



For the Record: Neurodiversity in the veterinary profession

Lacey Pitcher RVN

Emily Craven MA VetMB CertAVP PGCertVPS MRCVS

Daniel Denness RVN

Kirstie Pickles BVMS MSc PhD CertEM(IntMed) DipECEIM MRCVS

Emily Craven:

We are all different. Yes, there's probably things that annoy the hell out of people that I do, but I hope I bring quite a lot of positive stuff. And I think that's the point. We do all have a place in the world, we do all fit into that big jigsaw of life and just because you're different, you'll thrive.

RCVS Knowledge:

Hello and welcome to For The Record, a new podcast series from RCVS Knowledge. For the Record will feature conversations between current and former members of the veterinary professions, highlighting voices and experiences historically underrepresented in our official archive.

In this episode, we hear a discussion between four neurodivergent veterinary professionals including facilitator, Lacey Pitcher, RVN. Together they discuss what neurodiversity means, the similarities and differences in their experiences of veterinary education and practice and how they would like to see understanding and awareness of neurodiversity to change in the future.

Lacey Pitcher:

So my name is Lacey. I am an RVN and I enjoy a portfolio career across speaking, lecturing, I do some networking and I am an ICU nurse, mainly working at night. So that is kind of me in a nutshell in the veterinary sphere. Daniel, would you be able to introduce yourself please?

Daniel Denness:

Hi there. I'm Daniel Denness. I'm also a veterinary nurse, have been for 25 years. I've worked in various different areas of the profession and been an ICC nurse as well, general practice, head nurse, practice manager, area manager, and my current position is practice manager at an independent practice in Kent.

Lacey Pitcher:

Thank you. And Emily?

Emily Craven:

Hi, I'm Emily. Probably on the slippery slope to a portfolio career now having spent 10 years qualified vet, nine years in straight farm practice, and then last year unfortunately we had to close our farm department and I found myself doing two days a week in our pig department because I was in a mixed practice, and two days a week working for our head offices, part of one of the corporates in

the policy and regulatory teams. So yes, doing a little bit of different stuff and probably staying in that diversified path.

Lacey Pitcher:

Thank you. And last but not least, Kirstie.

Kirstie Pickles:

Hi, I'm Kirstie Pickles. I am an equine medicine specialist. I've worked both in private practice and academia. I currently work at the University of Nottingham Vet School. I'm also a mental health first aid instructor and a neurodiversity advocate. So yes, also somehow seemed to have sprung into a bit of a portfolio career, which really, I'm also a mom of two children, so I'm juggling constantly.

Lacey Pitcher:

Thank you all and thank you all so much for making this conversation today possible. I think it is one that thankfully we are having more, not only in the veterinary profession, but wider society now, and it's very needed. So thank you in advance for your time and your candor and I hope that this conversation is helpful to encourage curiosity, but also to start further conversations in the veterinary sector.

So without further ado, I think the most sensible place to start would be with defining what neurodiversity means to us as a collective, but also as individuals. So to me, neurodiversity is the understanding that all of our brains are different, that element of diversity in the way we think and the way our brains function. And for me, it's really important to have that clarity that neurodiversity also encompasses neurotypical brains. So already a difference to the way my brain works.

I wonder if anyone else has any definition for themselves as to what you believe neurodiversity means?

Kirstie Pickles:

My interpretation would be very similar. It's part of the human biological variation and it just pertains to how the brain works and how other aspects of neurology works.

Lacey Pitcher:

Thank you. Daniel, what do you believe neurodiversity means? How would you define it?

Daniel Denness:

Very similar to what you were just saying. So neurodiversity to me is the fact that everybody is different. We all physically have a brain, but it's the way that we use it, every single person, whether they're neurotypical or neuronormal, or neurodivergent, even within neurodivergency, our brains do not work the same. So it's just understanding that even though one person might have ADHD, doesn't mean that they are going to have the same aspects of the ADHD that the next person has, so not confining people.

There's a very good YouTube video about the hats you wear. Everyone wanting the blue hats, everyone be in a red hat wanted to be a blue hat. It's a really, really good little video to get people to see what neurodiversity is all about.

Lacey Pitcher:

I know the exact idea video you're talking about and I think it's brilliant. It's a really nice, simple way to just look at on the face of things, how that... It just illustrates it so well.

Daniel Denness:

Yeah. It's so simple, but just brilliant.

Kirstie Pickles:

There's a brilliant kids' book, which is exactly that concept as well, which just teaches kids about difference and not needing to be the same as everybody else. It's quite a powerful book.

Lacey Pitcher:

Oh, how nice. Emily?

Emily Craven:

Yeah, I think I've got very little to add really. But I think it's the neuro bit that is quite important because I think we're all getting much, well, I hope we're all getting much better and more aware with diversity generally. But I think sometimes the neuro bit, because it's in our brains and it's invisible, it's not that it's neglected, but I think it's even more important to think about because as I say, it's not always so obvious. And I think because a lot of thought and action is based on a perception, it takes quite a lot of self-awareness to recognize that neurodiversity. Yeah, and I think we all need to just, as you say, neuro diversity is just that. It's diversity rather than, we're recognizing that everyone's different, even if we would categorize it as normal.

Lacey Pitcher:

Thank you. Thank you all. Yeah, I generally kind of caveat some of the conversations I'm now having with friends and colleagues when people ask what I need or what differences maybe I perceive that I have in practice or in communication, by saying I've never had a neurotypical brain. I don't know how they work. So the conversation very much for me needs to be both ways so that I can understand the other person's perspective as well. And so the conversation about neurodiversity is really powerful for that reason for me.

I wondered if we could explore kind of how we got into the professions we're in. SO two nurses, two vets, but equally both professions. I wondered, your own personal journeys with looking at kind of scientific professions, did you always know that you wanted to pursue a science-based career? Did that start in school? Where did it begin for you? Can we start with Emily?

Emily Craven:

Yeah, okay. Well be honest, I think I always wanted a career with animals. Probably would've liked to have ridden horses or had cows, either or. Growing up, I definitely was animal minded. My grandfather was a vet, but unfortunately he died before his time and I don't have brilliant memories of him and his work. But I think the first time I said I wanted to be a vet was sort of aged 11 when they opened their new equine hospital at the practice that he owned, after he died and they opened it, and I do remember telling people then that I was going to be a vet. Now, I don't know almost whether that was that sort of slight autistic masking without knowing it at the time and wanting to fit in and say, oh yeah, yeah, so I'm going to be a bet like grandpa was, or whether I genuinely caught the bug there or whether I was just really excited because they had Desert Orchid opening and I wanted to meet Desert Orchid. I don't know.

But that's the first time I knowingly was headed down the vet pathway, aged 11. And one way another I was that incredibly lucky child that was aiming for vet school that was scientifically minded, heading for the right grades and wanting to work with animals and therefore it all rather fell together and I was the lucky recipient of an offer for vet school, and never looked back, never regretted.

So yeah, I think it's probably, whether it came from just being that typical little child that wants to be a vet but got lucky, that could actually follow that pathway, or whether it was just this deep down in the genes going to happen, I don't know. But it was purely my choice. But first mooted aged 11, opening the John Craven Equine Memorial Suite at Chine House.

Lacey Pitcher:

Wow, just wow. I can imagine, as you said, your granddad was quite the role model in some respects there because what an incredible start. How amazing at 11 to look up to all those options.

Kirstie, what about yourself? Did you always know that the veterinary or science-based careers were where you wanted to end up?

