

Dr Sadhbh O'Dwyer

Neurodiversity in health
and social care – from
theory to practice

Sadbh.odwyer@ul.ie

Students as Teachers

Nurturing inclusive placement
experiences

Trinity College Dublin and PECNET

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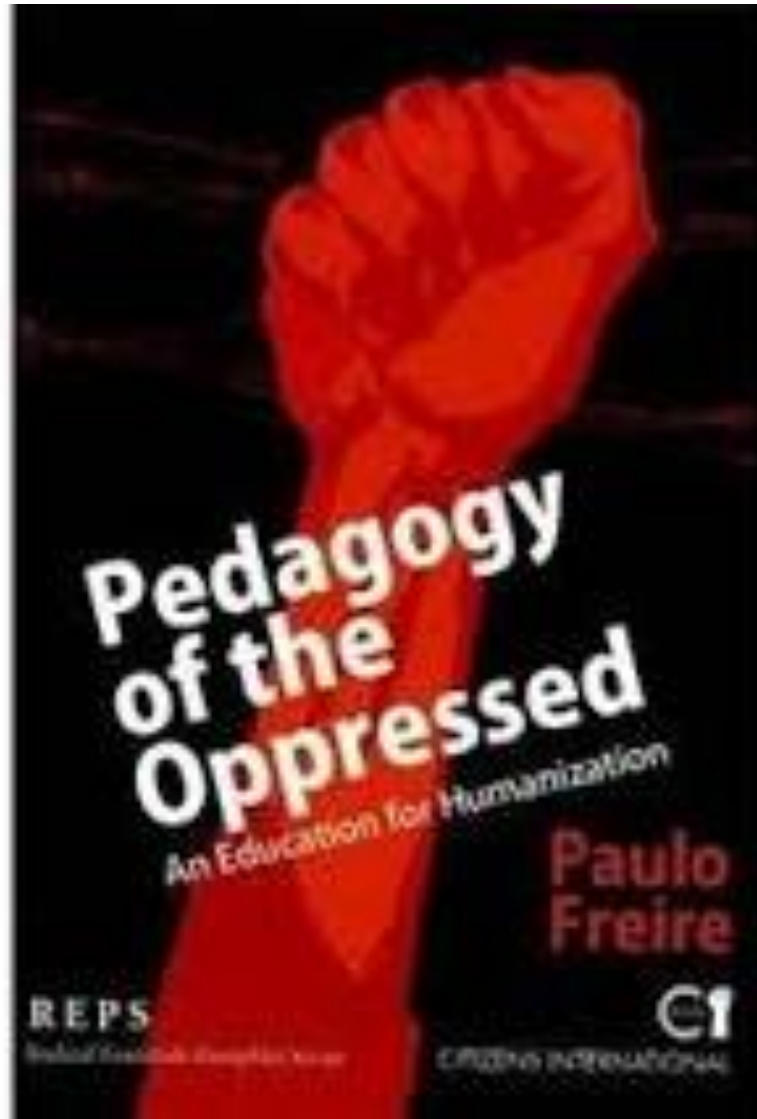
About me

1. Specialist teacher/assessor for Specific Learning Difficulties – FE/HE and the workplace
2. Worked in universities and in the workplace (NHS)
3. Research on dyslexia and inclusion
4. Neurodivergent
5. Acquired disability
6. Parent
7. Teacher education and health education

From theory to practice – what will we do today?

