

Workplace Accommodations for Neurodivergent and Invisible Disabilities

[00:00:00.35] SOFIA LEIVA: Thank you, everyone, for joining today's session, Workplace Accommodations for Neurodivergent and Invisible Disabilities. My name is Sofia. And I'll be moderating today's session. I use she/her pronouns. And I'm on the marketing team here at 3Play. Just a quick self-description-- I'm a Latina woman with black hair. And I'm wearing a white sweater.

[00:00:27.17] With that all taken care of, I'm happy to welcome today's speaker, Star Peterson. Thank you for being here today, Star. And I'll pass it off to you for what will be a wonderful presentation.

[00:00:40.23] STAR PETERSON: Thank you so much. My name is Star Peterson. I use they/them pronouns. I'm white with-- I think it's pink and blue hair these days. I'm wearing a black shirt. And I am with Stellar Diversity Training. We provide mostly training around disabilities and neurodivergence and the LGBTQ community. We train everyone, from employers, therapists, medical professionals. So I really appreciate you being here today to learn more.

[00:01:17.04] I have a master's in special education. I used to be a special ed teacher before becoming a trainer and a developer-- trainer developer and trainer facilitator and that-- also to draw upon my own experiences as a multiply neurodivergent person with multiple so-called invisible disabilities.

[00:01:40.40] Let's start with a note about language. Generally, people use either identity-first or people-first language. How many people in the autistic and deaf communities use identity-first language, which means they describe the community they're a member of before describing themselves. So I am an autistic trainer. I have a deaf friend.

[00:02:10.07] Person-first lists the person before the disability. Many people with psychiatric disorders prefer person-first. You always want to just refer to people the way that they refer to themselves. If I'm not sure, I-- and it's a community that I don't know much about, I default to person-first until I'm corrected otherwise or if don't have a chance to ask.

[00:02:36.90] So we'll start with the goals of this training, go through some key terms and statistics, and then we'll talk about common challenges and accommodations that are relevant to a lot of people with non-apparent disabilities. We're going to have questions after part 1, after we've talked in general about invisible or non-apparent disabilities. And then we'll move on to specifically talking about neurodivergence.

[00:03:06.37] My goal with this training is to help you accommodate co-workers, clients, employees, and really just to empower yourself and others. There are so many easy, affordable life hacks that can make living with invisible disabilities just go a lot more smoothly. And there's

a lot of things we can do as employers or people who see clients that can help them feel more comfortable.

[00:03:41.40] So invisible or non-apparent disabilities just means a disability that you can't identify just by looking at someone. So when I used a wheelchair, I had a visible disability. People looked at me and said, oh, their leg's-- they can't walk on that leg.

[00:03:59.22] Invisible disabilities are more things like chronic fatigue, psychiatric disorders. We'll go through a partial list of invisible disabilities. But, again, it's anything that you can't tell just by looking at someone.

[00:04:16.09] Accessibility is the ability to access a building or services or, let's say, a website. So a wheelchair ramp can help a wheelchair user access a building. A screen reader might help a person who is blind or has low vision access a web page. An accommodation is just anything that helps people access something in their environment.

[00:04:50.16] Now, I'm going to mention the Americans with Disabilities Act really briefly. It's a very important law in terms of protecting people's right to accommodations in employment and protecting people with disabilities from discrimination in employment.

[00:05:06.06] I do hear a lot of people wonder, especially as employers, well, why do I have to know about accommodations? People can just ask for them. People can invoke the Americans with Disabilities Act. And unfortunately, it's not always that easy.

[00:05:23.90] For many people, there's a lot of stigma around disclosing disabilities. And they're afraid to do that with their employers. There are many people for whom it's just personal. And they don't want people asking invasive questions. And so they don't share.

[00:05:42.70] So I encourage employers or, let's say, therapists who have clients coming in your office to offer accommodations to everyone whenever possible so that people don't have to self-disclose and so that there's less of a stigma. If anyone who wants to can wear noise-canceling headphones, then people who need them, whether or not they have a diagnosis, are going to be more likely to do so.

[00:06:12.10] According to the Center for Disease Control, in the US, at least 10% of the 61 million people with disabilities have a non-apparent disability. I'll talk a little bit about the problems with different statistics. So many people don't have formal diagnoses, or they may have multiple disabilities and only one gets a formal diagnosis because a diagnosis is expensive and time-consuming. Not everyone has access to medical insurance. And so the statistics we have are the best that I can find. But I would take them with a grain of salt.

