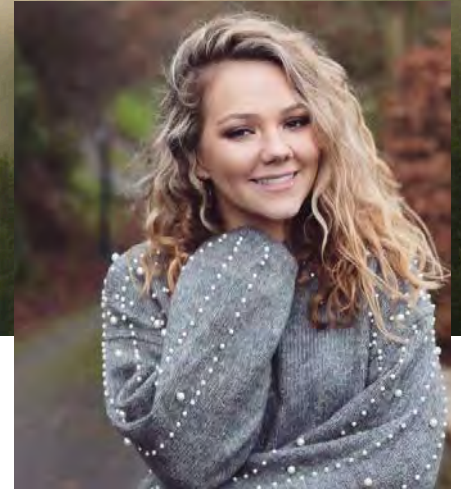




A Parent's Guide to Supports for Neurodivergent Children & Young People

SORCHA RICE, AUDHD PDA'ER
SENIOR OCCUPATIONAL THERAPIST

Hello there!



I created this guide as both a clinician and as a neurodivergent person. I am an Autistic, ADHD, and PDA adult, as well as a Senior Occupational Therapist and Clinical Manager of Neurodiversity Ireland. Over the years, I have read thousands of assessment reports from a wide range of professionals and services.

Through this work, I have developed a clear understanding of what high-quality, evidence-informed, and neuroaffirmative practice looks like—and, importantly, *what it doesn't*.

Unfortunately, I have also come across many reports that are deeply concerning. In some cases, I can quickly identify that the assessment does not meet best practice standards. When I look further into these services, I often find that the individuals completing these assessments do not hold appropriate qualifications.

The impact of this can be significant.

It can lead to:

- Children and young people being misunderstood or misrepresented
- Families experiencing confusion, distress, and self-doubt
- Financial strain from paying for assessments that are not recognised or helpful
- Delays in accessing appropriate support

Parents are often doing their very best in an already overwhelming system. They are trying to understand and support their child—and that vulnerability should never be taken advantage of.

My hope is that this guide helps you feel more informed, more confident, and more supported as you begin or continue this journey.



“Your child does not need to be “fixed.” They need to be understood, supported, and accepted as exactly who they are meant to be.”
-Sorcha Rice, AuDHD PDA’er





Neurodiversity Ireland was created by parents who experienced first-hand how difficult it can be to navigate the Irish system.

Long waiting lists, limited access to services, and a lack of clear guidance left many families feeling overwhelmed and unsupported.

Neurodiversity Ireland was developed to offer an alternative—a service that supports neurodivergent children and young people, with or without a formal identification or diagnosis.

Our focus is on:

- Understanding each child as an individual
- Supporting regulation, wellbeing, and daily functioning
- Providing practical, neuroaffirmative support for families

We are based in Sandymount, Dublin, Ireland.

If you have questions about:

- Professional qualifications
- Where to go for assessments
- What type of support your child might need

...and it's not answered in this guide, you are very welcome to contact us:

register@neurodiversityireland.com

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Why This Guide Matters

Families are often told:

- “You should get an assessment”
- “Maybe Occupational Therapy would help”
- “You might need Speech and Language Therapy”

...but are not told:

- Where to go
- Who is qualified
- What actually helps

At the same time:

- Public waiting lists can be years long
- Private services vary hugely in quality
- Terms like “autism expert” are not regulated



This guide is here to help you:

Make informed decisions

Understand the system in Ireland

Protect your child from inappropriate support

Focus on what will actually help your child day-to-day

Dr Leona DeFlumere Chartered Psychologist

As a Senior Chartered Psychologist who has been working in the private sector providing neuroaffirmative assessments since 2022, I know that when you're considering an Autistic assessment – for yourself or your child – it can be hard to know where to start.

I'll only speak to the private, psychologist-led sector, because that's where I work.

You're going to want to look out for a Psychological Society of Ireland (PSI) Chartered Psychologist as the lead clinician. Chartership status can be verified through the PSI. This landscape will change once CORU regulation of psychologists comes into effect (currently expected around 2027).

Data should be gathered on you throughout your or your child's lifespan, across contexts, and with explicit consideration of accommodations made to shape your life to your needs.



Dr Leona DeFlumere

Chartered Psychologist

Autistic Identification

Adults

For adults, an Autistic identification should include multiple meetings with your clinician, a comprehensive review of all documentation relating to the above that can be gathered, and result in a report that you understand and feels best represents you. Truly best practice also includes a reflection session for your clinician to collaborate on clinical and workplace/educational recommendations moving forward. Common practice is 3 sessions, roughly a week apart.

Children/Young People

For a child or young person, an Autistic identification should include a parent interview, a play-based session with your child, a comprehensive review of all documentation relating to the above that can be gathered with a specific view to information from school, a feedback session with parents/carers (and, if it feels right, the young person in question), and result in a report that you understand and feel you can use to advocate for your child.

Best Practice

Your child's identification process should be multidisciplinary and combine the perspective of either (or both) a CORU-registered Speech and Language Therapist (SLT) or Occupational Therapist (OT). Ideally, this SLT or OT should also provide a brief write-up in the report.