Kirstie Pickles:

I was definitely always animal orientated, which I didn't come from an animal type background at all, my dad was a dentist, my mom was a housewife, we didn't have pets, my dad's really asthmatic and allergic to pets. And I just randomly decided about age nine that I wanted to ride horses. I think mom and dad had tried ballet lessons and piano lessons and I was pretty clear that I didn't want to be doing those and kept asking to get horse riding instead and eventually they relented, which they didn't understand because they knew nothing about horses at all, but found me some riding lessons and from then on I was absolutely horse obsessed from nine or 10.

And the story I've been told is very early on I said I wanted to work with horses when I grew up and I wanted to be a stable girl. And I think it was suggested to me by my father that perhaps I could aspire a little higher and how about being an equine vet? And from that time onwards, that was... I mean, I look back and think this is so abnormal, but this was a major clue that I was autistic basically, because from that day forward, my whole life revolved around becoming an equine vet, to the point that age 11, I chose to go to a single-sex school because I thought I would work harder at a single-sex school. Which I don't think is a normal way to really be thinking at 11. But yeah, so from that day forward, everything was just focused on that and fast-forward, here I am.

Lacey Pitcher:

I love that.

Kirstie Pickles:

Emily, I worked at Chine House, so I didn't know that connection there. That's really interesting.

Emily Craven:

Well, yeah, I am one of those baby Cravens. It was very lucky because I did EMS at China House, and I think Tom Leaman was quite happy to corrupt a baby Craven in the way that...

Lacey Pitcher:

I love that. I love how connected the veterinary professions are. We have these chance meetings so frequently, it's incredible.

Daniel, what about you? Did you always know that the veterinary sector was where you wanted to develop your career?

Daniel Denness:

Yeah, I think from the age of three, my only job choice was I want to be a vet. And my earliest memory of watching TV was All Creatures Great and Small and I remember the little practice that

they had and literally from that day, my whole life revolved around animals. If we went out for the day, if it wasn't revolved around animals, I would make it be revolved around animals.

And I think it was Kirstie that said that she went to an all girls school because she wanted to focus on education. I did exactly the same thing. I chose an all boys school rather than a mixed sex school for exactly that reason. And unfortunately with me, I look back now and I understand if I'm not interested in something, I cannot retain that information. So GCSEs, I did absolutely fine, I did really well with my GCSEs. Came to A-levels, if there was a part of the A level I could not grasp or I wasn't interested in, I just could not retain it. So unfortunately I didn't get my grades that I wanted to be a vet. I did get accepted to vet school over in South Africa, but my parents couldn't afford it.

So I came back to the UK and went to the Royal College and said, how can I get into being a vet? And they said, well, if you train as a vet nurse and sort of pass with credit, you almost sort of bypass all of the A-level students. So I went to college, passed with credit, the highest in my year, the highest of my practicals of my year. And at that point I got a mortgage, I was about to get married and life just took over. And I don't regret not becoming a vet because I've had such a variable career, but I always wonder what would've happened if the education system was different to have supported me when I was younger, where I would be now.

Emily Craven:

So it's really interesting, isn't it? Because all three of us are probably later to our diagnoses and now see that we would've done things probably different, potentially better in the education system if we'd know, but no one knew these things at the time.

Daniel Denness:

No, just got told if I could concentrate more, I'd do better.

Lacey Pitcher:

Yeah, I remember seeing on a report card from school, if Lacey could apply her talent more. Lacey had no interest in doing that, and it just wasn't picked up. So similarly, I did well at school where I was interested and because I did well, all the telltale signs that that were there for my dyslexia, for example, were just never, they were noticed, but they weren't almost commented on. So things like I achieved well in English language and literature, and I loved the creative side of things, so I really enjoyed literature, but I didn't read out loud in class, that was not something I did, I would avoid it. And as soon as I knew that in that lesson, that would even be an element, I shrunk, and I went from being extroverted to trying to shrink as much as possible and be as quiet as possible and be busy doing something else. And so lots of the kind of signs were there, but because I was achieving and I was hitting all the grades they wanted, it just wasn't recognized.

I grew up in a very animal oriented family and I did my work experience at a vets because what I wanted to do was law, and I didn't want to spend two weeks photocopying. So I opted to go to a veterinary practice, who were incredible, and the reason they were incredible is they were very practical. So for me on work experience, I got to see things and do things and have conversations about things, and it just fed my interest.

But I still went down the route of law. I still went to college. I still wanted to do law and had been set too, because of the area I came from, and it was socioeconomically not very well-supported, I had the opportunity for a scholarship and everything was going great. But the reason it was going well is because I had the most phenomenal lecturer at college who was very dynamic, very animated, very interested in getting us to think about cases, not just the written law. And because she was so engaging, I was engaged, I wanted to do it, and I sat down to do A-Level paper and realized that it was not for me. I was doing it for all the wrong reasons. I wanted to be successful, I wanted to

achieve. And I actually didn't want law, I just enjoyed the subject because I had a really great mentor, and got up and walked out.

And at the time everyone said, what are you doing? And walked into the closest vets and said, oh, I want to be a vet nurse. And out of sheer stubbornness, like most things I have done, when I was told no, it was, well how can I? What can I do?

And I think that's something that kind of has stuck with me and it's really interesting hearing your perceptions of actually when someone tells us we can't do something, we are almost looking for the, well how can I? Or I'll show you. Because it's almost like in the same way as reading in class, well, I can do it another way. I don't want to read out loud, but I can still complete the work and I will do it in my way, in a different way, but I'll achieve it still.

And so I decided at 18 that veterinary medicine was for me. And I haven't looked back, I've really enjoyed it, but it's really interesting because in terms of the widening participation piece, I wonder how many people didn't find their way into veterinary medicine just because maybe we're looking for very academic markers that sometimes aren't a really clear indication in the way we actually examine at the younger levels before we get to further and higher education.

To each of you, do you believe that neurodiversity shaped entrance and your journey to VetMed? Do you think that just for applying, do you think it's had any bearing at all on your applications to vet school? Daniel, I know you've touched very nicely on South Africa. I wonder if you don't mind expanding, apart from the cost, were there any key differences in the application process?

Daniel Denness:

Massive, massive differences. They were looking at what work experience I've done, what my home life was, having references from people that I'd worked with, my teachers. They looked at my GCSEs but weren't as fussed about my A-Level results. So what their system is that, because I would've been an immigrant, the first year you would do a bachelor of science and I think everyone has to do a bachelor of science, so it would be from that course you would then go on to do the veterinary degree. So I didn't have to get the grades to be a vet to go to that university, I just needed to get a minor pass to get to do the bachelor foundation degree, which I had passed.

Lacey Pitcher:

Really interesting. Kirstie, do you believe that your neurodiversity has shaped your journey into VetMed and beyond as to where you are now?

Kirstie Pickles:

With regard my journey into, I think the ability to hyper-focus, to be really determined... I remember in fact my head teacher telling me I had very black, white thinking and there was whole shades of gray that were also out there. Because everyone was always telling me, well, there's other things you can do. What about medicine and dentistry and all these kind of things? And I was like well no, I'm not interested. I just want to be a vet. Just let me get on with it. So I was certainly dogmatic and inflexible in my thinking and all that. After-

... after getting. It's interesting because actually getting into vet school back in the nineties, I went in 91. But my experience was very similar to what Daniel spoke about for South Africa. They looked at, well, I mean they did care about the A-levels, but they certainly looked at what work experience I've done. They asked me about that. They looked at references from all those people and were interested in all the other things I'd done as well. I mean, this is typical, I did just to put on my UCAS form because I thought it would look good for getting into vet school. And as for after vet school, yes I didn't know I was autistic at the time, but I think yes, subliminally, it definitely shaped the way that I went because I like structure, I like routine. So loved vet school.