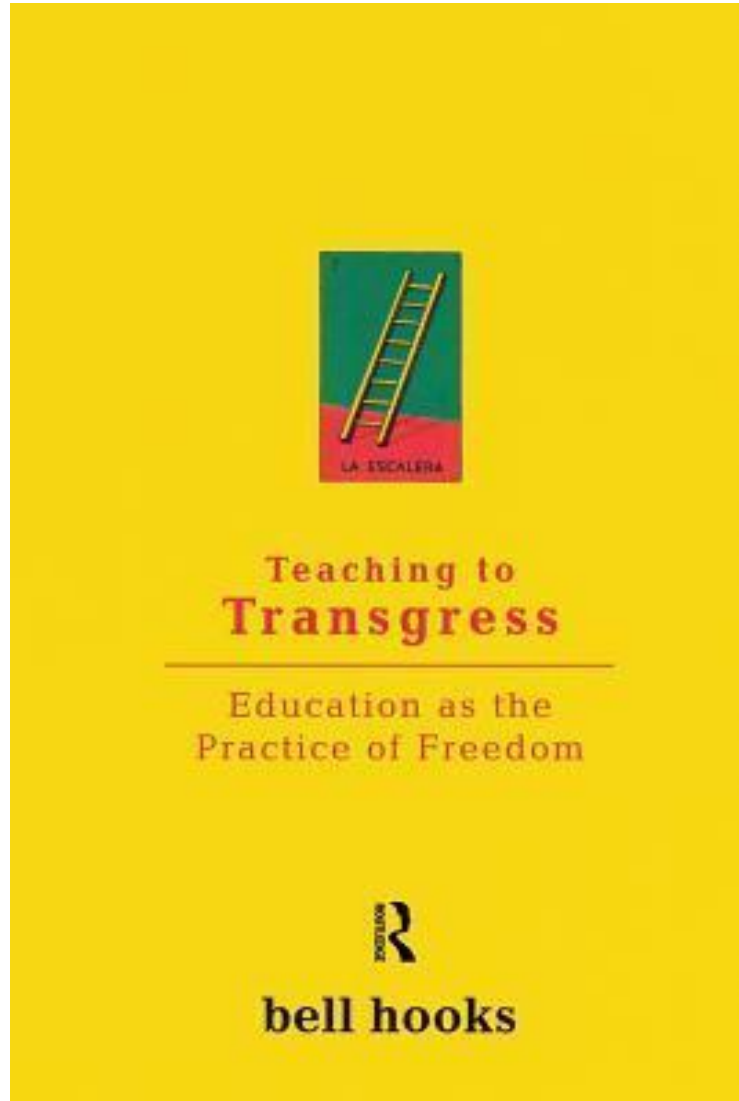
1. Mix of psychology, sociology and good hands-on approaches
2. Relevant theories
3. Sensory issues
4. Helpful things to do for placement
5. We will cook up some different approaches together





Paulo Freire – Conscientization

1. Education as liberation, not the traditional ‘banking education’
2. Student sits down and passively receives information from omniscient teacher
3. Neurodivergent students particularly ADHE learners do not thrive in these conditions
4. LOVE the idea of conscientization – critical awareness of social reality through reflection and action, enabling people to challenge and transform oppressive structures
5. Neurodivergent learners need to know what is going on them and so do you
6. Praxis: reflection + action



Why theory? bell hooks explains

“I came to theory desperate,
wanting to comprehend—to grasp
what was happening around and
within me”

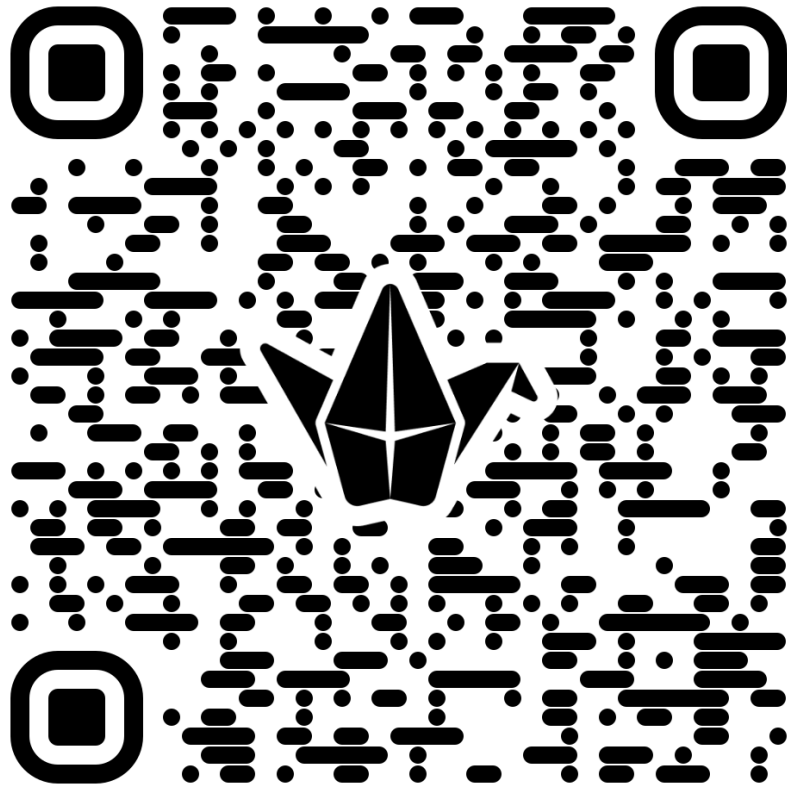
When you can understand then
you can do something

