NEURODIVERSITY-AFFIRMING REFLECTIONS AND APPROACHES TO SUPPORTING STUDENT MENTAL HEALTH

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"DONALD, A 5-YEAR-OLD BOY"

"At the age of 1 year 'he could hum and sing many tunes accurately.' Before he was 2 years old, he had 'an unusual memory for faces and names, knew the names of a great number of houses' in his home town......He became interested in pictures......he was happiest when left alone, almost never cried to go with his mother, did not seem to notice his father's home-comings, and was indifferent to visiting relatives. (p.217-8)"

"He wandered about smiling, making stereotyped movements with his fingers, crossing them about in the air. He shook his head from side to side whispering or humming the same three-note tune. He spun with great pleasure anything he could seize upon to spin......There were also innumerable verbal rituals recurring all day long......Words to him had a specifically literal, inflexible meaning. (p.219)"

"He paid no attention to persons around him. When taken into a room, he completely disregarded the people and instantly went for objects......Commands or actions that could not possibly be disregarded were resented as unwelcome intrusions. But he was never angry at the interfering person......He gave no heed to the presence of other children but went about his favorite pastimes, walking off from the children if they were so bold as to join him. (p.220)"

PATHOLOGY

To understand and measure emotional qualities is very difficult. Psychologists and educators have been struggling with that problem for years but we are still unable to measure emotional and personality traits with the exactness with which we can measure intelligence.

—Rose Zeligs in *Glimpses into Child Life**

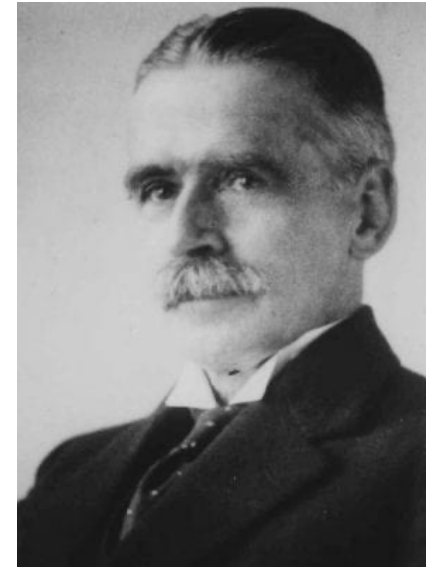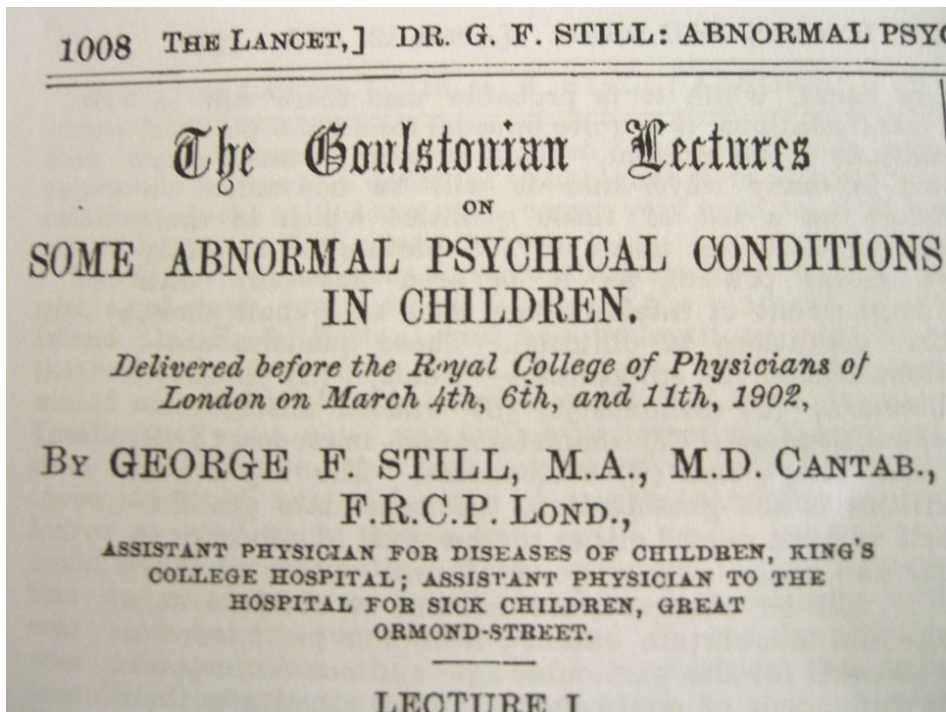## AUTISTIC DISTURBANCES OF AFFECTIVE CONTACT

By Leo Kanner

I.W., a 14-year-old girl

Age 10: "avoids the greater company of children, only interacts with two to three girl friends, seeks out particularly weak and quiet girls as friends. Is intellectually normal but her interest is very difficult to engage in schoolwork."

"Often expresses an obstinate negativism: when asked to write something down, she answers "*I don't want to, I'm not doing it.*" All persuasion and punishment are in vain… She is very shy, self-absorbed, and insecure—becomes very embarrassed and turns red if she must answer. She strives to mask her embarrassment with laughter, grimaces, and superfluous movements. She is very unsettled in class, wriggles around on the bench, jumps up, pulls, and picks at the exercise books. She spends her free time alone or in the company of a single girl friend. Loses herself in the full crowd of children; is introverted, reticent, doesn't let anyone into her inner world."