It was just an extension of school for me with that order and you knew what you were doing every day. Then graduated, went into practice and all that routine structure kind of disappears and I really floundered. So went back to the system I knew, went back to university, did a residency, did a PhD. Loved that. I was learning again, this is my forte and found that I loved teaching, found that I loved research and that's shaped a large part of my career because although I didn't realize why I was choosing those things and the reasons behind that, I think being divergent actually explains a lot of why I excel in those areas.

PART 1 OF 4 ENDS [00:23:04]

Lacey Pitcher:

Thank you so much. Emily?

Emily Craven:

I love Kirstie thinking that she needed to. I think we were told we didn't have a chance of going to vet school unless we had our Gold Duke of Edinburgh. So off we trudged up those hills. But again, that's something I loved because looking back it was the sort of thing I thrived in. Yeah, like the others, I had absolutely no idea I was autistic at the time. Not a clue. I mean we didn't really talk about autism in girls, when did I apply? In 07. Wouldn't have recognized any of the signs and the fact that I can in that really black and white thinking of what we all understood autism by that, well no, you can hold a conversation. You can mostly look people in the eye. Not an option, not considered.

I don't think my autism was such... It would've been noticeable at school, looking back. I was very different, I didn't really have any friends, very focused sort of very single-minded science but I think I was at, funnily enough, we were all at single sex schools and we were there because we were at the local girls school on scholarships. But I was never really going to fit in because I didn't really know how to conform to standard teenage girls, but also the rural kid that didn't fit in in the city. It didn't matter. But I was at such a sort of small niche school where it wasn't, yes, I didn't fit in, but I was happy enough in my knot. But I think because we were able to thrive as individuals, it didn't shape anything so much as just carrying on and going in. But then when I got to that school, I think it probably did a little bit more because suddenly I wasn't a really small fish in a big, sorry. A really big fish in a small pond.

It was slightly more the other way round. And actually my extreme perfectionism couldn't quite cope with university in quite the same way in that at school, a hundred percent was always achievable and you'd be really disappointed with that 95 and suddenly at university you're like 65. Wow, cracking effort. You've done really well today. And it was like, oh my god, I'm never going to achieve here. And I did find that a bit harder. But yeah, I think that neurodiversity just kept me in a way. It was what made things hard, but in a way it's what kept me going because it's just that focus, that drive that you just sort of go with and you need to just sit down and focus and yeah, I don't always focus. I can't be very distracted at things, but when I'm going.

I'm doing things because I'm doing my masters at the moment and I had took some time yesterday to write and I realized I had one of those days where the hyperfocus just kicked in and I probably did more work in a day than I do in a month normally, but doesn't always happen every day. Sometimes it helps.

Lacey Pitcher:

It's really interesting to see how kind of our flow of how we work might be different and understanding how our individual work thrives and what patterns work for us. I know if I'm having to work on detail, I cannot do that for a prolonged amount of time. Not on the same task, but I can do detail in multiple tasks in the same day really well for me I have to switch. So it's been really helpful learning what aspects of that focus. So Emily, you said you got through so much yesterday when you

were in that, but it's explaining to people that is not every day, that's not sustainable so that the people we work with know not to expect every single day that level of deadline.

Emily Craven:

No, I didn't actually, but I think home alone and turn my phone off because I find once I'm focused, I'm focused. But it's that. And I know that's really typical on the autism, isn't it? Where you read is the distractions are quite big, just a little distraction. Just somebody saying, oh do you want a cup of tea? Actually it's gone.

Lacey Pitcher:

Yeah. Amazing. Thank you all. Now I'm keen to note that when we talk about strengths and weaknesses or things we don't favor when we talk about neurodiversity, that we recognize a sense of privilege in some respects as well. So I won't use the word superpower because I think it takes away from the fact that as people who are working in a profession, we are already to a degree in a sense of privilege because we've been able to succeed in one way or another. And there are lots of people who are neurodivergent whose brains have not allowed them to work in that way or the situation they are in hasn't allowed them to work in their best way. And we've found ways that work for us. But if comfortable to do so, I think it's really important we touch on some of the elements of our neurodivergent brains that we have found we can utilize to the best of our abilities, but also some of the ways in perhaps we have found things more challenging in the veterinary sector.

So I work nights and also a late diagnosis of ADHD, but I know that concentration and pointless stress. So by that I mean the tedious things in each day I find it incredibly frustrating. But in an ICU situation that stress to think and to innovate and to problem solve, I thrive on, it's where I do I feel my best work. And so I have learned that for my ADHD I get incredibly frustrated by exceptionally busy stays with lots and lots of electives, but I will thrive in a busy ICU where there's lots of different challenges and lots of different types of patients. And so I have sought out roles where I can utilize that innovation and problem solving and almost dyslexic thinking. I think lots of people refer to it as now, but I don't work charity practice in elective surgery days.

I have a friend who is also neurodivergent and she loves an opt of electives because she goes in, she plans her day, she knows exactly what she's doing, she knows how long it's going to take and she absolutely adores as a nurse walking in, prepping everything and making her vet's day as stress-free as possible where possible she likes it to run like clockwork. She ensures everyone on that shift gets a break. And if anyone is stood doing nothing, she will ensure that that space is filled. So we have on paper similar diagnoses, but we work completely differently. I wondered how you have found you are utilizing how your brain works as best as possible. Kirstie, if we could come to you first. Because I know as you said, you've now working in academia, but you are also helping other people find some of the things that work for them. I wondered if you could elaborate on some of the kind of strengths and challenges that you've found.

Kirstie Pickles:

So as I was saying before, I kind of thrive in the academic environment because I like a little bit of different things, but I like knowing my schedule. I like knowing that on a Monday, this is what I do. I'll have some admin time in the morning. I'll teach every Monday afternoon. I like that routine. I don't like that ad hoc stuff you were talking about with things flying at me from all directions. That's a nightmare day for me. And that's why clinical practice, when emergencies come in and you might have two arrive at the same time, I would really struggle to cope in that environment. My ability to hyperfocus, I really hyperfocus when I'm sitting at my desk so that if people come up behind me and just say hello. I will leap a foot in the air because I'm so engrossed in what I'm doing, it freaks them out. And I guess I'm so overreact. It's ridiculous.

I think my attention to detail, I am a super proof-reader because my eye is drawn to really fine details. So all that kind of stuff is good in the research world. I'm good at systemizing that kind of stuff. I think I'm tenacious, which has helped me get to where I am. So they're all things that I would consider sort of parts, strengths that I have.

I think more the challenging aspects of my autism would be I have, yeah... And it's funny because you don't realize this because you only know your own internal space. But it took me probably till my forties to realize that I really struggled with anxiety, but because I was always running at that, my husband calls this running hot because I always run at that heightened level basically. I didn't appreciate that other people weren't also operating at that really high sort of stressed, anxious level. So I can now appreciate that I will worry about things far more than other people and I ruminate on things, which is not a great thing. So whereas somebody else might be able to put an anxious thought out of their mind, I will really ruminate on it. And particularly late at night, it's just the worst time to be caught in an anxious thought cycle.

But I find that probably over the course of my life, communication differences have caused me the most anxiety and the most challenge because when I think I'm communicating very clearly, I'm communicating in a way that other people don't necessarily recognize. And so for example, at a practice the nurses told me that I was aloof and rude because I didn't come and do social chitchat in the morning with them to talk about what had gone on the night before. Whereas to me, I was at work and I was there to work. So I just came in and started work and I kind of, the social nuance of wanting to stand around and chat to other people was just completely lost on me. I kind of would never have dreamt, I would've considered that, I don't know wrong because I wasn't working when I was in work.

