Towards Accessible Remote Work: Understanding Work-from-Home Practices of Neurodivergent Professionals

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Working from home has become a mainstream work practice in many organizations during the COVID-19 pandemic. While remote work has received much scholarly and public attention over the years, we still know little about how people with disabilities engage in remote work from their homes and what access means in this context. To understand and rethink accessibility in remote work, the present paper studies work-from-home practices of neurodivergent professionals who have Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, learning disabilities (e.g., dyslexia) and psychosocial disabilities (e.g., anxiety, depression). We report on interviews with 36 US-based neurodivergent professionals who have been working from home during the pandemic. Our findings reveal that while working from home, neurodivergent professionals create accessible physical and digital workspaces, negotiate accessible communication practices, and reconcile tensions between productivity and wellbeing. Our analysis reconsiders what access means in remote work for neurodivergent professionals and offers practical insights for inclusive work practices and accessibility improvements in remote collaboration tools.

CCS Concepts: • **Human-centered computing → Empirical studies in accessibility**; **Empirical studies in collaborative and social computing**.

Additional Key Words and Phrases: Neurodivergence, autism, ADHD, dyslexia, psychosocial disability, accessibility, work from home, remote work, COVID-19, pandemic

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1 INTRODUCTION

Ensuring the diversity and inclusion of all people within the workforce is a matter of equity and a key issue of our time [5, 63, 95]. Working towards this goal, a growing body of research within CSCW and HCI examines the work practices and experiences of people with disabilities in co-located and remote settings. This prior work considers how teams of people with varying abilities (i.e., ability-diverse teams) communicate and collaborate in work [16, 26, 92], home [15, 84], and educational contexts [58, 59, 99] as well as how social, organizational, and institutional dynamics

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shape access [25, 26, 46, 79, 92]. We know considerably less, however, about how people with disabilities work from home and what constitutes accessibility in remote work.

Towards this end, the present paper analyzes how neurodivergent[1] professionals who have neurocognitive differences such as Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), learning disabilities (e.g., dyslexia), and psychosocial disabilities (e.g., anxiety, depression) engage in remote work from their homes as well as what access means in this context and how they achieve it. Neurodivergent individuals often have particular communication needs and preferences, heightened sensory sensitivity, and challenges with executive functioning (i.e., meta-cognitive processes that govern goal-oriented behavior such as inhibitory control, attention management, cognitive flexibility, and task planning) [2, 23, 36]. These aspects of neurodivergent experience fundamentally impact the way neurodivergent individuals communicate and interact with others and perform professional work. Prior research has shown that neurodivergent adults often face substantial challenges in obtaining and maintaining employment, specifically in predominantly neurotypical workplaces [3, 5, 47]. This is also supported by the striking statistic that shows the unemployment rate among autistic adults prevailing at over 80% [74].

Our study of how neurodivergent professionals engage in online work is inherently shaped by the COVID-19 pandemic, which brought about a rapid shift in work practices all over the world. A significant portion of workers who worked from office settings pre-pandemic, switched to working from home [19]. This shift fueled by the pandemic has proved the feasibility of working from home, which has been advocated by disability activists and scholars for a long time [53, 62, 76]. While it may appear that the increased acceptance of working from home offers positive prospects for people with disabilities, the pandemic has also created many unique challenges. Hasty decisions made by many organizations in the wake of the pandemic have overlooked accessibility needs [41] and disproportionately impacted day-to-day life activities, access to public information, wellbeing, and remote education for people with disabilities [34, 97]. Working from home during the pandemic has also crucially changed the spatial and temporal dimensions of work, and neurodivergent professionals in particular are likely to be affected by this shift. Moreover, previous research has shown that neurodivergent people must navigate various sensory and cognitive stressors while interacting with remote communication technologies such as video calling [2, 20, 63, 98]. As these remote communication tools are increasingly being used during the pandemic, understanding how neurodivergent professionals make use of these tools in their work is an important and timely area of research. Furthermore, we can look to neurodivergent professionals as leading the way in best practices for creating accessible and inclusive professional workspaces.

The present paper reports findings from semi-structured interviews with 36 US-based neurodivergent professionals who have been working from home during the pandemic. Our analysis reveals that, while working from home has important advantages, neurodivergent professionals perform additional cognitive and emotional labor beyond their day-to-day work practices to make working from home accessible during the pandemic. We detail the opportunities and challenges of working from home, focusing on how neurodivergent professionals create accessible physical and digital workspaces, negotiate accessible communication practices, and reconcile tensions between productivity and wellbeing. Through our analysis, we make three primary contributions to CSCW. First, our analysis provides an empirical understanding of how neurodivergent professionals are creating and maintaining access while working from home during a time of crisis. Our findings extend and complement prior work that focuses on assessing impacts of working from home on

[1]We use the term neurodivergent instead of neurodiverse, since neurodiverse describes "a group of people with varied neurocognitive functioning" [95] and encompasses both people who have *typical* (i.e., neurotypical) and *atypical* (i.e., neurodivergent) neurocognitive functioning. The present paper only focuses on the work practices of the latter group.

productivity [13, 22], wellbeing [1, 13, 39] and work-life balance [35, 39, 40, 68] and foreground the invisible labor [16, 26] that goes into creating accessibility in this context and working through conflicting access needs. Second, we revisit the notion of access in remote work and highlight the differential effects of working from home during the pandemic on neurodivergent professionals' work practices and routines that are not often considered within the scope of accessibility. While many challenges neurodivergent professionals face in working from home may also be experienced by neurotypical people, our analysis argues that these experiences are not simply a minor discomfort or inconvenience but instead represent critical access needs for neurodivergent professionals. Third, we conclude with a discussion of practical guidelines for inclusive organizational practices and how remote collaboration tools could better support accessibility for neurodivergent professionals.

2 RELATED WORK

Our work is informed by research on working from home, particularly how it impacts people with disabilities, as well as literature on neurodivergence in CSCW.

2.1 Working from Home Before and During the COVID-19 Pandemic

Remote work (alternatively termed as 'telework') encompasses different ways of working outside a traditional office, such as working from home [86] or working from anywhere [22] using telecommunication technologies. The concept of remote work is not new; with increased access to personal computers and collaboration platforms, remote work has been prevalent over the past few decades, particularly among information workers whose job responsibilities do not require physical presence in the office. This growing interest towards remote work is matched by an extensive body of literature on the challenges and benefits of remote work over the years (e.g., [1, 8, 13, 30, 39, 87]). Prior studies highlighted the improvement in productivity that comes with the flexibility of remote work practices [13, 22]. Working from home also allows flexible transitions between family and work roles, and thus enhances bonding with family members [68]. Nevertheless, such flexibility in work comes with the compromise that workers may end up working longer hours to prove their "work devotion" [35, 40, 68], blurring their work-life boundary [87]. In addition, working from home reduces opportunities for social interaction and increases feelings of loneliness [1, 13, 39].

During the COVID-19 pandemic response, work from home experiences are likely to differ from previous experiences, since a significant portion of the workforce has been mandated to work from home within a short span of time for safety purposes [19], whereas working from home pre-pandemic was often a choice for workers who wanted or needed it. The stay-at-home orders, school and childcare closures, and risk of virus exposure has led to entire households being locked down in the home for a substantial part of the day. As such, many workers have had to share home workspace and additional household duties with family members and/or roommates. Furthermore, people are increasingly using remote collaboration tools and audio/video conferencing platforms such as Zoom, Microsoft Teams, Google Meet, and Slack for coordinating work with colleagues and maintaining social connections. The rapid increase in the usage of remote tools has also given rise to new interaction norms, challenges, and opportunities [21, 29, 60, 89]. For example, people feel exhausted and fatigued during long hours of video calls, which has been termed 'Zoom fatigue' [73]. We contribute to this emerging body of literature by understanding the experiences of neurodivergent professionals — a large group who is underrepresented in many professions [5, 74] — in working from home during the COVID-19 pandemic.

2.2 Working from Home for People with Disabilities

Working from home was proposed as a potential form of "reasonable accommodation" for people with disabilities under the Americans with Disabilities Act in 1999[2]. The flexibility of working from a comfortable location and at convenient times, avoiding the commute to and from workplaces, can offer salient advantages for many people with disabilities [53, 56, 62]. Despite these benefits, many employers have been reluctant to offer remote work opportunities to people with disabilities because of the perceived difficulty of ensuring employee accountability and determining performance and skill level when working remotely [4]. The rapid shift in work practices due to COVID-19, however, has strengthened the feasibility of working from home. As such, there has been an ongoing discussion around how shifting work practices might create better employment opportunities for disabled people [76, 88]. Despite these positive prospects, chances remain that people with disabilities will still experience marginalization in workplaces due to accessibility issues in existing remote collaboration tools and ableist organizational norms [26, 88]. Furthermore, employers and organizations are making hasty decisions to maintain productivity during the ongoing pandemic, often overlooking accessibility challenges and disability rights laws [41]. This situation may add to the emotional and mental stress for people with disabilities, on top of other issues such as increased health risks, oppressive policies (e.g., rationing healthcare equipment), barriers to public information, and disruption in regular life (e.g., care services, grocery shopping) [34, 41, 97]. In this work, we specifically focus on understanding the challenges and benefits neurodivergent professionals experience and how they create access while working from home.

2.3 Neurodivergence in CSCW

Neurodivergence as a label has a fraught history within both HCI and disability studies literature. Neurodivergent individuals are those who have neurocognitive differences such as Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), learning disabilities (e.g., dyslexia), and psychosocial disabilities (e.g., anxiety, depression). These specific labels given to neurodivergent individuals are inherently medical, as these were all diagnoses created by the medical community to help categorize groups of symptoms [7, 61, 66]. This means that much of the research in spaces about neurodivergent people and communities has an inherently medical lens. Recently, however, there has been a rhetorical turn that understands neurodivergence as disability and rejects a medicalized, deficit view [70, 82]. Relatedly, although there is much debate over whether psychosocial disabilities (or mental ill-health) tie into neurodivergence, many scholars and activists within the neurodiversity movement have begun to understand cognitive and behavioral differences – whether congenital or traumatic, permanent or episodic – as "facet[s] of human nature" [57] that do not require 'cure' or 'normalization', thus bridging the theoretical and practical divergences between the two concepts [6, 38, 52, 70, 91].

