Tea & Toast

Neurodiversity at work

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Originally presented on 31 October 2025

We're all neuro**diverse**

This just means we're all naturally different. **We:**

- think
- process, remember and retrieve information
- interpret the world
- learn
- feel
- relate to others and communicate
- function

in different ways. Every single one of us.

Diversity that influences our thinking:

Identities
groups we're part of
formed by shared identities or values

Cognitive
the way we each think and process things
how we communicate what we think

Experiences
what we've been through and how this shapes our path, values, associations and outlook

Skills & Strengths
what you bring into a situation
knowledge, attitude, abilities, experiences

Some people are also neuro**divergent**

Neurodivergence is about being different from what's considered 'typical' or 'the norm.'

Neurotypical

the majority experience

Neurotypical is a style of cognitive functioning that falls within what society overall thinks as standard.

Being neurotypical doesn't mean someone is "normal" or "better." It simply means their brain functions in ways that match the social, educational and workplace systems most environments are designed around.

It's worth noting, almost all of our systems are built for the neurotypical.

Neurodivergent

people whose brains work
differently from the majority

Umbrella term to describe people who aren't considered neurotypical. It's a description of natural differences in how a brain is wired.

This can include:

- innate or genetic conditions (born with it)
- acquired or developed conditions.

Remember: It's **different,** not **deficit.**

"I stopped feeling as though I was broken when I discovered the term neurodivergent. ...I stopped viewing myself as the problem and started recognising the way society isn't set up to accommodate my differences or honour my needs."

WISE, 2024, p.8

Four ways to view neurodivergence

Medical

Reduce symptoms, restore "normal" function, help people fit into existing systems.

In short: Sees the person's difference as a problem to diagnose or treat; a problem to fix.

What we might see at work:

- Leaders focus on what's wrong, not possibilities
- Policies and practices focus on correcting behaviour or "normalising" performance
- Language often centres on limitations rather than capability

Impact on the person:

- Feel judged, like they don't belong
- Learn to mask or hide differences to fit in
- Experience stress, low confidence, and burnout

Social

Reduce environmental and procedural barriers so everyone can participate.

In short: People are disabled by societal barriers. Responsibility shifts from the person to the system.

What we might see at work:

- Workplaces adapt to meet different needs
- Leaders ask, "What's getting in your way?"
- Teams experiment with flexibility
- Accessibility is part of design, not an add-on

Impact on the person:

- Feel understood and supported to work in ways that suit them
- More confidence to share needs and ideas
- Energy goes into contribution, not coping

Affirmative

Build pride, visibility and belonging; shift from awareness to acceptance.

In short: Different brains bring unique strengths and perspectives. Value difference, not just tolerate it.

What we might see at work:

- Leaders talk openly about difference
- Strengths-based feedback becomes the norm
- Teams celebrate diverse thinking

Impact on the person:

- Experience pride and belonging
- Feel safe to express their authentic selves
- Confidence, creativity and engagement grows

Rights-based

Ensure all people can fully participate with respect and agency.

In short: Inclusion is a right, not a favour. It's not optional.

What we might see at work:

- People challenge bias/inequity when it's seen
- Organisations measure inclusion, not just compliance
- Neuroinclusion is built in, not left to goodwill

Impact on the person:

- Feel respected, seen and protected
- Have opportunities to contribute and progress
- Trust grows; they can focus on doing great work, not defending their difference

The goal is inclusion

When people feel included their work is better. They're happier and more engaged at work. Unfortunately, neurodivergent people report much higher levels of exclusion.

- Only **29%** of neurodivergent employees in NZ feel fully included (Diversity Works)
- **33%** of neurodivergent workers say they haven't received any guidance or support for adjusting their workplace setting (NZ source)
- **78%** of neurodivergent workers say they feel overwhelmed at work (source)

Why? Simply: Our workplaces aren't built for neurodivergent people. And that's a lot of people.

