

Q&A Session Summary – 6 June 2025

Panel: Archie Waters, Mike Talbot, Laura Kerbey, John Ferguson, Cameron Cross, Nadine Martin

Q: Archie, can you tell us more about the story of the man with the gun?

A: Archie Waters: He did not have a gun at the mediation. He appeared to have ADHD. This was a mediation for a housing association for a small community on west coast of Scotland. The chap used to polish his rifle in the window so people could see. People complained that he was trying to terrorize the community. He wasn't the only one there. The whole gang was there. This chap was apparently in hiding from somewhere in England as his family had been moved out of fear of retaliation or a rival gang. Police checked if he had a gun licence which he did. As a mediator, I did not feel comfortable with this. As a man who grew up in Hamilton, I had my hiding places. We used to play gang games in the playground and if you were weak, you got a kicking. The hiding place was a boiler room. I had an abject fear when threatened by the gang master. I could feel the need to get away and called the mediation to a halt. I went for a walk to calm myself down. I came back to the mediation and decided to end the mediation as I did not feel safe. Don't be afraid to give yourself time to get out of the mediation. As an adult you have coping strategies which children do not. As a child, your coping strategies are instinctive, i.e. freeze. Archie removed himself from the situation and decided not to return to the mediation. It's important to have strategies in place to deal with uncomfortable situations, and take time to remove yourself, get supervision and return if suitable.

Q: You are in a mediation and it becomes clear that some of the behaviour underpinning the dispute is stemming from a neurodiverse condition, can you give me examples of best practice on how to raise this issue?

A: Mike Talbot: I wouldn't be the one to raise the label. Keep it on a behavioural basis – i.e. "I notice you've closed down, spoken over colleagues. I notice that is having X impact..." Use 'I notice' intervention and then try to make an alliance with them by asking "what can we do about it?"

A: Laura Kerbey: Be careful not to suggest something that may offend someone. Someone who is neurodivergent might be offended by that, but they also might be relieved it has been pointed out. If you teach a lesson that's neurodiverse friendly, no one will be disadvantaged. Be clear and build connections. Ask what their needs are.

Q: There are organisational boundaries imposed on how we mediate, how can we deviate from these?

A: **WHO?** *The more flexible the process, the more you can adapt. Try asking “What do you need to get a good outcome from this? What’s your favourite mode of communication? What are your needs right now?”*

Q: John, to what extent do you agree that neurodiverse people are strong at some things and weak at others? What has been your experience of this as someone with MD?

A: John Ferguson: *As someone with inattentive ADHD, we often think of this as a ‘busy mind’. Strength – the ability to occupy my ‘busy mind’. Weakness – admin.*

A: Laura: *My weakness is also admin. Strength – good with people and highly empathetic. The assumption that autistic people lack empathy is not correct. The ability to recognise masking, stimming during mediation. The reason I have done well in my career is because I am neurodivergent, not in spite of it.*

Q: It’s my understanding that neurodiverse people are more likely to have other mental conditions, is that because they are neurodiverse or the challenges they face in a neurotypical world?

A: John: *It is a bit of both. Having ADHD/Autism is very draining and is like swimming against the current. Do it for too long and you get burnt out. Unfortunately, the levels of adversity for those who have neurodiversity are greater. Anxiety and depression are not symptoms but concurrent issues that need treating. Often those who are medicated for ADHD can alleviate depression over time as they stop ‘swimming against the current’. Generally, we aim to get ADHD as good as we possibly can and then if they want to look at coming off anti-depressants, we will discuss this with them.*

A: Cameron Cross: *Neurodivergent people can have complex issues with trauma. Anxieties can relate to having to mask autism, or other, outside factors in life. It’s important to make this distinction.*

Q: Mike, are you aware of any studies regarding the number of parties in litigation who are neurodivergent? Neurodivergent people often have a strong sense of justice, does this have an effect in their willingness to bring forward a claim?

A: Mike: *Not aware of any studies. Neurodivergence status is not something that is flagged on intake forms at the moment, as other traits which are flagged at the initial stage.*

Audience member: *A third of those I see in my practice are neurodivergent, and it is often a big source of conflict in mediation. For example, parents may disagree over their child’s diagnosis, maybe be waiting on diagnosis, or accusing each other of having a neurodivergent diagnosis.*

Q: Is there a difference in the way neurodivergency presents between genders and how would you change your approach in mediation according to this?

A: John: Presentation in females is generally subtler than in men and also presents differently. Women tend to be better socially, even as neurodivergent. Females can appear to socialise effortlessly, but there is a lot of effort behind it. ADHD busyness can also present externally in women (anxiety, overthinking), while external in men (hyperactivity).

A: WHO? Diagnoses of autism is higher in men, often because women are so good at masking. May be wise to work in separate session even if they are a joint party, to mitigate overwhelm.

A: John: there is increasing evidence of the effect of estrogen levels on the ability to regulate emotions. Women two weeks post menstrual period can find it harder to regulate emotions due to an increase in Estrogen. There may be value in asking the client if a certain date would suit them best for mediation because of this.

A: Cameron: Diagnoses can be based on classic 'male' presentation of autism. If behaviour doesn't match this, diagnoses can slip through the net.

A: Nadine Martin: There is a clear body of research that shows that domestic abuse is a gender based issue.

Q: Audience member taught in a secondary school in Hong Kong and got the impression a lot of the kids were neurodiverse. When I moved to Scotland, I got the same impression. Do the presenters have comments on the statistics of neurodivergency in the population?

A: Laura: 1 in 100 people in the UK are neurodivergent. However, some studies show that by including those who are undiagnosed, this is actually 1 in 5. Many slip through the net for various reasons. Many women are now realising that they are neurodivergent. The waiting list to be diagnosed is about 7 years long. I think potentially, 1 in 5 is more accurate.

A: Nadine – a lot of what we learn about trauma is that people are trying to self-soothe, and as a result, they end up in the criminal/civil justice system. This should be treated as a public health issue.