

Neurodiversity 101

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NOW

THIS

Opinions

Neurodiversity Vocabulary

- **Neurodiversity**-diversity of human minds, the infinite variation in neurocognitive functioning within our species; biological fact. (how we think, learn and relate to others, how we process information)
- **Neurodivergent (ND)**- having a mind that functions in ways which diverge significantly from the dominant societal standards of “normal”
- **Neurotypical (NT)**- style of neurocognitive functioning that falls within the dominant societal standards of “normal”
- **Neurodiversity Paradigm**- a specific perspective on ND including: ND is a natural and valuable form of diversity; “normal” or “healthy” neurocognitive functioning is a culturally constructed idea
- **Neurodiversity Movement**- social justice movement that seeks civil rights, equality, respect and full societal inclusion for ND

Neurodiversity Examples

- Dyslexia
- Dysgraphia
- Dyspraxia
- Dyscalculia
- Autism (Asperger's)
- ADHD
- Language Disorders
- Epilepsy
- Mental Health Conditions
- Dual or multi-diagnosis



- No two individuals with the same diagnosis look the same
- Intersectionality of diagnoses and other demographics impact experience and needs

Important Terms

Impairment
(Organ level)

Any loss of physical or psychological functioning at the organ level



Disability
(Person level)

Restrictions or lack of ability to function in a certain area due to some type of impairment



Handicap
(Societal level)

Environmental or social barriers which limit or prevent a person with a disability from performing certain tasks



Person First vs. Identity

Some people prefer to use disability language first VS. person first

Ask the person what they prefer and listen for what terms they use to refer to themselves

- ü Language will depend on how the person views their identity
- ü Sometimes removal of diagnosis would remove part of an individual's personhood/self
- ü Sometimes the label is viewed as part of an individual's personhood/self
 - Ø (e.g., "has autism" vs. "autistic")
- ü Some people prefer to think of themselves as a person-first and disability is one characteristic (person with Autism)
- ü Be flexible and adaptable, things change



Person First Language	Identity First Language	AVOID
Person with a disability / People with disabilities	Disabled Person	The disabled / The handicapped / Disabled person
People without disabilities		Normal / Healthy / Able-bodied
Wheelchair user / Uses a wheelchair	Para, Quad	Wheelchair-bound / confined to a wheelchair
*People who have mental illness / Person who lives with Bipolar/ Person with a mental health diagnosis/condition	*I am Bipolar	The mentally ill / crazy / psycho / mental case
People who are blind or visually impaired / Person who is hard of hearing / Person who is deaf	Deaf, Blind	The blind / the hearing impaired / deaf-mute
Person with Autism Spectrum Disorder/Condition (ASD) / Person who is neurodivergent	Asperger's/ Aspie / Autistic	
People who have intellectual disabilities / Person with an intellectual disability / Self-Advocates		MR

Language Matters

- What you say DOES matter
- You may offend someone without intending to do so
- Listen and Adapt; When in Doubt, ask!
- Using outdated or euphemistic language may be seen as demeaning
- Avoid terms implying judgments - suffers from; victim of; afflicted with

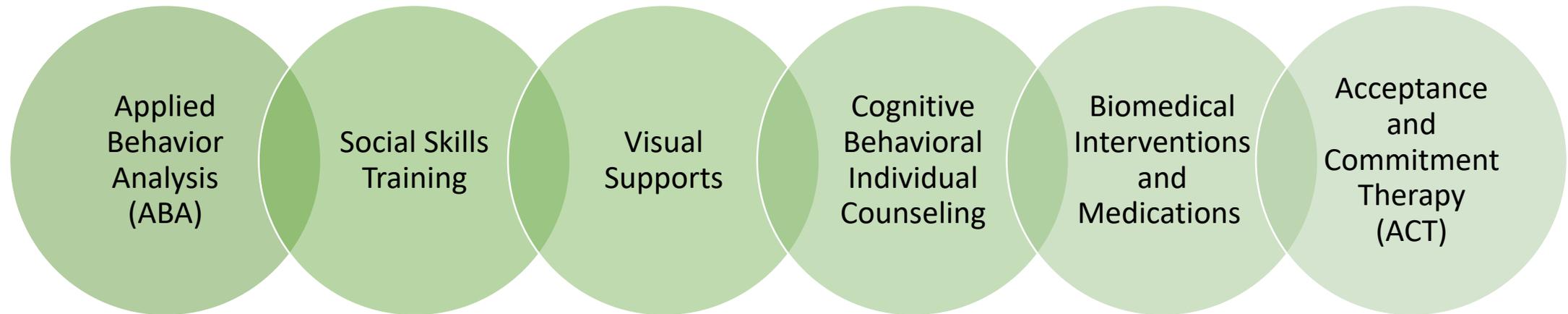


“If thought corrupts language, language can also corrupt thought.” - George Orwell

“The difference between the right word and the almost right word is the difference between lightning and the lightning bug.”
– Mark Twain

Services, Accommodations & Considerations

A Selection of Common Treatments and Interventions



Treatment and Intervention

Educational Model

- A diagnosis is used to establish **eligibility** for special education services.
- The goal is to increase a student's access to the curriculum being taught by an education system, by providing an Individualized Education Plan and/or accommodations to the learning environment.