With this framing of neurodivergence, Ringland et al. studied how autistic youth and their allies use Minecraft to play online in a community designed specifically for autistic members [69, 71, 72]. This work detailed the labor involved in making sure the community platform and tools are safe for neurodivergent members [71], rethinking norms around social interactions [72], and how to configure the various tools both physically and virtually to make the play space accessible [69]. Through participatory design sessions, Spiel, Frauenberger, and colleagues explored how neurodivergent children experience technology while developing smart objects [31, 81, 83] and tools for co-located, social play [32]. Other literature has focused on issues of privacy and disclosure in parents' sharing videos of their neurodivergent children on YouTube [14] and how neurodivergent people maintain online relationships on social media [20, 44, 45, 65].

[2] https://www.eeoc.gov/laws/guidance/work-hometelework-reasonable-accommodation

In studies specifically about neurodivergent adults, researchers found that neurodivergent people must navigate sensory and cognitive stressors in various workplace situations [5, 47, 63], when working in neurodiverse teams [99], and while interacting with remote communication technologies such as video calling [98]. Specifically, Zolyomi et al. illustrated that autistic adults apply significant effort in developing coping strategies to manage these stress-inducing factors [98]. We expand on this work by highlighting how neurodivergent professionals make use of remote collaboration tools and reappropriate their home spaces to create access in working from home. Our work unpacks the nuanced ways in which neurodivergent professionals adapt to the complexities in multimodal communication as well as negotiate with others for resolving contradicting access needs.

3 METHOD

3.1 Participants

We conducted semi-structured interviews with 36 neurodivergent professionals who are working from home during the pandemic. Participants were recruited through an agency that specifically circulates accessibility related research studies among people with disabilities. Additionally, we distributed our recruitment flyer to online mailing lists and groups of neurodivergent professionals within our organization and other institutes. We also recruited participants through our research network and snowball sampling. Fifty-two interested participants completed a short screening survey linked with our recruitment flyer. We scheduled interviews with 36 of them who have different forms of neurodivergent conditions such as Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), learning disabilities (LD: e.g., dyslexia) and psychosocial disabilities (PD: e.g., anxiety, depression). Participants self-reported their neurodivergent conditions in the survey by selecting one or more of the aforementioned categories[3] or by answering an open-ended question that asked how they would like to describe their disability. A few participants reported additional conditions such as Sensory Processing Disorder (SPD), Traumatic Brain Injury (TBI), chronic pain, seizure, etc. See Appendix A for details about participants' self-reported neurodivergent conditions, occupation, and pre-pandemic work-from-home experience. For common experiences associated with different neurodivergent conditions, see [12]. Aligning with the neurodiversity movement that "bring[s] together broader categories of marginalised people(s) into a (necessarily loose, but nonetheless potentially hugely important) solidarity network of movements" [38], we seek to capture perspectives of professionals with a diverse range of neurocognitive conditions in this study. Nevertheless, important to note here is that we neither consider these individuals as a uniform group, nor suggest a 'one size fits all' interpretation of their experiences in working from home. Rather, by studying remote work practices of professionals with different neurocognitive conditions, our analysis foregrounds their distinct and often conflicting access needs. To this end, throughout the paper, we mention the specific conditions of each participant when we report their data.

Fourteen of our 36 participants identified as women and the rest of them as men. Participants ranged in age from 18 to 64 with most of them being in the 25-34 (39%) and 35-44 range (27%). Twenty-seven participants identified as White, two as Black, four as Asian, one as Hispanic, and two as mixed-race. We acknowledge that our analysis may not capture the diverse experiences of neurodivergence more broadly, given that our participants are educated professionals and many perform highly skilled work in software and engineering related fields. In addition, all of our participants are residents of the United States and thus, our findings may or may not align with remote work experiences across other cultures and geographic contexts [78], which may involve different approaches to the COVID-19 pandemic response.

[3]In the survey, psychosocial disabilities were termed as "mental health concerns".

3.2 Procedure

The study was approved by the ethics review board of our organization. We conducted interviews remotely through video conferencing tools such as Microsoft Teams, Zoom, and Google Meet. We chose the tool that was preferred by individual participants in terms of convenience as well as availability and quality of built-in real-time captioning. All interviews were conducted by the first author between July 28, 2020 and August 21, 2020. Prior to the interviews, we emailed participants a digital copy of the consent form along with a list of topics we were planning to cover during the interviews. We did this to give participants an option to review these documents and prepare their talking points beforehand. At the beginning of each interview, we briefed participants on the study and obtained their verbal consent. We informed participants that they could pause the interview and take a break any time, if they needed. They could also skip any questions that they did not feel comfortable answering or stop the interview entirely at any time. Additionally, they could keep their video turned on or off as they preferred. While none of the participants stopped the interview early or skipped any questions, several participants kept their video off during the interviews. Based on prior studies [98] and our findings from the first few interviews, the interviewer conducted the interviews from a quiet space, did not use any virtual background or blurring effect, and avoided wearing attire that might create optical illusions to minimize potential distractions and sensory stimuli. Each interview lasted for approximately one hour and participants received a $50 gift card after the interviews. The interviews were recorded and later transcribed for analysis.

We conducted the interviews in a semi-structured format so that participants could freely talk about how their work practices took shape during the pandemic. We first asked participants to describe the technologies they are using to perform remote communication and any complexities that they are facing in using these tools. We specifically asked participants to reflect on their collaboration experiences with colleagues, changes in their meeting dynamics through remote communication tools, and how they are navigating these changes. Participants shared how they adapt their workspaces and work routines differently while working from home during the pandemic compared to the way they did so pre-pandemic, and how these differences impact their productivity, work-life balance, and mental and emotional wellbeing. Finally, we asked participants to describe their preferences of working from home or in-person beyond the pandemic and their rationale behind the choice.

3.3 Data Analysis

We analyzed the interview data through a reflexive thematic analysis approach [17, 18]. The first author open coded the interview transcripts and wrote analytic memos on the codes. Initial codes captured concepts, such as sensory stimulation and distractions at home, managing attention during remote meetings, challenges with processing audio, video, and text in remote conferencing tools, and various workarounds. We discussed the codes and excerpts as a group, collated them through iterative comparison, and finally organized them into three primary themes that capture the ways in which neurodivergent professionals create and negotiate access while working from home.

Our analysis is informed by disability studies and feminist scholarship [9, 28, 49, 54, 94]. Although there are several different models of disability, the most prevalent in HCI literature are the 'social model' and the 'medical model' [27, 37, 77]. While the social model states disability is created and reinforced by society through both social norms and the construction of physical and social spaces [77], the medical model is the clinical perspective of disability, wherein diagnosis (labeling), treatment, and cure of the individual is the directed course of action [85, 90]. Our analysis rejects a medical model of disability as a deficit of the body that is "inherently abnormal and pathological" [37] and instead is shaped by the social [77] and political/relational models of disability [49].

In this work, the research team represents a variety of racial/ethnic and professional backgrounds, all of whom had prior experience working with disabled individuals. At least one author of this paper identifies as neurodivergent. We acknowledge that our professional and demographic backgrounds and theoretical perspectives inherently shape our analytic process in which we interpret the data and construct themes [18].

4 FINDINGS

While working from home is often positioned as an accessible option for people with disabilities, we find that neurodivergent professionals perform additional cognitive and emotional labor beyond their day-to-day work practices to make working from home accessible. Our analysis shows that working from home during the pandemic presents both opportunities and challenges for creating accessible physical and digital workspaces, negotiating accessible communication and meeting practices, and reconciling tensions between productivity demands and their own wellbeing.

4.1 Creating Accessible Physical and Digital Workspaces

Participants reported that the switch to working from home in the wake of the pandemic has allowed them to create workspaces that are more accessible and well-suited to their needs. Yet, at the same time, they face new accessibility challenges due to shared physical spaces and interacting through virtual workspaces.

4.1.1 Configuring Home Environments for Work. The prospect of working from home comes without many of the sensory stimulations and interruptions associated with open office layouts that can significantly affect participants' concentration on work, but which they cannot control. Although not all of our participants worked in an open office environment pre-pandemic, those who did readily contrasted their experience of an open office with working from home. Being able to control sensory stimuli in a home environment, compared to an office configuration, is particularly salient because managing distraction and attentional inhibition to outside stimuli is one of the important executive functioning skills that is often difficult to manage for neurodivergent professionals. As P26 (PD) explained, *"It's hard for me to get anything done in that open environment, because there's just too much going on, too many distractions, too many conversations that I can hear quite clearly."*

Prior to the pandemic, creating an accessible and distraction-free workspace in open office settings required a lot of adjustments on our participants' part. For example, participants reported using noise cancelling headphones to tune out conversations between other colleagues. However, wearing headphones is considered rude in some offices, while in other cases the headphones did not do a good job at suppressing the background chatter. Furthermore, participants reported feeling extremely wary of whether other colleagues in their office spaces were noticing their activities, a phenomenon that P9 (ADHD) described as an *"over the shoulder"* effect. The sensation of feeling *"kind of trapped and like you're being watched like a fishbowl"* (P26 - PD) and being judged for their workplace activities was very anxiety producing for our participants, especially in predominantly neurotypical workplaces where their work styles could be construed as atypical.

> *"Anybody that looks at what I'm doing thinks that I'm slacking, but I'm just processing in a different way… I'm constantly flipping between windows. I'll be writing an email, but then I'll be kind of on Twitter and then somebody that has this narrowly focused, this one thing, they look at me and is like, 'what the hell is he doing?' And so the office has never been a place that I felt productive."* - P9 (ADHD).

