Resource Summary Document

What is this Document?

This document has been developed to support therapists and practitioners working with clients who experience both gambling harms and neurodivergence.

It is based on the final phase of a GambleAware funded project delivered by IFF Research, the University of Bristol, and Ara (a charity offering treatment and support for drug, alcohol and gambling harms). The project sought to fill a major evidence gap on how gambling harms affect neurodivergent people and how treatment can be most effectively delivered.

The project involved three phases:
1. Evidence Review – analysing existing research on neurodiversity and gambling.
2. Research Study – focusing on understanding the context and needs of neurodivergent people.
3. Training and Toolkit Development – creating practical guidance for professionals.

An Advisory Panel comprising of six expert advisors, including both professionals and people with lived experience of neurodiversity and gambling harm, have guided the project's design, delivery, and interpretation of the findings at each stage.

Why does neurodiversity matter?

Neurodiversity is the natural variation of human cognition. Around 1 in 7 people are neurodivergent. These are individuals whose mind or functioning differs from societal norms, or neurotypical beings and includes neurotypes such as Autism, ADHD, Dyslexia, Dyspraxia and Tourette syndrome.

Historically, therapy focused on making neurodivergent people conform to neurotypical standards, often to the detriment of their wellbeing and identity. Evidence now shows that affirming, strength-based approaches lead to much better outcomes.

Neurodivergent individuals are more likely to experience gambling harm, often driven by traits such as impulsivity, hyperfocus and routine, meaning it's vital that any therapeutic / support intervention is tailored, inclusive, and responsive to individual needs.

The core principles

The training and toolkit are underpinned by key philosophies[1] in addressing neurodiversity:
- The Neurodiversity Movement - celebrating and valuing cognitive differences.
- The Neurodiversity Paradigm - recognising there is no "normal" or "correct" type of brain.
- The Social Model of Disability - societal barriers or the environment fails to accommodate needs, rather than the individual needing to adapt to fit in, be fixed or "cured."

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[1] References and further information:
National Autistic Society – Autism and neurodiversity: https://www.autism.org.uk/advice-and-guidance/topics/identity/autism-and-neurodiversity and The neurodiversity movement: https://www.autism.org.uk/advice-and-guidance/topics/identity/the-neurodiversity-movement
Dr. N. Walker - Neurodiversity: some basic terms & definitions: https://neuroqueer.com/neurodiversity-terms-and-definitions/

It is important to note formal diagnosis is not required for someone to identify as neurodivergent and the principles support neuroaffirmative practice. Counsellors and practitioners should use a strength-based approach, that focuses on empowerment, self-advocacy, and personal development and as each neurodivergent person's experience is unique, counsellors and practitioners need to avoid assumptions and stereotypes to understand how neurodiversity shapes each individual's life.

Guidance on working with neurodiversity

Therapists and practitioners are encouraged to adopt flexible, person-centred approaches. The training programme provides:

- Screener questions to be asked at assessment and throughout therapy to support personalised care.
- Email templates for setting up first sessions, improving accessibility and engagement.
- Practical strategies and tools with suggestions, adaptable techniques and language to use.
- Guidance on creating neuroaffirmative spaces that support sensory needs and accommodate communication styles.

Practical implementation

The training is structured in modules, covering:

- Principles and strategies for neuroaffirmative practice.
- Definitions and characteristics of neurodiversity.
- Ways to adapt therapy for traits such as attention difficulties, impulsivity, and emotional regulation.
- Approaches to supporting autonomy and ownership of recovery.
- Tools to reduce barriers, from flexible communication to sensory adaptations.
- Next steps for embedding learning into practice.

A toolkit handbook accompanies the training, offering additional resources, specific strategies, checklists and language guidance.