I was really standing around chatting. So being misunderstood by people I find quite hard. And I've been told that my communication skills aren't good on several occasions and that's just because my communication style has been misinterpreted. And what I would call just being direct and honest, somebody else would call rude and tactless. And when I speak, I don't imply any subtext whatsoever. So normally if offense has been taken, it's because a neurotypical person has put sub context into what I said, which I didn't intend at all. And if they actually come and talk to me about it, I'll be like, no, but that's not at all what I meant. Where did you get that from? And I'm like, oh, well I thought that's what you were implying. No, I can't do imply. If there's something to say, I'll say it. And so just that's sort of probably what causes me most stress on a day by day basis.

Lacey Pitcher:

I found myself nodding along to everything you said. It's that ruminating on things I think sometimes.

Daniel Denness:

What's the word? I've never heard that word before. What's ruminating? Sorry.

Lacey Pitcher:

No, no. Do ask. Kirstie would probably eloquently put it much better than I can.

Kirstie Pickles:

Yeah. So it's just going over the same thought over and over again, not being able to go past it. I guess it comes from cows ruminating.

Emily Craven:

From cows ruminating. So cows basically have their rumen, which is the sort of main vat of their stomach where their food, you give them food, it comes back up, they reach you in the mouth,

swallow it. Back down. So it is literally so that a cow ruminates in cut balls come up from stomach, go back down, and I think-

Daniel Denness:

Overthinking, fixating.

Emily Craven:

Yeah. And it's one of these that I think is if neurotypicals would say, therefore it's exactly like what these thoughts going round and round. But obviously we wouldn't always put that link in, but that's what... Yeah, it is literally going to be based on what a cow does with her silage.

Daniel Denness:

Brilliant.

Lacey Pitcher:

I love that we've gone veterinary.

Daniel Denness:

Yeah, I'll remember now forever that way.

Emily Craven:

All vet does lectures in ruminating cows.

Daniel Denness:

Yeah.

Lacey Pitcher:

Yeah. We'll reflect on that in our CPD logs.

Daniel Denness:

Yeah.

Emily Craven:

Sorry. Sorry. Whoever taught about cows ruminating, that was a really bad description.

Lacey Pitcher:

But it's true. Sometimes some of the things that have caused me most worry in my kind of clinical career and kind of outside as a person, not just in scrubs, are I will worry about things three or four hours later after a quick comment where I've said, oh, can you just go and get the dog for me please? And four hours later I'll go and say to that person, I'm so sorry, was I a bit short with you? And they'll be like, what do you on about, what do you mean? When? But I'll have thought about that four hours, which means for four hours I have not been concentrating on the task I was on because I'm so worried and deeply worried that I might have upset someone and they're oblivious. So I think it's really, really interesting because sometimes the perception, and as we said, we're all fairly well-read on the subject now because we're interested and we want to learn.

And some of the earlier papers I read were that people didn't care or they didn't have the emotional capacity. And I was thinking, well I have the opposite problem. I feel everything times 10, so this

paper does not reflect me. So it's really interesting actually now that more open conversations are being had that I'm realizing that some of the things that I thought were me actually are causing quite a lot of distress to a huge number of people. And I wonder how many people feel because they've always run hot, are actually having a lot more to carry than they realized because we talk in the veterinary sector about mental health implications and anxiety. But when we look at just the four people in this room working in the veterinary sector who identify as neurodivergent, who potentially run hot, where those links are and where the research will be coming. Daniel, what would you say the kind of strengths or areas where you thrived and actually some of the areas where things have been more challenging?

Daniel Denness:

Yeah, I think the main thing, and this is a double edge to it, so I have a photographic memory, but I only have a photographic memory of things I'm interested in. So I can reel off you nearly every single Latin name of an orchid I have in my collection. And I have over 3000 orchids. Again, that's a part of my ADHD and autism. I can't remember the common names. I've got no interest in the common names, so I only want to know the Latin names. And I remember when I was at school I wanted to learn Latin and they're like, why'd you want to learn Latin? I mean, because it makes sense. It's the only language to me that made sense because it says exactly what it is.

But on the other side of that, if I'm not interested in it's not going in. Cardiology, I've got no interest in cardiology. You can tell me till you are blue in the face what the little wiggly lines mean, and I physically cannot remember, but the reproductive system of a *Orchis apifera* (bee orchid) I could sit and talk for hours for. So it's white clinics and exotics is my thing that I've an ECC. So I would literally used to run exotic and white clinics when I was head nurse and I always overrun because I would get too involved and explain and over explain everything to the clients. But the clients always came out going, that's a lot of information, but wanted that at the same time. And a part of that, and we were the rumination, overthinking, lack of sleep from when I started working.

So from 16, I don't think I've had a week of normal sleep in my whole life. Last night I slept about four hours. Previous two nights didn't sleep at all because I'm just sitting in bed and my brain was just whirling and whirling and whirling and whirling and whirling and there's nothing I can do to switch it off. I've been prescribed sleeping tablets and I'll sit there, take the sleeping tab four hours later, brain's still going. And it's like that procrastination and always worrying that if I've done something to offend somebody, you speak to a client and they're upset or is it something I have done? And it's always me and I think that's a part of the autism and ADHD where everything gets turned around to being you and you don't mean to, but then everyone thinks, well why does everything have to be about you?

I've come to you to tell you about my problem, but you've turned it on me. And yet I'd go, I was only trying to empathize with you, I was trying to, you understand how I can understand how you feel it, but their paradigm is that I'm now talking about myself. And that was never the intention. I was never trying to turn every single conversation around to me. And that was more as I've become a manager that's become more and more apparent that I do that. And I try and as I'm doing it in my head, I'm going stop. And yet something else kicks over and it's really difficult to stop that and not to overtake a conversation, not to butt in when I'm not invited. Not to overtalk somebody, not to overexplain all the time. However, those things at certain times are a benefit as well. So what-

Emily Craven:

That's because you've been conditioned almost that when communication goes wrong, it is your fault because you are the neurodivergent one because that's the sort of lazy aspect that I think that's where it is also that you are conditioned to.

...lazy aspect that I think that's where it is also that you are conditioned to think it's your fault. So then when it is that, you automatically get paranoid that it's your fault.

PART 2 OF 4 ENDS [00:46:04]

Daniel Denness:

Yeah. Paranoia is horrendous.

Emily:

But it's the easy option for people to take, isn't it? If a neurotypical person and a neurodivergent person have a communication breakdown, it's always the neurodivergent's fault.

Daniel Denness:

Yes.

Emily Craven:

Maybe less so now because people are getting more aware. But we've all grown up leading to believe it's always our fault that it went wrong. Therefore, I think it makes you more paranoid that it is your fault that it went wrong.

Kirstie Pickles:

Well we're the minority, aren't we?

Daniel Denness:

Always.

Kirstie Pickles:

So the system is always set up by the majority, for the majority. It's like the school system. If you're a neurodivergent at school, I think it's really hard. But I do think that a lot of work's been done on this area recently, the so-called double empathy problem whereby... So traditionally, it was thought of that autistic people lacked empathy, no they're sociopaths, they're the people that lack empathy.

And so there's actually been a study looking at communication between different groups of people. Neurotypical to neurotypical, neurotypical to neurodivergent, and autistic to autistic. And actually, the best communication was between the autistic to autistic group because they just got straight to the point. It was just easy transfer of information. It was okay neurotypical to neurotypical, but things got missed because there was other stuff going on-

Daniel Denness:

Everything's fluffy.

