

Inclusive by Design: Supporting Neurodivergent Learners Through Thoughtful Content

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What questions do you have?

No questions from the audience!

Incoming questions will show up here so that you can answer them one by one.

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Agenda

- 1. Neurotypical vs. Neurodivergent**
- 2. Common Neurodivergent Neurotypes**
- 3. Inclusive and Empowering Mentorship**

Do you identify as neurodivergent, or suspect you might?



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Neurotypical vs. Neurodivergent

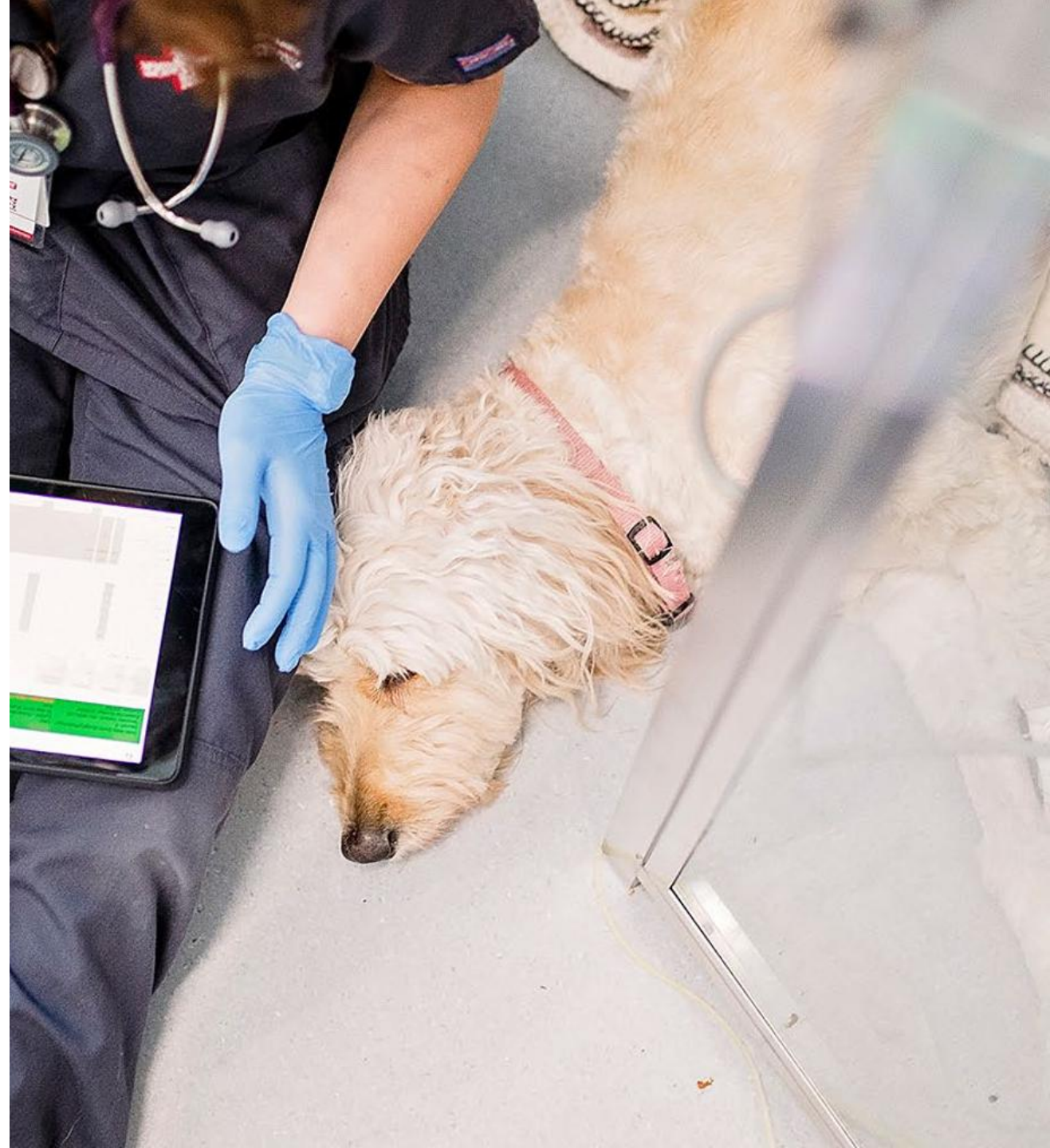
Neurotypical brains operate in the way society typically expects.

This is the predominant neurotype (PNT)

Neurodivergent brains differ in mental or neurological function for the PNT.