Cook up some different approaches



1. Irish Mammy approach
2. Here is your recipe bag
3. Our friends watching online can create their own recipe bag on Padlet
4. If you prefer, get a piece of paper and draw the items in our recipe bag

Padlet link



Make your own recipe bag using online images on our Padlet

Also available on:

<https://padlet.com/sadhbhodwyer/neurodiversity-in-health-and-social-care-hjcrx4g4a9go2sa3>

The wooden spoon of theory



1. Let's mix up a little bit of praxis from Paulo Freire
2. Conscientization
3. What is going on for learners who are neurodivergent on clinical placement?

EXECUTIVE SKILLS



FOCUS &
ATTENTION



PLANNING &
ORGANIZATION



WORKING
MEMORY &
METACOGNITION



INITIATIVE &
PERSISTENCE



FLEXIBILITY &
PROBLEM
SOLVING



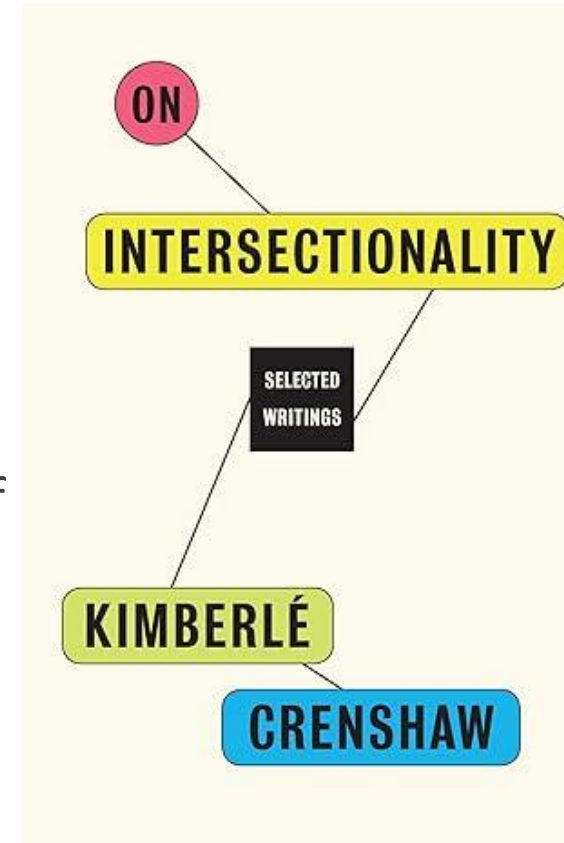
INHIBITION &
EMOTIONAL
CONTROL

Working Memory

1. The temporary storing and processing of information (Baddeley 2007; 2012)
2. Working memory can impact social skills – ‘inability to store intended speech temporarily’ (Kofler *et al.*, 2011, p 807)
3. Working memory can impact emotional regulation and processing in the brain (Groves *et al.*, 2020)
4. Emotional regulation issues also linked with social problems and academic underachievement (Kofler *et al.*, 2011; Rennie *et al.*, 2014)

Intersectionality

1. Developed by Kimberlé Crenshaw
2. Originally developed in the context of Black feminist thought, intersectionality is lens for understanding the lived experiences of people with multiple marginalised identities
3. Overlapping social identities such as race, gender, neurodiversity and class compound experiences of discrimination and marginalisation
4. Our learners are not just one thing: parents, carers, speak English as an Additional Language, disabled



