# Case Conceptualisation Template (ND Lens)

## Mapping emotional, sensory, and state-based patterns

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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 support ND-affirming case formulation that:

- centres nervous-system regulation
- differentiates **capacity, state, and skill**
- integrates emotional, sensory, relational, and contextual factors
- reduces mislabelling (e.g. "resistance," "avoidance," "non-compliance")
- guides pacing, intervention choice, and ethical care

This template prioritises **pattern recognition over pathology**.

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# When to use

- Initial formulation after intake (not necessarily first session)
- When progress feels inconsistent or "stuck"
- With repeated shutdown, overwhelm, or RSD presentations
- When symptoms vary significantly by context
- To reframe cases previously conceptualised as motivational or behavioural

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# When *not* to use

- During acute crisis or dysregulation
- As a diagnostic substitute
- As a static or deficit-focused formulation

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# Core ND formulation principles

1. **Access is state-dependent**
2. **Capacity is finite and variable**
3. **Behaviour is context-sensitive**
4. **Symptoms often reflect overload, not traits**
5. **Safety precedes insight**

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# SECTION 1. Presenting Patterns (What shows up)

Describe *patterns*, not labels.

**Primary difficulties (as experienced by the client):**

**How these tend to show up:**

- ☐ Overwhelm
- ☐ Shutdown
- ☐ Emotional flooding
- ☐ RSD / threat sensitivity
- ☐ Avoidance following demand
- ☐ Inconsistency across contexts
- ☐ Other: _____

# SECTION 2. State Mapping (Access in the moment)

Track typical nervous-system states.

**Common states observed or reported:**

- ☐ Settled / regulated
- ☐ Activated / hyperaroused
- ☐ Overloaded
- ☐ Shut down / hypoaroused
- ☐ Rapid fluctuation

**Indicators of each state (behavioural, verbal, somatic):**

**States where skills become inaccessible:**

# SECTION 3. Capacity Profile (What drains vs restores)

**Primary capacity drains:**

- ☐ Sensory load
- ☐ Emotional labour
- ☐ Social monitoring / masking
- ☐ Unclear expectations

- • ☐ Time pressure
- • ☐ Task switching
- • ☐ Conflict or perceived rejection

**Capacity restorers (even partial):**

_____

_____

Note: Capacity loss may precede emotional symptoms.

# SECTION 4. Sensory Processing Patterns

**Heightened sensitivities (current or historical):**

- • ☐ Sound
- • ☐ Light
- • ☐ Touch / proximity
- • ☐ Smell
- • ☐ Temperature
- • ☐ Visual complexity

**Observed impact of sensory overload:**

_____

**Adaptive or maladaptive sensory strategies used:**

_____

Avoid framing sensory needs as preferences.

# SECTION 5. Emotional & Threat Processing

**Common emotional patterns:**

- • ☐ Rapid escalation
- • ☐ Delayed emotional response
- • ☐ Emotional numbing
- • ☐ Shame spikes
- • ☐ Anger masking vulnerability

**Threat triggers (perceived or real):**

- • ☐ Criticism or feedback
- • ☐ Uncertainty
- • ☐ Being observed or evaluated
- • ☐ Social misunderstanding
- • ☐ Loss of autonomy

**RSD features present?** ☐ Yes ☐ No ☐ Unclear

# SECTION 6. Developmental & Relational Context (Light Touch)

Focus on **patterns**, not full history.

**Relevant experiences shaping nervous-system learning:**

- • ☐ Chronic misunderstanding
- • ☐ Punitive responses to overwhelm
- • ☐ Masking for acceptance
- • ☐ Inconsistent safety or support
- • ☐ Educational or workplace trauma

Only include what informs the formulation.

# SECTION 7. Strengths & Protective Factors

**Consistent strengths across states (even if inaccessible):**

**Protective factors:**

- • insight
- • creativity
- • values clarity
- • relational capacity
- • humour
- • persistence
- • support systems

Strengths may be **state-gated**, not absent.

# SECTION 8. Working Hypothesis (ND Lens)

Complete collaboratively where possible.

When **capacity is exceeded** and **sensory/emotional load accumulates**, the client's nervous system shifts into **protective states** (e.g. shutdown, emotional flooding).
These states reduce access to language, planning, and regulation skills, which can be misinterpreted as avoidance or resistance.
Interventions that increase **predictability, sensory safety, and pacing** restore access to strengths.

Adapt as needed.

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# SECTION 9. Clinical Implications

**What this formulation suggests about:**

**Pacing:**

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**Session structure:**

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**Intervention selection:**

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**What to avoid:**
(e.g. high demand, rapid insight, exposure without stabilisation)

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# SECTION 10. Review & Flexibility

**Signs this formulation still fits:**

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**Signals it needs updating:**

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Formulations should evolve as safety and capacity increase.

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# Practitioner reflection (optional)

- Where might ND masking be obscuring needs?
- Am I interpreting state-based behaviour as trait-based?
- Is the work aligned with current capacity?
- What would *less* intensity allow?

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# Scope & safety reminders

- This template does not replace diagnosis or risk assessment
- It should not be used to justify under-support
- ND formulations must remain **contextual, not individualising**
- Ethical practice includes adjusting the model when it no longer fits

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# Clinical framing summary

ND-affirming case conceptualisation is not about explaining the person.

It's about understanding:

- **what happens under load**
- **what restores access**
- **what keeps the system safe enough to work**

When patterns are mapped accurately,
interventions become **kinder, clearer, and more effective**.