[00:06:55.97] So here are some of the common challenges I'm going to talk about that span across a wide variety of invisible disabilities, many of which I have dealt with myself. So I'll show you the hacks that I use as well as ideas that I know have helped others. I'm happy to share this presentation afterwards with anyone who needs it. You can connect with me on LinkedIn

with questions. So please don't feel like you need to write anything down. I can share everything afterwards.

[00:07:31.39] So again, this isn't a complete list. But we're looking at attentiveness and concentration; organizing, planning, and prioritizing; time management; memory loss; mental confusion; and then sensory sensitivity.

[00:07:51.45] So let's start with attentiveness and concentration. Now, this is a partial list of invisible disabilities that often come with difficulties in attentiveness and concentration. So we have attention-deficit/hyperactivity disorder, often just known as ADHD, anxiety disorders, auditory processing disorder, autism, chronic fatigue, depression, learning disabilities, obsessive-compulsive disorder, which is also known as OCD, post-traumatic stress disorder, or PTSD, and then traumatic brain injuries, or TBI.

[00:08:37.71] Here are a few accommodations that I like that help people who struggle with focus. I'm not going to go into detail about every app because there are so many out there. But the things I suggest are all either free or very low cost.

[00:08:53.91] Noise-canceling headphones help enormously for many people who struggle with attention. When I first worked in an office where I had to answer the phone and have emails coming in and-- I struggled a lot with attention. I do have ADHD. I also have a traumatic brain injury that affects my memory and my ability to focus. And so sitting in a busy office with hearing my coworkers talk and hearing their phones ring and the notifications go off on their computers really affected my ability to concentrate. And so a major accommodation for me when I am in the office is noise-canceling headphones. I do also work from home whenever possible.

[00:09:43.51] There are a few apps I've listed here-- Focus Booster, Freedom, and Focus@Will-- that you're welcome to explore that also help people who struggle with concentration. And then I have a picture of a white noise machine. These are fantastic for just blurring out the noises that you don't want sending signals to your brain. And again, it's a low-cost accommodation.

[00:10:13.09] So organizing, planning, and prioritizing-- you'll see a lot of the same disabilities here in terms of invisible disabilities that often come with struggles in these areas. So we have attention-deficit/hyperactivity disorder, or ADHD, anxiety disorders, auditory processing disorder, autism, chronic fatigue, depression, learning disabilities, obsessive-compulsive disorder, post-traumatic stress disorder, and traumatic brain injury. Many of these-- when I dug a little more deeply into accommodations for disabilities that I don't personally have, I was really surprised at how common a lot of these challenges are, even to disabilities where it wouldn't have occurred to me that someone might struggle with that.

[00:11:13.76] Here are just a few apps that I encourage you to look into if you struggle with organization. One is called Fantastical. There's LifeSherpa and Any.do. Personally, I use Google Calendar for everything because it connects to my Zoom account for my meetings. I can set the reminders. I can color-code everything based on if it's personal or for work. So that is where my brain is. It also allows me to make lists of tasks for certain days. So that is how I organize. And that's free.

[00:11:55.27] This is a Google Jamboard. A lot of people use them when they're working together virtually to brainstorm. But this is an example of how I set one up for myself and color-coded it to keep track of tasks. So yellow are things I need to do every day. Blue are things I need to do today for work. And pink are things I need to do for my personal life. I've come across, actually, a lot of neurodivergent people, especially, who like color-coding. But again, it's whatever works for you.

[00:12:34.48] People who struggle with time management can include people struggling with attention-deficit/hyperactivity disorder, anxiety disorders, autism, depression, learning disabilities, obsessive-compulsive disorder, post-traumatic stress disorder, and traumatic brain injury. Now, I had not really thought about time management as being a component of anything other than attention-deficit/hyperactivity disorder. So it was really a surprise to me that so many other people are struggling with managing time.

[00:13:17.24] On the left, I have a picture of a phone with a Little Forest app. It says, 29.58, as in 29 minutes and 58 seconds left. And it has a tiny tree. And this is something a friend introduced me to. The tree grows the longer you stay off your phone. So it's just to encourage people not to get distracted into that endless pit of social media or online shopping or whatever your phone does that takes up your time.

[00:13:52.78] Now, on the right, I have a picture of a time timer on a watch wristband. And it's basically just a circle that represents 60 minutes and shows you how much time is left.

[00:14:05.36] Now, I have this on an app. I'm using it on my phone right now. But if you work somewhere where it's not convenient to have your phone with you or that's not allowed, getting a time timer on a wristband or even just as a small one for your desk can be super helpful for those of us who are really visual and need to see how much time is left on something or, again, to manage how much time we're allowing ourselves to do something.

[00:14:37.91] Memory loss-- with the difficulties and attention comes a lot of memory loss. Because it's hard to focus on everything that's going on, some of us who have attention-deficit/hyperactivity disorder have such hyperfocus that we might miss out on important things going on around us.

