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**PROGRAM™**

**A.C.C.E.P.T. Series Couple Package:  
Communicating Across Neurotypes Workbook**

Get to Know Your Neurotypes  
Know How They Interact to Impact Your Relationship  
Build Skills in Cross-Neurotype Communication

# Part One. A.C.C.E.P.T. Program™ Framework

This package is a part of the A.C.C.E.P.T. Program™, a suite of groups for neurodivergent youth and adults that promotes understanding, communication, and connection.



# scattergram

COUNSELLING  
& CONSULTING

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# Introduction

Welcome to Part One of the A.C.C.E.P.T. Program™ Couples Workbook. This workbook goes hand in hand with the Couples four-part mini-course video recordings. Part One introduces you to the the A.C.C.E.P.T. Program™ Framework and the reasoning underlying a neurodiversity-affirming approach to cross-neurotype couple therapy.

Traditional couple therapy does not usually take into consideration differences in neurotypes (brains and nervous systems) that impact couples where one or both partners are neurodivergent. It often fails to assess the core issues in a cross-neurotype relationship and uses approaches based on neurotypical assumptions. In this mini-course, we will use the A.C.C.E.P.T. Program™ Framework to explore how your neurotypes impact your relationship.

What does it mean to be neurotypical and neurodivergent? How are neurodivergent operating systems different from neurotypical operating systems? How do differences in cognitive, sensory, and emotional perceptions impact cross-neurotype relationships? How can partners communicate effectively across neurotypes? What strategies can be used to deepen cross-neurotype connection and intimacy?

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These workbooks contain all of the quizzes and activities in the mini-course that will help you understand each of your neurotypes and build skills for cross-neurotype communication.

## Paradigm Shift

Paradigm  
Shift:  
From  
Disorder  
to  
Difference



We are in the midst of a paradigm shift, from thinking about neurodivergence as *disorder*, to celebrating it as *difference*. The A.C.C.E.P.T. Program™ framework provides a foundation for neurodiversity-affirming care by embodying the new paradigm. Paradigms are built and upheld through language. Hierarchical paradigms are based on systems of classification that separate

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things into the categories ‘good’ or ‘bad’ and rank them from best to worst.

## Old Paradigm

The Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, the DSM, as we usually call it, is a great example of old paradigm thinking. It separates the ‘good’ brains from the ‘bad’ brains and categorizes all the ways that disordered brains can be disordered.

# Old Paradigm: DSM

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Normal (“good”) Brains



Abnormal (“bad”) Brains



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In this hierarchical system of classification, one category of disorders is **neurodevelopmental**:

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# Neurodevelopmental Disorders (DSM-5)

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## **Neurodevelopmental Disorder:**

a condition that affects the development and functioning of the brain and nervous system, typically manifesting early in childhood. These disorders involve impairments in various areas...ranging in severity.

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These disorders involve impairments in various areas such as cognition, communication, social interaction, motor skills, or behaviour. They often have a significant impact on a person's daily functioning, learning abilities, and social relationships, ranging in severity.

Neurodivergent brains - brains that diverge somehow from the typical - fall into the category of Neurodevelopmental Disorders. In the DSM-5, the latest version of the DSM, these include:

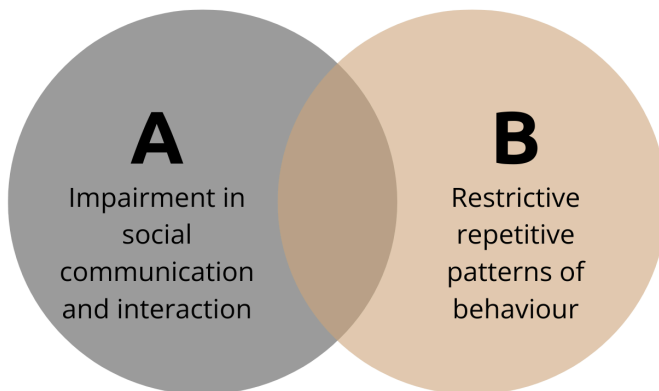
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# Neurodevelopmental Disorders (DSM-5)