Best practice assessment involves building a rich understanding of someone's social and interpersonal preferences, where they feel most at ease, their style of communication, what relationships are most meaningful to them, what takes and gives them energy socially. It reviews regulating and expressive movements, vocalisations, and visual stims, preferences around familiarity and routine, passions, interests, and how they are engaged with and give meaning to someone's life, and a person's sensory experience of the world.

Dr Leona DeFlumere Chartered Psychologist

Best Practice cont.

Ultimately, you're looking for an Autistic identification that emphasises developmental history, sensory differences, masking and burnout, identity and lived experiences, and strengths and support needs.

Were my family member going for a private, psychologist-led assessment, I would advise them to avoid an assessment that relies primarily or exclusively on the ADOS. While the ADOS can be one useful source of observational information, on its own it may miss key aspects of the Autistic experience, particularly masking, internal experiences, and the lived impact of being Autistic in a world made for neurotypical people.

In my clinical practice, I instead use the MIGDAS-2, which, in my clinical opinion, is more aligned with neuroaffirmative practice because it **centres lived experiences, is strengths-based, flexible, and sensory-aware, and functions as a guide for interviews rather than a rigid script.** I supplement this with measures on masking and other Autistic experiences.



Dr Leona DeFlumere

Chartered Psychologist

ADHD Identification

Adults

For adults, an ADHD identification should include multiple meetings with your clinician (make sure it's the same person signing off on your report), a comprehensive developmental history (including childhood experiences), and a review of documentation where available. It should result in a report that you understand and feel best represents your experiences. Best practice also includes a reflection session where your clinician collaborates with you on practical recommendations for daily life, education, or work. Common practice is 2-3 sessions, roughly a week apart.

Children/Young People

For a child or young person, an ADHD identification should include a detailed parent interview, a session with the young person, the gathering of information from school, and a feedback session with parents/carers (and, if it feels right, the young person). As always, this report should be one that you understand and feel you can use to advocate for your child. For children and young people in particular, gathering information from multiple environments is essential, as ADHD presentations can present differently at home, in school, and in social settings.



Dr Leona DeFlumere

Chartered Psychologist

Best Practice

Best practice ADHD assessment involves building a rich understanding of someone's executive functioning profile. This includes attention regulation, impulse control, emotional regulation, planning and organisation, working memory, time management, motivation, and task initiation. It also considers what environments support success, what increases overwhelm, and what strategies are already being used to cope.

It should also explore sensory sensitivities, movement needs, sleep patterns, energy rhythms, emotional experiences, and the lived impact of ADHD on self-esteem, relationships, and identity. ADHD is not simply about being distracted – it affects how someone experiences effort, motivation, regulation, and daily functioning.

Ultimately, you're looking for an ADHD identification that emphasises developmental history, real-life functioning across contexts, emotional and sensory experiences, identity and lived experiences, and both strengths and support needs.

Standardised questionnaires or tests are commonly used in ADHD assessment and can be helpful when used appropriately. However, they should never be used in isolation, and no single questionnaire should determine whether someone does or does not meet criteria. Instead, they should be interpreted alongside clinical interviews, developmental history, and real-world examples of functioning.

In some cases, additional cognitive or educational assessment may be recommended, particularly where learning differences are suspected. However, full cognitive testing is not required for every ADHD assessment and should be guided by clinical need rather than routine practice.

Referral to a psychiatrist or paediatrician may be recommended where medication is being considered, with GPs often involved in ongoing prescribing and monitoring.

Medication is not a route all people with ADHD choose to pursue, but it is important that people understand their options.

Dr Leona DeFlumere Chartered Psychologist

AuDHD Identification

Being both Autistic and ADHD is common, so in some cases, clinicians may recommend screening for both. I offer combined Autistic and ADHD identifications across the lifespan, online and in Wicklow. Combined Autistic and ADHD assessments are so important and I hope to see more services offering this in the future.

Practices vary between clinicians, and no single tool defines neuroaffirmative assessment. It's the overall approach that matters.

It can be such a minefield – **I'm trying to make it that bit simpler on Instagram at @TheGentlePsychologist**, so feel free to send me a message there.

Take good care,

Dr Leora DeFlumere

C.Psychol.Ps.S.I. M10259C; D.Couns.Psych.; M.Sc.



Gemma Maher, AuDHD School Principal

I write this not just as a school principal, but as someone who is AuDHD myself—someone who understands both professionally and personally how complex, overwhelming, and at times heartbreaking this journey can be for families. Regularly, I sit with parents who are trying to do the very best for their child.

They come in carrying questions, worry, and often a quiet sense of urgency: **“I just want to understand my child. I just want to help them.”** That instinct is powerful—and it’s driven by love and sometimes frustration. But unfortunately, it’s also what makes families vulnerable in a system that is, quite frankly, incredibly difficult to navigate.

There is so much misinformation out there. Conflicting advice. Long waiting lists. And the ongoing scandal of the public system—where families can wait years for assessments—adds another layer of frustration and inequity. Parents are often left feeling they have no choice but to go private, and in that rush to find answers, many end up spending large amounts of money in places that don’t always provide meaningful or appropriate support.

I see it happen far too often.



Gemma Maher, AuDHD School Principal

So as a school, we try to gently reframe the starting point.

