HIDDEN IN PLAIN SIGHT

Attendee Handout Packet

AASC 2026 National Service Coordinator Conference • Session S02

Five worksheets, in order of use during the session:

A — Diagnostic Timeline Worksheet

B — Reframe It

C — Case Vignettes & Strategy Match

D — Quick Reference & Advocacy Phrase Bank

E — Neurodiversity Categories at a Glance

HANDOUT A

Diagnostic Timeline Worksheet

Instructions: In pairs or trios, think of 2–3 residents you work with (no names or identifying details). Estimate their birth year, then use the timeline below to see which diagnostic milestones came too late to help them.

Born	1980	1987	1989	1994	2001	2006	2013	Today
—	Autism first added to the DSM	ADHD label coined (DSM-III-R)	ADOS diagnostic test created	Asperger's added; spectrum defined (DSM-IV)	ADOS becomes widely available	AAP recommends routine screening, ages 18–24 mo.	DSM-5 broadens criteria; ASD+ADHD can co-occur	Many adults still undiagnosed

Resident 1 (no names — initials or a description only)

Approx. birth year: _____

Milestones above that came AFTER this resident had already grown up (circle on the timeline, or list below):

_____

_____

What would this resident have needed, as a child, to have a realistic shot at identification?

_____

Resident 2 (no names — initials or a description only)

Approx. birth year: _____

Milestones above that came AFTER this resident had already grown up (circle on the timeline, or list below):

_____

_____

What would this resident have needed, as a child, to have a realistic shot at identification?

_____

Resident 3 (no names — initials or a description only)

Approx. birth year: _____

Milestones above that came AFTER this resident had already grown up (circle on the timeline, or list below):

_____

_____

What would this resident have needed, as a child, to have a realistic shot at identification?

_____

HANDOUT B

Reframe It

Instructions: For each behavior, write (1) a possible explanation that isn't a character flaw or a deficit, and (2) a sentence you'd actually be comfortable writing in a case note instead.

What the SC Sees	Possible Non-Deficit Explanation	Case-Note Reframe
Talks over staff during meetings or conversations		
Avoids eye contact, or stares intensely		
Calls the office repeatedly about the same issue		
Shows up without an appointment		
Becomes visibly anxious when a schedule changes		
Your own example from this week:		

HANDOUT C

Case Vignettes & Strategy Match

Instructions: Your table will get one vignette. Read it together, circle the framework that fits best, and write one concrete action you could take by Monday morning. Be ready to report back in about 30 seconds.

Framework	One-Line Reminder
UDL	Offer info in multiple formats (written + verbal + visual). Let the resident engage the way that works for them.
Gemba	"The real place." Go see the resident's actual environment before deciding what support they need.
Harada	Start with the resident's own goal. Build the plan backward from what success looks like to them.

VIGNETTE 1

A resident consistently misses scheduled appointments with you, even after phone reminders the day before. Staff have started calling him unreliable.

Best-fit framework: UDL / Gemba / Harada (circle one)

One concrete action for Monday morning:

_____

VIGNETTE 2

A resident stopped attending the monthly community room socials that she used to enjoy. The room is bright, loud, and crowded during those events.

Best-fit framework: UDL / Gemba / Harada (circle one)

One concrete action for Monday morning:

_____

VIGNETTE 3

A resident has not returned the annual recertification packet for two months, despite reminder letters. He has always paid rent on time and kept his unit tidy.

Best-fit framework: UDL / Gemba / Harada (circle one)

One concrete action for Monday morning:

_____

VIGNETTE 4

A resident who has lived independently and easily for twenty years has become rigid about her routine and unusually anxious since being diagnosed with hearing loss six months ago.

Best-fit framework: UDL / Gemba / Harada (circle one)

One concrete action for Monday morning:

_____

HANDOUT D

Quick Reference & Advocacy Phrase Bank

Take this one home. It's meant to sit by your desk, not in a folder.

What You're Seeing → What Might Be Happening

What You're Seeing	What Might Be Happening
Refuses services repeatedly	Sensory overwhelm, trust deficit, or communication mismatch — not ingratitude
Misses appointments chronically	Executive function failure (can't initiate) — not carelessness
Social withdrawal / isolation	Sensory fatigue or anxiety — not necessarily depression
Rigid routines; resists change	Coping mechanism, need for predictability — not obstinance
Emotional outbursts	Sensory overload / accumulated stress — not a "behavior problem"
Struggles with paperwork / forms	Processing differences — not non-compliance or low intelligence

Three Things to Try This Week

- Offer key information in writing AND verbally — always.
- Ask "What does success look like for you?" before proposing a service plan.
- When a resident seems resistant, ask yourself what in the environment might not be working for them.

Where Does the Barrier Live?

Before jumping to a solution, ask which of these four is actually going on.

Where Does the Barrier Live?	Housing Example
Environmental	Stairs-only entrance; no alternative to the bright, loud community room
Attitudinal	Staff assumes a resident is "being difficult" rather than struggling with the process
Institutional	Paperwork-only intake; rigid appointment windows
Cultural	Unspoken norms about how a "cooperative" resident is supposed to act

Advocacy Phrase Bank

Ready-to-use scripts for requesting accommodations from housing authorities, agencies, or your own supervisor.

- **Requesting written follow-up:** *"Can we get this in writing or by email, so [resident] can review it at their own pace?"*
- **Requesting an alternate format:** *"Would it be possible to complete this by phone or in person instead of the online portal?"*
- **Requesting more time:** *"This resident does best with more lead time — can we get a short extension on the deadline?"*
- **Requesting a single point of contact:** *"Is there one caseworker we can route all follow-ups to, instead of a general line?"*
- **Framing the ask to a supervisor or agency:** *"This isn't a special favor — it's what it takes for this person to access what they're already entitled to."*
- **For your own case notes:** *Replace "resident was non-compliant" with "resident's needs were not accommodated by the current process."*

HANDOUT E

Neurodiversity Categories at a Glance

Autism gets most of the session's attention, but it's one category among many. A quick reference for the rest.

Category	How It May Show Up	What Can Help
ADHD (inattentive)	Chronic lateness; disorganized unit; lost mail. Often worse in late afternoon/evening.	Multiple reminders; help sort mail; schedule sensitive talks earlier in the day.
Dyslexia	Avoids or delays written notices.	Pair written material with a verbal walkthrough, always.
Dyscalculia	Trouble with rent math, subsidy tiers.	Walk through calculations together.
Dyspraxia	Trouble with forms, signatures, key fobs.	Offer alternate building access; never penalize handwriting.
Sensory Processing Disorder	Avoids laundry room/community room at peak times.	Know the building's quieter hours and spaces.
Auditory Processing Disorder	Struggles on phone calls with noise or fast speech.	Slow down; follow up calls in writing.
OCD	Checking rituals (stove, locks) cause lateness.	Build in buffer time; don't rush them.
Tourette Syndrome	Tics misread as disrespect or agitation.	Staff education; stress ≠ danger.
Irlen Syndrome	Glare/distortion on standard printed forms.	Colored overlays, larger font, read aloud.
Non-verbal Learning Disability	Strong talker, but gets lost navigating buildings.	Written/visual directions, not verbal-only.
Dysgraphia	Illegible handwriting.	Accept typed or verbal responses.
Giftedness / Twice-Exceptional	Spots problems early, gets called negative; downplays own competence.	Take early warnings seriously; don't take self-deprecation at face value.