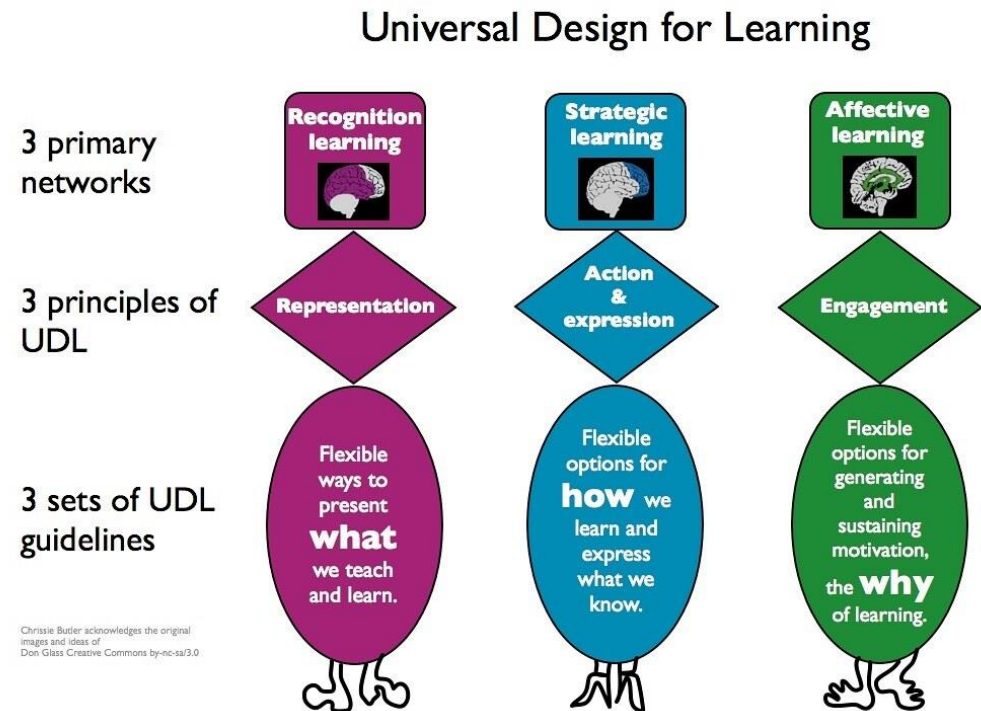
Selective attention

1. We pay attention to some stimuli and ignore other
2. Why? – would be overwhelming to pay attention to EVERYTHING
 - We listen to what one person is saying while ignoring other conversations and background noise in the room
 - Challenging for neurodivergent people who may hear EVERYTHING
3. Challenging to do two things at a time. Lack automaticity (driving + listening to radio)



So what can we do?

1. Think more UDL – Universal Design for Learning
2. Think about what is really necessary – what can we leave out?
3. Present information in a variety of ways
4. Repeat!



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Develop a sensory lens

1. Sensory relates to the senses- so any sensitivity or lack of awareness of sight, sound, smell, touch and taste may impact a learner on placement
2. Difficulties processing sensory information may seriously impede your ability to function
3. Take a minute to look around where you are
4. Think about how lightening, sounds, smells can be problematic



Stimming

1. Self-stimulatory behaviours that help regulate sensory input, manage anxiety, or maintain focus
2. Common in neurodivergent people, autistic people, people with ADHD, or sensory processing differences.
3. Typical stims include:
 - biting your fingernails
 - twirling your hair around your fingers
 - cracking your knuckles or other joints
 - drumming your fingers
 - tapping your pencil
 - jiggling your foot
 - whistling

Paper clip

1. Tactile feedback: Twisting, bending, or rolling a paperclip between fingers provides calming sensory input.
2. Focus aid: Helps maintain attention during stressful or cognitively demanding tasks, such as clinical placements.
3. Portable and unobtrusive: Easily fits in a pocket or lanyard; can be used discreetly without drawing attention.
4. Customisable: Some students prefer coloured or coated paperclips for added texture or visual appeal.
5. Offers a non-disruptive coping strategy during patient interactions, documentation, or high-pressure scenarios.
6. Supports emotional regulation and task persistence in unfamiliar or overstimulating environments



Blu-tack

1. Tactile stimulation: Moulding, stretching, or rolling Blu-Tack provides calming sensory feedback.
2. Focus enhancer: Helps maintain attention during lectures, documentation, or patient interactions.
3. Portable and discreet: Can be kept in a pocket or pencil case and used subtly without drawing attention.
4. Students may shape it into familiar forms or use it rhythmically to self-soothe.
5. Offers a non-disruptive coping mechanism during stressful or overstimulating moments.
6. Supports emotional regulation, task persistence, and sensory comfort in dynamic environments.