Clinical/Medical Model

- Reduce the symptoms associated with a diagnosis
- Medically necessary
- Funding source may require documentation of medical necessity



Treatment and Intervention

Educational Model

- Parents
- Teachers
- Paraeducators
- Occupational Therapist
- Speech Therapist
- Physical Therapist
- Special Education Counselor
- Board Certified Behavior Analyst (BCBA)
- Licensed Specialist in School Psychology
- Transition Specialist

Clinical/Medical Model

- Licensed Professional Counselors (LPC)
- Board Certified Behavior Analyst (BCBA)
- Licensed Psychologist (LP)
- Speech Language Pathologist (SLP)
- Occupational Therapist (OT)
- Physical Therapist (PT)
- Social Worker
- Medical Doctors
- Nurses

Embracing Neurodiversity

- ❖ In the early twenty-first century other types of diversity are accepted and celebrated, and neurodiversity should be no different
- ❖ The increase in the number of people diagnosed with various conditions and labels suggest that there is no 'normal' anyway
- ❖ The very act of labelling marginalizes these groups and has a negative impact on the individuals affected
- ❖ Current terminology spreads stereotyping and prejudice

- ❖ Traditional labels and categories are not necessarily helpful; they tell us very little about individuals
- ❖ Current systems fail to take into consideration that environments, policies and practices have been designed for one type of brain (NT)
- ❖ 'Normal' is a social construct and reflects only what is considered 'typical' at any particular time
- ❖ Western society is currently experiencing a collective shift in consciousness away from consumerism and traditional measures of success

Traits and Features

Tendency to be creative in completing tasks	Detail Oriented	Direct, non-judgmental, and honest	Atypical eye contact, gestures, or tone
Absence or impairment of imaginative and social play	Impaired ability to initiate or sustain a conversation w/ others	Abnormally intense or focused interest	Difficulty regulating emotions or accurately identifying the emotions of others
Preoccupation with certain objects or subject.	Impaired ability to make friends with peer	Inflexible adherence to specific routines or rituals	Feels overwhelmed in certain situations (sensory, social, novel, etc.)
Logical thinker	Repetitive or unusual use of language	Difficulty interpreting the intentions of others	Strong Visual Memory

Universal Design for Learning

- Principle 1: Provide Multiple Means of Representation
- Principle 2: Provide Multiple Means of Action and Expression
- Principle 3: Provide Multiple Means of Engagement

Recommended to adhere to the principles of Universal Design for Learning
(<http://udlguidelines.cast.org/>)

Common Considerations

The following is a list that people may or may not experience. An individualized approach is required to address a person's needs. Ask the person what they need and prefer.

- ✓ **Difficulties with Working Memory:** The capacity to remember verbal information for a short period of time. This can vary with stress/anxiety and may affect following instructions, writing information and organizational skills.
- ✓ **Differences in Processing Speed and Ability:** The amount of time it takes to process visual or verbal information. Time constraints may exacerbate.
- ✓ **Differences with 'Executive Functioning' Skills:** Includes planning, organizing, structuring, prioritizing, focusing attention, memory, managing time and other self-regulation
- ✓ **Differences in Communication Style:** this may include difficulties with receptive/expressive language, conversational skills and non-verbal communication; these differences can affect the work itself, but also relationships in the workplace.
- ✓ *Many Neurodivergent Individuals may experience low self-esteem related to historical treatment and experiences which could result in feelings of isolation, frustration, exclusion, depression, anxiety or being 'different'.

Written Communication

Written Communication

- Sufficient Time to Read and Respond (in advance or give time to absorb)
- Paper or Electronic mediums
- Style Guide
- Clear and Concise
- Limit Notetaking
- Allow for breaks
- Use Plain English
- Bullets, **Bold**, lists
- Avoid jargon, acronyms, technical language

Strategies to Support

- Screen-Reading Software
- Reading Pen
- Quiet Space
- Interact with Materials
- Customize computer settings
- Voice-text software
- Listen to Notes
- Mentor/Buddy
- Anti-Glare Screen

Verbal Communication

Verbal Communication

- Clear and Concise
- Back up with Written instructions
- Limit distractions
- Avoid Lengthy Meetings
- Public speaking-give a warning, alternatives
- Visual Aids (charts, graphs, etc)
- Offer Scripts/Role-Play
- Offer Quiet areas or Rejuvenation Spaces
- Don't assume lack of motivation/enthusiasm
- No Eye-Contact requirement

Strategies to Support

- Note-Taking and Memory Techniques
- Rehearse, Role-Play and use Prompts
- Support Social Communication Skills-mentor and clear guidelines

Neurodiverse-Friendly Environments

Sensory Considerations

- Lights- fluorescent strip lighting
- Visual Stimulus- busy patterns, clutter, noticeboards with too much info
- Noise- background noise or music, loud talking
- Touch- materials, handshakes, hugs
- Taste and Smells
- Personal Space- proprioception; 6th sense, where the body is in space

Inclusive Environments

- Natural Light
- Turn off equipment (reduce hum)
- Sound-proofing, masking- improving acoustics
- Assistive Technology and resources regularly available
- Uncluttered space
- Personal Space- proprioception; 6th sense, where the body is in space

Inclusive Environments

- No Multi-Tasking (instant replies)
- Inform of changes and unexpected events
- Support Personal organization strategies
- Encourage breaks
- Color coding, email templates
- Clear Concise Communication, policies and procedures

Questions?