[00:15:01.87] So some of the disabilities that are associated with memory loss include attention-deficit/hyperactivity disorder, autism, chronic fatigue, chronic pain, depression, learning disabilities, obsessive-compulsive disorder, post-traumatic stress disorder, and traumatic brain injuries. I sustained a traumatic brain injury-- I guess it's been seven years. And thankfully, there are a lot of coping strategies for memory loss.

[00:15:36.20] I've had attention-deficit disorder my whole life. So when I went into-- to see a speech therapist, who are the people who help with memory-type things, most of what they told me were hacks I was already doing because I have attention-deficit disorder. So it was helpful, in some way, to already have systems set up for remembering. I did have to set up a lot more systems for remembering a lot more things after I sustained a traumatic brain injury.

[00:16:09.04] And here are just a few apps and little gadgets that can help with memory loss. So the first is called Livescribe. And it's a pen that lets you write on special paper. It records what's going on in a meeting-- so everything said. But the neat thing is it connects it to your notes. So you can go back to the notes on the Livescribe paper and see, I wrote "deadline." What was that referring to? And then listen to the audio.

[00:16:42.59] In addition to helping me with memory, anything that records stuff for later helps on days that I'm struggling with mental confusion. If I'm going into an important meeting and I know I'm just not 100% on today, I can ask for permission to record it. And then I have notes for later.

[00:17:03.33] And so there's pictures of a few apps here. One is called Remember The Milk. There's one with a check. That's Aida voice reminder. There's a green app that has a string tied around someone's finger to remind them. And that's called Alarmed. And that has a bunch of reminders and timers.

[00:17:25.13] I have a-- how do I describe this-- a small magnetized video memory pad. And it just looks like a speech bubble. But you can stick it on your fridge or a file cabinet and just pick it up and talk to it at any time that you need to leave yourself a reminder. So again, if you're somewhere where you don't-- are not allowed to have access to your phone at all times or it's just not convenient, you can stick this anywhere that you need to remember something. So any messages you need for yourself on the file cabinet you can record right there.

[00:17:59.08] The app that looks like a picture of a microphone is called AudioNote 2 voice recorder. Again, it's just another voice recorder. I have an iPhone. So I use the alarm that's part of-- just already on my phone. And I use it for everything because you can set up repeating alarms.

[00:18:20.93] So I have therapy once a week so that I have an alarm for that every Monday, 10 minutes beforehand. So anything that's recurring there's an alarm for. On Fridays, I need to pick up my son at a certain time. So there's an alarm for that. So I haven't actually had to add any additional apps other than what's-- the Google Calendar and the built-in alarm because that's been-- that's really covered everything I've needed.

[00:18:57.43] Mental confusion-- that can come, again, with a lot of different conditions. A low blood sugar can cause mental confusion, as can infection, sleep deprivation-- I know that's-- a lot of us are familiar with that-- post-traumatic stress disorder, depression, and traumatic brain injury.

[00:19:19.99] Like many other symptoms, mental confusion can be better on some days and more difficult on others. I find that I need to schedule time after meetings after I've had to concentrate to just relax and zone out for a while before I'm able to concentrate again. So a lot of these are, again, not the same at all times.

[00:19:45.96] So keep in mind if you have, say, an employee who needs an accommodation, there may be times where they're-- you think, well, they don't need that. They're not having any

problems. That doesn't mean that they won't have difficulty later in the day or when they're more tired.

[00:20:06.18] For mental confusion, I have the Sonocent Audio Notetaker app. Again, it's just if I'm having a day where I needed to record a meeting because I don't feel like I can 100% comprehend everything then, if it's not a webinar, if it's something in person, you can get permission from everyone to record the meeting.

[00:20:31.40] I also have a little personal digital assistant here, which is about the size of a phone, is great for organization. Anything that it can do you can do on a smartphone. But again, if smartphones aren't allowed in your workplace or you don't own one, this personal digital assistant keeps your contacts, your reminders, your schedule. There are a few different ones out there. So that's an option.

[00:21:02.37] Sensory sensitivity is one I'm very familiar with. And we'll talk about that more, especially when we talk about things that often co-occur with sensory sensitivity, like autism. People with arthritis may struggle with temperature sensitivity. People with chronic fatigue may struggle with photosensitivity. People with migraines can struggle with both sound and light when they're having a migraine. People with sensory processing disorder can struggle with all sorts of different sensory information. And it's different from person to person.