About 14% (1 in 7 people) are neurodivergent

In vet med, there are more of us than 14%. Any guesses?



There are more of us than 14% – any guesses

Responses can be up to 200 characters and will appear here.

You can group responses if you get more than 10.

Turn on voting so people can flag their favorite responses.



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Developed or Acquired? BOTH!

Developmental:

- Present at birth
- Present during childhood/adolescent
- Present late into adulthood
- Especially Women – pregnancy, menopause, hysterectomy

Acquired:

- Trauma informed – PTSD
- Brain injury
- Chronic illness



Common Neurodivergent Neurotypes



Dyslexia: 5 - 20%



ADHD: 6.0% of US adults have a current diagnosis; 10.5% of US children



Dyspraxia: 5%



Autism Spectrum Disorder (ASD): 1 in 31 ($\approx 3.2\%$) of 8-year-olds across 16 US sites; 4.9% of boys vs. 1.4% of girls

People can have more than one neurotype

- ASD and ADHD
- ASD and Dyslexia
- Dyspraxia and Autism

Presenting with more than one neurotype may be more of a rule than an exception

NEURODIVERGENCE



If you have (or suspect) more than one neurotype, what's the combination?

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Dyslexia

Strength

- Big-picture thinking
- High creativity
- Innovative ideas
- Strong communication
- Great pattern recognition

Challenge

- Difficulty with reading
- Trouble spelling
- Working memory issues
- Slow processing speed
- Fatigue or anxiety

Learner

- Trouble spelling
- Difficulty reading
- Slow to understand, but they get there
- Clear communicators
- Pick on patterns quickly

ADHD

Strength

- Fast thinker
- Enthusiastic
- Resilient
- Creative and inventive
- Works well under pressure

Challenge

- Inattention
- Distractibility
- Disorganization
- Impulsivity and restlessness

Learner

- Works well under pressure
- Says crazy things that don't always seem connected to the topic
- Learns new ideas quickly

Dyspraxia

Strength

- Creative thinking
- Verbal reasoning
- Good memory
- Innovative approaches

Challenge

- Poor motor skills
- Difficulty planning
- Slow to process tasks
- Physical fatigue

Learner

- Tire easily
- Slow to understand the task they need to do
- They need to talk through their thoughts to reach the answer.

Autism

Strength

- Deep focus on interests
- Strong memory for details
- Unique problem-solving
- Direct communication
- Creative/innovative thinking