Kirstie Pickles:

...as well as the basic transfer of information.

Daniel Denness:

I don't get the fluffy, I hate this fluff everything... My emails take me forever to write because I have to fluff them up.

Kirstie Pickles:

Yes, I-

Daniel Denness:

"Thank you for your email. Have a nice day. Thank you very much for explaining that to me."

Kirstie Pickles:

I have to write an email and then go back and think, "Now what do I have to add to this to be okay for the other person?"

Emily Craven:

But there's two sides to it though because I like it direct and I like it... And I want to speak direct and as you say, I have to go back and fluff up the email and go, "I must put a dear so-and-so." But then also I think because I always worry about fitting in and I always worry that I'm in the wrong and I've let myself down or let stuff down, I then take any criticism in return very personally as well. And someone can be quite blunt in their criticism.

So if they're really nice to me, I'm like, "Oh, I think they might want something because I don't deserve this." But then if they're a bit blunt with me and actually tell me my failings, I'm like, "Oh my god, I failed. The whole world's ending." And really life probably should be somewhere in the middle, but...

Daniel Denness:

We are at the opposite ends of everything. We don't do that little bit. It's either all or nothing.

Emily Craven:

With the extreme views that go with. And I want to be open and honest with other people, but sometimes that honesty isn't great when it comes back because I don't want to know that I got it wrong. Even though I've probably worked out for myself, I can tell you it was all wrong and all the rest, but when someone goes, "Oh no, no, no, you can't communicate..." It's like, "Oh my god, I failed at life and I can't do it."

Lacey Pitcher:

I just wondered, just to pick that up. I wonder when we talk about and reference masking, whether the reaction to communication, because we have spent quite a long time working in, living in, or trying to work to systems built neurotypically, whether because we are trying to work out what is wanted from us, whether that's in a communication style or a work style or a process, so often, that masking element and trying to conform in a neurotypical way or trying to fit the system, whether that encourages that feedback in a way that's not helpful?

So I have, for the last year, because I was taking things like emails really hard, I found emails really difficult which meant I just didn't answer any of them because that was easier, because I found it really, really overwhelming. So now if I have a new working relationship with somebody, and I know it's not something we can do with many of our clients or service users, but I start the conversation with, "How do you prefer your communication?"

Because I work with some people who rather me just pick up the phone because they can tell my tone, a five minute conversation won't be a thread of 30 emails that I'm not going to follow. Equally, I work with some people who actually just want some bullet points and then they work through them really quickly. And I find that those emails, because I've asked how they prefer their communication, comes back in a way that resonates with them more. So that if there is a real difference of communication styles, at least we both know from the beginning.

And it's actually helped with managers in other aspects where they know actually something's jarring, let's talk about it. Let's see what we can do to meet in the middle. In terms of the

communication piece, is that anything that you have found you've altered to have to mask less? Is that something you are trying or you've tried or could consider?

Emily Craven:

Yeah, well I mean personally I think you are always trying to subconsciously or consciously manipulate any situation to work for you, aren't you? Because whether you've worked out why you do it or not. I mean, I don't thrive on the unknown. I like those routine days. I hate my phone ringing and I hate my phone ringing even more when I don't recognize the number. And it's like, "Oh God, I don't know who it is. What do they want?"

Or then you've got, you look at your client ringing and you go, "Oh my god, the client's ringing." And he probably wants to ask if you'll bring a bottle of Betamox to the visit or something. And instead of which you're like, "Oh my god, that cow I did a cesarean on six months ago has gone wrong. Oh my god, what does he want?" And I'd almost find myself not answering the phone, waiting to listen to the voicemail and then ringing them straight back and being like, "I'm really sorry I missed your call. How are you?"

Lacey Pitcher:

Yeah.

Emily Craven:

So yes, I will do a lot of my conversation by email. I'm aware the fact that if you pick up the phone most of the time you'll achieve what you want to do quicker, easier, all the rest. But I'd rather do it by email. But then I think I'm all right picking up the phone myself because I can control it.

But actually it was funny then someone said to me the other day, "Do you mind if you don't call because I find it quite stressful and I'd rather everything was done by email." And it was almost like she was really embarrassed to say it to me. And I just went, "Yeah, I get that. That's fine. I work like that too. Email it is." Easy. So yeah, of course you do your communication to suit.

Obviously there's certain things you can't control. As a vet, you always have to answer your phone if the office is ringing, it doesn't matter how stressed you are, you know it might be an emergency call. You have to take it. And then you have to learn to process that in your own way of like, "Oh my God, now my whole day's changed. Don't have a meltdown."

People think that's weird at 33 when you're having an autistic meltdown in your car because you've got to go and calf a cow. Which actually, let's be honest, in an hour's time when you've calved said cow and the calf's alive, you're going to have the biggest adrenaline buzz and everyone's going to be, "See, what were you stressed about?" You know it's irrational, you know it's not... But I think it's the autism creeping out, isn't it? And it's not thriving on the unknown. But yes, I mean absolutely manipulated my communication to work for me to the limits of what you can control within veterinary practice.

Lacey Pitcher:

Do you think we need to normalize that more? That we accept that we-

Emily:

Yeah. And you know what? I think it's great the way you've said, "I ask the question outright." And I mean, why can't we ask the question outright? Because it's not actually asking, "Are you neurodivergent?" We're all getting better at saying what color we are in that kind of... We all know. And it's that great mantra, isn't it? The biggest failure in communication is thinking that it's taken place. But also it's Caroline Crow that says isn't it, "You shouldn't communicate how you want to communicate. You need to communicate how others want you to communicate."

But I think that's all becoming a lot more normal. And even someone goes, "Oh well I'm very red." And you go, "Okay, right, fine, I need to be a bit more direct with them." But it's not asking, are you different in that sense. Because we all know we're different. We all know we've got different personality styles, different communication styles. So it's actually just making sure that we are communicating effectively, efficiently and to each other.

But that's just a courtesy we need to extend. And that's not just because we are autistic or ADHD or dyslexic or anything else. That's just we're all different as human beings and actually working with people how they want to be worked with. But no, I think I'm going to take that home and actually when I start working with people, say, "What works for you?" Because yes, I know some of my direct emails are jarring. But at the same time, yeah, didn't always think that you can pick your audience as to who you write the flowery essay to. That would be useful. Thank you.

Lacey Pitcher:

I think it's been really helpful actually to listen to you as well. Because it gives me perspective because I am very yellow, very yellow.

Emily Craven:

Blue, green. More blue.

Lacey Pitcher:

But even just understanding, obviously there's different scores of thought for profiling, but even just understanding if that's how I'm perceived has allowed me to understand that actually my style might be really jarring for someone else. And just being able to sit with that and be like, "Oh, okay." Just to pick up on the question for you as well, Emily, I wonder what are some of the things that with your neurodivergent brain, you have been able to utilize as strengths to your benefit? And also some of the things potentially that you have found more challenging, other than email?

Emily Craven:

So I think for me, I do have quite a lot of clarity in my thought. And I'm one of these people that probably I'm not a natural leader in that normal sense of the word and wouldn't push myself forward. But then I can keep that clarity of thought the whole way through. So probably could spend my whole life in a state of panic, therefore my level of clarity of thought is steady state.

So it's amazing how I can find myself being that leader in a stressful situation. Which I think has been quite helpful as a vet because that's quite a scary thought to some that at 23, 24 you're chucked out of college with an MRCVS and said, "Oh by the way, you're in charge of that situation now that you're the vet." And to me that was quite intimidating but it's amazing how I found myself doing things.