[00:21:40.05] I'm really sensitive to overhead lights. Some people can listen to loud music, but the noise from a crowd feels overwhelming. Many of us are especially sensitive to the way our clothes feel or the way food tastes. We might have more limited meal options because we're really sensitive to textures, for example. Again, it varies from person to person. With traumatic brain injury, there's sometimes photosensitivity as well.

[00:22:18.15] So for sensory sensitivity, again, you can have noise-canceling-- I show earbuds here that are noise-canceling. Because fluorescent lights specifically are such a problem for so many people, I have a picture here of a tube that can go over the light that makes it less bright and just less sensory input for those of us who really are triggered by fluorescent lights.

[00:22:49.23] And I have a white noise machine here. And I also have a picture of these rectangles that come in a yellow tint, a blue tint that you can just attach over rectangular fluorescent lights. I've seen teachers in elementary school use some really pretty ones. You can really turn down the intensity of fluorescent lights when that's your only option.

[00:23:17.31] This is something called a cube shield. I have a picture of a desk in a little cubicle with what looks like almost tents, like two sides of a tent, over it. And they're blue and tinted. And they actually just protect you from the overhead lights. It's a little more obvious than a lot of other accommodations. But if the fire codes-- you're not allowed to put anything directly on the fluorescent lights, this is a great option.

[00:23:52.05] I'm going to pause here to take questions specifically about what we've covered so far. And then we'll jump into neurodiversity.

[00:24:00.15] SOFIA LEIVA: Thank you so much, Star. We've already had some good questions come from attendees. And I encourage you all to keep asking those questions. And we'll have another pause at the end.

[00:24:10.45] The first question we have here is, are there any recommendations for people with multiple disabilities that have been mentioned who experience insomnia and cannot work within hours of operation because of sleep deprivation due to their disabilities?

[00:24:26.94] STAR PETERSON: I highly recommend that employers be flexible on time. And just if the work is getting done, it's getting done. I recommend that employers try to schedule meetings that aren't first thing in the morning so people who do have insomnia and, again, as long as people are getting in their required number of hours a day and coming to, let's say, one or two meetings maybe in the afternoon, really giving people the freedom to work when they can and to sleep when they're finally able to. I would just say flexible work hours. And working from home tends to go hand-in-hand with that.

[00:25:10.61] SOFIA LEIVA: Amazing. Thank you. The next question we have here is, how can I make my colleagues understand that my invisible disability affects my physical state and that some days I suffer from acute chronic pain and that I, therefore, need to take a step back?

[00:25:27.20] STAR PETERSON: I would definitely educate them on chronic pain. I'm not familiar-- I don't have a lot of resources specifically for chronic pain-- not my area of expertise. But in terms of educating the workers, I would just share-- I would share information.

[00:25:45.66] A lot of people really just don't-- they don't get it if they haven't experienced it, especially if your ability-- your amount of pain varies from day to day or your abilities vary from day to day. I would find examples of other people who experience that maybe from websites of reputable organizations and share that so they can see this is actually a pretty common thing. And it's even worth talking to the human resources department for some option to educate people on disabilities because that's-- understanding invisible disabilities and accommodating our day-to-day differences is your right.

[00:26:39.60] SOFIA LEIVA: Definitely. Thank you. The next question we have here is, are there designs for facilities for neurodivergent customers? I'm wanting to create sensory room that a person may enter.

[00:26:52.28] STAR PETERSON: I love that. I've seen grocery stores that have no music and low lighting during certain hours to accommodate clients with sensory processing disorder. I would say a dark room with maybe just a few little lamps, no bright overhead lights, is a great way to have a sensory-- a room for sensory-sensitive people, someplace that's quiet or maybe has different kind of fidgets. I find fidgets especially helpful when I need to wind down.

[00:27:29.98] But to me, the biggest part of a sensory processing-- sensory sensitivity room is quiet and dark. And that helps a lot of people-- also, having a place to sit down, especially if that's not a regular part of your workplace.

[00:27:47.69] SOFIA LEIVA: Definitely. Let's do one more question. What steps can I take to create an RFP that can procure services and products for people with invisible disabilities?

[00:28:00.45] STAR PETERSON: Goodness. Can I answer that outside of here? Because I think that's a long answer and I want to give you a thorough answer. So you don't mind emailing that to me or connecting on LinkedIn, or I can stay afterwards? I'm happy to talk because that's something I want to give you more of an in-depth answer.

[00:28:21.48] SOFIA LEIVA: Yeah, definitely.

[00:28:24.42] STAR PETERSON: Thank you. These are all great questions.

[00:28:28.68] So let's talk a little bit specifically about neurodivergence. We'll go over key terms. I'll talk about some of the disorders under the neurodivergent umbrella and the statistics we have, for what they're worth. I'll talk about common neurodivergent strengths as well as potential challenges for neurodivergent individuals. And then we'll get into some accommodations that I haven't already mentioned. And then we'll have a little more time for questions.