Challenge

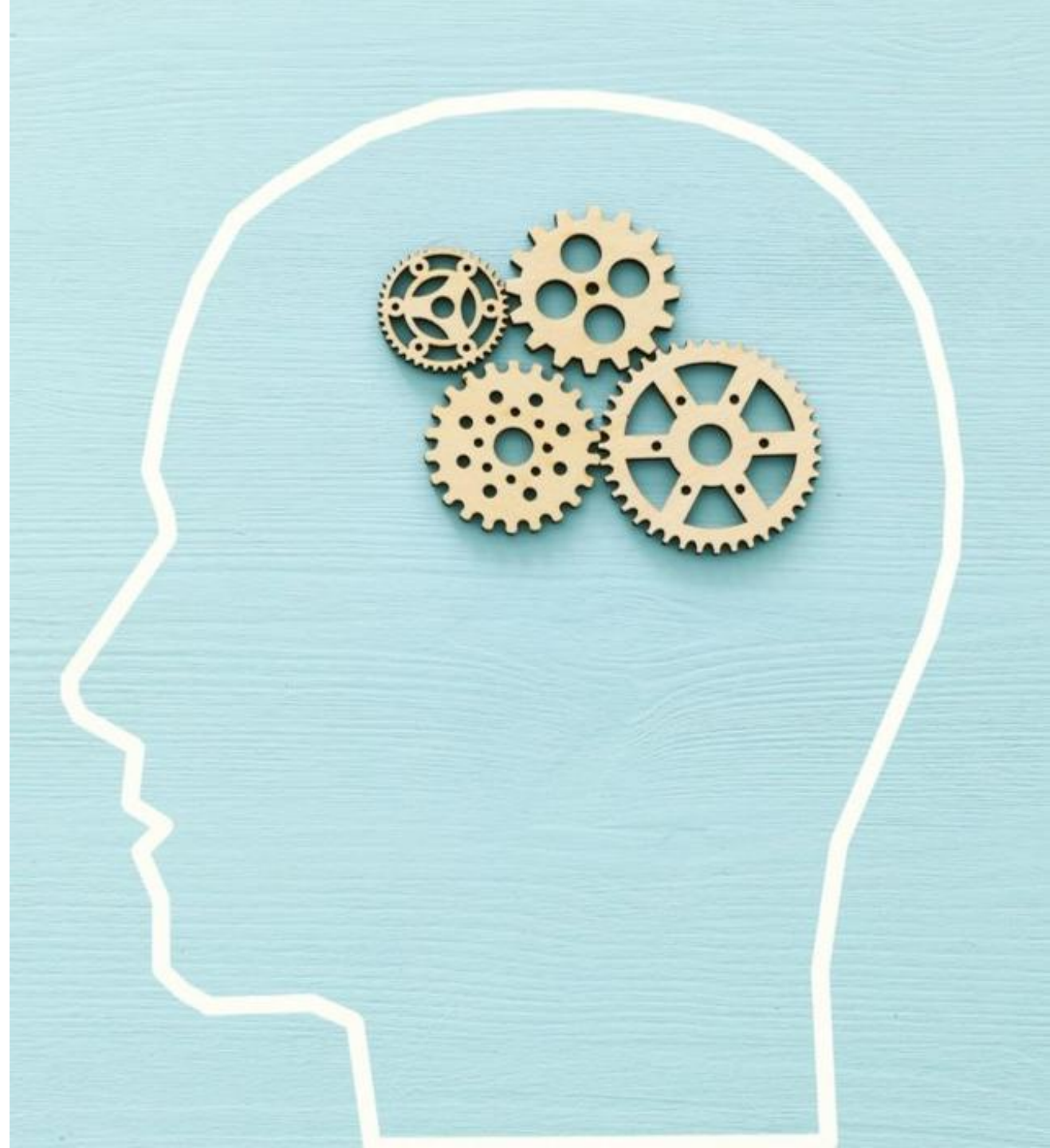
- Social interaction difficulty
- Sensory sensitivities
- Resistant to changes in routine
- Anxiety in overwhelming environments

Learner

- Upset when things differ from routine
- Direct, bordering on rude, clear communication
- Innovative approach to problem leading to unique solutions

Inclusive & Empowering Mentorship

How do we provide
Empowering and effective
mentorship to neurodivergent
learners?



Empowering Dyslexic Learners



Offer frequent one-on-one feedback



Assistive technology



Noise –Cancelling headphones or ear buds



Provide an organized and quiet workspace



Use a mix of verbal, visual, and written formats



A learner with ADHD is distracted during rounds. What's your first move?

0

Pull them aside for a chat

0

Hand them a fidget spinner

0

Provide rounds in a more stimulating format

0

Limit other distractions

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Empowering ADHD Learners



Offer frequent one-on-one feedback



Structured tasks that stimulate the mind



Noise –cancelling headphones or ear buds



Attentive aids



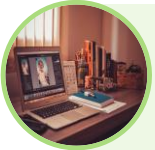
Alternate task instructions



Empowering Dyspraxic Learners



Adjust functionality of equipment and processes



Review desk/table/chair locations for ease of access



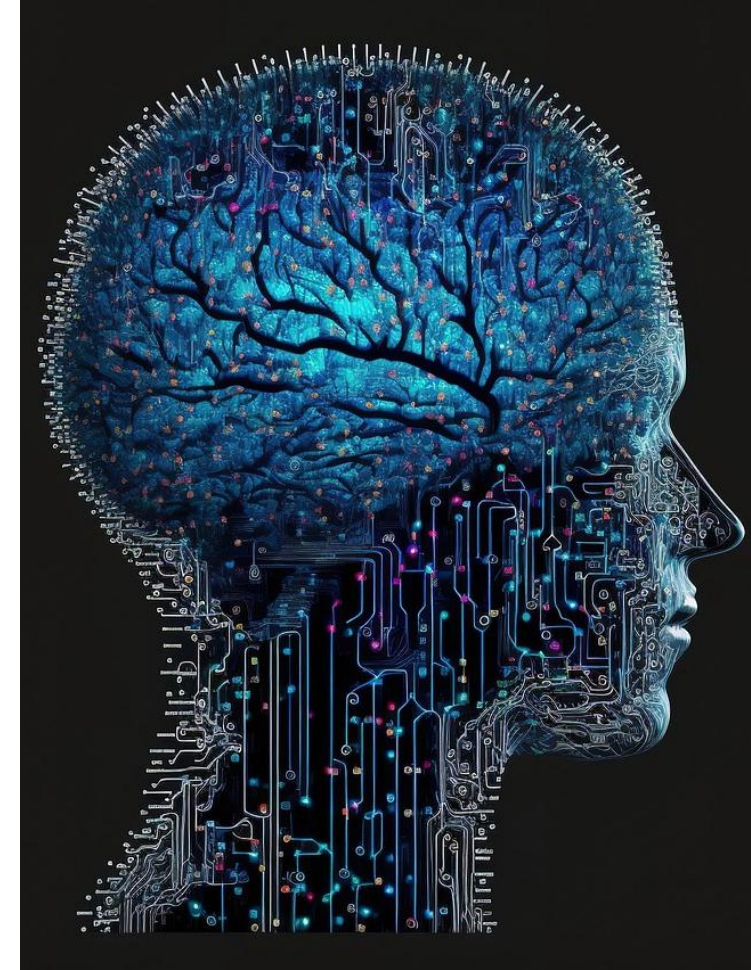
Noise –Cancelling headphones or ear buds



