



NdCare Align Session Template

ND-friendly, regulation-first session structure

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Important note

This resource is intended to support understanding and good practice in neuro-inclusive workplace design. It provides general guidance and does not constitute legal, medical, or clinical advice. Organisations should apply the principles in line with their own policies, regulatory obligations, and professional judgement.

Clinical purpose

To provide a **predictable, low-threat session container** that:

- supports nervous-system safety
- reduces masking and performance pressure
- adapts to variable capacity and state
- allows depth *without* forcing insight
- integrates cognitive, emotional, and somatic work ethically

This template prioritises **access over intensity**.

When to use

- ND-affirming therapy or coaching sessions
 - Clients with ADHD, AuDHD, trauma history, or emotional dysregulation
 - Periods of instability, burnout, or high life load
 - Work involving RSD, shutdown, or overwhelm
 - Any session where pacing and safety matter
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When *not* to use as-is

- Crisis intervention requiring immediate safeguarding action
- Highly structured assessments with fixed protocols
- Exposure-based work without prior stabilisation

(Elements can still be adapted.)

Core principles (align stance)

1. **State before story**
2. **Capacity before content**
3. **Permission before participation**
4. **Regulation before reflection**
5. **Containment before catharsis**

If these are violated, ND clients often mask, comply, or shut down.

Session flow overview

1. Arrival & orientation
2. Capacity & state check
3. Agenda co-creation (light)
4. Regulation buffer
5. Core work (titrated)
6. Integration & meaning-making
7. Forward orientation
8. Clear close & discharge

Not every session needs every step... but **the order matters**.

1. Arrival & Orientation (5 minutes)

Clinical purpose

- Re-establish safety
- Reduce anticipatory threat
- Orient to time and structure

Practitioner actions

- Name session length
- Name flexibility
- State explicitly that performance is not required

Example language

“We’ve got 50 minutes.
There’s no pressure to use it any particular way.
We can slow down, pause, or change direction as needed.”

2. Capacity & State Check (3–5 minutes)

Clinical purpose

- Assess access before intervention
- Prevent pushing past limits

Practitioner prompts (choose one)

- “How much capacity do you feel you have today?”
- “Does your system feel settled, activated, flat, or unsure?”
- “Is today a low-demand day or a deeper-work day?”

Practitioner notes

- Treat responses as **data**, not barriers
 - Adjust expectations immediately if capacity is low
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3. Agenda Co-Creation (Light) (3–5 minutes)

Clinical purpose

- Restore agency
- Reduce threat from hidden agendas

Practitioner actions

- Offer 1–2 possible focus areas
- Invite client preference
- Explicitly allow *no agenda*

Example language

“We could check in on last week, explore what’s been loud lately, or just focus on settling today. What feels most doable?”

4. Regulation Buffer (2–5 minutes)

Clinical purpose

- Support nervous-system access before content
- Prevent immediate escalation

Options (client-led)

- grounding
- silence
- breath with extended exhale
- orienting to room
- brief movement

Key rule

No interpretation during this phase.

5. Core Work (20–25 minutes)

Clinical purpose

- Do meaningful work **within capacity**
- Avoid flooding or shutdown

Practitioner stance

- Track activation continuously
- Slow down *before* intensity spikes
- Prioritise process over insight

ND-affirming practices

- One focus at a time
- Frequent pauses
- Explicit permission to stop
- Sensory or somatic support as needed
- Normalise difficulty accessing words

If dysregulation appears

- Pause content
- Return to regulation
- Name what you're seeing *without analysis*

6. Integration & Meaning-Making (5–10 minutes)

Clinical purpose

- Support coherence without over-processing
- Consolidate safety and insight lightly

Practitioner prompts

- “What felt important just now?”
- “What shifted, even slightly?”
- “What do you want to remember from today?”

Avoid:

- forcing emotional articulation
- tying everything into a narrative
- problem-solving prematurely

7. Forward Orientation (3–5 minutes)

Clinical purpose

- Reduce post-session drop or rumination
- Restore temporal continuity

Options

- one gentle focus for the week
- permission to rest
- noticing early signals
- no action at all

Example language

“Between now and next time, the priority might just be noticing when things get loud... not changing anything.”

8. Clear Close & Discharge (2–3 minutes)

Clinical purpose

- Prevent abrupt endings
- Support nervous-system settling

Practitioner actions

- Name the ending explicitly
- Re-orient to time/place
- Clarify next contact

Example language

“We’ll stop here for today. Take a moment before jumping into the rest of your day. I’ll see you next week.”

Practitioner reflection (post-session)

After the session, briefly note:

- Client state on arrival vs exit
- Capacity changes during session
- What supported regulation
- What increased load
- Pacing adjustments for next time

This supports ethical continuity.

Scope & safety reminders

- This template does not replace risk assessment or safeguarding
 - Regulation is not avoidance
 - Slower work is often *deeper* work for ND clients
 - Silence, stillness, or disengagement may signal processing, not resistance
 - Ending early can be a successful intervention
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Summary

The NdCare Align Session Template is designed to:

- make sessions **predictable without being rigid**
- support **access rather than compliance**
- allow depth **without harm**
- honour ND nervous-system realities

When sessions feel safer, clients don't need to perform...
and real therapeutic work becomes possible.