

# Professionals supporting ND people

Thank you for taking the time to help us explore how neurodivergent people can be supported more effectively.

Please only complete this form if you are a therapist, coach, or mental health practitioner with experience of working with neurodivergent\* people (either diagnosed, self-diagnosed, or questioning their neurodivergence).

When you are completing this questionnaire please make sure to protect the identity of your clients. Do not use names or any identifying characteristics.

\* Throughout the questionnaire we will be using ND to mean either neurodiverse or neurodivergent and NT to mean neurotypical.

## 1. What best describes your professional status?

*Check all that apply.*

- Qualified coach
- Coach in Training
- Unqualified coach
- Qualified Specialist Neurodivergent Coach
- Specialist Neurodivergent Coach in training
- Unqualified Specialist Neurodivergent Coach
- Psychotherapist
- Counsellor
- Pyschologist
- Psychiatrist
- Dr
- Holistic healer
- Other: \_\_\_\_\_

2. If you are registered with a professional body, which professional body are you registered with?

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### Understanding A Client's Current Experience

This section of questions is about your experience of supporting ND clients.

3. As an approximation, what percentage of your clients are ND?

*Mark only one oval.*

- Less than 15%
- 15% - 20% - approximate number of neurodivergent people in the general population
- 20% - 40%
- 40% - 60%
- 60% - 80%
- 80% - 100%

4. What influences the number of ND people you work with?

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5. How do you ensure your service is accessible to your ND clients before they arrive?

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6. How do you adapt your approach in your sessions, when working with ND clients?

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7. When a ND client cannot answer your question, what do you do?

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8. What could an ND client's silence mean, after you have asked a question?

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9. What does the progress of your ND clients look like for you?

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10. Do you know the following about your ND clients?

*Check all that apply.*

	Strengths and challenges in relationships	How they manage their emotions	Sensory profile	Processing profile
<b>Yes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Not sure</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How did you learn about your ND client's relationship strengths and challenges, emotional regulation, sensory profile, processing profile?

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12. What approaches, interventions or tools do you use to support ND clients to reflect on their relationships?

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13. How much do you understand about ND consent and how it is **different to** NT consent?

\*1= low understanding, 5 = high understanding

1   2   3   4   5



14. What are the **key differences** between ND consent and NT consent, and how does this **impact your practice**?

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15. How confident do you feel about explaining ND consent and how it is **different** to NT consent to your clients?

\*1= low understanding, 5 = high understanding

1 2 3 4 5



16. What would help you feel **more confident** explaining ND consent?

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17. How much do you understand about ND codependency and how it is **different to** NT codependency?

\*1= low understanding, 5 = high understanding

1 2 3 4 5



18. What are the **key differences** between ND codependency and NT codependency, and how does this **impact your practice**?

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19. How confident do you feel about explaining ND codependency and how it is **different to** NT codependency to your clients?

\*1= low understanding, 5 = high understanding

1   2   3   4   5



20. What would help you feel **more confident** explaining ND codependency?

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21. Have you ever felt unsure if a client's behaviour was ND masking, people-pleasing, trauma, or something else?

*Check all that apply.*

Yes

No

Other: \_\_\_\_\_

22. If you answered yes to the question above, please can you outline an **anonymous** scenario where you felt stuck about the reasons for a clients behaviour (ND masking, people-pleasing, trauma or other).

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23. What are the top three relationship struggles that you notice in your ND clients?

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### Relational safety

This section will ask about what ND clients' need to feel safe in relationships (romantic, family, work, friends etc.).

24. What do you **believe** ND people need in order to feel calm, safe and steady in their relationships?

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25. How do you **identify** what each individual ND client needs to feel calm, safe and steady in their relationships outside your therapeutic space?

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26. How do you identify what each individual ND client needs to feel calm, safe and steady ***within their therapeutic relationship with you?***

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27. What is your understanding of Rejection Sensitivity Dysphoria and how it can show up in the therapeutic relationship itself?

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28. What is your understanding of Pathological Demand Avoidance and how can it show up in the therapeutic relationship itself?

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29. How do you approach therapeutic interventions where you **suspect** ND is present but not acknowledged?

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30. When a client discloses that previous support caused harm, how do you respond and how does this history shape your work together?

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31. If you don't, would you like to and what barriers currently prevent you?

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### Relational labels and identity

This section focuses on identity and how it is affected by relationships.

Only answer what (if any) feels manageable for you.

32. In your opinion, **roughly** what percentage of your ND clients appear to, or admit to, losing themselves in relationships or feeling responsible for how someone else is feeling?

*Mark only one oval.*

- Less than 15%
- 15% - 20%
- 20% - 40%
- 40% - 60%
- 60% - 80%
- 80% - 100%

33. How do you support ND clients to come back to themselves?

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34. How do you work with a client who is **self-diagnosed or awaiting a diagnosis**, and does your approach differ from how you work with **formally diagnosed** clients?

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What would support you in your role, when working with ND people?

This section covers what you, as someone who is supporting ND clients, would benefit from.

35. What barriers come up in the therapeutic relationship **between you and the client**, due to the person being ND? (e.g. lack of knowledge, different boundaries, shutdown, different attachment styles, people-pleasing misattunement, or other)

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36. Have you received any specific training in how to support ND people with their relationships?

*Check all that apply.*

Yes

No

37. If you have received training on how to support ND people with their relationships, what did you learn?

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38. If you have not received any training on how to support ND people with their relationships, what would help you to take part?