1008 THE LANCET,] DR. G. F. STILL: ABNORMAL PSYC

The Goulstonian Lectures
ON
SOME ABNORMAL PSYCHICAL CONDITIONS IN CHILDREN.

Delivered before the Royal College of Physicians of London on March 4th, 6th, and 11th, 1902,

By GEORGE F. STILL, M.A., M.D. CANTAB., F.R.C.P. LOND.,

ASSISTANT PHYSICIAN FOR DISEASES OF CHILDREN, KING'S COLLEGE HOSPITAL; ASSISTANT PHYSICIAN TO THE HOSPITAL FOR SICK CHILDREN, GREAT ORMOND-STREET.

LECTURE I

"the particular psychical conditions (…) which are concerned with an abnormal defect of moral control in children"

"defect of moral control as a morbid manifestation, without general impairment of intellect and without physical disease"

"(1) passionateness; (2) spitefulness – cruelty; (3) jealousy; (4) lawlessness; (5) dishonesty; (6) wanton mischievousness – destructiveness; (7) shamelessness – immodesty; (8) sexual immorality; and (9) viciousness. The keynote of these qualities is self-gratification, the immediate gratification of self without regard either to the good of others or to the larger and more remote good of self." (Still, 1902, p. 1009).

NEURODIVERSITY

What It Means:

Neurodiversity is the diversity of human minds, the infinite variation in neurocognitive functioning within our species.

What It Doesn't Mean:

Neurodiversity is a biological fact. It's **not** a perspective, an approach, a belief, a political position, or a paradigm. That's the **neurodiversity paradigm** (see below), not neurodiversity itself.

Neurodiversity is **not** a political or social activist movement. That's the **Neurodiversity Movement** (see below), not neurodiversity itself.

Neurodiversity is *not* a trait that any individual possesses or can possess. When an individual or group of individuals diverges from the dominant societal standards of "normal" neurocognitive functioning, they don't "have neurodiversity," they're **neurodivergent** (see below).

See Nick Walker:
https://neuroqueer.com/neurodiversity-terms-and-definitions/

NEURODIVERSITY PARADIGM

What It Means:

The **neurodiversity paradigm** is a specific perspective on neurodiversity – a perspective or approach that boils down to these fundamental principles:

1.) Neurodiversity is a natural and valuable form of human diversity.

2.) The idea that there is one "normal" or "healthy" type of brain or mind, or one "right" style of neurocognitive functioning, is a culturally constructed fiction, no more valid (and no more conducive to a healthy society or to the overall well-being of humanity) than the idea that there is one "normal" or "right" ethnicity, gender, or culture.

3.) The social dynamics that manifest in regard to neurodiversity are similar to the social dynamics that manifest in regard to other forms of human diversity (e.g., diversity of ethnicity, gender, or culture). These dynamics include the dynamics of social power inequalities, and also the dynamics by which diversity, when embraced, acts as a source of creative potential.

See Nick Walker:
https://neuroqueer.com/neurodiversity-terms-and-definitions/

Key facts about Neurodiversity

- Naturally occurring variation
- Diversity as a property of the woodland, not the tree
- Equal value
- Different needs, and outcomes
- Strength in diversity: a rich and varied biome
- Individual and group-level differences
- Majority and minority / divergent status

Courtesy of Prof Sue Fletcher-Watson

COMMON MISUNDERSTANDINGS I

❌ Neurodiversity is a synonym for SEND (or ASN, or ASL)

- risk of changing the language but not actions
- risk of reinforcing stigma by failing to deliver on inclusive potential, cf "special needs"

✔️ Neurodiversity requires a rethink of *how* and *why* things are done in school

"*ND is not a classificatory term dividing us from them. We are all Neurodiverse. We live on a Neurodiverse planet in which amoral nature generates endless genetic diversity, while we humans have evolved the capacity to make judgments about nature's bounty. What Neurodiversity brings us is a challenge* to find a place for everyone and to distribute the bounty fairly*."*

Singer: *Neurodiversity: its politics, not science!*
February 2021, Neurodiversity2.blogspot.com

Courtesy of Prof Sue Fletcher-Watson

COMMON MISUNDERSTANDINGS II

❌ **Neurodiversity focuses only on the strengths and talents of individuals**

- risk of putting additional pressure on ND students to excel in something
- risk of dividing ND into more / less valuable and failing the radical impact of the idea
- risk of emphasizing the individual, rather than the collective (cf biodiversity)

✓ **Neurodiversity reminds us that diversity itself is a strength**

"Discussing autism, ADHD, and dyslexia, [this article] claims the term neurodiversity was created to "shift the focus from the negative connotation of these conditions toward the positive," a statement that waters the entire concept down into a floppy milquetoast version of its former self. It's not a nice euphemism for autism, and it's about far more than just fighting negative connotations."

Meadows: *You're using the word "neurodiversity" wrong.* August 2021, medium.com

Courtesy of Prof Sue Fletcher-Watson

COMMON MISUNDERSTANDINGS III

✕ **Neurodiversity paradigm rejects the concept of disability**

- Risk of failing to be inclusive and beneficial to everyone – esp. people who identify as disabled and / or having a mental illness
- Risk of denying support needs
- Risk of reinforcing capitalist value system: measure people by their earning power

✓ **Neurodiversity paradigm embraces the concept of disability and offers support without judgement or normalisation**

"we should … not jump to rejecting the very possibility of mental pathology, or of a "wrong" brain ... Rather, we must work on allowing more space for individuals and groups to self-define as healthy or ill, different or disordered, perfect or broken, in need of either medical or political intervention, or whatever combination of these."