[00:28:58.11] So here are a few terms. There's a artistic representation of a brain on the screen that looks like a bunch of wheels turning each other. The first word is neurotype. That just means your type of brain.

[00:29:16.13] Neurodiversity means there are a lot of different types of brains. Just like we have diversity in hair color, eye color, there's diversity in brain types.

[00:29:26.68] Neurotypical is the most common type of brain. We use that to differentiate from people who are neurodivergent, which can mean they have ADHD, autism, sensory processing disorder, psychiatric disorder. You'll hear me use those words a lot.

[00:29:51.18] Now, some people mix up neurodiverse and neurodivergent. Neurodiverse means that the world is diverse and there's a lot of different types of brains. Neurodivergent means you're specifically referring to the type of brains that are not neurotypical.

[00:30:09.59] So the umbrella of neurodivergence-- just a few things it covers. I have a picture of a rainbow umbrella on the screen-- so attention-deficit/hyperactivity disorder, autism, learning disabilities, which means things like dyslexia, dysgraphia, psychiatric conditions, and sensory processing disorders.

[00:30:35.07] I found the best statistics I can get for you. Keep in mind that a lot of people don't have formal diagnoses. For example, if a child comes into a school, they might qualify for multiple diagnoses. But the process is expensive and time-consuming.

[00:30:51.20] So they might assess for just one disability. And then they have the proof they need to get the child the supports they need. But they're not necessarily going through and assessing for every possible thing that this child might qualify for.

[00:31:08.97] So keep that in mind when you see rates. Many things-- different types of neurodivergence co-occur. Many autistic people also have attention-deficit/hyperactivity disorder, also have some sort of psychiatric disorder. That's a really common co-occurrence. Most people with-- who are autistic have sensory processing disorder as well.

[00:31:37.43] So again, we're not all going out and getting five different assessments to get evaluations for everything that we might need services for. We're just seeking out those services.

[00:31:49.34] So the rates we have for attention-deficit/hyperactivity disorder is 10.2%. According to the National Alliance of the Mentally Ill, 19.1% of adults in the US have anxiety disorders. According to the Center for Disease Control, 2.21% of adults are autistic.

[00:32:13.91] Let me tell you a little bit about this statistic. It's just not representative of the truth. This is looking at children who were diagnosed as autistic. And then they look at the rate of eight-year-olds and then how many would there be now. There are a lot of people in the autistic community who, including myself-- who are only self-diagnosed or informally told by a therapist, yes, you definitely fall into this umbrella, again, because getting a formal diagnosis is expensive. It's time-consuming.

[00:32:54.29] I went through the autism diagnosis process with a family member. And in addition to a full day of testing for this person, multiple other family members were interviewed. It was expensive. A lot of people just don't have the privilege of accessing this. Especially with autism, many people who are assigned female at birth are much less likely to be diagnosed.

[00:33:24.16] There's something called masking, where we cover up our autistic traits to try to fit in with neurotypical people. People who are high maskers, who do a lot of masking when they're around other people, are also a lot less likely to get autism diagnoses. So this 2.21% is ridiculously low. And it's just not-- it, again, represents diagnoses, which doesn't tell us how many-- especially with autism-- just doesn't tell us how many people are autistic.

[00:33:59.68] Now, dyslexia-- about 80% to 90% of learning disabilities-- let's see. Let me move this-- it's covering up my screen-- or not. Dyslexia is the most popular type-- not-- the most common type of learning disability. So it's said that up to 20% of the population have learning disabilities. Again, it depends on how you define learning disabilities because I've seen studies that combine all learning disabilities with any kind of what they call mental disorder, which is a much bigger umbrella than what we think of with learning disabilities-- is usually dyslexia, dysgraphia, dyspraxia.

[00:34:49.92] Traumatic brain injury-- more than 2% of the population are living with a disability that results from a traumatic brain injury. Again, those are people who we've counted.

[00:35:02.65] Now, there are a portion of people who sustain traumatic brain injuries and die as a result of their injury. And so this number doesn't represent the number of people in the US annually who sustain traumatic brain injuries, just the percent of the population that has been formally diagnosed and that has reported the diagnosis that is living with a disability that results

from a traumatic brain injury. You might have heard-- be more familiar with the term "concussion." That's an example of a traumatic brain injury.

[00:35:44.91] Attention-deficit/hyperactivity disorder-- I have a meme that says, "When your ADHD is acting up while you're trying to read so you have to read the same paragraph five times to actually absorb anything." There's a picture of someone behind the fence saying, "Let"-- it says, "Let me read." And then they're screaming.