While formal diagnoses is absolutely important, they are not always the most helpful first step—especially when what a child needs in school is support with regulation, sensory processing, and day-to-day functioning.

That's why we often recommend beginning with an Occupational Therapy (OT) assessment if a full diagnosis and support is out of reach. OT gives us practical, functional insight. It helps us understand how a child experiences their environment, what overwhelms them, what supports them, and—crucially—what strategies can be put in place immediately in the classroom and at home. It is bespoke, child-centred, and actionable in a way that many broader assessments are not, particularly at the beginning of the journey.



Gemma Maher, AuDHD School Principal

So we've built something simple but powerful: **a shared Padlet of recommended professionals.** This includes Occupational Therapists, Speech and Language Therapists, play therapists, and reputable assessment services,—all suggested by other parents who have walked this path before. It's not a definitive list, but it's a starting point grounded in real experiences, not marketing or guesswork.

What we've found is that this kind of guidance matters.

It doesn't remove the complexity, but it reduces the noise. It gives parents somewhere to begin. It helps them feel less alone, less overwhelmed, and more confident that they are taking a step in the right direction.

As a neurodivergent principal, I share my experience and this helps reduce their worry as they see I'm thriving and so too is my family.

Because at the heart of all of this are families who care deeply.

Parents who are trying to understand their child in a world that doesn't always make that easy. Children who deserve support that truly meets them where they are.

And as educators, as leaders, and as neurodivergent people ourselves—we have a responsibility to make that path clearer, kinder, and more grounded in what actually helps.



Deirdre Holland Hannon, Registered Nurse and Urotherapist



Trusted, regulated, evidence-based support in an unregulated space is what parents are trying to navigate and that's not easy. I see a very similar pattern in continence support, particularly around potty training, poo problems and bedwetting. Parents are often given advice that sounds simple but can be inconsistent, outdated or not based on how a child's bladder and bowel actually function.

What I always encourage parents to look for is specific education and training in an area of child development, in continence and ideally a professional background in healthcare or specialist training in paediatric continence.

Remember if they have invested in their education and continuous professional development they will be declaring this publicly. They will not be modest on their business website and business socials. If they are not declaring them, they most likely do not have any to declare. **If in doubt do not be afraid to ask the question "why are you or what makes you an expert in this particular field?"** and look into the background of any declarations, assuring it's true and it aligns with you.

A big red flag for me is when there is a 'one-size-fits-all' approach. Especially in potty training. **Children do not all develop or respond in the same way, and support should always be tailored to the individual child.** Meeting a child where they are at, and adapting the approach to support them forward, should be central.

Families deserve support that is not only kind and reassuring, but also safe and grounded in physiology. The right support can make a significant difference but the wrong advice unfortunately delay progress or even worsen the issue when it comes to toileting.

Understanding Services in Ireland



CDNT

Children's Disability
Network Team

CDNT supports children with more 'complex needs', including those who may require:

- Occupational Therapy
- Speech and Language Therapy
- **Multiple supports**

Many Autistic children are referred to CDNT.

Primary Care

Primary care services typically support children with **a single area of need**, such as:

- Fine motor skills
- Speech sounds

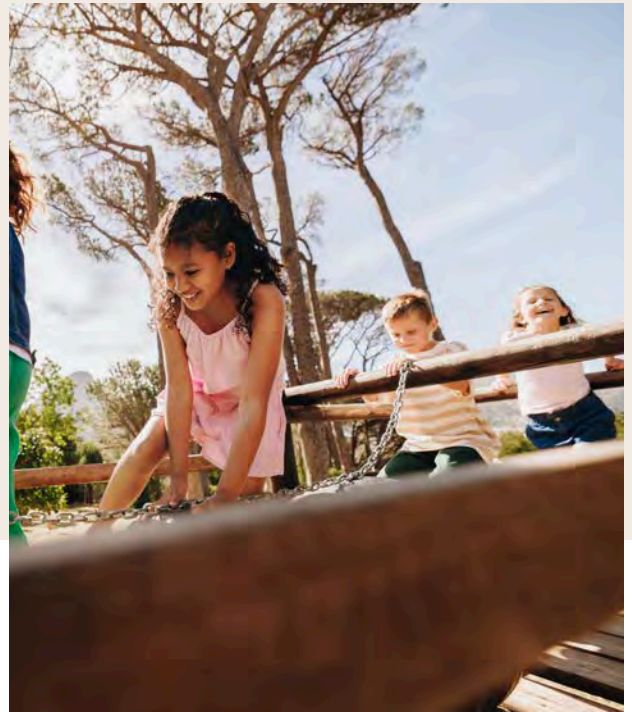
CAMHS

Child & Adolescent
Mental Health
Services

CAMHS provides support for:

- Mental health
- ADHD
- Emotional wellbeing

How to choose any professional



When choosing any professional, it can be helpful to come back to three simple areas:

1. Their qualifications and training
2. Their approach to supporting children
3. How they communicate with you as a parent

You are not expected to know everything about professional training pathways.

But you are allowed to ask questions and *a qualified, ethical professional will always be open to answering them clearly.*

The goal is not to find the “perfect” therapist.