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Eye contact

1. Don't get too caught up with eye contact
2. Example: worked with an autistic student on giving presentations. Extremely able but also extremely anxious. Eye contact was too much. In the end we worked on the content not the eye contact which reduced the cognitive load
3. Force eye-contact can be exhausting (often a cause of burn out in masking women)
4. If you are doing one-to-one sessions, tell people they can take a break

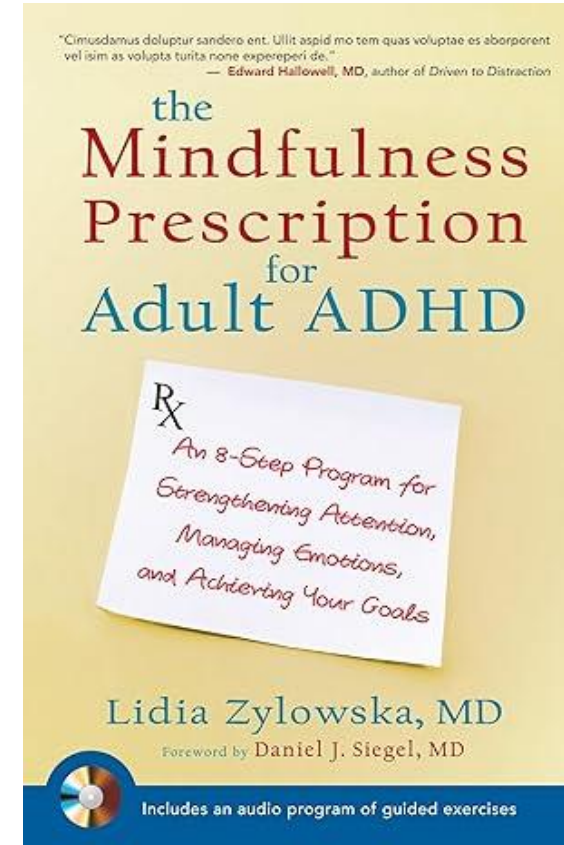


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Grounding tools – chestnut

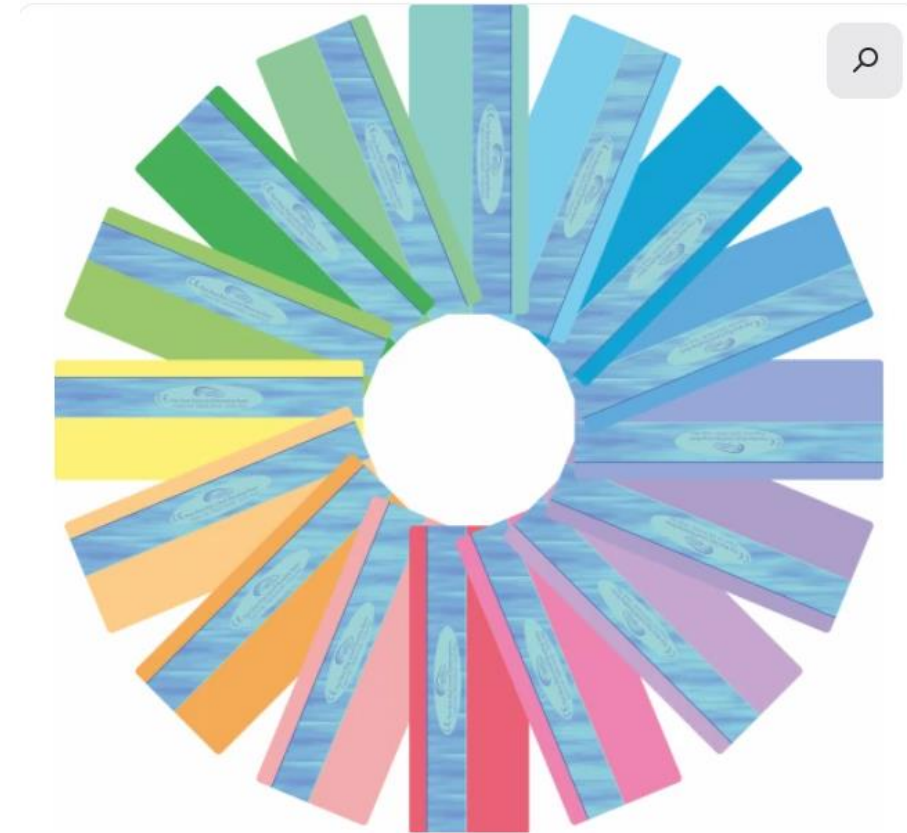
1. Hold a small object (like a chestnut or a shell) in your hand.
2. Focus on its texture, weight, and temperature.
3. Combine this tactile awareness with:
 1. Listening to ambient sounds
 2. Noticing your breath
 3. Feeling your body's contact with the chair or floor
4. This multi-sensory approach is especially helpful for adults with ADHD because it engages different channels of attention, making it easier to stay present.
5. Keep the chestnut in your pocket as a grounding reminder

