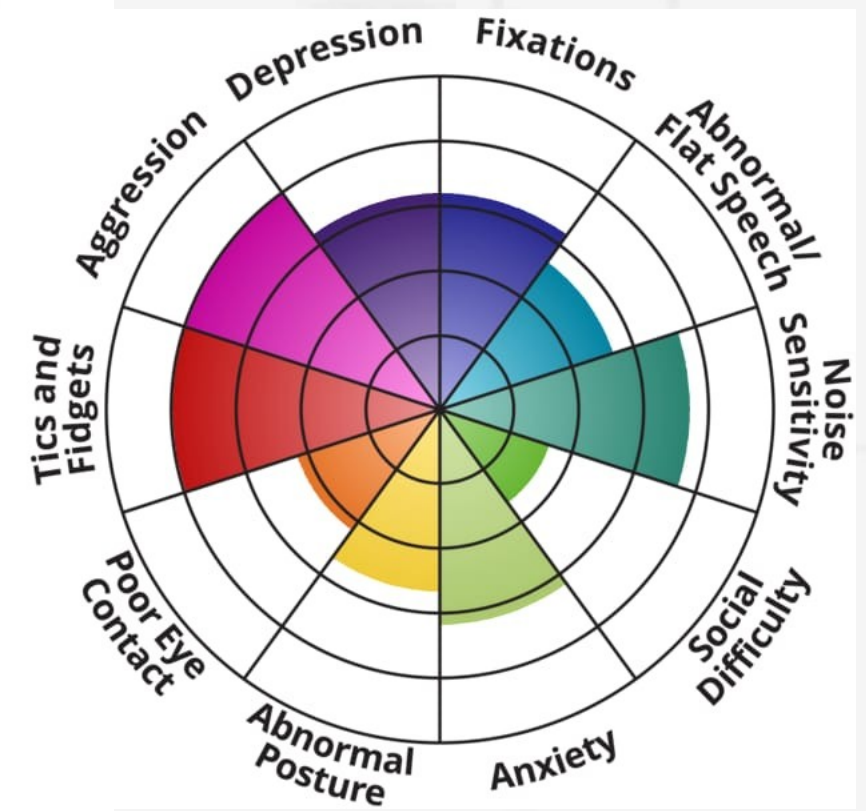
Significant neurobiological overlap

30-65%

30-65% of children with ADHD have clinically significant Autistic traits







There is estimated 50-72% overlap of genetic factors

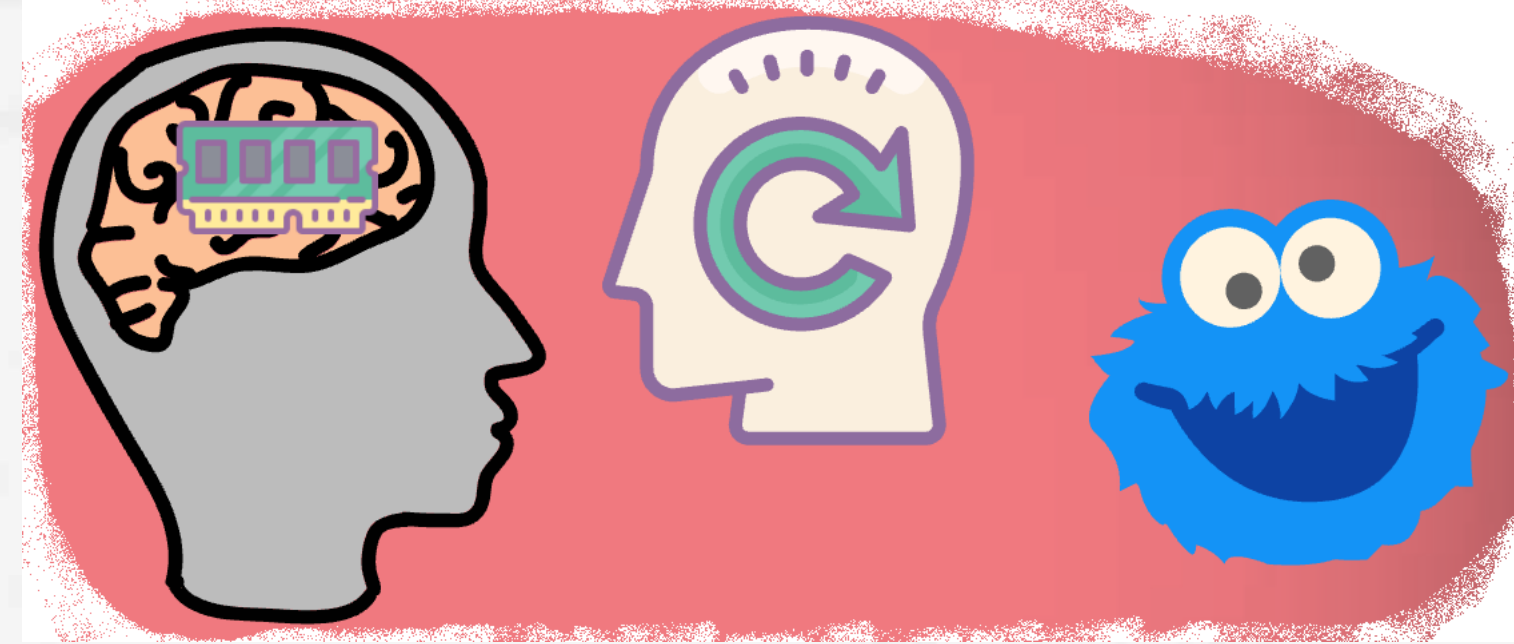


**Neurodivergent insights**



<b>Planning</b> 	<b>Organization</b> 	<b>Self-Control</b> 
<b>Task Initiation</b> 	<b>Executive Functioning Skills</b> <small>www.thepathway2success.com</small>	
<b>Time Management</b> 	<b>Metacognition</b> 	<b>Working Memory</b> 
<b>Attention</b> 	<b>Flexibility</b> 	<b>Perseverance</b> 

working memory,  
flexible thinking,  
impulse control



- Poor time perception in general (“time blindness”)
- Difficulty starting non-preferred tasks and sustaining concentration
- Forgetting meetings, appointments, details
- Daydreaming/distractability
- Hyperfocus on preferred tasks
- Out of sight = out of mind to the extreme
- Difficulty with verbal instructions (auditory processing)
- Disorganization
- Extreme emotions (emotional dysregulation)
- Impulsive spending, speaking, actions
- Difficulty switching between tasks





# Intersectionality

A high proportion of ND people identify as LGBTQIA+

Streng et al 2014 – gender variance 7x more common for autistics and 6x more common for ADHDers