- Dyslexia Foundation of NZ has estimated **~10%** of NZ adults are dyslexic!
- An estimated **80%** of autistic people are unemployed globally (Autism NZ)

The Diversity Council of Australia defines four elements of inclusion at work. People are:

- **RESPECTED** for who they are and the ability to be themselves;
- **CONNECTED** to their colleagues and they feel they belong;
- **CONTRIBUTING** their perspectives and talents to the workplace;
- **PROGRESSING** in their capabilities, role and career at work *(equal access to opportunities).*

Different, not deficit

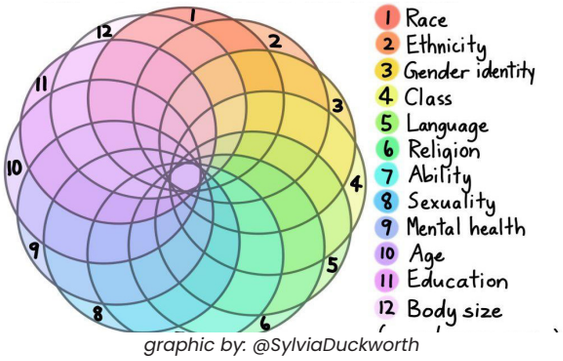
Being neurodivergent in a world built for neurotypical people can often lead to deficit thinking.

This shows up as the belief that the person is *not good enough* or *falling short* simply because they experience things differently. Breaking free from deficit thinking starts with recognising that different is not broken. It's just different.

Strength-based workplaces, inclusive cultures and self-acceptance all help shift the focus from what's "missing" to what's valuable.

Simple definitions don't work

Everyone is different and simple labels that characterise all people with ____ will be unhelpful. We don't want to put people into a box. Instead, we want to understand what helps each person thrive.



graphic by: @SylviaDuckworth

There are many layers of us

Remember the ICES of diversity from page 1.
There are so many things that make us, us. We're all shaped by our biology, upbringing, culture, trauma history, strengths, environments, etc.

One-size-does-**not**-fit-all

As the saying goes, *"if you have met one autistic person, you have met one autistic person."*

A one-size-fits-all approach won't work. Not all neurodivergent people have the same needs or experiences. Whether you're leading neurotypical or neurodivergent team members, you'll need to get to know the individual to understand specifically what they need.

Functional needs and dimensions of neurodivergence

Instead of focusing on specific neurodivergent conditions, let's look through six functional needs we all have, ways these might differ for neurodivergent folks and inclusive actions we can take.

1. Sensory Regulation & Perception

How people experience and process sensory inputs like sound, light, temperature, touch, smell, movement or internal body signals.

Hypersensitivity

The sensory environment is overwhelming - heightened emotionality and extreme responsiveness to stimuli

Hyposensitivity

Or it may be under-stimulating

Some of the conditions impacted:

Autism, ADHD, Sensory Processing Disorder, Tourette's Syndrome, PTSD/Anxiety, Irlen Syndrome

How Sensory & Perception Differences show up at work

Difficulty focusing in open-plan offices (noise, smells, visual movement)

Discomfort with fluorescent lighting or screen glare

Startle response to unexpected sounds

Emotional fatigue from constant sensory input

Increased stress or irritability in busy environments

Physical pain or headaches triggered by sensory overload

Withdrawal, shutdown, or burnout if over-stimulation is ongoing

How individuals & teams can help

- **Model sensory awareness:** Discuss and share your own preferences. Make the space to talk to others about theirs.
- **Lower your own sensory impact:**
  - keep voice at a calm volume
  - avoid making repetitive noises *tapping pens, bouncing leg*
  - pause before approaching people
  - avoid wearing strong fragrances
- **Use a camera-optional policy when online:** or introduce visual breaks.

How organisations can help

- Include sensory needs in on-boarding
- Establish a *'scent free' policy*
- Develop sensory-inclusive event guidelines
- Review your physical office design *(natural light vs overhead lights)*
- Have quiet zone - quiet spaces in the building
- Invest in assistive technology: *noise-cancelling headphones, screen filters, etc.*

2. Communication clarity

How information is delivered, structured and interpreted. This can impact how people view instructions, expectations, decision-making, feedback and social cues.

Neurodivergent individuals may process language differently (verbally, visually or conceptually). Unclear communication can create exclusion, anxiety or misunderstanding.