[00:36:07.38] So some of the symptoms of attention-deficit/hyperactivity disorder-- inattention, impulsivity, hyperactivity-- not for everyone, though. More than 75% of children who are diagnosed with ADHD still have symptoms as adults. This is very informal. But based on the people I've spoken with, for a lot of us, the symptoms get worse when we're adults.

[00:36:35.41] I was never diagnosed with ADHD until-- goodness-- until my 20s. And I certainly know other people who didn't get it till then either-- get a diagnosis till then either when just the demands of, say, working instead of being in school or just other factors made it so severe that they actually needed to get help for it-- made the symptoms that much of an impairment on their lives.

[00:37:05.13] Anxiety disorders-- there's a meme that says, "When you have anxiety but don't know why." There's a warning from a computer. But the warning is blank. And the buttons say Yes or No. And Yes is chosen.

[00:37:19.79] The anxiety disorders-- you have generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobias, post-traumatic stress disorder, social anxiety disorder. That's not even a complete list, obviously.

[00:37:38.73] About 19.1% of US adults experience an anxiety disorder at some point in their lives. I have a screenshot of a tweet from someone named Natalie that says-- [INAUDIBLE]-- that says, "Just tried to respond to someone with 'all good' or 'no worries.' And instead, what came out was 'all worries,' which coincidentally is the best description of me at any given moment."

[00:38:14.24] Autism-- I have a picture here that has a person carrying a rainbow bag. And it's labeled "a person with autism." And then I also have next to it a rainbow picture, a person covered in rainbows, that says "an autistic person." It's meant to explain why many of us in the autistic community use identity-first language, because it's not something that-- it's an accessory or it's a main part of our identity.

[00:38:45.74] Now, there's a saying, if you've met one autistic person, you've met one autistic person. So I encourage you to let go of any expectations you might have if you learn, really, about any specific diagnosis with someone. But especially with autism, there are so many misconceptions.

[00:39:08.83] So some of the struggles we're looking at are social communication and interaction, eye contact, reading social cues, repetitive behaviors, difficulty with changes in

routine, and transitions. If you are an employer, I highly encourage you to look at ways that your talent management system and your performance management system might be discriminatory against autistic people.

[00:39:40.75] I also encourage you to read about ways that job descriptions and job interviews can really put autistic people at a significant disadvantage. And that's a whole presentation on its own. There's a lot of resources out there that I encourage you to look at. But that's something that's come up a lot-- is I've heard about performance management systems.

[00:40:09.81] So the Center for Disease Control says we have 1 in 36 eight-year-olds were diagnosed with autism. Again, that is not all of them who actually are autistic. Like I said, a child might get one diagnosis. All right, ma'am, we can give the child services. We have a diagnosis. It doesn't mean we're going to sit and find out all the diagnosis this child might qualify for. So I certainly know kids who are autistic but just have the ADHD diagnosis.

[00:40:45.33] I have something here about masking. And it has a picture of a few different party masks that you might put over your eyes. It says, "Neurodivergence might mask their difficulties and attempt to appear more neurotypical. Chronically ill people might mask how unwell and tired they actually feel and attempt to seem more able-bodied. People with mental illness might mask how difficult they find day-to-day tasks or the truth of how they're feeling." And then next to a tiger, it says, "Trauma survivors might mask how on edge they feel most of the time and attempt to seem more regulated than they actually are."

[00:41:33.66] I think that underscores an important point for a lot of us, where we're good at covering up our struggles because there is the stigma against being anything other than able-bodied and neurotypical. It's worth educating your employees, your co-workers about all the-- at least some of the things that people might be dealing with that you wouldn't be able to tell just by working with them. But a lot of people are putting a lot of energy into doing tasks that come much more easily for others.

[00:42:18.98] Learning disabilities-- I have a picture of a cat. And next to it is a picture of a cat that looks like a-- that's a cake. And the cat says, "My dyslexia. What I want to write down in my head." And then the cake version of the cat says, "What I actually write down."

[00:42:40.67] So learning disabilities, like I've said before-- we're looking at dyscalculia, dysgraphia, dyslexia, oral and written language disorders, specific reading comprehension deficits, also nonverbal learning disorders. And I have a picture of SpongeBob. And he is worshipping a piece of paper because he's grateful for it. And it says, "that friend who spells everything for you slowly and without laughing."

[00:43:13.92] Mood disorders-- this is close to my heart because my son, when he was little, loved Thomas the Train. So there's a tweet from someone named Matteo. And there's a picture of a Thomas the Tank Engine sock turned right side out. So the picture is-- the train looks perfect. And then next to it is a picture of the sock turned inside out. So it's a mess. You can see all the threads. And it says, "Me on the outside versus me on the inside."