Bush et al 2021 – only 8% of participants heterosexual

Warrier et al 2020 – gender non-conforming participants 3-6x more likely to be autistic

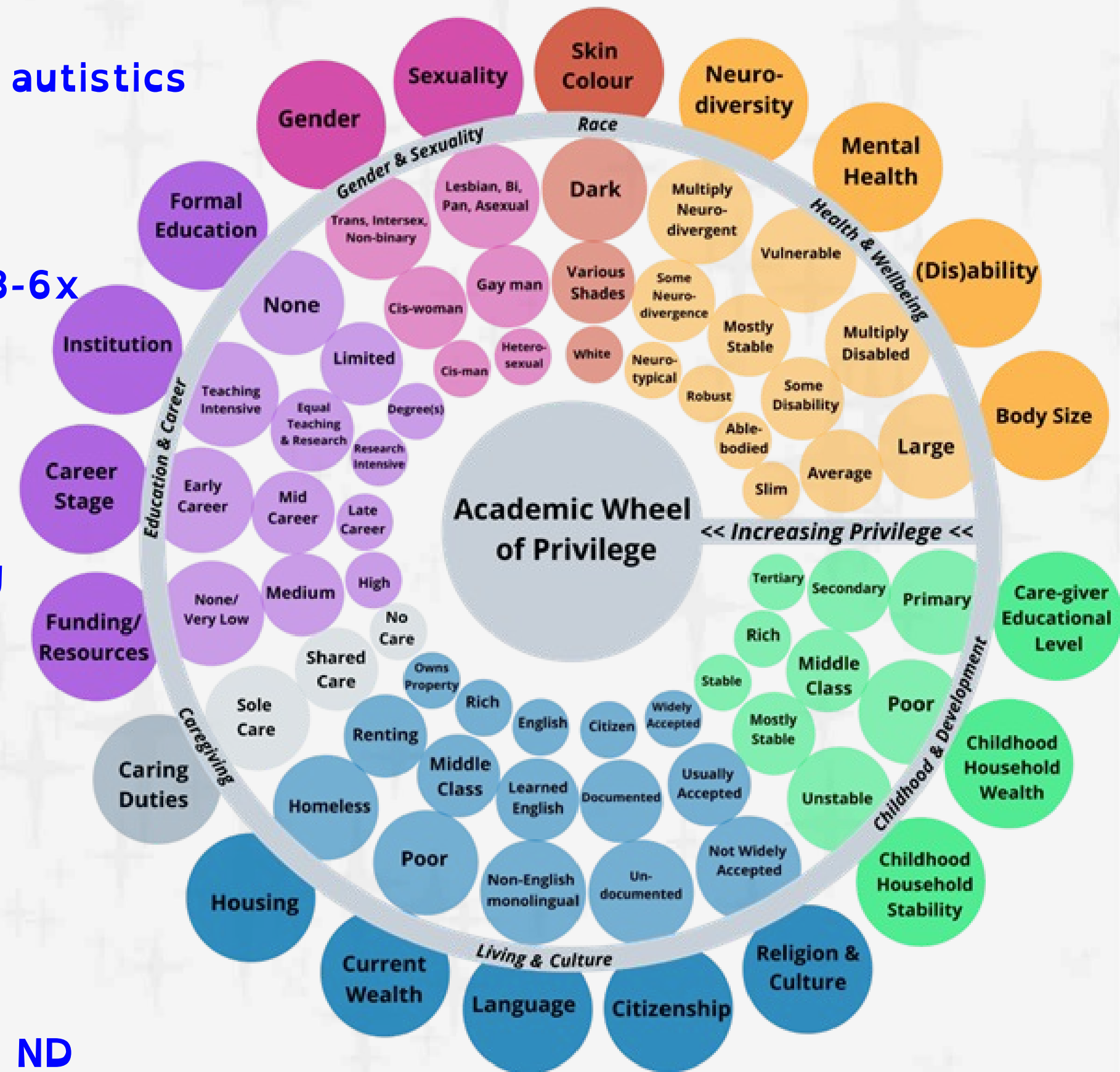
AFAB/female-socialized people present autistic and ADHD traits differently than AMAB/male-socialized people

Women often diagnosed with ADHD as adults after having children -- their executive skills become overloaded with their new care-giving role

Low socioeconomic status is a barrier to professional diagnosis in many countries.

The community generally approves of self diagnosis.

Autistic and ADHD people are commonly diagnosed with depression and anxiety (secondary disorders) rather than ND





# History of exclusion of ND people

Work adaptations not required in many countries and avoided where required

Diagnosis restricted to white cis boys who caused disruption to others



Girls not included in studies of ADHD until the 2000s and “female presentation” of autism is still diagnostically used



Adult ADHD not diagnostically allowed until 1990s



Most recent DSM-V (2013) removes the description of autism as a childhood disorder

Many people are still unwilling to self-disclose due to fear of stigma



## Medical model vs. Social model of disability

**Medical model – You have a sickness/injury and a doctor can help you get better.**

**If you can't get better, then you are responsible for your accommodations.**

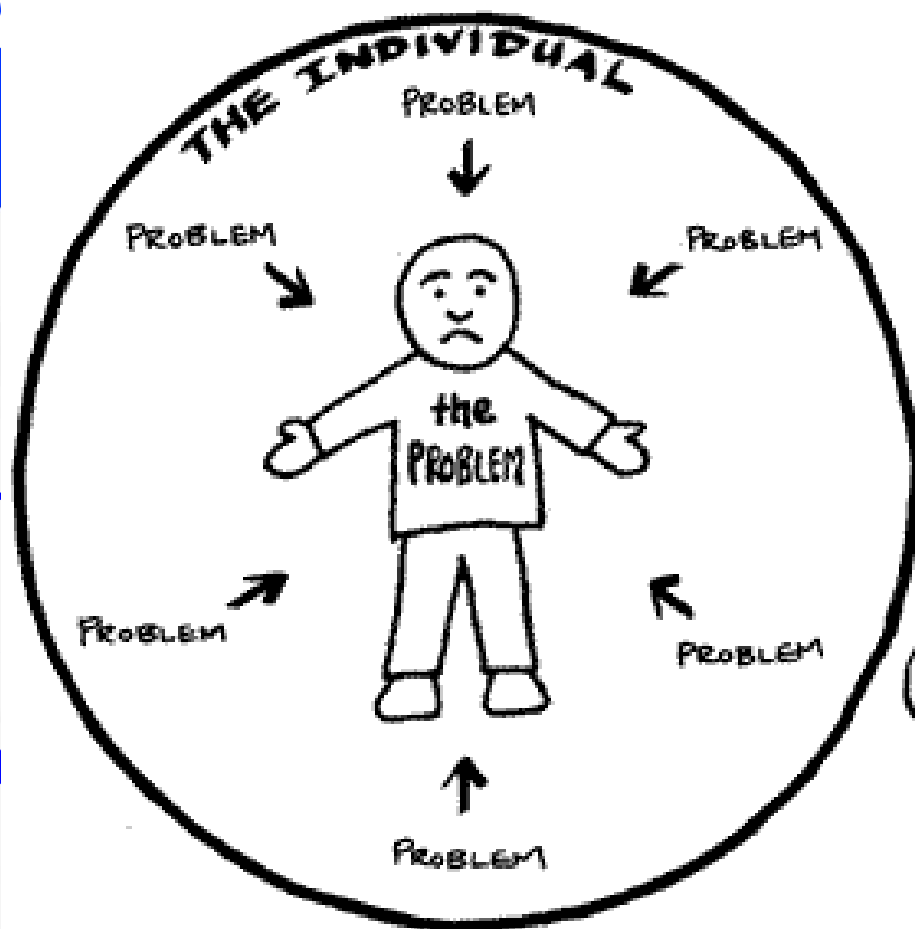
**Social model – Society has arbitrary rules and restrictions which exclude people who cannot participate. Everyone has limitations and most can be removed or supported.**