Some of the conditions impacted:

Autism., ADHD, Dyslexia, Auditory Processing Disorder, Nonverbal Learning Disorder, OCD

How Communication Differences show up at work

Misunderstood instructions lead to rework or stress

Vague language causes anxiety or disengagement

Team members "mask" confusion instead of asking questions

People miss social cues or hidden expectations

Indirect feedback gets missed or isn't understood

Meetings become overwhelming due to rapid discussion pace

How individuals & teams can help

- **Be as clear as possible:**
  - Slow down your pace
  - Use plain, direct language:
    Please submit this by 3pm
  - Label transitions before changing topics
    Moving onto Item #6 on the agenda...
  - Be specific about expectations
    What needs to be done by when?
- Use structured agendas
- Summarise actions verbally & in writing
- Have different ways for people to engage in meetings *(verbally, chat, pre-recorded, etc.)*
- Check their understanding based on your clarity, not their listening.
  - *Can I check if I explained that clearly?*

How organisations can help

- Use accessible document templates
- Create communication guidelines *(like a Plain English policy)*
- Include communication preferences during on-boarding
- Mandate agenda-first meeting cultures
- Provide written follow-ups after meetings
- Use visual supports
- Train leaders in inclusive communication
- Measure communication effectiveness in engagement surveys
- Invest in assistive technology: *AI summaries, speech-to-text, captions, etc.*

3. Processing & Executive Function

How our brain activates, organises and sustains attention and action.
Executive functioning differences do not reflect intelligence.

Processing

How quickly and effectively people take in, make sense of and respond to information

Executive Functioning

The brain's ability to plan, prioritise, remember, focus, manage time and follow through on tasks

Some of the conditions impacted:

ADHD, Autism, Dyslexia, Dyspraxia, Acquired Brain Injury, Tourette's, OCD, Chronic fatigue

How Processing & Executive Function Differences show up at work

Appearing disorganised or inconsistent

Difficulty starting tasks

Hyperfocused on interesting tasks while ignoring urgent ones

Missed deadlines or poor time estimation (or time management)

Overwhelmed when given large or unstructured tasks

Struggles with multiple-step instructions

Forgetting verbal instructions even with full intention to follow through

Requesting repeated reminders

Fatigue / zoning out during long meetings or presentations

How individuals & teams can help

- Chunk tasks into small steps
- Give people time to process
  - Block out deep work time
- Agree time estimates together
- **Be explicit:**
  - State deadlines clearly and literally
  - Use visual tracking tools
  - Highlight what is and is not needed for the task
- Praise effort and progress (not just output)
- Check-in with people before the due-date to ask for updates

How organisations can help

- Adopt project clarity frameworks
- All major comms have a template with Executive Summary + Key Actions upfront. *(Think TL;DR - Too long; didn't read)*
- Allow flexible work - flexible timings
- Use asynchronous communication options *(online, shared documents, chats)*
- Have visual Standard Operating Procedures (SOPs)
- Invest in assistive technology: *task management apps, reminders, focus tools, screen filters, recording meetings*

4. Predictability & Routine

The amount of information, clarity and processes needed around what is happening, when, why and what is expected.

Many neurodivergent people rely on structure to regulate anxiety and cognitive load. Sudden change can trigger stress responses, shutdowns or executive function overload.

Some of the conditions impacted:

Autism, Anxiety disorders, Dyspraxia, PTSD, OCD, Tourette's & Tic Disorders

How Predictability & Routine Differences show up at work

Stress or anxiety when plans change without warning

Overthinking due to unclear expectations

Difficulty starting tasks when the end point isn't clear

Feeling blindsided in meetings or performance reviews

Reliance on strict personal routines to cope

Decreased performance when workload is unpredictable

Resistance perceived as stubbornness *(actually a regulation response)*

How individuals & teams can help

- Give advanced warning of change
- Explain why a change is happening
- Set expectations early
- Provide roadmaps for projects
  - Use status dashboards
  - Use templates for repeated tasks
- **Create predictable team patterns:** (Help create islands of certainty)
  - have clear work rhythms *Our anchor days are on Tuesdays, everyone is in the office.*
  - have consistent meeting rituals *start-end meetings the same way, meet at certain times*
  - have different types of meetings, with different focuses
  - Avoid sudden requests (when possible)

How organisations can help

- Embed predictable performance systems *same review cycles, clear criteria, advanced notice*
- Have consistent on-boarding routines
- Explain why a change is happening
- Provide predictable workspace options:
  - designated desks
  - quiet spaces vs collaboration areas

5. Emotional & Psychological Safety

People feel safe to be themselves, express needs, contribute, make mistakes and ask for clarity without: fear of judgement, ridicule, punishment or social exclusion.