Alternate methods of communication



Offer frequent one-on-one feedback



Empowering Autistic Learners



Create a structured environment



Prevent overstimulation



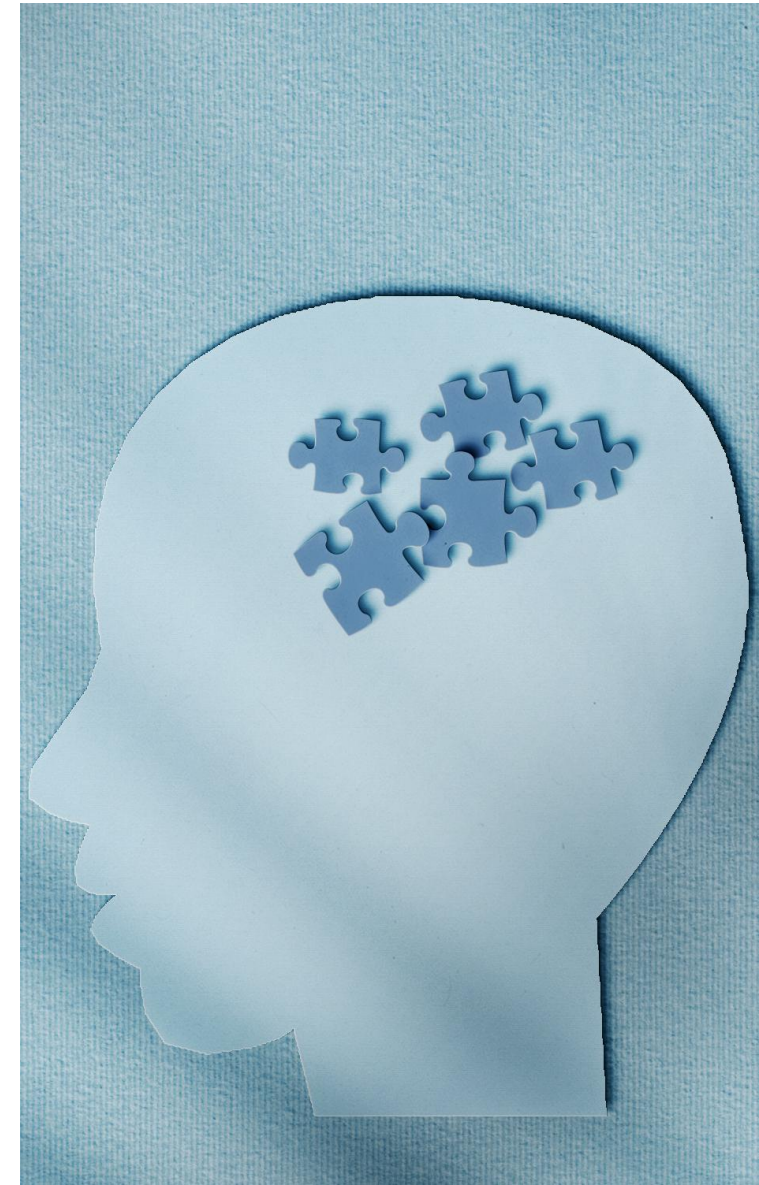
Noise –Cancelling headphones or ear buds



Identify and respect comfort zones



Offer frequent one-on-one feedback



Feedback That Lands as Support, Not Rejection



Address the behavior, not the person ("this needs revisions" vs. "you're careless")



Be specific and concrete — skip vague hints or the "feedback sandwich"