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- Autism Spectrum Disorder (ASD)
  - Attention Deficit and Hyperactivity Disorder
  - Specific Learning Disorders (Dyslexia, Dyscalculia)
  - Tic Disorders
  - Communication Disorders
  - Intellectual Disorders
  - Motor Disorders
- 

Diagnostic criteria for autism (DSM 5)






How do these differences in the brain and nervous system become classified as disorders? **Autism Spectrum Disorder** is defined by two main criteria:

- A. impairment in social communication and interaction and
- B. restrictive repetitive patterns of behaviour.

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It is ranked in three levels according to severity, with level one requiring least support and level three requiring most. In the DSM-5, Asperger's was merged with Autism in the level one category.

## 3 FUNCTIONAL LEVELS OF AUTISM

ASD Level 1	ASD Level 2	ASD Level 3
Requiring Support	Requiring Substantial Support	Requiring Very Substantial Support
Deficits in social communication skills	Marked deficits in social communication skills	Severe deficits in social communication skills
Difficulty initiating social interactions	Limited initiation of social interactions	Very limited initiation of social interactions
Difficulty switching between activities	Distress/difficulty changing focus or actions	Great distress/difficulty changing focus or actions
		

Adapted from Verywell's "Understanding the Three Levels of Autism" By Lisa Jo Rudy

**Attention Deficit and Hyperactivity Disorder** is defined by three main criteria: inattention, hyperactivity, and impulsivity and has three diagnoses: predominantly hyperactive-impulsive, predominantly inattentive, and combined.

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# Symptoms of ADHD

## Inattention

Disorganization  
Lack of focus  
Difficulty giving attention to details  
Have trouble staying on topic while talking

## Hyperactivity

Fidget and squirm when seated.  
Get up frequently to walk or run around.  
Have trouble playing quietly or doing quiet hobbies

## Impulsivity

Impatience  
Having a hard time waiting to talk or react  
Blurt out answers before someone finishes asking them a question.

## 3 Presentations of ADHD

@thereadingschool




**Predominately Hyperactive**  
(very rare)



**Predominately Inattentive**  
(previously called "ADD")



**Combined**  
(most common)

 The Reading School

SOURCE: <https://caddac.ca>

The criteria for these diagnoses for both ASD and ADHD were initially developed based on the **observable behaviour** of boys and are widely understood as not capturing the differences in girls and women.

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Getting a diagnosis from the DSM has always been a **double-edged sword** for people who struggle with mental illness or differences in mental functioning.

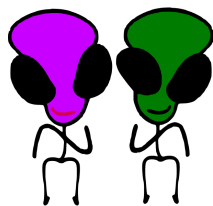
On the one hand, a diagnosis is necessary to access supports, accommodations, and treatment. On the other hand, those supports come with the labels 'pathological' and 'disordered'.



**In the old paradigm, when you receive a diagnosis confirming your neurodivergence, your brain is classified as disordered and ranked according to severity.**