## Disabled (adj) vs Disabled (v)

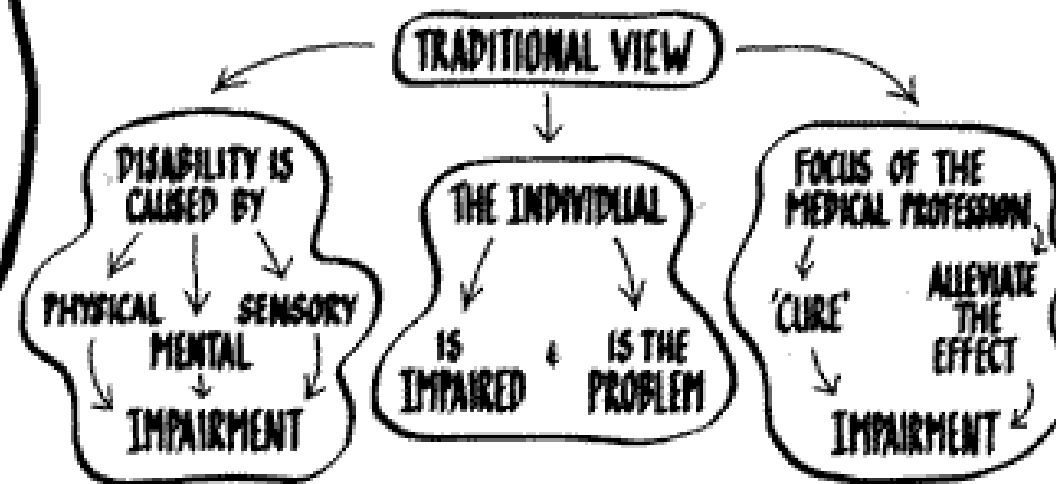
**If your environment or working conditions are inaccessible to users then they are disabled (v) by those conditions.**

**Adapting an environment to all of its users or providing support removes the disabling element.**

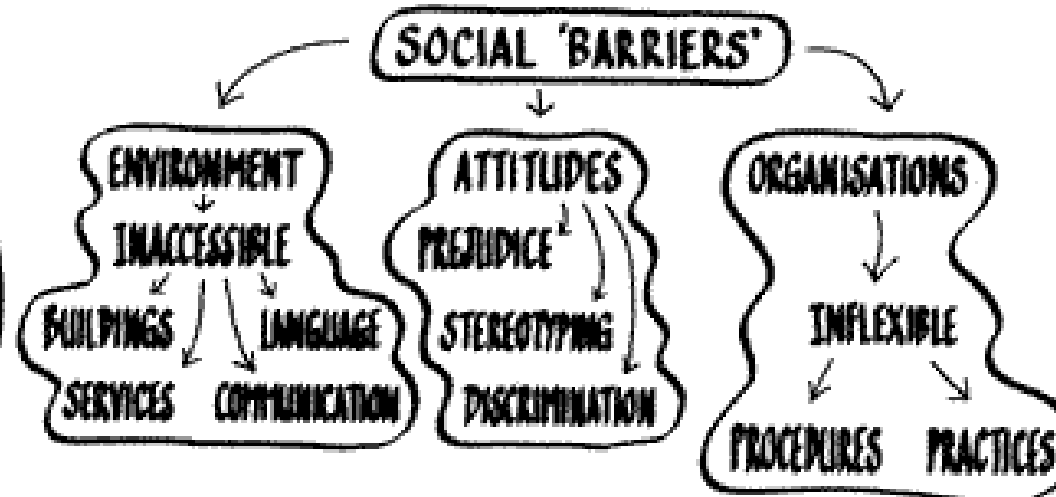
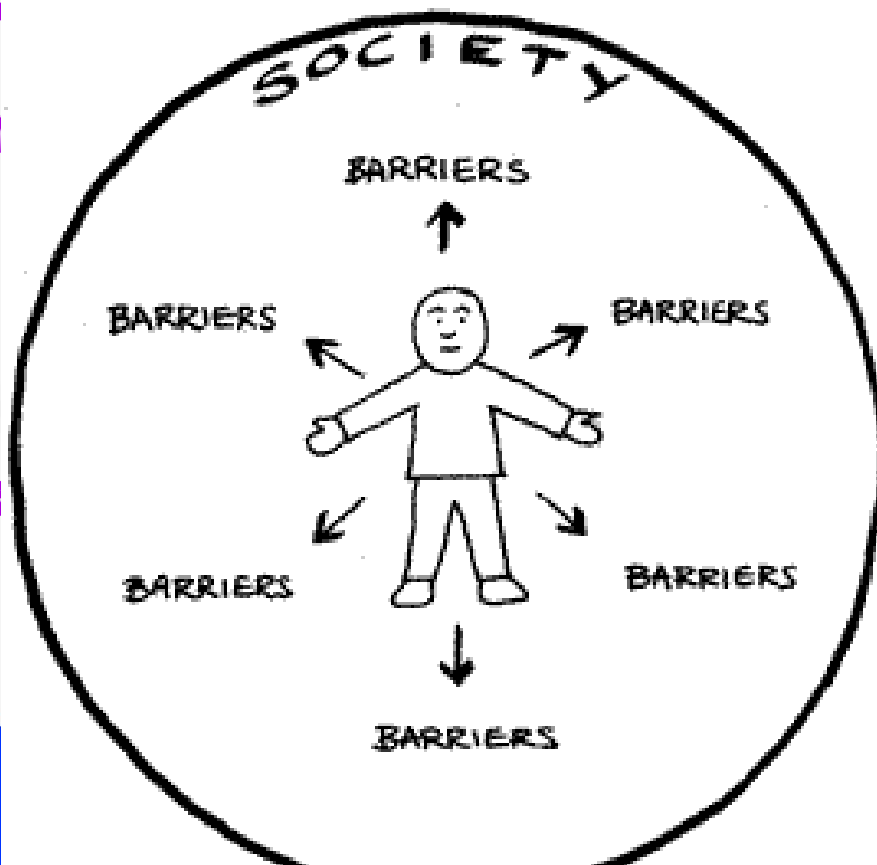
# THE MEDICAL MODEL OF DISABILITY