Redirect promptly, in small increments — don't let corrections build up



Pair the fix with a clear next step, not just what went wrong

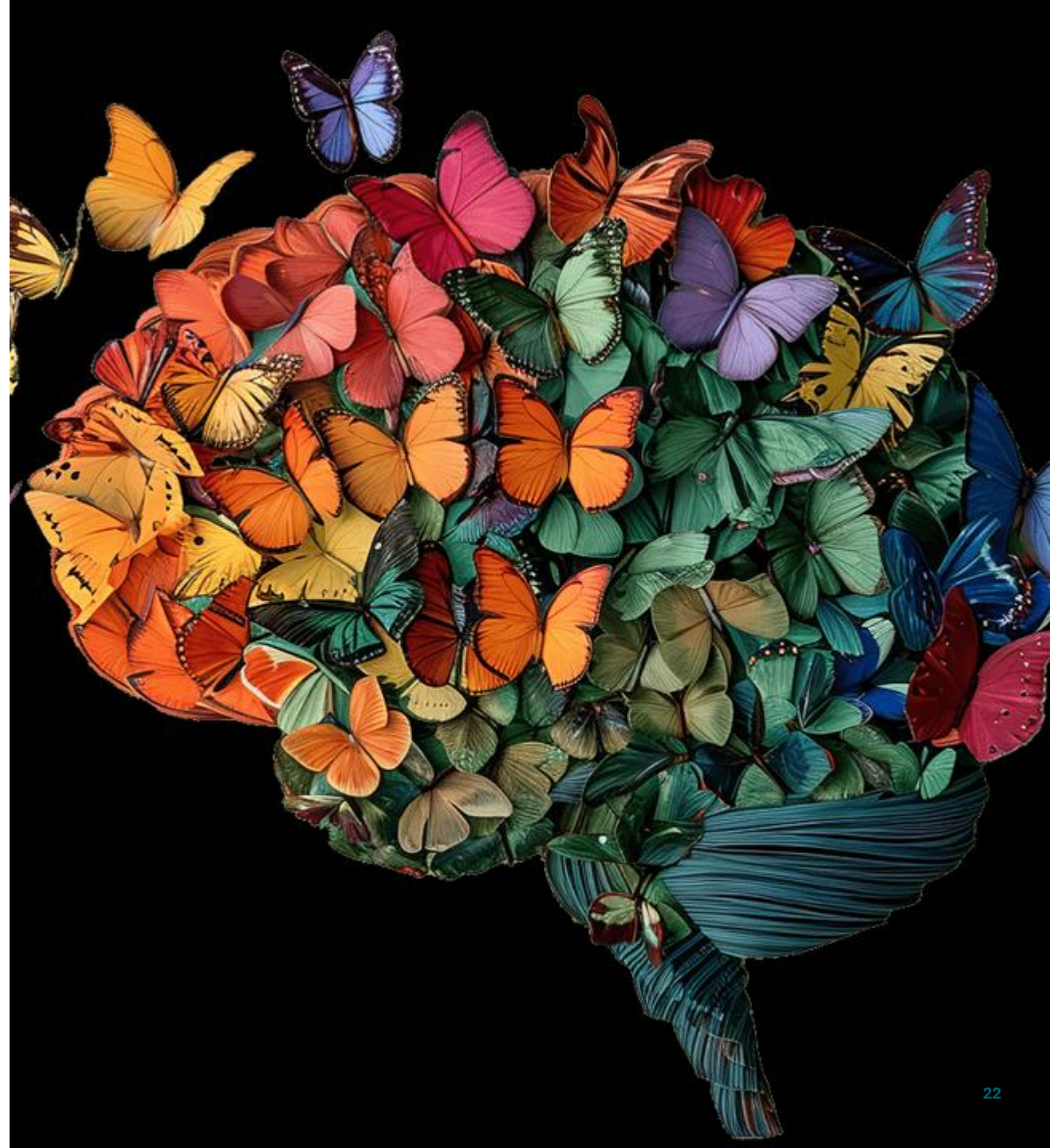


Follow up in writing so they can reread it once emotions settle

Normalize Accessibility

- Don't make accessibility neurotype-dependent
- Normalize the use of assistive tools
- Self Assessment and diagnosis is valid!

Avoid resentment for 'special treatment' when reasonable are offered and encourage universally



‘A catus [in Arizona] is in exactly the right environment for it, where it flowers and thrives and has a lovely time. Transplant that cactus into a back garden in London, and you have a totally different story.