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39. Which of the following resources (tools, frameworks or assessments) would be useful in supporting ND people?:

*Check all that apply.*

- Indicators of neurodivergence (awareness raising - not a diagnostic tool)
- Identifying nuances of individual needs
- Adapting therapeutic environments to meet needs
- Common stress responses: Fight, flight, fawn, freeze
- Processing styles
- Alexithymia
- Rejection sensitivity disorder
- Demand avoidance
- Masking and people pleasing
- Reading social cues
- Impact of mental load
- Neurodivergent consent
- Neurodivergent codependency
- Managing boundary violations
- Energy management
- Creating scripts
- All
- Other: \_\_\_\_\_

40. If you have ticked any of the above you can write further comments about what you would like here:

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41. In our research with ND clients, 80% expressed strong interest in embodied, creative and nature-based approaches.

How do you incorporate the body (somatic practices), creativity or nature connection into your practice?

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42. In our research with ND clients, 80% expressed strong interest in embodied, creative and nature-based approaches.

Would you be interested in learning more about any of the following you could incorporate into your practice with clients:

*Mark only one oval.*

- Body based somatic practices
- Creative approaches, such as crafts, knitting, drawing, collage
- Nature-based practices
- Other:  
\_\_\_\_\_



45. Any other comments about what would help you to trust training on this topic:

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46. If you are ND yourself, how does this positively/negatively influence the outcome that your ND client(s) have?

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47. If you are NT, how does this positively/negatively influence the outcome that your ND client(s) have?

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48. Anything else you would like us to know?

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To Receive Your FREE Copy of Our Research Report

**If you would like to receive our Executive Summary & Detailed Research Report please enter your name and email address below:**

49. First name

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50. Last name

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51. Email address:

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52. Please click below to give GDPR consent

*Mark only one oval.*

Consent

53. Would you like to be notified about or involved in shaping training for professionals on happy and healthy ND relationships?

*Check all that apply.*

Yes notified when it is ready

Yes involved in shaping it

No

Other: \_\_\_\_\_

54. Are you interested in taking part in an interview to discuss this topic further as part of this research project?

*Mark only one oval.*

Yes

No

Other:  
\_\_\_\_\_

55. Would you like a copy of this research report when it is finished?

*Mark only one oval.*

Yes

No

Other:  
\_\_\_\_\_

56. By completing this survey you can get 25% off our webinar in May, exploring the findings from our research with neurodivergent individuals. Would you like to find out more? If yes, please leave your email address below:

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Demographics: Finding out about you (optional and encouraged)

We would love this support to be accessible to as many people as possible. For this reason, we are asking the following questions to find out more about the people who are accessing this survey.

This will help us to do more proactive work to connect with people who are not naturally responding to the survey, either now or in the future.

**These answers are analysed separately from the rest of the information provided and used to explore general trends.**

57. Where do you live? (postcode or region)

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58. What is your age?

*Mark only one oval.*

18 - 25

26 - 34

35 - 44

45 - 54

55 - 64

65 - 74

75 - 84

85 +

Prefer not to say

59. What is your gender?

*Mark only one oval.*

Female

Gender fluid

Gender non-conforming

Male

Non-binary

Transmale

Transfemale

Prefer not to say

Other:

—

60. What is your sexual orientation?

*Mark only one oval.*

Bisexual

Gay

Lesbian

Pansexual

Queer

Straight

Prefer not to say

Other:  
—

61. Do you consider yourself to have a disability?

*Mark only one oval.*

Yes

No

Maybe

Prefer not to say

Other:  
\_\_\_\_\_

62. If you would like to give further information please do so here:

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63. Ethnic origin

*Check all that apply.*

- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Chinese
- Asian or Asian British - Any other Asian background
- Black, Black British, Caribbean or African - Caribbean
- Black, Black British, Caribbean or African - African
- Black, Black British, Caribbean or African - Any other Black, Black British, or Caribbean background
- Mixed or multiple ethnic groups - White and Black Caribbean
- Mixed or multiple ethnic groups - White and Black African
- Mixed or multiple ethnic groups - White and Asian
- Mixed or multiple ethnic groups - Any other Mixed or multiple ethnic background
- White - English, Welsh, Scottish, Northern Irish or British
- White - Irish
- White - Gypsy or Irish Traveller
- White - Roma
- White - Any other White background
- Other ethnic group - Arab
- Other ethnic group - Any other ethnic group

64. Religion

*Check all that apply.*

- No religion
- Christian (including Church of England, Catholic, Protestant, and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Spiritual
- Pagan
- Sufi
- Other: \_\_\_\_\_

65. What is your relationship status?

*Mark only one oval.*

Single

Married

Living with partner

Living separately from partner

Divorced

Widowed

Prefer not to say

Other:  
\_\_\_\_\_

66. What is your employment status?

*Mark only one oval.*

- Employed full time
- Employed part time
- Self-employed
- Not working (looking for work)
- Not working (carer / parent)
- Prefer not to say
- Other:  
\_\_\_\_\_

67. Household income

*Mark only one oval.*

- Under £10,000
- £10,000 - £19,999
- £20,000 - £29,999
- £30,000 - £39,999
- £40,000 - £49,999
- £50,000 - £74,999
- £75,000 - £99,999
- £100,000 - £149,999
- £150,000 +
- Prefer not to say
- Other:  
\_\_\_\_\_

68. Are you neurodivergent?

*Check all that apply.*

- Yes
- No
- Self Diagnosed
- Awaiting Diagnosis
- Other: \_\_\_\_\_

69. If you answered yes above, what neurodivergence do you have or believe you have? Select as many as appropriate.

*Check all that apply.*

- Autism
- ADHD
- AuDHD
- Dyslexia
- Dyscalculia
- Dysgraphia
- Developmental Coordination Disorder (DCD / Dyspraxia)
- Other: \_\_\_\_\_

Thank you so much for your contribution to our research!

Your free copy of our Research Report will be with you within a week. We manually send them out on a weekly basis. **Please check your junk folder.**

70. Any other comments or questions

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