IMPAIRMENTS AND CHRONIC ILLNESS OFTEN POSE REAL DIFFICULTIES BUT - THEY ARE NOT THE MAIN PROBLEMS



# THE SOCIAL MODEL OF DISABILITY



Medical model vs. Social model – You cannot participate. Even if you can't get better. Society cannot participate. Even if you can't get better.

Disabled (adj) vs Disabled (v) – If your environment or those conditions. They are disabled (v) by those conditions.

Adapting an environment – People who are supported. People who are supported.

...better. ...people who supported.

...they are disabled (v) by ...the disabling element.




## Assistive technology

Externalized time/visual timers (Time Timer) 

Screen reader (NaturalReader) 

Transcription app (otter.ai) 

Social Schemas app (NeuroSchemas) 

OpenDyslexic font

Bionic Reading 

Goblin.tools (breaks down tasks!)

Time management apps (I've tried like 12 just ask me later)

Address internalized ableism  
(No more "shoulds")

INTERNALIZED ABLEISM BINGO				
"Okay but what if I'm faking it?"	New symptoms, not going to the doctors	Doing the thing and having to recover for days	"I'm not letting my illness stop me"	Not asking for help
"Other people have it worse"	Not wanting to be an inconvenience	"Oh I'm fine!" *is in agony*	"This is totally normal"	"I'm just trying to get sympathy"
Not wanting to say you're "disabled"	"I'm taking this from someone who REALLY needs it"	Free Space	Not taking simple precautions	"Today is just an off day"
"I'm sure it's nothing"	Smiling through the pain for other peoples sake	"I'm not defined by my life changing diagnosis"	Tries to push through the pain	"Sure, I can do that"
Not mentioning something is bad for you	"I'm just lazy"	Feeling guilty for feeling bad	"I'm not REALLY disabled"	"I'm just being dramatic"

Be open about your struggles with safe colleagues

(and maybe check your employment rights)

Try out different supports to see what works for you!



# Institution level actions

**Assistive technology subscriptions**

**otter.ai 100 euro/person/year**

**NaturalReader edu plan 40 euro/person/year**

**Normalize support systems**

**(and ask if more support is needed!)**

**Clearly communicated expectations of priorities,  
task lists and deadlines in writing**

**Provide templates / clear instructions for duties**

**Normalize Subtitles, recordings, and transcription**

**Promote strengths, manage (your and their)  
expectations for weaknesses**

**Meeting-free and/or email-free days**

**Use universal design concepts**

**Email agendas before meetings  
and summaries after**

**Adaptations for high sensitivity**

**Noise canceling headphones**

**"Quiet space" rooms**

**Adjustable lighting**



Assistive technology subscriptions

otter.ai 100 euro/person/year

NaturalReader edu plan 40 euro/person/year

Normalize support systems

(and ask if more support is needed)