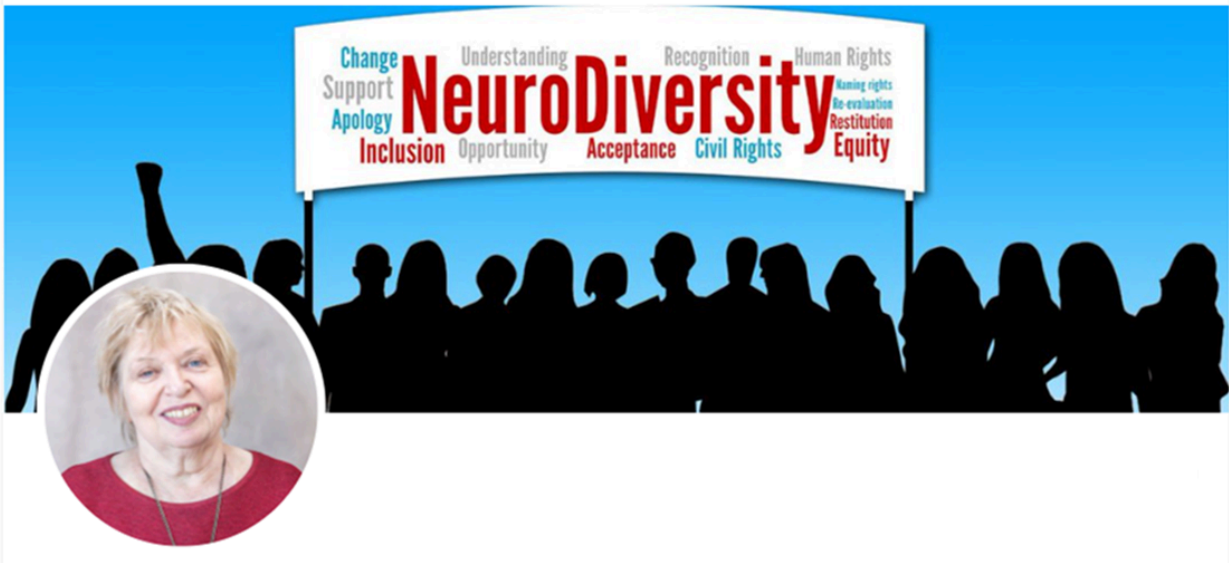
### New Paradigm

What If All Brains Are 'Good'? This is the message of the **neurodiversity movement** which challenges the hierarchical paradigm of the DSM.



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The term **neurodiversity** was first coined in 1998 by Judy Singer in Australia when she couldn't find any language to describe her own reality that wasn't steeped in the language of deficit and disorder.



Judy Singer, an Australian sociologist, first used the term neurodiversity in her sociology honors thesis and presented it in a paper in 1998 and in the chapter *“Why Can’t You be Normal for Once in Your Life?”*

Since then, the language to describe and talk about neurodiversity has proliferated.

### Key Terms

These are a few key terms in the paradigm change from hierarchical to non-hierarchical, from disorder to difference.

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**Neurotype:** A pattern of brain functions, cognitive styles, or neurological characteristics that influence behaviour, cognition, or other aspects of functioning, influenced by the structural and functional characteristics of the brain and nervous system we are born with. We all have one!

**Neurodiversity:** The complete range of brain and nervous system types within the population.

**Neurodiverse:** An approach or a space can be neurodiverse (includes or appeals to ALL brain types). An individual person has a specific neurotype. We usually talk about two main kinds of neurotypes:

**Neurotypical:** A person with an average, common, or ‘statistically normal’ brain and nervous system.

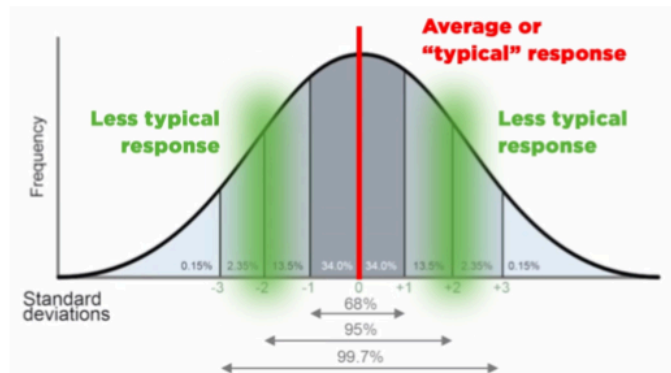
**Neurodivergent:** A person whose brain and nervous system diverges from the ‘statistical norm’ and who perceives the world or behaves in ways that the dominant group (neurotypicals) may find difficult to understand.

It can be helpful to think about how common brain types are across the whole population, if we were to graph them. They would map out on this bell curve with the vast majority of people in the centre of the graph having a ‘statistically normal’ or neurotypical brain.