And it's things like I'm doing an animal welfare ethics masters now. I mean I was always aware of what Temple Grandin was saying and doing and thinking she was amazing. But actually the more you read, the more you go, "Well this is normal, this is logical." And it's even just looking at a picture, you go on Facebook and look at pictures of people's horses and you can see the whites of its eyes and it's ears are forward, it's quite stressed. And you look at that and go... And everyone's like, "Oh, isn't that lovely picture of Lucky?" And I'm like, "Oh god, it's really stressed."

And I think I've always had that clarity that I can see that. But I hadn't really appreciated until I did all my reading and research that actually that's possibly the autistic brain coming through rather than the normal. Because that's the thing, we've all grown up neurodivergent, we only know our own brains. And it's only when you get enough self-awareness to know that it's different or that you've had the confidence to speak to someone openly enough to go, "Is this normal what's going on in my head?" And they're like, "Oh my god, no, that's not normal."

And then, as I say, we're all really different. Because Daniel's saying he doesn't sleep well, I'm the opposite. I spend my life so wired that when I hit my bed, my God, I'm gone. I hyper sleep. I mean I sleep track on my Garmin, I get a sleep score of excellent every night. But you know what? Even with that, even with this extreme level of sleep, I'm permanently tired. And everyone's like, "My God, how are you sleeping again?" And I'm like, "I'm shattered." And everyone's like, "Really?" Yeah.

And that's probably exactly the same point but manifesting itself in a completely opposite way. It's both because we're so wired. But Daniel's finding that stops him sleeping while I'm finding that makes me sleep. And I think so yes, my extreme, I have this extreme perfectionism and that means in some ways I'm brilliant at my job because I will put so much effort in. I will try, I care, I care so much about what I do. I will really push forward and get everything done. And I think clients value what I bring to that.

The opposite end of that is extreme perfectionism. You spend your whole life worrying about things. You've probably got that healthy level of paranoia that we've all talked about. And as you say, that over empathy of, because you're so conditioned, is it my fault that this went wrong? And what did they think? And did I successfully mask or do they think I'm a weirdo? Oh God, I perhaps ought to find an excuse to speak to them just to check they don't think I'm a complete weirdo. This sort of perfectionism, paranoia, it's exhausting.

And yes, I probably have had a degree of burnout. This level, it manifests itself as anxiety. And yes, when you get to that degree when everything's firing in one direction and you are, I wouldn't say thriving because it's not necessarily, you are but you aren't. It's going and it's grand and everyone thinks that you're brilliant, and then you get to the bit where you're slightly burning out and you're slightly struggling.

And then it comes down to exactly what you just said, Lacey. And almost extreme procrastination. And you go, "Oh God, I can't do this justice. And oh God, I'm really not feeling it." And then you realize that you haven't responded to that email and somebody's chased it and chased it. And then you start to think, "I'm too embarrassed even to reply to it. So I'll just completely become an ostrich and bury my head in the sand and please can it go away?" And then you just spend your whole life with a slightly paranoid guilty conscience.

Daniel Denness:

Do you think that's a degree of imposter syndrome or imposterism, because don't like always like using the word syndrome, where you don't feel-

Emily Craven:

Imposter syndrome. Yes, but I think I'm not a big fan of imposter syndrome because I feel it and I feel it all the time. But it's almost like this cool thing to have now, isn't it? That we've normalized it. And yes, I definitely feel like an imposter all the time. And how on earth have I got a vet degree and I'm standing here. But then I can also shock myself and go, "But I am standing here diagnosing this cow." Who is this person talking that says it's... But yes, I think it's definitely a degree of the imposter syndrome, but I think that's-

Daniel Denness:

That's what I mean. Do you think that's the divergent aspect of it? I know that they use that term, but I don't think of it as being separate from my neurodiversity. I think it's a part of my neurodivergency.

Emily Craven:

Yeah, for me that's probably the permanently masking autistic who's desperately trying to fit in with a degree of perfectionist. So not only do I need to fit in, but I actually need to do a really good job of

fitting in. And I'm not quite getting there, am I? So yeah, I don't deserve this place at the table. And even sitting here going, "Oh god, am I autistic enough to be sitting here right now?"

Lacey Pitcher:

It's that fine line, isn't it, between what people deem successful but use the word thriving. And you're like, "I'm succeeding. But in doing this succeeding, I'm actually using all of my energy so I'm not thriving." Because I deem thriving to be living comfortably and doing well and being okay. For me, thriving is just being settled, being content. Whereas success and thriving are really different for me in the way I perceive them and feel them.

Emily Craven:

And I think I'm this terrible person that's always been very goal-driven and being that very guilty of that, "I'll be happy when..." But to that extent, I never really knew... And it's probably this really busy, hyper-focused brain that possibly the ideal would be just to be sat on the sofa at the weekend, curled up with a husband and a dog all the rest in that sort of... But I don't know how to do that. And so I just do, "Oh well I'll just do another master's degree." Or, "Oh, I'll just do another..."

Kirstie Pickles:

I remember being very envious of my sister who was happy to be a housewife. And I just thought, God, to be content to do that, that's amazing." Because everything you've said just really resonated, Emily. And I just never felt that I knew enough to be a decent equine vet. So I go back and do my residency, I do a master's, I do a PhD, I do my diploma. And even at the end of that, when I'm a diplomat, when I'm a senior lecturer, I still didn't feel I knew enough. Because there would still be cases that would throw me and I would still feel like I was not good enough. It was just incredible. It just was endless. And I've seriously thought about leaving the profession several times, numerous times. Because I just thought I am not good enough to do this, I can't do this.

Daniel Denness:

And I don't feel good enough to do anything else.

Emily Craven:

Yeah.

Kirstie Pickles:

Well yes.

Emily Craven:

I absolutely agree with you on that. And I still don't feel good enough. And everything I do, I wonder, "What am I doing here?" But yeah, and it is an awful thing to say because I don't want to say it, I don't know how to be normal. And I did this, I do a lot of athletics judging. And for me that's because, and it's with my busy brain I don't need time to stop and think. Anyway, that's bad news that that's going to be liable for a meltdown. But I liked that because that meant that my free time was structured and I would get up on Saturday morning, I'd go to the track and I would go and lead a throw competition or something. And it's process, you know, go and you greet the athletes and you're like, "I'm leading this event today, so this is what we're going to do and this is how you judge a competition." It was perfect. My idea of perfect downtime.

Kirstie Pickles:

Yeah, unstructured downtime is very, very difficult. I don't know what to do.

Emily Craven:

Become an athletics official. I promise you, Kirstie, your weekends are sorted for a whole year in advance.

Speaker 3:

Emily Craven:

You're handed a timetable. You just follow the instructions.

Lacey Pitcher:

But is we all meditated more. If we all sat quietly and meditated more, that would really help our neurodivergent brain.

Emily:

Daniel Denness:

I don't have downtime. I've got so many hobbies and when I get bored of a hobby, I'll start a new hobby. Because otherwise, that downtime to me, if I'm just sitting at home, I'm like, "I need to do something." I can't sit still. I need to get out and do something. I've got probably about 15 hobbies.

Emily Craven:

Yeah, my parents always used to take the out of me moving through phases. But I think that probably is the... And they still refer back to them, "Oh is that that phase?" And I'm a bit like, "Oh be nice now. You know it's part of my autism. You have to be nice about it now." And they're like, "No, no, you went through phases. It was annoying." And then if I get enthusiastic about something now they're like, "It'll pass."