It is to find someone who is:

- Appropriately qualified
- Transparent about their role
- Safe, respectful and responsive to your child

If something feels unclear or difficult to get a straight answer to, it is okay to pause.

Understanding Roles and Qualifications



Regulated Professionals in Ireland

Some professionals in Ireland are regulated by [CORU](#)

This includes:

- Occupational Therapists
- Speech and Language Therapists
- Social Workers
- Physiotherapists
- and more

You can (and should) ask for their CORU registration number.

This means:

- Their qualifications have been verified
- **Their training meets national standards**
- They are accountable to a governing body

It is important to note: **This does not guarantee that a professional is neuroaffirmative**, but it does ensure they are appropriately trained.



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh

Regulating Health +
Social Care Professionals

Understanding Roles and Qualifications

Psychologists

Psychologists are **not** currently regulated by CORU.

This means that legally:

- **The title “psychologist” is not protected**
- Qualifications can vary widely

When choosing a psychologist, it is important to check:

- Their level of qualification (e.g. doctorate or recognised postgraduate training)
- Membership with a professional body such as the Psychological Society of Ireland



Psychotherapists

At present in Ireland, psychotherapists are **not** yet regulated by CORU.

This means:

- There is currently no official CORU register for psychotherapists
- The title “psychotherapist” is not fully protected
- **Training and qualifications can vary significantly**

Psychotherapists are typically part of professional bodies (such as IACP, IAHIP, ICP), which set their own standards, but this is not the same as statutory regulation.

Ireland is in a transition phase, with plans for CORU regulation in the future, but this is not fully in place yet.

Understanding Roles and Qualifications



Play Therapists

Play therapists are **not** regulated by CORU in Ireland.

This means:

- The title “play therapist” is not protected
- Training programmes can vary widely
- Regulation is usually through voluntary professional bodies

Some play therapists may:

- Have strong training
- Follow high standards
- Be part of reputable organisations

However, this is not state regulation, and standards are not uniform.

Coaching

Coaching is **not** regulated by CORU in Ireland.

This means:

- There is no standard or required qualification to become a coach
- There is no single governing body overseeing practice
- Training programmes can vary widely in depth and quality
- There is no formal process for reviewing qualifications at a national level

Because of this, someone may describe themselves as a “coach” after completing:

- A short online course
- A private certification programme
- Or sometimes without any formal training at all

Coaching can be supportive in the right context, but it is important to understand that it is not the same as a regulated clinical profession.

A Note on 'coaching'

You may come across professionals offering different types of coaching, such as:

- Neurodiversity coaching
- Executive function coaching
- Parent coaching
- ADHD coaching



Coaching can feel supportive, practical, and accessible and for some families, it can be helpful. However, it is important to understand that coaching is not a regulated profession in Ireland.

This means:

- The title "coach" is not protected
- **There is no standard training pathway**
- Qualifications and experience can vary widely
- There is no single governing body overseeing practice

Because of this, two people offering "coaching" may have very different levels of training and understanding.

IMPORTANT

Coaching is not the same as therapy or clinical support.

A coach should not:

- Diagnose
- Carry out formal assessments
- Provide clinical reports
- Work outside their scope of training

If a coach is offering these, it is important to pause and ask further questions.

A Note on 'experts'

You may come across individuals who describe themselves **as an “autism expert” or a “neurodiversity expert.”** It is important to gently understand what this means *and what it does not mean.*

In reality, no one can be an expert in autism.

Autism is not one single experience. It is a vast, diverse, and deeply individual way of being. Every autistic person has their own sensory profile, communication style, nervous system and lived experience. Because of this, it is not possible for any one person to fully “know” or represent autism in its entirety.

Some professionals may have:

- Specialist training
- Focused areas of interest
- Significant experience working with neurodivergent individuals

This can absolutely be valuable. However, this is different from being an “expert.”

The most supportive professionals tend to:

- Stay open and curious
- Continue learning from neurodivergent people
- Adapt their approach to each individual
- Recognise the limits of their own knowledge

They do not position themselves as the authority on a child.

Instead, they work alongside the child and their family with respect, humility, and collaboration. If someone presents themselves as having all the answers, or as the definitive authority on autism, it is okay to pause and ask questions.

Your child is the expert in themselves and your understanding of your child matters more than any title.

A Balanced Perspective



It is important to say that many people working in this space are genuinely trying to help.

Some may have:

- Lived experience
- Valuable insights
- Additional training

However, **lived experience and short courses are not the same as formal, regulated clinical training.**

Both can have value, **but they are not interchangeable.**

The difficulty arises when this distinction is not clear to families.

This is where parents may:

- Pay for assessments that are not recognised
- Receive reports that do not meet best practice
- Feel confused or unsupported afterwards

This can have a significant emotional and financial impact. And most importantly, **it can delay the child getting the support they actually need.**

Understanding what you see online



When parents begin searching for support, they are often met with websites that feel professional, reassuring, and credible.

These websites may include:

- Personal stories and lived experience
- Professional-sounding titles
- Lists of “qualifications,” “training,” or “certifications”
- References to diagnostic tools (such as ADOS or ADI-R)
- Testimonials from other parents
- Offers of therapy, assessments, and training

At first glance, this can feel very convincing.