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# Neurodiversity and Neurotypes

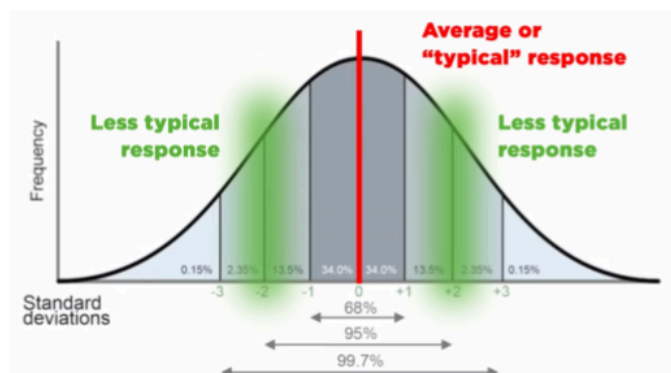
**Neurotypical:** A person with an average, common, or 'statistically normal' brain and nervous system.



Those at either end, what we call the 'tails' of the graph, are those brains that *diverge* from the norm - the neurodivergent.

# Neurodiversity and Neurotypes

**Neurodivergent:** A person whose brain and nervous system diverges from the 'statistical norm' and who perceives the world and/or behaves in ways that the dominant group (neurotypicals) may find difficult to understand.



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In the new paradigm, neurodivergence is defined as a **natural variation in the human brain and central nervous system that conferred evolutionary advantages and challenges.**

According to old paradigm thinking, we should be able to recognize neurodivergence from **observable behaviour.** How many of you have been told you don't **look** Autistic or you don't **look** like you have ADHD? It's not because you have award-winning acting skills.



Your differences are invisible, internal **differences in cognitive, emotional, and sensory perceptions.** Our brains and nervous systems are our *instruments of perception*, shaped by evolution, in constant interaction with our social and physical environment.

My own working definition of neurodivergence is that it is a difference in the emotional, sensory, and cognitive **instrument of perception** that gives rise to an infinite variety of observable behaviours and functionalities.

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# The A.C.C.E.P.T. Program™ Framework

## Putting the New Paradigm Into Practice

Sometimes builders have to tear down the old before they can redevelop something better. My mission is to tear down **old paradigm thinking**, where neurodivergence is seen as a *disorder*, and build **new paradigm tools and practices** that celebrate neurodivergence as *difference*, which is exactly what the A.C.C.E.P.T. Program™ Framework does.

A.C.C.E.P.T. stands for assertive, curious, connected, exceptional, perceptive, and tolerant<sup>1</sup>.

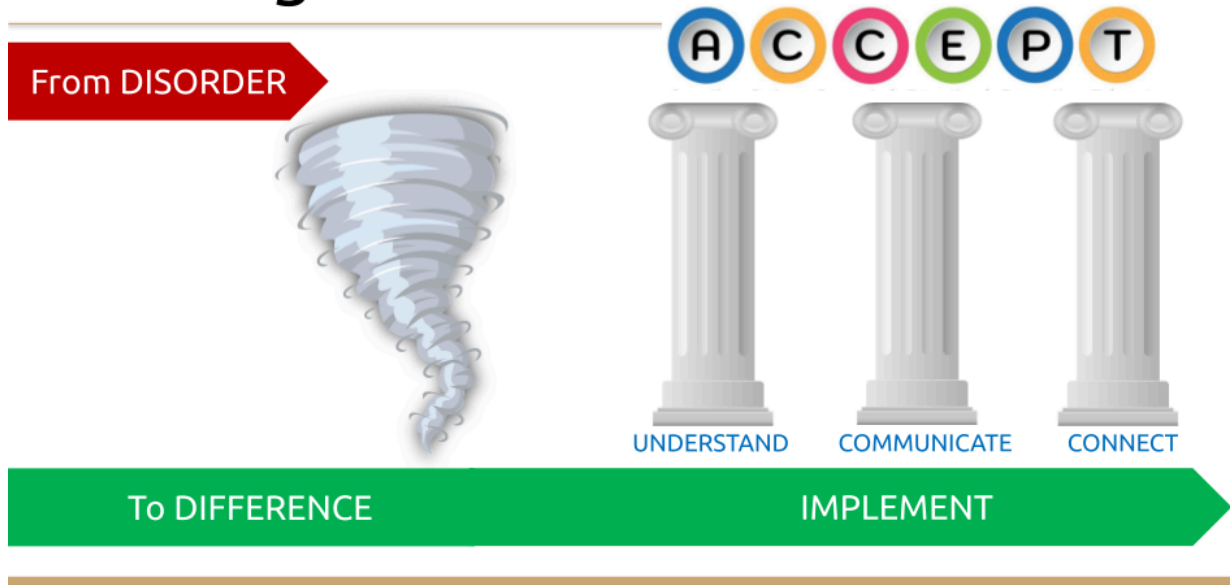
So what exactly is this framework and how does it work? To use the building metaphor, the *new paradigm definition of neurodivergence* as difference is the **concrete footing** that sits underground, invisible, yet crucial to the stability of the whole structure. The **foundation**, resting on the *new paradigm footing*, is the three pillars of the A.C.C.E.P.T. Program™ framework: Understanding, Communication, and Connection.