Chapman: *Negotiating the Neurodiversity Concept: Towards epistemic justice in conceptualising health.* August 2021, Neurodiverse Age

Courtesy of Prof Sue Fletcher-Watson

Table 1. Core claims of the medical model of disability, the strong social model of disability, and of the interactionist/ecological neurodiversity approach proposed here[1]
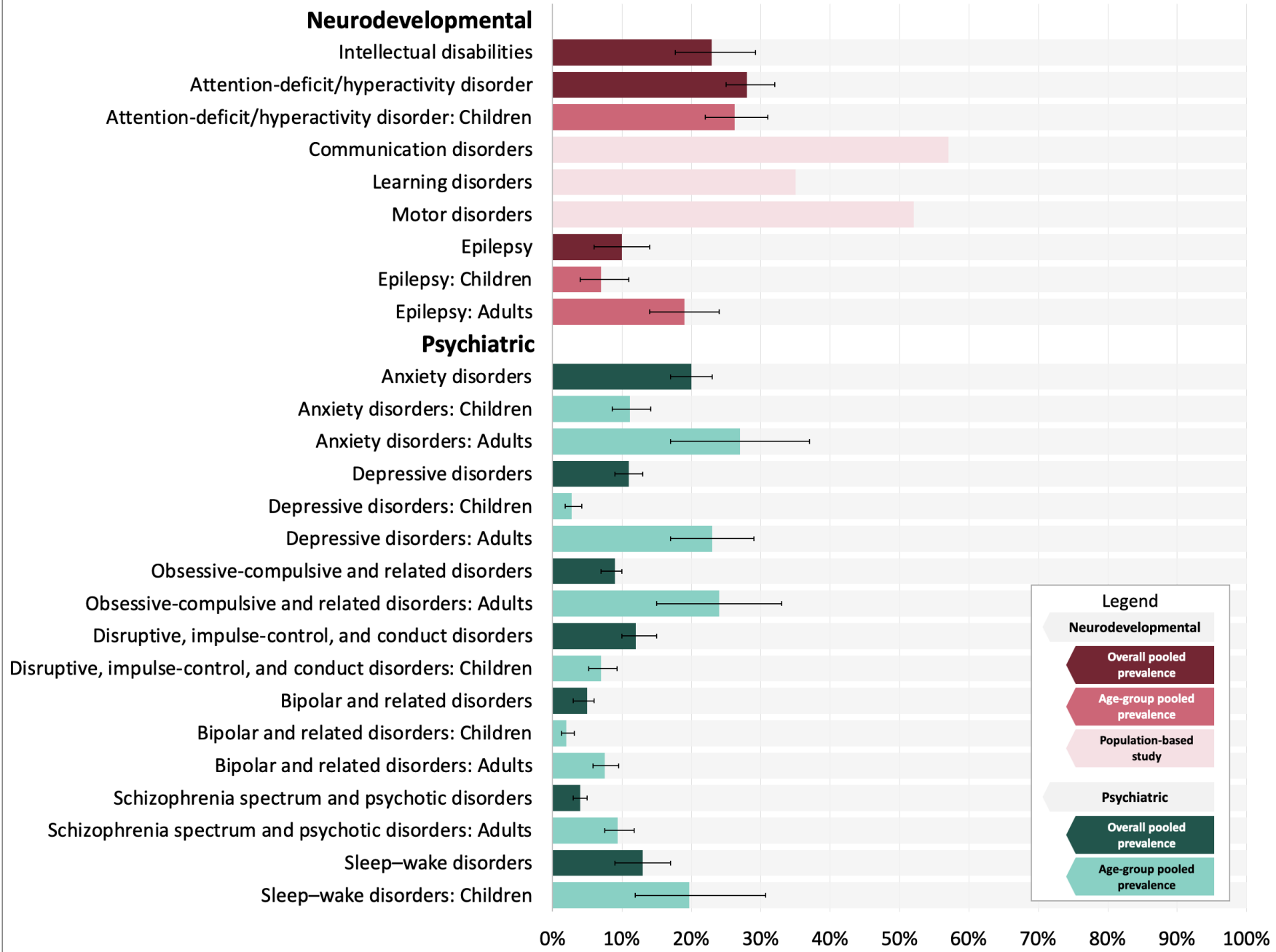
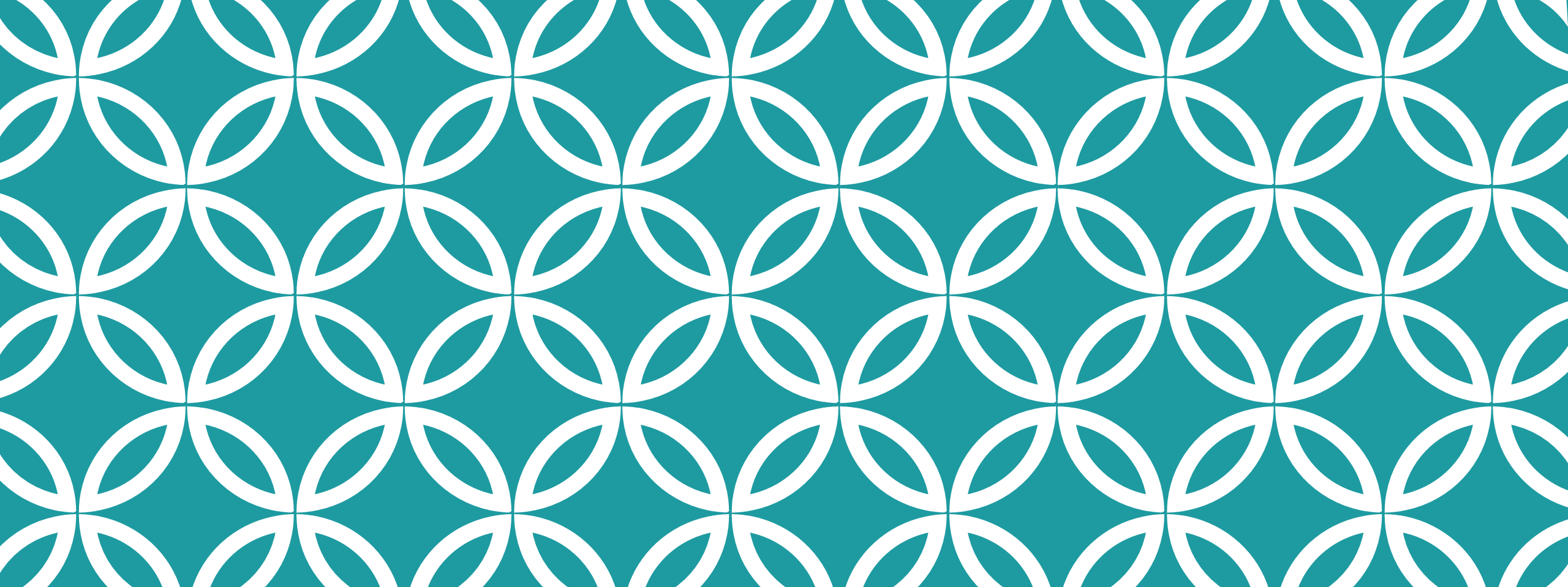| Medical model	Neurodiversity approach	Strong social model
• Disability reflects disorders, deficits, and diseases that exist within the disabled person • These diseases and disorders may be innate or they may have originated through developmental cascades and interactions with the environment, but either way, they exist within the person • Disability should be addressed by curing or normalizing the disabled person to make them more like an abled, typical individual	• Disability is the product of an interaction between the characteristics of a disabled person and the environment around them • Disability can be addressed by reshaping environments and society (e.g., by working to reduce stigma) or by changing an individual (e.g., by teaching them adaptive skills) • Curing or normalizing the disabled person should not be goals • Diversity of minds and brains should be valued and individuals with neurological disabilities should be accepted for who they are	• Disability is caused by barriers imposed on the disabled person by society • Individuals may have impairments in their minds and biology, but these impairments are not disabling unless society imposes restrictions on people with impairments • Disability should be addressed by reforming society to provide accommodations, increase accessibility, and decrease stigma and discrimination