To avoid such distractions and anxiety, some participants said they would *"often just remove myself from the open office… just book myself conference rooms or go to a cafe locally,"* (P30 - ADHD,

SPD) and others reported resorting to even less ideal measures such as working in supply closets. For our participants, all this extra labor sometimes comes as a balancing act of *"really hyper-focus[ing] when I'm reading and writing and going through complex stuff"* (P31 - dyslexia) while also preserving workspace relationships. P30 (ADHD, SPD) reported situations *"where people think I'm ignoring them or being rude, and really I'm just trying to focus."* For these distractions and sensory stimulation, many participants felt that working from home *"is less draining than when you're in a room sort of elbow to elbow with a bunch of other people, then distracted by the flip of the paper over here or the smell of this guy's lunch on the other side of the room and that sort of thing"* (P21 - ASD, PD).

In contrast to their office environment, participants asserted that in working from home, they can *"control my workspace… But you can't really get that in most [office] workspaces. So, I found that actually... I've been able to improve some things for me"* (P2 - ASD, ADHD, dyslexia). With that being said, participants need to do a considerable amount of work to configure their home workspaces in a way that is conducive to their attention, wellbeing, and productivity. First, home spaces also come with their own set of sensory stimuli and distractions. For example, P30 (ADHD, SPD) reported that noise and vibration from renovations downstairs *"completely throws me off. I think I'm hyper aware of a lot of sensory things that could easily just sort of throw me off my rhythm."* Others shared how they attempted to control light sources and limit surrounding views (e.g., people walking by or mowing lawns) that might impact the extent to which they can concentrate on work.

> *"I [have] been changing locations just to make sure I can find the environment that fits best… my physical [work] location in my home was in front of a large window that faced outside and that was a nice idea to be able to see outside and maybe get the sunlight. But it wasn't practical for me… I have a lot of random thoughts or just idea or day drifting that could happen, and the window just amplified that… So, then I switched my location to my room, which is kind of like a nook facing a wall..."* – P4 (ADHD, dyslexia, anxiety)

As we see, our participants had to carefully consider where and how to set up their home workspace to limit the sensory stimuli and factors that aggravated time agnosia, light sensitivity, or zoning out. Participants also reported other challenges, such as additional noise and interruptions, due to cohabitating family members and roommates.

> *"I guess the big impact for me is really just been having all my family at home… My boys are both on the spectrum, they have ADHD and my eldest has Asperger's. They have very little social filters themselves. So, they will just burst into the [home] office and what they need at any given point in time is obviously paramount. So, it's just that constant distraction, the interruptions…"* - P34 (ADHD)

Configuring an accessible workspace was particularly difficult for participants who lived in resource-constrained spaces and had no way to set up a dedicated workspace at home. Often they had to reappropriate home spaces for work, which made it difficult for them to get into the "work" mindset. P20 (anxiety, depression) said, *"The same desk that I - it's not even really a desk that I used to work on - is something that I eat on and do my hobbies on. So there's not a different place that I can go to really focus."* As P20 notes, another factor that disrupted participants' work mindset was the co-presence of non-work interests or hobbies in the same space where they worked. To cope with this, participants who did not have a dedicated workspace tried to come up with strategies to keep their non-work interests out of sight when they worked, but this was not always possible.

> *"If you are sharing an apartment like most young professionals are, and then you have a desk in your bedroom, how do you relax in the same place that you're working?... And so all of the rules for good mental health, good sleep are broken when you're captive to the space that you have… this is not sustainable. And it's impacting my productivity. It's impacting my mental health."* - P13 (ASD, depression)

Another factor that contributed to the fatigue and stress while working from home is maintaining a *"stationary"* posture throughout the day, where there is not much need or incentive to get up from the home office. P16 (ADHD) explained, *"I feel like I'm almost being held down, like held in my chair, that I have to take in information and almost be like sit still and take it all in… I think it's exhausting that way."* To minimize such exhaustion caused by the lack of physical movement and cognitive "reset" while working from home, participants engage in different kinds of self-care activities such as walking, exercise, meditation, and yoga to decompress and get physical movement. As P16 (ADHD) explained, *"Of course I've got all the nice neurotransmitters from exercising that function like ADHD medication. So I think that's the best thing I've done."* That is, even with the ability to configure one's home workspace to be more accessible, participants still faced challenges of limited space and movement when working from home and thus needed new self-care routines.

4.1.2 Dealing with Distraction in Virtual Workspaces. Beyond their physical workspace, the shift to working from home meant that participants also spent significant time in virtual workspaces, collaborating and coordinating with their colleagues through tools such as Zoom, Microsoft Teams, or Google Meet. Participants' feelings of being able to control and configure their home workspace to be more accessible were complicated by needing to manage attention and distraction within various virtual workspaces.

Echoing prior work [98], our participants shared that often they had to deal with many distracting factors during remote meetings, which would turn their attention away from the main conversation. As an example, participants often pay close attention to other meeting attendees' facial expressions and body language to understand *"the social cues or figure out what does that mean, or how did they convey that"* (P2 - ASD, ADHD, dyslexia). However, sometimes these nonverbal cues can work as *"visual triggers"* and trying to decode these cues can take their mind away from the conversation. P2 said, *"Like I noticed that you (interviewer) moved your hair in three different positions multiple times through the call"* and wondered whether this is related to nervousness and that *"I can't just shut that [thought] out."* Others said that background noise coming from another meeting attendee's end, especially when they do not mute their microphone, can also cause severe distraction. P10 (ADHD, LD, depression, TBI) commented, *"Even our supervisor has done that, they're outside. And because I have ADHD, I'm paying attention to everything else going on besides the meeting. And there were times where I'm counting literally how many times I hear a car passing by."* Participants also explained that seeing each other's home backgrounds and occasionally pets, kids, or family members can be *"a fun way to get to know each other and get a glimpse into people's lives... while also being potentially distracting"* (P7 - ASD), especially when the background objects are bright and moving.

> *"I think it's basically brightness and motion. Anything that has a lot of really active colors or book titles that I can read, those kinds of things can be just excessive details that my brain, especially in a moment of boredom is going to be really excited to be engaging instead of what's coming out of their mouths."* – P9 (ADHD)

Participants commented that some virtual backgrounds that their meeting partners choose to use *"can be more distracting than helpful"* (P2 - ASD, ADHD, dyslexia). P9 (ADHD) added, *"People kind of think that they're being clever when they're doing it, and it's just like the more, the louder they have animation, the more noise and motion that's happening behind you, the less I'm likely to be looking at you as you talk."* Also, often virtual backgrounds do not work well in multi-plane surfaces and make meeting attendees disappear into the background, which can be particularly disconcerting. P21 (ASD, PD) explained, *"Inevitably part of a person's arm disappears or part of their neck is missing or something, that's very distracting to me. 'Cause I'm wondering just a whole slew of things around the algorithm and what their actual environment looks like and why, so why is that happening?"*

Distractions not only occur due to video or auditory stimuli; persistent notifications across a variety of applications also pose a significant burden on attention. P17 (ADHD, PD) explained, *"the notifications in the bottom corner are very distracting and I haven't figured out how to turn those off… I will sometimes lose focus on what I'm working on to try to X out, close out all of those notifications."* P28 (ADHD) described that the increase in notifications makes it extremely difficult to sift through unimportant messages and find the ones that he needs to respond to: *"I'm absolutely struggling with how do I maintain control over, when I get these notifications that popping up in my face, which ones do I need to be distracted on versus which ones do I just let pile up?"* Controlling notifications was such a challenge that P17 (ADHD, PD) *"started to put a post-it over where the notifications are. But then you also have this sound issue."* Others, such as P36 (ADHD), took more drastic measures by leaving the chat group entirely, even though it means he may miss important messages.

4.1.3 Developing Strategies for Maintaining Attention. Participants shared a range of strategies for minimizing distractions and paying attention in meetings. For instance, P29 (dyslexia, depression) said, *"I find if I don't turn my video on, I get distracted. I could put the meeting up in one corner, and I can look at email. I could do all sorts of things…So yeah, the biggest key to me paying attention would be literally turning on my video."* In contrast, P17 (ADHD, PD) said that with video turned on, she pays more attention to her own video feed and cannot maintain eye contact with her meeting partners. To minimize this distraction, she sometimes covers her video image with a post-it note. Similarly, P4 (ADHD, dyslexia, anxiety) prefers if his meeting attendees also have their camera off so that he does not get distracted by what they are wearing or their background. However, he does not explicitly ask others to turn off their video, *"cause I didn't know how that would feel, it is just weird to ask right now."* P32 (ASD, ADHD), on the other hand, minimizes the video calling screen to turn her attention away from others' facial expressions. She said, *"I think turning on the camera is stressful when I'm seeing all these faces in the camera and what I do is that I usually minimize that screenshot so I can focus on what's on my screen."*

Some developed strategies for mitigating distraction related to their own and other people's backgrounds. P21 (ASD, PD) attributed his distraction management skills to years of practice and mindfulness, and occasionally used strategies such as taking a screenshot of his meeting partners' video feed so that *"now I can let go of that curiosity [of checking the books in the background] and pay attention to what they're saying."* P14 (ADHD) further added that the virtual background he puts on helps him to not pay attention to distracting aspects of his own workspace: *"My closet is open. It's got stuff on the shelf, and the camera happens to point directly at [that]… That's probably my primary reason for using this background, that is actually to allow me not to see the mess."* Several participants suggested the ability to control their meeting partners' video background (or audio) as they view (or listen) from their end would be useful. P7 (ASD) said, *"If somebody's background is distracting you, would there be a way for that person to keep the background, but you change what you see in their background to just solid black or solid whatever color you choose?"* P16 (ADHD) also described the ability to filter someone's auditory and visual background as *"the assistive part, the accessibility, the way to keep people focused on that, and they could turn it on and off as needed."*