Many neurodivergent people do not feel psychologically safe at work, which leads to higher amounts of stress, underperformance and turnover.

Some of the conditions impacted:

Autism, ADHD, Anxiety disorders, Dyslexia and other learning differences, PTSD or C-PTSD, OCD, Tourette's & Tic Disorders

How Emotional & Psychological Safety needs show up at work

Employees avoid speaking up in meetings despite having ideas

People ask fewer questions (to avoid looking incompetent)

Neurodivergent staff hide their diagnosis or needs

Individuals overwork to avoid criticism (burnout risk)

Freeze or shutdown response in high-pressure environments

Anxiety or physical symptoms before performance reviews, presentations or 1:1s

Silence in response to change initiatives (false agreement)

How individuals & teams can help

- Show vulnerability yourself, share your own working preferences
- **Consider your language and tone:**
  - Use person-first, identity-affirming language
  - Watch to make sure you aren't giving off negative body language
  - Normalise support-seeking behaviour: *Many people prefer structure or quiet to focus. What helps you?*
  - Respond with curiosity > judgement
  - Avoid *why* questions
- Celebrate diverse thinking
  - Thank people for speaking up
  - Use strengths-based delegation
- Respond supportively to mistakes: *What can we change next time?*

How organisations can help

- Establish confidential reporting & support channels
- Offer neuro-affirming employee resources groups
- Celebrate neurodivergent success stories
- Building inclusion into your organisational values
- Embed psychological safety into leadership KPIs

6. Social Interaction & Participation Flexibility

People differ significantly in: how they prefer to socialise, how much energy social interaction requires, whether they process internally or externally, how they prefer to participate (verbal vs written vs async) and their need for space/recovery from social overload.

Note: Social Interaction is not the same as collaboration. Many neurodivergent people are highly collaborative. They simply want choice in how they participate.

Some of the conditions impacted:

Autism, ADHD, Social Anxiety, Dyslexia, Highly Sensitive Person, PTSD

How Social Interaction & Participation needs show up at work

Social cues are missed or social norms are not followed/understood by everyone

People don't speak up in meetings but have strong ideas privately

Team members are misinterpreted as disengaged when they are overstimulated

Networking or visibility is treated as a requirement for promotion

People dread social events or avoid team-building activities - and if they decline they're labelled *not a team player*

Pressure to be "on" during meetings causes masking and burnout

Verbal dominance leads to unequal participation

How individuals & teams can help

- Respect social boundaries
- **Have team rules of engagement**
  - Normalise multiple participation options
    Please share your thoughts in the chat or email me afterwards.
  - Use clear turn-taking
  - Feedback = critiquing ideas, not person
  - Rotate facilitation styles
  - Respect camera-off options
- Check-in respectfully
  Would you like to add anything in now or circle back later?
- Recognise differences in people's baselines:
  - Avoid judging facial expressions or tone and search for the intent.
  - Note that listening looks different for people

How organisations can help

- Remove 'extroversion' from leadership criteria
- Design inclusive networking events
- Create multiple pathways to recognition
- Allow attendance flexibility
- Offer mentorship matching by preference
- Allow remote work for jobs that don't need to be done in the office

When I'm creating comms, I'll.

Choose accessible fonts.

Use clear sans-serif fonts, such as Arial, Verdana and Calibri.

Use clear headings.

And subheadings.

- Bullet points are great
- **Bold** and underlined text can help draw attention
- And I'll space out text

Use visuals and colour.

Flowcharts, rather than instructions, may help some. Add visuals when possible.

Adding pops of colour never hurts!

Write clear and simple sentences.