Clearly communicated expectations

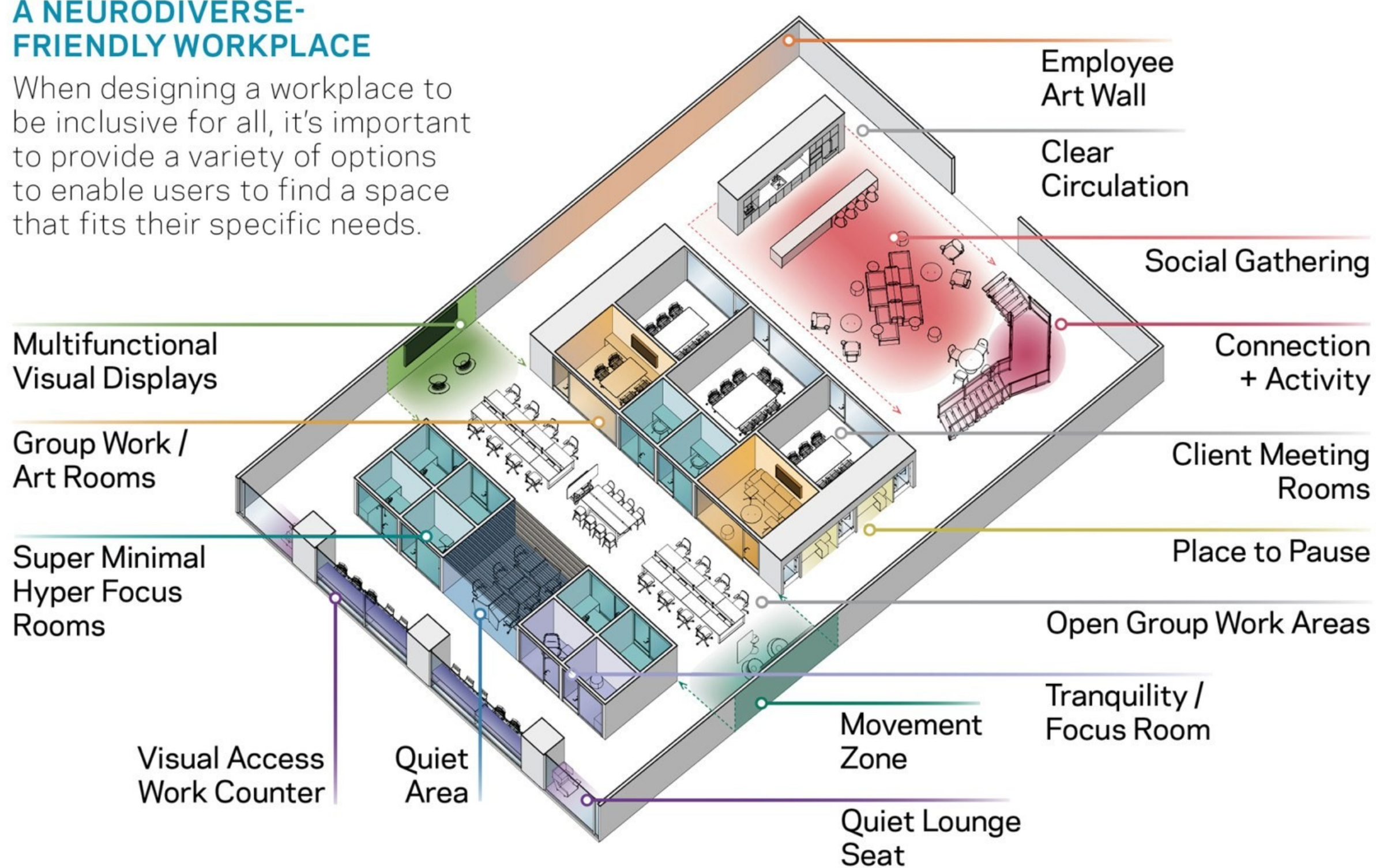
task lists and deadlines in writing

Provide templates / clear instructions

Normalize Subtitles, recordings, and

## A NEURODIVERSE-FRIENDLY WORKPLACE

When designing a workplace to be inclusive for all, it's important to provide a variety of options to enable users to find a space that fits their specific needs.





## Awareness about ND vs NT communication styles

Validation of all neurotypes

Un-learn stereotypes

COMMON MISCONCEPTIONS

### WHO HAS ADHD?

~~EXTROVERTED~~ ~~YOUNG~~  
CAN BE INTROVERTED ANY AGE

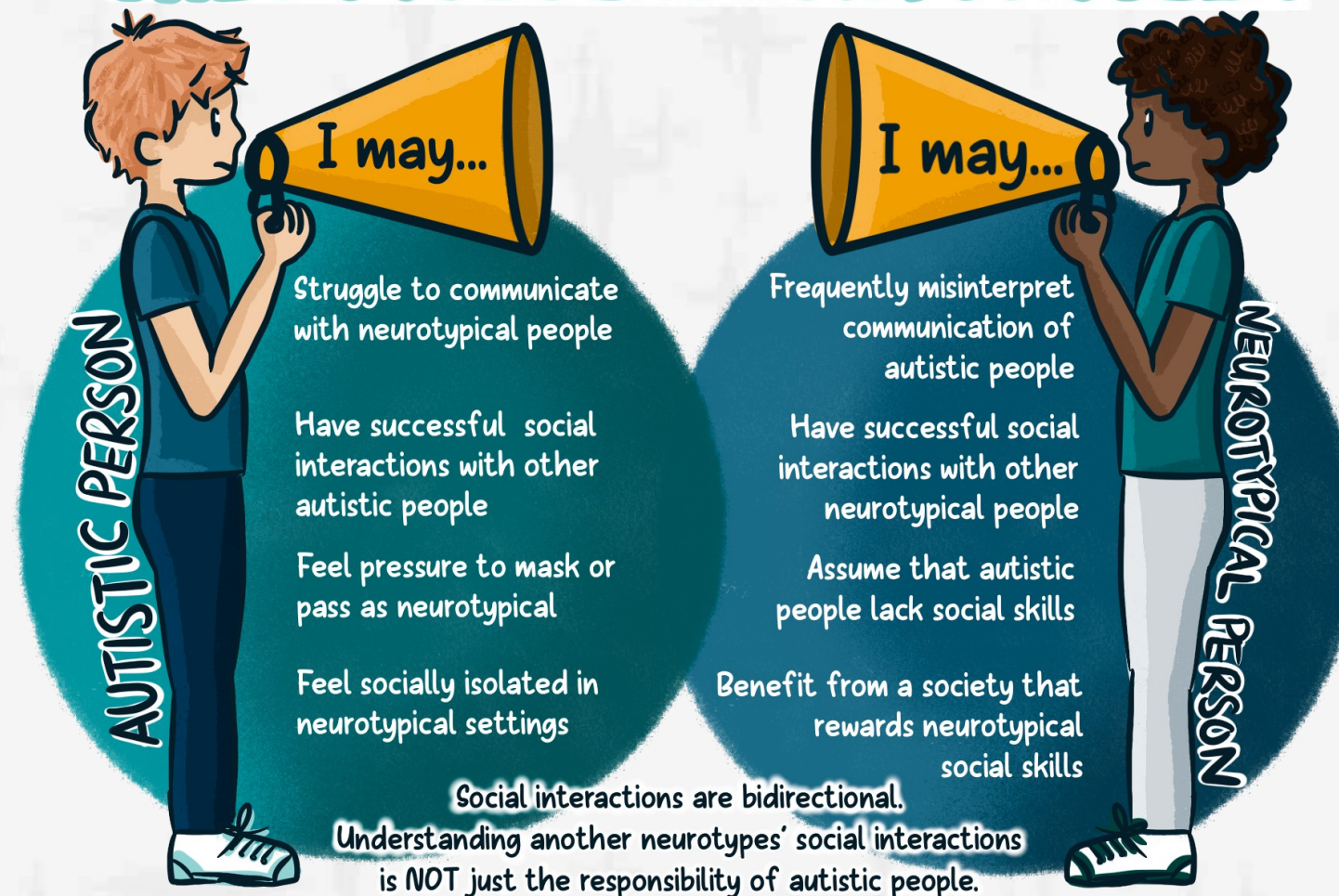
~~BOY~~ WHO ~~FIDGETS A LOT~~,  
ANY GENDER MIGHT NOT BE HYPERACTIVE

~~STRUGGLES~~ IN SCHOOL,  
MAY EXCEL

AND ~~CAN'T PAY~~ ATTENTION  
HAS DIFFICULTY REGULATING

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### THE DOUBLE EMPATHY PROBLEM



## ADHD CONVERSATIONS

### HYPERACTIVE

- + Excessive talking
- + Speaks very quickly
- + Gets off-topic often
- + Unintentionally loud
- + Rambling / tangents
- + Fidgets while being spoken to

### IMPULSIVE

- + Blurts out answers
- + Impatient waiting for turn
- + Lacks internal "filter"
- + Quick emotional responses
- + Inappropriate oversharing
- + May unintentionally dominate conversations

### INATTENTIVE

- + Struggles to pay attention
- + Becomes bored easily
- + Forgets details
- + Appears to ignore others
- + Needs things to be repeated
- + Distracted by background noise or external stimuli



Acceptance of unmasked ND behaviors



S.T.O.P.  
ADHD STIGMA

@danidonovan

**S**TEREOTYPING Thinking all people with ADHD are the same

PERCEPTION

REALITY



**T**RIVIALIZING Belittling people with ADHD

You need to grow up

That's just for kids

It's over-diagnosed

That's not an excuse

**O**FFENDING Insulting people with ADHD

You're just being lazy

What a total Slob

SQUIRREL! hahaha

**P**ATRONIZING Being condescending towards people with ADHD

MINIMIZING

You seem to be able to focus on video games just fine

See? You finally did it. That wasn't so hard, was it?