Especially when you are:

- Worried about your child
- Facing long waiting lists
- Feeling pressure to act quickly

It is completely understandable that parents trust what looks professional and sounds knowledgeable. However, it is important to know that not all of these elements reflect regulated or recognised qualifications.

In Ireland, many of the terms used in this space are not protected. **This means that people can describe their work in ways that sound clinical or specialist, without having completed formal, regulated training.**

This is not always obvious—and *it is not something parents are expected to know*. This section is here to gently support you in understanding the difference.

Why it feels convincing



Many services are presented in a way that builds trust quickly.

This can include:

- Strong personal story: Someone sharing their own neurodivergent experience or parenting journey
- Professional language: Use of terms like “clinician,” “specialist,” or “diagnostic practitioner”
- Mention of assessment tools: Referencing tools like ADOS, ADI-R, or other recognised frameworks
- Long lists of training: Describing multiple courses, certificates, or areas of study
- Offering multiple services: Providing therapy, assessments, training, and consultations all in one place
- Media or speaking experience: Appearing in talks, podcasts, or training events
- Testimonials: Positive feedback from other parents

None of these things are inherently wrong.

However, they can create the impression of formal qualification and regulation, *even when that may not be the case.*

For parents, this can make it very difficult to tell the difference between:

- Regulated professionals
- Non-regulated practitioners

This is where confusion—**and sometimes harm**—can occur.

Why it feels convincing



Many parents assume that if someone:

- Uses clinical language
- Mentions diagnostic tools (like ADOS or ADI-R)
- Offers training to other professionals
- **Lists multiple “qualifications” or “certificates”**

...that this automatically means they are formally qualified in a regulated profession. **In reality, these terms are not always regulated or standardised.**

Words like:

- “Therapist”
- “Practitioner”
- “Specialist”
- “Expert”

do not have protected meanings in Ireland.

Someone may have completed multiple short courses, additional trainings, or certifications through private organisations, **but this is not the same as a recognised degree or registration with a governing body.**

This does not necessarily mean the person has harmful intent. However, it does mean that parents may not be given a clear or accurate understanding of the person’s level of training, scope of practice, or professional accountability.

Red Flags

things to look more closely at



These are not automatic indicators of harm, **but they are signs to pause, ask questions and look more closely.**

- No clearly stated degree (e.g. BSc, MSc, Doctorate)
- No mention of a regulatory body (e.g. CORU for OT/SLT)
- Use of broad titles like:
 - “Therapist”
 - “Practitioner”
 - “Specialist”
 - “Expert”
- Listing tools (e.g. ADOS, ADI-R) instead of qualifications
- Describing “extensive training” without naming accredited institutions
- **Offering many roles at once:**
 - Therapist
 - Trainer
 - Assessor
 - Course provider
- Providing their own “certification” or training programmes
- Heavy focus on testimonials rather than clear clinical information
- Lack of clarity about scope of practice

These patterns can make it difficult to understand:

- What the person is qualified to do
- What they are accountable for
- Whether their reports will be accepted by services



Will my Report be accepted?

In Ireland, reports are usually accepted by services such as the HSE if:

- The professional is appropriately qualified
- The assessment follows best practice

If a report is not accepted, it is often due to:

- Concerns about the qualifications of the person completing the assessment

This can be incredibly frustrating for families, especially after investing time, energy, and financial resources.

This is why checking qualifications beforehand is so important.

Green Flags



- Takes time to get to know your child before making recommendations
- Speaks about your child with respect, not in terms of deficits or problems to be fixed
- Focuses on understanding “why” behaviours are happening, not just changing them
- Is flexible and adapts sessions based on your child’s needs in the moment
- Welcomes your input as a parent and values your knowledge of your child
- Explains things in a way that feels clear, not overly clinical or confusing
- Is honest about what they can and cannot support with
- Does not rush into assessment or diagnosis without understanding the full picture
- Does not rely solely on scores, checklists, or standardised tools
- Provides practical, realistic strategies that fit your child and your family
- Is open to adjusting or pausing therapy if your child is dysregulated
- Recognises signs of masking and takes them seriously
- Prioritises your child’s regulation and sense of safety over “progress”
- Works collaboratively with other professionals when needed
- Respects your child’s autonomy
- Is comfortable saying “I don’t know” and seeking further understanding

Green flags are often felt as much as they are seen.

You may notice that:

- Your child seems more at ease
- You feel listened to and not judged
- The support feels realistic and sustainable

A good professional relationship should feel safe, collaborative, and respectful for both you and your child.

Occupational Therapy



Occupational Therapy supports a child or young person to participate in their everyday life in a way that feels safe and meaningful to them.

This includes:

- Regulating their nervous system
- Taking part in school, play, and daily routines
- Developing independence in areas like dressing, eating, and toileting

At its core, **OT is not about “fixing” a child.**

It is about understanding how a child experiences the world and **adapting the environment, expectations and supports around them** so they can feel safe and able to engage.

WHAT TO CHECK

- ✓ CORU Registration
- ✓ Degree in Occupational Therapy (BSc or MSc)

WHAT TO ASK

- What is your qualification and where did you train?
- What is your approach to sensory assessment?
- **Do you use standardised tools, observation, or both?**
- How do you involve my child in sessions?
- Do you adapt your approach if my child is masking or struggling?
- How do you work with parents and schools?