[00:43:44.79] Because we're short on time, I'll skip the list of mood disorders. Again, there's too many to list, anyway. Just know that 21.4% of US adults will experience a mood disorder at some point in their lives-- again, best statistic we've got. Take it with a grain of salt.

[00:44:03.67] Sensory processing disorders-- I have a picture of two Spider-Men. And they're pointing at each other. And one says "increased stress levels." And the other says "unsuccessfully filtering out excessive stimuli." For many of us with sensory processing disorder, light, sound, sense, or pressure can greatly increase our stress, can make it a lot harder for us to concentrate. As people, as educators or employers, paying attention to sensory input in your workplace can make an enormous difference for those of us with sensory processing disorder.

[00:44:47.08] One thing that I struggle with is when people wear strong perfumes. What might be a mild scent to someone else feels overpowering and distracting to me. So between 5% to 16.5% of the general population have symptoms of sensory processing disorder. I believe about 90% of autistic people have sensory processing disorder. But most people with sensory processing disorder actually aren't autistic. So it is its own separate diagnosis. I don't usually see autistic people getting this diagnosis, even though they clearly have it.

[00:45:28.67] Traumatic brain injury-- I have another tweet. And it says, "Seren The A(u)DHD Aerialist-- Undiagnosed neurodivergence is like being handed a video game that has been set to hard mode, but having people tell you over and over, 'It's on easy. Why do you keep dying?' Diagnosis is learning the game is on hard mode. It doesn't make it easier, but you can strategize."

[00:46:01.61] Traumatic brain injury can affect memory, concentration, mood, sleep. And we're looking at, again, about 2% of Americans have a permanent traumatic brain injury.

[00:46:16.78] Now, it can change over time. Mine is less severe than it used to be. The symptoms, at least, are less severe. Part of that is getting help. Part of that is learning a lot of coping mechanisms that are just part of my daily life.

[00:46:37.61] Common neurodivergent strengths-- analysis, creativity, out-of-the-box thinking, pattern detection, problem solving. And we are short on time. I think I'm going to just pause here and ask for questions. But then I'm happy to share more with people who want to stay over because I'm not-- but I want to respect that we have a time limit.

[00:47:01.48] SOFIA LEIVA: Of course. We have a lot of really great questions that have already come in. So the first question we have here is, can you please share some accommodation hacks for employees that are customer-facing, like retail sales or cash register person?

[00:47:18.28] STAR PETERSON: I think it depends on what you're struggling with. Is it pain from standing? Is it having to be on? Is it the concentration? I think it really depends on what the struggles are. Is it the sensory input of having to deal with people or the emotional regulation? I think it's a reasonable accommodation to ask for more breaks or, if possible, different responsibilities to accommodate your disability.

[00:47:51.48] SOFIA LEIVA: Of course. Thank you. The next question we have here is, do you have recommendations for how to cope with the guilt of needing to ask for reasonable adjustments at work or for being less productive or not coping as well as other colleagues?

[00:48:06.73] STAR PETERSON: I think that's something best explored with a therapist. That's very real and very common. I think that's something that you really have to dig into and there's not an easy hack for. Now, connecting with other people who have the same struggles has helped me a lot because it makes me feel less inadequate and more just, I'm doing really well given that I have a disability.

[00:48:33.45] SOFIA LEIVA: Definitely. The next question we have here is, masking is exhausting and can take away the energy we need to do our jobs well. But people, neurodivergent people, get very upset and sometimes punitive when we do NT-- I'm not sure what the acronym actually means.

[00:48:52.53] STAR PETERSON: NT-- neurotypical.

[00:48:53.99] SOFIA LEIVA: Neurotypical. There we go.

[00:48:55.99] [INTERPOSING VOICES]

[00:48:57.56] SOFIA LEIVA: Thank you. How would you advise managers to learn to be more creative in managing their issues and getting the work done together?

[00:49:07.97] STAR PETERSON: I, again, if you have an HR, would ask for training. There's a lot of good organizations out there that specifically train managers and that have training that's appropriate for employees to help them understand. I think we've got to educate people. I think that's our best shot at affecting their behavior in the workplace.

[00:49:31.82] SOFIA LEIVA: Yes. Thank you. Do you have any tips for how to explain to someone that doesn't understand autism, whether in school or work setting, that you're experiencing burnout or that you're overstimulated, causing us to not work properly and make more mistakes?