You just need to sit down and focus

SYMPTOMIZING

Your ADHD is acting up

You're being over-sensitive because of your ADHD

Did you take your meds today?

adhddd.com

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@danidonovan

“Destigmatize, Depathologize, Support”



# New EAS EDI Advisory Committee

## Co-chairs:

Silvia Bonoli (DIPC, Spain)

Cosimo Inserra (Cardiff, UK)

## Committee members:

Veronica Allen (Groningen, NL)

Paul Beck (Tenerife)

Maricruz Gálvez (CAB, Spain)

Monika Jurkovic (Belgrade, Serbia)

Katarzyna Małek (NCBJ, Poland)

Mamta Pommier (Lyon, France)

Kevin Smith (DIAS, Ireland)

Rosa Doran (Portugal)

Matthias Maercker (Chalmers, Sweden)

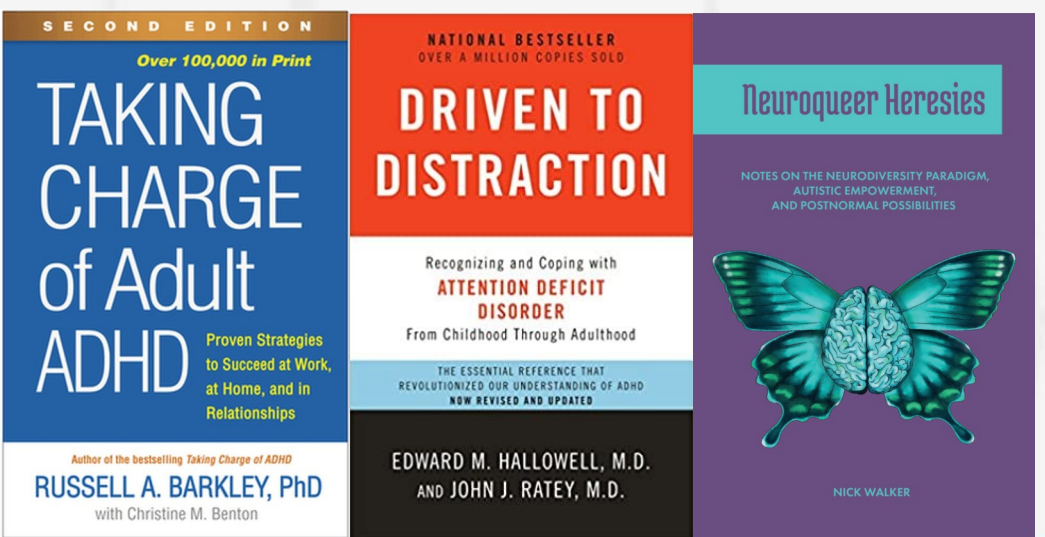
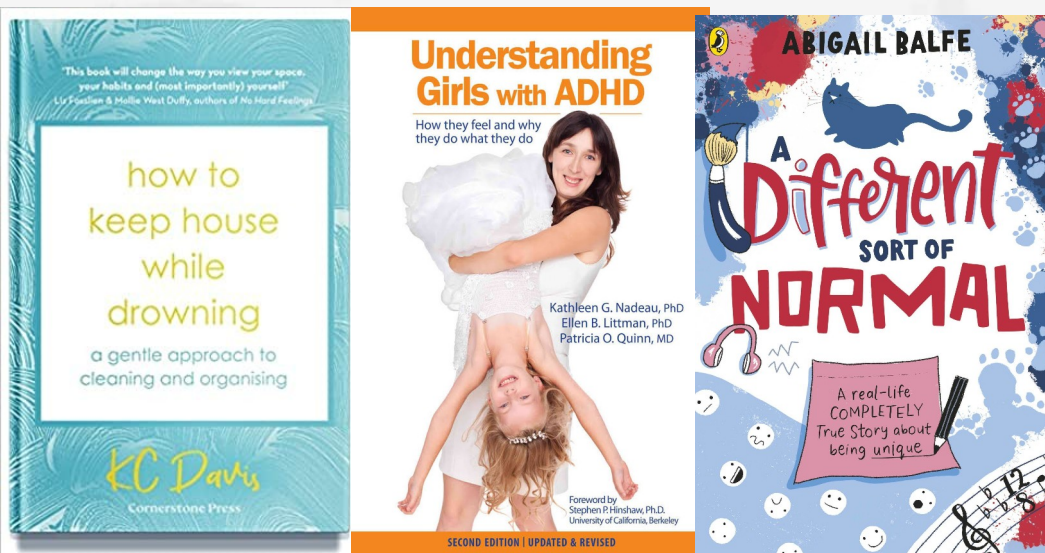
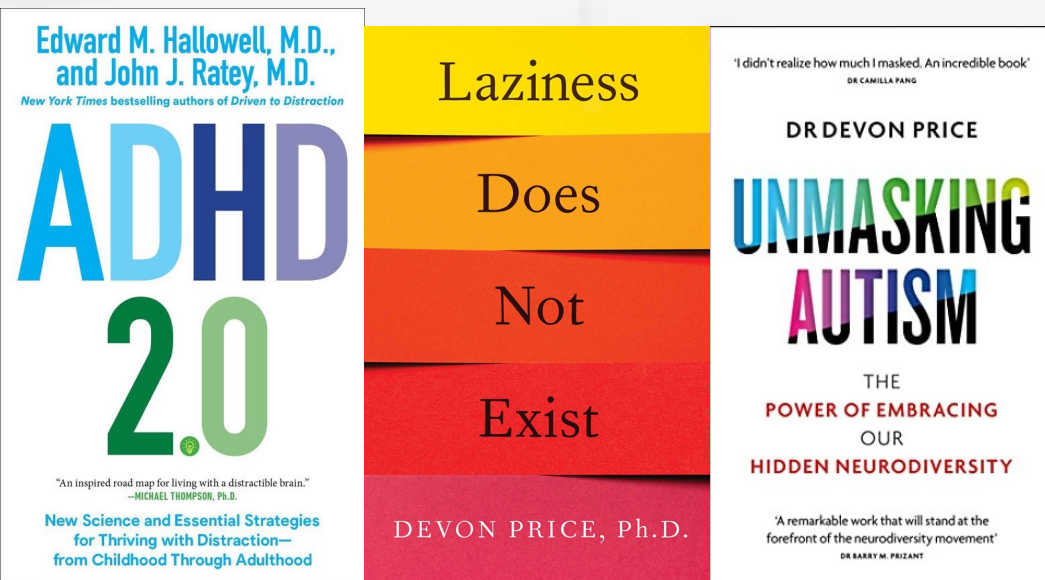
## New and continued goals:

