Autism, ADHD, & Neuroaffirming Practices

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Objectives

| Medical versus Neuroaffirming | Autism & Adhd from a neuroaffirming standpoint | What are neuroaffirming practices & how can they be applied? |

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Let's talk Diagnosis versus Category of Eligibility

Medical Diagnosis

- Given by a Medical Doctor, Psychiatrist, or Psychologist
- In the child's medical file
- Based on the DSM-5-TR

School Category & Eligibility

- By School Psychologist, Educational Diagnostician, and IEP Team eligibility criteria
- Determines special education eligibility and qualifying category

***To be eligible for a 504 or IEP the identified diagnosis/disability must impact the student's educational environment aka ability to learn**

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Let's talk Medical Model versus Neuroaffirming Model

Medical Model

- Deficit based
- Focuses on correcting or curing
- Focuses on changing the child to fit the environment

Ex in a school setting:

- Make eye contact
- Eliminate stimming
- Forcing cooperative play
- Focusing on compliance
- Forcing sensory dynamics

Neuroaffirming Model

- Strengths based
- Inclusion based
- Adapting the environment to support the disability

Ex in a school setting:

- Under sensory dysregulation due to forcing eye contact
- Allowing safe stimming
- Honoring all forms of communication
- Incorporating special interest

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ADHD: Inattention

Difficulty with sustained attention
Difficulty breaking large projects down
Losing objects
Forgetfulness
Avoidance of tasks requiring sustained attention
Overlooking details
Daydreaming & spacing in conversations
Appearing not to listen
Distractibility

disengaged and task-avoidant

***Sense of Urgency and Complex Tasks can be accommodated around passion/high interest

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ADHD – Hyperactivity/impulsivity

Excessive talking

Fidgeting

Difficulty sitting still

Difficulty with quietness

Intruding/interrupting others

Difficulty engaging in leisure activities

Restlessness (can be internal)

Difficulty sitting still

Difficulty resting

Difficulty waiting turn/impatience

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•1. Differences in Social-Emotional Reciprocity

•2. Differences in nonverbal communicative behaviors used for social interaction

•3. Differences in developing, maintaining, and understanding relationships

AUTISM: CRITERIA A

***May Have for all these examples, remember Autism is a spectrum NOT a monolith and this can present differently so ask, don't assume that these apply to them

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Autism: Criteria B

Stereotyped or repetitive motor movements, use of objects, or speech

Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior

Highly restricted, fixated interest that are abnormal in intensity or focus

Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment

***When ADHD is also present, interests may change more rapidly but the intensity is similar

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PDA
Autism Subtype

Pathological Demand Avoidance	Persistent Drive for Autonomy or Perceptive Drive for Autonomy
Medical Model	**Neuroaffirming Perspective**
Focuses on challenges without honoring how we experience and interact with stimuli and process the information received	Acknowledges that they are navigating a world and have a need for:
**Recognized in the U.K, not yet in the U.S.	• Self-determination • Understanding • Novelty • Physical and emotional regulation • Creativity • Empowering choice

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PDA

What it is?

- High Anxiety
- Need for Autonomy
- Does not recognize traditional social relationships
- Genuine curiosity and inquiry
- Requires clear communication
- Offering of choices
- Flexibility and validation

Core Traits

1. Evading everyday demands
2. Autonomy Protection
3. Utilizing Social Strategies
4. Concealed Social Communication Struggles
5. Intense "Obsessive" Behaviors
6. Flourishing in Role Play
7. Social Hierarchy

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Demand Avoidance

- Characterized by a strong aversion to perceived demands
- Common in Autism and ADHD
- Can be high due to:
  - Executive functioning challenges
  - Perfectionism
  - Sensory issues
  - Anxiety
  - Lack of predictability
  - Difficulty with transitions
  - Task initiation difficulty
  - OCD triggers

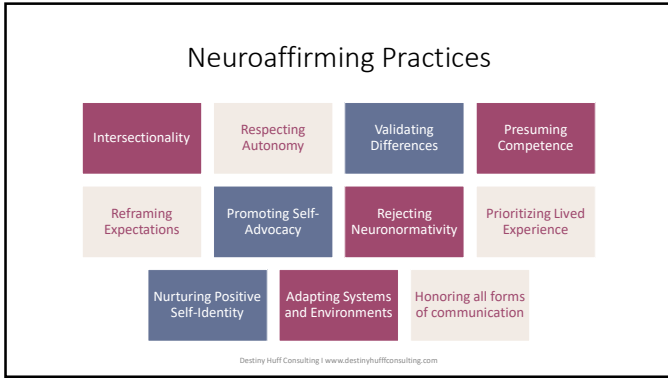Destiny Huff Consulting I www.destinyhufffconsulting.com

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Neuroaffirming Practices

Intersectionality	Respecting Autonomy	Validating Differences	Presuming Competence
Reframing Expectations	Promoting Self-Advocacy	Rejecting Neuronormativity	Prioritizing Lived Experience
	Nurturing Positive Self-Identity	Adapting Systems and Environments	Honoring all forms of communication