- And back to using bullet points.

When I need a response I'll...

Explicitly state expectations.

What do you need? In what format? When it is due?

- Use bullet points or numbered lists to break down complex requests.

Have things written down.

Handouts before meetings, agendas in calendar invites and email follow-ups ensure clarity.

Allow prep time.

Send written materials in advance as well as what's needed from the person.

(Is this for discussion? brainstorming? decision? risk assessment? knowledge?)

Offer multiple ways to respond.

Allow responses outside of meetings as well: emails, chats, voice messages.

Give people time to process after a meeting before finalising a decision.

Use reminders and nudges.

Friendly nudges (calendar invites, chat reminders) can help keep things on track.

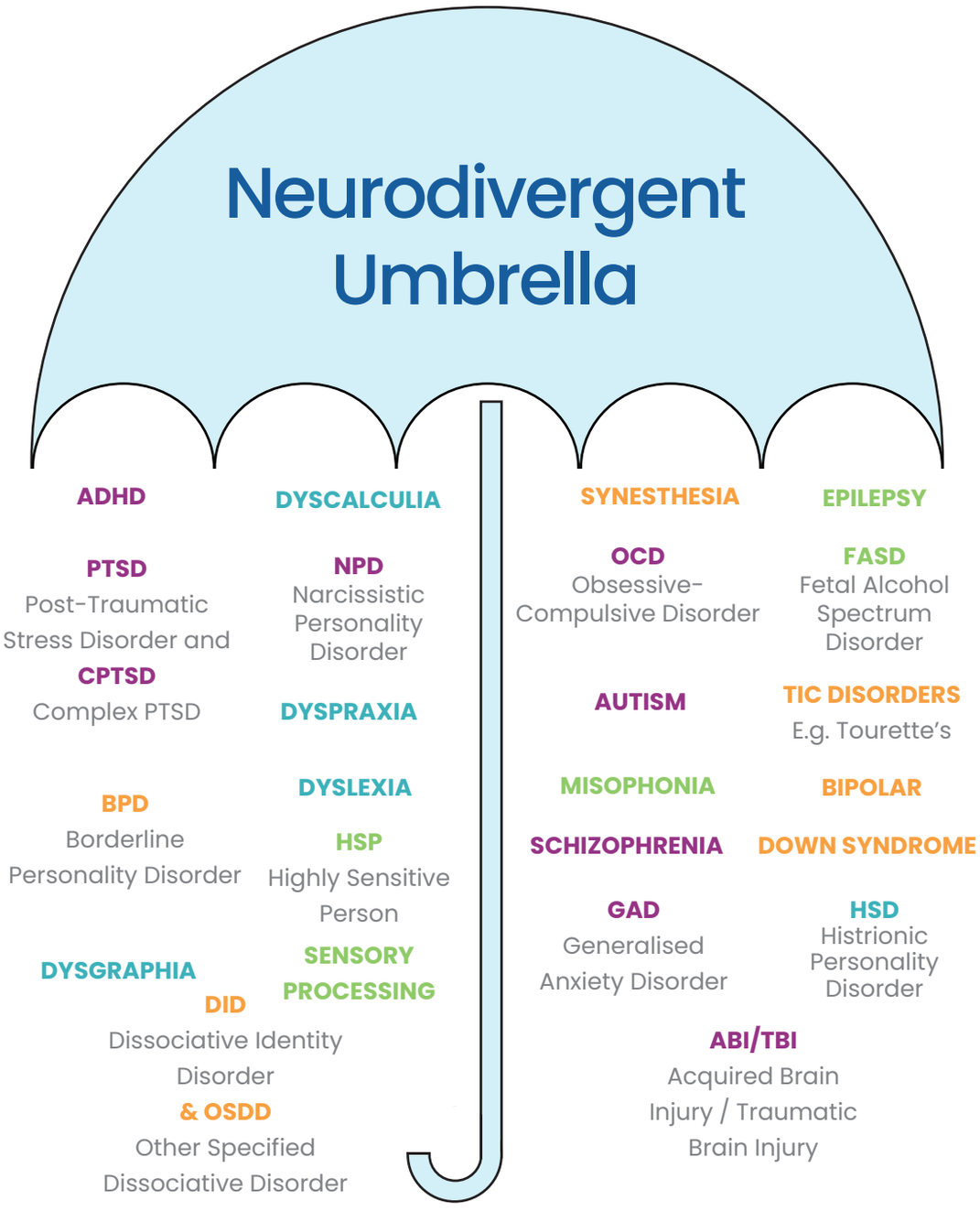
Avoid framing it as forgetfulness, just reinforce expectations.