- EDI session at the annual meeting (ideally not at the same time as Outreach, ECR, or Africa-Europe collabs)
- Reviewing national astro society codes of conduct
- Organizing workshops about inclusion, accessibility, etc
- Fair recruiting and employment practices
- Demographic surveys per member country

**Currently Renovating website, but feel free to contact me or other committee members with your personal EDI ideas/concerns**



# Bonus



## Self tests

<https://www.idrlabs.com/autism-spectrum/test.php>

<https://www.idrlabs.com/adhd-spectrum/test.php>

<https://rdos.net/eng/Aspie-quiz.php>

## Further reading

<https://neuroqueer.com/>

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

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

<https://emergentdivergence.com/>

<https://chadd.org/for-adults/overview/>

<https://www.yellowladybugs.com.au/>

<https://neurodivergentinsights.com/>

<https://neurodiversityatwork.co.uk/>

<https://embrace-autism.com/>

<https://howtoadhd.com/>

## Memes

[t.ly/NjRFD](https://t.ly/NjRFD)



## Social media

HowToADHD

ADHD\_Alien

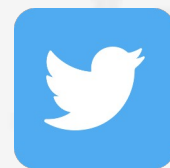
DaniDonovan

BlkGirlLostKeys

MightBeAutistic

#ActuallyAutistic

AutSelfAdvocacy



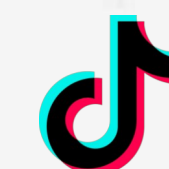
WhatTheADHD

AutisticCallum\_

Catieosaurus

AdhdJesse

thePsychDoctorMD



myFavouriteJo

ConnorDeWolfe

Catieosaurus

OliviaLutfallah

adhd\_love

# Bonus

## Links for bosses

<https://www.youtube.com/watch?v=21ntC-vOYdM>

<https://www2.deloitte.com/us/en/insights/topics/talent/neurodiversity-in-the-workplace.html>

<https://www.alcumus.com/en-gb/insights/blog/neurodiversity-in-the-workplace/>

<https://blog.advancedclinical.com/understanding-and-valuing-neurodiversity-in-the-workplace>

<https://sangerinstitute.blog/2020/04/03/raising-awareness-of-neurodiversity-in-the-scientific-workplace/>

<https://forrt.org/neurodiversity/>

<https://askjan.org/topics/accommo.cfm>



# Bonus Everyone isn't "A Little ADHD"

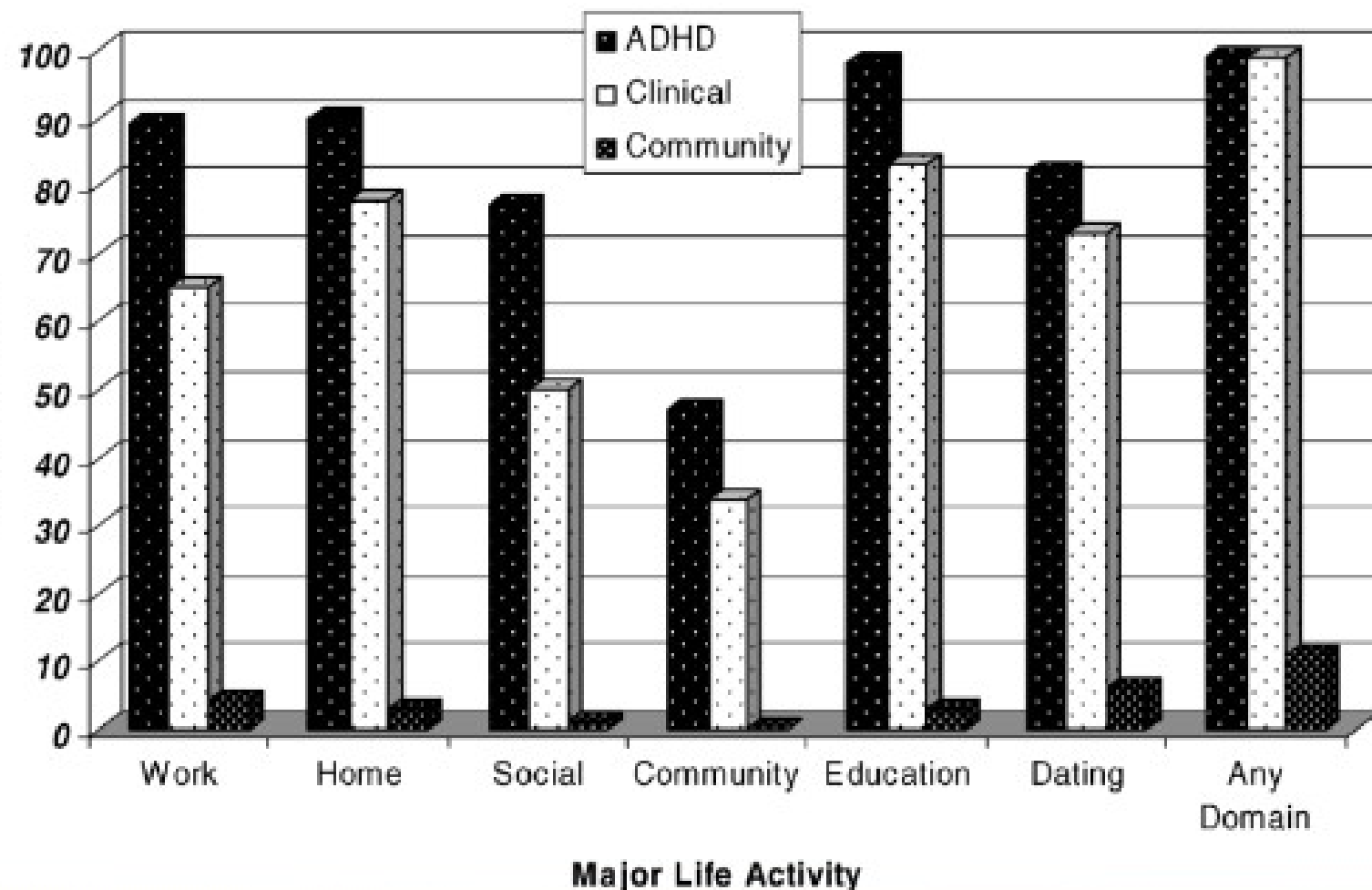
TABLE 6.3. Impaired Major Life Activities by Group (from Interview) from the UMASS Study