Beyond the strategic use of video, participants shared other strategies they use to keep their focus on the meeting. To deal with time agnosia [55], P16 (ADHD) keeps a timer or a clock within her periphery so that she can glance at it frequently and have a better awareness of time passing if she zones out. Others added that using fidget tools, such as Legos and fidget spinners, and petting stuffed animals work as an outlet for channeling their energy and helps them stay focused on the conversation. Participants, however, added that sometimes they feel the need to hide their stimming (i.e., self-stimulating) activities so that these activities are not misconstrued as not paying attention. P21 (ASD, PD) who had not been diagnosed until the age of 39, explained, *"Always*

part of my attention is about managing my behavior outwardly so that I'm not doing something weird and distracting the other person... there's some degree of effort in behaving like I'm paying attention instead of paying attention." On the other hand, P23 (ASD, ADHD, PD) who works in a predominantly neurotypical office shared that he turns his camera off whenever he needs to stim to avoid others' *"preconceived but incorrect ideas about what I look like when I'm paying attention."*

Although participants actively try to maintain attention during virtual meetings, they may still get distracted for the aforementioned reasons. In such cases, re-focusing on the meeting also requires additional effort and negotiation with meeting partners. Many participants shared that due to their challenges with cognitive flexibility [36], they find it difficult to switch their attention back to the meeting after a moment of distraction. Further, since the meeting moves on while they are distracted, it is also difficult to catch up on the context of the ongoing conversation. In one such moment during the interview, P16 (ADHD) asked the interviewer to repeat the question once more. However, she added that she does not always feel confident doing so, *"I think I did a little bit of it, and I probably have to feel more confident, is just saying, 'I'm sorry, where were we?' And having the other person who's not as distracted as me bring me back."* Others said they did not often ask people to repeat, noting that they did not want to interrupt or disrupt the meeting due to time constraints. Instead, P19 (ADHD) checks the chat messages for references or reaches out to someone else on the meeting by direct messaging for a recap. P16 (ADHD) suggested a technical improvement in the remote collaboration tools that could better facilitate asking for quick recaps: *"It would be really great if we had an icon like we have the hands up or the applause buttons that said, 'where are we now?'... It could be like 'need a recap'... because I really lost attention."* Although much of the burden of sustaining attention is on the individual, technical features such as a 'recap' button may make co-workers more mindful of attentional demands and help redistribute the labor of access.

4.2 Negotiating Accessible Communication and Meeting Practices

Our participants described the complexities they face while collaborating and communicating through remote tools and how they are navigating these complexities while working from home. These challenges range from learning to interact without the same nonverbal cues as in-person interaction, to relying on multimodal communication strategies.

4.2.1 Keeping Video On to Support Nonverbal Communication. One of the key aspects of in-person communication that is altered in remote conversations are the nonverbal cues, which are important for piecing together social context and understanding how others are feeling. While extensive prior work describes the role of such cues in video-mediated communication [48, 51, 64, 80], here we call attention to the disproportionate effects on neurodivergent workers when forced to interact without these cues. For example, P3 (ASD) said, *"I think it's harder to read someone's mood over Zoom. It might be because you can't see someone's full body... I speculate that most people would struggle with this, but it just made me extra aware of the ways in which I'm less able to use social cues as a result of remote work."* Similarly, P16 (ADHD) contrasted reading nonverbal cues in person versus during video meetings:

> *"Not only being a person with ADHD, I rely heavily on the nonverbal cues and very much a gestalt thinker and I take everything in at once. And I know they talk about ADHD, not being able to filter stuff out, and that's often looked at as a bad thing. But there's a good part of it, is you're taking in all this information at once and able to quickly make-synthesize it. So face to face, I'm able to read a situation or a room really well and kind of adjust my behavior so that I can be effective and I can keep people engaged."*

Although video feeds can pose a distraction for some of our participants, others described the importance of having cameras on for communication. P3 (ASD) said, *"If someone doesn't have their*

camera on, I'm like, 'well, hang on.' The clues I'm used to using to ensure that this meeting goes well, that I care about, especially because of my autism, I wanted to make sure it goes well. You're not there. So that's frustrating." P29 (dyslexia, depression) shared that he requests his meeting partners to have their video on: *"Probably the big thing that changed so far [during pandemic] is I force my video on and I try to get other people to turn their video on… I'll make a little humorous joke, like 'come on be brave, turn your video on. That's socialized.' Things along those lines."* However, often only a handful of people would turn on their videos upon his request. P29 (dyslexia, depression) further added, *"The only time where it actually worked well was in one meeting where we were discussing diversity and inclusion. And that one everybody tended to turn on all their videos once I asked."* Aligning with his experience, P10 (ADHD, LD, depression, TBI) shared, *"When we have meetings with just us, with my regular office, everybody will make sure that they are on the camera because of me, because they already know, they are more than aware of what my disability is and what I need and everything."*

P10 (ADHD, LD, depression, TBI), however, does not request others to keep their video on when she meets with larger groups outside her regular office. She explained, *"I don't wanna put somebody in a situation, 'cause I don't know what their own issues maybe, why they're not on the camera… Because not everybody is comfortable with their disability or talking about it."* As we see here, keeping video on is an important part of access for some people but can potentially introduce complexities for others. Thus, while negotiating for their own access, our participants also remain mindful of this tension between conflicting access needs [43]. Interestingly, often there also remains *"a certain amount of peer pressure around video"* (P14 - ADHD), where individuals follow what the rest of their meeting partners are doing. Even participants like P29 (dyslexia, depression), who was a big proponent of having cameras on, felt the need to turn his camera off and comply with his meeting partners' actions: *"If I'm the only person with video on of 20 people, I eventually feel guilty about 20 minutes and I'll shut mine off."* Here we can see an opportunity for co-workers and allies to question such norms and remain cognizant of how social pressures can restrict access.

4.2.2 Managing Challenges in Turn Taking. Related to challenges with limited nonverbal cues in video, participants expressed difficulties with coordinating turn taking during remote meetings that severely impacted conversation. P5 (ASD, PD, seizure) explained, *"When asking questions and trying to find a place to give a question, I might use nonverbal communication to signify that to the presenter [in person]. But now there isn't that… And also when I'm in the meeting, there's a pressure when and when not to ask questions and it seems a little bit less clear in the [remote] meetings versus in person."* Some shared that because of the delay in video, often meeting attendees interrupt each other while talking. P17 (ADHD, PD), who had been explicitly taught to follow social norms such as *"wait till people are done talking and then say what you need to say, don't interrupt them,"* finds it challenging to convey her thoughts in a conversation that requires her to violate these norms. P9 (ADHD) added that cross-talk more frequently happens in free-form conversation that does not have a set structure for turn taking, which *"frustrates the hell out of me, when… three people jump in at the same time and then there's that chatter back and forth like 'go ahead', 'No, you go ahead', 'OK, well', and then they go. And then they all start talking again."*

The complexities of turn taking have serious consequences for neurodivergent people. Challenges in turn taking is not simply a matter of social impoliteness, but rather a matter of compromised understanding. P7 (ASD) explained that when people talk over each other during remote meetings, she finds it difficult to process what they are saying: *"If people were talking at the same time, I was not listening. I couldn't process that. I think that's probably a struggle for people sometimes even who are not autistic...but I think it's just kind of multiplied for people on the spectrum."* She further reflected on her experience from attending remote meetings with neurotypical colleagues before the pandemic, where *"you never know if it's your turn to speak. That was very stressful."* P32

(ASD, ADHD) stated that she needs a bit more time to gather her thoughts during a conversation. However, by the time she prepares her thoughts, the conversation moves on: *"I had a little difficulty before the pandemic and the remote work made things worse… So when people are talking, it's harder for me to break in when I want to say something, and then when I get my thoughts ready, they already move on to a different topic."* Thus, in a predominantly neurotypical workplace, P32 had to find ways to comply with neurotypical modes of communication, in which she did not get enough time to formulate her thoughts properly and instead had to share *"half-baked"* ideas to stay on topic (see also the notion of 'crip time' [49]). These challenges are exacerbated in fast-changing competitive organizational culture. P14 (ADHD) said, *"<Organization> meeting culture — at least in the technical side — is often whoever fills the white space, the silence first is who gets to speak. And being remote on a meeting actually amplifies pre-existing problems."* P7 (ASD) also shared a stressful incident with a neurotypical supervisor:

> *"When I get very stressed out, sometimes I can't speak right away. I need some time to – if I'm overwhelmed – to think about what I want to say and I need people to not be pressuring me or talking over me. So people are not used to giving that quiet time for people to think through. And so, I had an experience once with a boss who didn't understand autism and I was on a call with a client… The call was very stressful and I just needed some moments to collect my thoughts and my boss was in the background doing these hand motions like 'hurry up and talk.' And so that made it so much worse that I couldn't function."*

To address these challenges, some participants use the 'hand raise' feature available on video conferencing tools to indicate that they have a question to ask, although they noted that this feature does not work well if you are sharing your screen or are calling in to the meeting by phone. They also adapted to the challenges of turn taking by sharing their thoughts on chat, which provided an easier way to circumvent interjecting into the conversation. Often presenters and other meeting attendees, however, may not notice or intentionally ignore chat messages to pay attention to the main conversation. In such cases, if the question is an important one, P5 (ASD, PD, seizure) reaches out to someone else in the meeting who he knows personally to bring his question to the attention of the presenter or verbalize the question on his behalf. P3 (ASD) shared another strategy that one of his teams follow, a strict organization for asking questions, maintaining an ordered queue in a separate Google Doc with the names of attendees who have signalled that they have questions and calling them out when their turn comes. Some participants also shared that they actively try to make the meetings more inclusive and *"draw out people who maybe haven't said something, just give them space to be able to kind of talk and contribute"* (P31 - dyslexia). As we see here, participants emphasized the structure and organization of meetings, which are paramount to ensure that everyone gets enough time and space to share their thoughts, but also the importance of having colleagues help coordinate turn taking and advocate for equitable meeting dynamics.