But we don’t think there’s something wrong with the cactus; we just acknowledge the environment it’s in isn’t the best for it.

We need to think of neurodiversity more along these lines, whereby we can change our environments to help everyone flourish’

‘The Pocket Guide to Neurodiversity’

By David Ahern, PhD.



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Thank you!

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Sources

Prevalence Statistics:

- **CDC / National Center for Health Statistics** — Staley et al., 2024, *MMWR* (ADHD adult prevalence, ~6.0%)
- **CDC** — Danielson et al., 2024 (ADHD child prevalence, ~10.5%)
- **BMJ Mental Health**, 2021 systematic review (adult ADHD pooled prevalence range)
- **CDC ADDM Network**, 2025 report using 2022 data (autism ~1 in 31 among 8-year-olds)
- **World Health Organization** (older ~1 in 100 global autism estimate)
- **International Dyslexia Association** (commonly cited 5–10% range; revised Oct. 2025 definition) Peer-reviewed dyslexia prevalence review citing
- **Fletcher et al.; Peterson & Pennington; Snowling & Melby-Lervåg** (3–7% strict / ~17% broad estimates)
- *Frontiers in Pediatrics*, 2024 systematic review/meta-analysis, ~31,000 children across 18 studies (DCD/dyspraxia ~5% pooled prevalence)

Veterinary – specific Prevalence:

- **RCVS 2024 Survey of Veterinary Professions (UK)** — 13% of vets self-identify as neurodivergent, 20–25% under age 25
- *Veterinary Ophthalmology*, 2026 — Abbondati & Pickles, on the lack of comprehensive vet-specific neurodiversity data
- **BSAVA** and **Vet Times** articles applying general-population figures to veterinary medicine

Definitions:

- **CDC** (ADHD and Autism Spectrum Disorder definitions)
- **International Dyslexia Association** (revised Oct. 2025 dyslexia definition)
- **DSM-5** criteria / NHS framing (Developmental Coordination Disorder / dyspraxia)
- Sources on the origin of "neurodiversity"/"neurodivergent" (**Judy Singer**, 1998; one source attributing "neurodivergent" specifically to **Kassiane Asasumasu**)

Sources

Acquired neurodivergence & Co-occurrence:

- Sources describing **TBI, stroke, PTSD/cPTSD, Long COVID, chronic illness** as examples of acquired neurodivergence
- 2023 review on autism+ADHD co-occurrence (2.6%–95.5% range across studies)
- **American Psychiatric Association**-cited estimate (33% of children with ADHD also autistic; ~10% of autistic children also have ADHD)
- 2025 US insurance-claims analysis (1.7% of adults with ADHD had formal co-occurring ASD diagnosis)
- **Willcutt et al., 2005** twin study (ADHD + dyslexia, ~40% co-occurrence)
- **StatPearls/NCBI** (DCD + ADHD, 30–50%)
- **SPARK** autism research database study (~42,500 participants, 74% with ≥1 comorbidity)
- UBC/Canadian caregiver study (>42,000 participants, 78% with ≥1 mental health condition)
- **SAIL Databank** (Wales, ~3.6 million records) — ADHD, OCD, anxiety, depression rates in autistic adults

Feedback/Rejection Sensitive Dysphoria:

- [Forbes — "Rejection Sensitive Dysphoria In The Workplace"](#)
- [Leantime — "Feedback at work: Rejection Sensitivity Dysphoria and ADHD"](#)
- [Enna Global — "Understanding Rejection Sensitivity Dysphoria: A Toolkit for People Managers"](#)
- [Enna Global — "Tips for Communicating with Those Who Have RSD"](#)
- [Wellness Cloud — "Understanding rejection sensitivity dysphoria \(RSD\) in the workplace"](#)
- [Creased Puddle — "RSD: why the 'feedback sandwich' doesn't work for everyone"](#)
- [Safe Space Collective — "Supporting Your ADHD Employees with RSD"](#)
- [Coaching Executive Function — "Rejection Sensitive Dysphoria: From Sensitivity to Strength"](#)

Sources

Universal Design for Learning:

- [CAST — "What We Do: Universal Design for Learning"](#)
- [CAST — "About Universal Design for Learning"](#)
- [CAST UDL Guidelines](#)
- [University of Illinois Chicago — CATE Teaching Guide on UDL](#)
- [Understood.org — "Understanding Universal Design for Learning"](#)
- [Texas Education Agency — UDL Guidelines](#)
- [IRIS Center, Vanderbilt — UDL Principles](#)