Dwyer, 2022, *Human Dev*
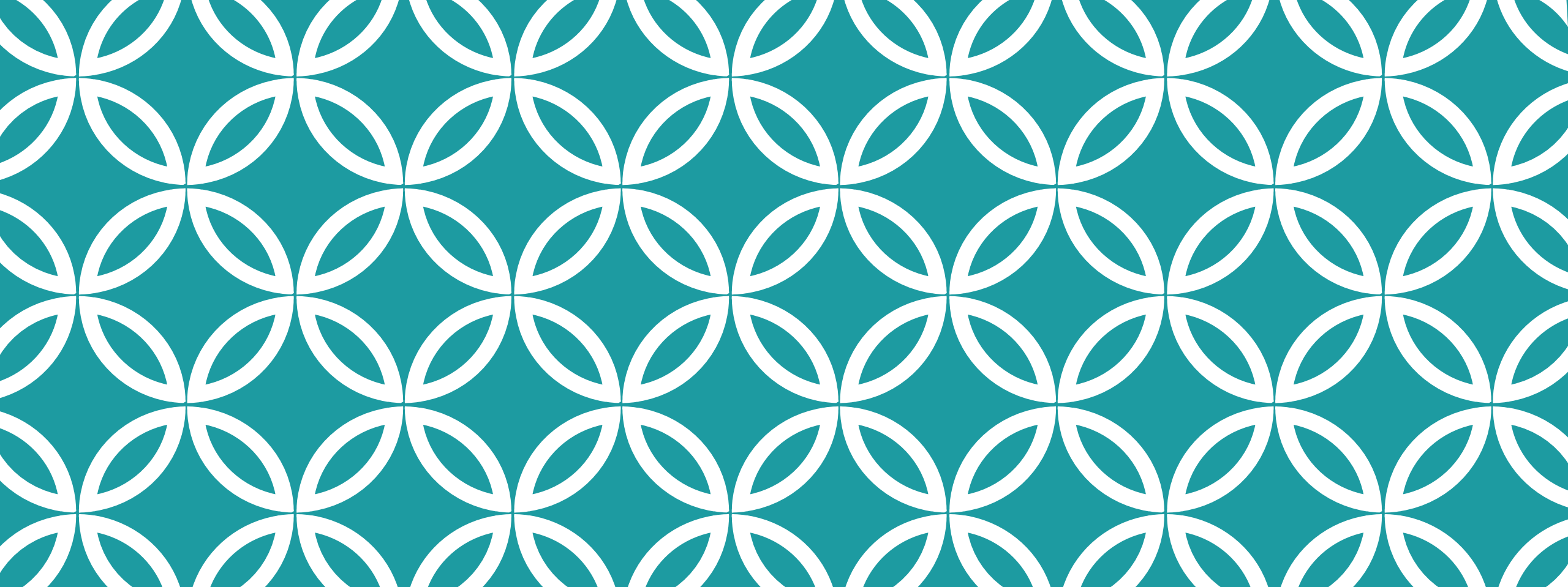
MENTAL HEALTH CHALLENGES