4.2.3 Adapting to Complexities of Multimodal Communication. Working from home presents new challenges around adapting to video, audio, and text-based communication. Neurodivergent professionals must figure out their own workarounds and adaptations to ensure effective communication and understanding. For instance, P5 (ASD, PD, seizure) said that he prefers typing over speaking to communicate: *"My speech is not always 100% fluent, and that's definitely a bigger problem remotely than in person… And sometimes it's just a little faster and easier for me to get words into typing them than speaking... particularly if it's a call with more than one person, I'll ask if I can use the chat to type instead of talking."* Others explained that communicating through chat is better because *"you have the ability to kind of structure your thoughts and map them out a little bit easier than sometimes when you're kind of put on the spot, it can be hard to organize your thoughts"* (P34 - ADHD). This aligns

with prior work that found that autistic people may feel more comfortable using text messaging than phone calls, video calls, and face-to-face conversation [20, 63, 98].

Relatedly, some participants shared that they have challenges with processing information through audio/video and rely on closed captioning along with lip reading. P5 (ASD, PD, seizure), however, pointed out that many collaboration tools do not have closed captioning, so he *"end[s] up missing a lot of what happens"* in the meetings. He negotiates with meeting partners to switch to a tool that offers closed captioning, although negotiating for accessible workarounds is *"stressful"* for him [26]. Regarding closed captions, P10 (ADHD, LD, depression, TBI) suggested a few improvements that could make following conversations easier for her. She said, *"It would be nice if there was a way that the captioning went with the person, and not just doing it as it's part of the group… Because sometimes you see the thing (caption), but it's like, who the hell said that? But if they caption it with [mentioning] whoever was saying it, then who actually said what and who was talking… [would be clear]."* Also, she gave an example of an app she uses for processing text that highlights each word as it is read aloud, which makes it easier for her to follow the text. She suggested a similar improvement in captioning, although the speed of captioning in real-time may make this difficult.

In contrast, several participants who had dyslexia and other learning disabilities preferred to communicate through speech rather than typing. However, sometimes they need to ask questions through chat, especially in situations where *"there really wasn't a break where I could break into the meeting and ask the question"* (P29 - dyslexia, depression). Reflecting on his difficulty with written communication, P4 (ADHD, dyslexia, anxiety) explained that the increase in written communication since the pandemic has created new challenges for him, because he can no longer *"just hop over the cubicle and ask a question and clearly get my point across."* He explained that he needs a longer time to understand others' messages and formulate his responses in written communication, which *"sometimes could potentially make my coworker a little bit more frustrated. If there was just not enough time for decoding his parts, my message comes a little bit skewed in a way or just not what I intended."* Further, P29 (dyslexia, depression) shared that he takes additional time and remains extra cautious about spelling mistakes while typing questions where his professional reputation is at stake, such as in a large all-hands meeting.

To address these challenges, some participants shared that they used dictation features to write. P10 (ADHD, LD, depression, TBI) said, *"It's not that I prefer, it's something that I need. Because of my learning disability, I really do need to be able to use something where I can dictate in order to write for me, 'cause if I write on my own, technically, I'm really writing almost like a Seventh grade level."* Others used screen readers and text read-aloud features so that they can *"cut off a layer of that decoding process"* (P4 - ADHD, dyslexia, anxiety) needed for comprehending text. However, video conferencing tools such as Zoom did not have text read-aloud or dictation features built-in. As such, these participants had to perform *"a lot of jumping back and forth"* between video conferencing tools and word processors (e.g., Microsoft Word) that have these features, where they could copy others' chat messages and have it read back to them as well as use dictation to formulate their responses. P29 (dyslexia, depression) said that he preferred the text read-aloud feature of word processors to screen readers (e.g., NVDA) because the verbose announcements of screen readers for describing UI elements, although important for people with vision impairments, are *"more of an annoyance, because... I know all the buttons, I can see them... I was more concerned with the content, having it read to me."*

Although using speech dictation and text read-aloud features were helpful, they were inefficient and created additional challenges for managing multiple streams of information. P29 (dyslexia, depression) explained, *"If it takes me 5 minutes [to] put together whatever I wanted to ask, I missed 5 minutes of the meeting. So even if it (text read-aloud feature) was in there (video conferencing tool), I'm not sure which is more important for me, to listen or to ask the question."* As P29 pointed out here,

paying attention to the chat, even with text read-aloud feature, can make it difficult to follow the meeting conversation. P19 (ADHD) also shared this concern: *"It's difficult for me, someone with ADHD, to focus on what's on the screen and then have [a] chain of conversation going on the right [in chat bar]. I sometimes just leave it closed, because if I'm reading or trying to respond to anything that's going on in the chat, I am not going to see what's going on in the screen."* However, a downside of ignoring chat is that sometimes participants miss important messages in chat. In such cases, P19 (ADHD) relies on his colleagues to bring it to his attention or contextual cues from the meeting conversation. He said, *"If people share links, sometimes I will [check chat messages], if I see a lot of people is like, 'that's great!'... But I don't go into it unless something maybe a question that I asked and they're doing response."* He also lets his coworkers know beforehand that he will not pay attention to the chat, further highlighting the important role colleagues play in creating access.

4.2.4 Advocating for Sharing Materials in Advance and Post-Meeting. Given the complexities of communicating and engaging in virtual meetings, participants described the ways in which they benefited from—and advocated for—receiving materials in advance of meetings. They emphasized that getting access to a meeting agenda and other necessary documents beforehand is a critical access need for them. P4 (ADHD, dyslexia, anxiety) explained that often he finds it difficult to follow slides presented through screen sharing, since the slides may not be *"formatted or presented in a way that allows me to decode better."* He requests his coworkers to send the slides ahead of time so that he can change the font, spacing, or formatting of the slides in a way that helps him to *"navigate [them] well."* Similarly, P10 (ADHD, LD, depression, TBI) sometimes finds it difficult to understand questions asked on the fly and requests meeting agendas and questions beforehand so that she can prepare her talking points. P17 (ADHD, PD) further explained that paying attention to meetings without prior knowledge about the discussion topics caused significant cognitive burden for her: *"If I don't have any information about what the meeting's about and they want some feedback on their product, it takes a lot of energy for me to look over the product and then also listen to what's going on in the meeting."* Furthermore, participants emphasized that *"not just having agenda but having someone in the meeting who is doing the work of keeping the meeting to that agenda is important too"* (P5 - ASD, PD, seizure). Being able to follow the agenda during a meeting is particularly beneficial for neurodivergent professionals when they try to re-focus on the meeting after a moment of distraction and need to get the context of the ongoing conversation.

In addition to the meeting agenda and required documents, participants shared that having access to relevant information after the meeting is also critical for them to effectively process the key points and piece together any information they may not have captured during the meeting. Specifically, some participants find it difficult to take notes while paying attention to the conversation. As P29 (dyslexia, depression) explained, *"I'm not good at taking notes during the meeting, 'cause I'll get stuck trying to spell a word and two minutes later, I'm still trying to spell that word. Or whatever I jot down, later if I try to figure it out, I don't know what I wrote."* For these participants, referring back to meeting recordings, transcripts, or shared notes is extremely beneficial to put together meeting points and any follow-up tasks. Some participants skim through chat messages after the meetings to check if any important conversation happened that they might have missed earlier, since they *"cannot keep up with the chat window at all. That's why, after the meeting that there's something I need to read there, I can read it at my own pace, where I'm not trying to read real time and answer to somebody real time"* (P29 - dyslexia, depression). Thus, being able to retain chat information after the meeting was an important part of access for our participants, which is not available on all remote collaboration platforms.

The extent to which teams and supervisors honored requests for meeting agendas in advance and having transcripts available after a meeting varied across participants. P20 (anxiety, depression)

shared one such instance from a recurring meeting where *"the leader of the meeting just doesn't believe that agenda is super important or they agree to it, but then forget to do it."* Despite not sharing goals and expectations beforehand, the meeting leader would *"pry"* reports from attendees during the meeting and often provide negative feedback, *"because people aren't meeting their (meeting leader's) expectations. So that's difficult for me, because getting negative feedback when the communication wasn't clear to begin with is very stressful... And then, I've had meetings that have ended tearfully on my end."* In contrast, P13 (ASD, depression) described a recurring remote meeting that was an *"energizing"* and *"phenomenal"* experience for her. She said: *"Because they have a very clear agenda and everyone knows it, it's very smooth... And part of that is just the importance of structure, the importance of clarity, the importance of understanding expectations and responsibilities… it gives you a feeling of inclusion, not exclusion."*

Even when materials are made available, this pre- and post-meeting work requires additional time and effort, which often goes unrecognized. P5 (ASD, PD, seizure) said, *"A meeting that would take an hour in person, 'cause I'd get most of what was happening, I now spend an extra half hour to an hour going over the meeting a second time to get stuff that I couldn't catch the first time, which is really hard."* Despite listening to the meeting recordings on double speed and with subtitles, P36 (ADHD) added, *"Everything just needs to be shorter, more to the point, 'cause listening to a meeting recording where it's like, you have to listen all the front matter and all the pauses, that's awful, that's painful too."* In sum, power dynamics and organizational hierarchy play a key role here, where higher management and neurotypical colleagues hold the ability to ensure whether access barriers, stress, and additional labor for neurodivergent professionals is acknowledged and addressed.

4.3 Reconciling Tensions between Productivity and Wellbeing

Working from home can allow for a more flexible schedule, yet in the current conditions of the pandemic, participants describe managing fatigue from an increasing volume of online meetings and overall workload. Similarly, they are navigating discussions of mental health and wellbeing at an individual and organizational level alongside demands on productivity.