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#1 Intersectionality

- Recognizing that individuals possess multiple social identities and experiences which influence their lives, such as:
  - Gender
  - Race
  - Sexuality
  - Disability
  - Class
- Impact
  - Stereotypes, bias, prejudice
  - Perception
  - Ability to complete tasks
  - Understanding of diagnosis
  - Supports provided

#2 Respecting Autonomy

What would this look like when it comes to IEPs?
- Talking through their struggles and providing solutions
- Allowing them to pick those solutions
- Letting them identify when they need breaks and the break options
- Allowing them to identify supports and adults they are comfortable talking with

What would this look like in practice?
- Letting them have a say in their own accommodations, modifications, services & supports
- Letting them choose accommodations that work for them
- Providing them with the information so that they can choose
- Supporting them in the decisions they make

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#3 Validating Differences

Validating differences is important because it is important to recognize, acknowledge, and then accept that neurodivergent individuals have different and unique:

- Perspectives
- Communication styles
- Sensory experiences
- Cognitive process

How do you do this?
- Recognize that there is a difference between neurodivergent and neurotypical approaches
- Recognize and honor different communication styles: verbal, nonverbal, use of AAC device, use of an AT device
- Recognize that we perceive things differently and interpret situations differently
- Recognizing sensory experiences and the impact they can have on the individual in the environment they are in

#4 Presuming Competence

- Always, always, always presume competence and presume that we are:
  - Self-aware
  - Capable
  - Can make valuable contributions

Everyone has different strengths, and everyone's strengths present differently but never assume that just because we are different, does not mean we are incompetent.
  - Observe our strengths
  - Ask us about your strengths
  - Ask us where we need support
  - Allow us to utilize our strengths to succeed

"Presuming competence is nothing less than a Hippocratic oath for educators."- Douglas Biklen

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#5 Reframing Expectations

Reframing is when we take our perception of something, challenge it, and then base it in fact, on what has been proven.

How do you do this?
- Challenge societal expectations
- Recognize lived experiences
- What works for one [insert diagnosis, neurotype] may not always work for the other
- What worked for them yesterday, this morning, may not work in the afternoon or tomorrow
- With each new grade comes new expectations which may require new strategies

Be your own biggest advocate!

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#6 Promoting Self-Advocacy

- **Self-advocacy is when we can:**
  - Express our needs
  - Express our preferences
  - Express our rights
  - Identify what supports us and what empowers us

Being able to do this allows us to regain autonomy over ourselves in a world that doesn't always allow for that!

How can you do this at home and in the classroom?

1. Give choices
2. Explain decisions
3. Ask for their input on goals, decisions, and schedules
4. Add self-advocacy goals to their IEP
5. Remove goals that don't help them
6. Honor requests for breaks and accommodations
7. Answer questions

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#7 Rejecting Neuronormativity

Reject that view, reject that there is one "normal" or "right" way for brains to function"- KBronJohn. Acknowledge that every brain is different which means that there are a variety of ways in which "symptoms" and signs can present in an individual.

One Autistic is verbal, another nonverbal.
One ADHDer can't sit still, and another one.
Everyone is different and how they present will be different, so challenge that!

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#8 Prioritizing Lived Experience

First-hand knowledge is so important.

- We have this stereotypical view of what ADHD, Autism, any diagnosis even Anxiety and Depression look like. At some point, society should and could make a shift but to do that we have to be open to learning, hearing, and acknowledging that we don't know everything even if we have been learning about it or even teaching about it.

How do you do this?

- Listen to Neurodiverse children
- Listen to Neurodiverse adults
- Don't question their feelings or responses, ask questions instead

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#9 Nurturing Positive Self-Identity

As we shift from a medical model to a neuroaffirming one. It is essential to understand what that looks like. So, let's talk about nurturing a positive self-identity!

Helping neurodivergent children develop a positive self-concept and self-esteem is important! In a neurotypical world, it's important for them, just like any child, to understand how special they are.

How do you do this?

- Help them recognize their strengths, their talents, and what they contribute to the world.
- Promote their special interest, incorporate the healthy hyper-fixations that they may have, and normalize their sensory needs.

Making a child not feel othered helps them feel proud of who they are!

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#10 Adapting Systems and Environments

- Removing barriers, providing reasonable accommodations, and modifying various settings (schools, workplaces, and communities)
  - Structures
  - Policies
  - Practices

How do we do this?
- Consider the disability, diagnosis, and neurodivegence
- Making accommodations to support the neurodivergence and not punishing for their neurodivergence

Ex:
- - Allowing Stimming
- - Allow them to move and get out of their seat
- - Adjust the type of seating
- - Adapting modes of communication
- - Including breaks
- - Adapting means of doing work

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#11 Honoring all forms of Communication

- Recognizing that communication can take many forms outside of traditional spoken and written language!

Gestures

Writing

Augmentative & Alternative Communication (AAC)

AMERICAN SIGN LANGUAGE

Body Language

Traditional Spoken Word

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How do you advocate?

- Educate yourself on your child's disability/diagnosis
- Recognition of one's own bias and challenging peers, coworkers, and superior's bias
- Use related services – staff and parent training on disabilities/diagnosis
- Request Pragmatic Speech Assessment
- Request OT Assessment
- Consult with mental health professionals
- Ask questions about diagnosis and how they can impact a child in the school setting

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Resources

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