Lacey Pitcher:

I just love how there's so many similarities between the four of us, but also polar opposites. Which goes back to the very point we made at the beginning of it is diversity in the same vein as some people have brown hair, there is light brown hair, mousey brown hair, dark brown hair, chestnut hair. And we've all got similarities, but we actually find that the ways in which we work can be incredibly different. And some of the things that some of us find our strengths are actually something that others are finding more energy intensive.

I wonder, taking a look from a different perspective for a moment. We've talked about how we feel in the profession, I wondered if I could throw the question out as to how we support Neurodivergent clients, service support neurodivergent clients, service users. As a starting point, do you think we consider neurodivergent clients service users? Kirstie for you, I know you're doing quite a lot of work with students to try and make the support better because they are the people you are often supporting when you are working non clinically in academia.

Do you think we firstly acknowledge that we are neurodivergent professionals in the veterinary sector, but what about the people coming to us for help? Do you think potentially that when we are encouraging widening participation in the profession, we stand a chance of making care more accessible? Who wants to pick that one up first? It's a bit of a broad question.

Kirstie Pickles:

I'll start with that if you want because we do lots of work now regarding accessibility of materials for students. So sort of taking sideways some of that stuff, because now you need to think about different... Well, universal design of learning is a proactive approach to student accessibility rather than reactive. So rather than waiting for a student to have a problem, you've set it up in a way that is accessible to everybody.

So multiple ways of accessing material, participating, that kind of thing. Not being in practice much at the moment. I only have a one day a fortnight in clinics at the minute. But I think there's certainly masses more that could be done for clients in giving them information in a way that is useful to them. Thinking about improving... Oh, the words gone from my head. When clients do what you want them to do.

Daniel Denness:

That's compliance.

Kirstie:

Compliance.

Lacey Pitcher:

Compliance needs to go in the bin, never to be seen again.

Kirstie Pickles:

Yes.

Lacey Pitcher:

Were they compliant or was it attainable?

Kirstie Pickles:

Yes, exactly. So I think vast strides could be made in that. If we just asked a simple question, "How would you like this information given to you? Do you want written instructions, verbal instructions? Do you need a phone call?" Whatever, I think yes, I think there's huge amounts that could be done.

Lacey Pitcher:

Thank you. Daniel?

Daniel Denness:

It's actually something that in my previous role I started trying to make an initiative. So we had a client phone up and we had like most practices now, a healthy pet club and she didn't see the benefit of the healthy pet club, so she wanted to cancel it. She canceled it without asking us first and then we whacked her with this bill because she'd only paid four months, but she'd had all her vaccinations, the free worming products. So we whacked her with this bill and she went absolutely off her rocker going, "Why am I having to pay this?" And the response of the clinic at the time was, "Well it's all in your terms and conditions." And the lady, there was a bit of two in and froing from the practice and she mentioned in one of the emails that I picked up on that she was dyslexic.

So I gave her a call and I was talking to her and she said, "Look, I am quite severely dyslexic and some of the communication that I've been getting from the practice has been quite difficult to understand." So I actually let my barriers down and actually said, "Look, so am I, and I understand the struggles that you go through, so let's try and break this down. So how would it be easiest for

you to have understood this information? What could I have done better? What could we have done better to for you to have understood that?"

And by talking to her, I went back to our head office and I said, "Every time a client comes in, can we not send them however they want to receive it? Whether it be in a text or a written invoice, a breakdown of what they've come in, what they've received in their discount, what they've paid, and then the tally of what services they've used so that they constantly are getting that information." Then we don't have to worry about if people were dyslexic or ADHD, we don't need to worry about the age of the client because we're given everybody that the information that they need at the time. And it's not about equality, it's about equitability. It's given what they need at that moment, not what we feel they need. And unfortunately it got ignored. They weren't really interested in going forward with the project with me and this other member of staff were trying to promote.

From that is, I'm sure you're probably all aware of the One Healthcare and being able... I'm such a strong promoter of the One Healthcare and you talk to so many people in the profession, they have no idea what it even is. And at one point I was looking at being a district veterinary nurse and setting that up as a business in my area to try and link that gap between the client and the veterinary profession so that there isn't this them and us that you can go in and you can speak to them, you can help them where the help is needed rather than there being this big...

To us, it's not a barrier but to clients, it is a barrier. Coming through our front door, giving us a phone call, giving us an email, they see us, they almost put us up on a pedestal and sometimes they feel too silly to speak to us about things, whereas if you are going into their home, you can see the environment that they're at, you can see how they're coping, you can see how they're not coping, what support they need and we can help them rather than it all being down to the client. We can take some responsibility for that help... Sorry.

Lacey Pitcher:

No, no, don't apologize. It's a really important perspective and it's, I think, very, very easy, particularly in small animal, but do correct me if I'm wrong, but it's very easy for us to forget that there's a huge number of pet owners and pet advocates and carers in the UK who never access veterinary care, ever. And so if it isn't made more accessible, more equitable to even just come and have that first conversation and it feels really daunting, then there are a huge number of animals who we are not reaching whose welfare could be impacted adversely just because it didn't feel accessible.

Even though we could stand in a clinic and say it's perfectly accessible, we can do walk-ins, there are receptionists that are really skilled to have a quick conversation. There are nurses, there are vets, there are these entire teams, but if it doesn't feel accessible whether that's perceived or literal, then there's going to be loads of animals whose welfare are implicated.

And Emily, you picked up on some of the piece about Temple Grandin and that some of the work that Temple actually improved welfare vastly. And now we look and go, "Well obviously this is really simple, these are really simple interventions." And I just wonder if sometimes we don't recognize that from a place of privilege. Most of us have had animals and have taken them to veterinary care, but we are in a clinic all the time. We are used to those clinical settings that look clinical, smell clinical, have bright lights, have lots of noise. And actually that might be really daunting even just to pick up the phone. Emily, how does it transpire in large animal and mixed practice would you say?

Emily Craven:

Yeah, I think the large animal, it's a little bit different because we are mostly ambulatory so we are going out to our farmers and obviously the animal to human ratio is much skewed the other way and I think the other thing that that's really worked for me is you've got continuity. Like yes, of course you're going to meet clients for the first time all the time, of course you are. But on a standard day in

farm practice, you know could see anything from one to maybe six clients, you'd probably call six visits a really quite busy day.

That's completely different to small animal practice. And so you do get on the whole to know your clients a lot better and the sort of communication is different because of that. I think on the other aspect, I think we probably have more neurodivergence in what we see rather than less hard to know because most of them are undiagnosed, but a lot of farmers written skills, and I'm not being judgemental here, aren't always that great.

Unfortunately we're still dealing with the generation because farmers are an ageing population, a lot of our farmers are probably 60 plus still. We are probably still dealing with a generation that think they're stupid rather than actually understand they're dyslexic because they've grown up very much in a society that you can't read and write particularly well, go out and play football, you're only going to be a farmer, don't worry about it.

Massive generalization, but I think there is still a huge, huge subset of the farmers that we're dealing with that are of that mindset, which is tragic, absolutely tragic. The society has failed them so badly, but they have thrived as farmers and it shows what, and they'll still tell you proudly that, "I'm really stupid and I haven't got any A levels and I haven't got an education because I'm too stupid to go to school." And you go, "Yeah and do you realize what it takes to be a farmer now?" And actually this is a very, very... You know can deal with all these sprays and you can do your medicine's book and you can do your... Actually, keep telling me you're stupid and then look at what you're doing and you are not stupid.

Lacey Pitcher:

No.