4.3.1 Balancing Scheduling Demands with Fatigue. Aligning with previous studies [13, 22, 56], our analysis revealed that working from home allowed neurodivergent professionals to create flexible working schedules suited to their individual needs and work rhythms. Although prior work shows an improvement in productivity due to the flexibility of working from home [13, 22], our participants highlighted that the flexibility in work routines minimized anxiety-inducing situations they faced in office settings due to strict work hours explicitly imposed by the management or implicitly normalized by peer pressure. For instance, in office settings, even if they felt the need for taking a nap during regular work hours, they had to *"pretend that I was not tired, probably fall asleep in a meeting or go find a place to hide and really not get anything done, because you're spending all this energy pretending that everything is OK, when it's not"* (P26 - PD). In comparison, participants shared that when working from home, they can manage more accessible and flexible work routines that allow them to *"take a nap, and then come back and get some work done and be productive for the rest of the day,"* said P26 (PD). Moreover, the time and energy saved from not commuting back and forth to the office positively affected participants' mental wellbeing and focus.

> *"My productivity has skyrocketed! Before, my day was just about surviving the day... I lost so much in the travel time... I'd need a day off just to recover from that. And so doing everything from home without having to have all that recovery time from that intense anxiety has just opened everything up for me. I'm getting more focused."* – P7 (ASD)

While the flexibility of schedule in home environments is positive, the sudden shift in work practices during the pandemic significantly impacted time and task management processes for

many neurodivergent professionals. One of the biggest changes in work practices that impacted our participants' work rhythm is the increased number of meetings to compensate for the lack of impromptu water-cooler conversations and "walk-bys" that used to happen in office environments. Also, the temporal and spatial costs of organizing a remote meeting are much smaller than that of an in-person meeting. This often leads to an increased number of *"pointless"* synchronous meetings that otherwise *"could be messages or emails"* (P30 - ADHD, SPD). Furthermore, many complex issues that can be quickly resolved in face-to-face interactions using physical affordances such as whiteboards, need longer time to complete online, where *"every [in-person] meeting seems like it's replaced by three or four [remote meetings]"* (P28 - ADHD).

This increase in the number of remote meetings scattered throughout the day also results in reduced time intervals between consecutive meetings. Such short gaps between meetings are often not enough for our participants to get into the "headspace" for focused work, since making the cognitive switch to different tasks often requires more time for neurodivergent professionals (see the notion of 'crip time' [49]). Referring to this phenomenon as the *"ADHD wall of awful,"* P28 (ADHD) explained that it requires *"waiting and sitting without a distraction for my brain to get on that track to move to content creation."* P36 (ADHD) also expressed his frustrations: *"People think like ohh, we're like machines. So we can just seamlessly switch right in. Particularly as a person with ADHD, I cannot do that. It takes me time to warm up and I have to get in the headspace to do productive work… How am I supposed to do data science in one two-hour block and then an hour block?"*

Although our participants try to block longer stretches of time on their calendar for focused work, they often receive meeting invites that overlap with their blocked time slots. P32 (ASD, ADHD) explained that even if her colleagues want to respect her blocked times, they would need to *"prioritize the leadership team or someone else's availability first."* Furthermore, she has to do a lot of calculation to anticipate potential cancellations and rescheduling of group meetings so that she can predict *"safe time[s]"* and block those off for focused work or personal appointments: *"I even look at my supervisor's calendar… basically trying to figure out the hidden rules... I'm tired of making all these predictions."* Such additional efforts to carve out time for uninterrupted work between meetings may sometimes be successful, but having to agree upon meeting times that work for all attendees means that meetings may take place during times when participants find it easiest to get into their "work" mindset. Therefore, despite blocking off time for focused work, they may still find it challenging to *"get myself to do my most productive work at a time when I'm not mentally most productive"* (P36 - ADHD).

Participants also expressed frustration that the lack of transition time between back-to-back remote meetings *"that are on completely different topics or with completely different people"* has resulted in *"some degradation of efficacy on my part"* (P21 - ASD, PD). This also contributes to fatigue and burnout, a phenomenon that has been popularly termed as 'Zoom fatigue' [73]. P3 (ASD) explained,*"before COVID, you couldn't have a meeting that stopped at 4:58 and [another] start at 5... you can stop by the bathroom or see a colleague or just stare at something that isn't a screen… I guess it feels more draining with remote meetings… because you don't have these built-in pauses that came with interacting in a natural, physical environment."* Furthermore, the cognitive effort that goes into piecing together information through *"lean media"* (i.e., audio, video, chat) adds to this fatigue. Participants need to pay undivided attention in these meetings to extract nonverbal cues and other contextual information, which *"takes a lot of energy away from me. By the end of the day, I'm exhausted because of all the time I'm just trying to focus. It's just really hard"* (P17 - ADHD, PD).

To minimize such fatigue, our participants *"try to be careful about how many things I schedule in one day and how close together"* (P5 - ASD, PD, seizure). Some participants also take breaks in the middle of a meeting to desensitize, especially if their colleagues are aware of their neurodivergence. P5 said, *"Most people I work with know I'm autistic and so, it's not like this is some big shock when I tell*

them, 'I have some sensory issues with video calls sometimes and I might just step out and then step back and don't wait for me.'" Moreover, to minimize fatigue and save time for focused work, participants often avoid meetings where attendance is optional or the content can be watched later. However, P34 (ADHD) explained that by deciding to skip meetings, she runs the risk of being absent in important meetings where *"decisions are being made and approvals are being given and that ability to influence and change the outcomes is impacted."* To navigate this dilemma, some participants multitask to get some work done while attending meetings, although this too is cognitively demanding and makes them feel like *"running in a manic mode all day"* (P18 - ASD, ADHD). Others advocated for asynchronous modes of communication (e.g., well-formulated emails, shorter pre-recorded audio/video presentations) that can be digested when the employee is not fatigued.

Caught between this act of balancing their individual roles, collaboration and coordination with colleagues, and non-work responsibilities, our participants feel that their workload has significantly increased during the pandemic. Although many used to find task prioritization challenging even with their pre-pandemic workload, the increased amount of work *"magnifies"* the challenge of figuring out which tasks to prioritize and makes them feel *"more and more under water."* P36 (ADHD) who had experience working from home pre-pandemic also shared this concern:

> *"The biggest challenge for me has been, everybody else's expectations and time management shifted so much that now I'm having trouble kind of keeping my work up to date… because I already have trouble with prioritization and time blindness, and things like that. So, since the COVID thing started... I definitely have taken a huge kind of hit to my ability to manage things and it's been much more challenging for me."*

Such increase in workload has led many participants to work after hours and during the weekends to get tasks off their plates, which has affected their mental health and caused more burnout. Overall, as we see here, the shift to remote work has both contributed to and disrupted accessibility for neurodivergent professionals in different ways. To retain the benefits of both situations, most of our participants expressed preference for a *"hybrid"* work model post-pandemic, where they could go to the office on some days to attend meetings and socialize with their colleagues while working from home for the rest of the week to perform focused work.

4.3.2 Discussing Accommodations and Mental Health alongside Productivity Expectations. In the wake of the pandemic, there has been a surge in organizational and community initiatives around mental health support for employees. Participants noted that similar efforts had been there pre-pandemic, however, to a much smaller extent and one could get access to them only if they *"fish hard enough."* In contrast, during the pandemic, such initiatives are taking place *"with increasing frequency, are at the forefront of the communications that we have, and I think that was never [the case]. This (pandemic) has pushed that into a positive light."* P35 (ADHD, LD) witnessed this shift even in his predominantly neurotypical organization:

> *"Now it's more acceptable to say, 'Do you feel good today? You're happy with what you're doing?' where before I don't think that that was on the upper end of the priority stack… It's become more than just a nice-to-have... but I hope it doesn't go away... if and when we go back to that, it just be like, 'Oh well, yeah, that was nice, but we just did that during that time of struggle.'"*

In addition to this shift in organizational culture, there has been increased openness in conversation within employee support groups. As a member of the neurodivergent employee group in his organization, P35 (ADHD, LD) noticed that his neurodivergent peers have become more active in discussing the challenges and issues they are facing now, whereas pre-pandemic many of them were *"very reluctant [in sharing] or they just simply wouldn't allow themselves to be seen in that way."*

They use these support groups as platforms for asking questions and receiving feedback from each other related to strategies for remote work and negotiating with managers for accommodations and better access. This is because the *"shared sense of struggle"* during the time of crisis has uncovered issues that had existed before albeit hidden behind corporate culture. Our participants appreciated that the pandemic response has created spaces for open conversations around those issues.

> *"It has really enabled me to be more upfront with people about what I find challenging. Obviously I've had the same challenges my entire life, so it's not like my challenges are a new thing, right? But more so in the last few months, I've been able to openly articulate things that I find challenging with the work environment, and I think it's just because we're all in the same boat to a degree and people are more understanding of the multitasking, constant interruption, distraction kind of thing."* - P34 (ADHD)

In light of this change in organizational and team culture, some participants felt more comfortable speaking up about their neurodivergence. P34 (ADHD) gave an example of a remote meeting where she joined a few minutes late and explained her difficulties with context switching to her meeting partners: *"I said, 'Look, one of the things that I find really hard is transitioning between de-focusing and then coming into something like this. So if I'm vague and confused for the first few minutes of this meeting, just be aware that I'm still transitioning from something.'"* This conversation enhanced her meeting partners' awareness of how ADHD impacted her work practice and they offered, *"Should we just ignore you for a few minutes? Let you get your head together?"* P34 further added that *"the more transparent and upfront you are with people, I think the more comfortable that becomes in terms of a discussion."* Others, however, felt less comfortable expressing their concerns. For instance, being a new recruit, P30 (ADHD, SPD) explained her hesitation in negotiating with her manager, despite her organization being supportive of accommodations for employees:

> *"I don't wanna come in and say like, 'Hey, by the way, my mental health is really having a hard time.'... I don't know if there would be a backlash – conscious or not – but I do feel like I need to push myself a little bit to perform well as I start out. Otherwise I do feel like it could negatively impact my career."*

Further, such conversations do not always result in a positive outcome, leading to increased stress and anxiety for our participants. P32 (ASD, ADHD) said, *"It's harder to find people to talk to about what kind of stress that I'm experiencing, because people may not understand autism or they think I'm already doing a lot better than they are, especially those who have family responsibilities like childcare centers are closed."* This excerpt highlights underlying ableism and stereotypical assumptions about neurodivergence in P32's team for which her experience as a neurodivergent professional was undermined and doubted, especially when her stress was compared against that of her neurotypical peers with increased family responsibilities.