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<sup>1</sup> Shout out to Amber Riehl, former MSW student with Scattergram, who came up with the acronym!

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# Paradigm Shift



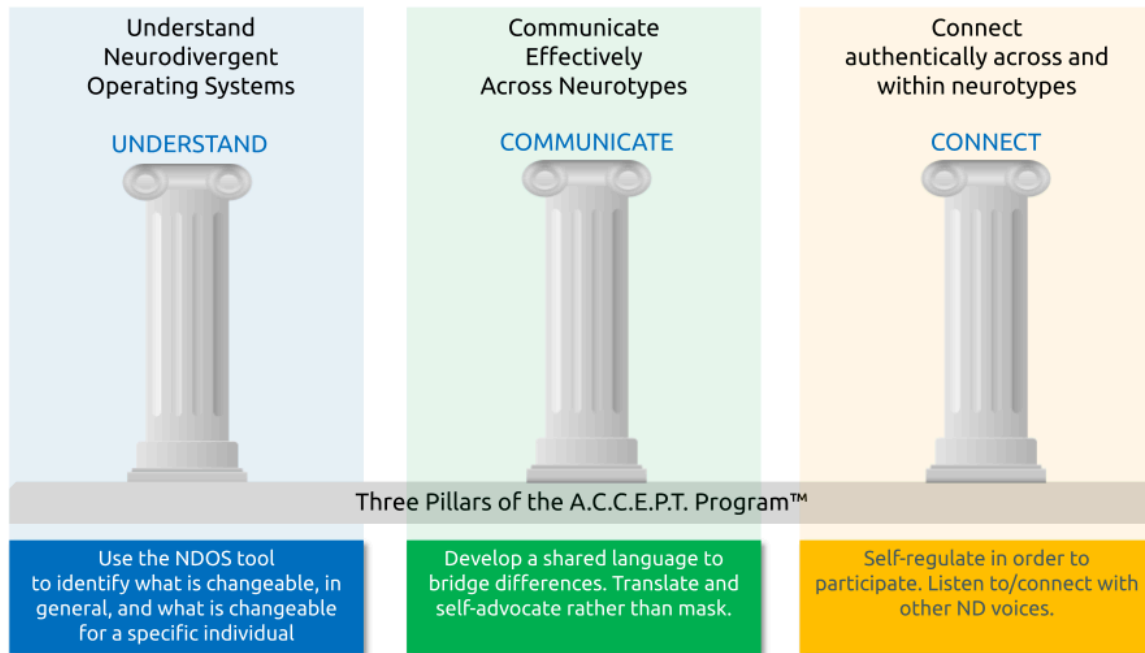
## Three Pillars of A.C.C.E.P.T. Program™

In my work as a therapist, I noticed three themes emerging over and over again. People come to Scattergram because they want to **understand** themselves or a neurodivergent loved one better; they want to **communicate** more effectively across neurotypes; and they want to have **authentic connections** that don't require masking or exhaust them.