Emily Craven:

And I think I became aware quite early on and a couple of times you're slightly pushing for piece of paper and it's not coming. It's not coming. And you say, "Would it help if we did it together?" And suddenly that barrier is just like, "Yeah, yeah, come in for a cup of tea and we can do it." And you suddenly realize that actually not very comfortable writing it down. You'll get all the information in the world if you've got the pen and paper and you let them.

So I think I got much better at communicating because of that. And I think I'm talking in gross stereotypes here, there's there's all sorts of farming. But I do think we do meet these personalities and I hope, but probably some of that is that I'm neurodivergent so I'm a lot more empathetic in recognizing in other people and going, hmm. Is he really just refusing to engage in this or is it that he sort of can't but doesn't want to tell me that? So let's try a different tactic. And when you realize you get a great response, you realize it's that extreme procrastination, because it's hard or because I sort of can't, but I don't want to actually put my hand up and say to some 25 year old girl, "By the way, I actually find reading really hard. Nobody's ever told me I'm dyslexic, but I probably am."

Lacey Pitcher:

That assistance to those farmers to build that rapport, to have that open communication probably has welfare implications far beyond-

Emily Craven:

Undoubtedly. And we're so privileged we can have that. It's much harder for that small animal situation for Daniel, that won't apply-

Daniel Denness:

Missing that so much.

Emily Craven:

... That you suspect there's a lot of underlying issues but you've got no chance that you're never going to see them again, let alone find that way of just subtly getting in. Whereas with a farm, if you're seeing them every week for a routine, you can build great rapport and actually in three, four weeks that you probably can build up to asking that slightly more personal question that you feel is a black or white question to ask but that social etiquette says you probably need to wait a week or two to say it.

Lacey Pitcher:

There's so much to be learned there, isn't there? So much so that we can learn from large animal and those conversations that are actually on the face of it. Very, very simple. The premise of them is really simple. But it goes back to a lot of the communication challenges that we've found as individuals where actually the biggest barrier is that people are too worried to have the conversation to start with.

I wonder how many of our diabetics in small animal, Daniel, actually haven't been very well controlled. And actually when we drill down into it, if we'd have just given a person, for example, a chart or instead of coming in and having a consult in a clinical practice, whether we'd given them a video on YouTube to go away and watch and then come in and ask questions, just different-

Daniel Denness:

We go to their home and yeah, we've always been so... I think small animal practices were so anti-house visits because it takes time away from the practice and the amount of time associated with it. And Covid didn't help with that, that we are now to the point where we do very few house visits as small animal practices and probably even less now post-Covid as well. We are happier to do things on the telephone than video, which is brilliant because there is a different way. We have some clients that didn't want to come into the clinics, clients that we'd never seen before but often are telemedicine consult and they wouldn't leave us alone. And it was amazing, we definitely are changing but it's just in my eyes it's too slow.

Lacey Pitcher:

I think we're at a really interesting pivot point for communication in so many different ways. Thank you all so much. My brain is buzzing in all the right ways. Just to wrap up, I wonder from each of you, when we talk about neurodiversity and neurodivergent brains, if you could impart one piece of advice or one thing that you wish people understood a little bit better for you personally, what would it be? What would you say to someone or what do you wish people maybe understood more about neurodivergent brains? Kirstie, if we could come to you first?

Kirstie Pickles:

Well, my first kind of response to that would be neurodiversity awareness, but I think that's a bit of a cop out, that's too big a thing. So if I come smaller focus to that, I would say to understand the way that neurodivergent people can communicate. That's one thing I wish was better understood.

Lacey Pitcher:

Thank you. Daniel?

Daniel Denness:

It's funny because coming in and out of all different things and talking to people and then being asked a direct question like that, which normally I can just go... It's a really difficult question to directly answer. But I think Kirstie is definitely sort of on that route where I think the communication

by nature, we are a species that wants to communicate non-verbal and verbal. And sometimes there is that miscommunication because we don't understand.

And I think it is not being a cop out, but having that understanding that sometimes the communication is going to be different from people, but regardless of whether we're neurodivergent or not, that everybody's communication will be slightly different. And one thing that someone said to me is their daughter was diagnosed as being a little bit autistic and my response was, "You can't be a little bit pregnant. You either are or you are not." So it's actually knowing what they're talking about would probably be so if someone is autistic, they understand what that is rather than going, "Oh, so you're just a little bit autistic," or, "You're just a little bit ADHD," is what just winds me up. Yeah.

Lacey Pitcher:

Thank you. Emily.

Emily Craven:

Yes. It's like people when you move something they're like, "Oh, you're being a little bit OCD." It's like, "No, I'm not OCD, I'm just being tidy." Yeah, I think it's a similar idea to what the other two have said, but I think it's a case of recognize, but change that focus from, it's not wrong, it's different. And then you'll probably judge what I want and what everyone else wants because everybody is on a spectrum to some degree, it's a spectrum for a reason. It's just that we are more extreme on one end.

Everyone wants communication differently but recognize that it's different and not wrong. And I think that would take out this sort of blame culture with it, because I think everyone is very on the defensive a lot of the time with the neurodivergent. And so if we get communication wrong, "Oh, sorry." I've done it myself, there you are. If communication breaks down, it often feels like it's because we've got it wrong, we're being defensive. But then if you also say to someone, "Look, this is really isn't working for me," they will then get very defensive because then they feel like you are telling them that they've got it wrong and it's not that at all.

They say something that they think is just perfectly normal and I go, "Oh my God, that's completely wound me up and I'm so anxious now." And they're like, "Whoa, whoa, whoa, whoa, whoa. Where did that come from? This wasn't meant to freak you out." And I'm like, "Well it kind of has." But it's okay. It's not wrong, it's just can you stop? Think? And I think if we just had that different but not wrong, then I think everyone would stop and be able to have much more open conversations and you would make a lot more progress rather than the same things being repeated because everyone goes, "Oh, well you obviously said I got it wrong." Gets defensive and then blocks against.

And then I think probably I would just say to everyone like, "You know what, even if you do feel a bit different and you're diagnosed, whatever, just remember everyone's got a place in the world." And at school or whatever, growing up, I didn't fit in. I was happy enough but I didn't fit in. And then when you come into the world of work and you'll find friends, you'll find actually we are all different. Yes, there's probably things that annoy the hell out of people that I do, but I hope I bring quite a lot of positive stuff. And I think that's the point. We do all have a place in the world. We do all fit into that big jigsaw of life and just because you're different, you'll thrive.

Lacey Pitcher:

Thank you. Thank you all so much. It has been incredible to speak to you all. I think for me, I would encourage people to have curiosity, but curiosity with compassion. It's understanding that yet we are all different, but that is whether you are neurotypical or neurodivergent and to be able to be curious enough to have open conversation while being respectful to each other, but also acknowledging that we are not all always going to get it right.

And while I might learn to communicate with one person really well, I might struggle a little bit more with someone else just because our styles are different. And to have enough compassion to appreciate and look after ourselves to know that we are not always going to get it right. And that reasonable adjustments are not adjusting the person, they're adjusting the system that a person is working in or to and that it's a conversation that needs to be had and should be, to my mind, more accessible just in the style we have it and the work we do moving forward from it.

So for me, this conversation's been incredibly helpful because I've been able to gain perspective in how I can communicate with people and there'll certainly be things that I'll be taken away that each of you have said that have really resonated. And the more we have these conversations, the more we learn about each other's perspectives and we grow. So thank you. Thank you so much for your time and your candor. It's been incredibly valuable and hopefully it will be valuable to anyone listening as well.

Kirstie Pickles:

Thank you.

Emily Craven:

Thank you.

Daniel Denness:

Thanks very much.

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