Our participants who had managerial positions acknowledged how power dynamics can further exacerbate the challenges neurodivergent individuals face in professional work. P26 (PD) strongly argued that conversations around accommodation, wellbeing, and workload must *"start from top down, because the only one who is really putting any risk into the conversation is the employee."* Reflecting on her own experience as a manager, she described how she provides opportunities for her reports to openly share whether their workload is reasonable or not. However, she and P18 (another participant in a managerial position with ADHD, PD) also highlighted the tension in their roles, which requires them to live up to the expectations of higher order management as well as be mindful of their reports' needs: *"Not only do I have to do my job, but I also have to be somewhat of a therapist at times and say, 'It's okay if you need to take a mental health day. How can I best support you?' So, it's trying to implement supports for your team while trying to maintain productivity and keep metrics the same."*

Participants also highlighted the tension between productivity and mental health support and the resulting dichotomy in the messages they receive from management. P36 (ADHD) said, *"It just feels like there's a disconnect between… what they (managers) say and then what the next sentence they say."* P30 (ADHD, SPD) shared the same concern:

> *"The deadlines don't stop, and if anything, things are ramping up... So, there's definitely this dual messaging of like... 'Well, take care of yourself. Be good to yourself,' but there's really not a lot of like, 'Well, we can push this back'... So the business is going, stronger in some cases. So there's not many opportunities to slow down."*

As the above excerpts highlight, despite the crisis fueled by the pandemic, socio-political unrest, and the sudden shift to remote work, expectations around productivity have not been re-evaluated. Instead, our participants shared that they had to face implicit and explicit pressures *"to keep the status quo or as many things normal as possible and under control"* (P20 - anxiety, depression). Participants shared their frustrations with such *"unhealthy unrealistic expectations"* (P36 - ADHD) around productivity and emphasized the negative impacts of these expectations on their mental health and wellbeing.

> *"It's almost not fair to call it productivity, because I'm acting as if I'm supposed to be doing what I would have done last summer, and I'm not supposed to do what I did last summer. Because this summer I lived through a pandemic… your health, other people's health, your productivity, keeping your job— I've never had a summer where I've had to think about all of that. So, it's not apples and apples… the demand is so much higher, but we still feel like we're supposed to produce the same."* – P16 (ADHD)

Some even opened up about pushing back against such unrealistic expectations. P3 (ASD) said, *"I think I'm going to prioritize my own mental health before I prioritize any sort of productivity… getting any work done during a pandemic is by itself commendable."* Thus, participants must balance their own access needs—of which mental health is a part—against the productivity demands of their workplace and whether they feel such discussions will be supported now and in the future.

5 DISCUSSION

Building on our analysis, we revisit the differential effects of working from home during the pandemic on neurodivergent professionals, work practices and routines that are not often considered within the scope of accessibility, and how neurodivergent professionals make space to work through conflicting access needs. Following from this, we identify ways of improving the design of remote work practices and tools to better support neurodivergent professionals. We argue that the insights and recommendations presented here are relevant for all people, as accessibility benefits everyone. Moreover, people with disabilities are often drivers of technical innovation [10, 33, 42, 67], and neurotypical people play a key role in creating access. While we hope the recommendations here make remote work better for all, we must be ever mindful about positioning people with disabilities as subjects from which researchers can learn and exploiting their knowledge without upholding their contributions [11, 96].

5.1 Reconsidering Access in Remote Work

On the surface, the experiences reported above seem like they apply to all people, particularly in the time of a global pandemic. And, adapting work practices to better support neurodivergent professionals (e.g., sending meeting agendas in advance, captioning and transcribing meetings, setting expectations about mental health) is likely to make remote work better for all. This logic, however, risks minimizing and undermining the difference in experience between a neurotypical and neurodivergent person. For instance, a neurotypical reader may relate with the experiences our

participants described about working from home, particularly as they discussed setting up a home workstation, sharing space with other people and across tasks (e.g., eating, sleeping), attempting to "tune out" other distractions of home life, difficulties with turn taking, and the feeling of 'Zoom fatigue' [21, 29, 60, 73, 89]. Yet, each of these factors can have a differential and compounding effect on neurodivergent workers, resulting in intense distraction, inability to focus on meeting content, missing entire portions of a discussion, having difficulty task switching, additional fatigue and stress, and feeling overwhelmed and that *"I couldn't function"* (P7 - ASD). These experiences align with the notion of 'crip time', which is an alternative temporal orientation that rejects normative ways of keeping time and accounts for disabled people's energy and time expended in day-to-day activities [49, 50, 75]. The point is not to sensationalize these experience nor treat disability as additive; rather, the goal is to call attention to how one's neurodivergence makes abiding by workplace norms already difficult and that working from home during the pandemic has both magnified and renewed these challenges.

Our findings reveal a range of strategies participants use and advocate for to make working from home accessible. In particular, normalizing the use of video, obtaining meeting agendas and other materials in advance, having clear turn taking protocols that avoid time-pressured responses, enabling multiple ways to contribute to a conversation, captioning and sharing meeting records (e.g., recordings, transcripts, notes), and providing sufficient time between meetings and across tasks are all essential practices for a workplace in which neurodivergent professionals flourish. As our data show, however, many of these practices are still imperfect and not yet normalized in neurotypical workplaces. For instance, using captioning, screen readers, or speech dictation during a video conference can create additional attentional demands (e.g., jumping between tools) and time required for communication. Similarly, advocating for meeting materials, converting them to accessible formats, and using them to prepare for or debrief from the meeting constitutes a significant form of invisible work [16, 26] that neurodivergent professionals take on in addition to their day-to-day job responsibilities. Beyond this, power dynamics and organizational hierarchies make it difficult for some employees to speak up even when organizations seem supportive of disability and wellbeing. Our analysis calls attention to whether practices related to meeting scheduling, agendas, turn taking, transcription, and mental health awareness are embraced by organizations as required for access or are simply thought of as "nice-to-have". When such practices are positioned outside of discussions of accessibility, neurodivergent professionals will remain at a professional disadvantage and continue to bear the burden of access in remote work.

A striking finding from our analysis is the highly individual and, at times, conflicting access needs across our informants. For instance, some of our participants prefer to have their video turned off to hide their stimming activities. Others, however, find watching meeting partners' video feeds necessary for piecing together nonverbal cues, complementing closed captioning with lip reading, and maintaining a sense of accountability to avoid zoning out. Some communicate better through speaking and auditory channels while others prefer text communication or chat. As Hofmann et al. [43] assert, technology in its current form does not "make space for these conflicts, nor does it facilitate the art of thoughtful compromise in access work." In our analysis, we see instances of such thoughtful compromise from neurodivergent professionals at a social level, where they remain mindful of their meeting partners' access needs while negotiating for their own access, even when the tools themselves do not support such negotiations. Thus, there is much work to do in terms of improving remote work tools and platforms so that they better support and take into account these conflicting access needs and provide flexible ways to resolve them. Beyond this, tools for remote work are constantly evolving and being updated with new features, meaning that what might work well at one moment of time may not work the same way in the future.

5.2 Access Recommendations and Design Considerations

Largely driven by scholarship from disability studies, there has been a shift within the accessible computing community from conceptualizing accessibility as a feature of a system towards understanding access as an emergent phenomenon that is shaped through interaction with other people and one's material workspace [9, 28, 53, 94] and is inherently political [49]. That is, access does not reside in the specific features of a technology but instead is created through interaction between people and technology in particular contexts and at particular moments in time [28]. With this framing of access, we can better understand how technology design and organizational policies can work together to create more inclusive and equitable workplaces. Below we enumerate recommendations for accessible design and organizational practices.

5.2.1 Routinize and Synchronize Agendas, Transcripts, Recordings, and Notes. As we discuss above, sharing meeting agendas, goals, and expectations in advance, following the agenda items during meetings, and sharing transcripts and recordings post-meeting are critical access needs for neurodivergent professionals. We argue that these practices should be routinized and part of organizational norms in professional settings, yet abiding by these practices currently takes considerable effort on the part of neurodivergent employees and neurotypical colleagues. Thus, an area of design innovation involves streamlining this information and its interaction before, during, and after each meeting. Also suggested in prior work [98], video conferencing tools could allow attendees to integrate meeting agendas into remote meetings and enable checking off items as the meeting progresses to provide a visual status and reminder. Meeting agendas and other materials (e.g., notes, slides) could be made interactive and support navigation of transcripts and recordings post-meeting (i.e., clicking on an agenda item or slide takes users to that point in the transcript or recording). Such features may help neurodivergent professionals know where to focus their attention if they miss part of the meeting for a desensitization break or become distracted and need a recap. Having an interactive agenda for meetings could also support keeping track of the meeting pace and timing, as some of our participants appreciated the new addition of the '5 minutes left reminder' feature in Microsoft Teams, which helps them wrap up a meeting. This feature could be extended to keep track of timing for different agenda items and optionally provide reminders to the meeting host and/or attendees to help maintain structure in remote meetings.