[00:49:50.13] STAR PETERSON: Goodness. I don't know that I have a great way to explain that other than the way it's already been explained. But that's something where I would probably go in communities like Facebook groups for autistic people and maybe see if other people can explain in words that feel true to you. That might help you. It might even help to write something down that you want to share if it's more difficult to articulate it in person or in real time.

[00:50:21.99] SOFIA LEIVA: Definitely. And people in the comments also suggested support groups online and in person are a great tool as well.

[00:50:29.94] STAR PETERSON: Absolutely.

[00:50:31.08] SOFIA LEIVA: Excuse me. The next question we have is, do you have tips for how to explain to someone that doesn't understand autism, whether in school or work setting, that you're experiencing-- did I already ask that one for now?

[00:50:44.62] STAR PETERSON: Think we did that.

[00:50:46.94] SOFIA LEIVA: Excuse me. The next one-- as a teacher, how can I be cross if accommodations I put into my classroom for someone are counterproductive for other diverse members? How much do the strategies for all these conditions align or conflict?

[00:51:04.43] STAR PETERSON: That's a great question There are definitely some things that-- some accommodations that might be distracting for other students. In my experience, the neurotypical students get used to them. They might be a distraction at first. But after the novelty wears out, it's just part of the day.

[00:51:26.07] I used to be a one-on-one for an autistic boy who was fully included in a class of neurotypical kids and definitely had some pretty big accommodations, was able to leave the classroom in the middle of things that were not realistic to do for-- like sit at circle time for a whole half-hour, had a number of accommodations which, certainly, all the other kids noticed. And they asked a few questions at first. But then they really just followed the lead of the adults. And that was normal.

[00:52:02.93] I don't have a good answer, though, for when the accommodations might be distracting or might be a deficit to other students other than maybe you can consider that when they plan who's going in what class. But I wish I had a better answer for you for that.

[00:52:23.64] SOFIA LEIVA: The next question we have here-- and it's similar to the one asked previously-- but what are your suggestions for making a workplace welcoming and accessible for all clients and customers?

[00:52:36.95] STAR PETERSON: I think any of these accommodations that I've mentioned that you can offer just for anyone who needs them is a great way. Lighting, again, is so big. If you can work on having-- not using fluorescent lights or having really strong overhead lighting and having lamps or less bright lighting instead, anything you can do to control excessive noise, like putting up sound absorbers-- like grocery store-- some grocery stores do, again, having a specific time of day, even just once a week, where people know that they can come into your workplace and that there's not going to be music playing and the lights aren't going to be as bright.

[00:53:23.73] And if possible, having a sensory room-- I know that's not very common. But having a room where people can go to get away from the noise and the crowds and the lights and just have some personal space and quiet--

[00:53:39.40] SOFIA LEIVA: Definitely. We have time for one or two more questions. The next one we have here is, how can we ask for reasonable adjustments at work if we only got a general diagnosis as neurodiverse rather than meeting the criteria as autistic?

[00:53:58.27] STAR PETERSON: I would look at the law carefully. I don't believe that you have to share your exact diagnosis, anyway. I think you just have to share what accommodations you need. I don't think you have to have a formal diagnosis, either.

[00:54:15.16] And again, I'm not an attorney. But I'm pretty sure just all you have to ask for is you have to say that you're disabled and ask for the accommodations you need. They're not going to-- they don't have the right to make you bring in something that is an official diagnosis of autism or anything like that because it's protected health information.

[00:54:38.19] SOFIA LEIVA: Absolutely. So we have time for one more question. This is a rather long question. So we've tried to shorten it as possible. But we received an attendee question. And I'm paraphrasing it. I've had an experience where they were applying for a job in a federal government and received a lot of pushback by the HR team when requesting an accommodation. They were asking for more specific information regarding this person's disability.

[00:55:07.62] For this person, the situation was disgusting, triggering, and dehumanizing. Was this OK, according to the ADA? This person eventually grew too triggered and fatigued to continue the fight.

[00:55:20.94] STAR PETERSON: Well, my understanding of the ADA is that the HR does not have a right to know anything-- medical diagnosis. They just need to know what you need for help. Beyond that, that is not their-- they can't say, oh, I need proof that you have this or that diagnosis in order to help you. So I absolutely don't think that's in line with-- at least with the intent of the ADA, for sure.

[00:55:50.62] SOFIA LEIVA: Definitely. And some people are saying HIPAA, as well, in the US, 100%.

[00:55:54.29] STAR PETERSON: Yes, absolutely. In the US, the protected health information is a very big deal.

[00:56:01.10] SOFIA LEIVA: Definitely. Well, thank you so much, Star, for such a great presentation-- a lot of really valuable information here. And thank you to the audience today for joining us. And I hope everyone has a wonderful rest of your day.