Speech and Language Therapy



Speech and Language Therapy supports how a child communicates and understands the world around them.

This includes:

- Speaking
- Understanding language
- Non-speaking communication
- Social communication

Communication is not just speech.

It is about connection, expression, and being understood.

WHAT TO CHECK

- ✓ CORU Registration
- ✓ Degree in Speech and Language Therapy

WHAT TO ASK

- What is your qualification and where did you train?
- How do you support non-speaking or minimally speaking children?
- What is your approach to masking?
- Do you use child-led or directive approaches?
- How do you support communication without pressure?

Play Therapy



Play therapy supports emotional expression and processing through play.

For many children, play is their primary way of communicating and making sense of the world.

It can be a helpful space for children to feel safe, seen, and understood.

Play Therapists are not CORU Registered.

WHAT TO CHECK

- ✓ Recognised training programme
- ✓ Membership with IAPT (Irish Association for Play Therapy & Psychotherapy)

WHAT TO ASK

- What training have you completed and where?
- Are you supervised by another clinician?
- What experience do you have with neurodivergent children?
- How do you adapt your approach for sensory or regulation needs?

Psychotherapy



Psychotherapy supports emotional wellbeing and mental health. It focuses on helping a child or young person process thoughts, feelings, and experiences in a safe and supportive way.

In Ireland, **psychotherapists are not regulated by CORU**, so it is especially important to carefully check qualifications.

WHAT TO CHECK

- ✓ Accredited training
- Membership with IATP (Irish Association for Play Therapy & Psychotherapy)
- ✓

Please note you can pay to be a member of Psychology Society of Ireland, so please don't only go off membership.

WHAT TO ASK

- What is your qualification and where did you train?
- How do you adapt therapy for neurodivergent children?
- What does a session typically look like?
- How do you ensure therapy feels safe and not overwhelming?

Psychology Assessments



Psychologists often carry out assessments for identifying neurodivergence such as Autism, ADHD, dyslexia and cognitive assessments.

In Ireland, **psychologists are not regulated by CORU**, so it is especially important to carefully check qualifications.

WHAT TO CHECK

- ✓ Doctorate or recognised postgraduate qualification
- ✓ Membership with Psychology Society of Ireland

Please note you can pay to be a member of Psychology Society of Ireland, so please don't only go off membership.

WHAT TO ASK

- What is your qualification and where did you train?
- What assessments do you use and why?
- How do you account for masking?
- **Do you work as part of a multidisciplinary team?**

Psychologists



You may hear the term “psychologist” used when discussing assessments or support for your child. However, it is important to know that there are different types of psychologists, and their roles can vary.

In Ireland, psychologists are not currently regulated by CORU, so understanding their training and role is especially important.

The two most common types you may come across are:

- Clinical Psychologists
- Educational Psychologists

The most important thing is not just the title, but:

- The psychologist’s qualifications
- Their experience
- Their approach to neurodivergence
- Whether their assessment is holistic and respectful

Two psychologists with the same title may have very different approaches. It is always okay to ask questions and understand their role before proceeding.

Psychologists



Chartered Psychologist

In Ireland, the term “Chartered Psychologist” usually means that a psychologist is a member of the **Psychological Society of Ireland (PSI)**.

To become a Chartered Psychologist with PSI, a person typically needs to:

- Complete an accredited psychology degree
- Complete further postgraduate training (e.g. doctorate or masters in a specialist area)
- Meet the standards set by PSI

“Chartered Psychologist” is not the same as CORU regulation.

Not all psychologists are required to be chartered; however, seeing

“Chartered Psychologist” can indicate that:

- The person has completed recognised training
- They are connected to a professional body
- They are working within certain professional standards

It can be a helpful starting point when considering a psychologist.



Email Template

Hello,

I am reaching out to enquire about support for my child.

I am currently exploring options and would like to understand a little more about your service before proceeding.

Would you mind sharing:

- Your qualifications and where you trained
- Whether you are registered with a professional body (if applicable)
- Your approach to working with neurodivergent children
- What an initial assessment or session would involve
- How you adapt your approach if a child is feeling overwhelmed or struggling

I would also love to understand how you involve parents in the process.

Thank you so much for your time, and I appreciate any information you can share.

Kind regards,
[Parent Name]

Understanding Assessment Tools

A Quick Guide

When you receive an assessment report, you may see a range of different tools and acronyms listed. **These can feel confusing and overwhelming.**

It is important to remember: *These tools are just one part of understanding your child.*

They provide structured information, but they do not capture the full picture of your child's experience, especially their internal world, sensory needs, or fluctuating capacity.

This guide gives a simple overview of some common assessments you may see.

WISC (Wechsler Intelligence Scale for Children)

The WISC looks at how your child processes and uses information.

It explores:

- Verbal understanding (language, concepts)
- Working memory (holding and using information)
- Processing speed (how quickly tasks are completed)
- Reasoning (problem-solving and thinking skills)

What it can highlight:

- Learning strengths and differences
- Processing differences (e.g. slower processing speed)
- Support needs in school



Important: It does not measure intelligence as a fixed trait—it reflects performance in that moment, which can be impacted by capacity, dysregulation, fatigue, or masking.