Allow adequate processing time.

Instead of putting people on the spot, give a heads-up before asking for input.

"I'd love your thoughts on this. Let me know by tomorrow."

A non-exhaustive umbrella of neurodivergence



There is a PLETHORA of resources to support you & others

Google is your friend here. Each condition has a ton of supports to help us learn.

Here are some helpful places to start:

- Autism NZ
- ADHD NZ
- Dyslexia Foundation of NZ
- Neurodiversity in Education Project

Quick glossary of some neurodivergent conditions

ABI Acquired Brain Injury	Cognitive and emotional changes following injury or illness.
ADHD: Attention Deficit Hyperactivity Disorder	Differences in attention regulation, energy levels and impulsivity. Attention can fluctuate rapidly; seeks novelty and stimulation.
Anxiety Disorders	Heightened worry or fear response. Overactive threat system.
Autism Spectrum	Neurodevelopmental condition characterised by differences in social communication and restricted or repetitive patterns of behaviour, interests or activities.
Bipolar Disorder	Characterised by extreme mood swings that cycle between mania *(the highs)* and depression *(the lows).*
BPD: Borderline Personality Disorder	Usually an acquired form of neurodivergence that is a result of trauma early in life and is an adaptation to keeping oneself safe during stressful early life experiences.
DID: Dissociative Identity Disorder	Acquired form of neurodivergence characterised by the presence of two or more distinct personality states
Down syndrome	Congenital condition, caused by an extra chromosome 21.
Dyscalculia	Learning difficulty that affects a person's ability to understand numbers and perform maths functions
Dysgraphia	Learning difficulty that affects writing skills, including handwriting, spelling and organising thoughts on paper.
Dyslexia	Learning difficulty that affects the processing of written and spoken languages *(reading, writing, spelling, listening)*
Dyspraxia	Developmental coordination disorder *(DCD)* that affects physical coordination, balance, and movement.

Epilepsy	recurrent, unprovoked seizures that are caused by sudden, abnormal bursts of electrical activity in our brains
FASD: Fetal Alcohol Spectrum Disorder	caused by prenatal alcohol exposure; can include difficulties with learning, memory, attention, social skills, emotional regulation and physical differences.
Highly Sensitive Person (Sensory Processing)	Have a heightened awareness of the stimuli around and increased sensitivity of the central nervous system.
Misophonia	Specific sounds trigger intense emotional and physical reactions, such as anger, disgust, or anxiety.
NPD: Narcissistic Personality Disorder	Characterised by an exaggerated sense of self-importance, a need for admiration and a lack of empathy for other people. This must result in significant difficult in day-to-day activities and relationships.
OCD: Obsessive Compulsive Disorder	Condition characterized by unwanted, intrusive thoughts *(obsessions)* that lead to repetitive behaviors *(compulsions)* performed to relieve distress.
PTSD: Post-Traumatic Stress Disorder	Psychological reaction that can develop after a person experiences or witnesses a traumatic event. Symptoms include *heightened arousal, intrusive thoughts, nightmares, flashbacks, avoidance of trauma reminders, negative changes in mood and thoughts, and emotional or physical numbness.*
Schizophrenia	Involves a range of problems in how people think, feel and behave. This includes: *delusions, hallucinations, disorganised speech and thinking and unusual motor behaviour.*
Synesthesia	When one sense triggers automatic involuntary experiences in the second sense. An example is seeing colours when hearing sounds or tasting different words.
Tic Disorders - Tourette's	Characterised by involuntary, sudden and repeated movements or sounds *(tics).*

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Thanks for coming!

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RSVP to Hilary's November Tea & Toast:

Challenging conversations you need to have