Overall prevalence estimates of co-occurring diagnoses

Szatmari, Ameis, & Lai, *in press*

RETHINKING ABOUT SUPPORT

a

Shared genetic and early environmental predispositions
- Rare genetic variants
- Common genetic variants
- Early environmental exposures

Cognitive features
- Sensory and perceptual features
- Certainty seeking
- Executive function difficulties
- Self/emotion regulation difficulties
- Rumination
- Fear conditioning
- Social motivation
- Social coping difficulties
- Communication difficulties
- Intellectual abilities

Social–contextual determinants
- Demographics
- Economic factors
- Neighbourhood
- Environmental events
- Socio-cultural factors
- Stigmatization
- Being misunderstood (double empathy problem)

Adverse life experiences
- Childhood adversity
- Bully victimization
- Acute stressful events
- Inappropriate health care

b

Plausible contributing mechanisms

Plausible cascading effects

PHCs   Other NDCs

Autism

Feeding and eating problems
Sleep problems
Behaviours that challenge
Anxiety
OCD
Depression
Trauma
Bipolar disorders
Suicidality
Psychotic disorders
Substance use

Lai, 2023, *Nat Hum Behav*

EXPECTED DIVERSITY

The status quo
- A sense of increasing frequency and range of needs: diversity as the exception, not the rule
- Requests for "specialist" training and "extra" resources
- Challenge to meet normative curriculum targets

The future
- Individualised learning baked in to education
- Systemic change and investment in schools

Options today
- Drawing on the expertise of neurodivergent educators, and learners themselves
- Openness and dialogue around conflicting needs
- Celebrate diversity in your class: "look at all these different poems!"
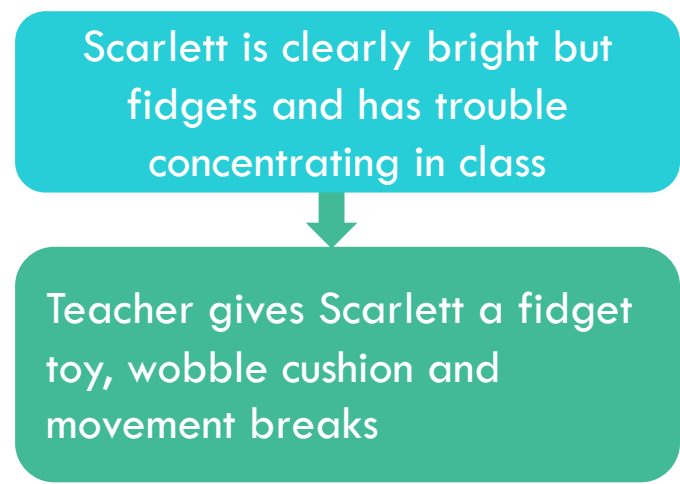
Courtesy of Prof Sue Fletcher-Watson

CHILD-CENTRED, NOT DIAGNOSIS-CENTRED, PRACTICE

The status quo

- Support often linked to a specific diagnosis
- Disempowered teachers waiting for a clinical decision
- Diagnosis not equally available to everyone

Courtesy of Prof Sue Fletcher-Watson

One week

Scarlett is clearly bright but fidgets and has trouble concentrating in class

Teacher gives Scarlett a fidget toy, wobble cushion and movement breaks

Refer Scarlett for diagnosis

Scarlett on the CAMHS waiting list for 18 months

Scarlett assessed for ADHD

Scarlett not diagnosed, another 12 months for second opinion

Scarlett ADHD diagnosis confirmed

Scarlett gets help at school

Three years

Courtesy of Prof Sue Fletcher-Watson

CHILD-CENTRED, NOT DIAGNOSIS-CENTRED, PRACTICE

team4change

The status quo
- Support often linked to a specific diagnosis
- Disempowered teachers waiting for a clinical decision
- Diagnosis not equally available to everyone

The future
- Systemic change and investment in schools
- Individualised profiles (cognitive, social, sensory) mapped straight onto school supports

Our options
- Remembering that not everyone who needs support has a diagnosis (or pupil learning plan)
- Make good use of adjustments that everyone can access: e.g. movement breaks
- Be confident in your skills as an educator

Courtesy of Prof Sue Fletcher-Watson

SELF-ADVOCACY SKILL
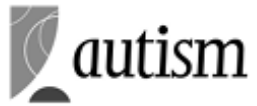
'Someone like-minded in a big place':
Autistic young adult's attitudes towards
autistic peer support in mainstream
education

Catherine J Crompton[1] , Sonny Hallett[2], Harriet Axbey[3],
Christine McAuliffe[4] and Katie Cebula[1]

The status quo
- Young people often lack the capacity or invitation to articulate their needs
- School environments emphasise teacher authority (not always)
- Resources are controlled because they are often expensive

The future
- Systemic change and investment in schools
- Explicitly teaching self-advocacy skills in young people, and believing them

Our options
- Emphasis on the universality of needs: met versus unmet
- Creating an environment where it is OK to ask for help, and to receive it

Courtesy of Prof Sue Fletcher-Watson

# ANTI-STIGMA AGENDA

The status quo
- Widespread stigma around neurodivergence, leading to masking, shame, fear