(Sound, Breath and Body exercise)



Visual stress

1. Visual stress: blurring, movement, or glare when reading printed text – you don't have to be dyslexic to have visual stress
2. Reading ruler (Crossbow) reduces visual stress by filtering out harsh contrast and glare.
3. Improves focus and tracking with a tinted overlay and a narrow reading window.
4. Enhances reading fluency and comprehension, especially in high-pressure settings.
5. Portable and discreet—ideal for use in clinical placements without drawing attention.
6. Available in multiple colours to suit individual visual preferences and needs.
7. Supports confidence and independence in reading clinical notes, patient charts



Visual timers



1. Visual timers provide a clear, visual representation of time passing, which can be especially helpful for neurodivergent learners
2. Reduces time-related stress by making abstract time more concrete and predictable.
3. Supports task management by helping students pace themselves during clinical duties, assessments, or study sessions.
4. Improves transitions between activities by offering a visual cue for when a task will end.
5. Encourages independence and self-regulation in time-sensitive environments
6. Online versions e.g. Timetimer app

Structured task lists

1. Improves time management and prioritisation of clinical duties
2. Reduces cognitive load by breaking down complex tasks
3. Supports independence while maintaining accountability
4. Enhances communication between students and supervisors
5. Daily checklist with estimated timeframes
6. Visual cues for transitions (e.g., colour-coded tasks)
7. Space for reflection or notes to support learning
8. Examples from UCL https://www.ucl.ac.uk/medical-sciences/sites/medical_sciences/files/guides-for-how-to-get-the-most-out-of-clinical-placements.pdf



Learner with ADHD on placement

1. Aoife is a third-year nursing student with ADHD. She's enthusiastic and compassionate but struggles with time management, sensory overload, and task transitions in fast-paced environments.
2. Aoife is placed in a busy general ward at a Dublin hospital. The environment is noisy, unpredictable, and demands rapid multitasking. This is challenging for her executive functioning.
3. Difficulty prioritising tasks during shift handovers.
4. Overwhelm from sensory stimuli (alarms, lighting, conversations).
5. Struggles with documentation deadlines and task transitions.
6. Anxiety around performance expectations and feedback.

What do you think could help?