Measure	ADHD		Clinical		Community		$\chi^2$	<i>p</i>	Pairwise contrasts
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%			
Occupation	130	89	63	65	4	4	188.9	< .001	1 > 2 > 3
Home responsibilities	131	90	76	78	3	3	215.5	< .001	1 > 2 > 3
Social activities	112	77	49	50	1	1	145.2	< .001	1 > 2 > 3
Community activities	68	47	33	34	0	0	68.0	< .001	1 > 2 > 3
Educational activities	143	98	81	83	3	3	268.1	< .001	1 > 2 > 3
Dating or marriage	120	82	71	73	7	6	161.2	< .001	1,2 > 3
Any domain	145	100	96	99	12	11	289.4	< .001	1,2 > 3

Note. *N* = sample size endorsing this item; % = percent of group endorsing this item;  $\chi^2$  = results of the omnibus chi-square test; *p* = probability value for the chi-square test; pairwise contrasts = results of the chi-square tests involving pairwise comparisons of the three groups.

TABLE 6.4. Domains of Major Life Activities Rated as Often Impaired by Group (from Rating Scales) from the UMASS Study

Measure	ADHD		Clinical		Community		$\chi^2$	<i>p</i>	Pairwise contrasts
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%			
<u>Current self-ratings</u>									
Home life	97	69	54	59	2	2	96.2	< .001	1,2 > 3
Work or occupation	105	75	62	67	2	2	117.4	< .001	1,2 > 3
Social interactions	80	56	41	44	1	1	67.1	< .001	1,2 > 3
Community activities	60	44	27	30	1	1	45.7	< .001	1 > 2 > 3
Educational activities	127	89	62	70	1	1	172.5	< .001	1 > 2 > 3
Dating or marital activities	100	73	61	66	1	1	116.5	< .001	1,2 > 3
Money management	104	73	43	46	1	1	107.4	< .001	1 > 2 > 3
Driving	54	38	29	31	2	2	34.7	< .001	1,2 > 3
Leisure activities	65	46	35	38	1	1	49.2	< .001	1,2 > 3
Daily responsibilities	122	86	59	63	2	2	150.8	< .001	1 > 2 > 3
<u>Childhood self-ratings</u>									
Home life	79	58	27	30	3	3	70.8	< .001	1 > 2 > 3
Social interactions	80	58	35	38	2	2	72.6	< .001	1 > 2 > 3
Community activities	54	41	16	18	2	2	44.3	< .001	1 > 2 > 3
School	126	91	48	53	5	6	159.8	< .001	1 > 2 > 3
Sports, clubs, organizations	68	51	25	29	3	3	55.3	< .001	1 > 2 > 3
Self-care	55	41	25	28	3	3	38.6	< .001	1 > 2 > 3
Daily chores/responsibilities	101	75	37	42	1	1	118.0	< .001	1 > 2 > 3
<u>Current other-ratings</u>									
Home life	87	70	54	67	2	3	86.8	< .001	1,2 > 3
Work or occupation	87	73	38	52	1	1	87.5	< .001	1 > 2 > 3
Social interactions	71	57	29	36	1	1	56.0	< .001	1 > 2 > 3
Community activities	53	46	16	22	1	1	42.1	< .001	1 > 2 > 3
Educational activities	87	63	40	56	2	3	84.8	< .001	1 > 2 > 3
Dating or marital activities	76	66	42	57	3	4	67.3	< .001	1,2 > 3
Money management	80	64	35	43	3	4	63.0	< .001	1 > 2 > 3
Driving	43	34	23	28	1	1	26.0	< .001	1,2 > 3





# Bonus

COMMON MISCONCEPTIONS  
**WHO HAS ADHD?**

~~EXTROVERTED~~ ~~YOUNG~~  
CAN BE INTROVERTED ANY AGE

~~BOY~~ WHO ~~FIDGETS A LOT,~~  
ANY GENDER MIGHT NOT BE HYPERACTIVE

~~STRUGGLES~~ IN SCHOOL,  
MAY EXCEL

AND ~~CAN'T PAY~~ ATTENTION  
HAS DIFFICULTY REGULATING

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ADHD:

Hyperactive Distractible Impulsive

ALSO ADHD:

Passionate Outspoken Strategic  
Creative Fun Caring Generous  
Humorous Empathetic Spontaneous  
Authentic Inclusive Charismatic  
Futuristic Romantic Opinionated Kind  
Big-Hearted Adaptable Intuitive  
Memorable Friendly Honest Positive  
Entertaining Curious Adventurous  
Inspiring Brave Enthusiastic Eager  
Resilient Influential Resourceful  
Talkative Unique Musical Inventive  
Imaginative Smart Energetic Awesome

# Pro-ADHD stuff

TWO SIDES, SAME COIN

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# Bonus

**Police Autism UK** @npaa\_uk  
 "Why do you need a label?"  
 "Because there is comfort in knowing you are a normal zebra, not a strange horse."  
 #Autism #Neurodiversity  
 3:46 p.m. · 03 Sep. 22

adhd.memees Follow

"Allowing a student with a hidden disability (ADHD, Anxiety, Dyslexia) to struggle academically or socially when all that is needed for success are appropriate accommodations and explicit instruction, is no different than failing to provide a ramp for a person in a wheelchair".

## Things I wish people told me when I was first diagnosed with ADHD:



- Imposter syndrome for diagnosis is completely normal
- Your hormones intersect with your ADHD too
- You are not alone in your grief of late diagnosis
- You will have to fight a lot of stigma about ADHD medication
- How debilitating it is for you personally is entirely valid and real
- ADHD presentation is more than a diagnostic criteria
- ADHD is a type of neurodivergency and you do not owe anyone neurotypicality
- You live in a world not designed with you in mind but there are movements fighting to include you

# THE ADHD STRENGTHS ICEBERG

WHAT PEOPLE THINK ADHDERS ARE GOOD AT:

talking fast

creativity

WHAT ADHDERS ARE ACTUALLY GOOD AT:

literally anything they find interesting

problem solving

working under pressure

learning

empathy

brainstorming

getting a lot done in a short amount of time

changing the world

crisis situations

risk-taking

forgiveness

competitive challenges

optimism

entrepreneurship

mastering new hobbies

creating something beautiful

tackling new challenges

sense of humor

authenticity

imagination

hyperfocus

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@jessejanderson