The future
- Systemic change and investment in schools
- Creation of an anti-stigma environment in the classroom
- Rights based approach to learning

Our options
- Neurodivergent characters in reading material
- Cracking down on the bully, not the bullied
- Creating peer support opportunities

Courtesy of Prof Sue Fletcher-Watson

Courtesy of Prof Sue Fletcher-Watson
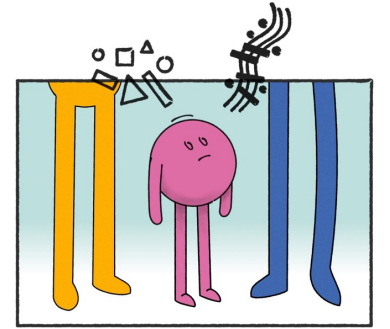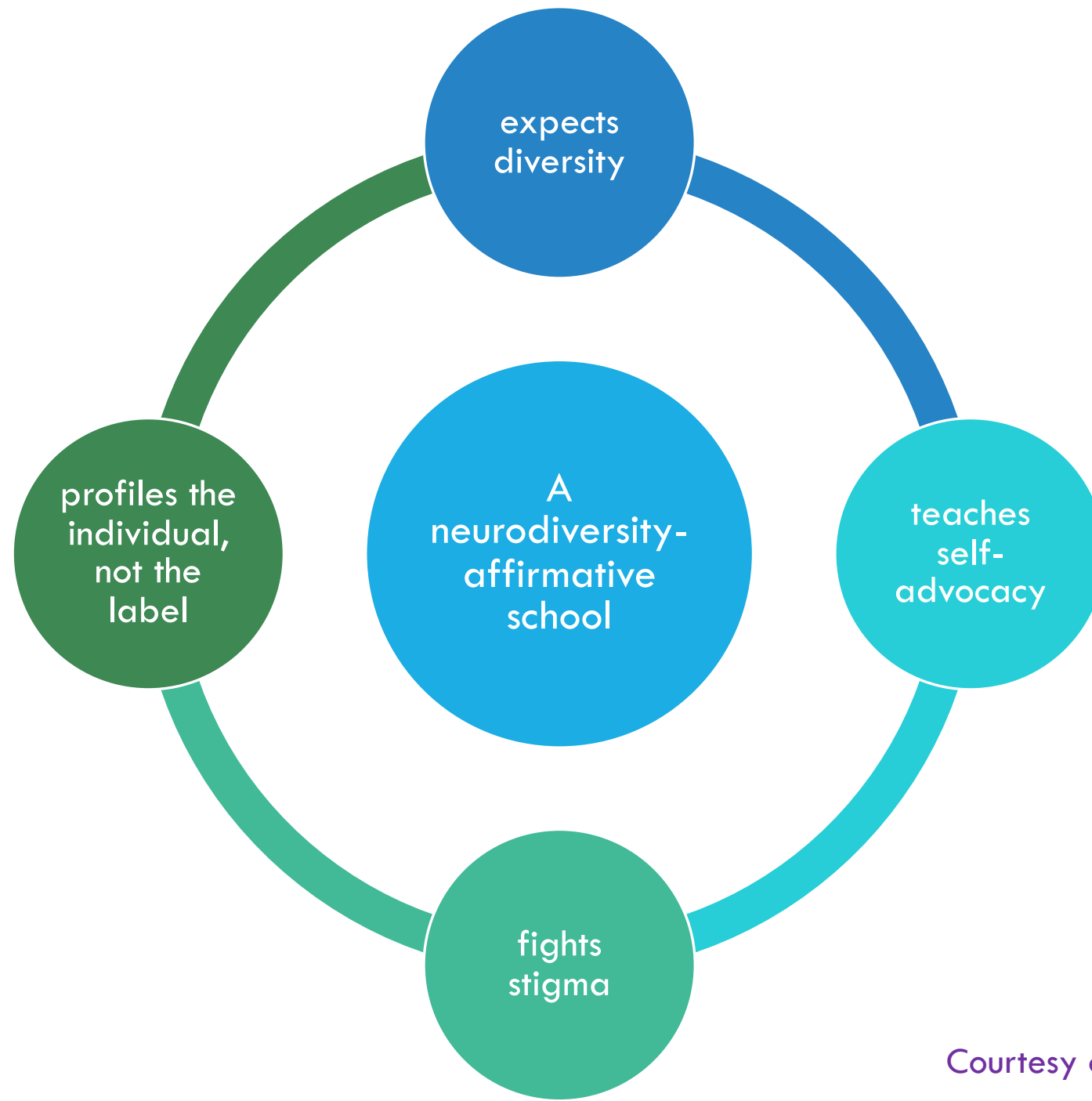
TEACCH PROGRAM: STRUCTURED TEACCHING

- External organizational supports to address challenges with attention and executive function
- Visual and/or written information to supplement verbal communication
- Structured support for social communication

Interviews

- Offer to give main interview questions in advance.
- Avoid using off-the-cuff interview questions that have more than one clause to reduce memory load and confusion.
- Ability to change font size and background colour of pre-reading materials.
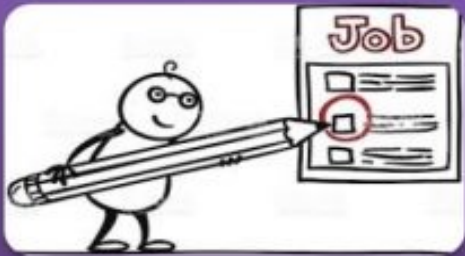
Application forms

- Ensure any forms are compatible with assistive technology such as speech-to-text / text-to-speech.
- Review to ensure that the questions are well laid out and make sense to a wide variety of people.
- Avoid too many black lines and tight boxes.