5.2.2 Support Predictable and Orderly Turn Taking. Our analysis also emphasized the critical need for maintaining clear structure and organization in remote meetings, whereby everyone can get to share their thoughts in a way that is comfortable for them. Therefore, existing meeting norms that privilege attendees who dominate a conversation by *"filling the silence first"* need rethinking to allow time and space for neurodivergent professionals who need more time to formulate their thoughts or find it difficult to interject into an ongoing conversation. While turn taking is a socio-technical phenomenon that must be mediated by meeting organizers and attendees, technological improvements can support organizers in facilitating this process. For instance, the 'hand raising' feature, which many of our attendees applauded as a useful support for turn taking, can be further improved to maintain a queue of hand raises so participants are able to prepare for their turn to speak. Similarly, organizational policies need to ensure that teams follow accessible practices in remote meetings, such as designating human co-facilitators who can bring attendees' attention to chat when a person shares their thoughts through typing.

5.2.3 Give Flexibility and Mutual Control over Video and Audio Feeds. Our analysis suggests that to support neurodivergent professionals in managing distraction and attentional demands, video conferencing tools such as Zoom or Microsoft Teams need to offer more flexibility in the way users can view (or listen) to each other's video or audio stream. Currently, these tools provide individual

users the options to suppress background noise on their end and control their own backgrounds using blurring effects or virtual backgrounds. These features can be extended to provide users options to locally control other attendees' video backgrounds or level of noise suppression as they see (or hear) others from their end, to the extent that other attendees' self-presentation and privacy is respected. For example, if another individual puts up a bright animated background that might cause a *"visual trigger,"* a neurodivergent user could choose to replace the background with a plain one on their screen while not affecting how other attendees might view the individual. Importantly, offering this as a flexible option could give users the agency to decide whether they want to control their meeting partners' video background or not. As we see in our analysis, neurodivergent professionals valued getting a glimpse of others' home backgrounds, pets, or kids which helped them develop personal connection and bonding, and in such cases, they *"like[d] the distraction."*

5.2.4 Allow Customization of Global and Local Notification Settings. Our data suggest that notifications in virtual workspaces can cause distractions similar to the way co-workers' chatter in the background disrupts one's focus while working in open office environments. Participants shared instances where they received continuous notifications of chat conversations happening outside of an ongoing meeting, which turned their attention away from the meeting conversation and made focusing difficult. For some, the best alternative was to leave a chat group entirely, even if that meant missing important messages. While remote collaboration tools like Slack and Microsoft Teams offer some options to control notification for chat threads of individual 'teams' or 'channels' or pause notifications using 'Do Not Disturb' modes, there is still much room for improvement. For instance, an option to automatically pause notifications when in a meeting and resume after the meeting ends may be helpful, although such features should also consider the overwhelming nature of sorting through numerous notifications, as described by our participants. Beyond design improvements, organizations should also maintain accessible guidelines and best practices for reducing extensive amounts of notifications for team members, for example, avoiding tagging individuals on messages that do not need their attention and minimizing @mentions for an entire 'channel' or 'team' unless absolutely necessary.

5.2.5 Support Refocusing after Periods of Distraction. Our analysis also highlights the work neurodivergent professionals must perform to re-focus on a meeting after a moment of distraction or a desensitizing break. In their effort to not interrupt an ongoing conversation, our participants often go through chat messages or send direct messages to trusted persons in the meeting to get the context of the conversation. Important to note here is that getting distracted during a conversation and interrupting for a recap is considered socially impolite. Thus, organizational norms around attention management must be revisited to normalize requesting quick recaps after inadvertent moments of distraction and neurotypical team members should remain mindful and supportive of such re-focusing needs of their neurodivergent colleagues. Remote communication tools can facilitate this normalization by adding a 'request quick recap' feature that can signpost a person's need for a recap to other meeting attendees, as one of our participants also recommended. This feature could also be implemented in a way that automatically provides the last few seconds of verbal exchange through text or audio/video (i.e., provides a pointer to a section of live text transcription or the meeting recording).

5.2.6 Integrate Access Technologies into Virtual Collaboration Tools. Participants' use of existing access technologies, such as closed captioning, screen readers, text read-aloud features, and speech dictation software, reveal a need to integrate such technology more fully into remote work platforms. While Microsoft Teams and Google Meet offer integrated live captioning, services like Otter.ai[4] are

[4]https://otter.ai/

a useful starting point for live captioning during Zoom meetings, although our data indicate that access technologies introduce other challenges around attention and additional time required to switch back and forth across tools and modalities. Specifically, video conferencing technology could better support multimodal entry and playback of text chat to support the temporal demands of understanding content and formulating a response in-the-moment. Other text-based tools, such as Slack, could also be improved by enabling multimodal asynchronous interaction (e.g., speech-to-text input and playback). Integration of access technologies also has the potential to help normalize and routinize their use across virtual meetings and workspaces on an organizational level rather than having such accommodations only upon request, which requires individual employees to disclose their disability identity and access needs.

5.3 Limitations and Future Work

Our study was conducted during the COVID-19 pandemic, which provided critical insight into how neurodivergent professionals shaped their work-from-home practices during a time of crisis. The risk of virus exposure, social distancing, and stay-at-home mandates due to the pandemic along with concurrent socio-political unrest impacted our participants' work-from-home practices in unique ways. In a post-pandemic era, however, many organizations will likely lean towards a more fluid, 'hybrid' work model even when it becomes safe to return to the office [24, 93]. While many insights revealed by our analysis, such as configuring home workspaces and negotiating access in remote communication, are likely to apply to post-pandemic work models, the hybrid model will potentially create new challenges and prospects. As such, to develop a holistic understanding of accessibility in working from home, future studies should investigate how neurodiverse professionals create and negotiate access in a post-pandemic 'hybrid' environment and revisit the ways their practices might differ from a time of crisis. Additionally, our informants cautioned that the current emphasis on mental health and wellbeing may only be temporary rather than creating systemic cultural change in organizations. Thus, future studies must examine the new 'normal' that emerges post-pandemic to understand whether mental health initiatives—which impact neurodivergent professionals significantly in terms of inclusion and acceptance—remain part of longer-term organizational and cultural change.

6 CONCLUSION

Through our inquiry into work-from-home practices of neurodivergent professionals, the present paper contributes a deeper empirical understanding of the nuances of accessibility in remote work during a time of crisis, and outlines an agenda for creating more inclusive and equitable work environments. Working from home offers neurodivergent professionals much needed flexibility in work routines and environments, although they must perform significant cognitive and emotional labor in configuring an accessible home and virtual workspace and negotiating accessible remote communication practices. In addition, our work highlights how neurodivergent professionals navigate tensions between productivity demands and wellbeing against the backdrop of an ongoing pandemic, raising questions of whether accommodations and mental health will be prioritized in the future in corporate culture. We argue that to create a more inclusive workplace, organizational norms around remote work must be revisited to integrate accessible practices that are still thought of as optional and "nice to have". Normalizing such practices and improving technology to support accessibility means that an inclusive working environment is not dependent on individuals being ready or willing to disclose their disability or access needs, which can be highly stigmatizing and come with fear of retaliation from management or peers. Accessibility benefits all people, and we can look to neurodivergent professionals as leading the way in best practices for creating access and inclusion in professional workspaces.

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A DETAILS OF INTERVIEW PARTICIPANTS

Table 1. **Participant Information.**
ASD: Autism Spectrum Disorder, ADHD: Attention Deficit/ Hyperactivity Disorder, LD: Learning Disability, PD: Psychosocial Disability, SPD: Sensory Processing Disorder, TBI: Traumatic Brain Injury, WFH: Work from Home

ID	Neurodivergent Condition	Occupation	Pre-pandemic WFH Experience
P1	ADHD, anxiety	Full time, human resources manager	Never
P2	ASD, ADHD, dyslexia	Freelancer, programmer, sound recorder, videographer	More than once a week
P3	ASD	Graduate student, researcher	Less than once a month
P4	ADHD, dyslexia, anxiety	Full time, actuary analyst	Less than once a month
P5	ASD, PD, seizure	Freelancer, student, researcher	Once a week
P6	ASD, PD	Full time, software tester	Once a week
P7*	ASD	Freelancer, managing a non-profit for autistic adults	Once a week
P8	ADHD	Full time, computer programmer	Less than once a month
P9	ADHD	Full time, inclusive design lead	Less than once a month
P10	ADHD, LD, depression, TBI, chronic pain	Full time, diversity and inclusion specialist	More than once a week
P11*	ASD, ADHD	Full time, software tester	Never
P12	ASD, ADHD, LD, TBI	Full time, software tester	Once a week
P13	ASD, depression	Full time, health and benefit consulting	Once a week
P14	ADHD	Software development engineer	Daily
P15	LD	Full time, school administrator	Never
P16	ADHD	Full time, professor	Once a week
P17	ADHD, PD	Full time, accessibility strategist	Less than once a month
P18*	ASD, ADHD	Full time, software testing lead	Never
P19	ADHD	Customer success manager	Daily
P20	Anxiety, depression	Full time, program manager	Less than once a month
P21*	ASD, PD	Full time, software testing manager	Less than once a month
P22*	ASD, ADHD, LD, PD	Part time, software tester	Never
P23	ASD, ADHD, PD	Full time, software engineer	Less than once a month
P24*	ASD, ADHD, PD	Full time, software tester	Never
P25*	ASD, ADHD, anxiety	Full time, software testing lead	Never
P26	PD	Full time, software engg. manager	Less than once a month
P27*	ASD, depression, anxiety	Full time, technical coach	Less than once a month
P28	ADHD	Program manager	less than once a month
P29	Dyslexia	Customer engineer	Daily
P30	ADHD, SPD	Full time, program manager	Less than once a month
P31	Dyslexia	Privacy manager	Once a week

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ID	Neurodivergent Condition	Occupation	Pre-pandemic WFH Experience
P32	ASD, ADHD	Software engineer	Once a week
P33	ASD, PD	Full time, software engineer	Once a month
P34	ADHD	Supportability program manager	More than once a week
P35	ADHD, LD	Culture engineer	Once a week
P36	ADHD	Data scientist	Daily

*Currently works in a predominantly neurodivergent workplace

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