Each pillar has its own knowledge, tools, skills, and activities that can be put into practice in day to day life. The NDOS Tool is used to explore neurodivergent strengths and challenges, and what is and

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isn't changeable, in an individual. The tools used in our **communication** pillar emphasize cross-neurotype communication, and we incorporate modified Dialectical Behaviour Therapy, DBT, to teach the self-regulation and self-compassion skills necessary for authentic **connection**.

### A.C.C.E.P.T. Program™ Series

If new paradigm thinking is the *footing* for neurodiversity-affirming care, and the three pillars are the *foundation*, then the **A.C.C.E.P.T. Program™ Series** programs are the rooms that rest on top of the pillars.

Right now, we offer the **A.C.C.E.P.T. Program™ Series** for Neurodivergent Adults, the ND room for youth, the couples package, and supervision and training for mental healthcare

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workers. A.C.C.E.P.T. Program™ Series programs create spaces for neurodivergent youth and adults to explore identities, unpack myths, connect with other neurodivergent people, and build skills to navigate a neurotypical world. They provide spaces for couples and family members to learn how to communicate across neurotypes. And they teach other mental health professionals how to ground their practice in the new paradigm.

## The ACCEPT Series



### Activity: Old to New Paradigm

A.C.C.E.P.T. is about thinking **and** doing. To get the most out of A.C.C.E.P.T. Program™ programs, you have to be willing to put the things you learn into practice in your day to day life. Most activities involve observing and testing. You may be asked to observe

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something in your environment, or in your internal world. You may be asked to shake things up in how you communicate with a loved one or at work. This is an example of an activity that will get you thinking about what you've learned about neurodivergence.

## From Old to New Paradigm

---

What messages have you received about neurodivergence that are based in the old paradigm of disorder? Reframe these in the new paradigm of differences

Old Paradigm: Disorder	New Paradigm: Difference
E.g. ADHD - Lazy	E.g. ADHD brain requires different tools and stimuli to start and complete tasks and these are frequently not available

Get the Activity at [wendymcguire.com/Paradigm](https://wendymcguire.com/Paradigm)

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In this table, list all the things you have been told that are wrong with you from the old paradigm in the column on the left. Then reframe them in the column on the right. When you're done, you may want to take some of the things in the new paradigm column and post them to the fridge as reminders or affirmations. Use the [Activity. Old/New Paradigm Activity Worksheet](#) in Appendix A (printable version) or online at <https://wendymcguire.com/Paradigm> to try this out for yourself.

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# Takeaways

There are **two key takeaways** that I hope you remember from this presentation. One, is that we are in the midst of a paradigm shift, from seeing neurodivergence as difference, not disorder. The second is that you can be a part of this shift by joining an A.C.C.E.P.T. Program™ Series program.

The main takeaways about this **new paradigm** are that:

- All brains and nervous systems (neurotypes) are good!
- Neurodivergence is a difference, not a disorder.
- Neurodivergent differences are differences in the instruments of cognitive, emotional, and sensory perception. And differences in perception give rise to infinite differences in observable behaviour and functioning.

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# Coming Up Next...

In Part Two of the four-part Couple mini-course, we will explore neurodivergent operating systems as

**Understanding** is the foundation for cross-neurotype communication (Part Three) and connection (Part Four).



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# Appendix A

## Activity. Old /New Paradigm

Online version: <https://wendymcguire.com/Paradigm>

What messages have you heard about neurodivergence that are based in the old paradigm of disorder? Reframe these in the new paradigm of differences

Old Paradigm: Disorder	New Paradigm: Difference
E.g. ADHD - Lazy	E.g. ADHD brain requires different tools and stimuli to start and complete tasks and these are frequently not available

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