Cognitive testing

- Avoid response forms that look like this! These rely too heavily on processing speed which is a deficit for almost all neurodiverse people.
- Allow cognitive test results to be reviewed and altered at the end.
- Provide extra time allowances and compatibility with assistive technology.

Assessment Centres

- Manage the sensory environment – too much noise / bright light / colour / temperature difficulty creates unnecessary difficulties for the neurodiverse.
- Ignore tics unless invited, tics likely to be worse here so not a reflection of work performance.
- Offer breaks and time out on demand, again likely to be less needed once settled into a role.

7 Principles of Universal Design

Equitable Use
- Useful and marketable to people of all abilities.
- Example: Automatic doors

Flexibility in Use
- Accommodates a wide range of preferences & abilities.
- Example: Adjustable chair

Simple and Intuitive Use
- Easy to understand, regardless of language knowledge, experience, or concentration level.
- Example: Universal Symbols

Perceptible Information
- Clearly communicates regardless of sensory abilities or ambient conditions.
- Example: Train Station Platform

Tolerance for Error
- Minimizes hazards & consequences from accident or misuse.
- Example: Car auto unlocks when driver exits but the key remains inside

Low Physical Effort
- Effectively & easily used with minimum effort.
- Example: Ramp to building

Size & Space for Approach and Use
- Appropriate size & space is provided for approach, reach, manipulate, and use for all body sizes, postures, or mobility.
- Example: Multi-level service desk, or automatic sinks

Included by Design

https://includedbydesign.com/universal-design-101/

HOW CAN YOU USE UD TO HELP DIVERSE STUDENTS?

- **Prepare course materials early** so students know what to expect and you can make materials more accessible as needed.
- **State clearly in your syllabus** that all forms of diversity are valued in your class (ask students to read the syllabus aloud together).
  - Use activities to collaboratively explore the multiple identities in your class (e.g., the Social Identity Wheel in supplementary materials).
- **People learn differently.** Use and explain why you use multiple types of assessment (e.g., because there are multiples forms of intelligence).
- Make **course material relevant** to students' lives (e.g., provide choices and opportunities to apply learning and ask for student feedback).
- **Provide clear guidelines** on expectations (e.g., rubrics) and frequent and clear **feedback.**

HOW CAN YOU USE UD TO HELP DIVERSE STUDENTS?

- Teach using **multiple modalities** (e.g., use visual supports, hand outs highlighting key points, and activities – **limit** lectures).

- Include **multiple ways** for students to **demonstrate** their knowledge (e.g., writing, presentations, small group and online discussions, etc.).

- **Encourage students to meet** with you one-on-one to discuss their learning needs, goals, and strengths.
  - If you have a large class, you can ask students to share key info about their learning needs in a beginning of term survey.

- **Provide information about where students can access support**
  - Many students, autistic or not, experience mental health issues.
  - Some students might need additional academic support.
  - Include information about mental health supports, tutoring, and mentorship programs (if available) in your syllabus.

Mental Health Tips from youth to youth:

Different strategies will help different people when they are experiencing depression. Here are some ideas of strategies that worked for some autistic youth:

Make sure you're eating and drinking enough. Keep a supply close by of 'safe' food (e.g., a food that you know you can always eat).

Find creative ways to communicate what you're thinking without words (e.g., through art, music, dance).

Take time to recharge your social batteries. Know what activities are draining and what activities give you energy (e.g., give yourself time to rest and recover after spending time with other people).

Have a simple goal to accomplish or routine to follow every day (e.g., put on a clean shirt; make yourself a cup of coffee in the morning).
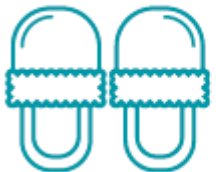
Spend time in a safe and comfortable environment. (e.g., somewhere that you can rest, maybe in your room or a space that is quiet and predictable).

Find someone to be your 'safe person' (e.g., someone you trust and feel comfortable with that you can reach out to for support).

# FORMULATION (AS ITERATIVE HYPOTHESIS TESTING)

Developmentally oriented

Neurodivergence informed: **harmonizable with humanistic psychology and bio-psycho-social model**
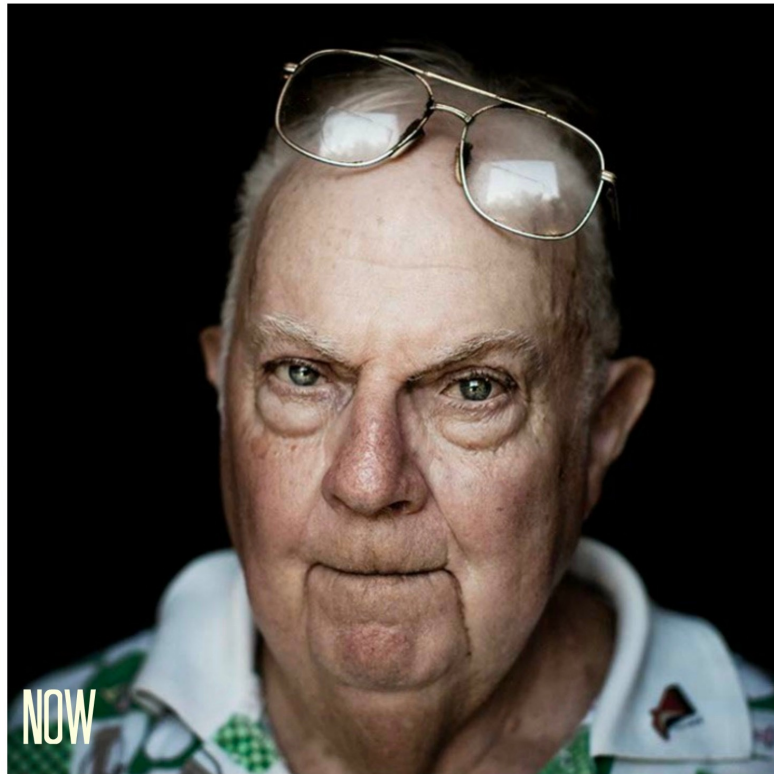
Overcoming the double empathy problem