Visual timer app

1. Aoife uses a Time Timer app on her smartwatch to manage documentation and medication rounds.
2. Helps her stay on track without relying on verbal reminders.
3. Can be used discreetly on a phone, tablet, or physical timer without disrupting others.
4. Choose timers with colour-coded countdowns or auditory cues if needed, and ensure they're accessible and acceptable in the clinical setting.
5. Online versions: Timetimer app/web, Pomofocus app

Structured Task Lists

ROOM #: 4	NAME: Matthew Hayden
<input type="checkbox"/> Change dressing	
<input type="checkbox"/> Morning medications	
<input type="checkbox"/> Monitor infections & symptoms	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
MEDS:	
<input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

ROOM #:	NAME:
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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MEDS:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

ROOM #: 6	NAME: Tim Henry
<input type="checkbox"/> Vital assessments	
<input type="checkbox"/> Morning medications	
<input type="checkbox"/> Mobility assistance	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	
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MEDS:	
<input type="checkbox"/> 8 <input checked="" type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

ROOM #:	NAME:
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1. Her preceptor provides a daily checklist
2. Tasks are broken into manageable steps with visual cues.

Sensory tools

1. Aoife carries Blu-Tack and a paperclip in her pocket for discreet stimming during high-stress moments.
2. These tools help her regulate sensory input and maintain focus.

Other things: sensory space; clear communication

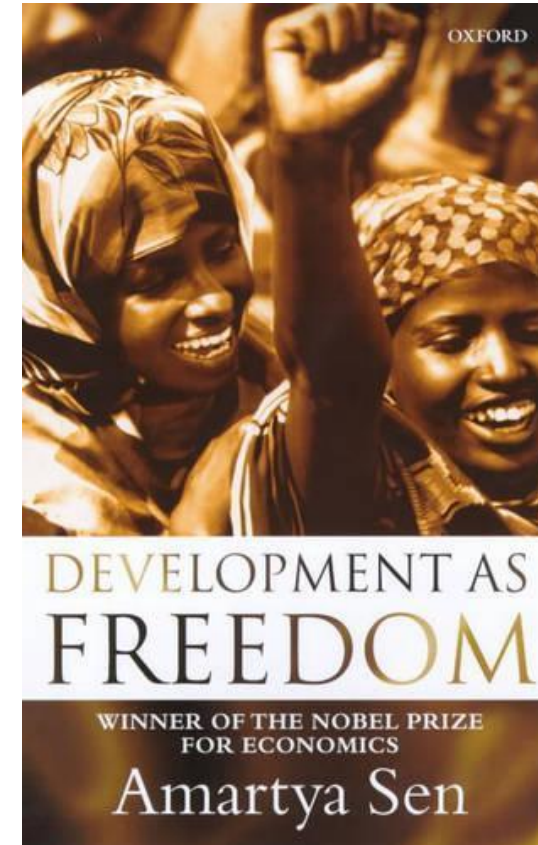
1. Quiet Space Access
2. Aoife is given access to a quiet room during breaks to decompress and reset.
3. This supports emotional regulation and reduces sensory fatigue.
4. Clear Communication
5. Feedback is delivered in written and verbal formats, with time for reflection.
6. Aoife is encouraged to ask for clarification and use a communication card if overwhelmed.