Understanding Assessment Tools

A Quick Guide

ADOS (Autism Diagnostic Observation Schedule)

The ADOS is a structured, play-based assessment commonly used as part of autism assessments.

During the ADOS, a clinician observes:

- Communication
- Social interaction
- Play and behaviour

It is often considered a “*gold standard*” tool in autism assessment.

While the ADOS is widely used, it is important to understand that **it is not a neuroaffirmative tool** and has a number of limitations.

The ADOS:

- Is based on structured, clinician-led interaction
- Focuses on observable behaviours rather than internal experience
- Takes place in an unfamiliar, time-limited environment

Because of this, it may:

- Miss children who mask or camouflage
- Not reflect how a child presents in everyday life
- Overlook the effort it takes a child to cope
- Feel artificial or confusing for some children

A child may appear:

- Comfortable or engaged during the assessment
- ...but experience significant overwhelm outside of that setting.

Understanding Assessment Tools

A Quick Guide

Important Note

The ADOS is one tool.

Like all assessment tools, it has limitations.

It can contribute to understanding, but it does not define a child, and it does not capture the full picture of who they are.

A neuroaffirmative assessment recognises that:

- Behaviour is only part of the story
- Internal experience matters
- Context matters
- The child's voice matters

Understanding always comes before diagnosis.

ADI-R (Autism Diagnostic Interview-Revised)

The ADI-R is a structured interview completed with parents or caregivers as part of an autism assessment.

It focuses on:

- Early development
- Communication
- Social interaction
- Behaviour patterns

It is designed to build a picture of a child's developmental history.

Understanding Assessment Tools

A Quick Guide

Important Note

While the ADI-R can provide helpful information, it is important to understand its limitations.

The ADI-R:

- Relies heavily on parent recall
- Uses structured, predefined questions
- Is based on standardised ideas of what is considered “typical” development. Because of this, it may not fully capture the diversity of real-life experiences.

Neurodivergent Parents & What feels ‘Typical’

One important consideration is that many parents completing the ADI-R may themselves be neurodivergent.

When this is the case, differences in:

- Play
- Communication
- Social interaction
- Sensory experiences

may feel completely typical within the family context.

For example:

- Parallel play may feel natural and expected
- Direct or literal communication may feel “normal”
- Sensory sensitivities may be shared and therefore not stand out

Because of this, parents may:

- Not identify certain presentations as differences
- Describe experiences as typical when they may be clinically relevant

This is not a lack of awareness. it is a reflection of lived experience.

Understanding Assessment Tools

A Quick Guide

MIGDAS-2 (Monteiro Interview Guidelines for Diagnosing Autism)

The MIGDAS-2 (Monteiro Interview Guidelines for Diagnosing Autism Spectrum) is an assessment approach used by some clinicians as part of autism identification.

Unlike more structured tools, MIGDAS-2 is:

- Conversational
- Sensory-based
- Relationship-focused

It aims to understand how a child experiences the world, rather than how they perform in a set of tasks.

MIGDAS-2 focuses on:

- Sensory experiences (how the child feels and processes the world)
- Communication style
- Social understanding and interaction
- Interests and ways of thinking
- Emotional and nervous system responses

It often involves:

- Open-ended conversation
- Use of visual or sensory materials
- Exploring the child's perspective
- Building rapport and comfort

This allows the child to engage in a way that feels more natural and less pressured.

Understanding Assessment Tools

A Quick Guide

Important Considerations

Like all assessment approaches, MIGDAS-2 also has considerations.

It:

- **Relies heavily on clinician skill and experience**
- Is less standardised than tools like ADOS
- May vary depending on how it is used

Because of this, the quality of the assessment depends on:

- The clinician's training
- Their understanding of neurodivergence
- Their ability to interpret what they observe

The tool itself is only one part of the process.

"Assessments that feel safe and relational often allow a child's true experience to be seen."



Understanding Assessment Tools

A Quick Guide

Movement ABC-3 (Movement Battery for Children) or BOT-2 (Bruininks-Oseretsky Test of Motor Proficiency)

These assessments look at how a child coordinates and controls their body.

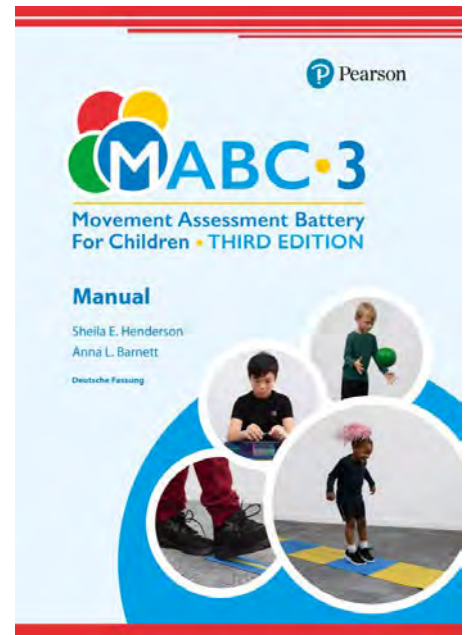
They assess:

- Balance
- Coordination
- Fine motor skills (e.g. using hands)
- Gross motor skills (e.g. running, jumping)

When used together, they can help identify patterns consistent with:

- Dyspraxia
- Motor planning difficulties
- Coordination challenges

Important: These are structured tasks and may not fully reflect how a child manages movement in real-life environments.