Co-producing the formulation with shared decision-making for support/intervention directions

Addressing contextual determinants and optimizing person-environment fit

Lai, 2023, *Nat Hum Behav*

Lai, 2023, *Nat Hum Behav*

THEN

NOW
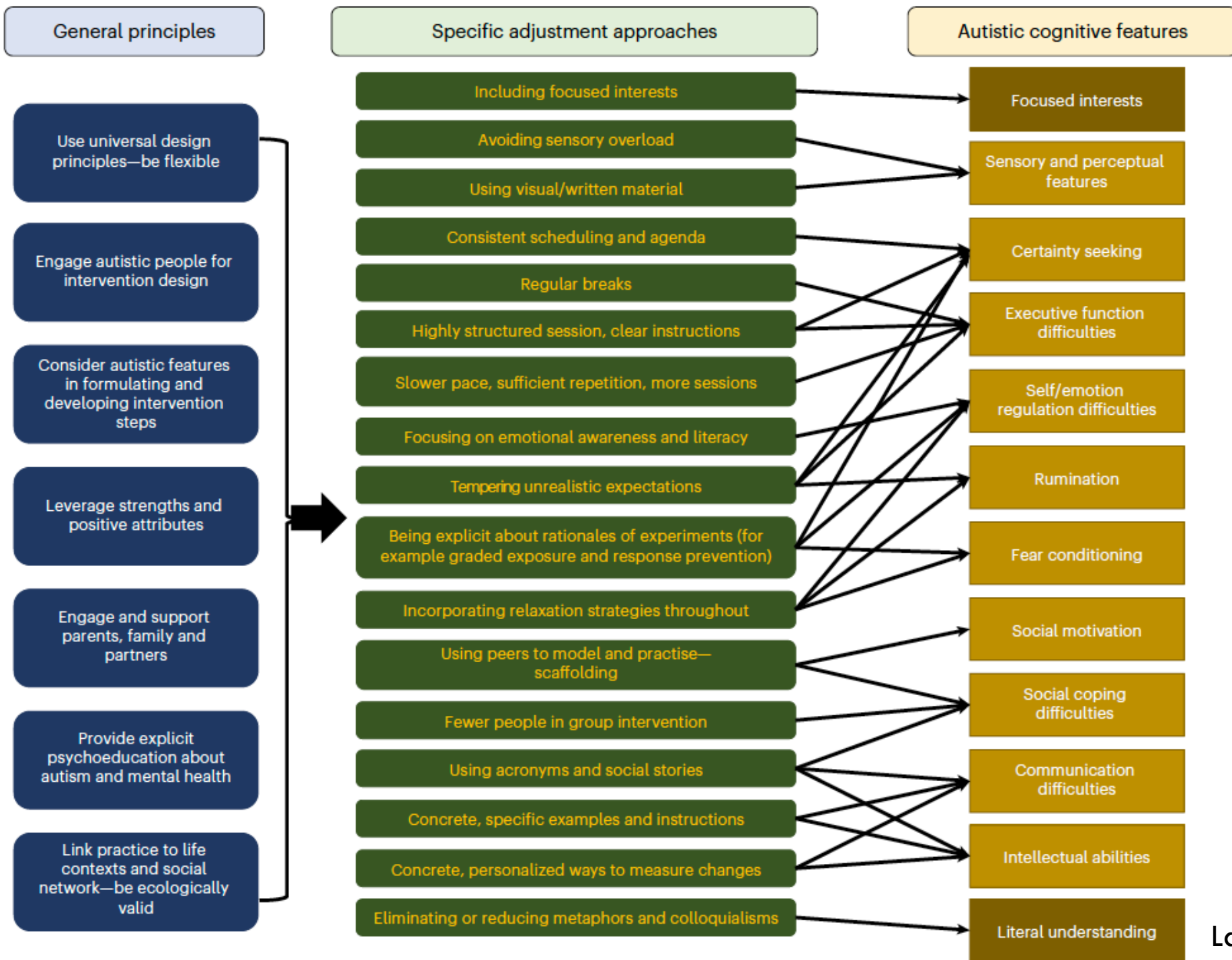
Donald Grey Triplett: The first boy diagnosed as autistic

21 January 2016

TRIPLETT FAMILY ARCHIVES

'*The most unusual thing about Donald's experience at Forest High in the early fifties was how his fellow students, their families, and the school community treated him—this eccentric teenager who had disappeared from school for so many years.*'

'*They simply let him be.*'

(p.62) (Donvan & Zucker, 2016, *In a Different Key*)

https://www.bbc.com/news/magazine-35350880