Adding to our recipe

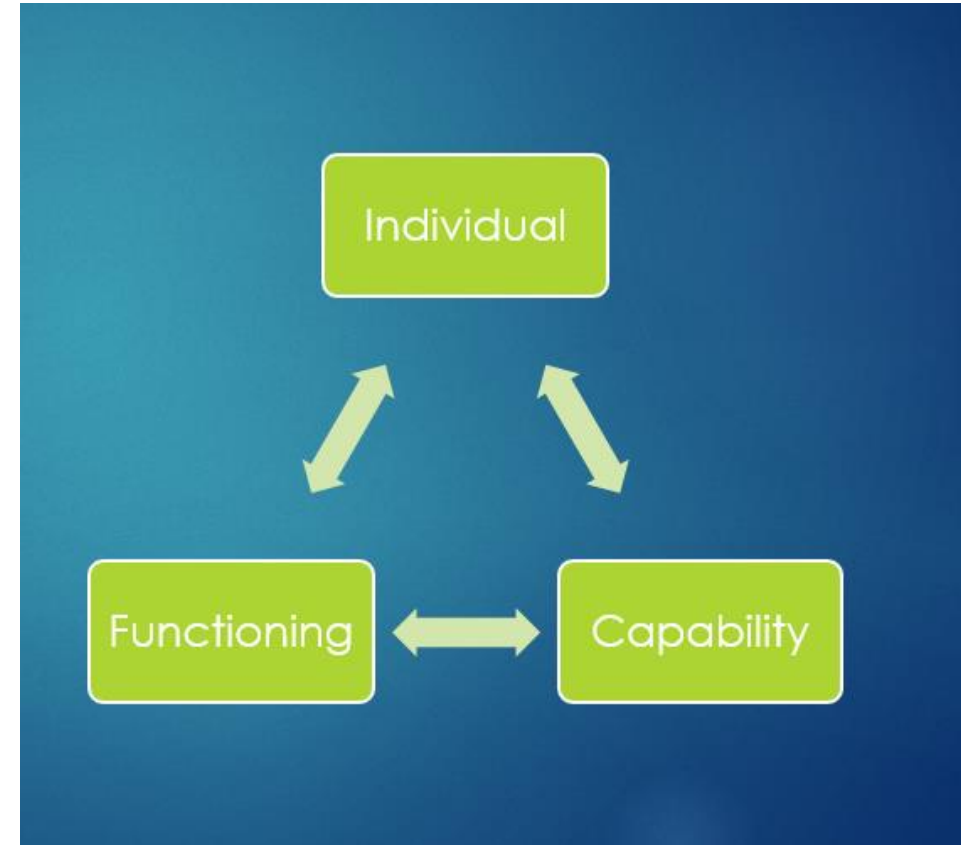
Amartya Sen's Capability Approach

1. Important theory in disability studies
2. Capability Approach (CA) – a theory of Justice
3. “A person’s ability to do valuable acts or reach valuable states of being” (Sen, 1993, p. 30)
4. You look at the individual to see what they can achieve that is of value to them (Walker and Unterhalter, 2007)

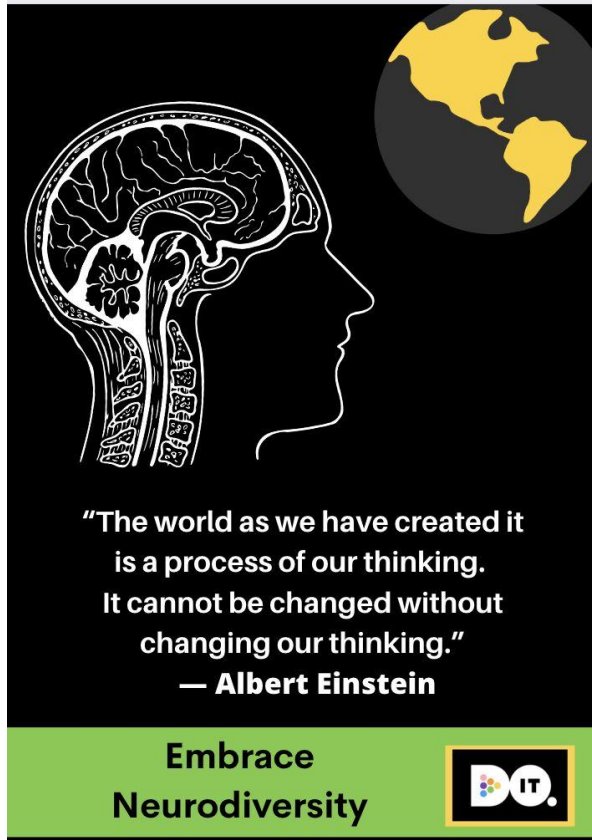


Capabilities and functionings

1. Relies on functioning, “what she or he manages to do and become” (1985, p.5)
2. What functionings do students on clinical placement need to achieve?
3. Exam accommodations, placement accommodations, AT, support for disclosure
4. This does not mean these health professionals are deficit, lacking, incapable



Changing our thinking



1. Theory matters as it helps us understand, reflect, and act.
2. Neurodivergent learners are capable, valuable contributors to health and social care.
3. Practical tools like visual timers, sensory aids, clear communication make a real difference.
4. Conscientization and capability remind us: accommodations are not signs of weakness, but pathways to flourishing.
5. Let's keep changing the recipe together.

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Get in touch

Dr Sadhbh (Sive) O'Dwyer

Sadbh.odwyer@ul.ie

On LinkedIn and the horror that is X (Twitter)