Understanding Assessment Tools

A Quick Guide

DASH (Detailed Assessment of Speed of Handwriting) or Irish Handwriting Assessment

These assessments look at how a child produces written work.

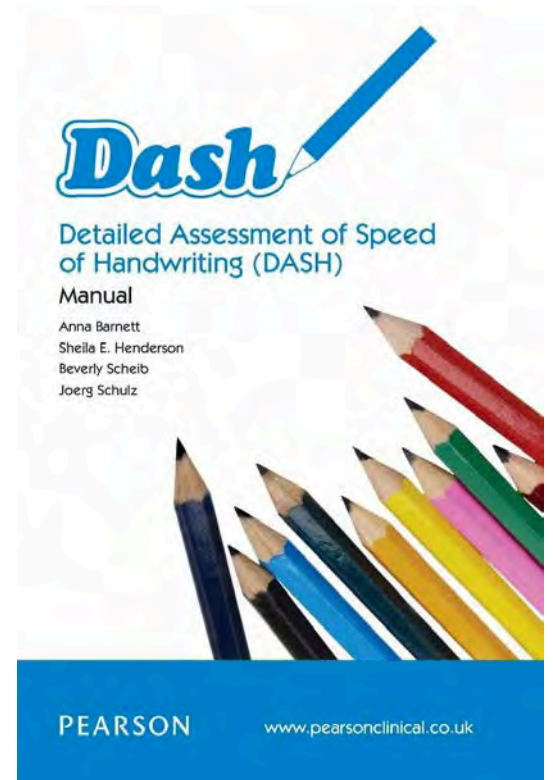
They assess:

- Speed of writing
- Legibility
- Letter formation
- Written output under time pressure

When considered alongside motor assessments, they can help identify:

- Fine motor difficulties
- Motor planning challenges
- The functional impact of coordination differences

Important: They measure output—but not always the underlying reasons (e.g. fatigue, sensory needs, regulation).



Understanding Assessment Tools

A Quick Guide

Sensory Profile or Sensory Processing Measure (SPM)

The Sensory Profile and SPM are questionnaires completed by parents and/or teachers.

They aim to explore how a child responds to sensory input, such as:

- Sound
- Movement
- Touch
- Visual environments

They look at patterns like:

- Sensory sensitivity
- Sensory seeking
- Sensory avoidance



While these tools are commonly used, **it is important to understand their limitations.**

They are:

- **Based on adult observation**, not the child's internal experience
- Structured around predefined categories
- **Often framed through a neurotypical lens**

Because of this, they can:

- Miss the complexity of a child's sensory experience
- **Feel reductionist or overly simplified**
- Include questions that may feel judgemental or **deficit-focused**

A different way of Understanding Sensory Needs



In my practice, I do not rely solely on questionnaires to understand a child's sensory needs.

Instead, I use **a child-led, observational approach grounded in the nervous system.**

This means focusing on:

- How a child is feeling in their body
- What helps them feel safe and regulated
- What leads to overwhelm or dysregulation

Rather than categorising behaviours, the focus is on understanding: What is happening in the child's nervous system.

This approach involves:

- Observing the child in a regulating, low-pressure environment
- Listening to teachers and parents on how the child presents in different environments
- Following the child's lead in play and exploration
- Trialling different types of sensory input (movement, deep pressure, space, etc.)
- **Noticing subtle shifts in regulation**

We look at:

- What the child naturally seeks out
- What they avoid or move away from
- How quickly they become overwhelmed
- What helps them return to a regulated state

The child is not expected to perform or complete tasks. Instead, they are supported to show us what their nervous system needs.



A Gentle Reminder

All assessments have limitations.

They are:

- **Snapshots in time**
- Based on structured tasks
- Influenced by environment, familiarity, and regulation

They may not capture:

- Masking
- Internal experience
- Sensory overwhelm
- The effort it takes your child to cope
- Fluctuating capacity

This is why the most meaningful assessments also include:

- Observation
- Listening to the child
- Understanding daily life
- Clinical reasoning

A report should help you understand your child.



A Gentle Reminder

A good assessment report will:

- Connect the dots between different tools
- Explain what the results mean in real life
- Recognise the limits of the assessments used
- Provide practical, meaningful recommendations

If a report feels like a list of scores without explanation, it may not be giving you the full picture.

Your child is more than any assessment.

The goal is understanding, not labelling.

A Reminder

You are not expected to know all of this.

You are navigating a complex system, often under pressure, while trying to do the very best for your child.

If something feels unclear, overwhelming, or too good to be true, **it is okay to pause and ask questions.**

It is okay to:

- Take your time
- Seek clarification
- Ask about qualifications
- Get a second opinion



And if you are ever unsure, you are always welcome to reach out for guidance.

You do not have to figure this out alone.

Sorcha Rice

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